

Management Analysis Of Organizing And Public Contribution Of “Pondok Tetirah Dzikir” Borstal Rehabilitation

Abdul Choliq Hidayat*

Lecturers of Universitas Ahmad Dahlan, Yogyakarta

Aulia

Lecturers of Universitas Ahmad Dahlan, Yogyakarta

Aftoni Sutanto

Lecturers of Universitas Ahmad Dahlan, Yogyakarta

Agus Siswanto

Lecturers of Universitas Ahmad Dahlan, Yogyakarta

* abdul.hidayat@mm.uad.ac.id

Abstract

The purpose of this study is to reveal one's efforts to independently provide alternative solutions for the rehabilitation of neuro-insane lunatics or narcotics, or others by the method of Inabah Suryalaya, Tasikmalaya. The way of *Thariqah Qadiriyyah Wa Naqsyabandiyah* is to perform prayers, fasting, *Dhikr*, reciting the Qur'an, and bathing taubah. Method of this research was qualitative approach, survey, interview and exploration. The result this research proved that this institution practiced the modern management philosophy: planning, organizing, actuating, and evaluating. This research explored the way of management sight to figure out organizing and contributing borstal rehabilitation, in order to encourage people to participate and contribute. The basic philosophy of patient rehabilitation is humanistic treatment, high empathy, brotherhood, not really insane, not exiled person, et cetera. But feel homy, freely to act, needness of each other, humanistic exploration, take and give to each other.

Keyword : *Management, Participation, Rehabilitation.*

Introduction

The number of people with mental illnesses (mentally disturbed people) in the Special Region of Yogyakarta is estimated to be more than 12.322 persons, some of whom have their recovery and treatment at home, some are treated in special hospitals, and others roam the streets. This is why there are still many mentally disturbed people roaming the streets, scavenging food scraps in landfills in almost all streets in Yogyakarta and its surroundings (Tribun Jogja, 2018). Some of the mentally disturbed people roam the streets almost naked, never showering, sleeping anywhere, no one cares for them, scavenging for leftovers in landfills, becoming human waste, being a pathetic sight, and very embarrassing for others, especially their families, even the family prefers to be considered as having nothing to do with the sufferer. (Tribun Jogja, 2018). There are also some mentally disturbed people who are shackled by their families in parts of the house that are not visible to the neighbors, as if without compassion for countless hours of helplessness. The reasons why they must be shackled include the potentials of the sufferers to throw fits, the limited number of special hospitals, the mental hospital is not willing to accommodate because of inadequate facilities, lack of budget, limited capacity, limited medical personnel, very slow and difficulties in recovery or complete healing is achieved and so on (Siswanto, 2007). Generally, families feel ashamed to have family

members who have the fate of being mentally ill. Another hope is the growing participation of the community, whose hearts are touched to participate in building shelters or rehabilitation homes through self-help and self-funding, where the patient's family can give up their responsibilities, regardless of the untold social and psychological burdens (Ariadi, 2013). The government seems to be without sufficient power and effort to solve the problems faced by the community completely, especially the families of the sufferers feel psychologically burdened so that the problems are increasing over time, and moreover statistically the number increases (Tribun Jogja, 2018).

Another development is the increasing number of illegal drug users, victims of psychotropic drugs, drugs and narcotics. The victims of these prohibited items will experience symptoms that are almost the same as mental illness, withdrawal, rampage, uncontrollable behavior, threatening anyone, burning houses, and endangering anyone and any property, including themselves. The psychiatric abnormal and deviant behavior is symptomatic according to its severity. The number of cases and severity increase along with the rampant trade and use of these prohibited goods (Siswanto, 2007).

Not many people have touched the hearts of people to participate in solving social problems that are very real faced as a community problem. There are not many homes for the sufferers mentally unstable people, whether it's public or private. Various obstacles include difficulty in funding, models and procedures for healing, scientific healing processes, location and buildings, potential risk of disease, large routine budgets for food and drinking, lack of family responsibility for sufferers, lack of participation in community and government assistance, fear and resistance from community members if the orphanage is close to a residential location, and various other complex problems. Inevitably, there were more and more wild madmen on the streets (Tribun Jogja, 2018).

Yayasan Pondok Tetirah Dzikir (PTD) is a private rehabilitation center aims to serve and work as a solution for the problem. Initially it was the XIII Inabah Rehabilitation Home, since 1986, in the form of a Foundation. Initially, there were 20 patients and was located in Pundung, Banyuraden Village, Gamping District, Sleman Regency. Rejected by the community, PTD then moved to Ponpes Al-Qodir Cangkringan since January 2010, led by KH Masrur Ahmad. On the 13th of Rabi'ul Akhir 1431 Hijriyah which coincided with 26 June 2010, the Tetirah Dzikir Foundation was established as a continuation of Inabah XIII (Tetirah Dzikir, 2011).

At this time, the Tetirah Dzikir rehabilitation accommodates approximately 70 patients, and is managed only by the live-in couple who also attend to the patients. The manager is assisted by one or two volunteers and several former patients from the PTD. Seeing this phenomenon, researchers are interested in further digging in relation to the management of the rehabilitation center management at Tetirah Dzikir and the contribution and attention and perspective of the community towards the rehabilitation center.

Theoretical Basis

Management which goes with the verb to manage, is defined generally as taking care or the ability to run and control an affair or "act of running and controlling a business" (Oxford, 2005). Stoner and Wankel (1986) define management as the process of planning, organizing, leading and supervising the efforts of organizational members and from other organizational sources to achieve a predetermined organization. The term management has been defined by various parties with different perspectives, for example management, coaching, stewardship, management, leadership, leadership, administration, and so on (Siswanto, 2005). Each party provides different definitions due to their different points of view, such as, according to

Muhammad (2005), management in Arabic is called idarah. Idarah is taken from the word *ad-dartasy-syai'a* (make something rotates).

According to Hersey and Blanchard (in Siswanto, 2005) management is an art and science in planning, directing, organizing, motivating, and controlling people and working mechanisms to achieve goals. Sudjana (2004) defines management as special abilities and skills to carry out an activity either with other people or through other people in achieving organizational goals. Meanwhile, according to Hasibuan (2009) management is the science and art of regulating the process of utilizing human resources and other resources effectively and efficiently to achieve certain goals (Johnson, 1973; Hogan, et al., 1994; Mondy and Premeaux, 1995). Furthermore, Siswanto (2005) describes management as a systematic activity that follows each other in order to achieve goals (Siswanto, 2005; Djayapranata, 2022).

Based on the opinions of the experts above, it can be concluded that management is the ability to manage human resources or other resources in an organization to achieve certain goals (Sutisna, 1985; Sudjana, 2004; Yukl, 2009; Djayapranata, 2022). In general, the management function includes four things, including *planning, organizing, actuating, and evaluating* (Mondy and Premeaux, 1995; Hasibuan, 1995). Based on the previous explanation, there are several questions that will be raised in this research, as follows:

1. How is the management of Pondok Tetirah Dzikir?
2. How is the method applied for rehabilitating patients?
3. When does the community contribute to the management process of Pondok Tetirah Dzikir rehabilitation center?

Research Method

Based on the above objectives, the approach used in this study is a qualitative approach (Creswell, 2013). Qualitative research uses inductive logic which creates categorization from the data found in the field. Qualitative research is multi-methodological research, or in other words, qualitative research is not a single study, but in it there are many ways or inquires (Koentjoro, 2007; Creswell, 2014). By using a variety of qualitative research methods, whether in research, analysis or review or study of results, the richness of human experience will be explored more deeply (Jones, 2004). Based on this, this study used two qualitative research methods, namely the case study method with a phenomenological approach or what is known as the case study-phenomenology method (Smith, et al., 2009).

The case study method in this research is used as a method or inquiry in extracting data (for example by group interviews / focus group discussions, in-depth interviews if needed and behavioral observations), while the phenomenological approach is used to understand the phenomena experienced by the subject related to their role as manager or subject as the community around the Pondok Tetirah Dzikir rehabilitation center. The phenomenological study was chosen in this study because this approach is an approach to articulate one's experiences (Smith, et al., 2009). The phenomenological approach is an attempt to understand human life through their own perceptions. In order to understand the world where an individual live, it is necessary to enter and recognize their perception of something they experience or feel (Creswell, 2014; Hasibuan, 1995).

The object of this research is the Pondok Tetirah Dzikir rehabilitation center in Kuton, Tegaltirto, Berbah, Sleman, Yogyakarta. While the subjects in this study were managers and the community around the center who were willing to be research samples, direct sources of information. Meanwhile, based on the objectives of this study, the research sample was not determined from the beginning, but was obtained by *snowballing* the subjects encountered (Mockler, 1994; Moleong, 2013). The interviewees were: H. Muhammad Trihardana, H. Agus

Suyanto, the Village Head and several people from the surrounding community.

Collecting data in qualitative research can be carried out by researchers with several data collection techniques. The data obtained in this study were collected by the researcher himself personally, not using a pre-arranged questionnaire or test. The researcher becomes the main instrument and tries himself in gathering the necessary information. The data collected is primary data which is an expression of experience which includes the results of interviews and documentation. The information obtained will be analyzed so that meaning is found related to the research (Poerwandari, 2013; Satori, and Komariah, 2013).

Results and Discussion

Periodization of the existence of Pondok Tetirah Dzikir:

1. Pundung period, from its establishment on September 20, 1999 to January 1, 2010. There were 20 students or patients.
2. Cangkringan period, from January 2, 2010 to November 2010, 30 students or patients.
3. Papringan Period, located in Yogyakarta (for 4 months) from November 2010 to March 2011.
4. Early Kuton Period from the end of March 2011 to November 2013, rented at Pakde Mangun Sumarto's house, almost for 3 years, 35 students.
5. Kuton, Tegaltirto, Berbah, Sleman, from Desember 2013 to date, fluctuating numbers of students between 50 to 60 students (maximum capacity of 70 people).

Starting during the Cangkringan period, the volunteers had joined so that the Tetirah Dzikir Foundation (Sk Kemenkumham No.AHU.3869.AH.01.04. in 2010) which on the next trip was not in line so as to break away from the Foundation, and then since May 28, 2012 the Tetirah Dzikir Rehabilitation Hut was established autonomously with Notarial Deed no. 5 dated May 28, 2012, Notary Muhammad Agus Hanafi. The Pondok Tetirah Dzikir Rehabilitation Center was taken care of directly by H. Muhammad Trihardana, strengthened its operational permit with Decree Number: 222/4308/KP2TSP/2017 dated September 7, 2017 by the Head of the One-Stop Integrated Licensing Service Office regarding the Operational Permit of the Social Welfare Institution (LKS) of the Pondok Tetirah Dzikir Rehabilitation Institution. Besides having received a Certificate of Accreditation of IPWL TETIRAH DZIKIR from the Minister of Social Affairs of the Republic of Indonesia numbered IPWL.092.AKRE.2016 dated July 22, 2016 as a Social Rehabilitation Institution for Drug Victims / IPWL Accredited in Institutional Standards and Social Rehabilitation Standards.

Starting during the Cangkringan period, volunteers had joined so that it was protected by the Tetirah Dzikir Foundation (Decree of the Ministry of Law and Human Rights No. 2012 Tetirah Dzikir Rehabilitation Lodge stands autonomously with Notary Deed No. 5 dated May 28, 2012, Notary Muhammad Agus Hanafi, SH, Pondok Tetirah Dzikir Rehabilitation Center is directly cared for by H. Muhammad Trihardana, SS, strengthened its operational permit by Decree Number: 222 / 4308 / KP2TSP / 2017 dated 7 September 2017 by the Head of the One Stop Integrated Licensing Service Office regarding the Operational Permit for Social Welfare Institutions (LKS) Pondok Tetirah Dzikir Rehabilitation Center. Besides having received the IPWL TETIRAH DZIKIR Accreditation Certificate from the Minister of Social Affairs of the Republic of Indonesia numbered IPWL.092.AKRE.2016 dated July 22, 2016 as a Social Rehabilitation Institution for Accredited Drugs / IPWL Victims in Institutional Standards and Social Rehabilitation Standards

On a leased land of the land for the treasury of Tegaltirto Village, Berbah District, Sleman Regency, covering an area of 3,000 (three thousand) square meters, since 2015 it has

been built in stages with self-funding and community assistance, by means of community service by the people of Dusun Kuton and its surroundings to build an access road, building material needs assisted by friends, relatives, Kedaulatan Rakyat journalists, donors and others. There are currently several buildings consisting of wooden and brick buildings in the form of: 4 Khalwat seclusion rooms, 1 mosque, 1 assistants' house, 2 gazebos, 1 pavilion, land for livestock, fisheries and plantations covering an area of 1,000 square meters.

Pondok Tetirah Dzikir Rehabilitation Center is located in Dusun Kuton, RT 07 RW 16, Tegaltirto Village, Berbah District, Sleman Regency, Yogyakarta Special Region. It is a non-governmental organization. As stated in the Deed of the Pondok Tetirah Dzikir Rehabilitation Center, the aims and objectives of establishing this institution as it has been implemented are to:

1. Overcome and strengthen the process of handling children and adolescents with social problems, such as deviations from social behavior and the abuse of narcotics and drugs, to achieve complete guidance and recovery so that they are able to carry out their social functions properly based on physical and spiritual balance in daily community life with good practice of Tariqat Qadiriyyah wa Naqsyabandiyah Islamic Boarding School Suryalaya.
2. Provide compensation to neglected and underprivileged children, in the form of maintenance, guidance, boarding house, food, clothing, healthcare, education and skills for neglected children, all with the means and infrastructure, leading to responsible independence as Muslims who practice the Islamic Ahlussunnah Wal Jama'ah with the practice of Tariqat Qadiriyyah wa Naqsyabandiyah Islamic boarding school Suryalaya.

To achieve this goal, the institution has the right to carry out all actions, either directly or indirectly related to these objectives, as implemented, including as follows:

1. Establish and organize or manage dormitories for drug victims, people with psychiatric cases, neglected children, underprivileged children or adolescents and nursing homes, in collaboration with Islamic boarding schools and other social institutions in the broadest sense. (David, 2004; Yukl, 2009; Kusdiyati, et al., 2012; Zaitun, 2013).
2. Carrying out other social endeavors related to these aims and objectives with due observance of the provisions of laws and regulations (Qomariah, 2014; Hilda, 2017; Saifullah, 2017)

The Pondok Tetirah Dzikir Rehabilitation Center implements an integrated physical and spiritual therapy program. Spiritually, the therapy uses a religious approach implementing the practice of Thariqah Qadiriyyah wa Naqsyabandiyah (TQN), (Inabah Guidance Book, 1985), including: repentance bathing, prayer, dzikir, khataman, manaqiban, religious studies, and other practices. This therapy aims to cleanse the body and soul of all forms of physical and spiritual impurities in order to easily receive divine guidance. Physically, the therapy includes routine medical examinations, cupping, exercise, and light work are carried out. Other therapies include dialogue, social interaction, visits from family, visitors, recreation, and reading. (Inabah Guidance Book, 1985; Ariadi, 2013).

Initially, the number of students in training was 70, coming from Yogyakarta, Central Java, West Java, East Java, and some come from outside of Java. The existence of the Pondok Tetirah Dzikir Rehabilitation Center is useful, trusted and increasingly needed by the community. At the end of September 2019 there were 120 patients. The basic philosophy of healing the santri or students fundamentally since the arrival of the patient is very humane treatment, very high empathy using fraternal treatment. The santri are not treated like a sick person, marginalized or outcast. The rehabilitation center is their own home, and they are free

to carry out activities with fellow brothers and sisters, growing a sense of humanity, feelings of need for each other, and sharing. Misfortune is a trial that almost every human being gets, as a test of life to be resolved. Feeling sick when hurt, needing help is felt by almost everyone. That makes other people's help is very useful, needing love is very natural, and being a noble person before Allah SWT is a common goal. This is the basic capital to get healing. What originally came as a rampage expert, didn't take long to gradually improve. Those whom at first wild, gradually become under control. (Ariani, and Realita, 2017; Djayapranata, 2022).

However, the main key as the central leader is H Muhammad Tri Hardana. Kiyai, or also Ustadz Panutan, is how they call this central figure at the Pondok Tetirah Dzikir Rehabilitation Center. H Muhammad Tri Hardana is assisted by 6 assistants. Patients who are called by the nickname santri are placed into 4 seclusion rooms, and the mosque is fenced with tight security (Hogan, et al., 1994). There are also several facilities, such as:

1. A mosque measuring 8x12 square meters complete with toilets and bathrooms as well as a place for ablution (wudlu'), which can accommodate 14 to 30 people
2. Seclusion Room 1: size 8x12 square meters containing 14 to 20 people, semi-severe patients
3. Seclusion Room 2: size 4x6 square meters, containing 2 to 5 people, severe patients.
4. Seclusion Room 3: size 4x6 square meters, divided into 3 rooms, each containing 4 people, very severe patients.
5. Seclusion Room 4: containing 12 to 20 people, very severe patients.
6. Apartment for troubled family, includes 2 bedrooms: for troubled family patients.
7. One-bedroom, size 4x8 square meters, containing 2 to 4 people for recovered patients who does not want to go home and wants to help at the center.
8. One room near the mosque measuring 8x8 square meters, part of which is used as a dining room.
9. The new building in the form of a pavilion, located on the upper slope, houses assistant of 8 people.
10. Wisma Aditomo, is a room building built with donations from the patient's parents, intended for the patient's family who wants to stay overnight.
11. An 8x12 square meter fish pond is located opposite the mosque, as infrastructure in an effort to support the financial independence of the rehabilitation center.
12. The cowshed containing 1 cow and 1 calf, and the goat pen containing 20 goats.

In 2013, the Pondok Tetirah Dzikir Rehabilitation Center received an award from the President of the Republic of Indonesia. Muhammad Tri Hardana was summoned to the State Palace of Indonesia on June 13, 2013, a commemoration ceremony for International Anti-Drugs Day. He received a direct certificate submitted by President Susilo Bambang Yudhoyono, based on the results of a secret survey BNN which stated that it deserves a national award.

Basic philosophy as well as added value are the principles that are believed to be the main foundation in the efforts of healing, namely: (1) *The Healer is only Allah SWT.*, (Surah Asy Syu'aro [26]: 80), (Hadith narrated by Bukhari and Muslim). (2) *Surrender to Allah SWT.* (Surah al-Baqarah [2] 156-157). (3) *Serving with heart* (QS. Yusuf: 87); (QS. Al-Mukmin: 60), (QS. Al Baqarah: 186), (QS Ar-Rahman, verse 60), (4) *Sincerity and without any obligation of expense* (QS Al-Baqarah; 254), (QS Al-Baqarah; 261-262). (Syaamil Qur'an, 2011). Furthermore, the method of healing the patients is carried out based on the Guide to Inabah Therapy from Thariqah Qadiriyyah Wa Naqsyabandiyah. Chapter 3, entitled Spiritual Healing on Drug Addiction and Stress in the Qadiriyyah Wa Naqsyabandiyah Order, contains methods for purifying the human soul (Tazkiyatun Nafsi) through the following practices: 1.

Dzikr to Allah SWT, 2. Practicing Islamic Shari'a, 3. Practicing the Sunnah Practices, 4. Behaving Zuhud and Wara', 5. Doing' Ataqah or Fida 'Akbar, namely the practice of redemption. Chapter 4, entitled Methods and Techniques of Spiritual Healing on Drug Addiction, the practice of healing drug addiction and stress is divided into pre-treatment and treatment stages. In the pre-treatment stage, after being assigned to the rehabilitation center for some time, the patients are observed for symptoms of any types and categories of mental disorders. If the patients are ready, the patient will be talqin (taught to dhikr) the Qadiriyyah Wa Naqsyabandiyah Order. At the treatment stage, patients are invited to participate in a series of religious activities, starting from waking up around 02.00 in the morning to going to sleep again around 21.30. (Inabah Guidance Book, 1985).

The healing program is led by referring to the Amaliah Inabah Suryalaya Guidelines and Practices Book, including in the form of a schedule of personal activities and a checklist of data for monitoring and evaluation of the patient's personal healing development. This allows all patient's personalities to be known and evaluated on the stage of recovery. The leader and the assistants memorize all the names, origins and cases of each patient. They strive to understand the patient's psychic conditions and take a leadership approach as the center of leadership. All movements and behaviors of each patient are known and controlled, even subdued. The leader provides directions, orders and even suggestions to each patient using his spiritual power, as a Kyai, Guru, Murshid. The leader enters each seclusion room, rooms with bars and iron doors, to greet and chat with the santris conveying suggestions in an effort to heal. If necessary, he kisses the patient's hand as a psychological "disabling" technique, so that there is psychological closeness. These actions are something that is out of the ordinary, and difficult to do, especially for most people. Examining each patient regarding cleanliness, bathing, clothing, health conditions, the patient's needs for communication with his family if necessary, taking medication, and many other things become the focus of attention so that the patient's recovery or at least emotional control is obtained gradually. (Inabah Guidance Book, 1985).

Activities are carried out on a scheduled basis, morning sports and health exercises to nourish the patients' physical health, community service work, efforts to cultivate common sense, process of social interaction with the community, build the patient's confidence to feel appreciated and accepted by the society. The community contributes to help the healing process and create a comfortable atmosphere in that environment. The activity of the TQN dzikir, Manakiban, is held by inviting the surrounding community, former patients, including patients. The center also has helath program which includes medical checks to the nearest Puskesmas and patient consultation with doctors. Regarding public security and order, the board of the rehabilitation center has coordinated with the Berbah District Police to anticipate matters related to social security issues. The success stories during the journey of the Pondok Tetirah Dzikir Rehabilitation Center can be mentioned as many as 38 (thirty eight) people who have undergone healing therapy and have completely recovered and have lived a normal life in the community.

The Head of Tegaltirto Village, Berbah District, Sleman Regency stated that the Village Government represented the Regional Government and the Community, was very supportive and even proud of the existence of the Pondok Tetirah Dzikir Rehabilitation Center, as it is very helpful for the patient's family and helps to solve all the pain and hardship. Village Government assistance is in the form of village treasury land covering an area of 3,000 (three thousand) square meters agreed to be rented at a price of "assistance" for the establishment of the rehabilitation center without a time limit, as well as donations of funds and manpower for building and community service for building access roads to the center, as well as various assistance in other forms from the surrounding community. However, donations from wider

community are still needed to support the sizable daily needs.

The management of the Pondok Tetirah Dzikir Rehabilitation Center can be seen every time a new patient arrives, the patient is observed, invited to communicate, involved in effort to further understand the psychological condition of the patient. The center then plans efforts for the healing process and carry out the plans based on the Inabah Suryalaya patient care guidelines. Their progress is always monitored, evaluated, continued with the treatment process diligently and as far as possible communicated to his family, and when he has recovered, returned to his family. (Inabah Guidance Book, 1985).

This Rehabilitation Center has carried out its operational programs by applying the basic principles of management in general, namely based on the principle of planning, carry out activities as planned, then carry out evaluation and follow-up, so that the patients could recover physically, spiritually and psychologically. The whole operation of the Rehabilitation Center related to finance and logistics, between income and expenses, is carried out based on equilibrium calculations. This means that if the financial condition is fulfilled, the patient's diet and nutrition rations are strived to meet the nutritional standard requirements, but if the reserve is deemed insufficient, the nutritional level may be slightly reduced.

The patient care program for recovery based on the Inabah treatment method with TQN includes prayer, fasting, reading the Koran, dhikr, manakiban, repentance bathing and others in the form of: (1) Carrying out the 5 daily prayers (Zaitun, 2013: 53-54) ; Surat Al-Ankabut verse 45; (2).Dizkir (Qomariah, 2014); Surat Ar-Ra'd verse 28; Surat Ali Imran: 41, Al-A'raf: 205, Ad-Dahr: 25, An-Nisa ' : 103, Al-Baqarah: 239, Al-Anfal: 45, Al-Jumuah: 10, Qamariah, 2014) and others; (Kusdiyati, et al., 2012: 31-38), (3) Fasting leads to healing (Ariani, and Reality, 2017: 113-114). (4). Read Al-Qur'an soothingly; (5). Repentance bathing (Surat An-Nisa 'verse: 43); (Surah Al- Anfal: 11). (Syaamil Qur'an, 2011) and (Inabah Guidance Book, 1985).

The rehabilitation program that must be achieved by all patients is to meet the normal qualifications psychologically. Hurber and Runyon (in Siswanto, 2007: 25), require Attitudes towards oneself, Perception of reality, Integration of unified and harmonious personalities, competence, self-autonomy, growth and self-actualization, interpersonal relations, and life goals. The characteristics of normal or healthy individuals according to residents (1983 in Siswanto, 2007:24) are: Acting according to recognized social norms, Able to manage emotions, Able to actualize their potentials, able to follow social habits, Recognizing the risk of each action, Able to postpone the momentary desire to achieve long-term goals, Able to learn from experience, Able to have fun. Rehabilitation Home programs must be fully directed towards achieving a healthy mentality. Healthy mental characteristics according to Zakiyah Daradjat (in Ariadi, 2013) are Avoidance of mental disorders, self-adjustment, Utilization of maximum potential, and achieving personal and other people's happiness.

Conclusion

The Pondok Tetirah Dzikir Rehabilitation Center located in Kuton, Tegaltirto Village, Berbah District, Sleman Regency, Yogyakarta Special Region is a noble activity based on humanitarian principles, helping the government and victims' families and the community, as an example of a good rehabilitation model. Using management principles, namely: planning, organizing, actuating, and evaluating on an ongoing basis, starting from the time the patient enters the cottage, daily activities, and psychological and medical therapy until the patient is declared back to normal.

Pondok Tetirah Dzikir has the healing method of the Inabah Suryalaya Model through *the Thariqah Qadiriyyah Wa Naqsyabandiyah*, including therapy for Repentance Bathing, Praying, Fasting, Dzikir, Reading Al-Qur'an, and Manakiban Practices. Therapy carried out on

patients is preceded by the stages of observation, communication, planning, implementation, evaluation and follow-up, as the implementation of spiritual therapy management and other therapies such as sports, gymnastics, community service, assimilation of social relations with the community, and other variations.

The people of Tegaltirto Village, Berbah District, Sleman Regency are very supportive of the existence of Pondok Tetirah Dzikir and provide a large contribution. This Rehabilitation Center model can be replicated and established in other places. It requires a high commitment to self-help and self-financing and the hard work of social activists.

It is recommended for the Pondok Tetirah Dzikir Rehabilitation Center to: (1) Equip the data on the progress of the healing and treatment process for each patient in terms of physical, physical and spiritual matters (2) The patient's family communication data file is provided. (3) Using volunteer doctors' services (4) Nutrition consultation to a nutritionist for the patients' diet. It is hoped that the wider community can pay attention and donate to these humanitarian activities as a contribution to the glory of humanity.

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