

Anxiety of Blind Adolescents in Psychospiritual Perspectives

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Abstract---

Purpose: *Blind adolescents in their special or exceptional conditions with various problems that are often faced by various problems due to difficulties in their vision function. Improving conditions that cause adolescents to be difficult. The objectives of this study (1) reduce the level of complexity of the blind using supportive therapeutic intervention methods, and (2) examine changes in perspective from an Islamic psychospiritual perspective.*

Methodology: *Participants consisted of 6 blind adolescents from SLB-A YAAT Klaten's students who participated in 12-24 years. Methods of data collection used observation, interviews, Focus Group Discussion (FGD), and the Taylor Manifest Anxiety Scale (TMAS) consideration scale which contained 50 questions. In addition, interviews were also conducted with key people who included guardian classes, teachers, families, and boarding mothers. Data analysis techniques using non-parametric statistical tests which include Wilcoxon technique.*

Results: *The findings prove a decrease in the group of adolescents who experienced improvement. Thus it can be concluded as a supportive group therapy that effectively reduces the resolution of blind adolescents.*

Keywords--- *Anxiety, Blind Adolescents, Psychospiritual.*

I. INTRODUCTION

Individuals who experience physical or spiritual disabilities such as physical, mental, and social disabilities experience several obstacles in passing the task of development and achieving their life goals, as in individuals with visual impairments. A blind person in his special or extraordinary uniqueness experiences various difficulties or problems due to obstacles in his vision function (Herlina, 2008). These conditions often cause a blind person to experience anxiety or worry that something bad will happen. Anxiety is an emotional state that has the characteristics of physiological arousal, unpleasant tense feelings, and fears that something bad will happen (Nevid, Pencer, & Beverly, 2005).

All adolescents, both normal and blind will experience the same period of development and have the same needs (Murniasih, 2004). Psychologically, adolescence is the most difficult time for an individual to go through (Santrock, 2003). This period can be said to be the most critical period for the development of later stages of life. During adolescence, there are many changes in individuals, both physical, psychological, and social changes. The process of change in this phase occurs and is felt by every individual, including adolescents who experience visual impairment.

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This condition is also experienced by adolescents in the Sekolah Luar Biasa (SLB-A) YAAT Klaten which accommodates individuals with unique visual impairments.

For blind adolescents, the limited vision they have has an impact on the emergence of various obstacles in cognitive, motor, emotional, social, and orientation and mobility aspects. The obstacle of a blind person lies in the abnormal physiological structure that is replacing the sense of sight with other senses to provide perception. Many of the blind have no visual experience so their views of the world are different from those of normal people. The introduction of a blind person to the outside world is incomplete. This results in stunted cognitive development both related to intelligence and other abilities.

Motoric development in the visually impaired tends to be slow due to the lack of coordination between the nervous system, muscles, and psychological functions (cognitive, affective, and conative) and the lack of opportunities from the environment. The function of the nerves and muscles of the blind develops the same as a normal person, but their psychic function experiences obstacles. The blind physically reach the same maturity as normal children, but for psychological functions such as understanding the reality of the environment, how to deal with danger, and lack of courage in doing something is a problem for motoric development.

The development of emotions in the visually impaired also experiences obstacles that result from limitations in understanding the learning process. As a result, the emotional patterns expressed by a blind person are not in accordance with what is desired, so that it has difficulty in understanding how to control emotions. The inhibition of emotions in the visually impaired can also be caused by emotional deprivation, which is a condition where they are less able to experience pleasant emotional experiences such as affection, pleasure, joy, or attention. Blind people with emotional deprivation will tend to withdraw, selfish, demanding attention, and affection from those closest to them.

Based on the initial assessment conducted by researchers through interviews with headmaster of Sekolah Luar Biasa (SLB-A) YAAT Klaten on Thursday, December 20, 2018, it is known that problems that often arise and become one of the inhibiting factors for students are psychological problems such as inferiority, lack of confidence, easy nervous, often anxious, frightened, and lacking motivation, causing students to be less able to maximize their potential. This is supported by a statement from the 8th and 9th grade homeroom teachers who said that some students experienced conditions of fear and nervousness, causing various subsequent problems. For example, every day almost 50% of students in the class show anxiety that is marked by anxiety, and take turns going to the bathroom while the lesson is in progress. Some students also exhibit uneasy and tense behavior, and are tense such as wringing hands or rubbing shoes on the floor when the teacher walks closer to their seats. These conditions hinder the learning process because blind students often perform these behaviors in an effort to avoid when confronted with new problems or conditions, thus affecting the emergence of physical complaints such as headaches, stomach aches, nausea, and heartburn.

The results of interviews conducted with three blind adolescents who attend SLB-A YAAT Klaten stated that the problems that are often experienced are worries and fears and suspicions when hearing something new and in a new environment, fear and worry about the future, and worries and fears to act that are marked by the emergence of

physical reactions such as trembling hands, heart palpitations, cold sweat, difficulty sleeping, and psychological reactions such as feelings of tension, anxiety, and difficulty concentrating.

A blind person has sharper and sensitive hearing compared to normal people (Chang, Huber, Alvarez, Hundle, Bridge, and Fine, 2019). This condition is caused by blindness experienced by blind people causing subtle changes in brain circuits, especially those related to hearing, so that the auditory cortex of blind people is able to align themselves with the frequency of sound being heard without knowing the location of the notes being played far apart. This is what causes a blind person to have a much better listening ability because it can distinguish frequencies appropriately. However, this condition is often a trigger factor for the emergence of psychological problems in blind adolescents such as anxiety.

Recent research concludes that behavioral cognitive psychotherapy has been shown to be effective in reducing anxiety. Nevertheless, it was also found that behavioral cognitive therapy is not perfect (Asrori, 2015). Some studies mention the failure of subjects to respond to this therapeutic technique, so it needs to be combined with other intervention techniques, such as supportive therapy. Supportive group therapy is supportive therapy that is carried out using peer groups that have relatively similar problems, by sharing information about the problems experienced and solutions that need to be done as well as the process of mutual learning and strengthening (Yalom and Leszcz, 2005).

One alternative therapy that can be used to overcome anxiety and focus on how to facilitate adolescents to recognize and use support from the social system is supportive therapy (Douchterman, 2008). Other research also proves that supportive group therapy is effective enough to reduce anxiety levels in a group of adolescents who experience learning disabilities in building social relationships and friendships with others (Sectman and Katz, 2007). The results of the study prove that after giving therapy for 15 weeks, several respondents stated the benefits of giving therapy because they have the opportunity to express their feelings and share unpleasant experiences with other respondents in one group.

Based on the background that has been described, it is known that anxiety is a problem that often arises in blind adolescents in SLB-A YAAT Klaten. Thus the formulation of the problem raised is: does supportive group therapy play a role in managing the anxiety of adolescent blind people? The research hypothesis proposed is supportive group therapy plays a role in reducing anxiety in blind adolescents.

II. METHOD

Participants in this therapy are blind adolescents who attend school and live at Sekolah Luar Biasa (SLB-A) YAAT Klaten. The sampling method using purposive sampling technique, namely determining the research sample with certain considerations aimed at making the data obtained representative (Sugiyono, 2010). The criteria are set: (1) visually impaired adolescents according to WHO are aged 12-24 years, (2) have complaints that lead to anxiety symptoms, namely physiological symptoms (such as shaking, sweating, or increased heart rate) and psychological symptoms (such as panic, tension, confusion, or unable to concentrate).

Anxiety data were obtained through observation, interviews, and FGDs on the participants. Whereas complementary participants including homeroom teachers, teachers, families, and housemothers were only conducted with interviews. While data on anxiety levels were obtained using an anxiety scale, the Taylor Manifest Anxiety Scale (TMAS) containing 50 questions, in which participants answered the situation "yes" or "no" according to his condition. TMAS questionnaire consisted of 13 unfavorable questions and 37 favorite questions. Each answer to a favorite question has a value of 1 for "yes" answers and 0 for "no" answers. Unfavorable questions have a value of 1 for "no" answers and a value of 0 for "yes" answers. The cut-off points are as follows: A score of <20 means mild anxiety, a score of 20 -25 means moderate anxiety, and a score of > 25 means severe anxiety. The data analysis technique used is non-parametric statistical tests in the form of Wilcoxon data analysis techniques.

Intervention Procedure

Therapeutic procedures are based on the application of supportive group therapy to reduce anxiety in adolescents (Dochterman, 2008), which states that supportive group therapy is one of the psychotherapies that can be used to overcome anxiety, especially emotional problems and focuses on how to facilitate adolescents to recognize and use support the system.

The main objectives in this therapy are: (1) provide an understanding of anxiety experienced, (2) arrange efforts to reduce perceived anxiety, (3) provide emotional support, (4) express negative feelings (5) developing the principle of helper therapy, and (6) providing opportunities for social comparison. Thus, supportive group therapy is expected to play a role in reducing anxiety experienced, because the subject will learn to recognize the factors that cause the emergence of discomfort due to his condition. In addition, participants can meet with other teenagers who have relatively similar problems by sharing information about things experienced, solutions that need to be done, and the process of mutual learning and strengthening.

Supportive group therapy conducted refers to the supportive group therapy module by Puspitasari (2015) with a duration of meeting of ± 330 minutes divided into 3 meetings. The therapy session was started on January 9 - January 15, 2019. The tools used in this intervention were: name tags, markers, stationery, and voice recorder.

Table 1: Agenda for Implementing Supportive Group Therapy Procedures

Implementation		Activities	Goals	Time
1 st meeting	1.1	Opening	Open a therapy session	5 minutes
	1.2	Introduction	Get to know each other between the participant and facilitator and create rapport in the group	10 minutes
	1.3	Explanation of the aims and objectives of therapy	Participants understand the purpose, goals and benefits of therapy	10 minutes
	1.4	Group norms	Participants understand things that need to be considered in the group such as confidentiality, rules of play, attendance, and feedback	5 minutes
	1.5	Me and my problem	Participants know and recognize the feelings and emotions they feel	60 minutes
	1.6	Discussion and reflection	Provide opportunities for group members to express their ideas and feelings	20 minutes
	1.7	Closing	Give motivation to each group member, and remind his	5

			attendance at the next meeting	minutes
2 nd meeting	2.1	Opening and Review	Briefly repeat what was done at the previous meeting and introduction to the next session	10 minutes
	2.2	I am Unique	Provide opportunities for each group member to learn to understand themselves	60 minutes
	2.3	I am precious	Provide opportunities for each group member to learn to respect themselves through their strengths and weaknesses	60 minutes
	2.4	Discussion and reflection	Provide opportunities for group members to express their ideas and feelings	30 minutes
	2.5	Closing	Give motivation to each group member, and remind his attendance at the next meeting	10 minutes
3 rd meeting	3.1	Opening and Review	Briefly repeat what was done at the previous meeting and introduction to the next session	10 minutes
	3.2	My days	Share experiences and information about activities and positive things done or obtained so far.	60 minutes
	3.3	My Difficult Times	Share experiences and information about difficult situations encountered and how to resolve them	60 minutes
	3.4	My hope	Share experiences and information about the expectations to be achieved	60 minutes
	3.5	Discussion and reflection	Provide opportunities for group members to express their ideas and feelings	20 minutes
	3.6	Summary	Provide additional information and knowledge needed by group members	10 minutes
	3.7	Closing	Provide motivation to each group member, fill in a self report, and do a termination.	5 minutes

III. RESULTS

Participant Group

Participants in this supportive group therapy are six blind adolescents. During the therapy process the number of group members survives until the last therapy session. Therapeutic participants were blind adolescents whose anxiety levels were measured and were in the moderate to high category. Descriptions of participants in this group will be explained in the following table:

Table 2: Participant Descriptions

Participants	Gender	Age	Education	Address	Information
WKW	Male	14 years	Elementary school	Semarang	low vision
DI	Female	15 years	JHS	Kudus	visually impaired
R	Male	17 years	SHS	Klaten	visually impaired
RIP	Female	16 years	SHS	Klaten	visually impaired
FA	Male	16 years	JHS	Kediri	visually impaired
RM	Male	14 years	JHS	Klaten	visually impaired

Based on table 2, participants consisted of 6 adolescent blind people, 4 men, and 2 women. Ages 14 to 17 years, consisting of 2 people 14 years, 1 person aged 15 and 17 years, and 2 people aged 16 years. Education: 1 participant in elementary school, 3 junior high school, and 2 senior high school students. They came from Semarang, Kudus, and Kediri each with 1 person, and 3 people from Klaten. As for the disability of participants, 1 person with low vision, and 5 people who were totally blind.

Quantitative Results

Table 3: Description of the Anxiety Score Data

Participants	Pretest Score	Posttest Score	Information
WKW	29 (weight)	21 (medium)	Down
DI	32 (weight)	25 (medium)	Down
R	36 (weight)	29 (weight)	Same
RIP	20 (medium)	10 (light)	Down
FA	23 (medium)	19 (light)	Down
RM	20 (medium)	10 (light)	Down

Based on table 2 above it can be seen that there is a decrease in anxiety scores in the group of participants at posttest. This decrease is quantitative, namely a decrease in scores from the weight category to moderate 2 participants (WKW and DI), from heavy to heavy but the score decreases R), as well as from the moderate to mild group 3 participants (RIP, FA, and M).

Table 4: Analysis of Descriptive Statistics Data

Implementation	Mean	Std. Deviation
Pretest	26,50	6,892
Posttest	19,00	7,772

Based on table 3 it can be seen that the mean group of participants at the time of the pretest was 26.50 and at the posttest was 19.00. This shows that the average anxiety score of the participants at the time of the pretest was higher than the average anxiety score of the participants at the time of the posttest. In other words, there was a decrease in the average anxiety score during supportive group therapy.

Table 5: Anxiety Hypothesis Test Results

Measurement	Z	P	Information
Pretest – Posttest	-2, 207	0, 027	Significant

Based on the results of hypothesis testing through the Wilcoxon statistical test using the Z score the test showed significant or significant. This means that testing the hypothesis after the implementation of the intervention there are changes that lead to a decrease in anxiety in the participant group. This can be seen from the acquisition of a pretest-posttest Z score of -2.207 with a significance value of p that is 0.027 ($p < 0.05$). This shows that there are significant changes from pretest to posttest. The hypothesis proposed in this study that supportive group therapy is effective in reducing anxiety in blind adolescents in SLB A YAAT Klaten is proven.

Qualitative Results

The results of the interventions carried out showed that the problems experienced by the six participants in the form of anxiety that arises with physical reactions such as trembling hands, palpitations, cold sweat, difficulty sleeping, and psychological reactions such as feelings of tension, anxiety, and difficulty concentrating. The anxiety felt in the form of fear and worry about the future, worries and fears to act, as well as fear and feelings of suspicion when hearing something new even though the radius is far enough. This condition is caused by visually impaired people who have sharper and sensitive hearing compared to normal people because they can distinguish frequencies correctly (Chang et al, 2019). In addition, all participants claimed that the anxiety they experienced was often related

to nightmares, such as being lost, being treated badly by bad people, getting hit by a car, or falling into a hole in the street, which was felt by the sensation of touch and audio.

Anxiety experienced by all participants is also influenced by the limitations that have an impact on the emergence of various obstacles in the cognitive, motor, emotional, social, and orientation and mobility aspects. This makes the introduction of partispan to the outside world become incomplete, resulting in difficulties and encounters many problems in daily activities, as well as the social life that is carried out. Anxiety disorders are one of the most prevalent psychiatric disorders during childhood and adolescence, and are associated with negative outcomes including substance use, mood disorders, and academic problems. For example, lack of motivation, fear of facing the social environment, low self-esteem, shame, and unpleasant experiences from the environment, in the form of rejection, humiliation, and indifference.

Social support for people with visual impairments is needed, especially to reduce the fear and anxiety felt. The above conditions are in accordance with the concept of supportive group therapy that this therapy can provide participants with an understanding of anxiety felt, provide a means to express negative feelings that are felt, as well as provide emotional support obtained from group members, in the form of understanding from group members about their condition, togetherness in experiencing unpleasant conditions, and enthusiasm to live life, have hope, and achieve goals. Eventually, it gives rise to feelings of joy, calm, and relief because there is understanding, there is enthusiasm in living, and has hopes and goals in life that all six participants want to achieve.

Supportive group therapy that is carried out on blind children also raises opportunities for participants to help each other and inspire through the experiences and ideals expressed. For example, one participant who initially had no ideals then became motivated and excited after listening to the statements of other participants who had aspirations and steps to make it happen. One participant also provides an alternative for other members to find and listen to videos or motivational stories about blind and successful people who are not afraid of living life. This makes the other participants in the group feel helped and motivated so that the helper therapy principle emerges.

Furthermore, from the qualitative results it is known that all six participants experienced behavioral changes after participating in supportive group therapy. The success of supportive group interventions that have been carried out relates to (1) the relationship of trust between group members and (2) the relationship between group members and the therapist. This trusting relationship is shown by being open, willing to share, and recounting unpleasant experiences or difficult times they experienced without feeling afraid and worried that they would spread.

The success of an intervention also has to do with respecting the same situation and acting together. The group of participants in this intervention has the same background problem, namely physical limitations in the form of visual impairment. Therefore, during the intervention process when one group member is sharing experiences the other group members will listen carefully and show enthusiasm and provide feedback. This is consistent with what Hidayati (2011) stated that in the process of supportive group therapy, group members must be able to show empathy, interest or seriousness about the problems faced by other group members in therapy so that group members can be more open and willing to accept input without feeling disturbed by their autonomy rights.

Another thing that is no less important in the success of interventions is the existence of a support system. When the discussion session is conducted, the feedback or support given between group members and therapists makes the subject feel that he is not alone, and there are people around him who are ready to help him. Appelbaum's research results state that the focus in supportive group therapy is the therapist and group members together helping, providing, and building the support systems needed in the group (Puspitasari, 2015). This is supported by the statement of Heller et al, that group support is associated with psychological function improvement, whereas useful support is a process of participation in which experiences sharing occurs, situations and problems are focused on the principle of giving and receiving, applying skills self help, and help each other and develop knowledge of each individual (Puspitasari, 2015).

During the intervention process, subjects were also asked to express their hopes for the future. It aims to make the subject feel motivated and have a purpose in life despite having limitations. The success of this process is evident from the statement of the subject which states that there is a better life spirit after the intervention process. The decrease in anxiety after the implementation of supportive group therapy is caused by the dynamics of interacting and influencing each other so that the subject is stimulated to carry out what is taught and what is done successfully by other subjects in the group (Jallo, Dahruanis, and Angriani, 2013).

Based on this, supportive group therapy that has been implemented is able to provide therapeutic functions to group members as expressed by Brabenden, Fallon, & Smolar as a factor of support, self-disclosure and catharsis, as well as learning wisdom or wisdom from other group members. Furthermore, blind adolescents are able to take lessons and examples from what is heard and obtained through motivational videos or experiences of others who are listened to, as well as obtaining psychological factors related to how to establish relationships with others and understand themselves (Puspitasari, 2015).

The success of this supportive group therapy is also supported by the culture of the participant group with the culture of the Indonesian community which is a communal society by upholding communal values, namely the value of togetherness which easily arouses people's awareness to feel, think, and act together based on impulse who meet the impulse of others, and emphasize the attitude of mutual help and social interaction.

IV. DISCUSSION

The involvement and activeness of participants in supportive group therapy has been proven to be effective in reducing anxiety in blind adolescents. The decrease in anxiety after the implementation of supportive group therapy is due to the dynamics of interacting and influencing each other, so that the subject is stimulated to carry out the things taught and things successfully done by other subjects in the group (Jallo, Dahruanis, and Angriani, 2013). Supportive group therapy that has been implemented is able to provide therapeutic functions to the group, namely as a support factor, self-disclosure and catharsis factors, wisdom or wisdom learning factors from other group members, as well as psychological factors related to how to establish relationships with others and understand self.

The phenomenon of blind adolescents groups in SLB A YAAT Klaten shows that anxiety problems experienced by individuals are strengthened by the inability of individuals to express and share what they feel with others. Based on these conditions, supportive group therapy has proven to be one of the right interventions to reduce anxiety in

blind adolescents. This is reinforced by the results of the study which concluded that in the process of supportive group therapy, group members must be able to show empathy, interest or seriousness about the problems faced by other group members, so that group members can be more open and willing to accept input without feeling disturbed by the right of autonomy they have (Hidayati, 2011). In addition, this also relates to the culture of Indonesian society which is a communal society by upholding communal values, namely shared values that easily arouse people's awareness to feel, think and act together based on impulses that meet other people's impulses, as well as emphasizing mutual help and social interaction.

Psycho-spiritual perspective or spiritual psychology is interpreted as a psychology that believes that the most determining behavior and mental background of a person is spiritual. Spiritual is the power associated with values and the meaning of something that drives the emergence of behavior (Wiramiharja, 2017). Islam presents a comprehensive model for all aspects of life. Many of the guidelines and principles taught by Islam form a framework designed to prevent individual and social problems at all levels of society.

Studies indicate that religion and spirituality can promote mental health through positive religious coping, community and support, and positive beliefs. Research also shows that religion and spirituality can be damaging to mental health by means of negative religious coping, misunderstanding and miscommunication, and negative beliefs. Religion and spirituality have generally been shown to be beneficial for patients' mental health and have been associated with greater well being, higher quality of life, and lower rates of depression, anxiety, and suicide. Negative psychological outcomes associated with religion and spirituality may be related to negative religious coping (spiritual struggle), misunderstanding and miscommunication, or negative beliefs. Participation in a religious community is an important factor when considering the beneficial effects of religion and spirituality. Individuals suffering from mental illness appear to benefit from being surrounded by a supportive religious community (Weber and Pargament, 2014).

Four types of spirituality have been identified on the basis of the type of sacred object. First, *religious spirituality* involves a sense of closeness and connection to the sacred as described by a specific religion (e.g., Christianity, Islam, Buddhism). This type of spirituality fosters a sense of closeness to a particular God or Higher Power. Second, *humanistic spirituality* involves a sense of closeness and connection to humankind. This type of spirituality develops a sense of connection to a general group of people, often involving feelings of love, altruism, or reflection. Third, *nature spirituality* involves a sense of closeness and connection to the environment or to nature. For example, one might experience wonder by witnessing a sunset or experiencing a natural wonder such as the Grand Canyon. Fourth, *cosmos spirituality* involves a sense of closeness and connection with the whole of creation. This type of spirituality might be experienced by meditating on the magnificence of creation, or by looking into the night sky and contemplating the vastness of the universe (Worthington, Hook, Davis, and McDaniel, 2011).

The findings indicate that spiritual beliefs and activities are component so fan overall spirituality that has a beneficial association with anxiety in palliative care patients. The observed beneficial association suggests that spiritual coping may, indeed, help patients to deal with their anxiety (Gaudette and Jankowski, 2013). Spiritual

beliefs may tap into yet another pathway that affects mental health. Illness poses a threat to personal well-being, and the cognitive aspect of spiritual coping may help to reduce this sense of threat. The present results found that belief in a loving, caring, and protective God was inversely related to anxiety. The findings of the current study suggest that supporting palliative care patients' spiritual and religious coping will reduce anxiety.

Such as Muslim-accommodative cognitive therapy for anxiety supplements a cognitive model with spiritual strategies and interventions. For example, psychotherapists work with clients to identify and challenge negative thoughts and beliefs using the Koran and Hadith (sayings and customs of the Prophet) as guidance. Clients are encouraged to cultivate feelings of closeness to Allah, pray regularly, and read the Koran. Hasan (aged 35 years) was a highly committed Muslim male, diagnosed with generalized anxiety disorder. His anxiety interfered with his marriage and job. In psychotherapy, Hasan said that he did not believe the world was a safe place, and he felt as if he had to worry or else something terrible might happen. The psychotherapist helped Hasan examine the evidence for and against his thoughts. Hasan and his psychotherapist worked together to develop religious coping strategies and discover religious truths to counteract his anxious thoughts. It helped Hasan to remember that he believed that Allah was always in control and he could trust in Allahtobe with him and comfort him (Worthington, Hook, Davis, and McDaniel, 2011).

Spiritual Based Intervention is a potentially efficacious treatment for General Anxiety Disorder and has effects over and beyond nonspecific factors that contribute to therapy outcome. The Spiritual Based Intervention (SBI) was better than Supportive Psychotherapy (SP) in reducing blind clinician-ratings of anxiety and severity of illness and self-report worry and intolerance of uncertainty, while patients in both treatment arms improved from baseline to endpoint. The SBI and SP were similarly efficacious in improving self-report social adjustment, somatic anxiety, and depression, but we did find moderate treatment effects favoring the SBI on these outcomes (Koszycki, Bilodeau, Mayo, and Bradwejn, 2013).

Islamic belief and prayers can produce spiritual energy that may be effective in resolving many psychological problems, such as stress, anxiety, tension and anger and aggression which can cause harm the patient as well as the other people in surroundings. Islamic beliefs and prayers can also be integrated into mainstream healing of religious and social affairs of society. This integration can help to activate, transform, and invigorate the process of peace at both individual and social level. This paper provides methods that can be used for the explicit integration of Islamic beliefs and prayers with self satisfaction and social peace (Nisar, Farwa, and Nadeem, 2015).

Considering cases of anxiety in adolescent blind people, it appears that supportive therapy is effective in reducing their anxiety levels. However, based on the results of previous studies (Koszycki, Bilodeau, Mayo, and Bradwejn, 2013), that supportive therapy is still less effective when compared to spiritual-based therapy. Thus there is a need for follow-up research to maintain a decrease in the level of visual impairment by combining supportive interventions with an Islamic spiritual approach (Nisar, Farwa, and Nadeem, 2015).

V. CONCLUSION

Considering the findings described earlier, it was concluded that (1) the forms of anxiety experienced by the subject were concerns when interacting with others or in a new environment, worries of not having friends and being

ostracized in relationships, as well as concerns about future conditions; (2) the factors that cause anxiety are conditions far from parents because they live in a dormitory, feel burdened and ashamed of being a burden to the family, because of physical limitations and imperfections in the body, feel their activities are limited due to physical limitations, and feel lonely when at home; (3) the effects of anxiety experienced by participants in the form of physical and psychological; (4) supportive group therapy is effective to reduce anxiety in blind adolescents and is able to provide therapeutic functions in the form of support factors, self-disclosure and catharsis, learning wisdom or wisdom, and psychological factors related to how to establish relationships with others and understand yourself; (5) supportive group therapy is appropriate for Indonesian people with their collective culture.

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