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Abstract : This article projected about the clinical psychology problems for male-students of IAIN Langsa about how they face flourishing into manhood. Their overwhelming testosterone emergences male inclination to be a male for dominant, egoistic, and flamboyant were examined through questioner from the first year class of IAIN Psychology team. This article also projected about the abstained of fatherhood roles, the single-mother to raise their son, and how the institute commitment to rejuvenate the abstained father role and help the single mother or father to enroll their children. The institute projected the regulation of the Islamic rejuvenation of cultural identity in teaching man as the concept of humanity *caliphates* in world, ***rahmatan lill 'alamin***. The Islamic vary concepts of education identity about either fostering the people when father or mother, or both are no longer existences. The article also proposed about the role of an Institution, IAIN Langsa, accommodates the cultural fostering with Islamic tradition, to help student when they facing the abstained of parent role models. The Article addressed field research triangulation for connecting directly with the students with heterogeneous backgrounds. In conclusion, the article propelled about solution for intangible governments consular institution for university-institute level by inquiring the male students' clinical psychology problem when they are about starting higher educational institution period.

INTRODUCTION

The male students is often in crisis of flourishing into manhood. With the exposed of traumatic events, local conflicts, broken-home and involved juvenile delinquency criminal cases, the crisis post a threats for life-experiences. The students with clinical psychology problems emergences mental disorders for fostering in selection of role model as life-path. Yet, this lead to the stability of mental and motivation influenced for broaden field, *i.e*. educational, socials, and even personal. Moreover, the crisis also possess pressures for the students who miss the role model of parents, the abstained of the fatherhood. Actually, the students who face this crisis should be taken on attention to clinical psychology and education. The

attention to resolve male-students in crisis marks as the socials responsibility of settling role model for life-skill as male whom born as leaders.

The Students aged 10 to 19 who belong to teen groups (Papalia, Olds & Feldman, 2001) and UNICEF studies found that there were 1.2 billion adolescents at that time. The UNICEF study also found that 80% of these teenagers are in developing and inhabiting suburbs such as squatters and in areas of armed conflict and post disaster, (UNICEF, 2002). The adolescents who grown up in high-risk environment are vulnerable exposed to a variety of traumatic and violence experiences. Therefore, they have a high probability of experiencing emotional, mental health and social disorder (Paglicci, Roberts et al, 2002). The exposes of traumatic and violence lead into unresolved crisis and entrapped the students in unbroken chains link. Mathews (2009) *et. all* also highlighted out about the impact of crisis also involved both personal and social. Indeed, the crisis also affect to their academic achievements, lecturer-students relationship, and so on. The students with clinical psychology problems tend to destroy themselves. Thus, the tendentious are the objectives of protections to stay intact communication as social-relationship goals.

The prime goals of education is to preserve the human growing up process. This articles projects about the Islamic education in preserving the male-students to fulfill their life cycles of adolescent period. The rejuvenation is a form of conservation, which expects changes and restored in behavior, attitudes and ways of thinking, especially those related to managing natural resources and ecosystems (Setiono, 2011. 2). The process for a male to be an alpha, the decision taker, leader, and so on. In Islam, the nature of human, called as ***fitrah*.** The concept of education is generated on the role models of being Male. Moreover, the concepts also marks as the former prominent systems for fulfilling the abstained of parents. The article also projected about the institution milestone as social recognition for preserving and protecting young generation, then, support their role as ***Rahmatan lill ‘Alamin*** concepts.

The concepts of ***Rahmatan lill ‘Alamin*** in Islamic tradition is the filtration and catalyst in parallel of moral standing. The humanity filtration of ***fitrah*** to being aware of external environments with respects. It develop human ***fitrah*** as human catalyst by certain moral roles, being aware and respect to the values of humanity norms with universal diversity (Shihab, 519: 2017). These parallel standing shall draw clear direction to keep the psychological aspects intangible strong to face frictions and fulfilling humanity right to life as a male, alpha-male, pack leader in Islam, also

called as -***caliphate***. The parallel concepts of ***Rahmatan lill 'Alamin*** will act as fostering to those whose is orphans.

The article projected about the educational concepts of ***Rahmatan lill 'Alamin*** in Islamic tradition became the fostering standard for healing treatment of the clinical psychology problems for male-students about how do flourishing into manhood. Its ***fitrah*** specific features about following the glorious prophets, Muhammad *Saw*, as Islamic tradition role model in teaching a manner that make a man to a man.

THE FOSTERING MILESTONES OF ***FITRAH*** IN ***RAHMATAN LILL 'ALAMIN*** CONCEPTS

Islamic educational tradition projects the fostering milestone of young generation with the guidance of glorious Al Qur'an:

وَمَا أَرْسَلْنَاكَ إِلَّا رَحْمَةً لِلْعَالَمِينَ

Translation "*and we have not sent you*, (*O, Muhammad*), *except as a mercy to the worlds*" (*QS. Al-Ambiya. 21:107*). this milestone of the glorious prophet teaching is universally objective. The teaching is about humanity and harmony. In addition, the glorious supports mentioned in *al-Ahzab,*

لَقَدْ كَانَ لَكُمْ فِي رَسُولِ اللَّهِ أُسْوَةٌ حَسَنَةٌ لِمَنْ كَانَ يَرْجُو اللَّهَ وَالْيَوْمَ الْآخِرَ وَذَكَرَ اللَّهَ كَثِيرًا ﴿٢١﴾

Translation "*There has certainly been for you,* (*O, Muhammad*), *in the Messenger of Allah an excellent pattern for anyone whose hope is in Allah and the Last Day and (who) remembers Allah often*" (*QS. Al-Ahzab. 33:21*). the scriptures clearly pointed out about the Islamic correspondence example in fostering young generation that based on the glorious prophets' traits, *i.e. Sidiq* (Honesty), *Fathanah* (Wise), *Amanah* (Trustworthy), and *Tabliqh* (Deliver). The honesty and trustworthy are resemble to emotionally intelligences (EQ), and developed for social interactions. Then, the wise and deliver are resemble to intelligence quotient (IQ). These are the proper role model for fostering process of young generation.

The four glorious prophets' traits are the milestone to develop educational system that enable to propose resolution clinical psychology in social community. Moreover, the article propose these traits as the exemplification of role model in supporting growing male-students. Nata (2017) believed that the ***fitrah*** of male students are awareness sympathy attitude for personality and environment. The moral values standing on righteous for mutual relationship, man to man, man to animal, and so on base on the intervention of self-gratitude life-human-environments. The concepts of ***Rahmatan lill***

'Alamin enable the students to act as human that aware to the diverse environments, acknowledge to follow role model, and self-actualization with tolerances and harmony life. These concepts enable the students to execute and take decision with responsibility for male standing. In addition, Nata (2017) and (Shihab, 519: 2017) confirms about the very concept of teaching is the ***fitrah*** of being man in contemporary eras. On the other words, in The Wiley-Blackwell Handbook of Positive Psychological Interventions (2014), it also called interventions in adults consistently produce positive benefits, many of which appear to endure over reasonably lengthy periods. Gratitude interventions lead to greater gratitude, life satisfaction, optimism, prosocial behavior (Emmons & McCullough, 2003), positive affect (PA) (Emmons & McCullough, 2003; Watkins et al., 2003, Study 4), and well-being (Lyubomirsky, Sheldon, & Schkade, 2005; Seligman et al., 2005), as well as decreased negative affect (NA) (Emmons & McCullough, 2003; Seligman et al., 2005; Watkins et al.,2003, Study 3). The concepts of ***Rahmatan lill 'Alamin*** emergences the intervention to consolidate human and their surroundings.

RESEARCH METHOD

The article applied field study to investigate the relationships or interactions between sociological, psychological and educational variables in real social structures. Kerlinger (2000: 585) believed that clinical psychology disorders attempting to test the variables of students' personal life interaction and environments. According to Babbie (2001), survey methodology is the best method for collecting data from a large population through sampling techniques. This study also attempted to see the main variables of the research, namely mental health, learning motivation, and the relationships that exist amongst students in Aceh. There are two specific extern factors of Aceh condition with affected disasters and years of arms conflicts. The sampling selection referred central principles common to all psychological research. Following Korchin and Cowan (1982), we group them under the headings of: (1) informed consent; (2) minimization of potential harm/ deprivation of benefit; and (3) confidentiality and protection of privacy. To collect the information required by the researcher, have used adapted instruments from the Self Report Questionnaire (SRQ), the learning motivation scale and the student interview protocol. For interview protocol instruments, researchers are guided by protocols as suggested by Glesne and Peshkin (1992) and Cresswell (1994).

Tabel 1.1. Instruments, Objectives, and Targeted Samples

Instruments	**Samples**	**Contents**
Self Report Questionaire (SRQ)	Students	(Departemen Kesehatan Republik Indonesia, 2008; Riset kesehatan Dasar (Riskesdas), 2007; World Health Organization (WHO), 1994)
Intrinstic Motivation Inventory (IMI)	Students	Translated by Herlyna (2004) dan Ryan (2004)
Student interview protocols	Students	The applied format of Glesne dan Peshkin (1992), Creswell (1994).

Measuring mental health is by using Self Report Questionnaire (SRQ), (MOH RI, 2008; Rikesdas, 2007; WHO, 1994). WHO developed this instrument to screen for psychiatric disorders especially in various developing countries. There are a total of 20 item items, which must be answered in form or with yes or no. SRQ has been widely used in various countries and is translated in various languages such as Arabic, Afrika, Amhari, Bengali, Malaysia, Spain, and others including Indonesia. SRQ designed as a scale to be filled by the subject itself but can also be given through interviews to illiterate subjects. Validation of this measuring instrument uses multiple reliability i.e. face validity, content validity and criterion validity, and construct validity with a good index (WHO, 1994). Based on the factor analysis conducted on SRQ scale given to 1182 samples in Brazil, Lacoponi and Mari in WHO (1994) have identified four factors consisting of items that have a value of .40 or more. The decreased energy factor I, consisting of depression and anxiety items, while somatic items have a large value or scaling factor II. Factor III is labeled depressive mood and factor IV is labeled depressive thought. See Figure 1.1

Figure 1.1 the results of the SRQ factor analysis by Lacoponi and Mari (in WHO, 1994: 26-27

Four factor structure of the SRQ-20		
Item No.	Item	Loadings
	Factor I - Decreased Energy - Variance, 22.3%; Eigenvalue, 4.46	
20	Are you easily tired?	.649
18	Do you feel tired all the time?	.623
12	Do you find it difficult to make decisions?	.573
13	Is your daily work suffering?	.501
8	Do you have trouble thinking clearly?	.493
11	Do you find it difficult to enjoy your daily activities?	.419
	Factor II - Somatic Symptoms - Variance, 7.3%; Eigenvalue, 1.47	
19	Do you have uncomfortable feelings in your stomach?	.765
7	Is your digestion poor?	.713
2	Is your appetite poor?	.533
1	Do you often have headaches?	.410
	Factor III - Depressive Mood - Variance, 5.9%; Eigenvalue, 1.17	
10	Do you cry more than usual?	.714
9	Do you feel unhappy?	.681
6	Do you feel nervous, tense or worried?	.437
	Factor IV - Depressive Thoughts - Variance, 5.4%; Eigenvalue, 1.08	
16	Do you feel you are a worthless person?	.678
14	Are you unable to play a useful part in life?	.632
17	Has the thought of ending your life been in your mind?	.567
15	Have you lost interest in things?	.438

In the answer form given score 1 for the marked answer (yes) and 0 for the answer (no). The cut off value that separates those who have mental illness is 14, while those with a score of over 14 show that they are free from mental health problems. Thus, the maximum score for the measuring instrument in this study is 20. It is important to note that SRQ is only a preliminary screening tool to see indications of mental health problems. To determine an analysis of mental health problems it is still necessary that an expert who has the authority to provide a diagnostic clinical psychologist or psychiatrist. SRQ has been officially used in a variety of basic health issues conducted by the Ministry of Health of the Republic of Indonesia in Aceh (Ministry of Health, 2008; Riskesdas, 2007).

To address Gender stereotypes, Muris (2007) introduced about widely beliefs about characteristics that are considered as appropriate for specifically boys/males. Gender roles are the reflection of these stereotypes in everyday behavior. Although it is generally assumed that gender roles have a biological basis (Maccoby, 2000b), it is also true that environmental influences are involved in the further development of these gender specific character roles. For example, from an early age on, adults view boys and girls differently and treat them in a different way. In addition, children have many opportunities to observe and imitate males and females in gender-stereotypical ways. In addition, finally, when children become older, their contemporaries vigorously promote gender-typed behavior. Both biological and environmental factors make boys and girls quite different, which is reflected in differences in personality traits, activities, and achievements (Berk, 2006). However, it is also true that variations exist in gender role orientation within each gender: Some boys display relatively strong feminine traits, whereas some girls clearly exhibit masculine characteristics. According to some authors,

these individual differences in gender role orientation to a certain extent account for variations in fear and anxiety levels in youths. For example, Ollendick, Yang, Dong, Xia, and Lin (1995) proposed that individual differences in gender role orientation may explain the common finding that girls generally are more fearful and anxious than boys. According to theories on gender roles, the expression of fear and anxiety is in agreement with the feminine gender role, which is generally acquired by girls and which tolerates the expression of negative emotions and related behaviors (e.g., avoidance behavior). Conversely, fearfulness and anxiety are inconsistent with the masculine gender role. Such emotions are less accepted in boys who are expected to behave bravely and to display active and purposeful coping behavior.

There are few studies examining the connection between gender role orientation and fear and anxiety in childhood samples. One exception is a study by Brody, Hay, and Vandewater (1990), who investigated the relations between gender and gender role orientation and children's feelings toward peers as indexed by an Emotional Story Task in 120 nonclinicals referred children aged 6 to 12 years. Results showed that girls reported higher levels of fear toward peers than boys did. Most importantly, gender role orientation accounted for more of the variance in predicting fear than did the child's sex. That is, biological gender was no longer associated with fear toward peers, after the influence of gender; role orientation was partial led out.

In general, boys and girls who scored higher on feminine gender role traits were more prone to report higher levels of fears toward peers. Another investigation by Ginsburg and Silverman (2000) addressed the relation between gender role orientation and the intensity of fears in a sample of clinically referred children with anxiety disorders ranging in age between 6 and 11 years. Children completed a questionnaire measuring masculinity, femininity, and the Revised Fear Survey Schedule for Children (FSSC-R; Ollendick, 1983) as an index of childhood fear. Results indicated that masculinity was negatively related to fearfulness. Unexpectedly, however, no relation was found between femininity and children's fearfulness. To account for these mixed findings, Ginsburg and Silverman (2000) pointed out that the children in their study were on average relatively young (i.e., 8.9 years) and that it may well have been the case that gender roles were insufficiently crystallized in their sample. With this in mind, Muris, Meesters, and Knoops (2005) examined the relation between gender role orientation and fear and anxiety in a somewhat older sample of

nonclinical referred children (aged 10 to 13 years).

Children and their parents completed questionnaires assessing children's gender role orientation, toy and activity preferences, and fear and anxiety. Results generally indicated that femininity and a preference for girls' toys and activities were positively associated with fear and anxiety, whereas masculinity and a preference for boys' toys and activities were negatively related to these emotions (see Figure 1.2). Furthermore, gender role orientation accounted for more of the variance in fear and anxiety scores than the child's sex. Similar findings emerged in a study by Palapattu, Newman Kingery, and Ginsburg, (2006) of 14- to 19-year-old African-American youths. That is, femininity was positively associated with anxiety symptoms, whereas masculinity was negatively related to such symptoms, and these links remained significant even when controlling for biological orientations.

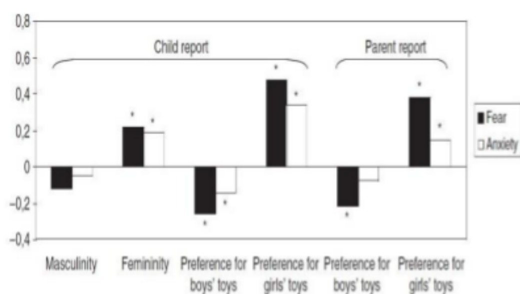

Figure 1.2: Correlations between gender role orientation and toy and activity preferences,on the one hand, and fear and anxiety scores, on the other hand, in a sample of nonclinical children aged 10 to 13 years. * Significant correlation at $p < .05$. Based on: Muris et al. (2005).

Altogether, the support, for the notion that gender role orientation is in a theoretically meaningful way related to fear and anxiety in youths, should be constructed in order to preserve the adolescent process.

CLINICAL PSYCHOLOGY OF MALE-STUDENTS' DISORDERS

This article focused about the clinical psychology of male-students' disorder for intellectual, emotional, psychological, social and behavioral maladjustment. It engaged to the particular students' flourishing periods. The objective of preserving the students' attitude and their achievements, for those who were facing crisis, and orphaned. The article also founded that the abstained of father role would be solved when the proper role models are exist among the students, there are possibility of single parent advisory to the students. The result projected several clinical psychology of male students in IAIN Langsa:

1. Psychiatric disorders that are related to social anxiety, paranoia and believe in something that does not make sense. The students with this disorder will avoid a close relationship because of their personal adverse effects. In addition, he also believed in something related to paranormal and superstition. However, not all superstitious people include personality disorders. This disorder usually only occurs 3% of the population and is more likely to attack male students. The cause of this disorder is uncertain, but the possibility arises because of errors in brain function and genetic factors. Characteristics of schizotypal disorders with difficult to get close to other people, thinking, expressing yourself and using strange and unnatural words, behave strangely, feel able to read people's thoughts, feel nervous or tense with people who don't agree with him, nervous and paranoid social situations with other people. The way to treat this disorder is with various types of therapy in psychology psychotherapy or it can be combined with a psychologist with a psychiatrist.

2. Paranoid Personality Disorder is a psychiatric disorder that tends to be paranoid, suspicious and does not trust people. He is usually more sensitive, irritable and connects everything with scary things. Another person is an adverse aggressor who wants to hurt, and harm him so he rebels in order to maintain his pride. He often threatened, rebelled, refused about his mistakes. He often acts a priori and convicts something without investigating first. The cause of this disorder is also certain, but tends to be possible due to genetic and environmental factors. Occurs in men or women at the beginning of the 18-20 yearly phase. The types of paranoid personality disorders are: easy personality is swayed, reacts to everyday experiences with a sense of surrender and inferiority and blames others, a more aggressive personality. It is rude very sensitive to something that is his right, the characteristics of a paranoid personality disorder are, excessive sensitivity to rejection and failure, tends to hold grudges, refuse to forgive hurts or minor problems, forcing personal rights by misinterpreting the attitudes of others, repeated suspicion of partner

loyalty, and feeling himself most important. Usually, indeed someone with this disorder does not want to be treated because he will tend to feel suspicious, but if he is willing to be treated, then counseling and psychotherapy is the solution. Because the combination of the two will make the handling process faster.

3. Schizoid Personality Disorder is a psychiatric disorder that does not want to connect with other people, full of secrets, being cold and apathetic towards others. To create a desire to socialize, people with schizoid disorder will create their imagination in complete and exclusive detail. Schizoid itself still has something to do with *schizophagia* and *schizophrenia*. Someone with this personality disorder will have a negative impact on himself because he does not have good social status. Researchers believe that the causes of dual-personality disorders are genetic factors and parenting. Characteristics of personality disorders; do not want to get along with other people, prefer delusion, choose to live without other people's interference, difficult to be happy, not interested in intimate relationships, be cool, lack of humor, difficulty expressing, not motivated, and do not react when praised or criticized. It take Handling this personality disorder is rarely faced with the clinical world, so effective treatment is still unknown.
4. Antisocial Personality Disorders is a personality disorder that tends to fight the rights of others. Someone with this disorder has a moral who is not seen, has committed a crime or violated the law and behaves aggressively. The cause of antisocial disorders is not yet known, but scientists believe that there are disorders of brain structure and aggressive behavior of parents. The characteristics of antisocial personality disorders are make yourself happy, take actions that are unpleasant to others, easily bored and acts without thinking, do everything you can to get what you want, aggressive and often fighting, have a criminal trial, and have no guilt. The treatments of this disorder is very difficult, because those who feel the impact of this disorder are the community itself is not the culprit. If you want to do a handler, then

psychotherapy with speech therapy is very possible.

5. Borderline Personality Disorders or Borderline Personality Disorder is a psychiatric disorder that has unstable emotions with abnormal behavior and lack of self-control. The main characteristic of this personality disorder is his rapidly changing emotions. At first, he was happy and laughed, he would then cry. He also tends to do something that threatens life, feels empty and endangers others. In addition, he is also at risk of consuming alcohol, drugs and depression. This disorder often appears around early adulthood or after the end of adolescence. Scientists say that the causes of this personality disorder are usually genetic factors, brain disorders, the environment, wrong relationships or because of a pile of traumatic events. The characteristics of borderline personality disorder are Fear of being left or ignored, emotions that go up and down due to trivial events, hard builds and maintains relationships, act without thinking, there is a desire to commit suicide, feel alone and empty, it is easy to get angry, when stressed, he will feel paranoid, hallucinations, numbness, daydreaming and often forget. The treatment this disorder is with psychotherapy or with a combination of drugs. Even though there is no specific medication, there are drugs that can reduce symptoms such as depression, impulsivity, aggression or anxiety. The drugs given can be antidepressants, antipsychotics or mood stabilizers by prescription. Alternatively, it could be inpatient care in a hospital to protect patients from committing suicide or hurting others.
6. Histrionic Personality Disorders is a distraction to look for more attention with seductive or inappropriate behavior to be accepted by others. It appears in the adult phase, someone with this disorder has a cheerful, broad, enthusiastic and flirtatious character. The percentage of this disorder is 2-3% of the population and 4 times often experienced by women. People with this disorder will be more provocative in sexual, striking, and selfish, always want to be praised and easily influenced by others. Scientists due to the formation of the environment and genetic factors believe the cause of this

personality disorder. On the other hand, there is another guess, which this disorder appears because of discipline formed and imitates the behavior of people around them. The characteristics of histrionic personality disorder are feel uncomfortable if not looked at, being flirtatious, provocative and ensure that he is the center of attention, always worry about the opinions of others, easily influenced, drama and overacting, being intimate, imitate the speech style of a real character or film, and use the physical to pay attention. Someone who has this disorder often thinks that this is not a type of personality disorder. However, if someone wants to be dealt with, then psychotherapy is an effective handler.

7. Narcissistic Personality Disorders is a psychiatric disorder that considers itself important, happy to be overly praised and unable to understand the feelings of others. Someone with this disorder often thinks of ways to succeed and get success or busy thinking about his appearance. Narcissism itself is taken from Greek mythology about someone named Narcissus who is looking for true love. Although many women came, he refused. Until one day, he saw a beautiful figure in the reflection of water. He fell in love with the reflection, then plunged himself into the pool, until he died in the pond. The figure in the reflection of water is actually himself. With a story like this, one can find that narcissistic characteristics themselves are loving themselves. The causes of this personality disorder are genetic and environmental factors. It could also be due to preferential treatment since childhood. However, to get valid results, there needs to be a diagnosis of a psychologist or psychiatrist. The characteristics of personality disorders are believe that he is unique, have fragile self-esteem, angry if other people are ignorant, envy the success of others, their needs must be above others, selfish, like to use other people. The Treatment is with psychoanalysis and CBT therapy. There are no specific drugs, but psychiatrists can prescribe depressants, anxiety or other drugs.

Based on the seven fact above, the clear explanation shared about clinical psychology of male-students' disorder. These seven disorders are occurred to male-students and

trigger stimuli references level of fear and anxiety level that lead to malfunction disorder.

DISCUSSION

The vulnerabilities and risk factors such as negative learning experiences, stressful life events, and adverse family factors will make children more likely to develop anxiety disorders. Fortunately, there are also protective effects, which can serve to protect children and adolescents against the development of insecurity that resemble a male adolescent psychological problems (e.g., Cicchetti & Cohen, 1995). The vulnerable child do not develop anxiety problems. Although several authors have carefully described the factors that determine such resilience (Masten, 2001), it investigated protective factors in relation to the development of anxiety problems in youths. It should be noted that the article devotes little attention to factors and processes that have already been discussed in the context of the male-students' ***fitrah*** as the part of ***Rahmatan lill 'Alamin*** concepts. This has led some researchers to focus on variables that are thought to promote adaptation to difficult circumstances. Briefly, the article employed a person-based approach, the male-students' ***fitrah*** as the part of ***Rahmatan lill 'Alamin*** concepts, as milestone of Islamic tradition teaching. The fact that resilience is an inferential construct that is based on the judgments of threat and adaptation has caused problems in the assessment and study of this concept (Luthar, 1999). The approaches implied that identified resilient adolescents (who adapt well in spite of risk and adversity) and then compared them to maladaptive adolescents (who fail to adapt under adverse circumstances) with respect to a number of protective childhood variables. By definition, resilient adolescents displayed higher levels of global self-worth and psychological well-being than their maladaptive counterparts did. Most important, results showed that intellectual functioning (IQ & EQ) and parenting resources were associated with good adaptation, even in the context of severe, chronic adversity. That is, resilient adolescents displayed higher (IQ & EQ) scores when they were young and had parents with better rearing qualities as compared to maladaptive youths.

Social society support are previewed this notion fits nicely with theories that ascribe primacy to interpersonal relationships in children's development toward adulthood when the abstained of parent role occurs. Children who perceived their family as less supportive displayed higher levels of teacher-reported internalizing symptoms. Most importantly, evidence was also found for the hypothesized moderating effect of family support: That is, the negative impact of

stressful life events on children's internalizing symptoms was significantly reduced by high levels of perceived family support. The disorders evidence above was summarized indicating that negative life events appear to increase the risk for problems. The samples projected that positive life events, and in particular positive interpersonal events (e.g., participating in enjoyable social activities, and organized by the institution, IAIN Langsa), had a direct protective effect on the development of internalizing disorder but also appeared to function as a buffer against the impact of negative life events. These findings suggest that socially supportive experiences may protect youths against the emergence clinical disorders for male students.

CONCLUSION

This article summarized a variety of the male-students' ***fitrah*** as the part of ***Rahmatan lill 'Alamin*** concepts, as milestone of Islamic tradition teaching, in terms for clinical psychology disorders solutions. These protective variables are certainly involved. Yet, it should also be mentioned that they do not seem to be very specific to childhood anxiety, but rather play a role in a broad range of psychological disorders in youths. This might suggest that most of these factors should not be regarded as key constructs in the pathogenesis of anxiety disorders in children and adolescents, particularly male-students. However, it should be kept in mind that such protective factors often play a mediating or moderating role in the process between threat and stress. On the one hand, and the emergence of high fear and anxiety, on the other hand, which means that these variables may eventually make the difference between normal and abnormal fear and anxiety reactions in youths.

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