

# 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 people of Ponorogo were shocked by the news of the "Kampung Gila" in Paringan Jenangan Ponorogo village. The results of a survey conducted by the Malang Mental Hospital and the Ponorogo Regional Government stated that 60 residents suffered from mental disorders. This negative stigma is certainly a heavy burden for the local government and Paringan villagers. Other facts show that people with schizophrenia in Paringan are discriminated against in the form of confinement by their own families and neighborhoods. The problem of mental disorders in Paringan Village has been going on for a long time, but the problem was not immediately addressed. One of the efforts to overcome mental disorders that have been implemented in families in Paringan is through a religious approach. The form begins with a review of medical treatment and rehabilitation that has been obtained by the patient, then it will be used as an important reference in determining the appropriate form of Islamic religious education guidance. The goal to be achieved is to continue and develop coaching in the internal family through parents individually and collectively with psychiatric experts, even by applying a completely new form of religious guidance for sufferers. The coaching strategies used by parents in the family vary greatly, this difference is caused by parenting patterns, the level of understanding and religious practices of very diverse parents, and the character of each sufferer being different from one other. The implications obtained from the guidance of Islamic religious education in the family are the results that sufferers can be independent, not easily emotional and understand the risks of their actions, become calmer and happier and sensitive to their surroundings, no longer harm parents and society, become more productive and of course able to carry out worship obligations diligently with their awareness.

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

## Introduction

Four main health problems occur in developing and developed countries, one of which is mental disorders. The other three include accidents, cancer, and degenerative diseases. Mental disorders do not cause direct death, but the severity of the disorders experienced by sufferers will indirectly hinder the development process because the sufferer is no longer productive and efficient.<sup>1</sup>

The World Health Organization or WHO in 2001 stated that there are 450 million people who are mentally ill. While in Indonesia there are 11.6% or 24,708,000 people suffer from mental disorders (depression) and emotional (anxiety) from the total number of people. Then there are 1,065,000 people with psychosis or 0.46% of the total population. Meanwhile, what happened in East Java was approximately 12.3% of people with anxiety (anxiety) and depression plus 0.3% of others suffering from mental disorders.<sup>2</sup> While what happened in Parangan Village the location of the study was 60 people with mental disorders, this number is very high because the ratio of residents affected by mental disorders to healthy ones is 1:100.<sup>3</sup>

In 2011 the residents of Ponorogo were surprised by the news about "Kampung Gila" in the village of Parangan Jenangan Ponorogo. The results of a survey conducted by the Malang Mental Hospital and the Ponorogo Regional Government on March 31, 2011, stated that 60 people experienced mental disorders. This negative stigma is certainly a heavy burden for the local government and parangan villagers. Another fact proves that in Parangan there are many people with ODS or people with schizophrenia, these sufferers are treated discriminatorily in the form of shackling carried out by their family and environment.<sup>4</sup>

According to Suwendi, the Head of Parangan 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 Parangan 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

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<sup>1</sup>Dadang Hawari, *Pendekatan Holistik Pada Gangguan Jiwa Skizofrenia* (Jakarta: Balai Penerbit FKUI, 2001), 4.

<sup>2</sup>Riset Kesehatan Dasar (RISKESDAS), *Kesehatan Jiwa, Badan Penelitian Dan Pengembangan Kesehatan* (Kementerian Kesehatan RI, 2013), xi.

<sup>3</sup>Rio Yanuar, "Analysis Of Factors Related To Mental Disorder Incidents At Parangan Village," *Jurnal Fakultas Keperawatan Universitas Airlangga* No.II (Juni, 2015): 2.

<sup>4</sup>Bappeda Ponorogo, "Seminar Angka Kemiskinan Dan Indeks Pembangunan Manusia Kabupaten Ponorogo Di Parangan," <http://bappeda.ponorogo.go.id/>, Diakses Senin 30 Januari 2017, Pukul 15.00 WIB.

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.<sup>5</sup>

The problem of mental disorders in Paringan Village has been going on for a long time, but the problem was not dealt with immediately. This is due to the ignorance of the family and society towards the treatment and prevention of mental disorders so people's attitudes tend to be discriminatory.<sup>6</sup> Friedman stated that families are needed to support sufferers so that they always feel helped and cared for Tucuman their needs, both in the form of material and emotional support. Until September 2015, in Ponorogo there were 2991 people with mental disorders, ranging from mild, moderate to severe levels. There were 126 people with severe mental disorders who were shackled, of whom 92 had been released with home care and referred to RSJ (Mental Hospital). Meanwhile, there are 38 people still in custody because they are still in home care awaiting the referral process and partly because of the refusal by the family to be referred.<sup>7</sup>

Paringan Village was also established as a Mental Health Auxiliary Health Center in 2011. The existence of this health center is inseparable from the cooperation and support of Paringan residents assisted by several parties such as the Ponorogo Regional Government, Surabaya Mental Hospital (RSJ), Lawang Mental Hospital (RSJ), and other institutions. According to Mr. Sulin the person in charge of the Mental Health Auxiliary Health Center, the existence of a treatment center here makes it easier for people with mental disorders to seek treatment. Previously, people with mental disorders were only left at home and some were shackled. People admitted that they were reluctant to take them to the hospital because of the high price of drugs.<sup>8</sup>

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<sup>5</sup> Interview with Mr. Suwendi, Head of Paringan Village, Monday 06 February 2018, at 13.00 WIB.

<sup>6</sup> Ibid.

<sup>7</sup> Bappeda Ponorogo, Penderita Gangguan Jiwa di Paringan Butuh Rumah Layak, *www.terasjatim.com*, Diakses 28 Februari 2015, Pukul 12.00 WIB.

<sup>8</sup> Interview with Mr. Sulin, Person in Charge of Pustu Kesehatan Jiwa, in Paringan, Jenangan, Ponorogo, Tuesday, February 7, 2017.

The factor causing the large number of mental sufferers in Paringan is the condition of the soil that lacks iodine, then the main factor is hereditary or genetic.<sup>9</sup> Cloninger said that for a person who has a family member with a mental disorder, the tendency to decline will be higher than for someone who does not have hereditary factors.<sup>10</sup> Departing from this theory, what happened in Paringan is a long-standing problem, most families suffering from mental disorders also have other members who both suffer from mental disorders.

So that the derivative factors of mental disorders are not transmitted to other family members, efforts to overcome mental disorders can be done by promotion or preventive (prevention), curative (treatment), and rehabilitation, where the implementation of these three is carried out in the family, institutions and community environments.<sup>11</sup> Especially for the problem of mental disorders in children (psychiatry), every parent certainly wants their child to be a responsible person. This needs to be done as early as possible, continuously, repeatedly, and consistently, to be realized in future life.<sup>12</sup> Parents are also often blamed for the failure of children's education, even though parents do not receive special attention to improve the quality of education.<sup>13</sup> There are several influential methods to improve mental health in children, namely exemplary methods, advice, customs, punishment, and supervision.<sup>14</sup>

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 key to mental health to creating inner calm includes working well on religious orders and teachings, and consistently applying various social

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<sup>9</sup>Ibid.

<sup>10</sup>Elliot & Cloninger, *Genetic Approaches to Mental Disorders* (Washington DC: American Psychiatric Press, 1994), 48.

<sup>11</sup>Inu Wicaksana, *Mereka Bilang Aku Sakit Jiwa* (Yogyakarta: Kanisius, 2008), 64.

<sup>12</sup>Yusuf Muhammad Al-Hasan, *Pendidikan Anak Dalam Islam* (Jakarta: Darul Haq, 1998), 26.

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

<sup>14</sup>Abdullah Nashih Ulwan, *Pedoman Pendidikan Anak Dalam Islam* (Semarang: Asyifa, 1981), 2.

norms, legal norms, and moral values.<sup>15</sup> Modern medical science experts agree that prevention should take precedence over treatment. This is also in line with the teachings of the Islamic religion, namely, worship, prayer, maintaining cleanliness, eating halal and good drinks, teachings about almsgiving, gratitude, patience, prohibition of despair, and so on, this is where the importance of the role of religion in mental health.<sup>16</sup> Furthermore, the role of Ulama is also needed to build the mental health of the Indonesian people who are changing in various aspects, both political, economic, and socio-cultural.

Support that comes from the community through acceptance, respect, providing information and instrumental will be easily obtained by sufferers if they live in a traditional environment with tepa sliro values and cooperation. Likewise, if sufferers live in an environment that according to the economic system is still relatively traditional, they will be more tolerant of sufferers than people with a modern economic level.<sup>17</sup>

Poor religious education can cause mental disorders, Maramis in Psychiatry explained, the main factors causing mental disorders are the body (somatogenic), the social environment (sociogenic), the psychic (psychogenic), cultural (cultural), and spiritual (religious) environments.<sup>18</sup> The contribution of the field of Islamic Religious Education to the problem of mental disorders is very large, namely by providing various pieces of training such as learning to be patient, sincere, tawakal, and so on as well as learning daily worship practices that are in contact with the heart, in addition to providing religious spiritual support to sufferers and family members who diligently carry out the provisions of Islamic teachings. Because in Paringan village there are also other hamlets whose social, economic, general, and religious conditions are almost the same but there are no residents who experience psychiatric disorders.

Researchers intend to examine the model of improving mental health in Paringan Village by fostering Islamic religious education in the family.<sup>19</sup> The empirical reason for choosing five families in Paringan Village as the

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<sup>15</sup> 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>.

<sup>16</sup> 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.

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

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

<sup>19</sup>J. Lexy Moleong, *Metodologi Penelitian Kualitatif* (Bandung: Remaja Rosda Karya, 2000), 3.

object of research is that these five families are located in one village where the social, economic, and geographical conditions are not much different from families that do not have members who have mental disorders. This village also has the same facilities, infrastructure, and various programs from the local government. The next reason is that the selection of case studies in these five families also takes into account the cultural background and beliefs of each family. The majority of the people of Paringan Village, Jenangan District, have Muslim residents. The last reason, in the village there are Islamic educational institutions, Islamic community organizations, and religious institutions that direct the community to always be physically and spiritually healthy.

To achieve a comprehensive and in-depth understanding of the research focus. Researchers use a qualitative approach with a phenomenological paradigm in this type of case study. The approach process in this research began in the form of a preliminary study as an exploration of Paringan Village to get preliminary information about mental health there. The results of this exploration study found that several family members were indicated to have mental disorders in the Paringan village. It is from this background that the researcher finally determines the location of the study and from then on, the researcher slowly begins the research process with full caution to collect, observe and analyze the data with moral responsibility for what the researcher gets in the field.

Researchers here as key instruments in recording words, collecting data through the interview process, observing research objects, and collecting documents in the field. Likewise, the setting of the research is holistic and contextual. The location where the research took place was five families in which there were family members who had mental disorders.<sup>20</sup>

### **Condition of People with Mental Disorders in Paringan**

Researchers received information about the factors causing mental disorders in Paringan Village, namely the average sick person because the rest of the hereditary factors are external factors of the sufferer himself such as the presence of pressure from outside that is continuous and causes endless stress, also because of the constant failures experienced that make the sufferer retreat and withdraw from society and eventually experience mental disorders. However, in Paringan some sufferers marry fellow mentally ill people and then have normal children. But on average, such are patients who are willing to work and willing to blend into society.

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<sup>20</sup>Sugiyono, *Metode Penelitian Kuantitatif, Kualitatif Dan R&D* (Bandung: Alfabeta, 2004), 79.

More specifically, the factors causing mental disorders in the family that are the object of this study are:

1. The cause of Sunawan's mental disorder was economic factors, 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 go wandering to find a job after graduating from junior high school. At the place where he works, namely a restaurant in Jakarta, Sunawan is under inner pressure because his place of work has a fire that causes his salary for months to not be paid to him. After that, Sunawan decided to live in Jakarta at no cost and a place to live, this was done because he could not return home without success, while his intention to work and help the family was very large. Because these pressures did not have a solution, causing Sunawan despair and stress, he was chained in Jakarta because of his illness. Finally, he was sent home to Paringan suffering from a mental disorder and was shackled.
2. The cause of Supri's mental disorder is a psychological factor because Supri's background is from a wealthy family and being an only child, another factor is Supri's inability to adjust coupled with mistakes in parenting parents. Supri's background is a child who is smart and able to go to high school, where at that 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 detected with a mental disorder was when he wanted 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 did tend to be quiet, unlike when he was outside the house, pressure after pressure from such a large family on Supri made him anxious when he could not boast of his parents. In addition, unconscious parenting that leans towards material success without being juxtaposed with religious education makes it even more depressed with the targets of its parents. Unable to adjust to his family, he finally entered the mystical world to get instant success to make his parents happy, even though this kind of mindset is very avoided by normal people.
3. The cause of Arif's mental disorder was psychological factors and inability to adjust, the first time Arif experienced a mental disorder was when he was 18 years old and began with his efforts to memorize the Qur'an in one of the Pesantren in Ponorogo. There was no coercion from the parents in memorizing the Qur'an Arif, it was because of his wishes. Arif felt that he had failed in achieving his goal of completing the memorization of the Qur'an while he had been feeling it for long time of 6 years. The burden he felt was the difficulty of undergoing the

memorization 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 felt continuously until it finally caused the onset of a disorder in his mentality.

4. The causes of mental disorders in Lestari are economic and psychological factors. Lestari had to finish her schooling only until junior high school and she was asked to be independent and help her family by working in Surabaya. At work he fell in love with a Chinese man who already had a wife's children, he was promised prosperity by making a business in the form of a shop in his native place, namely Paringan. Even though the parents reminded her not to continue the relationship, Lestari refused because she was an adult and was able to consider the risks she was doing. In fact, after being abandoned and deceived by the man earlier, Lestari was finally severely stressed until she experienced a mental disorder. The initial assumption of the Lestari family was to be with the man because he was used by him, therefore the parents only crowned him to Javanese shamans, but his illness did not recover. Eventually, he was sent home to his home in Paringan in a disturbed state of soul.
5. The cause of mental disorders in Dwi Lestari is a biological factor, namely Lestari had an accident that caused her head to hit and affected her mental health until now. The incident occurred when he was 5 years old.

When the patient has undergone rehabilitation and coaching from their family, they will interact with the community by participating in community activities. But when they started to have 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 until any time cannot be deleted and eliminated even though the situation is good, because mental illness cannot be cured 100% and at any time when there is pressure, there is the potential to relapse. In Paringan, signs of mental disorders in children are very difficult to detect by parents when the child is still a toddler, but they are only noticed after the child grows up and there is an oddity in his behavior. For people with mental disorders who are still young, they will be referred to a neurologist first, then after it is known that there are indications of mental disorders, they will be handled by the Paringan Auxiliary Health Center.

Related to 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 with mental disorders, and there are even families who make fun of and call the sufferer by the nickname "*wong edan*", In the end, the sufferer got worse. Worse still, some families are given medicine and delivered directly by the health center but the family does not want to give it to the sufferer. Another obstacle to the healing of sufferers is a rigid family attitude when some families want to crown the sufferer but are rejected by other family members. Even what happened in Paringan, some sufferers were difficult to expose because they came from close families, strangely this 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**

The efforts to improve mental health in Paringan Village, Jenangan District, are by establishing places of treatment and rehabilitation, including the Paringan Mental Health Auxiliary Health Center (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 stated that mental coaching would be difficult to carry out without religious cultivation in a person because religion is a value that controls and is self-control for its adherents.<sup>21</sup> In other words, a healthy mental state is a reflection of Kudi's sense of faith and piety in Allah Swt.<sup>22</sup> So, mental development through religion in people with mental disorders is very important, 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 sufferers and family members.<sup>23</sup>

Islamic education has a very clear goal, which is to cultivate a person to become a good servant of Allah Swt from all aspects of his life such as his deeds, thoughts, and feelings.<sup>24</sup> In the formation of the Islamic religion to form a good person, the main requirement is to instill religious values in everyday life. The forms of religious coaching activities that occur in the family in Paringan are, 1) The cultivation of tawhid, through the habituation of children to remember God in difficult and happy circumstances, and not to believe in mystical things that lead to destruction. 2) Akidah development, that is, by telling children to try their best to practice the pillars of faith, In the formation of the Islamic religion to form a good person, the main requirement is to instill religious values in everyday life. The forms of religious coaching activities that occur in the family in Paringan are, 1) The cultivation of tawhid, through the habituation of children to remember God in difficult and happy circumstances, and not to believe in mystical things that lead to destruction. 2) Akidah development, that is, by telling children to try their best to practice the pillars of faith, 3) The cultivation of worship (Shari'a and fiqh), namely by teaching children to learn to read the Qur'an, memorizing short letters, repeat the reading of the Qur'an, learn wudhu,

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<sup>21</sup>Zakiyah Daradjat, *Pendidikan Agama Dalam Pembinaan Mental* (Jakarta: Bulan Bintang, 1982), 47.

<sup>22</sup>Zakiah Daradjat, *Peranan Agama Dalam Kesehatan Mental* (Jakarta: Gunung Agung, 1994), 57 dan 114.

<sup>23</sup>Zakiah Daradjat, *Membina Nilai-Nilai Moral Di Indonesia* (Jakarta: Bulan Bintang, 1971), 30.

<sup>24</sup>Ahmad Tafsir, *Metodologi Pengajaran Agama Islam* (Bandung: Remaja Rosdakarya, 2008), 134-142.

teach compulsory bathing, learn prayer, congregational prayer, zikir, Shalawat, praise, practice fasting, *riyāḍoh*, prayer 'Id congregation, command *azan* in the Mosque, and knowledge of womanhood. 4) Moral formation, by getting used to reading *ṭoyyibah* sentences, reading prayer before eating, getting up early and praying at dawn congregation, habituation using language "*keromo inggil*" To the elders, get used to dressing Muslimah who closes the *aurat*.

The next form is, 5) Physical coaching, by accustoming children to exercise, quitting smoking, and fulfilling their basic needs such as eating and other. 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 through the tape at home. As well as putting it into educational institutions of the Qur'an. 7) Economic development, by working in rice fields, raising goats and foraging, and working in offices. 8) Fostering religious and social traditions of society, by inviting children in *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 celebration events.

What mental health experts have outlined aligns with that in 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) Fostering children's skills, namely by continuing and developing the potential that children have previously had such as memorizing the Qur'an, becoming a salaried teacher, and becoming a martial arts teacher. 3) Fostering independence, namely by accustoming children to be able to clean themselves, such as bathing, washing clothes, stealing dishes after eating, cleaning the bed, and so on. subsequent independence by getting used to taking one's 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, treatment, and rehabilitation. 3) The child has a mental disorder not from a small age, meaning not from heredity but other external factors experienced by the child. 4) Religious guidance is carried out with the assistance of medicines and medical consultations. 5) Religious guidance is given to children who are married but still live with their parents. The novelty that occurs is none other than the new information that the data of mental

patients and pasung until any time cannot be deleted and eliminated even though the situation is good because mental illness cannot be cured 100% and at any time when there is pressure, there is the potential to relapse.<sup>25</sup> Then related to the forms of coaching Islamic religious education itself is based on the background of mental disorders suffered by children which are adjusted to the form of coaching to be carried out.

As an additional analysis, what happened to five families that had family members with mental disorders they all had no hereditary history of having experienced mental disorders, the causative factors were more economic, wrong parenting from parents, pressures faced by children, inability to adjust, biological factors due to accidents and most important psychological factors, namely various pressures faced by children. Related to the wrong parenting style of parents that causes the emergence of mental disorders in children in Paringan, it has been explained that pressure from the family can cause mental disorders in children. Because this mental disorder can arise from four things, namely:<sup>26</sup>

1. The mental stress that occurs in the family when the family is unable to unite thoughts between family members to be in harmony, this inability will cause problems even to the point of causing rifts in the household.
2. Mental stress in the world of work is the discomfort and inability of a person to actualize themselves with the work environment and cannot measure self-capacity in the standard position of position in the job.
3. Mental pressure is an association in the form of a person's inability to socialize with others or get unpleasant treatment such as being hated by friends, having very few friends, or because of the pressure of dual roles (roles that are carried out because there are other conflicting roles).

### **Strategies for Religious Development in the Family in Paringan**

Religious teachings in children develop in line with their intelligence, something abstract or visible in the new religion will be understood by the child at a certain age.<sup>27</sup> Religious upbringing without 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 adhere to is different from their parents. So, the belief of parents and the

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<sup>25</sup>Dadang Hawari, *Ilmu Kedokteran Jiwa Dan Kesehatan Jiwa* (Yogyakarta: Dana Bhakti Primayasa, 1977), 156.

<sup>26</sup>Rusdi Maslim, *Diagnosis Gangguan Jiwa: Rujukan Ringkas Dari PPDGJ-III Dan DSM-5* (Jakarta: Nuh Jaya, 2013), 7.

<sup>27</sup>Nina Aminah, *Pendidikan Kesehatan Dalam Al-Qur'an* (Bandung: Remaja Rosda Karya, 2013), 59.

order of carrying out worship and instilling religious values in daily life will help children in religious vacillation.<sup>28</sup>

Furthermore, regarding 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 experience. The cultivation of this religion is to familiarize 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 is also following the methods practiced by rehabilitation organizers, both families, and certain institutions by inviting sufferers to participate in religious rehabilitation activities without coercion.<sup>29</sup> The strategies commonly used to deal with people with mental disorders in rehabilitation sites or other coaching places are carried out in three ways, namely classification, classical religious coaching, and personal coaching.

The strategy of implementing coaching that occurs in families in Paringan Jenangan adopts two of the three methods commonly used in rehabilitation sites,<sup>30</sup> That is, with classical religious strategies and personal coaching, the implementation will be very different because the scope and object fostered are only limited to one child. A more detailed explanation of the coaching strategy can be explained as follows:

#### 1. Classical Religious Coaching

In this strategy, parents in Paringan do the following, 1) Provide exemplary examples from parents in terms of worship and maintaining health. 2) Habituation to the child in terms of worship, reading sentences *toyibah*, and dress. 3) Improve the quality of religious understanding in parents. This means never expecting goodness to grow in a child hoping for a child to become a righteous person if the parent is not yet righteous first. 4) Giving religious advice to the child. 5) Adjusting the religious elements that exist 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 common, not to his family. With it, children can easily socialize with the surrounding

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<sup>28</sup>Dadang Hawari Idries, *Pendekatan Kejiwaan Bagi Penderita Sakit, Dalam Sakit Menguatkan Iman, Uraian Pakar Medis Dan Spiritual* (Jakarta: Gema Insani Press, 2000), 49.

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

<sup>30</sup>Ibin Kutibin Tadjudin, *Ilmu Kedokteran Jiwa (Psikiatri), Psikoterapi Holistik Islami* (Bandung: Kutibin, 2007), 98-102.

environment.<sup>31</sup> 6) Religious formation that starts from scratch with a different process and form than what it has received before.

The next strategy of religious guidance is, 7) Providing motivation and assistance to children to carry out religious activities. Zakiyah said that directing children to always practice worship on time because worship can calm the soul and guide human behavior.<sup>8)</sup> Motivation to be diligent *nderes* (reading continuously) the Qur'an after every maghrib prayer, because one of the patients is a memorizer of the Qur'an. 9) Get closer to the person who loves the Qur'an with the Hafidz al-Qur'an at the Sima'an event. 10) Entering the child into an educational institution of the Qur'an.

## 2. Personal Coaching

Parents in Paringan carry out personal education strategies for children suffering from mental disorders by, 1) Adjusting the character and condition of the child, parents should understand each child's behavior 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 one topic, and directed to achieve the desired goal. 3) Answering the child's questions seriously, the need for knowledge must be met to avoid feeling bad for the child. In addition, the tribute to him will be an effective method for improving his mental health.<sup>32</sup> 4) Fulfillment 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 coaching such as counseling and consultation with psychiatric experts. 6) Give freedom and no coercion or pressure to the child in coaching. Following the protective function of the family, families aim to protect their members, especially their children, from distractions and pressures that can have negative impacts and interfere with the physical and spiritual health of their children. 7) Asking for help from others who do religious guidance so as not to discourage and discourage him.

The next strategy is, 8) Give attention and affection to the child and maintain the child's psychological calm and tranquility. 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

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

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

and punishments in coaching. Providing stimulation with fun things, paying attention to the wishes and opinions of the child, and not imposing something difficult for the child to do. Giving appreciation if the child does good and vice versa. 11) Maintain children's relationships by sorting out who is made friends. This is in line with what Zakiyah said that it gives restrictions on children's freedom, especially in association, because basically, humans are not free from the rules of life, both religious and social.<sup>33</sup>

Furthermore, that is, 12) Maintaining a harmonious relationship with the parents at home and maintaining a good emotional closeness to the child, the child's emotions later develop according to what the parents have taught him. 13) Sincere acceptance of the child's condition as it is from the parents. 14) Parents are democratic in the family because some children already have husbands. The main problem for parents facing their adult children is communication, often teenagers close themselves to the problems they face. This will not happen when parents open up and want to be good friends for their children in adolescence, in this situation the child will feel heard, valued, and cared for by his parents. 15) Coaching is done very flexibly and reactively with existing developments. 16) Parents position themselves as no smarter than children when religious coaching. 17) Should not hit the head in caring for a child. 18) Not to underestimate what the child does in the coaching process. With this, the child will feel valued by others. 19) Not comparing the child's circumstances. 20) Trying not to make the child disappointed, anxious, and thinking heavily. 21) Set clear coaching targets. 22) Shifting the focus of the child's mind to productive work. And 23) Provide facilities needed by children in the coaching process such as books and other coaching tools.

After providing religious education for family members, the most important thing is the issue of passion for religion itself. Religious education must be coupled with deep values and meanings because "*a family who prays together will never fall apart*" that is, when a family prays together, the family will not fall apart.<sup>34</sup> The implementation of congregational prayers with all family members will have a very positive impact on its members because prayer is a religious frame and a good starting point for further religious education. From the explanation above, it can be concluded that the strategy of fostering Islamic religious education in the five families is adjusted to the

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<sup>33</sup>Zakiah Daradjat, *Ilmu Jiwa Agama* (Jakarta: Bulan Bintang, 1989), 58-59.

<sup>34</sup>Achmad Mubarok, *Psikologi Keluarga Dari Sakinah Hingga Keluarga Bangsa* (Jakarta: Bina Rena Pariwara, 2005), 2.

forms of coaching activities that have been set by the parents of each family, which is focused on two things, namely strategies based on work therapy and developing the potential of 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 further stated three characteristics of religion, namely personality, *emotionality*, and *variety*. Religion is very beneficial 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.

Zakiah stated that the mind is all the elements of the mind in which there is a soul, emotions, attitude, and feeling which all become one unit that will determine the pattern of human behavior and efforts to deal with emotional disorders such as disappointment, joy, anxiety, concern, fear, happiness and so on.<sup>35</sup> What happens to someone who is mentally disturbed is that they cannot focus on what is being faced, the mind becomes chaotic and finally cannot conclude the events faced healthily. Among other characteristics of mental disorders are hallucinations, fantasizing without any stimuli, illusions, compulsions, hesitation or alarm, obsessions, phobias, and delusions. Furthermore, the emergence of the desire to want something for no reason, such as pyromania for people who want to light a fire or kleptomania for people who always want to drink alcohol and the desire to steal something that does not belong to them (steal) without a clear purpose. Phobia is an excessive fear of something without any clear and real causes.

determining a person's mental health is faith, this sense of faith will Furthermore, Zakiah 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 in manifesting itself in the forms of religious teachings and activities. In mental psychotherapy, the main controller in a person includes attitudes and deeds not the only reason, but also feelings. So, the alignment between the two will lead a person to mental health. The implications 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

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<sup>35</sup>Zakiah Daradjat, *Metodik Khusus Pengajaran Agama Islam* (Jakarta: Bumi Aksara, 2008), 68.

things. 2) Become calmer and happier. 3) Able to be independent, able to take care of yourself and the needs of others such as her husband and children. A healthy soul is the realization of harmony in psychiatric functions, the ability to face the problems that occur, and the avoidance of the soul from anxiety and inner conflict. 4) No longer harms parents and the surrounding community with harmful actions.

The next implication is, 5) Feeling ashamed if you say bad words such as profanity or rudeness, doing strange things that annoy others. 6) Able to socialize and interact with others. 7) Able to communicate well such questions and answers, discussions, and asking about something. 8) Already understand the grammar and manners of others. 9) Already understand something detrimental to his health such as smoking. 10) Being more productive and able to work and save money because you realize the difficulty of making money. 11) Already want to go to religious events, because previously it was only to orkesan or dangdutan events. The next implication is, 5) Feeling ashamed if you say bad words such as profanity or rudeness, doing strange things that annoy others. 6) Able to socialize and interact with others. 7) Able to communicate well such questions and answers, discussions, and asking about something. 8) Already understand the grammar and manners of others. 9) Already understand something detrimental to his health such as smoking. 10) Being more productive and able to work and save money because you realize the difficulty of making money. 11) Already want to go to religious events, because previously it was only to orkesan or dangdutan events. A healthy soul is the harmony of soul functions with the ability to self-actualize with the surrounding environment based on faith and piety to Allah Swt and have the goal of happiness in life both in the world and in the hereafter.

Furthermore, it can pray alone without being ruled, congregational, and *murāja'ah* of the Qur'an regularly, and fasting both compulsory and *sunnah*. Then be able to think about happiness together and be unselfish towards oneself. As well as being more caring and loving to children, as well as being able to take care their children by providing peace and security to children. The implications that occur in children in the five families are in line with those described by Zakiyah about the results obtained in religious formation. He said that a healthy mentality is avoiding a person from the symptoms of psychiatric disorders, being able to adjust, being able to make maximum use of talents and potentials for happiness and harmony of the soul, and being able to maintain harmony with others around him.<sup>36</sup>

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<sup>36</sup>Zakiyah Darajat, *Pendidikan Islam Dalam Keluarga Dan Sekolah* (Jakarta: Ruhama, 1995), 75.

## Conclusion

Forms of Islamic religious education coaching activities from five families are given internally through parents individually or collectively with psychiatric experts or applying a completely new form of religious coaching for children. In the process, it is still accompanied by medical efforts because this coaching is not a preventive but a corrective and preservative 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, fostering religious traditions, social community development, physical coaching, intellectual coaching, independence coaching, economic coaching (as work therapy), problem-solving coaching and fostering the development of children's potential.

The coaching strategies used by parents in five families vary widely and can differ from family to family. This difference is due to the very diverse levels of understanding and religious practices of the parents and the character of each child who is different from one other. The 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 synergized with each other and enriched with occupational therapy and the development of the child's potential.

The implications obtained from the development of Islamic religious education in five families obtained the result that the sufferer is no longer easily emotional and understands the risks he does so that he is more careful in doing things, becomes calmer and happier, and 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 troubles parents and the surrounding community with harmful actions feels ashamed if they say bad words such as profanity or rudeness, doing strange things that disturb others, being able to socialize and interact with others, being able to communicate well such as questions and answers, discussions and asking about something and understanding the karmic system.

## References

- Al-Hasan, Yusuf Muhammad. *Pendidikan Anak Dalam Islam*. Jakarta: Darul Haq, 1998.
- Aminah, Nina. *Pendidikan Kesehatan Dalam Al-Qur'an*. Bandung: Remaja Rosda Karya, 2013.
- Bappeda Ponorogo, *Penderita Gangguan Jiva di Paringan Butuh Rumah Layak*, [www.terasjatim.com](http://www.terasjatim.com), Diakses 28 Februari 2015, Pukul 12.00 WIB.

- Cloninger, Elliot &. *Genetic Approaches to Mental Disorders*. Washington DC: American Psychiatric Press, 1994.
- Dalam Fasbl Al-Maqal Ibnu Rusyd Mengatakan Bahwa, Yang Menjadi Tanda Shibbah Al-Nufus (Mental Yang Sehat) Adalah Takwa Dalam Abu Walid Ibn Rusyd, Fasbl Al-Maqal Fima Bayn Al-Hikmat Wa Al-Syari'at Min Al-Ittishal*. Mesir: Dar al-Ma'arif, 1968.
- Daradjat, Zakiah. *Ilmu Jiwa Agama*. Jakarta: Bulan Bintang, 1989.
- . *Membina Nilai-Nilai Moral Di Indonesia*. Jakarta: Bulan Bintang, 1971.
- . *Metodik Khusus Pengajaran Agama Islam*. Jakarta: Bumi Aksara, 2008.
- . *Peranan Agama Dalam Kesehatan Mental*. Jakarta: Gunung Agung, 1994.
- Daradjat, Zakiyah. *Pendidikan Agama Dalam Pembinaan Mental*. Jakarta: Bulan Bintang, 1982.
- Darajat, Zakiyah. *Pendidikan Islam Dalam Keluarga Dan Sekolah*. Jakarta: Ruhama, 1995.
- Friedman, M.M. *Family Nursing Research Theory and Practice. 5th Ed*. Stamford: Appieton & Lange, 2003.
- Gordon, Thomas. *Menjadi Orang Tua Efektif: Mendidik Anak Agar Bertanggung Jawab*. Jakarta: PT Gramedia Pustaka Utama, 2009.
- Hawari, Dadang. *Ilmu Kedokteran Jiwa Dan Kesehatan Jiwa*. Yogyakarta: Dana Bhakti Primayasa, 1977.
- . *Pendekatan Holistik Pada Gangguan Jiwa Skizofrenia*. Jakarta: Balai Penerbit FKUI, 2001.
- Idries, Dadang Hawari. *Pendekatan Kejiwaan Bagi Penderita Sakit, Dalam Sakit Menguatkan Iman, Uraian Pakar Medis Dan Spiritual*. Jakarta: Gema Insani Press, 2000.
- 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>.
- Kaplan, H.I., Sadock, B.J., Grebb, J.A. *Sinopsis Psikiatri Jilid I. Terj: Kusuma, W*. Jakarta: Binarupa Aksara, 1997.
- Maramis, Willy F. Maramis & Albert A. *Ilmu Kedokteran Jiwa Edisi 2*. Surabaya: Airlangga University Press, 2009.
- Maslim, Rusdi. *Diagnosis Gangguan Jiwa: Rujukan Ringkas Dari PPDGJ-III Dan DSM-5*. Jakarta: Nuh Jaya, 2013.

- Moleong, J. Lexy. *Metodologi Penelitian Kualitatif*. Bandung: Remaja Rosda Karya, 2000.
- Mubarok, Achmad. *Psikologi Keluarga Dari Sakinah Hingga Keluarga Bangsa*. Jakarta: Bina Rena Pariwisata, 2005.
- Ponorogo, Bappeda. "Seminar Angka Kemiskinan Dan Indeks Pembangunan Manusia Kabupaten Ponorogo Di Paringan." <http://bappeda.ponorogo.go.id/>, Retrieved Monday 30 January 2017, 3:00 p.m..
- R. Budi Sarwono, Subandi. "Mereka Memanggilkmu Kenthir." *Jurnal Psikologi* Volume 40, No. 1, Juni, 2013: 12.
- Riset Kesehatan Dasar. *Kesehatan Jiwa, Badan Penelitian Dan Pengembangan Kesehatan*. Kementerian Kesehatan RI, 2013.
- Semiun, Yustinus, OFM. *Kesmen I: Pandangan Umum Mengenai Penyesuaian Diri Dan Kesehatan Mental Serta Teori-Teori Yang Terkait*, Cet. V. Yogyakarta: Kanisius, 2006.
- Sjarkawi. *Pembentukan Kepribadian Anak (Peran Moral, Intelektual, Emosional, Dan Sosial Sebagai Wujud Integritas Membangun Jati Diri)*. Jakarta: Bumi Aksara, 2008.
- Sugiyono. *Metode Penelitian Kuantitatif, Kualitatif Dan R&D*. Bandung: Alfabeta, 2004.
- Tadjudin, Ibin Kutibin. *Ilmu Kedokteran Jiwa (Psikiatri), Psikoterapi Holistik Islami*. Bandung: Kutibin, 2007.
- Tafsir, Ahmad. *Metodologi Pengajaran Agama Islam*. Bandung: Remaja Rosdakarya, 2008.
- Ulwan, Abdullah Nashih. *Pedoman Pendidikan Anak Dalam Islam*. Semarang: Asyifa, 1981.
- Wicaksana, Inu. *Mereka Bilang Aku Sakit Jiwa*. Yogyakarta: Kanisius, 2008.
- Yanuar, Rio. "Analysis Of Factors Related To Mental Disorder Incidents At Paringan Village." *Jurnal Fakultas Keperawatan Universitas Airlangga* No.II, Juni, 2015: 2.