



THERAPIST'S EFFORTS IN RAISING CHILDREN'S AUTISTIC ATTENTION IN THEIR LETTER-RECOGNITION STUDIES

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Abstract

Autism is a pervasive disorder in children characterized by disorders and delays in cognitive, language, behavior, communication and social interactions. Autistic children in general will experience obstacles in learning, related to lack of social skills and behavior patterns that are not the same as children in general. One of the characteristics of children with autism is having a barrier in attention span, which has an impact on the learning process. Autistic children need learning methods in accordance with their characteristics, so that they can help their learning process. This research uses qualitative research methods with case study research type. The subjects of this study were parents and therapists who handled children with autism in the X therapy center in Padang city. Data collection techniques in this study were observation and interviews. This case study aims to determine the learning methods used by therapists in teaching are suitable for the subject in recognizing letters as well as obstacles and solutions in providing letter recognition teaching to children with autism. The question in this study is how to increase the attention span of children with autism in learning letter recognition and what obstacles the therapist encounters in the process of teaching letter recognition and how to solve the obstacles in the teaching process.

Keywords: Autistic children, Learning methods, Attention span, Therapeutic effort

1 Introduction

Education is a form of long-term investment that is important for a human being. Successful education will create appropriate and appropriate human beings in society and will not cause trouble to others. Education is lifelong learning. The current development shows more concern for children's education. The government and society are increasingly aware that education is the right of all children, including children with special needs. The main challenge in carrying out education for children with special needs is the need for special methods and materials according to children's abilities and needs.

Autism is a child development disorder. Autistic disorder is indicated by the child's lack of ability in social interaction skills, verbal and non-verbal communication, and the presence of repetitive behavior. Autistic children generally experience obstacles in learning, related to a lack of social skills and behavior patterns that are not the same as children in general (National Institute of Mental Health, 2008). Handling of children with autism cannot be equated with one another. Two important points for handling children with autism are the earliest possible time and individual programs that suit the child's needs. Early treatment will produce a better prognosis as well. In general, several treatments that can be done are individual education programs, diet, therapy, and drug use (National Institute of Mental Health, 2008).

Some of the methods of handling autistic children summarized by Suteja include: *Applied Behavioral Analysis* (ABA), behavior therapy, biomedical therapy, physiotherapy, social therapy, play therapy, music therapy, dolphin therapy, inclusion schools, and special education schools (Suteja, 2014). One of the learning barriers experienced by children with autism is cognitive barriers. Autistic children generally have difficulty communicating verbally and non-verbally, lack

of concentration, and lack understanding of instructions. Autistic children need therapy to build a better condition. Through routine and integrated therapy, so that what the children lack will gradually be fulfilled.

Therapy for autistic children has the goal of reducing behavioral problems, improving children's learning abilities and development in language acquisition and helping autistic children to be able to socialize in adapting to their social environment.

This goal can be best achieved through an educational and teaching program *holistic* and individualized, in which special education and therapy are an important component. Therapy is teaching and training to "cure" children with autism through various types of therapy that are given in an integrated and comprehensive manner. The success of the process of education and therapy for children with autism is strongly influenced by many factors, such as: the age of the child at the start of education and therapy, the severity of the degree of autism, the level of intelligence of the child, the intensity of therapy, the method chosen and no less important is a clear goal and concrete of the educational and therapeutic process.

According to Widiastuti (2007: 13) the purpose of education for children with autism is to teach various skills that will help children catch up in their development, achieve independence and live the best possible quality of life. Therefore, educational programs for children with autism should ideally include a variety of skills needed by children in facing the future. While therapy will help "cure" children with autism by suppressing the symptoms experienced so that they are able to live and mingle normally in society. Various types of therapy that are taught in an integrated manner include medical therapy, speech therapy, behavior therapy, self-development therapy, occupational therapy. Learning for children with autism requires a separate pattern according to their needs that are different from one another.

The therapy for children with autism has been widely studied by researchers. Based on research conducted by Ballerina (2016) it was found that there was an increase in the attention span of the subject after using the movement and song learning method. Autistic children need learning methods that match their interests. Ulva and Amalia (2020), the use of learning methods such as arranging puzzle blocks and sorting objects according to size in mathematics lessons is also effective in increasing the focus of autistic children. One way to improve fine motor skills in children with autism is by playing scissor therapy. Cutting is a cutting activity that involves and requires coordination between eyes, hands and concentration. Another research that has been done by Raharjo. This study aims to determine the effect of scissor play therapy on improving fine motor skills in autistic children aged 11-15 years at the Semarang State School (Raharjo, Alfiyanti, & Purnomo, 2014).

In this study, researchers focused on what therapies a therapist uses in teaching letter recognition. This research was conducted at a therapy center in the city of Padang. According to the therapist who has been interviewed, the characteristics of autistic children who come to the place are experiencing attention center disorders, unable to communicate, no eye contact, hyperactive, often using body language to want something. The age treated by the therapist is around 3-15 years. In the learning process, therapists use a variety of teaching methods so that children with autism can focus on learning.

In this study, the main question is how are the methods used by therapists in increasing attention span in learning letter recognition in children with autism?

2 Literature Review

2.1 Definition of Autistic Children Autism

Itself comes from the Greek word, *auto* which means oneself or oneself. Eugen Bleuler was the first to use the term autism which refers to a meaning of lack of or no connection with other people and the outside world. The term autism is now more directed at developmental problems, especially mental development problems. According to Sutadi (in Ulva & Amalia, 2020:221),

autism is a severe neurobiological development disorder that affects the way a person communicates and relates (relates) to other people. Children with autism cannot relate to other people well, because their ability to build relationships with others is impaired by their inability to communicate and understand other people's feelings.

According to Kenner (Safaria, 2005:1) describes this disorder as the inability to interact with other people, language disorders shown by delayed mastery, *ecolalia*, *mutism*, sentence reversal, repetitive and stereotypical play activities, very strong memories. Safaria explained that the symptoms of autism are included in the category of pervasive developmental disorders (*pervasive developmental disorder*). Developmental disorders are when there is a delay or deviation in development and for autism symptoms are usually characterized by a distortion in the development of multiple psychological functions which include; skill development, social and language development. , such as attention, perceptions of value power, to reality, and motor movements As expressed by Karyn (2004:366), it is explained that the developmental disturbance of pervasive is a category created by *the American Psychiatric Association* to classify children- children with barriers or deviations in their social, language, and cognitive development. From some of the descriptions above, what is meant by autism is a severe developmental disorder that affects the way a person communicates, reacts, and behaves in life. Autism behavior is usually characterized by low verbal and non-verbal communication, strange social interactions, unstable emotions, and suboptimal sensory perceptions.

2.2 Characteristics of Autistic Children

According to Handojo (2004:24), some characteristics of autistic behavior in children include:

- a. Language / communication
- b. Flat facial expressions
- c. Not using body language / gestures
- d. Rarely start with communication
- e. Does not imitate action or sound
- f. peaks little or nothing
- g. Strange intonation or vocal rhythm
- h. Does not seem to understand the meaning of words
- i. Understands and uses limited words

2.3 Characteristics autistic child behavior towards others

The behavior of autistic children towards those around them has the following characteristics

- a. No response
- b. No social smile
- c. Not communicating with eyes
- d. Limited eye contact
- e. Looks fun when left alone
- f. Does not play turn games
- g. Use adult hand as a tool

2.4 Relationship of children with autism with the environment

Autistic children when they are in the environment, whether at home, school, and community, have the following characteristics.

- a. Playing repetitive (repeated)
- b. Angry or do not want changes
- c. Development of rigid routines
- d. Shows strong interest very inflexible

2.5 The response of autistic children to sensory/ sensory

The response of children with autism to senses/ sensory, as follows:

- a. Sometimes panic about certain sounds
- b. Very sensitive to sound
- c. Playing with light and reflections
- d. Playing with the fingers in front of the eyes
- e. Withdraws when touched
- f. Interested in certain patterns and textures
- g. Very inactive or hyperactive
- h. Frequently twirling, bumping the head, pinching wrist
- i. Jumping or flapping hands

2.6 Factors Causes of Autism

A child is referred to as a person with *autistic spectrum disorder*, if he has a partial description of the following symptoms:

- a. Communication disorders

Communication disorders are a tendency to have obstacles in expressing themselves, difficult to ask and answer questions, often parroting the words of others, or even total speech and various other forms of communication problems.

- b. Behavioral disorders

Behavioral disorders, namely the presence of stereotypical or typical behavior such as flapping hands, jumping around, tiptoeing, being happy with rotating or twirling objects, tapping objects against other objects. Obsession with unnatural parts of objects and various forms of behavior problems that are not normal for children his age.

- c. Interaction disorders

Interaction disorders, namely the reluctance of a child to interact with other children of the same age, even in the frame feel disturbed by the presence of other people around him, cannot play with other children and prefer to live alone. (Puspita, 2003:1)

While another opinion, according to Widyawati (dalam Suteja, 2014: 125) in an autism symposium on August 30, 1997, put forward several theories of the causes of autism, including:

2.6.1 Psychosocial Theory

According to Kanner (dalam Suteja, 2014: 125) among the causes of autism in children, namely born from social behavior that is not balanced, such as emotional, rigid and obsessive parents, who nurture their child in an atmosphere that is not emotionally warm or even cold. Others argue that there has been trauma to the child due to unconscious hostility from the mother, who did not want the child to be born.

2.6.2 Biological Theory

From the results of the research, genetically on families and twins indicate that there are genetic factors that play a role in autism. In one egg twins found around 36-89%, while in twins 0% eggs. found 2.5-3% family of autism in siblings, which means 50-100 times higher than in siblings normal population. In addition, prenatal, perinatal, and neonatal complications are also increasing in children with autism. The most commonly reported complications are bleeding after the first trimester and fetal discharge in the amniotic fluid, which is a sign of danger from the fetus (*fetal distress*).

2.6.3 Immunological Theory

In this theory, it has been found that the response of the immune system in some autistic children increases the likelihood of an immunological basis in some cases of autism. The discovery of antibodies from some mothers to the leukocyte antigen of their autistic children strengthens this suspicion, because it turns out that the anti-leukocyte gene is also found in brain cells. Thus, maternal antibodies can directly damage the fetal brain nerve tissue which is the cause of autism.

2.6.4 Viral Infections

Increased frequency of autism disorders in children with *congenital, rubella, herpes simplex encephalitis*, and *cytomegalovirus infection*, as well as in children born during the spring where their mothers are more likely to develop winter influenza when they are around in the womb, has led researchers to suspect this viral infection is one of the causes of autism. Other scientists claim that the most likely cause of autism is a predisposition factor brought about by genetic factors. However, until now it is not known which chromosome carries the trait of autism, because children who have the same chromosomal condition can also describe different disorders.

2.7 Forms and Methods of Therapy for Children with Autism

Noviza (2005: 9) reveals that the methods that can be used for autism sufferers as a result of social behavior errors can be done with the following therapy methods:

2.7.1 Applied Behavioral Analysis (ABA) Therapy Method

The ABA is This type of therapy that has been used for a long time, has been researched and specially designed for children with autism. The method used in this therapy is to provide special training to children by providing *positive reinforcement* (gifts / praise).

2.7.2 Therapeutic method TEACCH

TEACCH is *Treatment and Education of Autistic and Related Communication Handicapped Children*, which is a method used to educate children with autism by using its relative strength in structured matters and its enjoyment of predictable and halal rituals and is relatively able to succeed in the environment. visual rather than auditory. (Noviza, 2005:42)

Meanwhile, according to Dr. Handojo (2004:9) integrated treatment performed on autism sufferers can be done by using therapy:

2.7.1 Behavior

Behavioral therapy is used to reduce unusual behavior. This behavioral therapy can be done by means of oquvation therapy and speech therapy. Observation therapy is carried out in an effort to help strengthen, repair and improve muscle skills. Meanwhile, speech therapy can use the ABA (method *Applied Behavior Analysis*).

2.7.2 Biomedical therapy Biomedical

therapy is by supplying autistic children with medication from a pediatric psychiatrist. The types of drugs, food supplements and vitamins that are often used today are *risperidone, ritalin, haloperidol, pyrodoxin, DMG, TMG, magnesium, Omega-3 and Omega-6* and so on.

2.7.3 Physical Therapy

Physiotherapy for children with autism aims to develop, maintain and restore maximum mobility and limb function throughout life. In this therapy, the therapist must be able to develop as optimal as possible the child's ability to move, for example, bending the legs, bending the arms, bending, standing in balance, walking and running.

2.7.4 Socialsocial Therapy

In therapy, a therapist must help provide facilities for autistic children to get along with their peers and teach them how to do it directly, because usually autistic children have weaknesses in the field of communication and interaction.

2.7.5 Play therapy

Play therapy aims to ensure that autistic children always have a cheerful and happy attitude, especially when they are together with their peers. This is very useful to help children with autism socialize with other children.

2.7.6 Developmental Therapy

In therapy, children will learn about their interests, strengths and level of development, then improve their social, emotional and intellectual abilities until the child actually progresses to symbolic interactions.

2.7.7 Visual Therapy

Visual therapy, aims to enable autistic children to learn and communicate by seeing (visual learner) unique and preferred images. For example, with the PECS (method *Picture Exchange Communication System*).

2.7.8 Music Therapy

Music therapy can also be done to help child development. The music used is soft music, and can be easily understood by children. The purpose of this music therapy is for children to respond through their listening, then it is activated in their brain, then connected to the nerve centers related to emotion, imagination and calm.

2.7.9 Drugdrug Therapy

In therapy, people with autism can be given drugs only in certain conditions, the administration is also very limited because drug therapy is not very decisive in healing autistic children.

2.7.10 Dolphin

Therapy Therapy using dolphins can be done in a duration of about 40 minutes, with the aim of balancing the endocrine hormones and the sensors released through the dolphin's sound can be useful for restoring sensory children with autism.

2.7.11. Socialization to Regular Schools

Children with autism who are able to socialize and communicate well can be tried to enter normal schools according to their age, but do not abandon behavioral therapy.

2.7.12. School of special education

One form of therapy for autistic children is to include it in a special school for autistic children because special education usually includes behavior therapy, speech therapy, and observation therapy. In special education a therapist is usually only able to handle one child at the same time.

3 Methodology

3.1 Research Approach and Design

The research approach used is qualitative research with a case study research design. Qualitative research aims to understand a phenomenon, regarding what is experienced by research subjects (Moleong, 2009). Case studies are a way to study and understand individual and group

development in depth and comprehensively, in order to help and develop the subject (Winkle & Hastuti, 2004).

3.2 Research Subjects and Objects

The subject of this study was one child with mild autistic disorder. The object of this research is the method of learning to recognize letters in autistic children and the attention span of children with autism.

3.3 Research Procedure

Assessment of the subject, the assessment carried out on the subject, namely:

- 1) Observation of the subject's activities both at home and in therapy places
- 2) Interviews with Therapists and parents of the subject
- 3) Identification of autism categories using CARS
- 4) Cognitive ability tests of subjects

3.4 Collection methods and Data Analysis

The data collection of this research was carried out through observation and interviews. The data analysis of this research was carried out by using qualitative descriptive techniques. The data analysis process includes data collection, data reduction, data presentation, and drawing conclusions.

4 Results and Findings

Based on research that has been done, a therapist at the X therapy place in the city of Padang (Arisna, interviewed on December 2, 2020), the therapist handled the case of a subject with language disorders, a child with autism. The therapist is responsible for treating the subject to learn to recognize the letters of the alphabet. The obstacle that is felt by the therapist is that the subject's concentration does not last long so that the therapist has difficulty teaching new things, such as recognizing objects, letters and numbers. Subjects are able to be taught to recognize letters and numbers, but therapists have not found a way to make subjects more focused and happy to follow lessons.

Subjects are able to respond when practiced but the subject is difficult to focus. Subjects can answer simple questions such as what color the t-shirt is, what objects are in the book and tell about events that have been experienced. Subjects can recognize objects and retell what is being taught, but are not able to fully understand the objects that are introduced. According to the subject's mother, the subject could not read, write, and understand the concept of numbers, but the mother was very happy with the subject's development. Subjects can follow the instructions given, although they sometimes need to be repeated. The subject's mother complained that the subject often did not pay attention when being advised or taught letters and numbers. The subject's attention is easily distracted by other things, the subject also often talks to himself when being taught. Subjects had to be reminded many times in order to follow instructions (Susanti, interviewed on December 3, 2020).

The obstacle felt by the therapist is that the subject often daydreams or talks to himself while studying. The subject is also very easy to shift the focus of attention. According to the therapist, the subject often mumbles and sings to himself. The subject plays his fingers during the lesson. Another obstacle is when the subject does not want to participate in an activity, it is difficult to persuade or seduce him to join the activity again. The subject will refuse if forced, usually the subject will just do the activities he likes, such as gymnastics and singing.

4.1 Subject Conditions and Problems

4.1.1 Cognitive Domains

Subjects can follow instructions and have good memory. This is indicated by the subject's ability to participate in *pasa* activities during therapy. The academic ability of the subject is below the age of his age, the subject cannot recognize numbers and letters. The concentration power of the subject is also not good. This is shown from the behavior of the subject when attending lessons, often being distracted by other activities.

4.1.2 Affective Domain

Subjects can express their feelings, but exaggerated when showing happy expressions. The subject will jump up and down when happy. The ability to control emotions is still lacking. Subjects sometimes impose their will, when they are not obeyed, the subject will get angry or cry. The subject likes things related to music and singing.

4.1.3 Social Domain

The subject's verbal ability is quite good, the subject can interact with the people around him. Subjects can also communicate simply in two directions with other people. However, the Subject is still lacking in the ability to adapt to new routines, environments, and people. Subjects need to be accompanied by parents several times.

4.1.4 Domain of Behavior

Subjects are more enthusiastic during singing lessons and watching videos compared to lessons using paper and pencil such as drawing, scribbling, or pasting. This is shown from the subject's behavior during singing lessons and watching videos, the subjects followed the instructions given, followed the lesson with a smile and lasted longer concentration. At the time lesson of *the pencil paper*, the subject did not follow the teacher's instructions, looked diverted to other things, the face looked lackluster, and did not sit with his head held high.

4.2 Problem Analysis

Based on data obtained from the results of observation and interviews with the therapist, the assessment of the subject shows that the subject is indeed experiencing autism. Subjects showed signs of deterioration in language proficiency at the age of 1 year 9 months. A further assessment to determine the level of autism in the subject used CARS, the results showed that the subject had mild autism. The risk factors that exist in the condition of the subject are born prematurely and inadequate parenting during the early stages of development. At the age of the sensitive period, the subject is cared for by a quiet caregiver, so that he does not get sufficient stimulus to develop language skills. The subject also experienced sores on the mouth and gums at the age of 1 year and 9 months, thus further hampering the language learning process.

The lesson to recognize letters given to the subject uses the method *paper pencil* and sits on a chair. The results of the assessment showed that the subject did not like the paper lesson *pencil* and sat for a long time in the chair. The subject's attention does not last long in receiving the lessons delivered by the teacher. This can be caused by the material or learning method that is less attractive to the subject.

According to Piaget (Stringer, Christensen, & Baldwin, 2010) 2-7 years of age are in the preoperational stage. At this stage the child cannot understand abstract things. Children learn with concrete objects and physically interact with the environment. Children have started learning symbols. The chronological age of the subject at this time was 6 years 6 months, but the mental age of the subject was 3 years 11 months. This shows that the cognitive abilities of the subject are still equivalent to those of children aged 3 years and 11 months, so that appropriate learning for the subject is appropriate for the preoperational stage. At this stage, appropriate learning for the subject is to use props, colors, singing, or games that are interesting to the subject. Subjects prefer singing lessons and watching video shows, this shows that the subject is more interested in lessons that use

elements of singing and moving. Subjects' attention span in singing lessons and watching videos is longer than in paper and pencil lessons. When the subject does not like or is less interested in the lesson, the subject will do other activities that he prefers, such as singing or playing with existing toys.

Based on the above discussion, it can be seen that the subject's problem is attention that is easily distracted during the lesson to recognize letters. This is because the subject does not like the learning method. The teaching method to recognize letters in autistic children used by therapists at the X Therapy Clinic in Padang City is to use toy props in the form of letters and letter sheets for singing guides. The therapist shows a video showing the letters of the alphabet. While singing, the therapist teaches while singing while focusing the child to see the same letters in the video. Not only using the singing method, the therapist also teaches how to pronounce it. For example: Letters A, B, C, D, E The therapist pronounces repeatedly and is followed by the child. If the subject starts to get out of focus, take a walk, Therapist persuades by singing and watching videos. So that the subject can listen back. The next teaching method, after singing the letters of the alphabet together, then the subject is asked to connect the dotted letters on the letters and name the letters. In addition, the therapist also uses the Subject method to take a fold of paper and name the letters written on it. Repeat until the letters A, B, C, D, E have all been taken.

Subsequent studies, letter sheets for singing guides, crayons, and sheets containing letters A to E. Subjects are asked to color letters. Subjects were asked to color letter A in red, letter B in yellow, letter C in green, letter D in blue, and letter E in purple.

5 Conclusion

Based on observations and interviews conducted at a Therapy Clinic in Padang City, it can be concluded that the symptoms of children with autism can be detected early. The most visible characteristics of autistic children are that they have difficulty focusing, they are difficult to communicate, hyperactive, busy playing alone, and so on. During the learning process to recognize letters, the therapist applies various learning methods. Autistic children who were handled by the therapist in this study preferred to see shows on video and sing. So to focus on the subject, the therapist often invites him to sing while pointing out the letters mentioned in the video. The obstacle felt by the therapist is that the subject often daydreams or talks to himself while studying. The subject is also very easy to shift the focus of attention.

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