ISLAMIC EDUCATION AND FAMILY MENTAL HEALTH: A MODEL OF DEVELOPMENT OF MENTAL DISORDERS PATIENTS THROUGH A RELIGIOUS APPROACH IN PARINGAN PONOROGO

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Abstract: In 2011, the residents of Ponorogo were taken aback by the sudden appearance of "Kampung Gila" in Paringan Jenangan Ponorogo village, where 60 individuals were identified as suffering from mental disorders. A survey conducted by the Malang Mental Hospital and the Ponorogo Regional Government revealed that a significant proportion of individuals diagnosed with schizophrenia experienced discrimination, including being confined by their families and communities. Despite the long-standing nature of this issue, it was not addressed with any urgency. One strategy to address mental health issues in Paringan was based on a religious framework. This approach integrates medical treatment with Islamic religious education, with the objective of providing patients with guidance from both familial and religious sources. Parents, with varying degrees of religious comprehension and disparate parenting styles, assume a pivotal role in the coaching process. The results of this guidance have been favourable, with patients displaying increased independence, emotional stability and social sensitivity. Furthermore, they are able to engage in worship with greater regularity and dedication, and to live more productive and fulfilling lives without causing harm to their families or to the wider community.

Keywords: Family, Islamic Education, Mental Health, Religious Approach.

Introduction

Four principal health concerns are prevalent in both developing and developed countries, one of which is mental illness. The remaining three categories encompass accidents, cancer, and degenerative diseases. Mental disorders do not directly result in mortality; however, the severity of the disorders experienced by sufferers may indirectly impede the development process due to the diminished productivity and efficiency of the individual.[1]

In 2001, the World Health Organization (WHO) reported that there were 450 million individuals with mental illness worldwide. In Indonesia, 11.6% of the population, or 24,708,000 individuals, are affected by mental disorders, including depression and anxiety. Additionally, 1,065,000 individuals are afflicted with psychosis, representing 0.46% of the total population. In East Java, the prevalence of anxiety and depression was approximately 12.3%, while 0.3% of the population suffered from other mental disorders.[2] The study was conducted in Paringan Village, where 60 individuals with mental disorders were identified. This figure is notable given that the ratio of residents affected by mental disorders to those without is estimated to be 1:100.[3]

In 2011, the residents of Ponorogo were taken aback by the emergence of a mentally unstable community in the village of Paringan Jenangan Ponorogo. A survey conducted by the Malang Mental Hospital and the Ponorogo Regional Government on 31 March 2011 revealed that 60 individuals in the area were experiencing mental disorders. This negative stigma represents a significant challenge for the local government and the residents of Paringan. Furthermore, it can be evidenced that there are a considerable number of individuals in Paringan who are afflicted with either ODS or schizophrenia. These individuals are subjected to discriminatory

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[1] Dadang Hawari, *Pendekatan Holistik pada Gangguan Jiwa Skizofrenia* (Jakarta: Balai Penerbit FKUI, 2001), 4.

[2] Riset Kesehatan Dasar (RISKESDAS), *Kesehatan Jiwa, Badan Penelitian dan Pengembangan Kesehatan* (Kementerian Kesehatan RI, 2013), xi.

[3] Rio Yanuar, "Analysis of Factors Related To Mental Disorder Incidents at Paringan Village," *Jurnal Fakultas Keperawatan Universitas Airlangga* No.II (Juni, 2015): 2.

treatment, including the practice of shackling by their families and the wider community.[4]

According to Suwendi, the Head of Paringan Village, the mentally ill people are scattered in four hamlets, namely Krajan hamlet, Semambu hamlet, Krangkungan hamlet, and Bagusan hamlet. The average mentally ill person in Paringan Village is over 30 years old and some others are under 25 years old. In Krajan Hamlet, 16 people are suffering from mental disorders from 14 families. One KK, namely from the Demes family, as there are 3 sufferers with mental illness due to heredity. In addition to people with mental disorders, in Paringan Village there are also 6 idiots. The 6 people are only one person who comes from Krajan Hamlet, namely Tukimin (35 years old), who is in RT.03 or RW.02. In addition to mental illnesses and idiots, quite a lot of residents also have body disabilities. So, the total number of people with disabilities residing in Krajan Hamlet is 28 people. Unlike the other hamlets, namely Semambu; 24 people, Krangkungan; 5 people, and Good; 33 people. The total number of people with disabilities in Paringan Village is 90 people. Apart from some of these hamlets, other hamlets were not found to have residents who were mentally ill. In general, the condition of this village is an irony that concerns the soul judging from the current condition of the development of Ponorogo City which is so rapid.[5]

The issue of mental disorders in Paringan Village has persisted for an extended period, yet the matter was not promptly addressed. This is attributable to the lack of awareness among families and society at large regarding the treatment and prevention of mental disorders. Consequently, discriminatory attitudes towards those with mental illness are pervasive.[6] Friedman posited that families play a pivotal role in providing support to individuals experiencing mental illness. This assistance can take various forms, including tangible assistance and emotional and psychological support. Prior to September 2015, the number of individuals with mental disorders in Ponorogo was 2,991, comprising those with mild, moderate, and severe levels of impairment. A total of 126 individuals with severe

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[4] Bappeda Ponorogo, "Seminar Angka Kemiskinan dan Indeks Pembangunan Manusia Kabupaten Ponorogo di Paringan," *http://bappeda.ponorogo.go.id/*, diakses Senin 30 Januari 2017, Pukul 15.00 WIB.

[5] Interview with Mr. Suwendi, Head of Paringan Village, Monday 06 February 2018, at 13.00 WIB.

[6] Ibid.

mental disorders were found to be shackled. Of these, 92 had been released with home care and referred to RSJ (Mental Hospital). Concurrently, 38 individuals remain in custody due to their continued status as home care recipients, awaiting referral and, in some cases, due to the family's refusal to consent to the referral process.[7]

In 2011, Paringan Village was designated as a Mental Health Auxiliary Health Centre. The establishment of this health centre would not have been possible without the cooperation and support of the residents of Paringan, assisted by several parties, including the Ponorogo Regional Government, Surabaya Mental Hospital (RSJ), Lawang Mental Hospital (RSJ), and other institutions. Mr. Sulin, the individual responsible for the Mental Health Auxiliary Health Centre, asserts that the establishment of a treatment facility in the area has facilitated greater accessibility for individuals with mental health conditions to seek care. Previously, individuals with mental disorders were often left to fend for themselves, with some even subjected to physical restraint. Those surveyed admitted a reluctance to take patients to hospital due to the high cost of pharmaceuticals.[8]

The prevalence of mental illness in Paringan can be attributed to two primary factors: the lack of iodine in the soil and a genetic predisposition.[9] Cloninger posited that an individual with a family history of mental illness is more likely to exhibit a decline in mental health than someone without such hereditary factors.[10] This theory is extended to suggest that the situation in Paringan represents a long-standing problem, whereby the majority of families affected by mental disorders also include other members who are similarly afflicted.

In order to prevent the transmission of the derivative factors of mental disorders to other family members, efforts to overcome mental disorders can be undertaken through the promotion or prevention of mental illness, the treatment of mental illness, and the rehabilitation of those who have suffered from mental illness. These three approaches can be implemented in the family, in institutions,

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[7] Bappeda Ponorogo, Penderita Gangguan Jiwa di Paringan Butuh Rumah Layak,*www.terasjatim.com*, Diakses 28 Februari 2015, Pukul 12.00 WIB.
[8] Interview with Mr. Sulin, Person in Charge of Pustu Kesehatan Jiwa, in Paringan, Jenangan, Ponorogo, Tuesday, February 7, 2017.
[9] Ibid.
[10] Elliot & Cloninge, *Genetic Approaches to Mental Disorders* (Washington DC: American Psychiatric Press, 1994), 48.

and in community environments.[11] It is reasonable to posit that every parent would wish their child to become a responsible individual, particularly in the context of mental disorders in children (psychiatry). This process should commence at the earliest opportunity and be maintained throughout childhood and into adulthood, in order to facilitate the realisation of future life goals.[12] Furthermore, parents are frequently held responsible for the shortcomings in children's education, despite the lack of dedicated efforts to enhance the quality of education.[13] There are a number of efficacious methods that can be employed to enhance mental health in children. These include exemplary methods, advice, customs, punishment, and supervision.[14]

Preventive efforts in the problem of mental disorders in children through religious education, in line with what was stated by the former Minister of Religious Affairs, Lukman Hakim Saifuddin, stated that the country that has the lowest mental health services in all of Asia is Indonesia. However, religion is the most important factor in fostering mental health and saving people from psychiatric disorders, and even religion is a source of inspiration for the development of mental health science. In addition, Muslim psychologists have very long established a dialectic about mental health.

The foundation of mental health and the creation of inner calm is built upon the principles of religious orders and teachings, as well as the consistent application of social norms, legal norms, and moral values.[15] There is a consensus among experts in the field of modern medical science that the focus of healthcare should be on the prevention of illness rather than on the treatment of disease. This is also consistent with the tenets of the Islamic faith, which emphasise worship, prayer, personal hygiene, the consumption of halal food and beverages, teachings about almsgiving, gratitude, patience, and the

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[11] Inu Wicaksana, *Mereka Bilang Aku Sakit Jiwa* (Yogyakarta: Kanisius, 2008), 64.

[12] Yusuf Muhammad Al-Hasan, *Pendidikan Anak Dalam Islam* (Jakarta: Darul Haq, 1998), 26.

[13] Thomas Gordon, *Menjadi Orang Tua Efektif: Mendidik Anak Agar Bertanggung Jawab* (Jakarta: PT Gramedia Pustaka Utama, 2009), 1.

[14] Abdullah Nashih Ulwan, *Pedoman Pendidikan Anak Dalam Islam* (Semarang: Asyifa, 1981), 2.

[15] Jazuli Afandi, Akhmad. "Tinjauan Hermeneutika Atas Konsep Ketuhanan Ibn Thuffail". Al-Mada: Jurnal Agama, Sosial, dan Budaya 1, no. 1 (January 5, 2018): 1-18. Accessed December 31, 2022. https://www.e-journal.ikhac.ac.id/index.php/almada/article/view/73.

avoidance of despair. This illustrates the significant role that religion plays in mental health.[16] Moreover, the role of the Ulama is of particular importance in the context of the evolving Indonesian population, which is undergoing significant changes across a range of domains, including political, economic, and socio-cultural realms.

The provision of support from the wider community, encompassing acceptance, respect, the dissemination of information and the provision of practical assistance, is more readily accessible to those experiencing mental health difficulties if they reside in a traditional setting characterised by tepa sliro values and a spirit of cooperation. Similarly, individuals experiencing mental health challenges who reside in an economic system that is still relatively traditional will be more tolerant of such individuals than those in a modern economic setting.[17]

Inadequate religious education has been linked to an increased risk of developing mental disorders, as outlined by Maramis in Psychiatry. The primary contributing factors to mental disorders can be classified into five main categories: the body (somatogenic), the social environment (sociogenic), the psychic (psychogenic), cultural (cultural), and spiritual (religious) environments.[18] The field of Islamic Religious Education plays a significant role in addressing mental health concerns. It offers a range of training opportunities, including learning to be patient, sincere, and to have trust in Allah (*tawakal*), as well as learning daily worship practices that engage the heart. Additionally, it provides religious and spiritual support to individuals struggling with mental health issues and their families, guiding them in the implementation of Islamic teachings. It is notable that in other hamlets within the same village, which exhibit similar social, economic, general and religious conditions, there is no incidence of psychiatric disorders among the residents.

The objective of the research is to examine the efficacy of a model for enhancing mental health in Paringan Village through the

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[16] In Fashl al-Maqal Ibn Rusyd says that what is a sign of Shihhah al-Nufus (healthy mentality) is takwa. *In* Abu Walid Ibn Rusyd, *Fashl Al-Maqal Fima Bayn Al-Hikmat Wa Al-Syari'at Min Al-Ittishal* (Mesir: Dar al-Ma'arif, 1968), 61.

[17] Subandi R. Budi Sarwono, "Mereka Memanggilku Kenthir," *Jurnal Psikologi* Volume 40, No. 1 (Juni, 2013): 12.

[18] Willy F. Maramis & Albert A. Maramis, *Ilmu Kedokteran Jiwa Edisi 2* (Surabaya: Airlangga University Press, 2009), 159.

promotion of Islamic religious education within the family unit.[19] The rationale for selecting five families in Paringan Village as the subject of investigation is that these families are situated within the same village, where the social, economic, and geographical circumstances are not significantly disparate from those of families without members who have mental disorders. Furthermore, the village is equipped with the same facilities, infrastructure, and a range of programmes provided by the local government. Additionally, the case studies of these five families have been selected with consideration of their respective cultural backgrounds and beliefs. The majority of the population of Paringan Village, Jenangan District, adheres to the Islamic faith. The final rationale for this choice is that the village boasts a plethora of Islamic educational institutions, Islamic community organisations, and religious institutions that collectively strive to foster a community that is not only physically but also spiritually healthy.

In order to gain a comprehensive and in-depth understanding of the research focus, it is necessary to: In this type of case study, researchers employ a qualitative approach with a phenomenological paradigm. The research commenced with a preliminary study, which served to explore Paringan Village and obtain preliminary information about the prevalence of mental health issues within the community. The findings of this preliminary investigation indicated that a number of family members in Paringan village were experiencing mental health issues. It is against this background that the researcher finally determines the location of the study. From this point onwards, the researcher initiates the research process with due caution, collecting, observing and analysing the data in a responsible manner.

In this context, the researcher assumes the role of a key instrument in the recording of words, the collection of data through the interview process, the observation of research objects, and the collection of documents in the field. Similarly, the research setting is considered to be holistic and contextual. The research was conducted in the context of five families, in which there were individuals with diagnosed mental disorders.[20]

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[19] J. Lexy Moleong, *Metodologi Penelitian Kualitatif* (Bandung: Remaja Rosda Karya, 2000), 3.

[20] Sugiyono, *Metode Penelitian Kuantitatif, Kualitatif Dan R&D* (Bandung: Alfabeta, 2004), 79.

Condition of People with Mental Disorders in Paringan

The researchers received information about the factors causing mental disorders in Paringan Village. These factors were identified as the average sick person, with the remainder of the hereditary factors being external factors of the sufferer himself. These external factors included the presence of pressure from outside that was continuous and caused endless stress, as well as the constant failures experienced by the sufferer, which led to a withdrawal from society and eventually resulted in the development of mental disorders. Nevertheless, in Paringan, there are instances where individuals with mental illness marry and subsequently have children who do not exhibit the same condition. However, on average, such patients are willing to engage in gainful employment and to integrate into society.

In particular, the factors that contribute to the development of mental disorders within the family unit, which form the basis of this study, can be classified as follows:

First, the cause of Sunawan's mental disorder was economic, she began to suffer from mental disorders at the age of 15, starting from the need for herself and her limited family, causing Sunawan to wander to find a job after graduating from junior high school. At the place where he works, a restaurant in Jakarta, Sunawan is under internal pressure because of a fire in his place of work, which caused him not to receive his salary for months. As a result, Sunawan decided to stay in Jakarta for free because he could not return home without success, while his intention to work and help his family was very strong. Because these pressures had no solution, causing Sunawan despair and stress, he was chained in Jakarta because of his illness. Eventually, he was sent home to Paringan, where he suffered from a mental disorder and was chained.

Second, the cause of Supri's mental disorder is a psychological factor because Supri's background is from a wealthy family and he is an only child, another factor is Supri's inability to adapt coupled with mistakes in parenting. Supri's background is that of a child who is intelligent and able to go to high school, where at the time Supri was one of the children who could get a high school education in his environment because he came from a capable family. The first time Supri was diagnosed with a mental disorder was when he was about to graduate from high school, 3 months before graduation he disappeared from home and was found to be in a state of mental

unwellness. Before he disappeared, Supri's family tended to be quiet, unlike when he was out of the house, the pressure of such a large family on Supri made him anxious when he could not boast of his parents. In addition, the unconscious upbringing, which tends towards material success without being juxtaposed with religious upbringing, makes him even more depressed with the goals of his parents. Unable to adjust to his family, he finally entered the mystical world to achieve instant success and make his parents happy, even though this kind of thinking is very much avoided by normal people.

Third, the cause of Arif's mental disorder was psychological factors and inability to adapt, the first time Arif experienced a mental disorder was when he was 18 years old and began with his efforts to memorise the Qur'an in one of the pesantren in Ponorogo. Arif's parents did not force him to memorise the Qur'an, it was his own wish. Arif felt that he had failed to achieve his goal of completing the memorisation of the Qur'an, although he had been feeling it for a long time of 6 years. The burden he felt was the difficulty of going through the memorisation process coupled with school activities outside the Islamic boarding school, namely at MTsN Ponorogo. The inability to measure the strength of the self and the expectations he wanted to be made him give up and despair, the failure was constantly felt until it finally caused the onset of a disorder in his mentality.

Fourth, the causes of Lestari's mental disorders are economic and psychological. Lestari was only allowed to complete his education up to junior high school and was expected to be independent and help his family by working in Surabaya. At work, she fell in love with a Chinese man who already had children from a previous marriage and who promised her prosperity by opening a shop in her hometown of Paringan. Although her parents warned her not to continue the relationship, Lestari refused because she was an adult and capable of weighing up the risks. In fact, having been abandoned and deceived by the man before, Lestari was eventually so stressed that she developed a mental disorder. The Lestari family's initial assumption was that he was being used by the man, so the parents only crowned him with Javanese shamans, but his illness did not improve. Eventually he was sent back to his home in Paringan in a disturbed state of mind.

Fifth, the cause of Dwi Lestari's mental disorders is a biological factor, namely that Lestari had an accident that caused him to hit his

head, which has affected his mental health to this day. The incident occurred when he was 5 years old.

When the patient has been rehabilitated and coached by his family, he will interact with the community by participating in community activities. But when they started to show signs of relapse, the community began to understand and immediately carried out confectionery. What is interesting is that the data of mental patients and pasung cannot be deleted and eliminated at any time, even if the situation is good, because mental illness cannot be cured 100% and at any time when there is pressure, there is a potential for relapse. In Paringan, signs of mental disorders in children are very difficult for parents to detect when the child is still a toddler, but are only noticed when the child grows up and there is an oddity in his or her behaviour. For people with mental disorders who are still young, they are first referred to a neurologist and then, after it is known that there are signs of mental disorders, they are treated by the Paringan Auxiliary Health Centre.

Concerning the healing of people with mental disorders in Paringan, most of their own families do not care, prestige and shame if they have a family member with mental disorders, and there are even families who make fun of the sufferer and call them by the nickname "wong edan", in the end the sufferer gets worse. Worse still, some families receive medication directly from the health centre, but the family does not want to give it to the patient. Another obstacle to the healing of the sick is the rigid attitude of the family, when some families want to crown the sick but are refused by other family members. Even in what happened in Paringan, some sufferers were difficult to expose because they came from close families, strangely enough it was a sufferer from a village family who took care of the mental health department in Paringan.

The family's understanding that mental disorders can be cured is currently still very difficult in Paringan Village, many families think as if the mentally ill are a splinter of the family. Then, triggers to the relapse of sufferers appear around themselves, sufferers are often abused, not humanized, always ridiculed, and not noticed when talking which eventually makes the sufferer choose to be pensive, hallucinate and befriend his imagination. The sufferer feels cornered and ruled by his imagination due to the attitude of the person who should take care of him but instead stays away. The sufferer will feel

that he is talking to the image created by himself and he believes in his imagination, this happens as an escape from the indifferent attitude of the family who does not want to communicate with the sufferer.

Furthermore, to restore and improve mental health for sufferers, there are several efforts in general carried out in Paringan Village, including restoring the productivity of people with mental disorders through the development of Islamic religious education in the family, because schizophrenia is not actually a disease but there are disorders in the brain, but the physique is still strong and healthy. When a person's right brain cannot be used to think clearly which results in a loss of reasoning power, to suppress it is with medicine. The purpose of giving this routine drug is to stabilize the patient's right brain and left brain, there is a special liquid for schizophrenia and the fluid is available at no cost at the Paringan Village Mental Health Auxiliary Health Center. Because the drug is the letter "G" then not just anyone can receive the drug.

After the patient receives medical treatment, the family must be ready to accept and entrust the sufferer in their family, moreover, the family must accept the sufferer sincerely and happily as well as provide religious guidance for the sufferer at home. A sign of healing or improvement in mental health is when the sufferer has been able to clean himself, his facial expressions are good, willing to help parents, work, and carry out daily worship well. And this has been successfully done by five families in Paringan to improve the mental health of their children.

Forms of Religious Development Activities in the Family in Paringan

Efforts to improve mental health in the village of Paringan, Jenangan District, include the establishment of treatment and rehabilitation facilities, including the Paringan Mental Health Auxiliary Health Centre (Pustu), the Rehabilitation Institute "Ngudi Rahayu", Posyandu Jiwa activities, and one of them is through a religious approach, namely the development of Islamic religious education carried out by parents in the family. Zakiyah explained that mental coaching would be difficult without religious education in a person because religion is a value that controls and is self-control for its

followers.[21] In other words, a healthy mental state is a reflection of Kudi's sense of faith and piety in Allah.[22] Therefore, spiritual development through religion is very important for people with mental disorders because religion is a need of man himself. The contribution of the field of Islamic religious education to the problem of mental disorders is very large, namely by providing various training and also religious spiritual support to the sufferers and family members.[23]

Islamic education has a very clear goal, which is to cultivate a person to become a good servant of Allah from all aspects of his life such as his deeds, thoughts, and feelings.[24] In the education of the Islamic religion to form a good person, the main requirement is to instil religious values in everyday life. The forms of religious coaching activities that take place in the family in Paringan are: 1) Cultivation of Tawhid, by accustoming children to remember God in difficult and happy circumstances, and not to believe in mystical things that lead to destruction. 2) The development of aqidah, that is, by telling children to try their best to practice the pillars of faith. In the education of the Islamic religion to form a good person, the most important requirement is to instil religious values in everyday life. The forms of religious coaching activities that take place in the family in Paringan are: 1) Cultivation of Tawhid, by accustoming children to remember God in difficult and happy circumstances, and not to believe in mystical things that lead to destruction. 2) The development of aqidah, that is, telling children to try their best to practice the pillars of faith, 3) The cultivation of worship (Shari'a and fiqh), that is, teaching children to learn to read the Qur'an by memorising short letters, learning wudhu, teaching compulsory bathing, learning prayer, congregational prayer, zikir, shalawat, praise, practicing fasting, riyāḍoh, congregational prayer, commanding azan in the mosque, and knowledge of women. 4) Moral education, by getting used to reading ṭoyyibah sentences, reading the prayer before eating, getting up early

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[21] Zakiyah Daradjat, *Pendidikan Agama Dalam Pembinaan Mental* (Jakarta: Bulan Bintang, 1982), 47.

[22] Zakiah Daradjat, *Peranan Agama Dalam Kesehatan Mental* (Jakarta: Gunung Agung, 1994), 57 dan 114.

[23] Zakiah Daradjat, *Membina Nilai-Nilai Moral Di Indonesia* (Jakarta: Bulan Bintang, 1971), 30.

[24] Ahmad Tafsir, *Metodologi Pengajaran Agama Islam* (Bandung: Remaja Rosdakarya, 2008), 134-142.

and praying at dawn congregation, getting used to using the language "*kromo inggil*" to the elders, getting used to dressing Muslimah who closes the aurat.

The next form is, 5) Physical training, by accustoming children to exercise, quitting smoking, and meeting their basic needs such as food and others. 6) Intellectual development, by inviting children to discuss religious issues, question and answer, teach them to read the Qur'an, buy religious books, and habitually listen to the Qur'an murottal and religious lectures on tape at home. As well as sending them to Qur'anic educational institutions. 7) Economic development by working in rice fields, raising goats, gathering food and working in offices. 8) Promoting religious and social traditions of the society by inviting children to kenduri, yasinan, tahlilan, sima'an al-Qur'an, recitation and Muslim activities and also coaching by inviting devotional work in the environment, RT meetings, weddings, servers, rewang in celebrations.

What mental health experts have outlined is consistent with that of Paringan. However, there are other forms of coaching activities that are typical, including: 1) Problem-solving coaching, namely by giving examples of solutions to problems faced by children, because of the five families, two of them already have partners and are blessed with children. 2) Encouraging the children's skills, namely by continuing and developing the potential that the children had previously, such as memorising the Qur'an, becoming a salaried teacher, and becoming a martial arts teacher. 3) Promoting independence, namely by getting the children used to being able to clean themselves, such as bathing, washing clothes, washing dishes after eating, making the bed, etc. Later independence by getting used to taking their own medicine and eating alone.

The reasons for the emergence of characteristics of the form of coaching in Paringan include 1) Religious guidance is more about treatment or therapy carried out internally in the family, not carried out before. 2) Religious guidance is carried out after the child has gone through the process of treatment, therapy and rehabilitation. 3) The child does not have a mental disorder from an early age, i.e. not due to heredity but due to other external factors experienced by the child. 4) Religious guidance is given with the help of medication and medical consultation. 5) Religious instruction is given to children who are married but still live with their parents. The novelty that appears is

none other than the new information that the data of mental patients and pasung until any time cannot be deleted and eliminated, even if the situation is good, because mental illness cannot be cured 100% and at any time when there is pressure, there is the potential of relapse.[25] Then related to the forms of coaching Islamic religious education itself is based on the background of mental disorders suffered by children, which are adapted to the form of coaching to be carried out.

As an additional analysis of what happened to five families that had family members with mental disorders, they all had no hereditary history of experiencing mental disorders, the causative factors were more economic, wrong parenting by parents, pressures faced by children, inability to adapt, biological factors due to accidents and the most important psychological factors, namely various pressures faced by children. Concerning the wrong upbringing of parents causing mental disorders in children in Paringan, it was explained that pressure from the family can cause mental disorders in children. Because this mental disorder can be caused by four things, namely:[26] First, the mental stress that occurs in the family when the family is unable to unite the thoughts of the family members to be in harmony, this inability will cause problems even to the point of causing rifts in the household. Second, mental stress in the world of work is the discomfort and inability of a person to actualise themselves with the work environment and cannot measure self-capacity in the standard position of position in the job. Third, mental pressure is an association in the form of a person's inability to socialise with others or being treated unpleasantly, such as being hated by friends, having very few friends, or because of the pressure of dual roles (roles performed because there are other conflicting roles).

Strategies for Religious Development in the Family in Paringan

Religious teaching in children develops in accordance with their intelligence, something abstract or visible in the new religion will be understood by the child at a certain age.[27] Religious education without

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[25] Dadang Hawari, *Ilmu Kedokteran Jiwa dan Kesehatan Jiwa* (Yogyakarta: Dana Bhakti Primayasa, 1977), 156.

[26] Rusdi Maslim, *Diagnosis Gangguan Jiwa: Rujukan Ringkas dari PPDGJ-III dan DSM-5* (Jakarta: Nuh Jaya, 2013), 7.

[27] Nina Aminah, *Pendidikan Kesehatan dalam Al-Qur'an* (Bandung: Remaja Rosda Karya, 2013), 59.

a logical and rational approach to adolescents, coupled with anti-criticism of unreasonable religious opinions, will create anxiety and insecurity in children if the religion they follow is different from that of their parents. Thus, the faith of the parents and the order of performing worship and inculcating religious values in daily life will help children in religious vacillation.[28]

Furthermore, in terms of religious coaching strategies for people with mental disorders, it is necessary to use methods according to the state of the soul and the mental stress they are experiencing. The cultivation of this religion is to familiarise the soul and body of the sufferer to carry out positive activities for a self-approach to Allah Swt, in this way it is hoped that his soul will return to stability. The implementation also follows the methods practised by rehabilitation organisers, both families and certain institutions, by inviting sufferers to participate in religious rehabilitation activities without coercion.[29] The strategies commonly used to deal with people with mental disorders in rehabilitation centres or other coaching places are carried out in three ways, namely classification, classical religious coaching and personal coaching.

The strategy of implementing coaching in families in Paringan Jenangan adopts two of the three methods commonly used in rehabilitation centres.[30] That is to say, the implementation of classical religious strategies and personal coaching will be very different, because the scope and the object promoted are limited to one child. A more detailed explanation of the coaching strategy can be explained as follows:Classical Religious Coaching

In this strategy, parents in Paringan do the following: 1) Provide exemplary examples of parents in terms of worship and maintaining health. 2) Familiarise the child with worship, reading the *ṭayyibah* and dress. 3) Improving the quality of religious understanding in the parents. This means never expecting goodness to grow in a child and hoping that a child will become a righteous person if the

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[28] Dadang Hawari Idries, *Pendekatan Kejiwaan Bagi Penderita Sakit, dalam Sakit Menguatkan Iman, Uraian Pakar Medis dan Spiritual* (Jakarta: Gema Insani Press, 2000), 49.

[29] Semiun, Yustinus, OFM,*Kesmen I: Pandangan Umum Mengenai Penyesuaian Diri Dan Kesehatan Mental Serta Teori-Teori Yang Terkait , Cet. V* (Yogyakarta: Kanisius, 2006), 270.

[30] Ibin Kutibin Tadjudin, *Ilmu Kedokteran Jiwa (Psikiatri), Psikoterapi Holistik Islami* (Bandung: Kutibin, 2007), 98-102.

parent is not righteous first.4) Giving religious advice to the child. 5) To adapt the religious elements present in society, family and school. Religion functions more deeply in the child's psyche according to the growth of his age, the child will understand that religious affairs are higher than his personal affairs, religion belongs to the community, not to his family. This makes it easier for children to socialise with their environment.[31] 6) Religious education that starts from scratch with a different process and form from what it has received before.

The next strategy of religious guidance is 7) To motivate and help children to perform religious activities. Zakiyah said that children should be instructed to always perform worship on time because worship can soothe the soul and guide human behaviour.8) Motivating them to be diligent nderes (continuous reading) of the Qur'an after each Maghrib prayer because one of the patients is a memoriser of the Qur'an. 9) Getting closer to the person who loves the Qur'an with the *Hafidz* al-Qur'an at the *Sima'an* event. 10) Enrolling the child in a Qur'anic educational institution.

1. Personal Coaching

Parents in Paringan carry out personal education strategies for children with mental disorders by: 1) Adapting to the child's character and condition, parents should understand each child's behaviour in order to apply their teaching to see the growth and uniqueness of each child. 2) Conducting an interactive question and answer method with children in the form of conversations one after another on a topic and directed to achieve the desired goal. 3) Answering the child's questions seriously, satisfying the child's need for knowledge so as not to make the child feel bad. In addition, paying tribute to him will be an effective method of improving his mental health.[32] 4) Fulfilment of basic needs before coaching, parents must provide food and drink to children from Halal and good food under Shari'a. 5) Individual and collective guidance such as counselling and consultation with psychiatric experts. 6) Giving freedom to the child and not forcing or pressurizing the child in coaching. Following the protective function of the family, families aim to protect their members, especially their children, from distractions and pressures

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[31] J.A. Kaplan, H.I., Sadock, B.J., Grebb, *Sinopsis Psikiatri Jilid I. Terj: Kusuma, W* (Jakarta: Binarupa Aksara, 1997), 725.

[32] Sjarkawi, *Pembentukan Kepribadian Anak (Peran Moral, Intelektual, Emosional, Dan Sosial Sebagai Wujud Integritas Membangun Jati Diri)* (Jakarta: Bumi Aksara, 2008), 31.

that can have negative effects and affect the physical and mental health of their children. 7) Seek help from others who provide religious guidance, so as not to discourage and discourage.

The next strategy is 8) Give the child attention and affection and maintain the child's psychological peace and quiet. 9) Pay attention to the details of the child's development according to his age, and exercise control over school books and children's reading, this is to prevent the child from reading that is negative, emotional and anarchic. 10) Giving rewards or awards in the form of appreciation to children and punishment in coaching. Provide stimulation with fun things, listen to the child's wishes and opinions, and do not force the child to do something difficult. Give recognition when the child does well and vice versa. 11) Maintain children's relationships by sorting out who makes friends. This is in line with what Zakiyah said about restricting children's freedom, especially in association, because basically people are not free from the rules of life, both religious and social.[33]

12) Maintaining a harmonious relationship with the parents at home and maintaining a good emotional bond with the child, the child's emotions will later develop according to what the parents have taught him. 13) A sincere acceptance by the parents of the child's condition as it is. 14) Parents are democratic in the family, because some children already have husbands. The main problem parents face with their adult children is communication, often teenagers are closed to the problems they face. This will not happen if parents open up and want to be good friends to their adolescent children, in this situation the child will feel heard, valued and cared for by his parents. 15) Coaching is very flexible and reactive to existing developments.16) Parents do not position themselves as smarter than children in religious coaching. 17) Not to bang the child's head when caring for the child. 18) Do not underestimate what the child is doing in the coaching process. This will make the child feel valued by others. 19) Not to compare the child's circumstances. 20) Try not to make the child feel disappointed, anxious and worried. 21) Set clear coaching goals. 22) Focus the child's mind on productive work. And 23) Provide the resources the child needs in the coaching process, such as books and other coaching tools.

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[33] Zakiah Daradjat, *Ilmu Jiwa Agama* (Jakarta: Bulan Bintang, 1989), 58-59.

After providing religious education for family members, the most important thing is the question of passion for religion itself. Religious education must be combined with deep values and meanings, because "a family that prays together will never fall apart", that is, if a family prays together, the family will not fall apart.[34] The implementation of congregational prayers with all family members will have a very positive impact on its members because prayer is a religious framework and a good starting point for further religious education. From the above, it can be concluded that the strategy of promoting Islamic religious education in the five families is adapted to the forms of coaching activities set by the parents of each family, which focus on two things, namely strategies based on work therapy and developing the potential of the children.

Implications of Religious Coaching on Improving Family Mental Health

A person who studies religion will find a religious consciousness that develops according to his religious experience. So the main theme of religious studies is religious consciousness and religious experience. He also identified three characteristics of religion, namely personality, emotionality and diversity. Religion is very useful in the search for the meaning of human life. William also formulated the relevance of religion to the psychological aspect in deciphering the definition of religion, he argued that religion is the feelings, actions and experiences of a person individually in silence, the person is related to something that is considered his God.

Zakiyah explained that the mind is all the elements of the mind in which there is a soul, emotions, attitudes and feelings, all of which become an entity that determines the pattern of human behaviour and efforts to deal with emotional disturbances such as disappointment, joy, anxiety, worry, fear, happiness and so on.[35] What happens to someone who is mentally disturbed is that they cannot concentrate on what they are facing, the mind becomes chaotic and ultimately cannot come to a healthy conclusion about the events they are facing. Some of the characteristics of mental disorders are hallucinations, fantasies

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[34] Achmad Mubarok, *Psikologi Keluarga Dari Sakinah Hingga Keluarga Bangsa* (Jakarta: Bina Rena Pariwara, 2005), 2.
[35] Zakiah Daradjat, *Metodik Khusus Pengajaran Agama Islam* (Jakarta: Bumi Aksara, 2008), 68.

without any stimulus, illusions, compulsions, hesitations or alarms, obsessions, phobias and delusions. There is also the development of the desire to want something for no reason, such as pyromania in people who want to light a fire, or kleptomania in people who always want to drink alcohol, and the desire to steal something that does not belong to them without a clear purpose. A phobia is an excessive fear of something without a clear and real cause.

Furthermore, Zakiyah as one of the mental health experts defines a healthy soul as someone who avoids psychiatric disorders (neurosis) and symptoms of psychiatric diseases (psychosis). The main element that manifests itself in the form of religious teachings and activities. In spiritual psychotherapy, the main controller in a person includes attitudes and actions, not only reason, but also feelings. So the alignment between the two will lead a person to mental health. The effects of religious guidance on children in five families in Paringan Jenangan Ponorogo are as follows: 1) No longer easily emotional and understand the risks it does, so be more careful in doing things. 2) Become calmer and happier. 3) Able to be independent, able to take care of herself and the needs of others such as her husband and children. A healthy soul is the realisation of harmony in psychiatric functions, the ability to face the problems that arise, and the avoidance of the soul from fear and inner conflict. 4) No longer harming parents and the surrounding community with harmful actions.

The next implication is 5) Feeling ashamed when you say bad words like profanity or rudeness, doing strange things that annoy others. 6) Able to socialise and interact with others. 7) Able to communicate well, such as questions and answers, discussions and asking about something. 8) Already understand the grammar and manners of others. 9) Already understand something harmful to their health such as smoking. 10) Be more productive and able to work and save money because you realise how difficult it is to make money. 11) Already wanting to go to religious events, because before it was only orkesan or dangdutan events. The next implication is, 5) Feeling ashamed when you say bad words like profanity or rudeness, do strange things that annoy others. 6) Able to socialise and interact with others. 7) Able to communicate well, such as questions and answers, discussions and asking about something. 8) Already understand the grammar and manners of others. 9) Already understand something

harmful to their health such as smoking. 10) Be more productive and able to work and save money because you realise how difficult it is to make money. 11) Already wanting to go to religious events, because before it was only orkesan or dangdutan events. A healthy soul is the harmony of soul functions with the ability to self-realise with the surrounding environment based on faith and piety to Allah and have the goal of happiness in life both in this world and in the hereafter.

Furthermore, it can pray alone without being ruled, congregate, and *Murāja'ah* the Qur'an regularly, and fast both obligatory and Sunnah. Then you will be able to think about happiness together and be selfless towards yourself. Also, to be more caring and loving towards their children, and to be able to take care of their children by giving them peace and security. The effects on the children in the five families are in line with what Zakiyah described as the results of religious education. He said that a healthy mentality means that a person avoids the symptoms of psychiatric disorders, is able to adapt, is able to make maximum use of talents and potentials for happiness and harmony of the soul, and is able to maintain harmony with others around him.[36]

Conclusion

Forms of Islamic religious education coaching activities from five families are given internally by parents individually or collectively with psychiatric experts, or applying a completely new form of religious coaching for children. It is still accompanied by medical efforts, because this coaching is not a preventive but a corrective and conservative effort against mental disorders. The forms of coaching activities found are tauhid coaching, akidah (the practice of faith harmony), worship coaching (shari'a and fiqh), moral development, promotion of religious traditions, social community development, physical coaching, intellectual coaching, independence coaching, economic coaching (as work therapy), problem-solving coaching, and promotion of the development of children's potential.

The coaching strategies used by the parents in five families are very different and can vary from family to family. This difference is due to the very different levels of understanding and religious practices of the parents and the different characters of each child. The

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[36] Zakiyah Darajat, *Pendidikan Islam Dalam Keluarga Dan Sekolah* (Jakarta: Ruhama, 1995), 75.

most important thing in this strategy is the suitability between the background of the child's mental disorder, the treatment process, rehabilitation and the form of coaching must be aligned and synergised with each other and enriched with occupational therapy and the development of the child's potential.

As a result of the development of Islamic religious education in five families, the sufferer is no longer easily emotional and understands the risks he takes, so he is more careful in doing things, calmer and happier, more sensitive to the surrounding situation, can be independent, can take care of himself and the needs of others such as his husband and children, No longer bothering parents and the surrounding community with harmful actions Feeling ashamed when using bad words such as swearing or rudeness Doing strange things that disturb others Being able to socialise and interact with others Being able to communicate well such as questions and answers, discussions and asking about something and understanding the karmic system.

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