



Reconstruct the Aggressiveness Therapy of Child (Case Study on Ratna Kumara Kindergarten, Medahan Village, Blahbatuh, Gianyar, Bali)

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Abstract

This study aims to determine 1) the form of aggressive therapies developed for children in kindergarten; 2) factors related to the development of aggressive therapies developed for children in kindergarten. This research was conducted in Ratna Kumara Kindergarten, Medahan Village, Blahbatuh, Gianyar, Bali in 2014 with consists of 22 children. This research is a qualitative case study type. Data were collected through observation, interviews and document analysis. The results showed 1) the aggressive form of therapy developed through individual stimulation such as yoga, understand emotions, playing music, singing individual and social stimulation such as creative movement, role play, work of mutual cooperation; 2) the study found several factors that support children's success therapy aggressiveness that teachers have the knowledge and understanding of children's education, can create a joyful learning, shows the close relationship and a good working team of fellow teachers, establish communication and good cooperation with parents, supported with adequate learning facilities and a comfortable environment as well as healthy.

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INTRODUCTION

The family is the first and main environment for children who have enormous influence. The environment is very large influence as a stimulant in children's development. Parents have a major role in the formation of the child's personality. The fact is happening in society, that without realizing all the behavior and personality of a good parent or not imitated by children. The child does not know whether either indicted or not. Because preschoolers learn from what he had seen. Learning about the attitude, behavior and good language so that the child will be the formation of a good personality too, needs to be applied early on. Parents are the most important educators, teachers and peers that are both environment for children. This is in accordance with the opinion of Hurlock (1978: 30) in which reveals that the most important thing for children is parents, teachers and peers because of the child they know something good and not good. Various things they learned from the environment is a great potential which will be a description of the various behaviors that they have in the next phase of their development.

Around the society realities show that not all children can pass through stages of development well and can always grow into a delightful child. The problems that can arise in children's behavior as adaptive behavior, destructive, and interfere with themselves and the environment.

The above is in accordance with that expressed by Qaimi (2002 in Nurliana, 2010: 5) on the theory that the delinquency age quickly formed at younger ages, parents and educators must respond and understand how the personality of their children when they showed signs of delinquency. Qaimi added that a child will begin to appear to show signs of mischief when children aged four to six months, and gradually at the age of only 2.5 years old children have a tendency to fight (parents, for example), at the age of three years in addition to tend to resist children also have a desire to subjugate others, then at the age of 4 years old child was in a condition of mischief, such as when children are upset he stamped his feet on the ground, screaming and always oppose the order. When children behave like this, according Izzaty (in Nurliana, 2006: 5) the child is at problem areas also often appears in children that conduct and restless area, one of which is aggressiveness.

Causes of aggressive behavior is very complex, not single, but can be broadly grouped into two causes, namely internal and external.

Both of these factors lead to delays in development or social and emotional aspects are concerned. Inhibition of emotional development and social behavior of which is manifested in the form of aggressive behavior. Aggressive behavior do children / adolescents, whether at home, school, and even in the wider community. Aggressive behavior in reasonable limits on the child / adolescent can be tolerated or ignored, but when it can lead to harm himself and others, then it needs to be dealt with sincerely, because it can result in more fatal.

Bali province consists of seven districts and one municipality if explored more in depth have a relatively distinct culture, but generally have in common. Of a pilot project conducted in several kindergarten researchers found no particularities that attract researchers to conduct research on child aggressive therapy. The attractiveness of the researchers encountered was in Ratna Kumara kindergarten in the Medahan village, Blahbatuh, Gianyar, Bali. During the initial observation on the kindergarten investigators looked at children who only a few months there have shown progress on some of the things that children be kind and affectionate to friends and have peace of behaving. This was confirmed again from information supplied some teachers and parents of children who investigators encountered during initial observations made. When that some parents expressed happiness they see no positive developments relatively quickly at her son.

Research Focus

The focus of this research is "learning that teachers in child aggressiveness of therapy in Ratna Kumara Kindergarten".

Formulation of The Problem

How to form of child aggressiveness of therapy ?

What factors are associated with aggressive therapies for children?

Research Purposes

Knowing the form in treatment of aggressive children.

Knowing the factors associated with aggressive therapies

Child Aggression

According Breakwell (1998), aggression is typically defined every form of behavior to hurt or harm someone who is opposed to the willingness of that person. Aggressive involve any form of torture, including psychological or emotional

abuse. For example humiliate, frighten or threaten. While violence is defined as an act where there is a deliberate attempt to injure physically, limited to the physical torture, and if it is not intentional violence are not categorized.

While in general the attitude of learning theorists reject the view that menjelaskan destructive instincts and do something by using violence, they think that the view of human aggression and unsociable behavior (anti-social) as a particular category of behavior. Such a view Bandura (Shaffer, 1994) and other theorists assure that aggression is actually just an assumption about the different social behavior, can not be separated from the understanding in interpreting a form of behavior that is done to us. Presumably, our interpretation of aggressive or aggressive attitude depends on the personal and social situations, such as our own beliefs about aggression itself, the context in which this response occurs, the intensity of the response, and the identity of the reactions involved are limited.

From the opinion of experts, we can conclude that aggressive behavior is intentional action that resulted in physical or psychological suffering on another person or damage to goods and objects.

The child's behavior can be categorized aggressive or not, Bandura (Kim Fong Poon-McBrayer and Ming-gon John Lian, 2002) suggests the criteria that need to be considered in determining whether an aggressive child behavior, namely:

Quality of aggressive behavior, degree or size, levels of aggressive behavior towards victims of either physical or psychological attack, embarrassment, damaging other people's stuff.

The intensity of behavior, often whether or not to take actions that harm or endanger the victims.

There is a deliberate action, the aggressive action, no express intention, deliberately doing aggressive behavior. Characteristics of the observer, that is, those who pay attention to aggressive behavior committed by someone. This will vary as will be determined by gender, socio-economic, ethnic, experience, etc. aggressive behavior.

Perpetrators escape when others are suffering as a result of action, no feel guilty or innocent.

Characteristics of subject, such factors as age, gender, experience in an aggressive manner.

Conclusion of definition, a child is categorized as aggressive or not will be determined by observer that tends subjectively, weight and quality of aggressive behavior, the quantity or fre-

quency of aggressive behavior, there is deliberate (intention) to satisfy the needs, should be seen no sense of responsibility (dodge) if requested accountability, and the characteristics of human such as age and gender.

Causes of Child Aggressiveness

Every kind of behavior that is aggressive and non-aggressive there must be the driving factor or cause. The cause is complex, not a single, but the cumulative of various factors. Like Sigmund Freud (Shaffer, 1994) believe that we are all born into the world is accompanied by the death instinct. Which included all violent behavior and vandalism. According to his view of the energy obtained from food continuously and turned into an aggressive energy and aggressive stance is to be issued regularly at a certain time period to prevent their attitudes increased at a dangerous level. One interesting thing Freud say to be aggression which sometimes comes in the mind, resulting in some form of self-punishment themselves, destruction, or even suicide.

The second instinct theory of aggression comes from Lorenz (Shaffer, 1994) who argue that humans and animals have a basic instinct to fight (aggressive) used to fight against each other. Lorenz also believes that aggression as a hydraulic system which can generate its own energy. But he believes that aggressive action on an ongoing basis will develop to the release of the appropriate stimulus. All kinds of instincts, including aggression, have a basic purpose: to ensure survival as individuals and or groups.

According to Bandura (Shaffer, 1994) social learning theory assumes that aggression as a specific kind of social behavior derived from experience what is seen, heard directly (the learning outcomes). Aggression is described as any behavior directed towards action to injure/damage/harm others.

Handlers aggressive behavior of children requires the ability catharsis that can be done when the child is experiencing a psychological burden. Catharsis is a release of tension and anxiety by taking it in a real world way. Catharsis theory states that the provision of opportunity for individuals who have a tendency to behave grumpy hard (in the cathartic activity), but in a way that does not hurt, will reduce the level of emotional stimuli and a tendency to aggressive behavior. Slightly at odds with the theory of catharsis (Breakwell, 1998: 235) states that catharsis is not an effective instrument for reducing aggression that is open. Research Robert Arms and colleagues reported that the audience of American-

style football, wrestling, and hockey was even further indicates the nature of the violence after watching a sports match was over before watching. Various expert opinions above refers to a definition that aggressive behavior of children is one form of behavior of children who experience emotional and social barriers. Aggressive behavior is different from violent behavior. Aggressive behavior contrary to the norms of applicable law and community expectations so categorized anti-social behavior.

METHOD

This study used a qualitative method with case study approach, where researchers focused with some restrictions on the search to find a deep meaningful interaction on efforts aggressiveness of child therapy.

Data collection procedures and the subject of research

In the collection of research data, the research process using a model "gradually advanced research groove" (the developmental research sequence): (1) determine the social situation of research, (2) conduct participant observation, (3) make field notes, (4) conduct observations descriptive, (5) the domain analysis, (6) held a focused observation, (7) taxonomic analysis, (8) to implement the selected observations, (9) the analysis component, (10) the analysis of the theme, (11) to write the theme of culture, and (12) writing ethnography, thus referring to the data collection procedure proposed by Spradley (1980: 103). The number of children who become research subjects are 25 people who are in group B at Ratna Kumara Kindergarten. In addition to children who were involved in this study also involved a number of the teachers two teachers and one headmaster and five parents of children who also became an informant in order to support all the research data.

Data Analysis

Data analysis was done in advance and gradually in accordance with a research focus after organizing data. Analysis of the data of this study follows the model of Spradley (1980: 34) which starts from the fifth step. Type of analysis is carried out as follows; domain analysis (step six), taxonomic analysis (step eight), componential analysis (step ten), and theme analysis (step eleven).

Data Validity examination

The technique of examination of the data

used in this study include; (1) extension of participation, (2) persistence observation, (3) triangulation, and (4) auditing. Data validity checking technique was chosen because this research is a case study with a research background class / group.

Data interpretation

The purpose of the interpretation of the data in this study includes a description of the data, analytic description and preparation of substantive theories. This is in line with the desired natural research experts that the main purpose of the interpretation of the data is reached substantive theory. The process of drafting the theory that consists of categories with the region as well as the hypotheses and the region performed simultaneously since in the field.

RESULTS AND DISCUSSION

The form of aggressiveness of therapy kindergarten children on Ratna Kumara

Based on the results of the domain analysis, document analysis, and interviews with informants found that teachers use a variety of strategies in the treatment of aggressive children in kindergarten. Use a variety of learning aims for the individual child is always happy and enjoy learning activities undertaken such as yoga, understand emotions, meditation, traditional games, singing, playing music and storytelling.

One example excerpts of interviews conducted with teachers and domain analysis in activities to develop character as follows.

Informant: "Actually, we do a lot of strategy or using varied methods, such as by holding a traditional game for some learning activities, other than that we involve children in activities of singing, storytelling, here we distinctiveness of another kindergarten which always carry out meditation in the start and end of activities learn and perform yoga activities once every two days."

In particular, the activities of meditation and yoga is done with the intent to harmonization between thoughts and actions so that the child will always be calm and be able to focus on learning to follow and be aggressive treatment of children indirectly. One way that is done in meditation that regulate breathing and watching the breath in and out of the nose while listening to instrumental music.

While yoga is done for the child aggression therapy is not yoga, but yoga has complicated movements basic and simple as Surya Namaskar . Surya namaskar is an important technique in doing yoga. Flexibility and application is very useful way to obtain healthy living, powerful and is the spiritual preparation for the generation , treatment and awareness meningkatkan . The stages of the solar movement namaskar like Pranamasana (stand tall), Hasta Uttanasana (hand raised), Padahastanasana (bowing to hand in feet), Asva Sancalanasana (riding), Parvatasana (mount position), Astanga Namaskara (prostration with body part eight in floor), Bhujangasana (snake position), Parvatasana (mount position), Asva Sancalana (riding position), Padahastanasana (hands touching feet), Hasta Uttanasana (lifting hands position), Pranamasana (prayer position). Therefore to get children meditation and yoga can give you the peace and enhancement of high concern that aggressive children will be reduced.

Based on the analysis of the data found that aggressive treatment of children can be developed in a socially such as creative movement which is a movement that combined to express inner thoughts and express one's feelings and is done by giving freedom to children to move in accordance imagination with respect to time, space and emphasis , Creative movement is done properly by giving the child a quality improvement and development of the physical, the ability of balance and coordination, rhythm and tempo will know, and has the ability to forecast events that will happen next and have a high body awareness and more importantly creative movement can used as psychological therapy in child behavioral disorders. Besides activities play a role also able to provide a therapeutic effect aggressive play activities of children because it is able to solve the problem (of self and social), acting through a series of actions whose effects can explore feelings, gain insight (insight) about attitudes, values and perceptions, develop skills and attitude in solving problems. In addition to creative movement and play the role of socially aggressive therapy can be done by taking children to conduct mutual cooperation consisting of activities to cooperate in conducting the game, to cooperate in completing the task, and divide tasks in class.

Factors associated with aggressive therapies developed for children kindergarten Ratna Kumara

Teacher is a major factor. Teachers have an adequate knowledge and understanding of child

aggression therapy. The teacher is a person who takes full responsibility in the learning activities for children are in kindergarten. The ability of teachers in communicating and interacting with the child will determine the success/success of teachers in providing therapy. In addition to teacher parents support the efforts of teachers. Even when children are in kindergarten teachers are those who take full responsibility for the child, but the parents are very big role in the effort to influence the aggressiveness of child therapy. The presence of parents to participate comply with various laws are in charge of the school and continue to be given in the house rules very helpful therapy given at school.

In addition to teachers and parents, facilities and infrastructure factors also support the aggressiveness of therapy given to children. Facilities and infrastructure available in kindergarten learning Ratna Kumara adequate. This can be seen both from facility and means that there in classrooms devoted to teaching kindergarten children alone or in the other rooms were in use simultaneously. Availability of infrastructure is support efforts manners of children, because the teacher can use it to provide a more varied stimulation program, making efforts to develop the manners of children can be achieved more optimal. Similarly, Ratna Kumara Kindergarten is also quite comfortable and healthy for implementation learning. Clean room conditions and sufficient lighting make the child stand to be in the local and can play and explore developing their abilities. In addition rural areas cool and paddy atmosphere make learning to be quiet. So also the conditions and the situation in the school yard were always clean and constrained to make children threaten furthest from the dangers outside.

CONCLUSION

First, aggressive therapy is done at learning process every day. The concept of aggressive therapy that was developed at the kindergarten children Ratna Kumara include the development of aggressive therapies individually and socially aggressive therapy development. Individually include yoga, understand emotions, meditation, traditional games, singing, playing music and storytelling. While socially as creative movement, playing the role and working of mutual cooperation.

Second, the factors associated with aggressive therapy such as teacher quality, cooperation with parents and learning infrastructure facilities

available in Ratna Kumara kindergarten adequate.

The teachers are expected to increase competency in developing aggressive therapy the child to be able to handle a variety of characteristics of the child. In addition, teachers should always communicate with the parents so that the child aggressive therapies more holistic and sustainable. The manager of kindergarten teachers to support the aggressive treatment of children, especially providing opportunities for training teachers and special education about child aggressive therapy. While parents should be able to demonstrate a good cooperation with the teachers helped them to adhere to the rules and at the same motivation children to obey rules that are applied in kindergarten. In addition, it is also the parents also should set a good example in communicating with children at home so that the child will be easier to find a good man figure and a role model. In this study suggested also in other researchers to continue research on the aggressiveness of therapy development model that found the right formulation for the development of child aggression therapy throughout Indonesia.

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