

Religious Coping For Schizophrenics At Upt Rehabilitasi Sosial Bina Laras Kediri

Ach. Shodiqil Hafil¹, Laro Iba Arifa Ajie²

Institut Agama Islam Negeri (IAIN) Kediri

as.hafil@iainkediri.ac.id

ABSTRACT

Decreased productivity often occurs in people with schizophrenia. As a result, sufferers are more susceptible to stress, and difficulties in skills, work, and socializing with others. One of the efforts to help restore the mentality of schizophrenics is using spiritual healing. Spiritual methods can have a good impact on people with schizophrenia. Individuals with schizophrenia are more likely to show maladaptive coping, i.e. doing emotionally charged activities. Psychotherapy is carried out as a habituation of religious coping for schizophrenics through worship activities carried out by patients in rehabilitation to divert the focus of the stressor. This study used a type of descriptive qualitative research. Data collection techniques use observation, in-depth interviews, documentation, and measurement scales. Analytical techniques use 2 qualitative and quantitative research methods, namely: data reduction, data presentation, and conclusions. In order to strengthen the results of the study using validity and reliability test analysis techniques. The results of research on religious coping through worship activities of schizophrenics show that there are 2 dimensions of religious coping that dominate among schizophrenic patients, namely: The dimension of searching for meaning and controlling. Schizophrenics in the search for meaning in accordance with religious beliefs are overcoming problems through religious assistance. Then in controlling control, schizophrenics overcome problems actively, including praying, telling stories, not bothering others, apologizing, patience, and resignation. Despite having limitations, sufferers are able to follow spiritual behavior in the form of worship to God. The style or concept of religious coping with schizophrenics after doing worship activities uses a collaborative style, namely carrying out activities that involve God and individuals, sufferers close to religious leaders, and collaborating between effort and praying.

Keywords: Religious Coping, Schizophrenia, RSBL

INTRODUCTION

Nowadays we are often discussed with mental health. Law of the Republic of Indonesia number 36 of 2009 concerning health states that health is a state of health, both physically, mentally, spiritually, and socially that allows everyone to live a productive life socially and economically ("Law of the Republic of Indonesia Number 36 of 2009 Concerning Health," n.d.). Inappropriate developmental conditions in individuals will cause mental disorders. Schizophrenia (Skizofrenia 2022) is one of the mental disorders that we often encounter in life. According to the World Health Organization (WHO) in 2022 there will be 300 million people who experience mental disorders such as depression,

dementia, bipolar, and mention 24 million people who experience schizophrenia. Research by Marta Suri and Daryanto also says that schizophrenics experience poor or poor quality of life, low self-esteem, and high stigma (Marta Suri 2019).

Schizophrenia is a group of clinical syndromes characterized by alterations in its cognitive or behavioral, emotional, sensory, as well as other cognitive aspects. Schizophrenia is a psychotic disorder condition characterized by various heavy thoughts, behaviors, and emotions that are not controlled. Illogical thoughts, improper perception and attention, or various disorders of unnatural motor activity as in general such

behavior is called schizophrenia or psychotic disorders characterized by emotional and behavioral disorders. A number of literature also shows that most sufferers who experience severe mental disorders report that religiosity and spirituality play an important role as their *coping* mechanisms in overcoming the mental disorders they experience.

The problem that often occurs in schizophrenia is decreased productivity, as a result of which sufferers are more susceptible to stress, and difficulties in skills, work, and socializing with others. Individuals with schizophrenia are more likely to show *maladaptive coping*, i.e. doing emotionally charged activities. The impact is on spiritual dissatisfaction and decreased quality of life of sufferers. Low quality of life will be a stressor and trigger a decrease in the condition or the potential for relapse (Feri Agus Triyani, Meidiana Dwidiyanti 2019).

UPT Rehabilitasi Sosial Bina Laras Kediri is a rehabilitation place for people with schizophrenia. The problems behind sufferers experiencing schizophrenia include infidelity, economics, broken homes, drug abuse, sexual violence, breakups, and so on. One of the efforts to restore the mental recovery of schizophrenics is using the method of spirituality with the method of religious coping. Research by Morh S shows that religious coping can affect the handling of stress and help the healing process of disease (Mohr S 2010). Another similar study conducted by Ummul Aiman Sani, on coping shows that spirituality contributes effectively to the coping strategies of early adult women in Penang. The difference in the study lies in the discussion of coping strategies in terms of spirituality and resilience in early adult women, while the research to be conducted is about religious coping through worship

activities in schizophrenia patients (Sani 2019).

In addition, there is also a study conducted by Farida Ayu N.H and I Gusti Ngurah Gunadi, S.P with the title "Religious Coping in Schizophrenia" (Farida Ayu dan Gusti Ngurah Gunadi 2018). The results of this study suggest that religious coping in schizophrenic patients can be used as a predictor of therapeutic outcomes. The religious coping used by schizophrenic patients is not always associated with good outcomes. Positive religious coping strategies are always associated with better psychological adjustment to stressors, good clinical and functional outcomes, and protective factors against readmission/rehospitalization, but vice versa with negative religious coping strategies. The difference in the research method used is the biopsychosocial model while the researcher uses a descriptive qualitative method. The similarity in this study is found in the theory of religious coping in schizophrenia patients. In the case of UPT Rehabilitasi Sosial Bina Laras Kediri, planting habituation in carrying out worship activities for patients is not easy. Because basically, some sufferers do not have enough religious awareness. Their level of depression greatly affects their activity. Religious Coping through the worship activities of schizophrenic patients. This research is very important to determine the dimensions and styles of Religious Coping used by schizophrenics after carrying out worship activities at the UPT Rehabilitasi Sosial Bina Laras Kediri. This study aims to determine whether the psychiatric level of people with schizophrenia can be restored by spiritual efforts, namely by using the guidance of religious activities such as praying, reciting the Quran, and others. In this case, it is also studied how spiritual psychotherapy can have a positive impact on the recovery of stress

levels experienced by people with schizophrenia. Thus, it is hoped that this research will contribute to the scientific practice of psychotherapy for schizophrenics and add insight into Religious Coping so as to foster spiritual behavior in schizophrenic patients.

RESEARCH METHOD

In writing this article, the author uses a qualitative and quantitative method (mixed method). This research will produce descriptive data based on understanding and interpreting the meaning of phenomenology in a particular situation according to the researcher's own perspective (Aksara 2013). Data accumulation techniques can be done through various ways, namely, observation, interviews, tests or questionnaires, documentation, and so on. Researchers can choose one or combine several of these methods according to the needs and problems faced (Riduan, n.d.). In an effort to strengthen the interview results, researchers used a measurement scale from the questionnaire with a Guttman scale type. In this study, researchers will conduct interviews with 5 schizophrenics as respondents at UPT Rehabilitasi Sosial Bina Laras Kediri.

The interview guidelines used by researchers are based on theoretical indicators so as to find the desired results. In the dimension of *Religious Coping*, there are several dimensions, one of which is the dimension of searching for meaning (*meaning*). Indicators of the dimension of searching for meaning include: 1) Redefining *stressors* through religion as problem solvers faced, 2) Defining God's power as capable of influencing stressful situations and conditions. Examples of questions are as follows: a) Who is your God? b) Who is your prophet? c) Name the Pillars of Faith and the Pillars of Islam! The

question is arranged simply so that it is easily understood by schizophrenics.

Data analysis in this study was carried out before researchers entered the field. Qualitative data analysis is inductive, which is an analysis based on the data obtained, then develops a certain relationship pattern or hypothesis (Sugiyono, n.d.). There are 3 stages in qualitative research data processing and 2 stages in quantitative research data processing, including: 1) Data reduction, 2) Data presentation, and 3) Conclusion drawing or verification. These three things are qualitative data processing, while quantitative data processing is statistical analysis using: 1) a Validity test, and 2) a Reliability test.

RESULT AND DISCUSSION

Religious Coping

According to Pargament in his book "Religion and Coping: The Current State of Knowledge" says that in general a person who has faith in God when faced with a situation that presses one's soul (stressor) then the individual will involve God and include other religious elements in overcoming his problems (back to religion). This means that coping (problem-solving) is carried out using a divine approach, this is called Religious Coping (Pargament 1997a). In Pargament's writings and quoting Aflakseir and Peter's writings he said that Religious Coping activities represent five dimensions of religious function, namely 1) Finding meaning; 2) Self-control; 3) Comfort and closeness to God; 4) Establishing relationships with others and closeness to God; 5) Creating change in life (Aflakseir 2011). Therefore Religious Coping is a way or effort to manage, change, overcome problems, and regulate internal and external responses, by combining spiritual beliefs.

Meanwhile, according to Koenig in Aflakseir and Peter explained that Religious Coping is

the extent to which individuals use cognitive or behavioral strategies based on their religious beliefs and ritual practices to help the problem-solving process in preventing or minimizing the negative psychological impact of stressful situations and this is very helpful for individuals to adapt in stressful life situations.

In this case, Religious Coping also affects the cognitive mindset of individuals when looking for solutions in the face of difficult situations and can increase one's religiosity. Religiosity is a value that influences a person in thinking, behaving, and looking. One of the dimensions of religiosity that regulates individuals in behavior and appearance is the moral dimension. Morals serve to know the boundary between good and bad and can put something in its place, that is, put something in proper proportion. The inherent morals of humans aim to achieve happiness in the world until the hereafter (Muhamad Bagus Andriyanto 2020).

The source of coping in dealing with a problem is religiosity. Belief in God is a must and is also believed to be the source of Religious Coping which is accompanied by effort or effort to ask for help with God called prayer and surrender everything to God. Another source of Religious Coping is to dialogue with God when praying about how to overcome the problem. Pargament said that in praying, individuals who use Religious Coping have the belief that behind the test, God must have wisdom from the calamity that befell them. Praying has an effect and effect on reducing disease. Research conducted by Pargament found that religious coping is unique and different from others and significant in predicting well-being outside of non-religious coping. In addition, the measurement of religious coping has been shown to be a stronger predictor of dealing with stressful situations than normal situation

(Pargament, K.I., Smith, B. W., Koenig, H. G 1998)

According to Pargament, it has been explained that there are three concepts or styles of approach in Religious Coping, namely The Self-Directing Style, Deffering, and Collaborative (Nelson, n.d.). Then measuring the Religious Coping approach can be done by looking at the indicators of Religious Coping, which are contained in the dimensions of Religious Coping, namely: 1) Finding meaning; 2) Self-control; 3) Comfort and closeness to God; 4) Establish relationships with others and closeness to God; 5) Creating change in life(John E. Fetzer 2003).

Schizophrenia

Schizophrenia is a psychotic disorder condition characterized by various heavy thoughts, uncontrolled behavior, and emotions, illogical thoughts, improper perception and attention, or various disorders of motor activity that are not natural as in general (Siti Makhruzah 2021). Mental illness is a difficulty that must be faced to socialize with others, outlook on life, and attitude towards oneself. Mental disorders are disorders in the way of thinking (cognitive), willpower (volition), emotional (affective), and behavior (psychomotor). A mental disorder that greatly affects and interferes with an individual's life is schizophrenia ((Bandung: Refika Aditama) 2010). According to Mery C. Townsend, the types of schizophrenia include: (a) Catatonic schizophrenia is the initial symptom that appears due to stupor or hearing and seeing noise that causes self-harm. (b) Residual schizophrenia is a behavior characterized by eccentric or withdrawn behavior. (c) Unspecified schizophrenia is characterized symptom of psychological symptoms such as delusions, hallucinations, and the risk of violent behavior. And (d) Affective schizo

disorder is a symptom characterized by aggressive behavior, for example, major depression.

Implementation of Religious Coping

The form of implementation of Religious Coping is identified in the context of Islam. According to Iredho, Fani said that the implementation of Religious Coping is divided into two. First, man's relationship with his God (*hablun min Allah*) is to perform a series of worship such as praying, dhikr, praying, reading the Quran, and so on. Second, relationships with fellow humans (*hablun min al-nas*) are interacting with others. All series of worship carried out is a form of obedience to God who has given health physically, psychologically, socially, and spiritually (Reza 2015b). *Religious Coping* is implemented through a series of worship that covers all dimensions of humanity. According to Ammar Fauzi Heryadi, worship is an action based on knowledge through good deeds (according to reason and revelation) and belief in the greatness of God (Heryadi, n.d.).

Table 1
Implementation of Religious Coping

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| NO | Forms of Implementation of Religious Coping | |
|----|---|--|
| | <i>Hablun Min Allah</i> | <i>Hablun Min an-Nas</i> |
| 1. | Religious Coping through Sholat | <i>Silatullah</i> in Islam |
| 2. | Religious Coping through Zikr | According to Pargament, it is said that, |
| 3. | Religious Coping through Praying (doa) | in general, a person who has faith in God when faced with a situation that |
| 4. | Religious Coping through reading the Quran | presses one's soul (stressor), the individual will involve God and include |

Dimensions of Religious Coping in Worship Activities of Schizophrenic

The results of the study found several findings on the dimension of Religious Coping through worship

activities of schizophrenics including the following: 1). The dimension of searching for meaning found results: a. The meaning of God, b. The meaning of the pillars of faith and the pillars of Islam. 2). Dimensional control control finds results: a. Actively addressing problems, b. Praying, c. Storytelling, d. Spiritual activities. 3). The dimensions of comfort and closeness to God find results: a. Worship activities, b. Have a feeling of happiness, c. Lazy, d. Complain. 4). The dimensions of intimacy with others and closeness to God find results: a. Familiar with others and religious leaders, b. Provide spiritual support, c. Not familiar with others. 5). The dimension of change in life finds results: a. Thankful for God's favor, b. There is no change in life.

The first finding is the dimension of searching for God's meaning. Schizophrenics overcome problems based on the ability of spiritual understanding in accordance with religious beliefs, namely overcoming problems through religion. This is in line with the conditions and situations of schizophrenics who are able to elaborate the search for meaning in God as well as there is a good spiritual understanding of the Pillars of Faith and the Pillars of Islam in schizophrenic sufferers. According to Pargament, it is said that, in general, a person who has faith in God when faced with a situation that presses one's soul (stressor), the individual will involve God and include other religious elements in overcoming his problems (back to region) (Pargament 1997b).

The second finding is the control dimension of control. Researchers conduct therapeutic

communication of Sufism regarding the dimensions of control over the problems of each schizophrenic, so data are obtained that each individual patient has a different way of overcoming problems. Some involve God but do not care about help from others. There are also those who only involve others without involving God. This is supported by observations from researchers. For example, researchers saw that schizophrenic patients with the initials RA after finishing *'Asr* praying did not immediately go home, but sat silently and raised both hands to pray (Kediri 2023). As RA says:

".....*Saya berdoa... Ya, berdoalah...*".

".....*I pray... Yes, pray...*".

The activity that schizophrenics do with the initials RA after the salutation of prayer is to pray for help from Allah. Furthermore, Pargament said that in praying, individuals who use Religious Coping have the belief that behind the test must be God has wisdom behind the calamity that befell them. It is impossible for God to give a test without the intent of the problem. In addition, praying also has an effect and effect on reducing disease complications (Pargament, K.I., Smith, B. W., Koenig, H. G 1998)

The findings of the three dimensions of comfort and closeness to God carried out by schizophrenics through worship activities obtained data that, the search for the meaning of Religious Coping carried out by each schizophrenic through worship activities showed that sufferers were happy when doing worship activities in Musholla. However, there are sufferers who are lazy and complain when doing worship

activities. As a schizophrenic with the initials A says:

".....*seneng, tapi kadang ada malesnya, kan cuapek badannya, terus mengantuk*".

"..... happy, but sometimes lazy, right tired body, continue to sleepy".

Schizophrenics with the initials A say feelings of pleasure when carrying out spiritual guidance activities, and there are still complaints of laziness, fatigue, and drowsiness. The structure and schedule of activities or psychosocial activities carried out by schizophrenics at UPT Rehabilitasi Sosial Bina Laras Kediri is that sufferers follow according to schedule and are not coercive, but have an effect on night activities, namely on spiritual mental guidance. Schizophrenics do not participate in activities because they are tired after doing activities during the day.

The fourth finding is the dimension of familiarity with others and closeness to God (*intimacy*), the familiarity shown by schizophrenics to friends, namely by inviting other sufferers to provide spiritual support. However, not all sufferers feel close to other sufferers in terms of providing spiritual support. As schizophrenics say with the initials A, that:

"....*Saya itu orangnya ga mau ngurusin orang lain. Kadang kan orang kalau diingatkan marah. Misalnya gini tak ajak "ayo sholat" tapi malah dijawab "aalahh kok sok suci". Makanya saya gak pernah ikut campur urusan orang lain*".

".... I am a person who does not want to take care of others.

Sometimes people when reminded get angry. For example, when I asked "Let's pray" but instead answered "how come it is pretentious". That's why I never interfere in other people's affairs."

Schizophrenics with the initials A choose not to interfere in the worship affairs of others. The closeness of the schizophrenics to Ustadz Mochtar during the spiritual mental guidance activities was carried out, indicating that schizophrenics with the initials A were happy to participate in the activities.

The latest findings, namely on the dimension of change in life (*life transformation*) showed the results of the findings: 1). Grateful for God's favor, 2). There is no change in life. Although schizophrenics have limitations in their psychological psyche, schizophrenics show good attitudes or morals as an effort to change life for the better. The inherent morals of humans aim to achieve happiness in the world until the hereafter (Muhamad Bagus Andriyanto 2020).

Among the five dimensions of Religious Coping that have been given to schizophrenics found that the dominant dimension of Religious Coping used by sufferers lies in the following dimensions: 1). Search for Meaning, 2). Control.

Style of Religious Coping from Schizophrenics Worship

The first findings on self-directed style include: 1). Individuals regularly take medication, 2). Show a proactive attitude, 3). Keep problems to yourself. The patient tries to solve the problem on his own and does not involve God, then the patient also adopts

a proactive attitude in solving the problem. This is in line with the theory put forward by Lazarus and Folkman says that coping is a process by which a person is able to manage the demands within themselves in various ways that they use in dealing with stressful situations (Berg 2017).

In the style of self-submission, research results were found, including: 1). Individuals believe in God, 2). Perform prayers, 3). Obey the guide, 4). Combine both the active roles of the individual and God. In this case, in accordance with religious beliefs, the sufferer leaves all problems to God in solving problems. Then, schizophrenics show a passive attitude in solving problems. According to Mahmoudi, there is a relationship between Religious Coping and health and complex psychological disorders. That is, religious beliefs are able to play an important role in the prevention and reduction of emotional and psychological disorders (G. Mahmoudi, A. G. Ebadi, n.d.).

The last findings found in the collaborative style research results include: 1). Carrying out activities involving God and individuals, 2). Individuals close to religious leaders, 3). Trying and praying. In this case, the sufferer and God are understood as active participants in the problem-solving process. This is in line with the research conducted by Iredho Fani Reza in his thesis. The study discusses Religious Coping and stress susceptibility in patients with chronic kidney failure. His research shows that Religious Coping through relationships with God and fellow humans is able to minimize or eliminate stress

vulnerability. In the sense that individuals who have chronic diseases have a higher level of appreciation and understanding of religion, so the risk of stress vulnerability is smaller (Reza 2015a).

Among the three styles of Religious Coping that have been given to schizophrenics found that the dominant style of Religious Coping used by schizophrenics lies in the collaborative style, namely schizophrenics in solving their problems using a combination of individuals and God.

CONSLUSSION

Researchers found 2 dimensions of Religious Coping for schizophrenics in UPT Rehabilitasi Sosial Bina Laras Kediri which dominate, namely: the dimension of searching for meaning and controlling. Schizophrenics in the search for meaning in accordance with religious beliefs are overcoming problems through religious assistance. Then in controlling control, schizophrenics overcome problems actively, including praying, telling stories, not bothering others, apologizing, patience, and resignation. Despite their limitations, it turns out that schizophrenics are able to follow spiritual behavior in the form of worship of God. In addition, in Religious Coping there is also a style as a way of solving problems. Schizophrenics at UPT Rehabilitasi Sosial Bina Laras Kediri predominantly use a collaborative style, namely carrying out activities that involve God and individuals, schizophrenics are close to religious leaders, and collaborate between effort and praying.

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