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The Efficacy of Brainspotting Therapy for the Treatment of Tantrum in Young Children

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Abstract

Tantrum appears mainly at the age of 2-4 years old. This behavior is also found in children past 4 years of age. Even though tantrum is the most common behavior problem in young children, they can also cause behavior issues in the future, such as; becoming withdrawn, violent, or having a verbal outbursts and antisocial behavior. In that case, psychological intervention is needed. This study uses a new approach of Brainspotting therapy to treat tantrums in young children. Brainspotting is a psychotherapeutic model that has been conceptualized as a brain and body-aware relational attunement process. Thus, the study's main objective is to determine whether Brainspotting is an effective alternative approach to address the issue of tantrums in young children. A study case of the qualitative method was applied, and data was collected by observing the progress of a 6 years olds child each session, interviewing and comparing assessment of present challenges of a child before and after 10 sessions. The result indicates that Brainspotting is effective as an alternative to reducing tantrums and developing emotional regulation in young children.

Kata kunci

tantrum, anak usia dini, brainspotting

Abstrak

Tantrum biasanya muncul pada anak usia 2-4 tahun. Perilaku ini juga ada ditemukan pada anak yang usianya lebih dari 4 tahun. Meskipun tantrum adalah hal yang alamiah dialami oleh anak usia dini tetapi dapat menimbulkan masalah perilaku dimasa depan seperti menarik diri, kekerasan (violent), ledakan verbal dan antisosial. Untuk itu diperlukan intervensi psikologis. Pada penelitian ini, suatu pendekatan baru

yaitu terapi Brainspotting dipergunakan untuk mengatasi masalah tantrum pada anak usia dini. Brainspotting adalah psikoterapi yang memiliki konsep mengandalkan otak dan tubuh dalam proses hubung- an yang attune. Oleh karena itu, tujuan utama dari penelitian ini adalah untuk melihat efektivitas Brainspotting dalam menangani ma- salah tantrum pada anak usia dini. Penelitian ini menggunakan studi kasus kualitatif dan data dikumpulkan melalui observasi setiap sesi kemajuan dari seorang anak usia 6 tahun, wawancara dan memban- dingkan asesmen kesulitan yang dihadapi oleh anak sekarang sebelum dan sesudah 10 sesi. Hasil menunjukkan indikasi bahwa Brainspotting efektif sebagai alternatif untuk mengurangi tantrum dan mengem- bangkan regulasi emosi pada anak usia dini.

A. Introduction

Tantrum occurs in early childhood as a part of the stage of emotional development (Andreas, 2021). At this stage, they learn how to identify their positive and negative emotions and language development. Therefore, it is easy to see young children at the age of 2–4 years have a tantrum. According to Andreas (2021), a tantrum or acting out is defined as disruptive behavior and emotional outburst in response to unfulfilled wants or needs. Tantrum is also related to loss of emotional control due to frustration. Daniels, Mandleco & Luthy (2012) stated that tantrums are intense episodes of frustration and anger. There are several reasons why children display tantrums, such as; being tired, angry, or sick, and limited language. This makes young children get angry and frustrated because their parents do not understand their feelings and give false responses due to the limitations of children words spoken. Furthermore, specific environmental events, such as denial of access to attend or to a preferred item or activity and the delivery of instruction or demand to perform a task that the child wants to avoid (Andreas, 2021; Wilder & Hodges, 2020 & McCurdy et al., 2006 in Wilder & Hodges 2020) are considered as causes of tantrum.

Previous research reported a tantrum consists of one or more inappropriate behaviors from whining or pouting, crying, shouting, screaming, hitting, and kicking to breath-holding, head banging, and aggressive towards an object and other people (Daniels et al., 2012; Belden et al., 2008; Potegal & Davidson, 2003). Most parents have difficulty of handling tantrum, especially when it is often prolonged and involve object destruction and serious aggression (Potegal & Davidson, 2003). Therefore, parents need to know which behaviors are associated with common tantrums and extreme ones to get help from a professional.

In Daniels et al. (2012) study, a tantrum is differentiated as a normal and abnormal tantrum. Normal tantrums are part of development since children learn to control their emotions and gain independence. Normal tantrum usually appears at the age of 12 months up to the age of 4. Behaviors during tantrums include crying, flailing arms or legs, failing to the floor, pushing, pulling, or biting with a duration of up to 15 minutes and less than five times a day. Children usually should return to normal after having a normal tantrum. On the other hand, a tantrum is seen as abnormal if it continues past the age of 4 years, lasting longer than 15 minutes, and behaviors involve injury to themselves or others during a tantrum and aggression toward an object. Besides that, tantrums usually appear more than five times a day and show persistent negative mood between tantrums. Tantrum in children aged 3–4 years old indicates that the children have not learned how to cope with frustration (Schonbeck, 2006 in Daniels et al., 2012). Children with a history of intense and frequent tantrums are at risk for developing more serious emotional and behavioral disorders in late childhood (Mireault & Trahan, 2007), which may predict future antisocial behavior (Potegal & Davidson, 2003). Some of the behaviors related to tantrums are found in late childhood and adolescence, such as; shouting, screaming, withdrawing, or being violent (Daniels et al. l., 2012).

Much research is conducted on tantrums and parenting in order to give broad information to parents on how to deal with tantrums by using specific parental patterns (Wulandari, Susari & Rosyida, 2022; Rokhmiati & Ghanesia, 2019; Kirana, 2013; Daniels et al., 2012, Bhatia et al., 1990). Teaching young children how to regulate their emotions is also helpful in reducing tantrums by labelling emotions and giving them languages when processing emotional responses to stimuli (Lipsett, 2011). However, parents still need help from professionals such as doctors, nurses, psychiatrists, psycholo- gists, and psychotherapists if the disruptive behaviors and emotional outbursts still exist and meet the criteria as an extreme or abnormal tantrum. Medication is one of the treatments to help children with a tantrum. It is usually given to older children and those with disabilities, particularly ASD (Wilder & Hodges, 2020). In the study of Astuti (2012), 33 children of age 4–6 years were given Hypnoparenting, and the result showed lower tantrums than before the intervention. Moreover, a tantrum can be decreased by using behavior modification (Falaah & Nurfadilah, 2021) and art therapy. Art therapy is believed to help children comfortably express their feelings to reduce anger or tantrums (Fauziyyah, Ifdil & Putri, 2020).

Another intervention as a new approach to help children with tantrums is Brainspotting therapy. Brainspotting (BSP) was developed by David Grand in 2003 and is based on Eye Movement Desensitization and Reprocessing (EMDR) and Somatic Experiencing (SE). BSP is considered a brain-based therapy that arises from predomi- nantly neurobiological stimulation with psychological effects (Patricia et al., 2015). BSP is built on a model where the therapist simultaneously attunes to the client and the client's brain process (Grand, 2013). The relational attunement and the attunement of the client's brain-body process can be done simultaneously or interwoven; therefore, the healing process is far more powerful and lasting (Grand, 2013).

Furthermore, BSP locates a point in the client's visual field and works by identifying, processing, and releasing core neurophysiological sources of emotional/body pain, trauma, disassociation, and various other challenging symptoms (Grand, 2013). The client is also asked to determine SUDs level (Subjective Units of Disturbance Scale) from 0 (the lowest) to 10 (the highest) (Grand, 2013). According to Patricia et al. (2015), a brainspot correlates to an oculomo- tor orientation associated with a neuronal network that holds traumatic experiences memory that failed to be integrated (Patricia et al., 2015). This eye orientation is found by scanning and is called the relevant eye position. A brainspot can be determined by using several methods such as; outside window (therapist decides a brainspot based on client's reflexive response), inside window (therapist and client work together to decide a brainspot based on client's felt's senses), and gaze spotting (brainspot is chosen by finding eye position when the client felt activated). Once a brain spot is determined, the client is guided to observe the internal process with mindfulness focused (Grand, 2013).

Since BSP is a new approach in brain-based therapy, much research is encouraged in order to give empirical evidence of the efficacy of BSP. A study conducted on females who have depression in Jakarta shows that BSP is effective and can be used as an alternative treatment (Indriani,2018), Hildebrand, Grand & Stemmeler (2017) compare BSP and EMDR in treating Post Traumatic Disorder, and the result indicates BSP seems to be an effective alternative therapeutic approach. Furthermore, Newtown-Sandy Hook Community released a report on the effectiveness of various therapeutic interventions for adults and children find that BSP is the first effective intervention for adults and the fourth effective for children in treating trauma (www.nscf.org). Thus, this present study aims to find out the efficacy of Brainspotting therapy for the treatment of tantrums in young children. The study's results hoped to enrich the literature on Brainspotting, especially Brainspotting in children.

B. Methodology

This study uses a qualitative research design of a study case. A case study is applied to search for meaning and understanding of a particular phenomenon. Therefore, a case study can be defined as an in-depth description and analysis of a bounded system (Merrian, 2009). The subject of the study was a 6-year-old boy with frequent and prolonged tantrums. It also involved object destruction or serious aggression. Characteristics of the subject are in the Table 1.

Data were collected by observing the progress or changes from the subject emotionally and behaviorally every session. The interview was conducted to get more data during the session with the subject and at the end of the session with his parents. Data was also completed by comparing the questionnaire of present challenges adapted from the Rhythmic Movement Training questionnaire of the child before intervention and after 10 sessions of intervention. Each session contained 1 hour and 30 minutes weekly, including psychoeducation, Brainspotting therapy, and consultation with parents.

Table 1 Characteristics of the Subject

Age	6 years old
Gender	Male
No. of Siblings	2
Child No.	2
Language Development	He started to talk at the age of 3
Tantrum Behaviors	• Emotional outburst • Frequent and prolonged • Involved object destruction or serious aggression
Reason of therapy	Parents had difficulties handling tantrum

A certified Brainspotting therapist researcher conducts all sessions and Brainspotting therapy. To understand the data in this study, data were analyzed to answer the research question. It is done by identifying segments in the data set that are responsive to the research question (Merrian, 2009). The current case study database was organized to locate specific data during intensive analysis to identify features of this particular type of qualitative research.

C. Result and Discussion

The subject was a-six-years-old boy with fewer spoken words, and he was the second child of 3 siblings in the family. The subject was brought up due to emotional outbursts and behavioral problems. He had a frequent and prolonged tantrums which involved object destruction. He had a persistent negative mood between tantrums, and tantrums could happen anytime and anywhere. At age 6, the subject had difficulty expressing his feelings and thoughts, and the parents also did not understand what he said and wanted. Thus, he got frustrated easily.

Before the intervention, the parent was asked to answer a questionnaire based on present challenges held on the subject by stating the degree of problems in child development on a scale between 0 and 5, 0 referred to no problem, and 5 indicated very great problem.

1. Results

Tabel 2 Degree of Problems

No.	Description	The Degree of Problems before Intervention	The Degree of Problems after 10 Sessions of Interventions
1	Problem sitting still	3	1
2	Oversensitive to touch	3	0
3	Clumsy and uncoordinated	2	0
4	Easily disturbed	4	2
5	Problems with attention and concentration	4	1
6	Over-active	4	2
7	Fits of emotions	4	1
8	Inarticulate speech	1	0

The study's findings are divided into two parts; results of present problems on specific issues of child's development, observation, and interviews. The first result of this study is presented in the table degree of problems with a scale of 0 and 5. 0 means there is no issue on that specific matter, and 5 refers to the very most problem on the issue.

It is interesting to note that there are significant differences in the degree of problems before starting BSP and after 10 sessions of BSP. Furthermore, the results of observation and interviewing of the progress of the subject every session are presented below.

Table 3 Progress Each Session

Session	Description
1st	Tantrum has slightly reduced and subject started open up in family. 2nd
	Subject has been developing self-awareness by starting to understand about emotions and how to express his feelings. He still had mood swing however it was easy to bring him back to positive mood than before. At this session, he could speak three or four words in a sentence.
3rd	Subject's mood was getting stable and he became cheerful. Expressive language was developing and he could make sentences clearly when he was speaking.
4th	Tantrum decreased significantly and subject started used language confidently.
5th	Subject was developing self-regulation; his self-awareness and emotional regulation were improved; less anger and he became more expressive and cheerful.
6th	Tantrum was hardly occurred. Subject was far more aware of his surroundings. He offered helps when he saw members of family needed helps.
7th	Emotional regulation was developed significantly. Subject was more cheerful and he had lots of laughter.
8th	Subject displayed a bit of tantrum due to the process of taking diapers out from daily use but there was no emotional outburst. He was able to regulate emotion and back to be a cheerful boy.
9th	Tantrum appeared once in a while, however subject mostly felt cheerful and happy.
10th	Subject far more care to his family and surroundings. His expressive language was significantly improved. He spoke more clearly and confidently.

From the descriptions of each session, we can see that subject started developing self-awareness in the 2nd session by recognizing emotions and feelings in his body. He was also developing self-regulation at the 5th session, where he could identify the feelings in his body and regulate it. Moreover, he started coloring ginger breadman sheet to recognize feelings in his body in the 6th session by himself. In the 8th session, the subject displayed a bit of tantrum since he was asked to take diapers out from daily use by his parents. He felt uncomfortable and noticed fear in his left thigh because of falling at home and felt pain in his thigh.

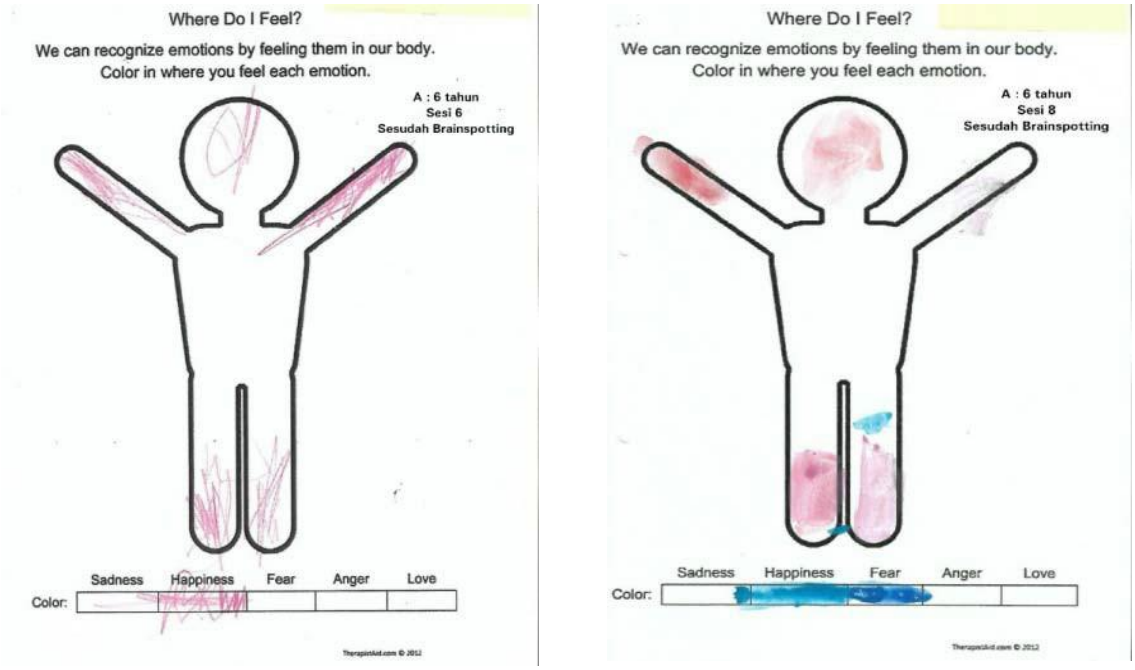

Figure 1 Ginger Breadman Sheet

2. Discussion

The subject came to private practice with the problem of tantrum; however it was found that tantrum was not solely the problem. The study's results present challenges to the subject's development. We could see several issues such as; problems sitting still, oversensitive to touch, clumsy and uncoordinated, easily disturbed, problems with attention and concentration, over-active, fits of emotions, and inarticulate speech. Since the questionnaire used was adapted from Rhythmic Movement and Reflex Integration, present problems were related to unintegrated reflexes. From very early on in utero, the primitive reflex movements help develop the brain. The movements lay down the patterns of neural networks and myelination of pathways that allow the connection of the various areas of the brain that are so important later on for learning, behavior, communication, relationships, and emotional wellbeing (www.rhythmicmovement.org). In addressing these issues, the subject was treated by using BSP. The hypothesis was BSP worked by identifying, processing and releasing core neurophysiological sources of emotional/body pain, trauma, disassociation, and a variety of other challenging symptoms (Grand 2013). The brain can change throughout life by forming new neural connections called neurogenesis (Doidge 2010 in Grand 2013). In this case, BSP helped the client develop new neural connections by accessing and processing traumatic experiences in sub-cortical, then releasing. Therefore, the symptoms were reduced (Grand, 2013; Patricia et al. l., 2015). Furthermore, two issues that fit emotions and inarticulate speech were associated with the case of tantrums in this study. According to Andreas (2021), tantrum can also be triggered when parents do not understand what children said and wanted. Children have limited expressive language to describe their feelings and needs; thus parents give false responses to children. Then, the children get angry and frustrated.

Parents said the subject had difficulty identifying and expressing his feelings and needs/ wants due to limited expressive language. Expressive language refers to the ability to use words, sentences, gestures, and writing to convey meaning and messages (Andreas, 2021). This result corresponds to previous research which stated there is a relationship between language and tantrums. The more expressive language acquires, the less tantrum appears (Manning et al., 2019).

In the first therapy session, the subject was quiet almost the time; the words spoken during this session were yes and no. Since BSP is not a talk therapy, language limitation was not a barrier during therapy. Instead, it invites the therapist into "the world of uncertain" which lies down in the sub-cortical brain that cannot be accessed by words (the limbic system and the brain-stem) (Bauman & Jacobi, 2018). Grand in Wolfrum (2018) states the unknowable system as an uncertainty principle, meaning the therapist cannot directly know the inner workings of the neurobiological client system. Besides that, the brain-body based model of BSP lets the client experience deep internal processes once the eye position is found (Grand, 2013). Even though young children have difficulty looking at the relevant eye position for a length of time, children maintain processing while they are playing, drawing, dancing, creating stories, etc. Because their world and fantasies serve as an opening for healing (Bauman & Jacobi, 2019). Being creative as a therapist plays an important role when doing BSP with children (Bauman & Jacobi, 2018). Thus, each therapy session involves drawing, painting, playing with dough, playing traditional Indonesian games, creating stories, and many other activities to do therapy in the natural way of children, what they enjoy most. Brainspot often was found spontaneously. At this part, the attuned therapist is the tail of a comet, and the client is the head of a comet.

It was interesting to find out the subject's progress in the second session because it was clear he could produce 3 words in a sentence. He has been developing self- awareness and self-regulation, particularly emotional regulation. Using stories, drawings, and emotions cards, the subject learned to identify emotion and body sensations. When children give language to emotions, it allows them to label and expresses their own emotions as well as the emotion of others (Macklem 2010 in Lipsett, 2011). This ability gets stronger when language development is also improved. In taking into account of this information, the subject used language confidently, as a result, he responded to his environment correctly which showed evidence of self-regulation, and he also developed empathy by offering help to family members. He became cheerful, and tantrums decreased significantly. In reference to Daniels et al. (2011), when children know how to express their emotions verbally, they will choose to communicate through words rather than tantrum so that parents can address their feeling appropriately.

As sessions went up, the subject became stable emotionally even in difficult days like in the 8th session. He displayed tantrums because he tried to take out diapers from daily use. He knew it was not easy; however, he could regulate his emotions and returned to being a cheerful child as usual. The experience of taking out of diapers did not involve aggression. It showed that when young children develop emotional regulation, they respond to stimuli, not reactions, and they begin to learn coping strategies (Macklem 2010 in Lipsett 2011).

The subject could identify feelings in his body using a ginger breadman sheet after therapy. He could relate the feeling of fear with the memory of falling at home with body awareness or body sensation in his left tight. Grand (2013) states that the body and the brain are interconnected and inseparable. In this study, the subject felt happy not only in his brain but also in his body. In conjunction with the ginger breadman sheet, subject colored parts of his body felling which he sensed during therapy. More over, sessions 9 and 10 showed that tantrums appeared once in a while with other positive development, such as; language development, social and emotional development. This result showed that all symp- toms considered abnormal tantrums in the study of Daniels et al. (2012) disappeared. Having tantrums once in a while but no emotional outburst and aggression towards a person and object, which is categorized as a normal tantrum. It appears that Brainspotting is an effective alternative as a treatment for tantrums in young children. Brainspotting promotes emotional regulation in young children as well.

D. Conclusion and Recommendation

Tantrum is common behavior in young children. However, it can be problem in late childhood and adolescence when it is not addressed properly. A new psychotherapeutic approach called Brainspotting came out with this study to become an effective alternative intervention for treating tantrums in young children. Tantrum was decreased with positive development, such as; language development, social and emotional development. Even though the study has limitations, such as; the number of subjects is only one, the result cannot be compared to another participant. Thus, more research in this area is suggested by involving many young children's participants with quantitative design to get a better understanding of the effectiveness of Brainspotting in treating tantrums in young children. It is also interesting in future research to study anxiety which causes tantrums in young children with Brainspotting as an intervention. In conclusion, these findings contribute to the evidence of Brainspotting as a brain-wise and body-aware relational attunement process that can be applied in young children.

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F. References

Andreas, S. T. (2021). *Mengenal Tantrum pada Anak.* PT Gramedia Jakarta.

Astuti, P. H. (2012). The role of Hypnoparenting in the treatment of Early Childhood 's Temper Tantrum. *Indonesian Journal of Earlychilld Education Studies.* https://doi.org/ 1015294/IJECES.V111.9200.

Bauman, M., Jacobi, S. M. (2018). Brainspotting with Children and Adolescents. Wolfrum. G (Ed), *The Power of Brainspotting.*Kronig: Asanger Verlag GmbH.

Belden, A. C., Thomson, N. R., & Luby, J. L. (2008). Temper Tantrums in Healthy Versus Depressed and Disruptive Preschoolers: Defining Tantrum Behaviors Associated with Clinical Problems. *Journal of Pediatrics*, 152(1), 117–122. DOI: 10.1016/j.jpeds. 2007.06.03.

Bhatia S., Dhar N. K., Singhal, P. K., Nigam, V. R., Malik, S. C., & Mullick D. N. (1990). Temper tantrums: Prevalence and Etiology in a Non-Referral Outpatient Setting. *Clini- cal Pediatric*, 29:311–315.

Daniels, E., Mandleco, B., & Luthy, K. E. (2012). Assessment, management, and prevention of childhood temper tantrums. Journal of the American Association of Nurse Practi- tioners, 24(10), 569–573. doi:10.1111/j.1745-7599.2012. 00755.x.

Grand, David. (2013). Brainspotting: The Revolutionary Therapy for Rapid and Effective Change. Boulder: Sound True, Inc.

Falaah, M. & Nurfadilah, I. (2021). Modifikasi Perilaku Anak Usia Dini untuk Mengatasi Temper Tantrum pada Anak. *Jurnal Pendidikan Anak*, Vol. 10 (1) 69–76. https://doi.org/ 10.21831/jpa.v10i1.28831.

Fauzziyah, A. S., Ifdil, I., & Putri, E. Y (2020). Art Therapy sebagai Penyaluran Emosi Anak. *Indonesian Journal of School Counseling* (2020), 5(3), 109–114. https://doi.org/ 10.23916/08972011.

Hildebrand, A., Grand, D., & Stemmler. M. (2017). Brainspotting-The efficacy of a New Theraph Approach for the treatment of Postraumatic Stress Disorder in Comparison Eye Movement Desensitization and Reprocessing. *Mediterranean Journal of Clinical Psychology*. Vol. 5, No. 1. https://doi.org/10.6092/2282-1619/2017.5.1376.

Indriani, I. (2018). Terapi Brainspotting untuk Menangani Gangguan Depresi pada Wanita Usia Dewasa. *Jurnal Psikologi Klinis Indonesia*, Vol. 3, No. 1. Retrieved from: https:/ /jurnal.ipkindonesia.or.id/index.php/jpki/article/view/jpki-3-1-2018-60.

Kirana, S. R. (2013). Hubungan Pola Asuh Orang Tua dengan Temper Tantrum pada Anak Pra Sekolah. *Developmental and Clinical Psychology*, Vol. 2, No. 2.

Lipsett, B. A. (2011). Supporting Emotional Regulation in Elementary School: Brain-Based Strategies and Classroom Interventions to Promote Self-Regulation. *Learning Land- scapes*, Vol. 5, No. 1.

Manning, L. B., Roberts, Y. M., Estabrook, R., et al. (2019). *Relations between Toddler Expressive Language and Temper Tantrum in a Community Sample*. Elsevier Ins. https:/ /doi.org/10/1016/j.appdev.2019.101070.

Merrian, B. Sharan. (2009). *Qualitative Research*. USA: Jossey-Bass.

Mireault, G., Trahan, J. (2007). *Tantrum and Anxiety in Early Childhood: A Pilot Study*. Retrived from https://www.researchgate.net/publication/26572466_Tantrums_and_ Anxiety_in_Early_Childhood_A_Pilot_Study.

Newton Sandy Hook Community Foundation: Reports of Findings from the Community Survey. September 2018. Retrieved from http://www.nshcf.org/wp-content/uploads/ 2016/09/2016-NSHCF-Community-Assessment-Report.pdf.

Patricia, F. M., Jose, F. P., & de F. Marcelo M. (2015). Persistent Genital Arousal Disorder as a Dissociative Related Condition Treated with Brainspotting- A Successful Case Report. *Int J Sch Cog Psyhol* S1:002. https://10.4172/ijscp.Si-002.

Potegal, M. & Davidson, R. J. (2003). Temper tantrums in young children: 1. Behavioral composition. *Journal of Developmental & Behavioral Pediatrics*, 24(3), 140–147. doi:10.1097/00004703-200306000-00002.

Rokhmiati, E. & Ghanesia, H. (2019). Tantrum pada Anak Usia Pra Sekolah. *Jurnal STIKES Cendikia Utama Kudus*. Vo. 8 No. 1.https://doi.org/10.31596/jcu.v8i1.309.

Rhythmic Movement Training International. Retrieved from https://www.rhythmicmovement. org/rmt-explained.

Wilder, A. D. & Hodges, C. A. (2020). *The Encyclopedia of Child and Adolescent Develop- ment*. USA: John Wiley & Sons, Inc. DOI: 10.1002/9781119171492.wecad09.

Wolfrum, Gerhard. (2018). *The Power of Brainspotting.* Kronig: Asanger Verlag GmbH.

Wulandari, M. O., Susari, H. D., & Anwar, R. N. (2022). Tantrum Behavior of Children Aged 3-7 Years Viewed from Parental Parenting. *Child Education Journal*, *4*(1), 25–37. https://doi.org//1033086/cej.v4i1.2431.

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