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The Contribution of Pondok Pesantren (Islamic Boarding School) to Developing Poor's Mental Health

Hendro Prabowo¹; Mahargyantari Purwani Dewi²; Mu'minatus Fitriati Firdaus^{3*}; Nur Aziz Afandi⁴; Aski Marissa⁵

^{1,2,3,5}Faculty of Psychology, Gunadarma University, , Indonesia

⁴Islamic Psychology Study Program, State Islamic Institute Kediri, Indonesia

Corresponding author's email: mfitriatifirdaus@gmail.com

Abstract: Islamic boarding schools (pondok pesantren) play a role not only in education but also in the development of mental health. Pondok Tetirah Dzikir (PTD) is one of the pondok pesantren that provides mental health services for people experiencing poverty, especially those suffering from mental disorders and drug abuse, by using TQN-based therapy (Thariqah Qadiriyyah Naqsabandiyah). This research is a case study and qualitative research on the development of mental health in PTD. Results show some themes, including the patients as a guest, management of the boarding schools, the therapeutic process and the social relationship after therapy, were found.

Keywords: *islamic boarding schools; mental disorders; drug abuse; tqn*

A. INTRODUCTION

Formally, the relationship between patients and mental health team members is associated with the effectiveness of better outcomes for patients (Onyett & Campling, 2002). West and Lyubovnikova (2013) added that the input-process-output (IPO) framework of team effectiveness, composition, task, and organizational support impacted the staff and patient outcomes. Team training interventions can also facilitate more effective interdisciplinary

teamwork (See also Xyrichis & Lowton, 2008).

In Islamic psychotherapy, patients are sometimes not hospitalized, but in Pondok, pesantren (Islamic boarding schools) with kyai (the head of pondok pesantren) has a major role. Moesa (2007) reveals there are several requirements for a kyai, including having a pondok pesantren, fearing God, carrying out the main duty of inheriting the apostle's mission (risalah), which includes speech, knowledge, teachings, deeds, behavior, mental, and moral, and diligently



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worshipping (both obligatory and sunnah), zuhud (detached from the size and interests of worldly matter), understanding the well-being of the populace or society, being sufficiently knowledgeable about the Hereafter, and dedicating all of one's knowledge to Allah with the proper intentions—both charitable and educational—are the three pillars of Islam. In the setting of boarding schools that offer Islamic psychotherapy, then the function of kyai naturally changes. A kyai also serves as a therapist in this situation.

Islamic psychotherapy is the service of a psychotherapist to clients who face spiritual problems to live a good life according to the guidance and instructions of the Quran and Sunnah; both are the source of Islamic teachings (Rajab & Bardansyah, 2016). The method is done through prevention, treatment, and construction of an individual's soul, especially those with fragile faith in Allah SWT (Abdullah, Razali, Taha & Kechil, 2016). Rothman and Coyle (2020) found that the structure of the soul, including nafs (lower self), is a level of the soul or self as the aspect that is related to behavior, motivation, and impulse; Aql (intellect), that is similar with the mind and/or brain in Western schools of psychology and psychotherapy; Qalb (heart) is the centrality of the Islamic conception of psychology; and Ruh (spirit).

Rothman and Coyle (2020) developed an iceberg model to explain the structure of the soul. The level of nafs appears above the waterline, where most of a person's problems manifest. It can appear in cases explicitly on behavioral patterns or more subtly as

personality patterns where a person may struggle with either the stages of nafs al amara bil su (soul that inclines to evil) or nafs al lawwama (self-accusing soul) or vacillating between the two. Thus, the problem of what the client tells is generally mostly a symptom of an imbalance or blockage at one of the other levels of the soul, further down the iceberg below the water line.

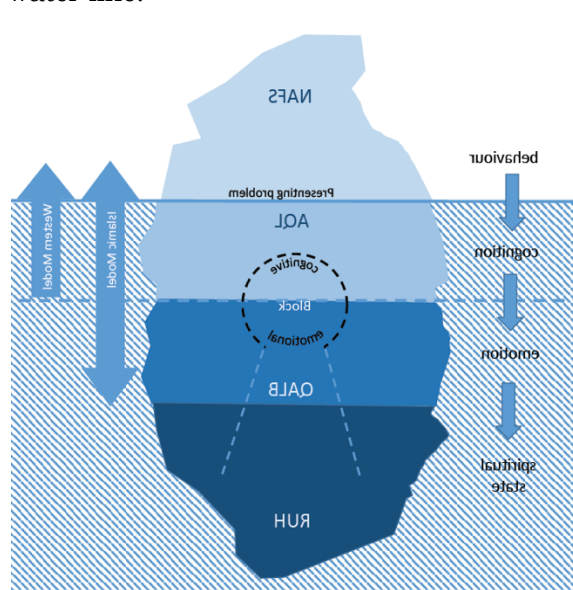


Figure 1. The iceberg model of Islamic Psychotherapy

Source: Rothman and Coyle (2020)

Just below the waterline is where the aql level is located, where cognition inherent in problematic behaviors or personality patterns causes and maintains that maladaptive behavior or pattern. Aql level where cognitive behavioral therapy from Western psychology can exert its effects to help reframe and reprogram this dysfunctional cognition.

Although therapeutic interventions at the aql level may involve higher cognitive aspects of the fitrah or spiritual self, they

mostly do not involve deeper emotional matter connected to or causing these blocks and those found at the qalb level. Qalb can be involved in therapeutic interventions by accessing emotions and opening blocks to the fitrah self. The opening of this blockage occurs only at the level of qalb, which is the key to Islamic psychotherapy, illustrated by the shape of the keyhole in the centre (Figure 1). The bottom of the keyhole represents the opening of the spirit, which is said to occur as a result of removing the emotional blocks that keep a person from living in harmony and that is closer to their fitrah state, to remember God and their primordial state.

The iceberg's deepest part is considered shrouded in mystery: the ruh, the pure soul that reflects God's truth. Further exploration of this iceberg level is assumed to lie in the domain of a sheikh who has mapped deep waters and has attained a rare and higher spiritual state by which comes greater knowledge of the soul. It is a continuation of jihad an nafs (soul struggle, a process along the road to soul growth) depart from the realm of psychology, which is largely concerned with bringing one's nafs into a more optimal balance or function and crossing over into pure spiritual pursuits that are more concerned with perfecting nafs.

Pondok Tetirah Dzikir (PTD) is a kind of pondok pesantren and one of the community alternatives to the hospitalization in Yogyakarta. PTD serves patients with drugs and psychosis from lower and lowest class people whom families and formal hospitals/rehabilitation neglect. Their

families generally send them to PTD or come from the streets.

PTD is affiliated with Pondok Inabah in Pesantren Suryalaya, established in 1971. Abah Anom, the pioneer of Pondok Inabah, introduced the teaching of the fusion of mind and soul through ritual remembrance and other worship to drug addicts with a greater success rate than medical healing by formal rehabilitation institutions in the 1980s and 1990s (Umam, 2006). The program or Inabah treatment is fully based on the teachings of the Qadiriyyawa-Naqshbandiyya order and Islamic teachings in general. Two main activities in the healing process are prayers and dhikr following the tariqa's style (Umam, 2006; Rajab, 2014).

The basic approach to Inabah's treatment process for drug abusers practised is essentially "cold turkey". After admission to the Inabah centre, all addicts must undergo detoxification for seven to ten days to release residual physical dependence on addictive substances. After completing detoxification, the addicts will do a cleansing bath, shave their hair, and will proceed to the following stages, specifically taubat bath, zikr, regular prayers, sunnah prayers, and community service. Counselling and regular meetings with teachers and counsellors are also arranged for drug dependents to discuss their difficulties. Each of these processes will be facilitated by a group of Inabah facilitators rehabilitated using the same methodology (Mohamed & Din, 1998).

Based on observations at PTD before the covid-19 pandemic (2019-2020), in one pesantren environment, there were 60 students and were served by one kyai (also a

therapist), two co-therapists (1 volunteer and 1 former addict), 1 driver (who worked part-time) and 2 cooks. The 60 students are also neglected people who have no financial contribution. With limited therapists and finances, how can PTD carry out its therapy?

B. MATERIALS AND METHODS

This case study employed a qualitative approach using thematic analysis. Information was gathered directly from three participants: the kyai as a therapist, ustadz BR as a co-therapist and AQ as an alumnus. Semi-structured interviews were utilized for data collection from both participants to thoroughly express their experiences about Islamic psychotherapy, especially Inabah treatment. The data is collected during the ten-day participant observation to get information about the therapy process. Researchers live with the santri, including engaging in prayer, prayer, dhikr and repentance bath, and observing when the kyai perform therapy on the santri.

Data analysis consisted of several steps. First, audio recordings of data obtained from interviews are converted into interview transcriptions. Second, researchers read carefully and repeatedly each transcription to become familiar with the data. Third, organized a system of coding and categorization. Within each category, we group codes that are similar to each other or pertain to the same topics or general concepts.

Thematic analysis coding is used where themes or patterns across data sets point to the same underlying idea or meaning. Data analysis is done manually without the use of computer-based software.

C. RESULT AND DISCUSSION

1. Result

The result of this research includes several findings:

a. Setting

Pondok Tetirah Dzikir is geographically located at Dusun Kuton, Desa Tegal Tirto, Kecamatan Berbah, Kabupaten Sleman, Daerah Istimewa Yogyakarta. It is located at Jalan Istiqomah and in the middle of rice fields owned by residents. PTD has several building units such as a security post, office, hall, mosque, kyai's house, kitchen, guest house, khalwat room, khalwat barack, and farming.



Figure 1. Map of the PTD

b. The patient as a guest

The kyai estimates that in professional rehabilitation institutions, to treat mental illness, there are costs of food, medicine, and so on that spend about Rp 7.5

million per person per month. So if standard professional management with economic principles, the 70 patients will cost about Rp 49 million per month.

The santri who came to PTD are considered people with a mental disaster. Those with both psychiatric and drug problems have never been seen as ill. The kyai believes sickness is a guest of God that should be welcomed.

"Yes, three days I am only *ijtihad*, meaning that if we can, if we are stricken with disease, try three days do not need to go to the doctor, we consider this a guest of God, we glorify ..., we glorify, we welcome, that is, the perception of Sufis can be different from the person in general, if others are sick it is rushed for treatment if for sick Sufis it is a guest".

PTD does not try to cure the santri because there is no assumption of illness but tries to alleviate the problems that exist in the santri. The kyai still feels calm even though sometimes santri does unusual deeds because, according to him, all are already in the Power of God.

"Well, because departing from these, we do not consider illness, then actually there is no term of cured ... there are no parameters in PTD, there is that we alleviate them of the slump due to disaster".

c. Management of the Islamic boarding schools

The applicable management in PTD is formed without a structured and systematic preparation. PTD management is due to the limited human resources. Nevertheless, all activities in the boarding continue to run smoothly because of the belief that all of it is a help that God has prepared. There is a belief that all forms of fluency in dealing with various problems in the boarding are a sign of connectedness that God moves directly.

One of the volunteers, ustadz BR, also dedicated himself to being a co-therapist in the boarding. He only had a middle school background and was never trained in dealing with people with mental disorders and drug patients. Some of the santri are college-educated. Nevertheless, they can provide such good service that the activities in the boarding can take place well. Previously, Ustadz BR experienced problems that befell him in the form of his business collapse. He came to the hut to calm down by *dhikr* with other santris and because he previously had a knowledge base from TQN, Ustadz BR finally decided to join PTD. After being invited to *talqin*, Ustadz BR finally became a reliable co-therapist.

The kyai also feels such blessings and gratitude for being able to eat good food with other santri, where this delicious food

may never be felt by the santri who come from low-income families. The kyai also feels always met with sincere people and ikhlas people. He also always felt a connection with god's servants who came to give something in meeting the needs of life in his boarding school. In the end, always get help from others. God's help always comes from all over.

The connectedness driven directly by other God is the volunteers willing to work sincerely from the santri. One of the santri who used to find on the street then dedicated himself to being a dishwasher without anyone ordering it. Other santri who have behaved destructively can work in agriculture and even make a decorating pool in the yard. While the other santri is a former security who then chooses to become a security and make his place as a security post.

"We never think of them as patients, we think of them as human beings and we think of them as families, well finally in their development Alhamdulillah our santri formed their respective formats, so they participated in organizing cottage activities according to their respective capacities and that is their choice."

d. The therapeutic process

Before giving therapy to the santri, the therapists need a talqin

or initiated first as a form of earnest faith to practice the teachings of the Qodiriyah Naqsabandiyah order. In talqin, the therapist gets the word Laa Ilaha Illallah, and "how the dhikr of Laa Ilaha Illallah can penetrate the heart, change spirituality, and increase spiritual awareness".

In addition, the activities carried out by santri while in PTD are morning prayers by reading qunut, tahajud prayer, praying, dhikr, and repentance bathing. The kyai says that the santri are suwung (void) or hollow people and vulnerable to be affected by the elements of jabarut, nature where there are evil elements, places of excitement in which there are evil elements derived from jinn and satan.

However, according to the kyai, worship activities such as dhikr, repentance bath, tahajud prayer, and other worship can protect the santri because he believes Allah and the Messenger will provide direct guidance to them.

Some forms of Inabah treatment carried out in PTD have at least two pluses compared to other places: vibration and khalwat room. Vibration. For the kyai, the initial perception is that everyone who comes as a santri who will visit and worship together turns out to provide a different vibration so that slowly but surely, spiritual touches given can make the disturbances

experienced by the santri diminished. Every day the kyai always serves the santri who are in the khalwat room by greeting them, inviting them to talk even to cry over their circumstances.

"Yes, the therapy continued, so I came to him, then I stared at him, I cried, oh God, I can't bear to see you like that, but this must be lived, which is sincerely patient. Yes, he pouted he did not accept those words, but we will convey it every day continuously."

The kyai always interact, praying for the santri placed in the khalwat room and giving everything to Allah SWT.

Kholwat Room. The kyai places the santri who behaves destructively or relapse in a khalwat room containing one to two santri. In this room, the santri can be tafakur (Islamic meditation or contemplation) and muhasabah (the act of examining oneself for improvement) (to God. As for those who have reduced their destructive behavior are placed in khalwat barack, which is located side by side with the mosque. Kholwat room guides the relapsing santri, who can feel the vibration of prayer and dhikr from other santri.

"I do not know, if in a formal mental hospital if the rampage patient will be immediately isolated. ... There is also if here that is rampage...., only the vibration is different, we do not place in the

isolation room but in the khalwat room. Khalwat is alone and in his tafakkur and muasabah."

e. Social relationships after therapy

Among the PTD alums, there is a *silaturahmi* (friendship) relationship after they come out of boarding school. Since these alumni still feel the tranquillity of the impact of the dhikr, they decided to do activities in the form of dhikr and khataman together once a month and manaqib together once a week. Although they no longer live in the boarding school, these alumni still help each other outside the boarding school. For former drug users, this is done to prevent the reuse of the drugs. They also keep reminding each other to no longer fall into drugs.

According to AQ after he performed the dhikr repeatedly, this greatly affected his body and mind, which became lighter and calmer.

"After the dhikr, sometimes we lighten the body, the body lightly, the mind loses, right? Anyway, yes, I started to hit it in the dhikr".

f. Volunteerism of Santri to support PTD activities

The limited human resources that support santri activities in PTD can be overcome due to the initiative of the santri. Some students in ongoing therapy who

have received rehabilitation accompanied by positive changes and feelings have volunteered to help the boarding school by carrying out several responsibilities such as security, dishwashing, cooking, laundry, and farming.

2. Discussion

The role of kyai of PTD is unique because it is a slice of kyai pesantren and kyai tarekat. Turmudi (2003) states that kyai pesantren focuses on teaching activities in boarding schools through education. The kyai pesantren is generally obeyed by the santri. Meanwhile, the kyai tarekat concentrates on building the intelligence of the heart (inner world) of the santri. The role of the kyai of PTD more closely resembles a therapist who teaches Inabah treatment for students who suffer from problems with drugs and psychosis from lower and lowest class people.

The limited number of therapists and co-therapists and the limited funding for managing the boarding can be overcome through the belief that God is directly involved in daily activities. This is different from other formal rehabilitation institutions in general. Rissmeyer (1985) makes a characteristic comparison between alternative programs and hospital programs in the table below.

Table 1.

Comparison of Alternative and Hospitals Programs

Alternative	Hospitals
Treatment	
Psycho-social model Labelling (stigmatization) minimized Residents responsible for their behavior	Medical Model Labelling (diagnosis) emphasized Staff accountable for patients' behavior
Setting	
Community-based Home-like atmosphere Open	Removed from community Institutional atmosphere Closed, locked, or restrictive
Social Structure	
Non-authoritarian Non-hierarchical Program flexibility Role differentiation minimized Client as resident Continuity of ongoing daily activities	Authoritarian Hierarchical Inflexibility Role differentiation emphasized Client as patient Removal from usual daily activities

According to Rissmeyer (1985), there are clear differences in alternative program settings compared to hospitals. Alternative programs are community-based and have an atmosphere more like open homes and settings. In contrast, hospitals tend to be isolated or excluded from the community and have locked, closed, or restricted settings. In addition, the social structure of alternative programs contains clear differences from the structure of the hospital. In alternative programs, there is an emphasis on authoritarian and hierarchical staffing patterns, and, as a

result, the differentiation of roles between patients and staff (or between the kyai and the santri) is very blurred.

The importance of a healthy soul to an individual's overall well-being is strongly emphasized in Islamic psychotherapy, and it is often overlooked by Western psychotherapy. Interventions recommended in the context of therapy may also act at the mental level rather than focusing on symptoms. It is important to understand that the Islamic view is that the external soul, heart, mind, and physical are interconnected. Thus, Islamic psychotherapy places great weight on upstream factors affecting health and highly values disease prevention rather than solely on symptom treatment (Elchehimi, 2021).

Nevertheless, the healing of Islamic psychotherapy symptoms, compared to Western psychotherapy, does not significantly differ. Tandiono (2014) compared the rehabilitation therapy using medical (represented by Ghrasia Mental Hospital) and non-medical approach (represented by PTD). He found that it does not show any significant difference statistically for kidney and liver values of the function. Rehabilitation therapy using medical and non-medical approaches does not show any statistical significance.

D. CONCLUSION

TQN-based therapy implemented by PTD provides many benefits and is proven to improve mental health in patients with mental problems and drug addiction. The

difference between treatment in PTD as a boarding school as well as a rehabilitation center with rehabilitation provided by the government and conventional rehabilitation is seen through different treatments, settings, and social structures. Then, TQN-based therapy can be developed, reviewed, and implemented to improve mental health for individuals with similar problems.

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