

Sa'adah.

Wellness & Psychospiritual Health

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Featuring Dr Zul Azlin's
Pengembara Fugue
from Bayang Sudah
Pandai Mengejek.



30-page magazine on
trauma experience,
treatment and many
more

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Department of Psychiatry,
Kulliyyah of Medicine, Level 3,
International Islamic University Malaysia, 25200,
Kuantan, Pahang.

Photo at front page : Sunset at Tasik Bandar Indra Mahkota

EDITOR'S NOTE



Dear readers,

It has been a few months since the last publication of **Sa'adah Bulletin**. Since our inception back in December 2021 we have received numerous warmth and encouraging feedbacks from our faithful readers. We reflected upon these valuable insights and deliberately decided to come up with new things. From now on **Sa'adah**. will be published as a bilingual magazine (English and Bahasa Melayu).

In this issue we are delighted to present **Sa'adah**. with the theme - "Resilience and Trauma". As mental health practitioners, more often than not, sadly, we witness the outcome of trauma in our clients. These events have taken place, years if not decades before they present to our centre for a professional help. The word trauma here does not necessarily refer to diagnosis of post-traumatic stress disorder (PTSD) but covers any harms to the self that causes disintegration and psychological wound.

As you flip through the next pages, you will be able to read a variety of articles on trauma; resistance in seeking help, its biological basis, resilience, treatment and a **cerpen** featuring Dr Zul Azlin's latest piece in *Bayang Sudah Pandai Mengejek*.

Last but not least we would like to thank our contributors and hope you will take the time to read what the contents of the magazine have to offer.

Nabil

Editor in Chief

Table of CONTENTS

- 1 PUISI: SETIA**
ANR



- 7 TRAUMA: THY LORD HAS NOT LEFT YOU ALONE**
Mar'ain Ahmad Dani

- 10 NEUROANATOMY OF TRAUMA**
Siti Amalina

- 11 WHY PEOPLE STAY IN TRAUMA**
Afifah Alias



- 13 RAWATAN GANGGUAN STRESS PASCA TRAUMA (PTSD)**
Aisyah Hannanah

- 16 CERPEN: PENGEMBARA FUGUE**
Zul Azlin Razali

- 22 BEAUTIFUL SADNESS**
Fauzah Rahimah

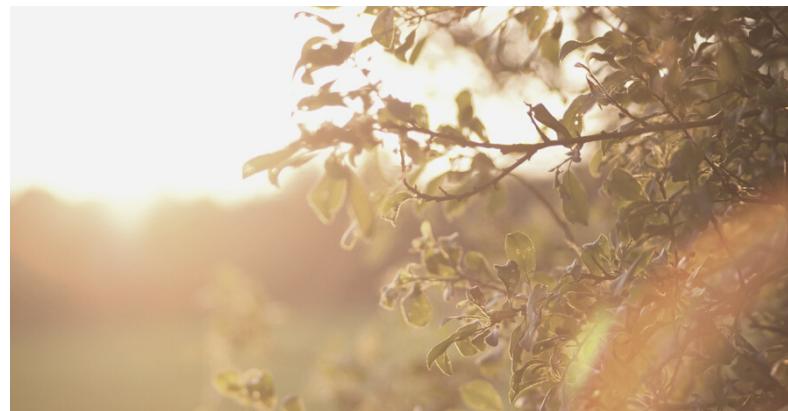
- 24 ON WHEEL-CHAIR NO MORE**
*Nadzirah Ahmad Basri
Siti Ain Aminah*

- 26 ARTICLE REVIEW**
Abdul Aziz Bin Saifullah



- 29 ULASAN BUKU**
Ahmad Nabil Md

- 30 KOMEN PEMBACA**



وَالضَّحَىٰ

By the morning sunlight,

وَاللَّيلِ إِذَا سَجَنَ

and the night when it falls still!

مَا وَدَعْكَ رَبُّكَ وَمَا قَلَىٰ

Your Lord 'O Prophet' has not abandoned you, nor has He become hateful 'of you'.

وَلَلَّهُ أَخْرَةُ حَيْزِنُكَ مِنَ الْأُولَىٰ

And the next life is certainly far better for you than this one.

وَلَسْوَفَ يُعْطِيكَ رَبُّكَ فَتَرْضَىٰ

And 'surely' your Lord will give so much to you that you will be pleased.

أَلَمْ يَجِدْكَ يَتِيمًا فَأَوَىٰ

Did He not find you as an orphan then sheltered you?

وَوَجَدَكَ ضَالًّا فَهَدَىٰ

Did He not find you unguided then guided you?

وَوَجَدَكَ عَائِلًا فَأَغْنَىٰ

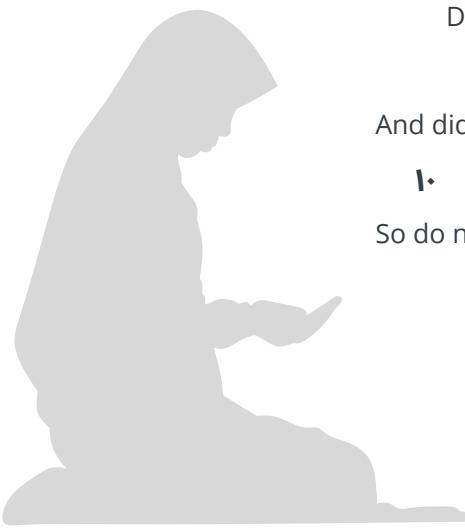
And did He not find you needy then satisfied your needs?

فَإِنَّمَا أُلْيَتِيمَ فَلَا تَقْهَرْ ٩ وَإِنَّمَا أُلْسَائِلَ فَلَا تَنْهَرْ ١٠

So do not oppress the orphan, nor repulse the beggar.

وَإِنَّمَا يَنْعِمُهُ رَبُّكَ فَحَدَّثْ

And proclaim the blessings of your Lord.



The word "qarh" is written in large, bold, black Arabic calligraphy. It consists of three letters: ق (Qaf), ر (Reh), and ح (Haa'). A small decorative flourish or diacritic is placed above the first letter.

*If you have suffered injuries (qarh) (at Uhud),
they suffered similarly (at Badr).*

Quran 3:140

Qarh literally means a wound; the bite of a weapon, and of a similar thing that wounds the body. It also means pustules, or small swellings, when they have become corrupt.

E.W. Lane's Arabic-English Lexicon

Trauma (*trau, tere*) means physical wound. Its use was extended to cover psychological wound and distresses, starting 1894 onwards.

Online Etymology Dictionary

PUISI

SETIA

Trauma adalah luka silam yang setia,
tertulis dalam janji temu di hari semasa.

Seperti perakam pita uzur
yang mengulang-ulang babak perang
atas tabir khayalan
genderang bencana terus berbunyi
walau perang tiada lagi.
Masa seolah-olah terhenti,
hari ini adalah semalam.

Kalau lah lupa itu boleh diasuh,
pasti akan ku ulitkan lagu leka
buat mengubat memori celaka.
Namun sudah menjadi adat,
barang yang paling ditakuti
itulah yang senantiasa kembali.

Barangkali kerana ia setia,
biarkan,
alah bisa kerana biasa?

ANR

Kampung Padang
21 Julai 2022

[**Penafian:** ketakutan atau perasaan cemas yang berlaku dalam konteks pasca-trauma boleh dirawat dan memerlukan rawatan profesional daripada pakar]

PUISI

SEPI

SEPI ITU INDAH?

jika sepi itu indah
mengapa hati masih gundah...
malam masih resah?
siang diamuk gelisah

atau cuma satu alasan
menutupi kerinduan,
memayungi kesepian
sengaja menampakkan kekuatan
agar lemah tidak kelihatan
malu diketahui teman
menyimpan suatu bebanan
tersimpul sukar dilepaskan
berada disatu persimpangan
ke kiri atau ke kanan?
atau bisa saja ke depan
tanpa menoleh ke belakang?

kerapkali bertanya sendiri
sampai bila pencarian ini?
kepada siapa harus dituju?
walau jawapannya disudut hati
masih sukar di mengerti
rindu bersulam benci?
kekadang terlupa dengan ketetapan
Tuhan ada sebagai peneman
mendampingi diri merawat hati
moga sepi menjadi indah
moga langit selalu cerah

Nora Mat Zin

UIAM



A charming scenery of a fish pond that grows lotus flowers situated at Hospital Bahagia Ulu Kinta, Ipoh. This photo was taken in 2021 during a work assignment at the historic institution which passed its centennial celebration in 2011.



RESILIENCE



Resilience

By: Farah Nur

Psychiatry Master's Trainee

Two months ago, we received the joyous news of having two of our beloved seniors graduating from IIUM Masters Programme in the field of Psychiatry and Mental Health. As I ponder on my own short time in the same programme, I thought about the main thing that is required to survive this challenging phase of my life.

It's resilience.

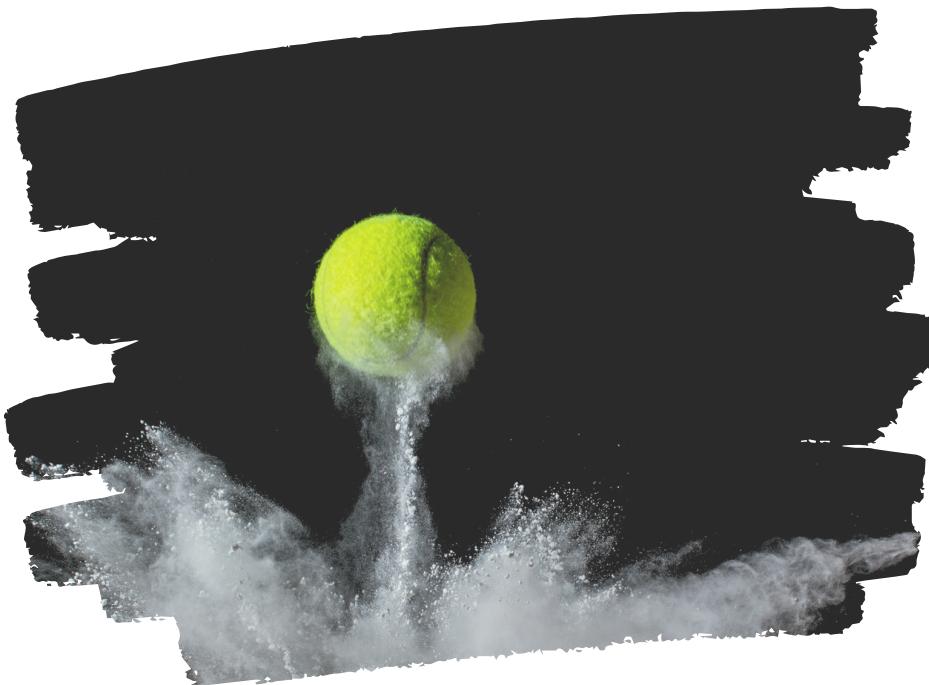
So what do we mean by resilience? It is the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional and behavioural flexibility and adjustment to external and internal demands (American Psychological Association).

In simpler terms, resilience is what gives people the psychological strength in order to cope with stress and overcome hardship.

Now, being resilient does not mean that we are immune to stress nor does it automatically erase life's difficulties. People who possess this quality do not view life through rose-coloured lenses, instead they know that even when things are difficult, they can keep going until they make it through.

"Courage is not without fear, but it is despite fear you continue to pursue your goal"

ANONYMOUS



RESILIENCE

Resilient people have the following skill sets. Let's see if you have these or need to improve on some.

1) Skills to problem-solve

When troubles arise, resilient people will look at the circumstances rationally and try to come up with realistic solutions in order to solve them.

2) Skills to regulate emotions in an effective way

Resilience is marked by the ability to manage our emotions while facing stress. It doesn't mean that resilient people do not experience strong emotions such as anger, sadness or fear. It means that we recognize these feelings as temporary and can be managed efficiently until they pass.

3) Skills to display self-compassion

Another sign of resilience is showing self-compassion and self-acceptance. Resilient people treat themselves with kindness, especially when it is hard to do so in times of stress.

4) Ability to gain social support

Having a solid network of supportive people around us is another sign of resilience. Resilient people recognize the importance of having support and knows when they need to ask for external help.



Fortunately, resilience is something that we can build within ourselves with the right behaviours, thoughts and actions that can be learned and developed in anyone. So how do we start to become more resilient?

1) Reframe the negative thoughts

Resilient people are able to look at adversity realistically without overly blaming the situation negatively or excessively thinking about things that cannot be changed. Instead of looking at problems as impossible, try to reframe our thoughts and look for small ways to tackle the problem in order to find solutions and make significant changes to our seemingly helpless state of affairs.

RESILIENCE

2) Focus on what is within our control

It is understandable to be overwhelmed by emotions when facing a crisis or problem that is beyond a person's control. Instead of wishing to go back in time and change things, try focusing on the things that are within our circle of control that we can directly impact. By realizing that we have better control over our own actions and decision, we are more likely to make choices in a way that we can bounce back from life's challenges.

3) Manage our stress

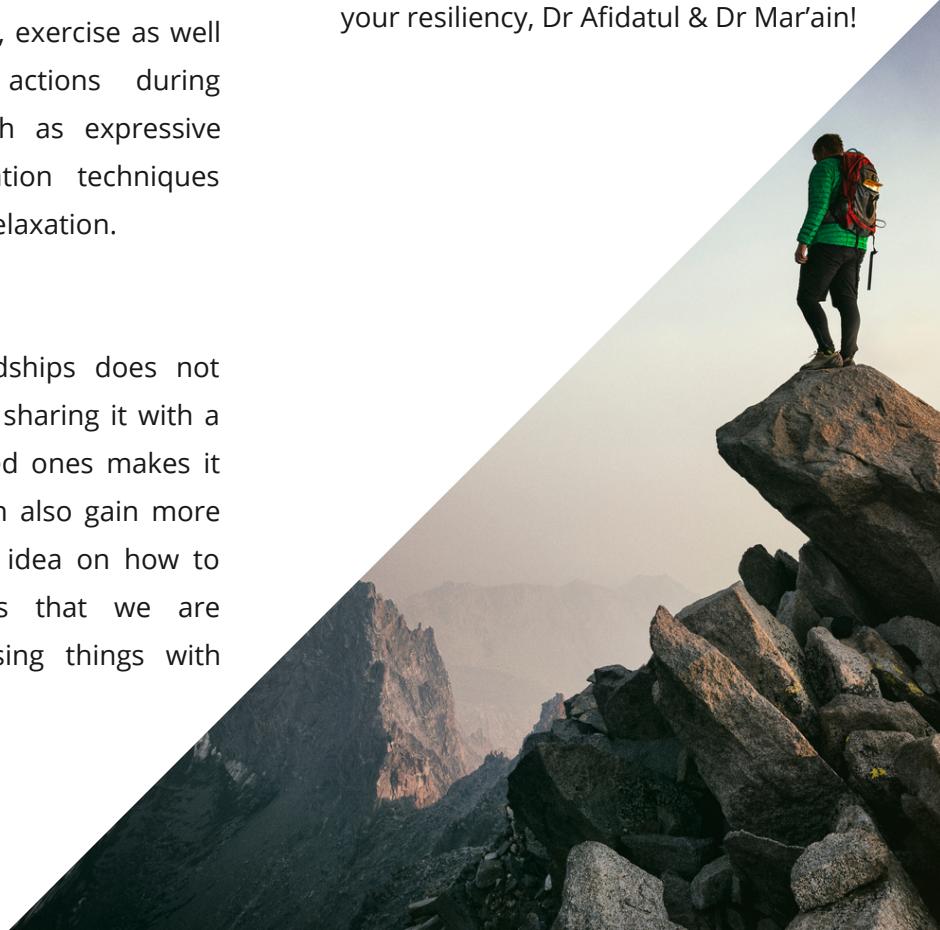
Another effective way to increase overall resilience in ourselves is by building and engaging in healthy stress management habits and strategies. These habits include behaviours that also helps in overall health like getting enough sleep, exercise as well as specific personal actions during moments of stress such as expressive writing, drawing, relaxation techniques and progressive muscle relaxation.

4) Seek support

Talking about life's hardships does not make them go away but sharing it with a supportive friend or loved ones makes it less of a burden. We can also gain more insight or have a better idea on how to navigate the challenges that we are dealing with by discussing things with other people.

Resilience is like climbing a mountain without a trail map. It takes time, massive inner strength and lots of help from people around us. We are also bound to experience setbacks along the way, but eventually we will reach the top and be glad of how far we have come once we look back on our journey.

Last but not least; congratulations on your resiliency, Dr Afidatul & Dr Mar'ain!



SPIRITUAT



Trauma: Thy Lord Has Not Left You Alone

By: Marain Ahmad Dani
Psychiatrist

Studies have shown that even if an individual is no longer thinking about a trauma (at least consciously), it still hides in the body, so hypothetically something that happened to the person during childhood gives such a huge impact on a person in terms of coping with life stress.

As a person grew into adulthood, a frequent question that would come to mind is, "Why is the so-called-traumatic-event of life - which was unwanted by a "normal" human being- takes place in my life especially when it occurred when I was in a state of not being ready, and which is beyond my control?"

"I was just being a normal kid, pacing up and down the hallway. I don't understand why he had to do that. He was such a monster; furious, he shouted and beat me up with the hockey stick"

Adverse Childhood Experiences (ACEs) Study had reported that in a sample of over 17,000 individuals, researchers found that 64% of the people surveyed had experienced something traumatic during their childhood years. When a person walk down the street, 2 out of every 3 people a person pass by has experienced at least one of the significant traumas during their childhood. So there's a huge number of people going through trauma!

"My mom always came back with piles of work while I always waiting eagerly for her to come back. As a kid, I just needed a hug after a long busy week"

And those significant traumas could be in the form of incidents of the war and violence, emotional abuse, physical abuse, sexual abuse, domestic violence, household substance abuse, parental divorce, emotional and physical neglect.

"It does not make any sense to me. Why did the accident happen, why was I not there too. Where was God when my parents passed away?"

There are lots of holistic and Islamic approach to treat trauma that have been found helpful, that is by establishing the connection between trauma and faith.

Based on the Holy Quran, there are several things to be highlighted in regard to trauma.

SPIRITUALLY

Attachment

Securing attachment and connection with Allah has been associated with psychological wellness. Which means that the trauma does not become a mean of pushing someone away from faith, but actually bringing an individual closer to Him. A common triggering question by a person who had gone through trauma in life is, "Why does God allow bad things to happen to me?" There are vast studies indicating how spirituality could help a person cope with trauma and how trauma could strengthen faith. Indeed spirituality and close connection with Allah is very helpful in making a person to move forward following the episode of trauma. This is helped by reflecting on the life of the Prophet who experienced multiple traumatic events such as orphanage and poverty.



Shifting perspective

Shifting perspective is a crucial thing of cognitive therapy. When someone had gone through a traumatic situation, it could feel as though he or she is trapped in a dark tunnel. Nobody would have known and truly understand that the tunnel would be extremely long in someone's life and winding with a roller coaster in it. Cognitive restructuring is a technique being used in cognitive behavioral therapy in which a person is trained to analyse and assess thoughts for dysfunctional core beliefs or assumptions which if not modified, would result in dysfunctional belief.

By stressing on the needs and values of community, it is important to integrate spiritual and religious healing approaches into psychotherapy session. Allah has promised to the Prophet, and indirectly the believers, that not only will the difficulties in this world come to an end, but the Hereafter will be better and filled with contentment. There would be light at the end of the tunnel. Through training, one will be better able to accept that everything that happened have been pre-determined by God, which is the central core belief to the religion of Islam. Once a person has come to an acceptance stage, the symptoms would reduce and subsequently enable one to be more active in seeking relief for the distress.

SPIRITUAL

Cultivating gratitude

One of the most important things to do is to list one's gratitude, which is to go back and think about how thankful we are for what we have. Gratitude is strongly and consistently associated with greater happiness. Gratitude helps people feel more positive emotions, improve health, enable them to deal with adversity and build stronger relationships. The art of reflecting on blessing would have an immense impact on well-being. By having the ability to have faith that certainly there will be a light at the end of tunnel is surely powerful in instilling hope for a person to move on. Believing the words in the Al Quran, especially in the verse of Al Quran stating that "with every hardship comes ease." (Surah no 94, verse 5 and 6).

*With every
hardship, verily
there is ease*

AL- QURAN, 94:5





NEUROANATOMY OF TRAUMA

By: *Siti Amalina Awang*
Psychiatry Master's Trainee

Whenever we talk about trauma, one of the terms that we would always hear is Post traumatic stress disorder or PTSD. It is a condition when one's trauma gives profound effect to an individual until it affects their daily functioning. Indeed, PTSD is a devastating disorder, as it is linked to profound mental, physical, occupational, and functional impairment.

Pathophysiological of PTSD involve the emotion dysregulation arising from exaggerated response to threat and/or inability to regulate negative emotional states. Emotion dysregulation in PTSD arises from complications within a large neurocircuitry involving the amygdala, insula, hippocampus, anterior cingulate cortex, and prefrontal cortex.

Amygdala is like an alarm system that trigger fear response when experience danger and also mediates unconscious memories (i.e autonomic aspect of trauma). People with PTSD are found to have an overactive amygdala response or hypersensitivity to external threats which make them hard to think rationally.

Hippocampus mediates conscious memory including traumatic events specifically posterior hippocampus associated with storage, processing and retrieval of spatiotemporal memories that is crucial to protective function of fear conditioning.

In people with PTSD, there is some hippocampal volume reduction that lead to exaggerated conditioned fear response observed or in PTSD. The reduced hippocampal volume is also associated with increased in symptom severity.

Decreased medial prefrontal and anterior cingulate areas in neuroimaging studies that correlates with increased activity in amygdala as seen in PTSD.

Hypothalamus-pituitary-adrenal axis. Hypercortisolism occurs in context of increased sensitivity of HPA axis due to negative glucocorticoid feedback with blunting of adrenocorticotrophin responses to stimulation by corticotrophin-releasing factor.

Glutaminergic neural pathways mediating excitatory responses through NMDA receptors in the hippocampus and amygdala appear to be important in encoding normal and aberrant long-term memories. GABAergic neurons mediating inhibitory neuronal pathways effect in the same brain areas to induce forgetting and amnesia.

Neuroimaging research provides great insight into underlying neuroanatomy of PTSD in which the MRI studies in people with PTSD demonstrated that there are :

1. Decreased hippocampus volume
2. Increased central norepinephrine levels with downregulated central adrenergic receptors
3. Chronically decreased glucocorticoid levels with upregulation of receptors
4. Hemispheric lateralization
5. Abnormalities in amygdala - exaggerated responses of amygdala
6. Diminished activation of medial prefrontal cortex during processing of fear
7. Insufficient cognitive resources to engage appropriate cognitive strategies

An understanding on the neuroanatomy of PTSD helps us to understand the profound effect trauma has on an individual's mind and the reasons why it is not so easy and fast to treat.

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WHY PEOPLE STAY IN TRAUMA?

By: Siti Afifah Alias

Psychiatry Master's Trainee

In discussing trauma, one can think of just about everything and anything that makes a person have fearful feelings. Any events that cause severe emotional distress onto an individual is trauma, be it physical or psychological. Trauma begins when an event or experience overwhelms a person's normal coping mechanisms. Trauma can be acute, chronic, or even complex; whatever the nature of it, trauma leaves an ugly mark, to the mind, body and soul. It impairs a person in terms of relationship, functioning and socializing.

Trauma is often unique to each person, what is traumatic to someone might not be to another one. Probably taking a bus ride, as normal as it seemed, can be extremely distressing and traumatic to people having trauma to that event. Similarly speaking, a group of people who experiencing a distressing event may appraised it differently, some may regard it as traumatic experience, some may just have normal physiological and emotional response to it. It can result from a one-off event, or repeated prolonged events that leaves a person traumatic. All these types of trauma affects everyone differently; for some people, trauma leaves them significantly affected that could account to a mental disorder as in stress related disorder, some reacted by coping differently, and other had a normal stress reaction and they walk off the trauma well.

Whenever we face something fearful, our brains will activate fight or flight response so as to prepare the body to face the threat, like for example a crocodile. This sympathetic nervous system is responsible to prepare us physically and emotionally whether to fight the crocodile or to run away for safety. After the threat has been overcome, or the situation is non-threatening, the sympathetic nervous system will restore down and shift to normal function.

However, after experiencing distressing traumatic event, the system remain activated in some individuals. The situation is continuously perceived as threatening and hence the stress hormone and biological changes persisted.

Trauma cause a neurobiological cascade that eventually causes a long lasting consequences or even alteration at the gene level. Following trauma, amygdala, the fear centre in the brain are often became over stimulated; other than processing fear and threats, it also influences storage of memory with strong emotion.

In post-traumatic brain, amygdala works like an ever activated loop perceiving threats all the time. Hippocampus also was found to be under stimulated, which makes memory consolidation less effective. This synaptic connection interruption signals the body to maintain reactive despite the threats has passed.

Post trauma, memory encoding and recalls also appears to be defective in which post trauma survivors appeared to be remembering incorrectly as their ware memory gaps or fragmented memory. This eventually brings about physical, intrusive and arousal symptoms of post-traumatic stress disorder (PTSD).

Have you ever wondered that some people with trauma in their life, it seemed that they never get out of it? It stays with them; it became part of them.

Events became trauma to an individual, not because they are particularly distressing alone or rare, but because they overwhelm our normal coping responses. Normal coping responses provide a sense of control, connection, meaning, and safety.

In PTSD, these elements particularly compromised as individual's coping mechanism has failed. Any life trauma is significant, but especially early life trauma that affects childhood development, at any stage, tends to leave severe impact the child's life leading to unresolved trauma later on.

Children copes with trauma ineffectively using immature coping, and this impairs emotional maturity, causing arrested psychological development. When a child was traumatized, like in the case of abuse, neglect or bully, the memory of trauma stored not just in the brain, but also the body, making it more difficult to resolve.

It "freeze" the emotional response at the age of experiencing it, and neurobiologically , as the trauma was not properly processed, it rewires the brain influencing the thought pattern and behaviour,to stuck at the age of trauma, even as the child grows . Therefore, even though the child grows older, he keeps coping as a child and hence the trauma is unresolved.

Unresolved trauma, predispose an individual to many mental health issues; like PTSD, depression, anxiety,borderline personality disorder, and dissociative depressive disorder . Those with unresolved trauma tend to developed excessive anxiety,controlling behaviour, or people pleasing behaviour. They are usually easily overwhelmed, often having unstable interpersonal relationship and difficulty in maintaining healthy relationship.

With that in mind, trauma focused therapy or trauma informed care were developed with main concern to address the effect of trauma to an individual, making healing from trauma and unstuck process more possible.

Apart from biological treatment of the illness like depression or anxiety, "unstucking" them from trauma with therapies like cognitive behaviour therapy, prolonged exposure therapy, or eye movement desensitization and reproressing (EMDR) helps the patients to have improvement of symptoms and recovery.

RAWATAN



RAWATAN GANGGUAN STRESS PASCA TRAUMA (PTSD)

*By: Dr Aisyah Hannanah
Psychiatry Master's Trainee*

Secara amnya, rawatan dalam psikiatri terbahagi kepada bio-psikososial dan spiritual. Kaedah rawatan seseorang pesakit ditentukan oleh beberapa faktor iaitu jenis penyakit yang dihidapi dan tahap penyakit tersebut. Faktor lain yang turut diambil kira adalah sama ada seseorang pesakit mengalami gejala berulang dan keadaan psikososial yang menyumbang kepada keadaan penyakit semasa.

Oleh itu, doktor pakar psikiatri yang merawat pesakit akan menilai keadaan pesakit secara menyeluruh dan menentukan kaedah rawatan yang sesuai bagi setiap individu. Penerangan tentang penyakit dan kaedah rawatan akan dibincangkan agar mendapat persetujuan bersama.

Pendekatan utama dalam rawatan trauma melibatkan sokongan psikologi, galakan untuk bercerita tentang kejadian trauma, dan mengajar pesakit tentang teknik relaksasi, kemahiran menghadapi stress dan kemahiran daya tindak (coping skills). Sebagai tambahan, pesakit juga akan dibantu untuk menerima kejadian yang telah berlaku dengan menggunakan pendekatan psikologi.

Sekiranya gejala penyakit tidak terlalu teruk, seseorang pesakit mungkin hanya perlu menjalani rawatan psikoterapi. Akan tetapi, sekiranya keadaan berpanjangan atau bertambah teruk sehingga telah mengganggu fungsi harian seseorang pesakit, kemungkinan kombinasi farmakoterapi dan psikoterapi akan diberikan.

Secara biologinya, pesakit akan diberikan bantuan melalui cara ubat-ubatan (farmakoterapi). Ubat yang diberikan berbentuk pil dan perlu dimakan setiap hari mengikut dos yang ditetapkan. Jenis ubat yang kebiasaannya digunakan kepada pesakit adalah dari kategori antidepressant. Tujuan ubat diberikan adalah untuk merawat gejala PTSD, simptom kemurungan serta keresahan yang mungkin berlaku kepada pesakit.

Kumpulan	Contoh
Selective serotonin reuptake inhibitor (SSRI)	Sertraline, Escitalopram
Selective Norepinephrine Reuptake inhibitor (SNRI)	Mirtazapine atau Venlafaxine
Tricyclic antidepressant (TCA)	Amitriptyline
Monoamine oxidase inhibitor (MAO-i)	Phenelzine

RAWATAN

Mengikut kajian, ubat-ubatan ini perlu diberikan sekurang-kurangnya dalam tempoh setahun atau bergantung kepada keadaan pesakit. Selain antidepressant, ada sesetengah pesakit memerlukan ubat penenang iaitu benzodiazepine sekiranya mereka mempunyai keresahan yang teruk atau mengalami gangguan tidur.

Secara psikiologi, antara kaedah rawatan yang dapat membantu pesakit yang menghidapi PTSD adalah seperti berikut:

Trauma-focused Cognitive Behavioural Therapy (CBT)

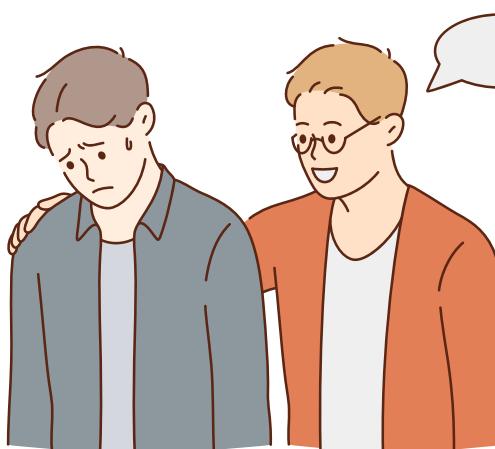
CBT membantu pesakit menguruskan masalah dengan mengubah cara berfikir dan bertindak. CBT yang berfokus pada trauma kebiasaannya melibatkan pendedahan kembali terhadap memori trauma tersebut secara terperinci kepada pesakit. Proses ini boleh dilakukan secara individu atau berkumpulan.

Semasa proses ini, ahli terapi akan membantu pesakit mengatasi segala kesusahan yang dirasakan sambil mengenal pasti fikiran atau gambaran yang tidak bermanfaat mengenai pengalaman tersebut.

Ahli terapi juga akan membantu pesakit mengawal ketakutan dan keresahan dengan mengubah cara negatif pemikiran pesakit mengenai pengalaman tersebut (contohnya, merasa dipersalahkan atas apa yang berlaku atau takut ia akan berlaku lagi).

Eye Movement Desensitization and Reprocessing therapy (EMDR)

Dalam terapi ini, pesakit akan dibantu untuk mengingati kembali peristiwa traumatis dalam keadaan relaks dan terkawal. Keadaan ini boleh tercapai melalui kaedah penumpuan perhatian terhadap suara dan pergerakan jari ahli terapi.



Proses penyembuhan dari PTSD juga dibantu dengan sokongan sosial yang baik, iaitu dari keluarga dan rakan-rakan. Sokongan yang baik dapat mengurangkan persepsi negatif dan kesan sosial hasil dari tragedi trauma (contohnya, pesakit merasa harus dipersalahkan atas apa yang berlaku atau takut tragedi akan berulang).

Di samping itu juga, rawatan dari aspek spiritual juga meliputi psikoterapi yang diolah mengikut kesesuaian agama penganutnya. Bagi pesakit yang beragama Islam, terdapat kaedah berfokus yang dikenali sebagai Islamic Psycho-spiritual Therapy for PTSD (IPSP).

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GERPEN



PENGEMBARA FUGUE

by: Dr Zul Azlin Razali
 Psychiatrist,
 Universiti Sains Islam
 Malaysia (USIM)

DEBAR MARJAN SEMAKIN MELAJU ketika matanya menilik jadual penerbangan di skrin yang tergantung. Lima minit lagi ketibaan pesawat domestik dari Kuala Lumpur yang ditunggu-tunggu sejak dua hari lepas. Perkenalan baru, sudah tentu singkat tetapi bakal menjadi paling asyik. Dalam kepalanya berlaku pergaduhan antara dia dan dirinya sendiri kerana persoalan tak sudah-sudah adakah patut dia membeli sejambak bunga tadi. Itu mungkin terlalu berlebihan. Santai sahaja, bisik hatinya.

Marjan mengulang-tatap foto di dalam galeri telefon pintarnya. Imej itu sudah pun terakam kemas di dalam memorinya, namun dia mahu juga menikmati keindahan wajah itu sekali lagi. Marjan rimas dengan kegelisahan dirinya sendiri. Barangkali resah tidak sabar menahan tuntutan alami seorang lelaki. Atau sedikit bimbang kerana sudah agak lama tidak melakukan kerja dosa ini. Di balai ketibaan, Marjan memerhati dari jauh. Di dalam keramaian manusia itu, dia mengenal pasti orang yang ditunggu-tunggu dengan mudah. Persis sekali seperti di dalam *display profile*. Anggun. Pakaianya seperti yang digambarkan lewat perbualan *Whatsapp*. Menawan. Jantung mengepam darah Marjan ke segenap penjuru. Pada bahagian anatomi tertentu, arteri begitu padat sehingga otot menegang. Kehendak alamiah cukup perkasa memaksa Marjan bertindak. Tetapi dia mahir mengendalikan tubuhnya sendiri seolah-olah membisikkan sendirian, "Bukan sekarang, bertenang, sekejap lagi."

"Ezyie? Hi, saya Marjan."

Gadis semampai berambut pendek perang hitam sekali pandang seperti Jean Seberg. Beret berkelas tinggi dan kaca mata hitam yang dipakai menampakkan seolah-olah dia baru mendarat dari sebuah penerbangan jauh dari negeri antah-berantah. Tapi Marjan tidak dapat mengesan aura yakin dan pancaran elegan. Sebaliknya yang terserlah adalah wajah kekeliruan dan ketakutan. Gadis itu teragak-agak menyambut tangan Marjan dan menyalami kaku. Senyuman itu juga dipaksakan. Marjan melanggar perintah nalurinya sendiri yang mengatakan ada sesuatu yang tidak kena. Sepatutnya dia berlalu pergi sahaja dari situ serta-merta.

"Mari saya bawakan beg. Kita terus ke kereta, ya?"

Marjan hanya menerima sebuah anggukan dan dia terus mencapai beg sorong kecil. Memang sudah dipersetujui hanya satu malam. Jadi tidak ada barang atau beg lain yang perlu ditunggu keluar dari perut kapal. Marjan mengambil isyarat bahawa tingkah laku ini barangkali adalah modus operandi gadis ini. Satu strategi konon beramah mesra di dalam talian tapi di dunia nyata sengaja bermain tarik tali. Atau mungkin gadis ini masih lagi dalam mod penyamaran kerana mereka di kawasan awam dan belum lagi masuk ke ruang intim. Imaginasi Marjan yang dipacu testimon dan percikan api jahanam membuatkannya mengulum senyum kejahanan yang tertahan-tahan. Marjan kembali yakin atau dia terdesak mahu yakin dengan 'aktiviti sosial' ini.

"Penerbangan tadi okay?"

Basa-basi biasa. Kadang kala dia akan memulakan isu cuaca. Atau tentang jalan raya di bandar selatan ini yang sentiasa macet. Yang paling sering dia ajukan sebagai ice-breaker adalah mengutuk ahli-ahli politik, satu-satunya isu yang mudah dipersetujui oleh generasi seperti mereka. Tapi tetap juga si ‘Ezyie’ ini mengunci suara. Sebentuk ketidakselesaan telah timbul semula dalam diri Marjan. Samada penasaran atau dia dikelabui oleh nafsu jantannya sendiri, Marjan memberanikan diri untuk terus menujukan soalan ke jantung tujuan pertemuan.

“Mahu makan dahulu atau ke... err, hotel terus?”

Ada yakin diri yang sedikit tergelincir. Terbata-bata pertanyaannya. Marjan sendiri tidak menyangka dia boleh sebegitu gelabah kali ini. Mungkin kerana lawan bicaranya kekal berperanan watak bisu. Namun, sekurang-kurangnya kali ini dia memberi soalan yang hanya ada dua pilihan. Dia sudah bersedia kalau gadis itu menjawab, “Suka hati awaklah.” Sebagai seorang yang berpengalaman, sebagai seorang yang pantas digelar chick-magnet, Marjan sudah masak dengan jawapan mengada-ngada begitu. Namun, gadis yang dipanggilnya Ezyie itu hanya memandang ke depan. Duduk tegak, riak wajahnya ketat, bibir menggumam entah apa. Pandangannya walaupun lurus tapi bola mata berkelintar seolah-olah dia seorang mangsa sebuah penculikan dan mencari jalan pembebasan.

“Err, Ezyieee...” Berkata-kata yang memujuk adalah kemahiran ampuh Marjan yang hampir-hampir bersifat pancaindera yang keenam. “...Ezyie muah makan dulu atau...”

“Hotel!”

Marjan terkejut. Langsung sahaja jawapan padu tersebut. Baru dia sedar, jawapan ‘Suka hati awaklah’ adalah lebih baik. “Suka hati awaklah” lebih nakal konotasinya dan lebih menggeramkan. Jawapan yang mengumbar ketegasan ini mengundang kecurigaan. Mercedes GLA250 kelabu-metallic Marjan meluncur laju keluar dari Lapangan Terbang Antarabangsa Senai.

Bilik 114 ini telah ditempah lebih awal oleh Marjan sebaik sahaja ‘Ezyie’ yang menyerupai gadis yang sedang duduk di birai katil ini mengatakan setuju di dalam perbualan mereka kelmarin. Perkenalan singkat di *Tinder* yang kemudiannya meleret kepada perbualan pendek-pendek nan hangat di *Whatsapp*. Sambil dia menyusun strategi tindakan yang seterusnya, Marjan tidak terlepas dari perasaan aneh. ‘Ezyie’ masih kekal dalam karakternya yang bisu dan teragak-agak itu. Libido Marjan semakin terancam untuk surut. Marjan mungkin tidak boleh dikatakan sebagai penetap teratas dalam carta moral paling suci para lelaki tetapi dia masih mempunyai sifat *gentleman* terhadap makhluk berlainan jenisnya. Keseronokan yang hanya berlaku pada sebelah pihak di dalam sebuah keintiman seks adalah tragedi kemanusiaan yang paling seru. Kepantangan paling serius buat Marjan jika hubungan dilakukan tanpa perasaan suka sama suka. Ligat otaknya menganalisis ayat-ayat magis yang sesuai untuk mengembalikan harapan agar tujuan utama pertemuan ini dilunaskan.

“Saya bukan Ezyie.”

CERPEN

Gadis itu merogoh beg tangannya. Dia mengeluh pendek. Apa yang dicari tidak dijumpai.

"Kadang-kadang aku tinggalkan di rumah."

Marjan terpinga-pinga. Gadis 'Eyzie' bangun dan membuka beg pakaianya pula. Dari salah satu poket dalam beg tersebut diambilnya sebuah telefon pintar yang lain.

"Haa, ini dia. Aku percaya perbualan kita adalah melalui telefon ini. Malangnya aku tak tahu apa passwordnya."

Marjan tidak berkata apa-apa. Sekarang di tangan gadis itu ada dua biji telefon pintar. Marjan mencapai telefonnya sendiri dan mendail. Ternyata telefon yang 'kedua' gadis itu bernyala dan bergetar. Marjan memproses situasi di hadapannya. Keganjilan yang sukar dimunasabahkan. Adakah gadis ini memperolok-olokkan dirinya? Berjanji untuk menjalankan 'aktiviti' suka-sama-suka ini tapi kemudiannya mengatakan yang berjanji itu bukan dirinya, yakni ada 'orang lain' yang melakukan itu semua. Tapi apa motifnya sehingga sejauh ini gadis itu sanggup menipu?

**"Apa nama kau yang sebenar?"
"Hafizah."
"Ada IG? FB?"**

Hafizah mengangguk. Hafizah menatal telefon 'pertama'nya. Tanpa teragak-agak, dia menyerahkan telefonnya sendiri kepada Marjan seolah-olah dia percaya Marjan benar-benar ingin tahu. Pandangan Marjan bersilih ganti antara skrin dan wajah Hafizah.

"Kau pakai tudung. Kau tak ada tindik di hidung. Rambut kau tentulah hitam."

"Ya, setiap kali aku sedar kembali sebagai Hafizah, aku terpaksa beli tudung baru untuk pulang semula ke kampus."

"Kampus?"

"Aku student USM."

"Hah, di Penang tu? Jauhnya. Aku ingat kau asal KL."

**"Ya, pernah seminggu aku tak jadi Hafizah, itu paling lama."
"Maknanya, kau tak sedar yang kau turun KL dari Penang dan kemudian ambil flight ke JB pula?"
"Ke Kuching pun aku pernah."
"Di KL kau lepak mana?"
"Entah. Mungkin hotel."**

Marjan menghela nafas lembut. Dia sedang berjuang dengan tenaga dalaman yang menyuruhnya mempersetankan sahaja situasi mengarut ini. Namun misteri yang sangat baru buat Marjan ini tidak boleh sewenang-wenangnya dikesampingkan. Bukan sekadar daya ingin tahu sahaja tapi rupa-rupanya mikro-ekspresi wajah Marjan kalau diperhatikan betul-betul telah berevolusi dari tampang seorang playboy kepada seorang penyiasat. Intonasinya pula yang kalau diperhalusi terlihat perubahan dari nada seorang jantan tertunda berahi kepada bahasa seorang abang yang mengambil berat.

CERDEN

"Errr...it's okay. Awak tak perlu bagi tahu nama sebenar awak. Tak ada syarat untuk awak cerita tentang diri sendiri. Tapi nama saya memang Marjan. Kita have fun sahaja malam ini," kata Marjan sambil mempamerkan senyuman paling manis. Senyum yang sememangnya mampu meruntuhkan tembok kawalan kehormatan mana-mana gadis pun.

"Bukan, saya bukan Ezyie. Saya tak kenal awak."
"Memang kita tak kenal pun satu sama lain sebelum ini," balas Marjan tenang.

"Saya tak tahu kenapa saya boleh sampai ke sini."

"Errr... maksudnya?"

"Entghlgh. Kerap kali perkara begini berlaku pada saya."

Marjan menarik nafas panjang. Pelaburan bayaran hotel dan tiket kapal terbang untuk Ezyie tidaklah seberapa – malah dia rasakan sepatutnya dia memilih hotel lebih berprestij – tetapi tujuan pertemuan yang seperti akan digagalkan ini menjemput kekecewaan yang menyakitkan. Ezyie sudah di sini, berdua-duaan dengannya, dan dari segi undang-undang sukar dibuktikan apa-apa kesalahan di pihaknya, contohnya kesalahan menculik. Jadi Marjan boleh sahaja meneruskan agenda manusiawinya paling primitif. Namun, seperti yang dikatakan tadi, Marjan – walaupun cetek moralnya, dan barang kali kompas pahala-dosanya rosak sekali – dia tetap seorang lelaki yang berprinsip. Kenyataan bahawa hari ini bakal berakhir tidak seperti yang dia impikan semakin ketara. Dia sudah ‘berpuasa’ selama sebulan dan dia menjangkakan hari ini boleh menjadi satu ganjaran diri sendiri setelah bekerja keras menyiapkan projek firma arkiteknya. Mempunyai hubungan yang stabil tidak menjadi keutamaannya, perkahwinan apatah lagi, barangkali belum wujud lagi dalam kamus hidupnya. Kalau perlu sekali-sekala layanan ‘cinta’ seorang perempuan, inilah yang akan dia lakukan. Marjan mahu marah atas kekecewaan hari ini tetapi sikap penasaramnya melebihi segala-gala.

"Apa maksud kau ‘kerap kali?’" Kata ganti diri sudah bertukar. Petanda Marjan bengang atau isu semakin serius. Kebisuan beberapa saat Marjan biarkan tanpa respons dengan penuh sabar.
 "Bila saya bangun tidur, saya tidak tahu bagaimana saya boleh sampai di tempat itu."

"Jadi kau tak tahu kenapa kau di bandar ini sekarang?"

"Ya. Sebenarnya ini pertama kali aku tersedar di dalam kapal terbang. Selalunya aku tersedar ketika aku sudah di atas ranjang di sebelah lelaki yang aku tak kenal." Kata ganti diri di pihak gadis yang masih kita kenal sebagai ‘Ezyie’ ini juga berubah. Petanda dia juga bengang atau mungkin dia semakin selesa untuk berbual.

"Hmmm..." Marjan terangguk-angguk. Dalam semesta kepalanya tidak ada siapa tahu ke mana dia pergi. Tangan kanan Marjan menongkat dagu umpama pendeta Yunani yang merenungi permasalahan dewa-dewa Aphrodite dan Venus. Sepintas lalu datang menyinggah keinginan untuk meneruskan agenda hari ini. Ternyata gadis ‘Ezyie’ yang tidak mengaku ‘Ezyie’ ini sudah banyak kali melakukannya. Tidak ada siapa-siapa yang rugi kalau dia teruskan juga. Gadis itu sedar atau tidak sedar, itu soal lain. Tapi bagi Marjan, itu yang paling penting. Kekejadian eksloitasi wanita. Marjan percaya kepada emansipasi wanita walaupun dia tak pasti apa kena mengenanya dengan situasi aneh ini. Ah, Marjan dan prinsipnya.

"Ya, aku tahu ini ganjal. Aku tidak mengharapkan kau faham. Tapi itulah yang berlaku pada aku. Kau mesti nak tanya bukti perbualan kita di dalam talian, bukan?"

"Hmmm... ya. Maybe."

"Tunggu sekejap. Mungkin aku ada bawa."

"Tapi dalam Tinder, kau seorang... oh never mind."

"Sebagai pekerja di syarikat guaman, bukan? Itulah lelaki-lelaki sebelum ini beritahu. Hairan betul mereka bila aku tanyakan tentang diriku sendiri. Tapi mereka tak banyak soal macam kau. *They were nice*, though. At least hantar aku balik *in one piece*."

"Memanglah, mereka dah dapat apa yang mereka hajatkan."

"Itu betul."

"Kau macam dalam cerita Night Shayamalan tu la ya?"

"Huh, aku dah agak. Semua orang cakap benda sama."

Hafizah bangun. Dia berdiri sedikit canggung. Dia seperti mahu segera beredar tapi teragak-agak. Mungkin menunggu tindakan Marjan seterusnya. Tapi yang jelas nampak dia sedih dan kecawa. Hafizah merenggut beg bajunya dan menarik pemegangnya dengan agak kasar sambil berkata,

"Aku dah agak. Kau pun tak kan percaya. Cakap aku buat-buat. Jenis nak ambil tahu je masalah sensasi macam aku ni."

"Semua ingat aku ada berpuluhan-puluhan personaliti macam dalam cerita-cerita bodoh tu."

Hafizah menarik nafas dan mengeluarkan keluhan panjang. Marjan masih diam mencermati setiap perkataan dan keluhan.

"Aku nak balik. Ini kali pertama aku tersedar tanpa ada apa-apa berlaku pada aku. Kalau aku ada ber hutang dengan kau, aku mohon sangat kau tunggu aku balik ke tempat aku, nanti aku *bank-in*. Kalau kau tak nak percaya cerita aku pun, tolonglah percaya aku akan bayar balik semua yang kau telah belanjakan."

Melihat Marjan tidak bergerak seinci pun, Hafizah terus menuju ke pintu.

"Tunggu! Okay, aku percaya. Tentang hutang tu kita bincang kemudian. Cuma sebelum kau balik, kita pergi makan dulu, boleh? Bilik hotel ni, *well*, kita lupakan sahajalah."

Selepas berbalas ucapan selamat tinggal dan terima kasih, Hafizah berpusing dan melangkah masuk ke balai berlepas. Marjan tidak berganjak, masih berdiri di tempatnya sehingga salah kelibat gadis itu menghilang. Marjan menapak langkahnya satu-satu sambil menggemarkan semula apa yang dibualkan mereka tadi.

"Psychiatrist kata ini ada kena mengena dengan trauma seksual aku masa dulu. Selalunya trauma yang dipendamkan lagi dahsyat akibat jangka panjangnya. Trauma zaman silam buat orang jadi pelik-pelik apabila dewasa, senang cerita,"

kata Hafizah di celah-celah kunyahan pizza.

"Apa rawatan yang mereka beri?" Marjan sendiri hilang selera. Teh aisnya pun dibiarkan mencair.

"Ramai *psychiatrist* aku dah jumpa. Ada yang bagi aku diagnosis *Bipolar*, konon sebab aku kuat seks. Heh...," Hafizah menyengih. Marjan rasa itu senyuman sinis. Mengejek siapa dia tak pasti.

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CERPEN

"Ada yang kata aku *Depression*, *PTSD* pun ada. Aku memang ada kemurungan tapi dengan ubat okaylah sikit. Cuma part mengembara tak tentu hala dan errr ... seks rambang ni, *so far* tak ada perubahan. Ada satu *psychiatrist* ni kata aku perlu psikoterapi yang berpanjangan. Perlu berdamai dengan diri sendiri, memaaafkan kisah silam bla bla ... kadang-kadang banyak sangat *philosophical stuff*. Aku pun pening," lancar dan polos sahaja Hafizah berkata, seolah-olah sudah terlalu biasa bercerita kepada dunia tentang dirinya.

"Kenapa kau tukar - tukar doktor? "

"Entahlah. Banyak sebab. Bila sakit aku datang, bukan kira tempat dan masa. So, aku ada *psychiatrist* kat Penang, Sungai Petani, KL. Kadang-kadang ada juga doktor yang aku tak ngam."

"I see. Tadi kau cakap, cikgu kau buat something tak baik masa kau Form 1?"

"Ya, aku malas nak cerita panjang bab tu. Buat aku sedih sampai tak boleh tidur malam. Sampai aku toreh-toreh badan aku. Senang cerita something tak baik tu bukan sekadar cabul main raba-raba je."

"Okay, okay, tak perlu kot *story*. Tapi kenapa kau tak..."

"Kenapa aku tak bagi tahu parents aku?" cepat Hafizah memotong soalan Marjan, yang kali ketiga setakat ini kalau dihitung betul-betul.

"Errr, betul. Parents atau sesiapa la yang kau percaya."

"Dulu aku akan sakit hati sangat bila orang tanya soalan ini. Tapi sekarang aku dah faham, ini soalan paling logik sebab tu semua orang mesti akan tanya. Ya, mula-mula aku ingat aku boleh percaya parents aku, tapi diorang yang tak percaya cerita aku. Sampai sekarang diorang ingat aku buat-buat. Saje nak *attention*."

Marjan juga sendiri boleh memilih untuk tidak mempercayai semua ini. Lagipun ini individu yang baru dikenalinya. Patut dianggapnya sahaja perempuan ini hanya satu garis kecil yang terlarik di dalam satu malam diari kehidupannya yang barangkali tersimpan beribu-ribu malam lagi. Kehidupan *yuppies* yang berslogarkan 'work hard, play even harder' boleh sahaja diteruskan tanpa penglibatan perempuan malang ini; 'malang', jika dia mahu mempercayai kisahnya, jika tidak, katakan sahaja 'si penipu pelik'. Tapi di antara pertarungan suara hati dan suara nurani, terpaksa dia menangkan suara hati kerana ada simpati dan empati.

"Kenapa kau tak ikut, apa benda kau sebut tadi... psiko apa entah, yang ada *psychiatrist* cadangkan pada kau tu?"

"*Psychotherapy*."

"Yeah, yang itu. Psikoterapi ni apa benda? Kenapa kau tak buat terapi tu?"

"Psikoterapi ni senang cerita terapi bercakap la. Aku faham macam kaunseling je tapi *psychiatrist* tu explain benda ni lain daripada kaunseling. Lagi berstruktur dan fokus...dan entah apa benda lain lagi aku tak ingat. Anyway, *psychiatrist* yang cakap tu doktor swasta. Aku tak da duit nak bayar sebab sesinya banyak dan lama. Tapi dia tolong tuliskan surat rujukan ke hospital kerajaan yang ada *service* yang sama, tapi aku je tak pergi."

"Why?"

"Entahlah. Aku dah penat pergi *treatment* sana sini. Sama saja, tak jadi apa."

Bersusun soalan di kepala Marjan ibarat seorang pembantu penyelidik yang di tangannya berhelai-helai kertas soal selidik tapi dia mengendalikan tampang sifat ingin tahunya dengan sangat baik. Rasa penasaran tadi telah bermetamorfosis menjadi rasa terganggu dan bimbang.

CERPEN

"Kau tak risau tentang keselamatan diri?"

"Risau juga. Selalunya benda ni akan berlaku kalau aku ada stres - stres lain. Kalau ada benda trigger aku. Then aku berubah jadi 'Ezyie'"

Marjan mahu menyoal lagi, malah tergerak untuk menasihati tetapi dia mengembalikan semula rasionalnya. Seorang lelaki yang *cool* tidak boleh tergesa-gesa menjadi cerminan seorang naqib yang terlalu teruja menasihati anak-anak buah. Terlalu ambil berat ada risikonya.

Marjan telah mencadangkan Hafizah kepada seorang kenalannya yang menjalankan khidmat psikologi. Marjan sendiri tak pasti adakah dia bertauliah atau tidak, tapi yang penting dia mempercayai kenalannya itu. Terpulang pada Hafizah untuk betul-betul mahu merawat dirinya atau tidak. Atau mungkin bukan Hafizah yang perlu disedarkan tetapi orang-orang penting dalam hidupnya yang perlu diyakinkan betapa bobrok isu kesihatan mental Hafizah. Tanpa mereka, Hafizah tak mungkin berjaya sendirian.

Marjan menghidupkan enjin kereta. Antara dengus dan keluh berombak satu gelombang revolusi yang diam-diam terjadi dalam dirinya. Tiba-tiba dia bertanya diri sendiri, "Sampai bila aku nak jadi macam ni?"

Apa relevannya kisah Hafizah dengan soalan naluri kecil Marjan ini, kita tak tahu.

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Kisah fiksyen di atas memaparkan penyakit langka, Keceluaran Disosiatif. Ia terbahagi kepada beberapa jenis: Keceluaran Identiti Disosiatif, Keceluaran Amnesia (yang di dalamnya terkandung sub-jenis Disosiatif Fugue) dan Keceluaran Depersonalisasi/Derealisasi. Secara umumnya, gejala disosiatif ini merupakan masalah yang melibatkan memori, fikiran dan perasaan pesakit. Kesemua fungsi mental ini akan terputus daripada pesakit dan secara tidak langsung berlaku keterpisahan identitinya. Pesakit akan jadi lupa (amnesia) pada karakter individualnya sendiri. Rana pemisahan atau terputusnya fungsi-fungsi mental yang asal, pesakit mungkin mengambil personaliti/identiti lain (yang pernah dipelajari atau diperhatikannya sebelum ini). Dengan menyebut 'mengambil personaliti' ini tidak sesekali bermaksud pesakit sengaja buat begitu, yakni seperti seorang pelakon yang berusaha berada dalam karakter. Gejala disosiatif bersangkutan rapat dengan tragedi trauma silam pesakit tersebut. Ia adalah proses mental yang berlaku tanpa kawalan pesakit.

Proses disosiatif ini seolah-olah melindungi pesakit daripada mengingati atau melalui semula memori pahit tersebut. Disosiatif Fugue (sebut 'fiug') pula adalah fenomena yang lebih khusus di mana pesakit itu merayau dan lupa tentang dirinya untuk jangka masa tertentu (boleh jadi beberapa minit atau beberapa hari). Apabila berlaku 'fiug', pesakit selalunya dalam keadaan tidak terurus dan lemah, lebih-lebih lagi jika gejala itu berlangsung lama. Selain daripada isu psikiatri yang berkaitan dengan trauma masa silam, simptom disosiatif juga boleh berlaku dalam masalah neurologi seperti kanser otak dan epilepsi. Ingin juga disebut di sini, fenomena 'histeria' yang begitu popular di rantau ini, sebagiannya adalah gejala disosiatif yang ringan, yang selalunya mempunyai punca-punca psikologi dan tidaklah terlalu mistik.



COMPASSION



BEAUTIFUL SADNESS

by: Fauzah Rahimah

Psychiatrist

Life may hit us hard. It can happen at unexpected times. As shock engulfs, denial sets in. Badgering thoughts come upon us. Is this a dream? How can this happen? What could have gone wrong? How we wish we can turn back time. Slowly, painful reality sets in. It creeps in and runs deep to the core. Tears started flowing and we cannot stop but just cry our hearts out. We feel shaken. Our faith gets tested. Truly, Allah has chosen us on the path of those near Him.

Certainly, Allah has destined it for us. It is not a coincidence. Like an arrow when it hits, direct onto the aim. Same as a calamity (musibah), when it hits a believer, it happens for a reason. How beautiful, the prophet taught us that the matter of a believer is strange because everything is good for him. If good things happen, he will be thankful. Likewise, when calamity occurs, he will be patient.

Verily Allah gives glad tidings to those who are patient

AL - BAQARAH : 155

Once we look at the way of thinking with faith (iman), we will view life differently. Our eyes may be filling with tears, but our hearts feel with love for Him. If we trust Him, He will guide our hearts to see the hidden meaning. He has arranged events in our life beautifully that our hearts feel with gratitude, in awe of His Greatness. With an aching heart, we silently pray,

*Oh Allah, when I lose my hopes and plans,
help me remember that Your love for me is greater than
my disappointments,
and Your plan for me is better than my dreams*

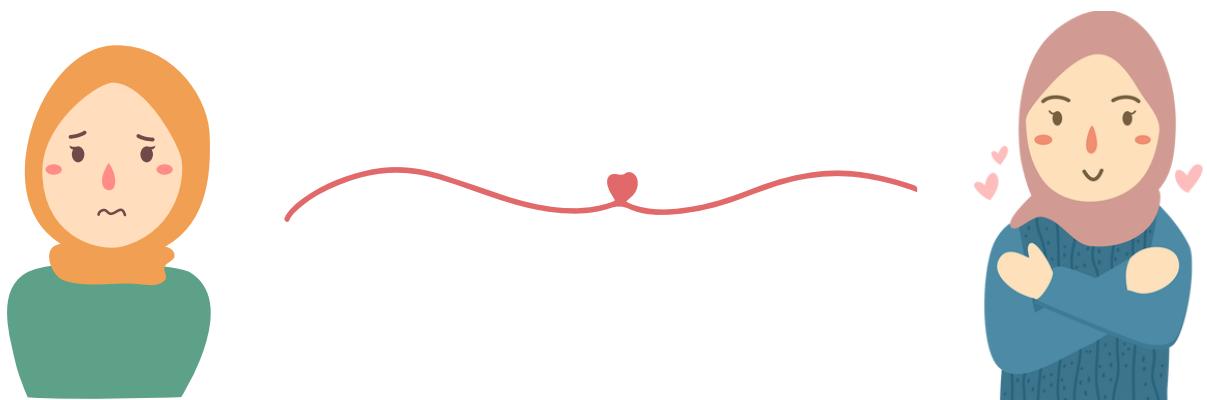
SAIDINA ALI RA

It is true that pain is inevitable, but suffering is an option. Emotional pain runs deep, and it never truly goes away. It will resurface at times, and we may feel like we will never recover. Nonetheless, Allah has promised that He can heal all wounds. Whenever we let the pain bury too deep inside, it becomes inaccessible. It turns into our unconscious thoughts and emotions. We may feel or react in a certain way that we cannot truly understand. On the other hand, if we are bringing it up too often it may cause disruption to our life. Constantly reminiscing about the painful past can be paralysing. Hence, it should be in balance. Being aware of and acknowledging the pain can be the first step in dealing with emotional trauma.

COMPASSION

Feel the pain as it is real. Don't dismiss or blame ourselves for having such feelings. Be kind and gentle to ourselves. It is an emotion, and we have no control over it. It is okay to feel. It is okay to be sad, to cry when feeling overwhelmed. Imagine the pain as waves in the ocean. It comes and goes. Don't let it stay there. Let it be washed away. Feel it, accept it and let go. If it stays too long, it may cripple us. As the saying goes, the past is the place for reference, not the place for residence. Whatever emotional trauma that we have, know that Allah can intervene and give us peace of mind and heart.

As we stand up and walk back in our journey, we may stumble or fall back to the ground. It is okay to fall on our knees or on our back. We may take longer to walk back as the effort and challenges may at times break our spirit. It does not matter even if we must crawl. No matter how slow, never stop going. It is not about the result. It is not about reaching there as fast as you can. It is about making the effort to go there. Allah sees our effort and from Him, we seek great bounties. No matter what happened, don't give up. At the end of the day, people may never see, or recognize our effort or achievements, but deep inside we know that we have won the toughest battle in life. So, keep on going! You are almost there...





ON WHEELCHAIR NO MORE

by:

Nadzirah Ahmad Basri, *Clinical Psychologist &*

Siti Ain Aminah Binti Abu Bakar, *Intern student at psychiatry clinic, degree in psychology, HELP University*

She first came to us on a wheel chair. She could not walk at all.

She had to be assisted by her parents to go for shower, to get on bed, and she could not do every little thing a 14-year-old would normally do. This condition started not long after she entered secondary school. Apparently, the medical team could not find any problems with her legs that led to her inability to walk. As she displayed depressive symptoms and school refusal problem, she was referred to us in Psychiatry Clinic.

Upon a comprehensive assessment, indeed she was under an intense trauma. She had a lot of traumas including a series of sexual abuse when she was very young. And it is to us that she started to slowly open up her wounds that she had not been able to tell anyone for many years. It wasn't long for us to decide her diagnosis as conversion disorder, a condition in which a person experiences physical and sensory problems such as paralysis with no underlying neurologic pathology. Our multidisciplinary team consisting of medical officers, psychiatrist, clinical psychologist and nurses met her for many years and we discussed with each other on how to help her best.

After several months of medical and psychological intervention, she was on crutches, then about a year later, she came with no walking aid at all. It was amazing to see how remarkable intervention or work on the inner side can do so much to help on the outer side. This was all possible with the will of Allah, and we were thankful to be part of Allah's plans to help with her recovery process.

Trauma is difficult to treat. It can however be easier with support and validation from the therapists. Bahari & Muzafar (2019) found that acceptance is one of the key themes emerging in their interviews with individuals experiencing trauma after being in motor vehicle accidents.

Acceptance

Among Muslims, having a good acceptance and believing in fate helps in taking control over life by acting proactively handling different situation in the future. Based on the interviews with motor accident victims, it seems that acceptance is the key to healing. Once they have accepted the event and all its consequences, their symptoms reduced, and they were able to be more active in seeking relief for their distress (Bahari & Muzafar, 2019).

Once the therapists were able to help her accept her past and to accept that all that happened to her was none of her fault, she gradually began to focus on other parts of her life and work on other things to improve. From someone who gets easily distressed with interpersonal disputes with her online friends, she is able to make real friends and work on some creative work she has a lot of talent in. She also gave focus on her appearance, which helps her to feel confident and raises her self-esteem.

Working with family members

Intervention with the girl involved her parents. In one of the sessions after three years of therapy, she requested her therapist to be the mediator to finally let her parents know the trauma that she had been experiencing all this while.

Reactions from her parents were not as she expected, but she had herself prepared for what was to come. At least she was able to let go of her fear, self-blame and the pain of holding the secret by herself.

Her therapist met her parents separately, they were listened to and validated on their feelings. The most important thing was to let them know that the past is past, and that we need to work in a team to help the girl to accept her feelings, validate the trauma and find meaning in life through the many talents and potentials that she has.

The genuineness of wanting to help is contagious. Her mother was gradually able to change in her treatment towards her daughter, so much so that the girl recovered very quickly and had felt her feelings acknowledged at home, although sometimes she still requested for her therapist's help to tell her mother some feelings she was not able to express towards her mother.

Pointing out her strengths

The girl had emotional and self-esteem issues to work on too. In every session, she was helped to see the many improvements she had done, but without her realizing so. Therapist pointed out every small and big achievements she had made, which helped her to feel better as she herself, could not see that every little thing that she had been doing is a manifestation of how she is able to focus on her work, her cat, and helping her mother with house chores without responding to the inner feelings of fear, confusion and shame.

Not only does her self-harm is decreased, her appearance is very much enhanced as each session goes by.

There are still times when she gets triggered by some events and behavior of some men she met, however, with the self-validation ability that she has developed, she was able to gradually take control of herself, rather than let the past trauma continue to control her life.

Reference:

Bahari, R. & Mohamad Muzafar, A. L. (2019). Islamic Cognitive Restructuring for Posttraumatic Stress Disorder. Malaysian Journal of Medicine and Health Sciences 15(1):2-

ARTICLE REVIEW



RELIGION/SPIRITUALITY AND MENTAL HEALTH

By: Abdul Aziz Bin Saifullah

Year 5 Medical Student

Religiosity and spirituality; is it the same thing?

Religion is defined as a systematic set of cultural elements that include within its domain, a specific rites or act of worships, traditions and beliefs in supreme Being or the Almighty God, particularly the definition will be accurately refer to theistic religion.

Religiosity refers to the inclination or adherence to the teaching of a religion, both in practice and faith. The position of religion in a person's life can also become a major determinant of how religious a person is, in the sense on how the person prioritizes his/her religion in their daily living.

However, being religious does not necessarily equates being spiritual, since a person can be highly religious in practice yet fail to reach and gain spiritual benefits from the practice. However, this does not deny the importance of organized rituals prescribed in the teaching of any religion, only worth-mentioning the possibilities of the paradox that may occur to those who subscribe into religious practices.

Spiritual domain is a vast subject to be described and involve multiple aspects, it includes, partly, existential concerns, value systems and ways of perceiving life. Understanding the term spirituality as an umbrella term that accommodate issues related to existential phenomena, for instance, love and connectedness.

Therefore, spirituality can be reduced into how a person makes a connection with things external to themselves (environment, community, God, families etc.), or might as well internal to themselves (emotion, ego, self-esteem, soul, anger).

There will be overlapping subjects when discussing about spirituality and religion, as both serve quite a central role in human beings, in all levels from personal level up to certain extent, societal level. How religion and spirituality play its role in personal level, one of vital aspect that can be made as a vantage point is in the field of mental health.

Does good mental well-being ensure no mental disorder?

Based on World Health Organization, mental health refers to the foundation for the well-being and effective functioning of individuals. It does not merely mean the absence of mental disorder, but it also includes the ability to think, learn and understand one's emotions and the reactions of others and the state of balance both internally and with the external environment.

The domains of functions that should be assessed in persons who suffer mental disorders are the domains of personal, social and occupational. The absence of order in mind, hence the word "disorder", might also be understood, as the mental state of a person suffering certain mental condition, to be in a state of chaos. When the mind is in the state of chaos, it'll be painfully difficult to act normally and contribute to society or even self-care, in which both are forms of social function and personal function respectively.

Then what's the relationship that religion has with human behaviour?

Most religions view health as a valuable gift a person can have and ought to be cared upon by individuals who would consider themselves as a committed religious person. Maida et al. (2022) shows that different groups of people with different level of religiosity have distinct approach and lifestyle when it comes to health behaviour. This might suggest how religion could play an important role in the development of human behaviour, directly or indirectly related to health.

On the other hand, it might as well affect health seeking behaviour, though might negatively associated with a proper way, as seen from study by Ghafoor (2022) in Pakistani patients sought external helps as they might believe more to religious native healer and homeopathy instead of conventional modern medicine.

How about spirituality and mental health?

The relationship between spirituality and religiosity is not necessarily that one must be present in order the other to exist. In fact one study shows that one can be less religious in the traditional sense yet score high in spirituality (Alexandra Braun et al. 2022). It is the understanding of the position of spirituality in essence can gives a substantial impact upon one's view on perspectives in life.

In a study on caregivers of children with special needs, it is proven that spiritual gratitude and turning to religious as coping style do helps as emotional and psychological protective mechanisms in states of misery and had effects on depression, in such a way that they view their disabled children as blessings from God, (Özdemir et al., 2022).

Religiosity and Spirituality as coping mechanisms

There are certain situation spirituality and religiosity join hand in hand in sustaining physical and mental well-being of a person. That is the case in a study (Cannon et al. 2022) on cancer survivors where the study revealed that higher spirituality had an impact on the physical well being of highly religious survivors. From the same study also concluded that regardless of religiosity level, spirituality alone inherently improves the mental well-being of the survivors, though cancer is widely known to take a great toll upon one's physical and mental health.

Religious Coping is the term used when integrating religious point of view in coping with life struggles. Desmet (2022) concluded that there are positive and negative religious coping styles, in which each style will differently affect depressive symptoms, for instance, negative religious coping statistically forecast depressive symptoms, which the same case does not occur in positive religious coping styles.

What are the effects of religiosity and spirituality?

Other than seeing religion and spiritual as coping strategies, Openieks (2022) mentioned that religious or spiritual struggles were found to be associated with worse self-rated health and greater psychological distress. However, the psychological distress can be minimized when religious and spiritual matter were to be discussed frequently, externalizing the struggles through conversations might as well helps mitigate the conflict.

It is also worth to highlight the findings denoted the importance of addressing spiritual needs in clinical practice as it gives benefits to the both healthcare provider and the patients, stated also the need for training health professionals to be able to carry out interventions that into account the spiritual and religious aspects of a person (de Diego-Cordero, R, 2022).

How it can positively help the healthcare provider, evidenced from the resilience of nurses during the pandemic, part of the important components attributable to being resilient are religious values, morality, patience and hope, and belief in the afterlife.

Let's wrap-up about religiosity, spirituality and mental health

Al-Attas (1990) stated that man has a dual nature, he is once physical being and spirit, therefore it is inherent as human to have in essence, certain basic needs in both nature, and whatever chaos happened in either physical or spiritual realm, will manifest themselves as agonies or symptoms in the conscious reality. This can correlate from the study by Openieks (2022) that those who spiritually struggle can lead to psychological distress.

Religion can serve as guidance for spiritual journey, and also can serve as a buffer in difficult life experience or crisis. One of it is in the Prophetic traditions:

وعن أبي يحيى صهيب بن سنان رضي الله عنه قال: قال رسول الله صلى الله عليه وسلم
"عجبًا لأمر المؤمن إن أمره كله له خير، وليس ذلك لأحد إلا للمؤمن : إن أصابته سراء شكر فكان خيراً له، وإن أصابته ضراء صبر فكان خيراً له"

Abu Yahya Suhaib bin Sinan (May Allah be pleased with him) reported that:

The Messenger of Allah ﷺ said, "How wonderful is the case of a believer; there is good for him in everything and this applies only to a believer. If prosperity attends him, he expresses gratitude to Allah and that is good for him; and if adversity befalls him, he endures it patiently and that is better for him".

A final-wrap-up

In conclusion, it is impossible to deny spiritual needs that is in essence part of nature as a human being, be it with or without religion. The role of spirituality and religiosity, whether as the one who provide care and the one who've been taken care of in coping with stressful life events is consider to be beneficial and raise the potential to develop resilient mentality. Positive connotations on religion during treatment and practice is important to ensure the success of spiritual approach for a better mental health outcome.

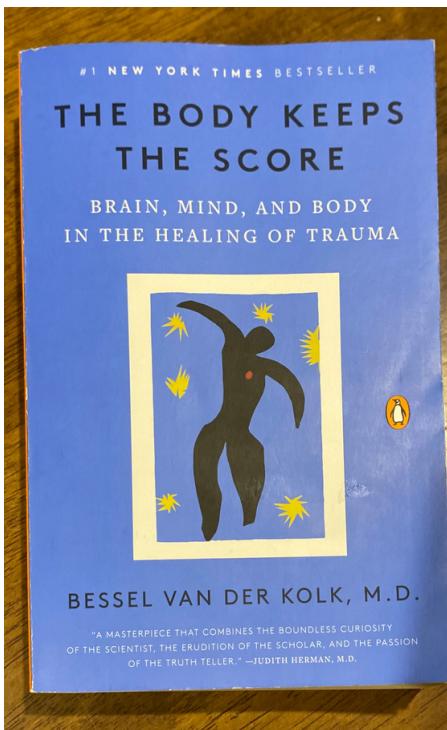
This review signifies on the importance of allowing clients to talk about their feelings, motives, intentions and behavior regarding their relationship with God, their faith and how it has been severed or improved following trauma. Evidence shows that it will be helpful for them in the effort to help them recover from the trauma.

ULASAN BUKU



The Book Keeps The Score; Brain, Mind, and Body in The Healing of Trauma

By: Ahmad Nabil Md Rosli
Psychiatrist



Tajuk:	The Body Keeps The Score
Penulis:	Bessel Van Der Kolk
Bahasa:	Inggeris
Tema:	Trauma
Tahun:	2014
Penerbit:	Penguin Books
Rating Goodreads:	4.5 / 5

Baru-baru ini Netflix ada menyiarkan satu dokumentari bertajuk *Girl In The Picture* (2022) yang berkisar tentang kematian misteri seorang wanita bernama Suzanne dan kehilangan anaknya yang telah membuka seribu satu rahsia akan identiti sebenar wanita tersebut. Mundar maju kehadapan (elak *spoiler*), ada satu babak yang ingin saya petik terkait dengan ulasan pendek kali ini.

Setelah beberapa tahun berlalu dan misteri ini telah terbongkar, seorang wanita yang pernah berjumpa dengan Suzanne pada suatu ketika berkata "*Why couldn't she say 'I need help?' We were alone and we had the opportunity (to help)..*". Aneh! Jika kita diberi peluang untuk lari dari bahaya sudah pasti kita tidak akan melepaskannya. Namun ianya rumit dan sulit bagi mereka yang telah mengalami trauma.

Bessel Van Der, seorang pengarang dan pengkaji trauma telah menulis dengan baik dalam buku (di atas) tentang fenomemantra trauma bagi mereka yang ingin memahaminya. Berpengalaman merawat veteran perang di Massachusetts Medical Center/Harvard pada tahun 1970-an, beliau telah menggunakan pengalaman itu dengan menulis pelbagai anekdot klinikal tentang pesakit trauma dan diselangi dengan kajian-kajian rintis dan inovatif yang saling mencerahkan (*enlightening*) antara satu sama lain.

Bagi orang awam, buku ini memuatkan pengalaman pengarang dan kisah benar pesakit yang mengalami trauma. Bagusnya, ia disajikan dalam bahasa dan susun atur ayat yang mudah difahami. Bagi para pelajar atau pengamal kesihatan mental pula, buku ini memuatkan pelbagai dapatan terkini dalam bidang neurosains dan teori-teori psikososial trauma yang pastinya membantu pelajar memahami keadaan ini dengan lebih holistik. Pastinya ia satu bacaan tambahan kepada matakuliah psikiatri.

Walaubagaimana pun perlu disebutkan, perkongsian tentang kisah-kisah traumatis yang terkandung dalam buku ini boleh mencetuskan ketidakselesaan kepada sesetengah pembaca.

READERS' COMMENTS

Throughout my day-to-day life as a paediatric surgeon, often when we need to break bad news to the parents of our little patients. Telling them that their children have cancer, or are dying, or will go to meet the Creator soon and countless other heartbreaking things. That is perhaps one of the most difficult parts of my career. And I would like to credit my psychiatry lecturers for providing me with the first ever foundation on how to do that. May Allah grant them pahala every time I did that right for my patients.

And I am writing this email to let you know that ***Sa'adah*** is a very nicely written piece, I have been reading both issues. Congratulations to the team and I look forward to the subsequent editions. May Allah reward you abundantly for the effort insyaAllah

Dr Norhafiza Ab Rahman
MBBS Class 2010/
Department of Surgery
Kulliyah of Medicine
International Islamic University Malaysia



We thank you dear readers for showing interest on our bulletin. Alhamdulillah, we are humbled and honored that the Kulliyah of Medicine awarded the Sa'adah Bulletin with 'Publication Excellence Award' for the Takrim Day.



If you find this magazine interests you or you have any good idea or feedback, write to the editor at psychiatry@iium.edu.my

