ISSN 0215-9171
E-ISSN 2528-1089
Volume 51, Nomor 2, Desember 2023

Widyaparwa

JURNAL ILMIAH KEBAHASAAN DAN KESASTRAAN

Ambiguitas Tubuh Perempuan
dalam Praktik Surrogate Mother dalam Novel
A House for Happy Mother Karya Amulya Malladi
Dara Aghnia Nur Fadhliah, Muhamad Adji,
Mochammad Irfan Hidayatullah

Nostalgia, Jati Diri, dan Simbol Sakral Empat Puisi Padi
dalam Perspektif Ekokritik
Novita Dewi

Fenomena Sosial dalam Lagu-lagu Karya Nurbayan: Analisis
Wacana Kritis Teun A. van Dijk
Angela Tanjung Saragupita, Sulis Triyono

Kehadiran Madame Bovary (1856) Karya Gustave Flaubert
dalam *Hikayat Siti Mariah* (1910--1912) Karya Hadji Moekti:
Kajian Sastra Bandingan
Dwi Susanto

Tokoh Panakawan sebagai Sarana Pembangun Wacana
Kritik Sosial pada Pertunjukan Wayang Kulit
di Media Youtube
Imam Prakoso

Tipologi Klausa Relatif Bahasa Jawa Ragam Krama
Dialek Surakarta
Nurul Azizah

Ideologi Pencapresan Tahun 2024 pada Media Digital
di Indonesia: Perspektif Teun A. van Dijk
Deri Wan Minto, Dadang S. Anshori, Vismaia S. Damaianti,
Andoyo Sastromiharjo, Muhammad Zulfadhli

Insult about Covid-19 on Social Media as A Form
of Language Impoliteness
Ahmad Khoironi Arianto, Djatmika, Riyadi Santosa

Leksikostatistik dan Glotokronologi Bahasa Berau
dengan Bahasa Minangkabau
Dewi Mayangsari, Aal Inderajati

Vokal Nasal Bahasa Aceh dalam Kamus
Kemaritiman Aceh-Indonesia
Herman Rusli, Wildan, Rahmad Nuthihar, Mukhlis

Kemanfaatan dan Makna Kosakata Jawa Kuna/
Sanskerta di Ruang Publik
Sri Nardiati, Riani

Paralelisme Tokoh Rasus dan Pambudi
dalam Dua Karya Ahmad Tohari
Ronggeng Dukuh Paruk dan *Di Kaki Bukit Cibalak*
Widya Nirmalawati, Akhmad Fauzan, Khristianto

Tradisi Penyambutan dan Penghormatan Tamu
di Keraton Yogyakarta sebagai Bentuk Pola Relasi
pada Masa Pemerintahan Hamengku Buwana VII
dalam Naskah *Koepija Djendralan*
Clara Shinta Anindita Apriyadi, Mamlahatun Buduroh

Profil Literasi Digital Berbasis Analisis Survei
untuk Penguatan Literasi Sastra di Abad Ke-21
Wulan Handayani, Dadang Sunendar, Vismaia S. Damaianti

Javenglish (When Javanese Speak English With A Javanese
Accent): An Analysis of Social Media Posts
Tira Nur Fitria

Teka-Teki Nama Kota: Permainan Multibahasa
Atin Kurniawati

Comparative Study of Demonstratives in Sasak and Chinese
Sutarman, Zainudin Abdussamad, Abdul Muhid, Diah Supatmiwati,
Wiya Suktiningsih

Male Gaze dalam Sastra Feminis: Studi Atas
Karya Abidah El Khalieqy dan Ratih Kumala
Anggit Febrianto, Wening Udasmoro

Symptoms and Healing Principles of PTSD
Depicted in The Movie "Redeeming Love"
Siti Murtasia, Nine Febrie Novitasari, Ahmad Yusuf Firdaus

Resepsi Kover Novel *Cantik Itu Luka* (2015)
dalam Versi Terjemahan Bahasa Inggris
Mustika Wulan Sari, Nilam Yuhanisa Arofani, Dwi Susanto

Widyaparwa	Vol. 51	No. 2	Hlm. 247--555	Desember 2023	ISSN 0215-9171 E-ISSN 2528-1089

Terakreditasi Kemenristek No. 200/M/KPT/2020

Widyaparwa
Volume 51, Nomor 2, Desember 2023

AKREDITASI

KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET, DAN TEKNOLOGI
BADAN PENGEMBANGAN DAN PEMBINAAN BAHASA
BALAI BAHASA PROVINSI DAERAH ISTIMEWA YOGYAKARTA
Jalan I Dewa Nyoman Oka 34 Yogyakarta
Telepon: (0274) 562070, Faksimile: (0274) 580667

Widyaparwa

JURNAL ILMIAH KEBAHASAAN DAN KESASTRAAN

Penanggung Jawab
Kepala Balai Bahasa Provinsi Daerah Istimewa Yogyakarta

Pemimpin Redaksi (*Editor*)
Mulyanto

Editor Bagian (*Section Editors*)
Ratun Untoro; Tarti Khusnul Khotimah; Nindwihapsari
Nanik Sumarsih; Sri Sabakti; Nur Ramadhani Setyaningsih; Nuryantini

Editor Bahasa (*Copy Editors*)
Nur Ramadhoni Setyaningsih; Mulyanto

Pengatak dan Pembaca Akhir (*Layout Editors and Poofreader*s)
Ahmad Khoirus Salim; Nur Ramadhoni Setyaningsih; Mulyanto

Mitra Bestari (*Reviewer*)
Prof. Dr. I Dewa Putu Wijana, S.U., M.A. (Universitas Gadjah Mada, Yogyakarta)
Prof. Dr. Ali Imron Al-Ma'ruf, M.Hum. (Universitas Muhammadiyah Surakarta)
Prof. Dr. Zamzani, M.Pd. (Universitas Negeri Yogyakarta)
Prof. Dr. Burhan Nurgiyantoro, M.Pd. (Universitas Negeri Yogyakarta)
Prof. Dr. I. Praptomo Baryadi, M.Hum. (Universitas Sanata Dharma, Yogyakarta)
Prof. Sahid Teguh Widodo, S.S., M.Hum, Ph.D. (Universitas Sebelas Maret Surakarta)
Dr. Tirto Suwondo, M.Hum. (Badan Riset dan Inovasi Nasional)
Dr. Aprinus Salam, M.Hum. (Universitas Gadjah Mada, Yogyakarta)
Dr. Suhandano, M.Hum. (Universitas Gadjah Mada, Yogyakarta)
Dr. Pardi, M.Hum. (Badan Riset dan Inovasi Nasional)
Dr. Restu Sukesti, M.Hum. (Badan Riset dan Inovasi Nasional)
Dr. Ari Kusmiatun, M.Hum. (Universitas Negeri Yogyakarta)
Dr. Prembayun Miji Lestari, M.Hum. (Universitas Negeri Semarang)
Dr. Dwi Atmawati, M.Hum. (Badan Riset dan Inovasi Nasional)
Arina Isti'anah, S.Pd., M.Hum (Universitas Sanata Dharma, Yogyakarta)
Drs. Umar Sidik, S.I.P., M.Pd.; (Badan Riset dan Inovasi Nasional)
Drs. Edi Setiyanto, M.Hum. (Badan Riset dan Inovasi Naional)
Dra. Wiwin Erni Siti Nurlina, M.Hum. (Badan Riset dan Inovasi Nasional)
Dipa Nugraha, Ph.D. (Universitas Muhammadiyah Surakarta)

Penerbit
Balai Bahasa Provinsi Daerah Istimewa Yogyakarta

Alamat Redaksi
BALAI BAHASA PROVINSI DAERAH ISTIMEWA YOGYAKARTA
Jalan I Dewa Nyoman Oka 34, Yogyakarta 55224
Telepon (0274) 562070, Faksimile (0274) 580667
Posel: widyaparwa@gmail.com
Laman: widyaparwa.kemdikbud.go.id

E-ISSN 2528-1089
ISSN 0215-9171

Terbit Pertama 1968

Jurnal ini terbit berkala. Pemuatan suatu karangan tidak berarti bahwa redaksi menyetujui isi karangan tersebut. Setiap karangan dalam jurnal ini dapat diperbanyak setelah mendapat izin tertulis dari penulis, redaksi, dan penerbit.

Setiap naskah dalam jurnal ini telah ditelaah oleh Mitra Bestari dan dinyatakan layak.
Seluruh isi naskah sepenuhnya menjadi tanggung jawab penulis.

KRITERIA NASKAH DALAM JURNAL

1. Tulisan berisi kajian ilmiah kebahasaan dan kesastraan, termasuk kajian pengajaran bahasa dan sastra.
2. Naskah belum pernah dipublikasikan, baik di media cetak maupun elektronik.
3. Nama penulis ditulis tanpa gelar disertai afiliasi dan alamat posel (dan sertakan nomor ponsel di akun).
4. Panjang naskah 3.500—6.000 kata, spasi satu, huruf *book antiqua* 12 pt. Abstrak *book antiqua* 11 pt.
5. Judul singkat, jelas, mencerminkan pokok masalah, dan ditulis dengan huruf kapital.
6. Subjudul ditulis tebal dan diberi nomor yang dapat menggambarkan alur pembahasan. Huruf pertama setiap kata ditulis dengan huruf kapital, kecuali kata tugas yang tidak berada pada posisi awal subjudul.
7. Tulisan disusun dengan sistematika judul; abstrak dan kata-kata kunci; pendahuluan; metode; hasil dan pembahasan; simpulan dan saran (bila ada); dan daftar pustaka.
8. Abstrak berisi deskripsi apa yang diteliti, pendekatan (teori) yang digunakan, metode penelitian, dan hasil penelitian. Abstrak ditulis dalam dua bahasa (bahasa Inggris dan bahasa Indonesia). Abstrak terdiri atas (150—250 kata).
9. Subbab dengan digitasi: 1. Pendahuluan, 2. Metode, 3. Hasil dan Pembahasan (3.1 Hasil, 3.2 Pembahasan), 4. Simpulan, dan Daftar Pustaka.
10. Pendahuluan berisi latar belakang, rumusan masalah, tujuan dan manfaat, penggunaan teori. Perincian tersebut dijabarkan dalam bentuk deskripsi dan saling teritegrasi satu sama lain, misalnya teori dijelaskan tidak tersendiri secara ekspilisit, tetapi diintegrasikan pada penjelasan latar belakang, permasalahan, jenis data.
11. Metode berisi paparan mengenai metode yang digunakan dalam penelitian tersebut.
12. Hasil dan pembahasan: hasil berisi hasil penelitian yang sekurang-kurangnya memuat klasifikasi data, karakter pengklasifikasian, dan analisis pengklasifikasian data; pembahasan berisi penjelasan mengapa fenomena kebahasaan/kesastraan itu terjadi.
13. Simpulan berisi deskripsi logika penyimpulan.
14. Daftar Pustaka berisi referensi yang dirujuk di dalam teks dan rujukan itu harus disertai halaman yang terkait. Pustaka primer (jurnal, prosiding hasil penelitian, disertasi, tesis) berjumlah minimal 80% dari seluruh daftar pustaka dan pustaka sekunder (*textbook*, pustaka teori) berjumlah maksimal 20% dari seluruh daftar pustaka. Jumlah pustaka yang dirujuk dalam artikel tersebut minimal 10 buah dan terbitan sepuluh tahun terakhir.
15. Penulisan daftar pustaka menggunakan ASA *style*. Penulisan daftar pustaka disusun secara alfabetis tanpa nomor urut.
    Contoh:
    Hersri. 1980. "Wayang Krucil". Dalam *Basis,* No. 5, Thn. XX, Mei, Hlm. 13—30.
    Madu, Guntur. 2003. "Novel Salman: Tinjauan Semiotik". Tesis Program Studi Sastra, Pascasarjana, Universitas Gadjah Mada.
    Pradopo, Rahmat Djoko. 1995. *Pengkajian Puisi.* Yogyakarta: Pustaka Pelajar.
    Wijana, I Dewa Putu. 1989. "Selintas Perihal Semantik". Dalam Sudaryanto (ed.). *Serba-Serbi Linguistik.* Yogyakarta: Gama Press.
16. Penulisan daftar pustaka menggunakan aplikasi mendeley.
17. Tingkat similiaritas tulisan maksimal 20% (cek dengan aplikasi Turnitin).
18. Naskah dikirim melalui OJS (*open journal system*) ke laman widyaparwa.kemdikbud.go.id. dan tidak dipungut biaya apapun.
19. Format penulisan harus sesuai dengan *template. Template* dapat diunduh pada laman *Widyaparwa* (widyaparwa.kemdikbud.go.id).
20. Jurnal terbuka untuk umum.

Editorial Team

Editor

NFN Mulyanto, Balai Bahasa Daerah Istimewa Yogyakarta, Indonesia

Section Editors

NFN Nuryantini, Balai Bahasa Provinsi DIY, Indonesia
Nur Ramadhoni Setyaningsih, Balai Bahasa Provinsi DIY
NFN Nindwihapsari, Balai Bahasa Provinsi DIY, Indonesia
Tarti Khusnul Khotimah, Balai Bahasa Provinsi DIY, Indonesia
Dr. Ratun Untoro, S.S., M.Hum., Balai Bahasa Provinsi Daerah Istimewa Yogyakarta, Indonesia
Nanik Sumarsih, S.Pd., M.A., Balai Bahasa Daerah Istimewa Yogyakarta, Indonesia
Dra. Sri Sabakti, M.Hum., Balai Bahasa Provinsi Daerah Istimewa Yogyakarta, Indonesia

Copyeditors

Drs. Umar Sidik, S.I.P, M.Pd., Balai Bahasa Daerah Istimewa Yogyakarta, Indonesia
Drs. Edi Setiyanto, M.Hum., Badan Riset dan Inovasi Nasional, Indonesia
Dra. Wiwin Erni Siti Nurlina, M.Hum., Balai Bahasa Daerah Istimewa Yogyakarta, Indonesia

Layout Editors

Nur Ramadhoni Setyaningsih, Balai Bahasa Provinsi DIY

Proofreaders

Ahmad Khoirus Salim, S.S., Balai Bahasa Provinsi Daerah Istimewa Yogyakarta, Indonesia

Reviewer

Drs. Umar Sidik, S.I.P, M.Pd., Balai Bahasa Daerah Istimewa Yogyakarta, Indonesia
Dr. Dipa Nugraha, Universitas Muhammadiyah Surakarta, Indonesia
Arina Isti'anah, Universitas Sanata Dharma, Indonesia
Drs. Edi Setiyanto, M.Hum., Badan Riset dan Inovasi Nasional, Indonesia
Dra. Wiwin Erni Siti Nurlina, M.Hum., Balai Bahasa Daerah Istimewa Yogyakarta, Indonesia
Prof. Dr. I Dewa Putu Wijana, S.U., M.A., Universitas Gadjah Mada Yogyakarta, Indonesia
Prof. Dr. Ali Imron Al-Ma'ruf, Muhammadiyah Universisity of Surakarta, Indonesia
Prof. Dr. Zamzani, M.Pd., Universitas Negeri Yogyakarta, Indonesia
Prof. Dr. Burhan Nurgiyantoro, M.Pd., Universitas Negeri Yogyakarta, Indonesia

Editorial Team
Publication Ethics
Author Guidelines
Focus and Scope
Section Policies
Open Access Policy
Abstracting and Indexing
Ethics Statement
Copyright Statement
Authorship Agreement
Article Processing Charges
Site Map

TEMPLATE

Template Versi Bahasa Indonesia

Template English Version

MENDELEY

grammarly

turnitin

VISITOR

ID	133938	US	5495
MY	1444	DE	471
SG	369	CN	324
IN	301	CA	252
RU	167	FR	154

Newest: ET You: ID
Today: 22
Month: 1270
Total: 144588
Supercounters.com

USER

Prof. Dr. Praptomo Baryadi, M.Hum., Universitas Sanata Dharma Yogyakarta, Indonesia
Prof. Sahid Teguh Widodo, M.Hum., Ph.D., Universitas Sebelas Maret, Indonesia
Dr. Tirto Suwondo, M.Hum., Badan Riset dan Inovesi Nasional, Indonesia
Dr. Dwi Atmawati, S.S., M.Hum., Pusat Riset Bahasa, Sastra, dan Komunitas Badan Riset dan Inovasi Nasional (BRIN), Indonesia
Dr. Aprinus Salam, M.Hum., Fakultas Ilmu Budaya UGM, Indonesia
Dr. Suhandano M.A., Universitas Gadjah Mada, Indonesia
Dr. Pardi Suratno, M.Hum., Badan Riset dan Inovasi Nasional, Indonesia
Dr. Restu Sukesti, M.Hum., Badan Riset dan Inovasi Nasional, Indonesia
Dr. Ari Kusmiatun, M.Hum., Universitas Negeri Yogyakarta, Indonesia
Dr. Prembayun Miji Lestari, M.Hum., Universitas Negeri Semarang (UNNES), Indonesia

00536161

View My Stats

Indexed by

Archives

Vol 47 No 2 Desember 2019
Authors: Eti Setiawati, Dany Ardhian, Wahyu Widodo, NFN Warsiman, Ilham Hidayah, Pratomo Widodo, Endro Nugroho Wasono Aji, Bunga Hening Maulidina, Edy Suryanto, Nugraheni Eko Wardani, NFN Hartikaningsih, NFN Andayani, Prasetyo Adi Wisnu Wibowo, Tri Amanat, Nurfitriana Maulidiah, Kundharu Saddhono, Sudartomo Macaryus, Yoga Pradana Wicaksono

Vol 47 No 1 Juni 2019
Authors: Prembayun Miji Lestari, Retno Purnama Irawati, Mujimin Mujimin, Faijah Ida Fatmawati, Teguh Setiawan, Larissa Amadea Pudyastuti, Zamzani Zamzani, Wiwin Erni Siti Nurlina, Markhamah Markhamah, Abdul Ngalim, Dini Nur'aini Gita Saputri, Atiqa Sabardila, Muhammad Muninuddinilah Basri, I. Praptomo Baryadi, Fajarsih Darusuprapti, Haryanto Haryanto, Rahmat Gunawan, Suyitno Suyitno, Slamet Supriyadi, Novi Siti Kussuji Indrastuti, Hari Bakti Mardikantoro, Haryadi Haryadi

Vol 46 No 2 Desember 2018
Authors: Edi Setiyanto, Ahmad Khoironi Arianto, Sariah Sariah, Bagus Wahyu Setyawan, Wening Handri Purnami, Desy Rufaidah, Octavian Muning Sayekti, Winda Dwi Lestari, Sarwiji Suwandi, Muhammad Rohmadi, sri sabakti, Resti Nurfaidah, Siti Fadilla, Sulaiman Juned, Nursyirwan Nursyirwan, Umar Sidik, Yohanes Adhi Satiyoko

Vol 46 No 1 Juni 2018
Authors: umar Sidik, Restu Budi Setiawan, Sahid Teguh Widodo, Suyitno Suyitno, Wiwiek Dwi Astuti, Nanik Sumarsih, Zulkarnaen Iskandar Zaini, Wilma Sriwulan, Zainal Warhat, Wira Kurniawati, Dewa Putu Wijana

Vol 45 No 2 Desember 2017
Authors: Yulitin Sungkowati, Suyono Suyatno, Wening Handri Purnami, Novita Sumarlin Putri, M.R. Nababan, Djatmika Djatmika, Sri Nardiati

Vol 45 No 1 Juni 2017
Authors: Wahyu Widodo, Dany Ardhian, Muhamad Fatoni Rohman, Dhanu Priyo Prabowo, Wahyu Damayanti, Firman A.D., Lustantini Septiningsih, Foriyani Subiyatningsih, Restu Sukesti

More Archives ...

Vol 51, No 2 (2023)

Table of Contents

Halaman Sampul PDF 0

Daftar Isi PDF i--ii

Catatan Redaksi PDF iii--viii

ARTICLES

AMBIGUITAS TUBUH PEREMPUAN DALAM PRAKTIK SURROGATE MOTHER DALAM NOVEL A HOUSE FOR HAPPY MOTHER KARYA AMULYA MALLADI PDF 247--260

Dara Aghnia Nur Fadhliah, Muhamad Adji, Mochammad Irfan Hidayatullah

DOI : 10.26499/wdprw.v51i2.1180 | Abstract views :94 times | pdf views :12 times

NOSTALGIA, JATI DIRI, DAN SIMBOL SAKRAL EMPAT PUISI PADI DALAM PERSPEKTIF EKOKRITIK PDF 261--276

Novita Dewi

DOI : 10.26499/wdprw.v51i2.1157 | Abstract views :66 times | pdf views :68 times

FENOMENA SOSIAL DALAM LAGU-LAGU KARYA NURBAYAN: ANALISIS WACANA KRITIS TEUN A. VAN DIJK PDF 277--291

Angela Tanjung Saragupita, Sulis Triyono

DOI : 10.26499/wdprw.v51i2.1404 | Abstract views :76 times | pdf views :40 times

KEHADIRAN MOTIF CERITA MADAME BOVARY (1856) KARYA GUSTAVE FLAUBERT DALAM HIKAYAT SITI MARIAH (1910--1912) KARYA HADJI MOEKTI: KAJIAN SASTRA BANDINGAN PDF 292--306

Dwi Susanto

DOI : 10.26499/wdprw.v51i2.1133 | Abstract views :351 times | pdf views :90 times

TOKOH PANAKAWAN SEBAGAI SARANA PEMBANGUN WACANA KRITIK SOSIAL PADA PERTUNJUKAN WAYANG KULIT DI MEDIA YOUTUBE PDF 307--336

Imam Prakoso

Editorial Team
Publication Ethics
Author Guidelines
Focus and Scope
Section Policies
Open Access Policy
Abstracting and Indexing
Ethics Statement
Copyright Statement
Authorship Agreement
Article Processing Charges
Site Map

TEMPLATE

VISITOR

ID	133937	US	5495
MY	1444	DE	471
SG	369	CN	324
IN	301	CA	252
RU	167	FR	154

Newest: ET You: ID
Today: 21
Month: 1269
Total: 144587
Supercounters.com

USER

DOI : 10.26499/wdprw.v51i2.1179 | Abstract views :38 times | pdf views :26 times

TIPOLOGI KLAUSA RELATIF BAHASA JAWA RAGAM KRAMA DIALEK SURAKARTA PDF 337--348
Nurul Azizah
DOI : 10.26499/wdprw.v51i2.1350 | Abstract views :29 times | pdf views :25 times

IDEOLOGI PENCAPRESAN TAHUN 2024 PADA MEDIA DIGITAL DI INDONESIA: PERSPEKTIF TEUN A. VAN DIJK PDF 349--363
Deri Wan Minto, Dadang S. Anshori, Vismaia S. Damaianti, Andoyo Sastromiharjo, Muhammad Zulfadhli
DOI : 10.26499/wdprw.v51i2.1373 | Abstract views :91 times | pdf views :27 times

INSULTS ON SOCIAL MEDIA AS A FORM OF DIGITAL COMMUNI-CATION IMPOLITENESS: A CASE STUDY OF INSULTS IN COVID-19 PANDEMIC PDF 364--376--
Ahmad Khoironi Arianto, NFN Djatmika, Riyadi Santosa
DOI : 10.26499/wdprw.v51i2.1002 | Abstract views :33 times | pdf views :60 times

LEKSIKOSTATISTIK DAN GLOTOKRONOLOGI BAHASA BERAU DENGAN BAHASA MINANGKABAU PDF 377--391
Dewi Mayangsari, Aal Inderajati
DOI : 10.26499/wdprw.v51i2.1410 | Abstract views :141 times | pdf views :20 times

VOKAL NASAL BAHASA ACEH DALAM KAMUS KEMARITIMAN ACEH-INDONESIA PDF 392--404
Herman Rusli, NFN Wildan, Rahmad Nuthihar, NFN Mukhlis
DOI : 10.26499/wdprw.v51i2.1242 | Abstract views :41 times | pdf views :49 times

KEMANFAATAN DAN MAKNA KOSAKATA JAWA KUNO/SANSKERTA DI RUANG PUBLIK PDF 405--416
Sri Nardiati, NFN Riani
DOI : 10.26499/wdprw.v51i2.1338 | Abstract views :30 times | pdf views :30 times

PARALELISME TOKOH RASUS DAN PAMBUDI DALAM DUA KARYA AHMAD TOHARI RONGGENG DUKUH PARUK DAN DI KAKI BUKIT CIBALAK PDF 417--428
Widya Nirmalawati, Akhmad Fauzan, NFN Khristianto
DOI : 10.26499/wdprw.v51i2.1135 | Abstract views :28 times | pdf views :21 times

TRADISI PENYAMBUTAN DAN PENGHORMATAN TAMU DI KERATON YOGYAKARTA SEBAGAI BENTUK POLA RELASI PADA MASA PEMERINTAHAN HAMENGKU BUWANA VII DALAM NASKAH KOEPIJA DJENDRALAN PDF 429--442
Clara Shinta Anindita Apriyadi, Mamlahatun Buduroh
DOI : 10.26499/wdprw.v51i2.1079 | Abstract views :92 times | pdf views :48 times

PROFIL LITERASI DIGITAL BERBASIS ANALISIS SURVEI UNTUK PENGUATAN LITERASI SASTRA DI ABAD KE-21 PDF 443--452
Wulan Handayani, Dadang Sunendar, Vismaia S. Damaianti
DOI : 10.26499/wdprw.v51i2.1386 | Abstract views :95 times | pdf views :31 times

JAVENGLISH (WHEN JAVANESE SPEAK ENGLISH WITH A JAVANESE ACCENT): AN ANALYSIS OF SOCIAL MEDIA POSTS PDF 453--468
Tira Nur Fitria
DOI : 10.26499/wdprw.v51i2.1189 | Abstract views :231 times | pdf views :29 times

TEKA-TEKI NAMA KOTA: PERMAINAN MULTIBAHASA PDF 469--478
Atin Kurniawati
DOI : 10.26499/wdprw.v51i2.1436 | Abstract views :42 times | pdf views :23 times

COMPARATIVE STUDY OF DEMONSTRATIVES IN SASAK AND CHINESE PDF 479--490
NFN Sutarman, Zainudin Abdussamad, Abdul Muhid, Diah Supatmiwati, Wiya Suktiningsih
DOI : 10.26499/wdprw.v51i2.1204 | Abstract views :42 times | pdf views :62 times

Username
Password
Remember me
Login

NOTIFICATIONS
- View
- Subscribe

Search
Search Scope
All
Search

BROWSE
- By Issue
- By Author
- By Title

FONT SIZE

MALE GAZE DALAM SASTRA FEMINIS: STUDI ATAS KARYA ABIDAH EL KHALIEQY DAN RATIH KUMALA PDF 491--504
Anggit Febrianto, Wening Udasmoro
DOI : 10.26499/wdprw.v51i2.1244 | Abstract views :111 times | pdf views :28 times

SYMPTOMS AND HEALING PRINCIPLES OF PTSD DEPICTED IN THE MOVIE "REDEEMING LOVE" PDF 505--518
Siti Murtasia, Nine Febrie Novitasari, Ahmad Yusuf Firdaus
DOI : 10.26499/wdprw.v51i2.1359 | Abstract views :2016 times | pdf views :50 times

RESEPSI KOVER NOVEL CANTIK ITU LUKA (2015) DALAM VERSI TERJEMAHAN BAHASA INGGRIS PDF 519--531
Mustika Wulan Sari, Nilam Yuhanisa Arofani, Dwi Susanto
DOI : 10.26499/wdprw.v51i2.1355 | Abstract views :32 times | pdf views :131 times

Indeks Penulis dan Abstrak PDF 532--555

00536156

View My Stats

Indexed by

Archives

Vol 47 No 2 Desember 2019
Authors: Eti Setiawati, Dany Ardhian, Wahyu Widodo, NFN Warsiman, Ilham Hidayah, Pratomo Widodo, Endro Nugroho Wasono Aji, Bunga Hening Maulidina, Edy Suryanto, Nugraheni Eko Wardani, NFN Hartikaningsih, NFN Andayani, Prasetyo Adi Wisnu Wibowo, Tri Amanat, Nurfitriana Maulidiah, Kundharu Saddhono, Sudartomo Macaryus, Yoga Pradana Wicaksono

Vol 47 No 1 Juni 2019
Authors: Prembayun Miji Lestari, Retno Purnama Irawati, Mujimin Mujimin, Faijah Ida Fatmawati, Teguh Setiawan, Larissa Amadea Pudyastuti, Zamzani Zamzani, Wiwin Erni Siti Nurlina, Markhamah Markhamah, Abdul Ngalim, Dini Nur'aini Gita Saputri, Atiqa Sabardila, Muhammad Muninuddinilah Basri, I. Praptomo Baryadi, Fajarsih Darusuprapti, Haryanto Haryanto, Rahmat Gunawan, Suyitno Suyitno, Slamet Supriyadi, Novi Siti Kussuji Indrastuti, Hari Bakti Mardikantoro, Haryadi Haryadi

Vol 46 No 2 Desember 2018
Authors: Edi Setiyanto, Ahmad Khoironi Arianto, Sariah Sariah, Bagus Wahyu Setyawan, Wening Handri Purnami, Desy Rufaidah, Octavian Muning Sayekti, Winda Dwi Lestari, Sarwiji Suwandi, Muhammad Rohmadi, sri sabakti, Resti Nurfaidah, Siti Fadilla, Sulaiman Juned, Nursyirwan Nursyirwan, Umar Sidik, Yohanes Adhi Satiyoko

Vol 46 No 1 Juni 2018
Authors: umar Sidik, Restu Budi Setiawan, Sahid Teguh Widodo, Suyitno Suyitno, Wiwiek Dwi Astuti, Nanik Sumarsih, Zulkarnaen Iskandar Zaini, Wilma Sriwulan, Zainal Warhat, Wira Kurniawati, Dewa Putu Wijana

Vol 45 No 2 Desember 2017
Authors: Yulitin Sungkowati, Suyono Suyatno, Wening Handri Purnami, Novita Sumarlin Putri, M.R. Nababan, Djatmika Djatmika, Sri Nardiati

Vol 45 No 1 Juni 2017
Authors: Wahyu Widodo, Dany Ardhian, Muhamad Fatoni Rohman, Dhanu Priyo Prabowo, Wahyu Damayanti, Firman A.D., Lustantini Septiningsih, Foriyani Subiyatningsih, Restu Sukesti

More Archives ...

SYMPTOMS AND HEALING PRINCIPLES OF PTSD DEPICTED IN THE MOVIE "REDEEMING LOVE"

GEJALA DAN PRINSIP PENYEMBUHAN PTSD PADA FILM "REDEEMING LOVE"

Siti Murtasia; Nine Febrie Novitasari; Ahmad Yusuf Firdaus

Universitas Abdurachman Saleh Situbondo
Jalan PB. Sudirman No. 7 Situbondo, Situbondo, Indonesia
smurtasia@gmail.com; ninefebrie@gmail.com; fyrdhaus@gmail.com

(Naskah diterima tanggal 10 Mei 2023, terakhir diperbaiki tanggal 21 Desember 2023 disetujui tanggal 26 Desember 2023)

DOI: https://doi.org/10.26499/wdprw.v51i2.1359

Abstract

Nowadays, many psychological cases have occurred in Indonesia and are spread out almost every day on social media such as sexual abuse, rape, and sexual harassment. Those make people aware and put a concern about their trauma-related issues. People who suffer traumatic events in long-term memory are called experiencing Post Traumatic Stress Disorder (PTSD). Analyzing people with PTSD in movies is one example of how to get familiarized with the symptoms and how to cure PTSD, as we know that as a literary work, movies represent human's life. This descriptive research studied the symptoms and healing principles undergone by Angel in the movie "Redeeming Love" (2022). The data analysis was done by referring to Kring et. al's theory (2012) to analyze the symptoms of PTSD and Schiraldi's (2009) theory to analyze the healing principles of PTSD. The result of this research reveals that the symptoms occurring are intrusive, avoidance, negative mood changes, and arousal. Angel managed the symptoms through some healing principles, they are: manage symptoms, integrated memories, confronting avoidance, feeling safety, intact boundaries, and acceptance feeling.

Keywords: movie redeeming love; PTSD; symptom and healing principles

Abstrak

Saat ini, banyak kasus psikologis-traumatis yang terjadi di Indonesia yang tersebar hampir setiap hari di media sosial seperti pelecehan seksual, dan pemerkosaan. Dari peristiwa tersebut, manusia mulai waspada dan peduli tentang hal-hal yang berkaitan dengan trauma. Orang yang mengalami kejadian traumatis dalam ingatan jangka panjang disebut mengalami Post Traumatic Stress Disorder (PTSD). Mempelajari orang dengan PTSD dalam film adalah salah stau cara untuk mengetahui lebih dekat bagaimana gejala dan cara penyembuhannya karena kita tahu bahwa sebagai suatu bentuk karya sastra, film merepresentasikan kehidupan manusia. Penelitian deskriptif ini menganalisis gejala dan prinsip penyembuhan PTSD oleh Angel dalam film Redeeming Love (2022). Proses analisis data yang dilakukan mengacu pada teori Kring dkk (2012) tentang gejala PTSD dan teori Schiraldi (2009) tentang prinsip penyembuhan PTSD. Dari penelitian ini ditemukan bahwa gejala PTSD yang muncul pada Angel adalah intrusive, penghindaran, perubahan mood dan kognisi negatif, dan arousal. Angel menyembuhkan gejala PTSD yang dialaminya dengan beberapa prinsip penyembuhan yaitu mengelola gejala, menyatukan ingatan, menghadapi penghindaran, merasakan kemananan, batasan yang utuh, dan perasaan menerima.

Kata Kunci: film Redeeming Love; PTSD; gejala dan prinsip penyembuhan

1. Introduction

Basically, humans face many problems in their life including. The problems may vary and many are related to the psyche of humans. Sometimes humans show their psychological problems through their feelings such as feeling fear, anxious, or sad. In psychology, the mental disorder is called psychosis, a disease in which mental illnesses are indicated by a deterioration of real-life mediated relationships and personalities (Hoeksema et al., 2015) where thinking deviates from the reality of the external world (Charrois, 2015).

Literary work and Psychology have a deep relationship as stated by Endraswara (2011). He said that both psychology and Literature study human life. Psychology is the study of humans in real life while Literature is the study of humans as creatures of the author's imagination. Both of them also deal with human beings and their reactions, miseries, and desires (Aras, 2015). Thus, Psychology science can be used to analyze a literary work in a form of a film, novel, poem, or even song lyric. Discussing psychology, human beings have a close relationship with it because humans are a creature that shows psychological behavior condition. Humans are complex beings. Their mental attitude and behavior are the result of interaction within and between their internal biological, psychological and social system and their physical and social environment Kabir et al., (2019). Humans' behavior can be understood by a human's soul, mind, or mental. This includes behavioral phenomena that are associated with post-traumatic stress symptoms (Siswantoro, 2005).

Trauma is defined as one or more events that are perceived by someone as a "critic" that gives rise to impotence and vulnerability. The individual may feel emotionally, cognitively, and physically overwhelmed (Giller, 2019). This then causes severe stress that threatens the integrity and psycho-physical balance of the person (Perrotta, 2020). Traumatic events that strike a person suddenly often come from everyday experiences. When feel traumatized, it can be very difficult for humans to believe that their lives will never be the same again as before the event/event happened. Post Traumatic Stress Disorder (hereinafter referred to as PTSD) is a psychological disorder that occurs in people who have experienced a tragic or extraordinary event. It is a kind of mental disorder that may develop after exposure to exceptionally threatening or horrifying events (Bisson et al., 2015). The traumatic event that PTSD triggers are different from common stress disorder triggers (Bryant, 2019). Rothbaum and Rauch (2020) stated that traumatic experience does not always end to develop in the form of PTSD. People with PTSD have nightmares, intense fear, and avoidance of situations that might trigger memories (El-Solh, 2018; Kroes & Liivoja, 2019). Additionally, research has found that about 69% of the general population experience traumatic events during their life (Norris, 1992). Post-Traumatic Stress Disorder (PTSD) involves trauma and anxiety problems in its sufferers and affects its sufferers' social life. The recovery environment including family, friends, and any other social relations plays an essential role in the process of recovering and managing the disorder as in all traumas (Topor et al., 2006; Waller et al., 2019; Bjørlykhaug et al., 2022)

An individual who is suffering from a traumatic experience often shows many kinds of symptoms of PTSD. It varies based on the unique life circumstances, environment and resilience of the impacted individual (Gerber & Gerber, 2019). How many frightening and traumatic experiences the individual has passed in reality determines the indicators of how intense the symptoms that will appear.

This condition can be worse if the individual or struggler does not have any capability or motivation to fight back from this frightening, traumatic condition. Hence, support from the family, friends, and the expert will be helpful in these hard circumstances and make the quick recovery from the traumatic memory (Carlson & Ruzek, 2013).

As proposed by Kring et al., (2014) in their book, the symptoms of PTSD are grouped into four clusters including intrusive or re-experiencing the trauma event, avoidance of trauma-related stimuli, mood and cognitive change, and the increase of arousal and reactivity.

a. Intrusive Symptom

With this symptom, people with PTSD may have repetitive memories or nightmares of the particular traumatic event. They may be intensely upset by or show marked physiological reactions to reminders of the event. The intrusive symptom is like re-experiencing the trauma event. Therefore, this symptom always haunts the sufferers' memory even if they to forget it, but the trauma event is always stuck in the memory.

b. Avoidance Symptom

Avoidance symptom is a symptom where the sufferer always avoids something related to the traumatic events. Usually, persistent avoidance of stimuli associated with the traumatic events begins after the traumatic events occurred. Some people with PTSD may try to avoid all reminders of the event. They usually try to avoid thinking about the trauma, and some may remember only disorganized fragments of the event. These symptoms may seem contradictory to reexperiencing the symptoms. Although the sufferers are using avoidance to try to prevent reminders, the strategy often fails, and so re-experiencing occurs.

c. Negative changes in mood and cognition symptom

In this symptom, the sufferers will face negative alterations in cognition and mood associated with the traumatic events, and it is worsening after the traumatic events occur. These can include the inability to remember important aspects of the event, persistently negative cognition, blaming self or others for the event, spreading negative emotions, lack of interest or involvement in significant activities, feeling separate from others, or inability to experience positive emotions.

d. Arousal Symptom

Arousal symptom is a symptom where the sufferers experience super consciousness. It occurs when a person's body suddenly kicks into high alertness as a result of thinking about their trauma. Even though real danger may not be present, the body acts as if it is, causing lasting stress after a traumatic event.

The path to recovery and growth is different for each sufferer. In some cases, symptoms will resolve fairly quickly. However, in many cases, usually, it takes a long time to recover because every human has a different personality and understanding of the disorder itself. Most of the recovery and the healing process use the mind which means that the sufferer has to change their mind from negative to positive. Schiraldi (2009) states that understanding these principles will greatly facilitate the sufferer's healing process:

1. Healing starts by applying skills to manage PTSD symptoms

This includes skills to reduce distressing arousal, manage anger, and manage intrusions. Even though these skills are not remedial, they effectively help reduce troubling symptoms to the extent where life becomes more controllable. Thus, they enable the sufferer to begin the steps of healing.

2. Healing occurs when a traumatic memory is processed or integrated.
Similar to other memories, traumatic memories can be recalled but without overwhelming emotion and arousal. Integration implies more than just thinking about memories. In fact, simply thinking about traumatic memory may simply reinforce the memory. Integration means that memories are transformed and reorganized in a meaningful way. The dissociated trauma memories are processed until to the extent where we come to terms with them, make sense of them, and can put them to rest.

3. Healing occurs when confronting replaces avoidance.
Avoidance is a typical of anxiety disorders. It is natural to avoid pain and suffering. However, without awareness, integration does not occur. When the sufferers avoid, they do not dominate. They never learn that they can win over their fears. They never learn new coping skills, and they remain controlled by the past. Therefore, they shall confront in a safe and orderly way that which they find distressing.

4. Healing occurs in a climate of safety and pacing
When the sufferers were traumatized, they were not safe. This time, however, they will always remain safe and in control. They will progress steadily, but as slowly as they need to remain in control. Steady progress is more beneficial than going too fast.

5. Healing occurs when boundaries are intact
Boundaries mean a limitation the sufferer has. The sufferer does not let anyone come into them or approach them because they always think that they are in danger and not safe. Boundaries seem like a house for the sufferer. A house is a place of joy and comfort, a secure place. Unfortunately, a house that expects to be the comfiest place to live in changes into the scariest place where many bad thoughts are inside. It makes the sufferer afraid to open or even no longer open the doors because it remains in danger and the traumatic event. The boundaries are like doors, gates, and windows. Healing occurs as the sufferer learns to put into place very strong, secure boundaries. These boundaries allow them to feel safe. They open and close at their choosing.

6. Kind awareness and acceptance of feelings aid the healing journey.
Acceptance of feelings begins with compassionate acceptance of self. Bringing a deep acceptance and appreciation of yourself creates positivity. Accepting what happened and being able to name the fears about 'the new reality' helps people heal from trauma.

7. Balance in our lives is necessary to heal.
Healing is work. They cannot work constantly on difficult material. They will need a break, a time-out from the healing work. They will need to nourish the mind and body and allow themselves time for recreation, laughter, play, and beauty.

As the symptoms of a PTSD sufferer may vary, the researcher decides to analyze the Post Traumatic Stress Disorder (PTSD) experienced by the main character in a movie entitled "Redeeming Love". As one form of literary work, movie can be chosen as its characters can be analyzed from the perspective of Psychological field. In this research, the researcher focused on the symptoms and how Angel underwent the healing process of Post Traumatic Stress Disorder (PTSD), used the Psychological approach related to the Psychological aspect of the main character in the movie, and referred to the theories by (Kring et al., 2014) and (Schiraldi, 2009) to analyze the data.

The researcher found several previous studies related to this research. They have the same topics but different objects. The first previous study belongs to Sulaeman (2014). His thesis is entitled "The Analysis of Trauma in Staub's Novel "Scared to Death". The focus of this research was to describe the portrayal of Post Traumatic Stress Disorder (PTSD) experienced by two main characters in Staub's novel "Scared to Death, and also to describe the two main characters' ways to heal Post Traumatic Stress Disorder in the novel. The researcher used Herman's theories and Kennedy's theories in his research. The second previous study is from (Yasin, 2016) with his thesis entitled "Post Traumatic Stress Disorder by Katie in Nicholas Spark's Safe Heaven". This research focused on the symptoms, causes, and impacts of Post Traumatic Stress Disorder (PTSD) suffered by Katie in Nicholas Sparks' Safe Heaven. He used the theory of PTSD proposed by Davison (2006). The third previous study is (Azis, 2019) with her thesis entitled "The Portrayal of Dawson Scott's Post-Traumatic Stress Disorder in Deadline by Sandra Brown". She focused on the portrayal of Dawson Scott in Deadline by Sandra Brown and how Dawson Scott copes with his Post Traumatic Stress Disorder (PTSD). The researcher used the theory of PTSD by American Psychiatric Association. The last previous study is by Satriawan and Rahayu (2020) with the research entitled "Post Traumatic Stress Disorder Suffered by Private John Bartle in Kevin Power's The Yellow Birds". They focused on the causes, symptoms, and impacts of PTSD suffered by Private John Bartle in Kevin Powers' novel "The Yellow Birds" and used Davison's theory.

This research took a psychological analysis of Post Traumatic Stress Disorder (PTSD) as the main topic to discuss because the psychological aspect and human beings have a really close relationship with the psychological condition based on human behavior in reality. The human psychological condition is affected by any experience that results in psychological problems. Some examples of psychological problems events that can affect human beings are sexual harassment, sexual abuse, witnessing death, and natural disasters event such as earthquakes, tsunamis, and volcanic erupts. The researcher found some gaps based on the previous studies such as in the object of research, problem focus, and theory. In this research, the researcher focused on the PTSD symptoms, and how Angel as the main character in the movie "Redeeming Love" underwent her healing process of PTSD. Theories proposed by Kring et al., (2014) on the PTSD symptoms and Schiraldi (2009) on the PTSD healing principles were used to analyze the data.

2. Method

The data were collected through note taking and screen capturing any scene showing the symptoms and healing principles Angel did as a PTSD sufferer. The data are in the form of utterances and behaviors Angel shows indicating the symptoms and healing principles of PTSD. The theory PTSD symptoms by Kring et al., (2014) and PTSD healing principles by Schiraldi (2009) were used to analyze the data collected. Then, the researcher used Spradley's (1980) theory as the technique of data analysis. He introduced a model to analyze the content of qualitative study in his book "Participant Observation". There are four steps according to his theory, those are domain analysis, taxonomic analysis, componential analysis, and cultural theme analysis.

3. Results and Discussion

This section describes the findings and discussion of the research on kinds of PTSD symptoms and how did Angel underwent her healing process. The researcher provided some data on each kind of symp-

tom and healing principle undergone by Angel. Here are some examples of the collected data.

3.1 Results

A. Intrusive

1. *Duke : You think I can't find you, Angel?*
   Angel : No! No! No! (screaming)
   Michael : Angel it's me!

The underlined words are an expression of Angel when she had a nightmare about the trauma. She was dreaming about Duke who was the person who brought her into the brothel and made her experience the worst life and trauma. Nightmare indicates **intrusive** symptoms of PTSD. The intrusive symptom is like re-experiencing the trauma event and one of the characteristics is having nightmares. (S1, D1, Time = 01.04.18)

In this scene, Angel experienced intrusive symptoms when she got nightmares about the person that made her trauma since she was a child. Angel underwent her symptoms through the first healing principle which is **manage symptoms**. She managed it by controlling her anger and her emotion. After waking up from that nightmare, Angel took a deep breath and Michael came to calm her and brought her to the top of the hill.

2. *Duke: I told you what would I do if you don't obey me!*
   Angel : Please don't! Please!

The underlined words are also an expression of Angel when she experienced the second nightmare. Angel was dreaming about the flashback of the trauma when she was forced to abort her womb. She was overthinking that she will not get pregnant again after that incident. Having nightmares indicates **intrusive** symptoms because a nightmare is re-experiencing the trauma event. (S1, D2, Time = 01.17.42)

This scene shows where Angel experienced the second nightmare about Duke who forced her to abort her pregnancy. It made Angel re-experience her trauma event in the past. Angel underwent this Intrusive symptom through the first healing principle which is **manage symptom**. She controlled her emotions and acted as if nothing happened after waking up from her sleeping.

3. *Angel : How old is she Duke? Eight? Nine?*
   Duke : Are you jealous, Angel?
   Angel : You can never handle a woman, can't you?

The utterance said by Angel is an expression of Angel when she saw a little girl inside a room in a brothel. Angel got emotional because it made a flashback to her childhood. She was growing up in that brothel and getting abused since childhood. People who have PTSD and could not control their anger indicate **intrusive** symptom. (S1, D3, Time = 01.48.53)

The scene displays where Angel got emotional because she saw two little children in a brothel and Angel got flashbacks where she was also got abused in that brothel and forced to be a sex worker. She managed this intrusive symptom by using the first healing principle which is **manage symptom**. Angel was asking Duke how old were the two children and got a flashback of when she was a child, she got emotional because of that but she managed it by laughing and mocking Duke by saying if he could ever manage a woman well.

B. Avoidance

1. *Duchess : Tell me why you want your gold.*
   Angel : I wanna go from here, take my own place, far away from here, I just don't want to be disturbed.

In this scene, Angel asked her gold Duchess as the owner of that brothel, because she wanted to leave that place and have a normal life. She wanted to avoid places, feelings, and people that made her trauma since childhood. Avoiding places related to trauma events indicates **avoidance** symptoms. (S2, D4, Time = 00.43.51)

This scene shows that Angel was angry at Duchess because she did not get the gold she has worked for. Angel wanted to go far away and stop being a sex worker. In this scene, she shows her avoidance symptom. She underwent her symptom with the first healing principle which is **manage symptom**. She managed her symptom by joking with the duchess while asking for her gold to live normally and free from pressure, also she controlled her emotions and the situation well.

2. *Angel : Leave me alone ! I'm going back.*

In this scene, Angel ran away from her husband's house, because she still had a trust issue with a man. She experienced having a problematic family and her daddy ever abused her mom so she had that trauma feeling and difficulty to trust people. She wanted to avoid anything related to her trauma events like places, people, feelings and etc. Therefore, in this scene, it was seen that Angel still has a symptom of PTSD which is avoidance, because avoiding people related to the trauma event indicates **avoidance** symptoms. (S2, D5, Time = 00.54.17)

In this scene, Angel showed her avoidance symptom when she went out of her husband's house because she did not believe in his love. It is caused by her trauma event where her daddy used to abuse her mom. This symptom shows the most dominant healing principle undergone by Angel is **manage symptom** healing principle. Angel managed her symptom well when it appears in herself. Angel showed her intrusive symptom when she knew that Michael tried to approach him and Angel was angry with him, after that Angel managed her symptom by listening to Michael's advice. She could manage it well in that situation.

3. *Angel : Please stop it! Please!*

This scene shows where Angel was screaming because she heard a little girl screaming from abusive action beside her room. That incident made Angel flashback to her traumatic event in the past, she tried to close her ears to avoid the sounds that made her recall her traumatic event. Screaming something related to the trauma event indicates **avoidance** symptoms. (S2, D6, Time = 01.50.34)

In this scene, Angel got emotional because there is a sound that related to her traumatic event in the past. That event made her flashback of the traumatic event. When Angel shows her avoidance symptom, she underwent it with the first healing principle which is **manage symptom**. Manage symptom becomes the most used healing principle Angel uses because when she shows her symptom, she always manages them well. In this situation, Angel heard the scream of a little

child and it made her emotional. She managed her avoidance symptom by closing her ears hoping that the sound will disappear.

C. Negative Mood Changes

1. *Lucky : Do you regret because you don't join with him?*
   Angel : No. No one man wanna own me.

In this scene, Lucky Angel's friend in Pair-A-Dice (brothel) teased her if Angel would feel regret because she refused Michael's offer to get married. Angel was not well at that time after she got punched by strangers. Then, when Lucky teased her with that sentence, Angel said that no one loves her, and she had a trust issue with the man. Angel thought that no one man can love them sincerely due to her trauma with her daddy in the past. Having negative thoughts and being pessimistic indicates **negative mood changes** symptom. (S3, D12, Time = 00.42.42)

This scene shows where Angel shows her negative mood changes symptom because she has negative thoughts about herself and is hopeless that nobody loves her. When this symptom appears, Angel underwent her symptom with the **manage symptom** healing principle. Angel managed her negative mood changes by joking with her friend and she did not take that situation seriously. Angel used to have negative thoughts related to her life because she had been through many worst experiences, but Angel is such a strong woman, and was not easy to give up.

2. *Michael : You did not choose the life you have. But you can choose the life you want.*
   Angel : I choose to die.

This scene displays where Michael brought Angel to the hill to see the sunrise and told Angel that she can live a good life and start everything from the start with him. Unfortunately, Angel said that she just wants to die. It shows that Angel did not have hope to live. She felt hopeless because of the dark experiences she experienced during her life. Being hopeless and having negative thoughts are the indicators of **negative mood changes** symptom (S3, D19, Time = 01.06.32)

This scene shows that Angel was hopeless and even wanted to end her life because she thought her life is useless. She clearly shows her negative mood changes symptom where the sufferer only has negative thoughts instead of positive thoughts. Angel managed her symptom with the **manage symptom** healing principle again. In this situation, she said that she gave up on her life and wanted to die so it showed her negative mood changes symptom. Angel managed this symptom by controlling her emotion and struggled not to cry, while there was Michael who always supported her even in her lowest condition. Even though she felt hopeless with her life, she could still associate with her surrounding and she can manage her symptom well by controlling her attitude and her emotion in front of people.

D. Arousal

1. *Lucky : You're sweating.*
   Angel : <u>I feel headache</u>.

The underlined utterance is an example of an arousal symptom, one of the characteristics is that an individual who has PTSD is having trouble sleeping and it affects their health. Angel felt a headache after she got punched by strangers and it is

also caused by Michael who always wants to marry her. On the other side, Angel still hard to believe in love and a man. Having trouble sleeping and feeling unwell indicates **arousal** symptoms. (S4, D27 Time = 00.42.28)

The scene shows where Angel experienced her arousal symptom. She felt that her body is sick and headache. She managed her arousal symptom with **manage symptom** healing principle like other symptoms. She managed it by resting her body and did not think too much. Angel acted like nothing happened and did not want to make her surrounding worry about herself. Manage symptom healing principle is where the sufferer can manage the symptom by controlling herself and not being stressed.

The dominant symptom when Angel underwent her healing process is Symptom 3, that is negative mood changes in total sixty-three data, with twenty data in Healing Principle 1, fourteen data in Healing Principle 2, twelve two data in Healing Principle 3, five data in Healing Principle 4, nine data in Healing Principle 5, and three data in Healing Principle 6. It happened because Angel always thought negatively about something. Angel experienced PTSD since she was eight years old when she witnessed her mother's death, had an abusive daddy, and was forced to be a sex worker. Since that, Angel felt stressed and had post-trauma. She had intense fear and became a hopeless person. That traumatic event made her a negative person, easy to be angry, and isolate herself from other people. Negative mood changes symptom is the most dominant symptom that appeared in the movie where Angel always had negative mood changes in cognition. When Angel showed her negative mood changes symptoms, she underwent that symptoms by managing the symptom like anger and intrusions, integrated memories, confronting avoidance, feeling safety, intact boundaries, and acceptance feeling healing principle. Table 1 shows the findings of the data found.

Table 1.
The Findings

Symptom	Healing Principle							
	P1	P2	P3	P4	P5	P6	P7	Total
S1	3	1	2	-	-	-	-	6
S2	3	1	2	-	1	-	-	7
S3	20	14	12	5	9	3	-	63
S4	1	-	-	1	-	-	-	2

Notes : S = Symptom
P = Principle
S1 = Intrusive
S2 = Avoidance
S3 = Negative Mood Changes
S4 = Arousal
P1 = Manage Symptoms
P2 = Integrated Memories
P3 = Confronting Avoidance
P4 = Feeling Safety
P5 = Intact Boundaries
P6 = Acceptance Feeling
P7 = Balancing lives

3.2 Discussion

From the findings, the researcher found all four symptoms and six healing principles with total of seventy-eight data. The first symptom that is intrusive results in six data with the most dominant healing principle in Healing Principle 1 which is manage symptom. Angel showed her intrusive symptom and underwent it by managing the symptom healing principle. Intrusive symptoms showed when Angel re-experiencing her PTSD like having nightmares and getting emotional. Angel underwent her intrusive symptom mostly by managing the symptoms such as taking

a deep breath and controlling her anger or even did not do anything or just feeling it like nothing happened. This is in line with what Ma et al., (2017) said that breathwork has a calming effect on the nervous system, reducing stress and anxiety by reducing the levels of the stress hormone cortisol in the body. The second dominant healing principle used by Angel when her intrusive symptom was shown is Healing Principle 3 with a total of two data. Healing Principle 3 is confronting avoidance. When Angel's intrusive symptom was shown, she also underwent it by confronting avoidance. Confronting avoidance means that Angel could face anything related to her traumatic events like people, places, or feeling without anxiety and panic. The last data in the first symptom is in Healing Principle 2 which is integrated memories with only one data. The first symptom was not undergone Healing Principles 4, 5, 6, and 7 because those healing principles were not suitable to heal the intrusive symptom.

The second symptom is avoidance resulting in seven data with the most dominant data is Healing Principle 1 (manage symptoms) with a total of three data. When Angel showed her avoidance symptom, she mostly underwent it by manage symptom healing principle. It is caused by Angel who was being a strong and wise woman, and she could manage her avoidance symptom well. The second dominant healing principle is confronting avoidance with a total of two data. Avoidance symptom and confronting the avoidance healing principle are opposite things but it relates to each other because when Angel showed her avoidance symptom when she tried to avoid people, places, and feelings related to her traumatic event, but in some scenes when she showed her avoidance symptom and wanted to avoid something, she could stand it and managed it by confronting avoidance healing principle. The least healing principle in the second symptom is Healing Principles 2 and 5 which are integrated memories and intact boundaries with only one data of each. When Angel showed her avoidance symptom, she also underwent it by integrating memories where she could be peaceful with her trauma and thought about it as a past event not as the present. She also underwent it by intact boundaries which means that when she faced her avoidance symptom, she underwent it by opening her boundaries to other people around her. Avoidance symptom was not undergone by Healing Principles 4, 6, and 7 because those healing principles were not needed and were only suitable for avoidance symptom.

The next symptom is negative mood changes which has the highest and most dominant data with a total of sixty-three data of the healing principle. The highest data is Healing Principle 1 which is manage symptoms with a total of twenty data. Angel showed her negative mood changes symptom and mostly underwent it by manage symptom healing principle because when Angel thought negatively she always managed it well and tried not to get emotional and could still be calm as possible. The second dominant data in this symptom is Healing Principle 2 which is an integrated memories healing principle with a total of fourteen data. There were some scenes shown when Angel showed her negative mood changes symptom, she underwent it by integrated memories which means that when she had negative thought about her life and being hopeless she could manage it by accepting the reality and being peaceful with her trauma in the past. The third dominant data is in Healing Principle 3 which is confronting avoidance. Angel also underwent her negative mood

changes symptom by confronting avoidance because which means when she had a negative cognition, she could accept the bad feeling and confront it. Confronting avoidance not only avoid people and place but also feeling. The fourth dominant data is in Healing Principle 5 which is intact boundaries with a total of nine data. Angel underwent her negative mood changes symptom by having intact boundaries which means that when her negative thought appeared, she tried to open her boundaries and socialize with her surrounding. The fifth dominant data is in Healing Principle 4 which is feeling safe. Angel also underwent her negative mood changes symptom with feeling safety which means that in a situation where she thought negatively toward herself, she tried to look for a safe place around her and looked for trusted people. The last healing principle is the least data is the acceptance feeling Healing Principle with a total of three data. Angel underwent her negative mood changes symptom with acceptance feeling which means that she could accept her trauma in the past even when her negative thought appeared. Healing Principle 7 was not shown in Symptom 3 because it is balancing lives which means this healing is the last step of the healing principle where the sufferer finally healed the trauma with recreation refreshing the body and soul, while Angel hasn't reached that step yet, so Healing Principle 7 was not used by Angel.

The last symptom is the arousal with a total of two data and becomes the least data. Angel showed her arousal symptom and underwent it by using Healing Principles 1 and 4. Angel showed her arousal symptom when she felt sick, she underwent it by manage symptoms where she tried to control her emotion by not talking about the unimportant thing. She also underwent her arousal symptom by feeling safe when she was accompanied by her friend which made her feeling safety.

There is a thin line that connects the result of this current research with the results of the previous studies. Sulaeman (2014) who analyzed two main characters in Staub's novel " Scared to Death" found the symptoms of PTSD experienced by Elsa and Marin. Elsa was more dominant in intrusive symptoms than the avoidance and arousal symptoms, whileMarin is more dominant in arousal symptoms. His finding is similar to this research because the researcher also found intrusive, avoidance, and arousal symptom, but, the difference is that Sulaeman only found three symptoms while the researcher found four symptoms. Also, the dominant data result is different where Sulaeman's data dominant is intrusive and arousal while the researcher's data dominant is negative mood changes symptom.

The second previous study belongs to Yasin (2016) who analyzed the PTSD of Katie, the main character in Nicholas Spark's "Heaven". He found the symptoms, causes, and impacts of PTSD Katie suffered from. The two symptoms of PTSD found were re-experiencing or intrusive and avoidance symptoms. The dominant cause was the psychological cause, and the impacts found were feeling changes and behavior changes. His finding was different from the researcher's because he only found two symptoms of PTSD and the dominant data is intrusive, while the researcher found four symptoms of PTSD and the dominant data was negative mood changes symptom.

The third previous study is Azis (2019) who analyzed the PTSD of Dawson Scott in the novel "Deadline" by Sandra Brown. Her findings include three symptoms of PTSD: intrusive, negative mood change in cognition, and arousal symptoms, with the

dominant symptom shown was intrusive. The second finding from Andini was on how to cope with PTSD. The way the character coped with the PTSD was by taking antianxiety pills and alcohol to slow down the nerves and the importance of having a support system becomes the main element for the character in healing the PTSD. The dominant data of the symptom found in her research was different where her dominant data is in intrusive symptom, while the researcher's dominant data symptom is negative mood change in cognition.

The last previous study is from Satriawan and Rahayu (2020). They analyzed the post-traumatic stress disorder experienced by John Bartle in the novel "The Yellow Birds". John Bartle had PTSD since he witnessed death in the Iraq war. Here are three findings in their research: the causes of PTSD were environmental and psychological conditions, the two dominant symptoms found were avoidance and re-experiencing or intrusive, and the impacts of PTSD found were behavior change, feeling changes, and mind changes. Satriawan and Rahayu's finding is different from this research's as they only found two symptoms of PTSD while the researcher foundfour symptoms of PTSD. Their dominant data is also different from this research's.

From the previous justification, it can be seen that people with PTSD are mostly caused by witnessing people's death and abusive actions from their beloved ones. Those who witnessed death and got abused will always remember how hard and sick it feels. The worst event experienced will always haunt their memories and make them have trauma or even can develop PTSD. Schiraldi (2009) stated that PTSD could be caused by a wide range of events, grouped into three categories. Those are intentional human, unintentional human, and acts of nature (natural disaster). In the general rule, intentional human causes are the most difficult to recover from, followed by unintentional human causes. Acts of nature are the least complex and typically resolve more quickly than other categories.

Intentional human causes include combat, civil war, sexual abuse, physical abuse, criminal assault, violent crime, and so on. Unintentional human causes include accidents and technological disasters like explosions, nuclear disasters, or burns. Acts of nature or natural disasters like typhoons, tornados, or earthquakes. On the other hand, Kring et al., (2014) also stated that about 20 percent of American fighters wounded in Vietnam developed PTSD, contrasted with 50 percent of those who were prisoners of war there. During World War II, doctors believed that 98 percent of men would develop psychiatric problems after 60 days of continuous combat.

4. Conclusion

PTSD is a disorder that develops in humans who have experienced shocking, frightening, or dangerous events. The healing process of each sufferer is also different, the environment such as family, friends, and any other social friends affects the recovery of the sufferer. The researcher is interested in doing this research also caused by today's era where many psychological cases happened recently and spread out in social media such as sexual harassment, sexual abuse, raping, and many others. Those events can lead the victim to have trauma or even develop into PTSD.

However, whatever the causes, living with PTS is overwhelming, and people with PTSD should know how to cope with the symptoms. Coping with the symptoms can be done by seeking treatment, seeking support, and developing new coping skills. This should be done in order to be able to manage the symptoms, to reduce painful memories, and to move on with life. In short, building a healthy support network and regaining a sense of self-care are essentials.

The researcher suggests that future researchers who want to conduct research in the same field should learn deeply about

PTSD and the whole of it. PTSD is not an easy disorder that can be underestimated; it has a big impact when the sufferer shows various symptoms and it must be learned deeply with some theories by the future researcher in order to avoid misunderstanding. It can appear in movies, novels, short stories, or even surrounding. It is also suggested that future researchers who will analyze a similar topic to this research are symptoms and the healing principle of PTSD suggested to analyze more in the negative mood changes symptom and manage symptoms healing principle. This symptom and healing principle has the most result and can be analyzed in some research. Hopefully, this research can be referenced by future researchers and have corrections from the readers.

References

Aras, G. (2015). Personality and Individual Differences: Literature in Psychology-Psychology in Literature. *Procedia - Social and Behavioral Sciences*, *185*, 250–257. https://doi.org/10.1016/j.sbspro.2015.03.452

Azis, A. (2019). The Portrayal of Dawson Scott's Post-Traumatic Stress Disorder in Deadline by Sandra Brown [Universitas Diponegoro]. In *Eprints UNDIP*. http://eprints.undip.ac.id/77121/1/Skripsi_Sastra_Inggris_2015_-_Andini_Azis_-_13020115120016.pdf

Bisson, J. I., Cosgrove, S., Lewis, C., & Roberts, N. P. (2015). Post-traumatic stress disorder. *BMJ (Online)*, *351*(November). https://doi.org/10.1136/bmj.h6161

Bjørlykhaug, K. I., Karlsson, B., Hesook, S. K., & Kleppe, L. C. (2022). Social support and recovery from mental health problems: a scoping review. *Nordic Social Work Research*, *12*(5), 666–697. https://doi.org/10.1080/2156857X.2020.1868553

Bryant, R. A. (2019). Post-traumatic stress disorder: a state-of-the-art review of evidence and challenges. *World Psychiatry*, *18*(3), 259–269. https://doi.org/10.1002/wps.20656

Carlson, E. B., & Ruzek, J. (2013). Effects of Traumatic Experiences: A National Center for PTSD Fact Sheet. *Center for Intergrated Healthcare*, *3*(July), 1–7.

Charrois, E. M. (2015). Psychosis. *Information and Evaluation Services*, *June 2011*.

El-Solh, A. A. (2018). Management of nightmares in patients with posttraumatic stress disorder: Current perspectives. *Nature and Science of Sleep*, *10*, 409–417. https://doi.org/10.2147/NSS.S166089

Endraswara, S. (2011). *Metodologi penelitian sastra : epistemologi, model, teori, dan aplikasi*. CAPS (Center for Academic Publishing Service).

Gerber, M. R., & Gerber, E. B. (2019). *Trauma-Informed Healthcare Approaches: A Guide for Primary Care* (M. R. Gerber (ed.)). Springer. https://doi.org/10.1007/978-3-030-04342-1

Giller, E. (2019). What is Psychological Trauma? *Annual Conference of the Maryland Mental Hygiene Administration, "Passages to Prevention: Prevention across Life's Spectrum," May*, 23–30. https://doi.org/10.4324/9780429461637-3

Hoeksema, S. N., Fredrickson, B., & Loftus, G. R. (2015). *Atkinson & Hilgard's Introduction to Psychology* (16th ed.). Cengage India.

Kabir, M. R., Akash, M., Jesmin, A., & Akter, S. (2019). Human Nature and Psychological Insights. *Journal of*

Humanities and Social Science, *7*(1), 23–30.

Kring, A. M., Johnson, S. L., Davison, G. C., & Neale, J. M. (2014). *Abnormal Psychology: DSM 5 Update*. Wiley.

Kroes, M. C. W., & Liivoja, R. (2019). Eradicating war memories: Neuroscientific reality and ethical concerns. *International Review of the Red Cross*, *101*(910), 69–95. https://doi.org/10.1017/S1816383118000437

Ma, X., Yue, Z. Q., Gong, Z. Q., Zhang, H., Duan, N. Y., Shi, Y. T., Wei, G. X., & Li, Y. F. (2017). The effect of diaphragmatic breathing on attention, negative affect and stress in healthy adults. *Frontiers in Psychology*, *8*(June), 1–12. https://doi.org/10.3389/fpsyg.2017.00874

Norris, F. H. (1992). Epidemiology of trauma: frequency and impact of different potentially traumatic events on different demographic groups. *Consult Clin Psychol*, *60*(3), 409–418. https://doi.org/10.1037//0022-006X.60.3.409

Perrotta, G. (2020). Psychological Trauma: Definition, Clinical Contexts, Neural Correlations and Therapeutic Approaches Recent Discoveries. *Curr Res Psychiatry Brain Disord*, *2019*(September), 1–6.

Rothbaum, B. O., & Rauch, S. A. M. (2020). *PTSD: What Everyone Needs to Know* (Oxford Uni). https://doi.org/10.1093/wentk/9780190930370.001.0001

Satriawan, F. Y., & Rahayu, M. (2020). A soldier's post-traumatic Stress Disorder in Kevin Power's The Yellow Birds. *Jurnal Pembelajaran Sastra*, *2*(1), 1–12. https://doi.org/10.51543/hiskimalang.v2i01.20

Schiraldi, G. R. (2009). *The Post-Traumatic Stress Disorder Sourcebook: A Guide to Healing, Recovery, and Growth*. McGraw-Hill.

Siswantoro. (2005). *Metode penelitian sastra : analisis psikologis* (A. Sunanda (ed.)). Surakarta : Universitas Muhammadiyah Surakarta, 2005.

Spradley, J. P. (1980). *Participant Observation*. Waveland Press, Inc.

Sulaeman. (2014). *The Analysis of Trauma in Staub'S Novel "Scared To Death*. Universitas Islam Negeri Alauddin Makassar.

Topor, A., Borg, M., Mezzina, R., Sells, D., Marin, I., & Davidson, L. (2006). Others: The role of family, friends, and professionals in the recovery process. *American Journal of Psychiatric Rehabilitation*, *9*(1), 17–37. https://doi.org/10.1080/15487760500339410

Waller, S., Reupert, A., Ward, B., McCormick, F., & Kidd, S. (2019). Family-focused recovery: Perspectives from individuals with a mental illness. *International Journal of Mental Health Nursing*, *28*(1), 247–255. https://doi.org/10.1111/inm.12528

Yasin, A. M. (2016). Post Traumatic Stress Disorder Suffered by Katie in Nicholas Sparks' Safe Heaven. In *Universitas Islam Negeri Maulana Malik Ibrahim Malang*. Universitas Islam Negeri Maulana Malik Ibrahim Malang.