



# Muhammadiyah's COVID-19: Combining Islamic, Psychological, and Medical Approach in Indonesia

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## Abstract

COVID-19 patients in self-isolation tended to be ignored and marginalized. This marginalization then results in fear, anxiety, depression, stress, trauma, and even suicidal tendency. During self-isolation, patients are only treated medically but their psychological and spiritual aspects are often abandoned. Hence, a more holistic approach is necessary to treat COVID-19 patients while they are in self-isolation. The present study aims to explain the self-isolation model in Muhammadiyah COVID-19 *Pesantren* in Indonesia as a comprehensive model with holistic, religious, spiritual, and psychological approaches. This research is a qualitative research. The research involved fifty respondents comprising founding spiritual figures of the Muhammadiyah COVID-19 *Pesantrens*, doctors and medical staff, psychologists, and COVID-19 survivors. The data were collected through observation, documentation, and interviews. Data analysis was conducted through data display, reduction, categorization, and interpretation. The research findings show that the Muhammadiyah COVID-19 *Pesantren* integrates the Islamic educational aspect and COVID-19 hospital concepts. The treatment through the three approaches resulted in the increased health of the COVID-19 patients. It is expected that the combination of spiritual, psychological, and medical approaches during the COVID-19 pandemic can be adapted to mitigate other diseases, such as TBC, HIV, or similar pandemics post COVID-19.

**Keywords** Pesantren · Islamic education · COVID-19 hospital · Muhammadiyah · Indonesia · Self-isolation · Medical · Psychology · Spiritual

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## 30 Introduction

31 The present study investigates a phenomenon during the COVID-19 pandemic,  
32 which was the abandonment of the patients, either medically, psychologically,  
33 or spiritually. Ironically, when confirmed as COVID-19 positive and then have to  
34 self-isolate, many people experience marginalization (Olufadewa et al., 2020). As  
35 a consequence, during self-isolation, they experience fear, anxiety (Ju et al., 2021),  
36 depression, stress, and social trauma (Boyraz et al., 2020; Miu et al., 2020), lead-  
37 ing to mental health problems (Jaspal et al., 2020; Kusumaningrum et al., 2021). In  
38 fact, research conducted by Standish and Thakur shows that 70 percent of COVID-  
39 19 patients who self-isolate are at high risk of suicide (Standish, 2020; Thakur &  
40 Jain, 2020). In Indonesia, the death of religious figures in the COVID-19 pandemic  
41 has reached 234, an increase of over fourfold from the previous year (Fahmi, 2020).  
42 However, they died not merely because of being infected by COVID-19 but also the  
43 indirect impacts of COVID-19, especially physical self-isolation and social distanc-  
44 ing (Kasar & Karaman, 2021).

45 The primary cause for the high number of deaths in the COVID-19 period is the  
46 self-isolation model, which tends to put the medical approach to the fore (Ali et al.,  
47 2020). However, it ignores the psychological, religious, and spiritual approaches.

48 For this reason, it is necessary to study a self-isolation model with a psychosocial  
49 and neuro-spiritual approach so that it can help to reduce stress and depression, even  
50 the risk of suicide. It was found that COVID-19 patients need specific treatment  
51 (AlJishi et al., 2021). Corpuz (2020) recommends the availability of spiritual inter-  
52 vention for both COVID-19 patients who still live and for those who have passed  
53 away. In addition, Hashmi et al (2020) highlight the importance of collaboration  
54 between religious leaders or spiritual figures with medical carers in a holistic way.  
55 Research into religion and health also shows that religion can play a role in heal-  
56 ing illnesses, including COVID-19 (Dein, 2020; Rushohora & Silayo, 2019). It is  
57 strengthened by Bentley's research which has successfully integrated Islamic and  
58 medical treatments (Feeny et al., 2020). In this case, medical, psychological, and  
59 religious interventions are urgently needed to treat COVID-19 patients while under-  
60 going self-isolation.

61 In this matter, Muhammadiyah COVID-19 *pesantren*, developed by the  
62 Muhammadiyah Association (*Persyarikatan Muhammadiyah*) in Indonesia, is an  
63 interesting topic to discuss, providing a better solution for self-isolation procedure.  
64 Muhammadiyah is Indonesia's largest religious, and social organization established  
65 on 8 *Dzulhjah* 1330 H (18 November 1912). Presently Muhammadiyah has made a  
66 significant contribution to the mitigation of COVID-19 in Indonesia. One of its most  
67 considerable contributions is providing eighty-four COVID-19 hospitals. They have  
68 treated 10,031 COVID-19 positive patients, 3366 people under observation (*Orang*  
69 *dalam Pemantauan*—ODP), and 3781 patients under observation (*Pasien dalam*  
70 *Pemantaun*—PDP). This includes treating 1704 probable infected people, and  
71 11,510 suspected infected people. Indeed, Muhammadiyah was also able to raise  
72 COVID-19 response funds totaling Rp 30,946,853,464 (USD2 136,476) distributed  
73 throughout the communities impacted by COVID-19 in Indonesia. Muhammadiyah

COVID-19 *Pesantren* is a self-isolation shelter for COVID-19 patients using a psychosocial and neuro-spiritual approach. COVID-19 *Pesantren* was set up as a collaborative effort between Islamic figures (Muhammadiyah Centre Leadership), medical staff from the Muhammadiyah Muslim Welfare Advancement (*Pembinaan Kesejahteraan Umat*—PKU) Hospitals, and psychologists from the Universitas Aisyiyah Yogyakarta and Universitas Ahmad Dahlan Hospital. The COVID-19 Muhammadiyah PKU Hospitals are fully accredited and owned by Muhammadiyah, which have been made available for humanitarian support to assist the government in handling the spread of COVID-19. In this way, Muhammadiyah COVID-19 *Pesantren* has combined Islamic education concepts and COVID-19 hospitals. For this reason, Muhammadiyah COVID-19 *Pesantren* can offer a complete self-isolation innovative model for COVID-19 patients.

Research on self-isolation for COVID-19 patients mainly concerns transferring the function of general facilities such as school buildings and places of worship into isolation shelters for COVID-19 patients (Gbadamosi et al., 2020; Kaşar & Karaman, 2021). These self-isolation shelters only get very limited medical treatment without a psychological touch, especially spiritual intervention. For example, the self-isolation space design separates one patient from another, so there is no interaction (Gbadamosi et al., 2020). Likewise, Martín's research focuses on using music for COVID-19 patients while undergoing self-isolation so patients would not be lonely (Martín et al., 2021). Meanwhile, psychological intervention and medical treatment are only given to COVID-19 patients with moderate and severe symptoms who are treated in a hospital (Shimazu et al., 2020). Therefore, the present study differs from previous research; the discussion and topic addressed can be classified as new because this paper takes up a new phenomenon, the emergence of Muhammadiyah COVID-19 *Pesantren* as a complete isolation model with a psychosocial and neuro-spiritual approach.

This research aims to explain a self-isolation model of the Muhammadiyah COVID-19 *Pesantren* in Indonesia as a comprehensive self-isolation model with a holistic, religious, spiritual, and psychological approach. Besides, the research rejects the idea of abandoning or allowing COVID-19 patients to isolate themselves on their own as there is a high risk of suicide. Their mental well-being can be threatened not only because of being confirmed as COVID-19 positive but precisely because of abandonment, marginalization, and social injustice during self-isolation. Hence, Muhammadiyah COVID-19 *Pesantren* can become a prototype or a complete self-isolation model with a psychosocial and neuro-spiritual approach, reducing the risk of suicide.

## Literature Review

Theories concerning *pesantren* have been developing dynamically, but Muhammadiyah COVID-19 *Pesantren* is a new phenomenon that has not been previously researched. To date, *pesantren* and shelters as patient self-isolation places have had two different functions. *Pesantren* is an Indonesian special Islamic educational institution (Widodo, 2019), whereas COVID shelters are a place for asymptomatic

COVID-19 patients to self-isolate. Muhammadiyah COVID-19 *Pesantren* is an integration of both, that is a shelter that is planned like a *pesantren* but uses hospital standards. Because of that, one of the findings in this research is to present a new theory about the emergence of the Muhammadiyah COVID-19 *Pesantren* as a complete self-isolation model, a result of a collaboration of spiritual figures, medical staff, and psychologists. This literature review analyzes the repositioning of Muhammadiyah COVID-19 *Pesantren* between existing concepts in particular self-isolation shelters, Islamic education in the shelters, and healing practices with a medical, psychological, and religious approach (Islamic approach).

## Muhammadiyah and COVID-19

Muhammadiyah is the oldest social-religious organization in Indonesia. Indeed, it has become the most significant modern organization in Southeast Asia (Burhani, 2016). The association was established by KH. Ahmad Dahlan in Yogyakarta in 1912 (Mulkhan, 2017). Muhammadiyah has been recognized as a post-puritanism movement in the last decade (Latief, 2017). In particular, Aljunied called it cosmopolitanism (Aljunied, 2018). To date, Muhammadiyah has thousands of branches spread in 23 countries, with more than 30 million members. The modern movement does include not only theological aspects but also sociological. It is evident in the charity and services in the health, educational, and philanthropic sectors, as seen in Table 1.

Muhammadiyah responded to the COVID-19 through two movements: theological and sociological. The response was made official through Muhammadiyah COVID-19 Command Center (MCCC), a unit to handle the COVID-19 (16 March 2020). Back then, the Indonesian government has not established the Covid-19 task force. However, MCCC has had 36 branches, and more than ten-thousands volunteers spread all over parts of Indonesia. Indeed, the Singapore government has trusted their funds for the Covid-19 treatment, as much as 8.5 billion to Muhammadiyah. In August 2021, MCCC targeted 2 million vaccinations for Indonesian citizens. According to Amin Abdullah, Muhammadiyah's responses in the Covid-19 mitigation manifest *ijtihad* in solving contemporary issues (Abdullah, 2019).

**Table 1** Muhammadiyah charity and services

No.	Sector	Types of charity and services	Total
1	Health	Hospitals/clinics	364
2	Education	Higher Education	164
		Madrasah Aliyah/High School/Vocational School	1407
		Madrasah Tsanawiyah/Junior High School	1826
		Madrasah Ibtidaiyah/Elementary School	2766
		Raudhatul Athfal/Kindergarten	22,000
		<i>Pesantren</i>	356
3	Philanthropy	Mosque	20,198
		Orphanage	384

As a *da'wah* movement, Muhammadiyah issued a guideline for worshipping activities during the COVID-19 emergencies. The guidelines for COVID-19 mitigation are based on *maqāsid al-sharīa* (Syariah purposes), especially *hifd al-nafs* (protection of life). Besides, Muhammadiyah bases the movement on the Qu'ran Surah Al-Maidah 32, mentioning that "whoever saves a life, it is as if they save all of humanity." Therefore, the treatment of the COVID-19 pandemic is part of upholding religion.

The guidelines include the instruction to perform the prayers at home, replacing Friday prayer into Dhuhr, instructing people to pray tarawih, Eid ul-Fitr, and Eid ul-Adha at home, specifying the COVID-19 funerals, and imposing more strict requirements for the wedding ceremony. The guidelines are based on the health protocols, especially physical and social distancing, preventing the spread of COVID-19. Further, Muhammadiyah has criticized the Indonesian government for protecting the economy by initiating "making peace with the Covid-19," while the curve showed a high transmission increase (Burhani, 2020). Since there is no objection from religious, social organizations, especially Muhammadiyah, the Indonesian government protects the economy (Fealy, 2020). Mietzner mentioned that the COVID-19 mitigation policies in Indonesia are the worst populist policies. Indeed, it can potentially be the most corrupted in South East Asia (Mietzner, 2020). In other words, Muhammadiyah's consistency in humanity jihad has changed the direction of the COVID-19 mitigation policies in Indonesia.

As a social-religious movement, Muhammadiyah establishes several guidelines and mobilizes all its assets in several sectors. For example, in the health sector, Muhammadiyah has changed 86 hospitals into COVID-19 hospitals spread in all parts of Indonesia. On 11 August 2021, the Muhammadiyah COVID-19 hospitals facilitated the treatments for persons under observation (ODP), consisting of 3773 patients, 3366 patients under observation, and 25,944 confirmed cases. In religious aspect, Muhammadiyah provides religious consultation for the affected people online. To date, Muhammadiyah has served online psychological consultation. Besides, 221 affected people have joined in the consultation. Moreover, Muhammadiyah also produced masks, hand-sanitizers, protective gear (APD), and groceries, with a total amount of Rp 1,000,000,000,000 (one trillion rupiah) with the total beneficiaries as many as 32,331,180 (thirty-two three hundred thirty-one thousand one hundred and eighty rupiah). Figure 1 shows COVID-19 mitigation in health, religious and psychological consultation.

Muhammadiyah's responses to COVID-19 are different from other social-religious organizations around the globe. Mietzner mentioned that religious groups' responses in Indonesia tend to be negative (Mietzner, 2020). He said so because many people showed anti-science behavior and rejected the health protocols by saying, "We are immune to Corona because we pray" (Basit, 2020). Conversely, Muhammadiyah, through the guidelines for the jihad, has moved all the resources to countermeasure the pandemic (Falahuddin, 2020). The findings are supported by Mursal, mentioning that Muhammadiyah through LAZISMU has contributed to the people's economic condition during the pandemic (Mursal et al., 2021).

To date, *pesantren* and shelters as COVID-19 patient self-isolation places have had two different things. *Pesantren* is an Indonesian special Islamic educational

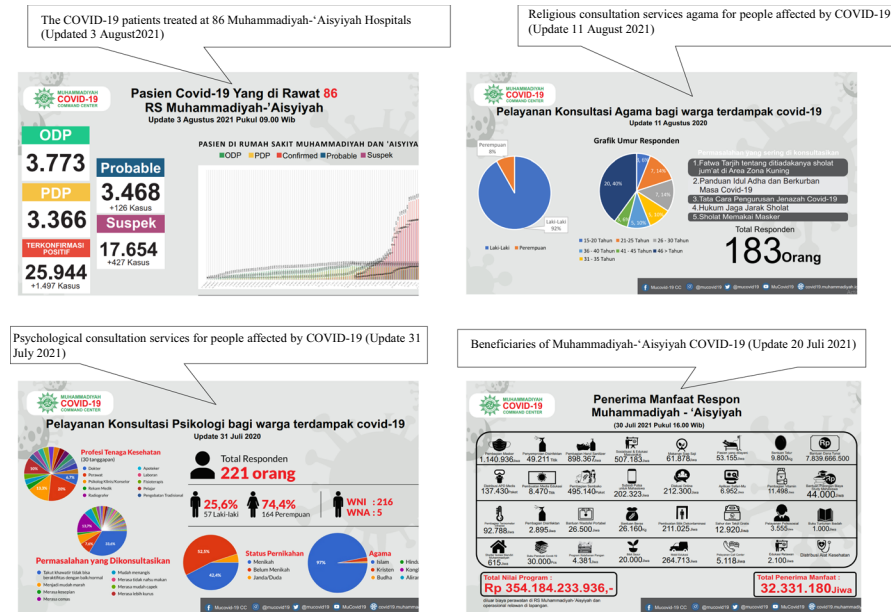


Fig. 1 Muhammadiyah responses toward COVID-19 mitigation

institution (Widodo, 2019), whereas COVID shelters are a place for COVID-19 patients to self-isolate. Muhammadiyah COVID-19 Pesantren integrates both, that is, a shelter which is planned like a pesantren but uses hospital standards. Hence, one of the findings in this research is to present a new theory about the emergence of the Muhammadiyah COVID-19 Pesantren as a complete self-isolation model, a result of the collaboration of spiritual figures, medical staff, and psychologists.

### Pesantren (Islamic Education), Shelters, and COVID-19 Standby Hospitals

To avoid a misperception concerning Muhammadiyah COVID-19 Pesantren, three relevant terms must be explained, that is pesantren itself, self-isolation shelter, and COVID-19 standby hospital. It is important to clarify these terms because COVID-19 Pesantren is not similar to the one explained in Islamic education literature, nor is it self-isolation shelters for COVID-19 patients who are at high risk of trauma, stress, depression to suicide. Muhammadiyah COVID-19 Pesantren is an integration of Pesantren (Islamic education), and COVID-19 standby hospitals.

Firstly, Pesantren is an Indonesian special, traditional Islamic educational institution. They are characterized by five elements, that is the Kiyai as a teacher and also the owner, Santri as students, a mosque as the place of worship, kitab kuning as a study reference, and the pondok as the student dormitory (Dhofier, 1987). From this, the basic idea of the Muhammadiyah COVID-19 Pesantren was taken, that is to become an Islamic educational institution for asymptomatic COVID-19 patients to develop religious and spiritual insights during self-isolation (Qoyyimah, 2018).



Considering these five basic elements, a COVID-19 *Pesantren* can be characterized by five main elements that consist of, a doctor, a psychologist, an *Ustadz* (Muslim spiritual leader), a mosque, and library. In this way, the Muhammadiyah COVID-19 *Pesantren* not only increases physical health immunity but also spiritual and mental health.

Second, the COVID-19 Standby Hospital is, the hospital which is specially prepared to give health services to COVID-19 patients with light, moderate and severe symptoms. In this matter, the Muhammadiyah Association has allocated fully accredited eighty-four COVID-19 standby hospitals (Suyadi et al., 2020). But because this number cannot accommodate all the patients so shelters have been opened to care for asymptomatic COVID-19 patients with a standard of care following the requirements for care at a COVID-19 Standby Hospital. In this way, Muhammadiyah COVID-19 *Pesantren* can be defined as ‘COVID-19 Standby Hospitals’ exclusively for asymptomatic COVID-19 patients.

Third, Shelters are a place dedicated to victims or patients who are COVID-19 positive (Shang et al., 2020). To date, COVID-19 shelters are provided with general facilities such as places of worship (mosques and churches), school buildings, sports fields, and so on (Roy, 2020). However, these shelters do not have psychological and religious services apart from a duty doctor which are very limited. In this matter, Muhammadiyah decided to use some campus buildings belonging to Muhammadiyah and Aisyiyah to be converted into shelters. Setiawan (2020), in particular Universitas Aisyiyah Yogyakarta (UNISA), Universitas Muhammadiyah Yogyakarta (UMY), Universitas Ahmad Dahlan (UAD), and the Pimpinan Pusat Aisyiyah (PPA). Muhammadiyah itself has 174 Higher Education Institutions spread throughout Indonesia, comprising forty-eight universities, five institutes, eighteen academies, four polytechnics, and ninety-nine Higher Education Institutions. Muhammadiyah shelters are provided with sufficient medical staff, psychologists from local universities, *Ustadz*, and several other COVID-19 volunteers.

In this way, COVID a result of the conversion of higher education facilities completed with medical staff, psychologists, and religious or spiritual staff. Based on the analysis of the terms *pesantren*, shelter, and hospital above, it can be concluded that what is meant by COVID-19 *Pesantren* are self-isolation shelters under the coordination of COVID-19 standby hospitals provided with psychologists and religious services from *Ustadz*, spiritual guides, and religious figures. The selection of the term *Pesantren* is intended to strengthen the collaboration between religious figures, doctors, and psychologists in asymptomatic COVID-19 patient recovery with a more holistic approach.

## COVID-19: Psychosocial and Neuro-Spiritual Islamic Healing

Although the emergence of Muhammadiyah COVID-19 *Pesantren* is a new phenomenon, the technique of healing based on the Islamic approach was developed long before the outbreak of COVID-19 itself. Muhammadiyah COVID-19 *Pesantren* view that a psychological and religious approach, in particular, is very important because asymptomatic COVID-19 patients do not show physical symptoms of

illness but psychological trauma, such as fear, anxiety, depression, and stress (Miu et al., 2020), to mental health problems (Kusumaningrum et al., 2021), even suicidal tendency (Thakur & Jain, 2020). The research shows that in the COVID-19 period, religion has made an important contribution to protecting the health of Muslims through religious devotion (Bentley et al., 2020; Hart & Koenig, 2020), and even healing post-traumatic stress disorder (Hasanovi et al., 2017). Because of that, asymptomatic COVID-19 patients are more needing of psychological and religious touch more than medical services.

Many medical staffs have begun to be aware of the importance of religion's role in the healing process (Gallego, 2019; Hasanah et al., 2017). This is strengthened by Wells' and Harper's research which states that religion has the potential for the prevention of illness and aid patient recovery (Harper & Pargament, 2015; Maton & Wells, 1995). In particular cities such as Lahore, Pakistan, traditional healing based on religion continues to be sought after (Farooqi, 2006). They believe that religion and ritual can make a faster mental recovery. This matter is given added weight by Rozario's research of religious believers in England who state that there are still many patients who believe God is the actual 'doctor' (Rozario, 2016). Whereas a doctor, *tabib* (traditional healer), and other medical staff are only a go-between in the healing process. In Islam, sacred concepts such as prayer, patience, *tawakal* (trust in Allah), the soul, and angels (Arozullah et al., 2020) can complement medical treatment to help a holistic recovery. In fact, treatment practice based on Islam has been practiced since the time of the prophet Muhammad through cognitive restructuring based on the Al Quran (Haque & Keshavarzi, 2014). In this way, a religious approach is very relevant to asymptomatic COVID-19 patients who are undergoing self-isolation.

In Islam, there are many Al Quran verses which explain the concept of healing (*syifa*) (Asman, 2008; Ebrahimnejad, 2011). One of the examples in the Al Quran is (QS) *Yunus* [10]: 57 which explains that the Al Quran is the healer of all sickness within the breasts of those of faith. Likewise, it is also explained in QS *Al-Isra'*: 82 that the Al Quran is a blessing and a remedy for believers (Rahman, 2015). Further, in QS *As-Syu'ara*: 80 Allah tells indeed the Prophet Ibrahim to make witness, "And if I am sick, He will make me well" in Indonesian "*Dan apabila aku sakit, Dialah yang menyembuhkan Aku*" (Mohamed Akhiruddin Ibrahim, 2017). In fact psychologically, Allah has explained in QS. *Ar-Ra'du*: 28 is the importance of remembrance which can calm the hearts of those of faith. In psychology, calm and peace are sources of happiness, and happiness is a source of health (Farhud et al., 2014; Steptoe, 2019). Because of that, it is beyond doubt that Islam has comprehensive concepts concerning healing.

A religious approach is a pressing requirement for asymptomatic COVID-19 patients while undergoing self-isolation. Church doctrine believes there is a relationship between a strong belief to a high quality of health (Dein, 2020). Edwards's research has found a strong link between meditation or prayer in all religions during the lockdown and the increasing immunity (Edwards, 2020). In Catholicism, online worship during COVID-19 in Hongkong was used to strengthen the mental health of the religious community through theological narrations, such as "illness is only experienced by those who live, not those who are dead because they have been made



free of suffering.” (Chu, 2021) In Mexico, the worshipping of saints, herbal treatment, and Catholic prayers have given new energy to therapeutic wholeness (Hendrickson, 2013). In Islam, the worship ritual of *salat* (ritual prayer) has the effect of a physiological change, including reducing cortisol and increasing cognitive ability. Because of that, rituals can train a spiritual immunity as a result have a neurological influence on the heartbeat, blood pressure, and body’s immune system (Dexter Freeman, 2016). In this way, a religious approach is very important to be given to asymptomatic COVID-19 patients while undergoing self-isolation.

## Method

### Research Approach

The research approach is qualitative of the case study type, for trying to investigate a particular case in depth (Denzin, 1997). The case study method makes it possible to conduct in-depth, multi-faceted investigations of difficult topics while keeping the focus on their actual-world contexts. When there is a need to obtain an in-depth appreciation of an issue, event, or phenomenon of interest, in its natural real-life context, the case study approach is particularly useful to employ. This is because the case study approach was developed by social scientists. There are a number of different ways in which one can define a case study; however, the essential requirement that must be met is to investigate an occurrence or phenomenon in great detail and within the setting of its natural environment (Flyvbjerg, 2011). Muhammadiyah COVID-19 Pesantren is a new case in Indonesia and does not appear in other countries. This research was conducted since the establishment of the COVID-19 Muhammadiyah Islamic Boarding School in Yogyakarta, Indonesia from March 16, 2019, to April 2021. This paper is in the field of Islamic research and responds to the handling of COVID-19 through the innovation of self-isolation shelters. This theme is in keeping with recommendations in the recent literature that the landscape of social-religious research in the period of COVID-19 is directed to topics such as epidemiology, ideology, and religious therapy for the handling of victims impacted by social and physical distancing.

### Research Setting

The research setting comprises five Muhammadiyah COVID Pesantrens. They are: (a) Aisiyah Centre Leaders (Pimpinan Pusat ‘Aisiyah—PPA) Muhammadiyah COVID-19 Pesantren; (b) Muhammadiyah COVID-19 Pesantren Universitas Aisiyah Yogyakarta (Universitas ‘Aisiyah—UNISA) shelter; (c) Muhammadiyah COVID-19 Pesantren Yogyakarta Universitas Muhammadiyah Yogyakarta Residence (UNIRES UMY) shelter; (d) Muhammadiyah COVID-19 Pesantren Zaitun shelter; and (e) Muhammadiyah COVID-19 Pesantren Jakarta Education and

Training Centre (Pusat Pendidikan and Latihan—Pusdiklat) shelter. The choosing of all five shelters was because in Indonesia they comprise the Muhammadiyah COVID-19 Pesantren shelters.

## Participants

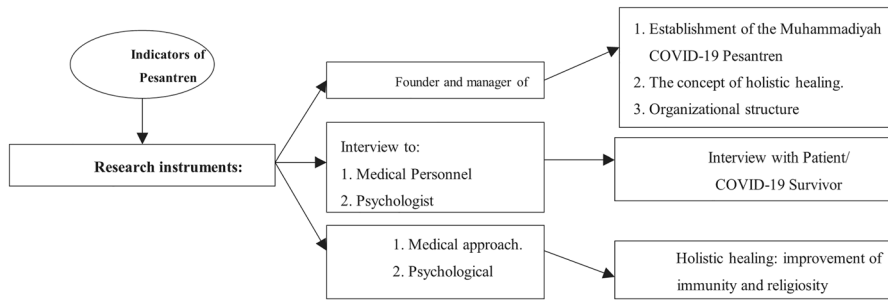
This research involved fifty respondents comprising Islamic figures, medical staff, and psychologists, at all five Muhammadiyah COVID-19 Pesantren shelters in Indonesia. The research instruments were observation, interviews, and documentation. This research instrument has also been approved by the ethics committee of Universitas Ahmad Dahlan, Indonesia. In addition, all informants have expressed their agreement to provide data openly in this study. The interviews were conducted with Muhammadiyah COVID-19 Pesantren managers and those who had come through the Muhammadiyah COVID-19 Pesantren. Interviews with the managers focused on the initiation of the establishment of the Muhammadiyah COVID-19 Pesantren and the program of activities to increase the patient's mental and spiritual health. The interviews with the COVID-19 survivors focused on the experiences of undergoing self-isolation in the Muhammadiyah COVID-19 Pesantren. Table 2 represents the demographics of the informants in this study.

## Data Collection

The data collection technique was through in-depth interviews which were open and unstructured. The collection of the data was done over 6 months, that is October 2020 to March 2021. The interviews were conducted for each spiritual activity in the Muhammadiyah With You (MWU) program. The researcher gave the questions one by one which then answered by both the manager and patient. The collected data was analyzed with data display, classification or data categorization, and coding based on research objectives. The in-depth interviews with managers of COVID-19 Islamic boarding schools focused on investigating the initiative to establish Muhammadiyah's COVID-19 Islamic boarding schools. Meanwhile, the in-depth interviews with medical personnel explored more about health care for COVID-19 patients who are undergoing self-isolation at the Muhammadiyah COVID-19 Islamic Boarding School. There was also in-depth interviews with psychologists which concentrates

**Table 2** Informant demographics

Background	Type of data	Coding
Psychologist	The psychological approach in taking care of COVID-19 patients	Informant 1
Medical staffs	The medical approach to taking care of COVID-19 patients	Informant 2
Covid Alumni	Experience during being a patient in COVID-19 <i>Pesantren</i>	Informant 3
Religious figure	Initiation of the establishment of a COVID-19 Islamic boarding school	Informant 4
COVID-19 <i>Pesantren</i> officer	The Islamic approach in taking care of COVID-19 patients	Informant 5



**Fig. 2** Categorization and classification of data

on psychological services on how they help heal psychosocial trauma during self-isolation. Finally, the in-depth interviews with the managers of the Muhammadiyah COVID-19 Islamic Boarding School discuss religious approaches, especially spiritual cleansing programs and religious rituals as healing media. Figure 2 is the categorization and classification of data in this study.

Figure 2 shows that the research instruments are observations, interviews and documentation derived from research indicators. Furthermore, the data is categorized based on the source, (1) the founder of the COVID-19 Islamic Boarding School; (2) medical, psychological and religious personnel; and (3) survivors who have graduated from the COVID-19 Islamic Boarding School. Furthermore, each category of data is classified in three types of data. First, the establishment of the Muhammadiyah COVID-19 Islamic boarding school which includes the concept of holistic healing, organizational structure, and financing. Second, a holistic healing model that combines medical, psychological and religious approaches. Third, the impact or success of the COVID-19 Islamic Boarding School which was unearthed from the testimony of survivors of the Muhammadiyah COVID-19 Pesantren alumni.

## Data Analysis

We analyze the data following four stages suggested by Creswell and Poth (2016). First, data reduction, namely the process of summarizing data by means of categorization or thematic. Second, data display, is the process of presenting data back in written form through the creation of descriptions and charts. Third, data interpretation happens when reinterpreting the data by clarifying the previous theory so that the data obtained is more meaningful. Finally, we data verification involves drawing conclusions regarding the data by way of comparison which includes contrast and contextualization of theorizing.

## Result

The results of the research are presented in three main findings. First, Muhammadiyah COVID *Pesantren* is a complete self-isolation model which integrates Islamic education, a self-isolation evacuation shelter, and COVID-19 standby hospitals. All three represent a triple helix collaboration between religious figures, medical staff, and psychologists as an Islamic healing effort with a more holistic approach. Second, *Muhammadiyah With You*, the favored program of the Muhammadiyah COVID-19 *Pesantren*, applied a psychosocial and neuro-spiritual approach. Third, a COVID-19 survivors network as COVID-19 patient empiric experience who had completed self-isolation because of being declared negative by a medical team from the Muhammadiyah COVID-19 *Pesantren*. All three main findings are Muhammadiyah's tangible actions taken in protecting and safeguarding asymptomatic COVID-19 patients' lives from the risk of depression, stress, psychosocial trauma, and the threat of suicide while concurrently curbing the spread of COVID-19 in Indonesia.

### Muhammadiyah COVID-19 *Pesantren*

Muhammadiyah COVID-19 *Pesantren* was initially called "Muslim Welfare Advancement (PKU) World View" which means 'PKU welcomes'. Psychologically, Asymptomatic COVID-19 patients who are in self-isolation need to be greeted by their family members and close relatives. Because of that, it is necessary to produce media for the visits to self-isolation. In light of the limited number of COVID-19 Standby Hospitals to accommodate patients, the Muhammadiyah PKU Hospital borrowed the PPA building which had been closed due to the outbreak. the facilities within the PPA building included private rooms and public spaces with very satisfactory air circulation, a prayer room, a library, and indoor and outdoor sports facilities such as table tennis, badminton, volley ball and so on, so the building obtained official permission from the Yogyakarta Health Service to be used as an asymptomatic COVID-19 patient self-isolation shelter.

Informant 1 (male, 58 years) tells that in mid-December 2020, at the same time as an uninterrupted, long break of national holidays, at the beginning of September 2020 the spreading of COVID-19 cases in Indonesia experienced an extraordinary spike reaching 1,288,833 positive cases and resulting in 34,691 deaths (Taufiqurrohmah, 2020). As a consequence, the PKU Muhammadiyah Kota Yogyakarta Hospital in coordination with the Yogyakarta Special Province Muhammadiyah Regional Leadership (*Pimpinan Wilayah Muhammadiyah—PWM*) and Muhammadiyah Centre Leadership (*Pimpinan Pusat—PP*) increased the number of shelters. Further, Muhammadiyah coordinated with COVID-19 handling special institutions to form of the "Muhammadiyah COVID-19 Command Center (MCCC)".<sup>1</sup>

<sup>1</sup> MCCC is an ad hoc institution which comprises related Councils and Institutions in particular Lazismu . Lazismu is a Muslim charitable institution for *amil* (charity collectors), *zakat* (tithe) dan *sodaqoh* (voluntary charitable donations) with one of its duties being the collection of funds for the handling of COVID-19.

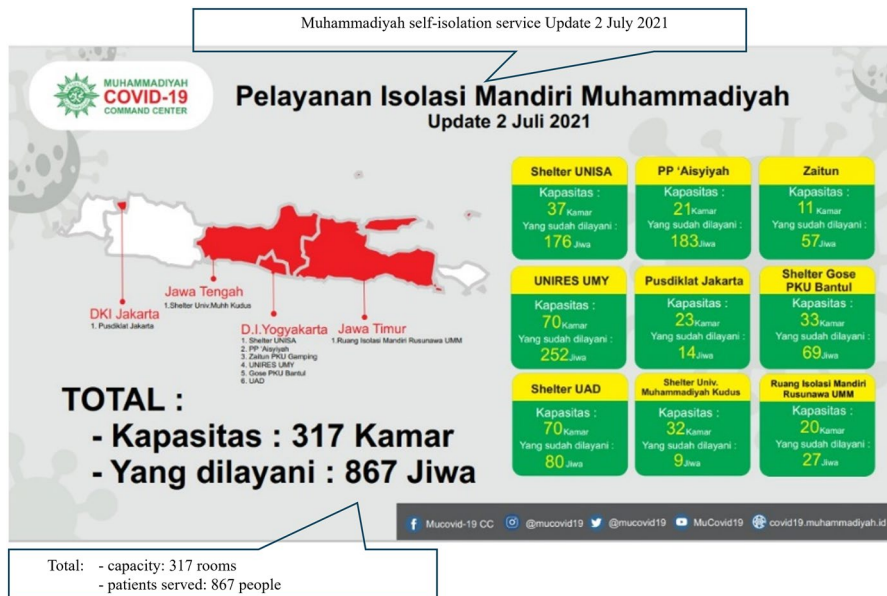


Fig. 3 MCCC's report, Self-isolation service at Muhammadiyah COVID-19 *Pesantren*

Further, these parties held a conference to formulate a patient healing concept with a more holistic approach, primarily an Islamic, psychological, and health approach. In the conference, held on 30 December 2020, it was agreed the official name of the self-isolating shelters would be 'Muhammadiyah COVID-19 *Pesantren*'. Building on the cooperation of these various parties, Muhammadiyah COVID *Pesantren* successfully opened five shelters in UNISA, PP 'Aisyiyah, UNIRES UMY, Zaitun, dan the Jakarta Education and Training Center. The information from informant 1 was further completed with MCCC reports concerning Muhammadiyah COVID-19 *Pesantren* as self-isolation shelters as shown in Fig. 3.

Based on information from informant 1 and MCCC's report, it can be concluded that Muhammadiyah COVID-19 *Pesantren* was established with the collaboration of Muhammadiyah Center Leadership (religious and spiritual figures), doctors, and medical staff from COVID-19 Standby Hospitals, and psychologists from Muhammadiyah Higher Education Institutions. At this time Muhammadiyah COVID-19 *Pesantren* has five shelters, each of which has doctors and nurses on duty for 24 hour a day to conduct health checks each day. Apart from that, Muhammadiyah COVID-19 *Pesantren* also provides online religious counseling. If there are patients who are found experiencing severe psychological disturbances, then clinical psychology measures are immediately taken. One of the advantages of the COVID-19 *Pesantren* is the fact that patients can access the facility for free. Those who wish to self-isolate are not subject to charges except *infaq* (a charitable donation) according to their economic capacity. If *infaq* is not possible, then the cost is fully borne by Muhammadiyah's Charitable Works (*Amal Usaha Muhammadiyah*). If it is experiencing funding

limitations, then the cost is borne by Lazismu , a Muhammadiyah philanthropic institution. Informant 1 tells of cases that have occurred in COVID-19 *Pesantren*:

There was the case of a nurse in the PKU Muhammadiyah Kota Yogyakarta Hospital. Because this medical staff member had a family, then the entire family of five was also infected with COVID-19. The health worker was covered by the PKU while the five family members were covered by Lazismu . Another case involved a civil servant from Palu who was on duty in Yogyakarta. On arriving in Yogyakarta it transpired he was confirmed as being COVID-19 positive. As it turned out, he did not do self-isolation in a hospital or another institution but chose to do this in the Muhammadiyah COVID-19 *Pesantren* and paying *infak* according to his financial situation. In fact, the Borobudur Temple Tourist Service also entrusted ten of its workers who were infected by COVID-19 but were asymptomatic to do self-isolation in Muhammadiyah COVID-19 *Pesantren*, not at an Indonesian government-owned hospital. So, the Muhammadiyah COVID-19 *Pesantren* is not just seen but also trusted both by the community and the Indonesian government.

The statement of informant 1 is in keeping with the MCCC report which explains that during COVID-19, Lazismu had total collected funds of Rp 30,946 853,464 (USD 2,133,089) and had been distributed to members of the community impacted by COVID-19 totaling 31,869,988 people (Taufiqurrohman, 2020). In this way, the Muhammadiyah COVID-19 *Pesantren* apart from its integrative concept in the healing of asymptomatic COVID-19 patients also put to the fore the spirit of *ta'awun*, which is helping each other in acts of kindness.

### **Muhammadiyah with You: Full Isolation with a Psychosocial and Neuro-spiritual Approach**

Muhammadiyah COVID-19 *Pesantren*, apart from its very satisfactory facilities, also has programs of activities to support patients spiritual and mental health who are in self-isolation, from the time of waking up (03:30 Western Indonesian Time (WIB)) to going to bed (21:00 WIB). One of the programs is an online study of the Al Quran (*siraman ruhani*) via zoom meeting conducted each day from 19:30 to 21:00 WIB. Informant 2 explains:

One of the reasons our shelter is called a *Pesantren* is because in all our shelters we have made an activity program both religious and health, from the beginning of self-isolation, waking up to going to sleep again. For example, from 03:30 (WIB) we wake them up to do their night time ritual prayer (*qiyamul lail*), to pray and chanting in praise of Allah (*zikir*) until it is time for the group to do morning ritual prayer and listen to a seven-minute sermon. After that they are invited to rest and have breakfast. From 06:00–08:00 we request that they do some exercises. All the sporting facilities are made available such as table tennis, badminton, volley ball to soccer. After playing a sport we prepare a morning snack and they are free to do activities, such as reli-



gious consultation, psychology and health checks to reading books, magazines and newspapers in the library which we have supplied. At 12:00 WIB they are invited to do ritual prayers (*salat dzuhur*) as a group and for a seven minute sermon, followed by lunch and rest. At 15:00 WIB we invite them to do ritual prayers (*salat asar*) and for a seven minute sermon, guidance on reading the holy book, the Al-Quran and have a snack and do afternoon sport. At 17:30 we request them to rest, wash, do evening ritual prayer (*salat maghrib*), *tadarus* (Al Quran readings). At 19:00 to 21:00 those in self-isolation we request them to follow the excellent program Muhammadiyah COVID-19 Pesantren that is, *Muhammadiyah With You*, a webinar via zoom meeting.

The statement of informant 2 confirms that in the Muhammadiyah COVID-19 Pesantren, the patients undergoing self-isolation are treated like *santri*, while undergoing treatment, both physical, mental health, and spiritual. This respondent also explains that one of the important programs of the Muhammadiyah COVID-19 Pesantren is *Muhammadiyah With You*. This program is strong evidence that Muhammadiyah COVID-19 Pesantren is providing physical, mental, and spiritual health services. This program is in the form of a webinar inviting medical and health experts, psychologists, and *Ustadz*. Those in self-isolation can follow the activities synchronously both through a zoom meeting, youtube channel, and other social media. There are three webinar themes in *Muhammadiyah With You* activity program, health on Wednesdays and Thursdays, whereas Islam is on Sundays, Tuesdays, and Fridays. Table 3 shows the timetable of the study themes in the *Muhammadiyah with you* program.

Table 3 represents the COVID-19 patient recovery effort with a religious, health, and psychological approach. As of 4 April 2021 the Program *Muhammadiyah with You* (MWU) entered its 214<sup>th</sup> seriesl, showing the activity program had been running for 214 consecutive days without taking a break. In psychology, MWU offers clinical psychological counseling for patients experiencing mental health disturbances such as acute anxiety, trauma, depression, and stress. In the field of Islam, MWU has a worship guidance program such as group ritual prayer, praying, patience, and *tawakal* (trust in Allah). In the field of health, each day MWU provides a medical treatment service for all

**Table 3** Holistic organization of Islamic healing themes in the program *Muhammadiyah With You*

No.	Material	Activity Program		
		Health	Psychology	Islam
1	Sunday			√
2	Monday		√	
3	Tuesday			√
4	Wednesday	√		
5	Thursday		√	
6	Friday			√
7	Saturday	√		

**MUHAMMADIYAH COVID-19 COMMAND CENTER**  
DAFTAR ISTISNAI YOGYAKARTA

The power of  
patience and prayer

**KEKUATAN**  
*Dibahk*  
**KESABARAN & SHOLAT**

Ust. Drs. H. Setyadi Rahman, M.P.I

Hari, Tanggal : Jum'at, 09 April 2021

Waktu : 19.45 - Selesai

MEETING ID : 886 7446 6006  
PASSCODE : MWYCOVID09

**MUHAMMADIYAH WITH YOU**  
Pesantren Covid Muhammadiyah



**MUHAMMADIYAH COVID-19 COMMAND CENTER**  
DAFTAR ISTISNAI YOGYAKARTA

Positive Thinking  
Healthy Body

**PIKIRAN**  
*Positif*  
**BADAN SEHAT**

Br. Nia Paramita Yusuf, M.Si., M.Ps., Psikolog

Hari, Tanggal : Kamis, 01 April 2021

Waktu : 19.45 - Selesai

MEETING ID : 894 4453 7057  
PASSCODE : MWYCOVID01

**MUHAMMADIYAH WITH YOU**  
Pesantren Covid Muhammadiyah



**MUHAMMADIYAH COVID-19 COMMAND CENTER**  
DAFTAR ISTISNAI YOGYAKARTA

Managing anxiety  
during a pandemic

**MENGELOLA**  
*Cemas*  
**DI MASA PANDEMI**

Dr. dr. Warih Andan Puspitosari, M.Sc., Sp.KJ (K)  
(FKIK UMY, RSU PKU Muhammadiyah Gamping)

Hari, Tanggal : Rabu, 24 Maret 2021

Waktu : 19.45 - Selesai

MEETING ID : 835 0724 0577  
PASSCODE : MWYCOVID24

**MUHAMMADIYAH WITH YOU**  
Pesantren Covid Muhammadiyah



**Fig. 4** The spiritual, psychological, and medical approach in healing COVID-19 patients at Muhammadiyah COVID-19 Pesantren

patients. Figure 4 (A to D) shows sample posters of the *Muhammadiyah with You* activity program at the Muhammadiyah COVID-19 *Pesantren*, which represents healing with a more holistic approach, Islamic, psychological and medical.

Figure 4 shows that the *Muhammadiyah with You* program materials are organized along with three main themes: Islam, psychology, and medical health. However, each information source integrates the themes presented with an interdisciplinary, multidisciplinary, and transdisciplinary approach to connect the different materials. The speakers themselves are part of a collaboration of doctors from 174 Muhammadiyah and Aisiyyah Higher Education Institutions spread through Indonesia. These sources of information also became the initiators for the standing up of Muhammadiyah COVID-19 Hospital. In this way, *Muhammadiyah with You* was an effort to recover COVID-19 patients with a holistic approach involving doctors, psychologists, and Islamic religious figures.

Islamic spiritual teachers, *Ustadz*, and spiritual figures, as shown in Fig. 2A, explain the power of patience and ritual prayer. At the same time, the subject matter presenter in 2B explains *dhikr* as a relaxation of the brain's wave emissions. According to this speaker, doing *dhikr*, sitting, or standing can create mental health and less easily stressed. The person giving information in 2C uses a psychological approach and discusses the relationship between positive thinking and physical health. According to this source, thinking positively can increase immunity. This subject is in harmony with the medical approach conveyed by information source 2D concerning managing anxiety in a pandemic. In this way, Muhammadiyah COVID-19 *Pesantren* has applied three approaches (Islamic, psychological and medical) to heal COVID-19 patients undergoing self-isolation.

## Survivors of COVID-19: Increasing of Faith and Immunity

The MCCC report on 31 December 2021 states that five Muhammadiyah COVID-19 *Pesantren* shelters have healed 615 patients confirmed as positive for COVID-19. After being declared recovered, they become survivors of COVID-19 or an alumnus of the Muhammadiyah COVID-19 *Pesantren*. Most of the Muhammadiyah COVID-19 *Pesantren* alumni feel grateful and happy because while undergoing self-isolation, they received excellent treatment, not only in physical health but also in mental and spiritual health services. One of the COVID-19 survivors, an alumnus of Muhammadiyah COVID-19 *Pesantren* (Informant 3, 45 years), portrayed his experience in a prominent electronic newspaper in Indonesia *Republika* (Haris, 2020). He underwent self-isolation in the Muhammadiyah COVID-19 *Pesantren* after being declared COVID-19 positive on 15 September 2020. Informant 3 states:

In the beginning, several colleagues and I were to do self-isolation in the workplace. However, it was rejected by the local chairs of the Neighbourhood Organization [*Rukun Tangga – RT*] and Residents Organization [*Rukun*

Warga – RW]. Then we got in contact with the Yogyakarta Muhammadiyah PKU Hospital to isolate. Nevertheless, we were placed in the Yogyakarta Central Board of Aisyiyah shelter. When we entered, the medical staff conveyed that there was not only an increase in immunity but also faith in God. Because of that, we were always invited to do the five daily obligatory ritual prayers [*salat*] added to other acts of devotion [*ibadah-ibadah sunah*], such as reading the Qur'an after each *salat* and increasing the non-obligatory *salat* [*salat sunah*] in particular, the early morning *salat* [*duha*] and night *salat* (*tahajjud*) and joining in religious studies (*pengajian*) via zoom meetings. In fact, in the shelter, sporting facilities such as table tennis and badminton and free WiFi were provided. Apart from this, our health was checked each day, so our health progress was continually monitored. A 'WhatsApp' group was provided to facilitate daily health reports. One of the favorite programs in the shelter, Muhammadiyah with You or PKU, greeted us via Zoom, packed with religious studies, stories from COVID-19 survivors, academics, psychologists, and doctors. So, exactly like in an emergency *pesantren*. We felt comfortable because here were not alone and gave encouragement to each other. More than that, we were very touched because we got nutritional input that met our needs. We were grateful because we recovered (negative test) after several days of isolation and declared 'graduated' from the Muhammadiyah COVID-19 *Pesantren*.

Informant 3's experience, a COVID-19 patient who recovered after self-isolation in the Muhammadiyah COVID-19 *Pesantren*, is a living witness who proves self-isolation in the Muhammadiyah COVID-19 *Pesantren* is very different from colleagues who were isolated in other shelters. Informant 3 heard for himself the stories of other colleagues who did self-isolation in their own houses experiencing rejection from residents, a marginalization within the community to social injustice. They took longer to recover not because they were merely COVID-19 positive but because of social sanctions, stress, depression, and trauma, causing mental and spiritual health to decline continuously. This argument is corroborated by informants 4 and 5.

Informant 4 explains:

We made this COVID-19 *Pesantren* a form of Muhammadiyah's concern for the global health disaster. Since Muhammadiyah is a religious, social organization that adheres to Islamic proselytizing *amar makruf nahi munkar* (enjoining good and forbidding evil), what we care about is not only the health and safety that is threatened but also its religion. In other words, if covid-19 patients are forced to die, we ensure they are *husnul khatimah* (a blessed ending). Therefore, the program is health care, worship, prayer, and reading the Qur'an.

Informant 5 explains:

In Islam, a concept of healing (*syifa'*) can be adopted to cure COVID-19 patients. For Muslims, COVID-19 is a test from Allah Swt that must be accepted with patience and laughter. A patient person and his immunity and faith will increase. In addition, ablution before prayer is also in line with

COVID-19 protocols. If the protocol COVID-19 only washes hands, then wash hands, mouth, eyes, hands, and feet in ablution. Therefore, for Muslims who consistently worship, the risk of exposure to COVID is smaller.

Given this, Muhammadiyah COVID-19 *Pesantren* is a complete self-isolation shelter that heals patients with a holistic approach (Islamic, psychological and medical) because it gives physical health services and increases mental and spiritual health, faith, and devotion (*taqwa*) to the One God. This explanation also explains Muhammadiyah's concern for global health disasters because Muhammadiyah is a religious, social organization that adheres to Islamic proselytizing *amar makruf nahi munkar* with a holistic-comprehensive approach.

## Discussion

The three main findings in this research is a of Muhammadiyah strategy and effort to treat the cause of asymptomatic COVID-19 patients who have often been neglected. Muhammadiyah has developed COVID-19 *Pesantren* as a shelter innovation for the self-isolation of asymptomatic COVID-19 patients. This *Pesantren* integrates COVID-19 standby hospital concepts with Islamic education with a modern psychological touch, as a result, becoming a complete self-isolation shelter that is secure and comfortable. Muhammadiyah COVID-19 *Pesantren* applies to heal with a more holistic approach that is, integrating medical, psychological, and religious approaches, in particular, Islam. In this way, asymptomatic COVID-19 patients who undergo self-isolation can experience an increase in physical, mental, and spiritual health. An explanation of the COVID-19 *Pesantren* Model concept can be seen in Fig. 5. The following analysis discusses all three proofs.

## Collaboration of Ulama, Medical Staff, and Psychologists

The collaboration between the Muhammadiyah Centre Leadership (*Ulama*) with medical staff from the COVID-19 hospital and psychologists from the Muhammadiyah Higher Education Institutions have changed self-isolation shelters to emergency *Pesantren* (Hashmi et al., 2020). This finding offers innovations for a comprehensive self-isolation model which integrates the concepts of Islamic education and COVID-19 hospitals, as a result, can increase patient mental and spiritual health (Arozullah et al., 2020; Dein, 2020; Suyadi, 2018). Because of that, the Muhammadiyah COVID-19 *Pesantren* has become a solution for COVID-19 patients as a complete self-isolation place free from the risks of depression, anxiety, stress, to the threat of suicide (Banerjee et al., 2021; Sher, 2020). To date, the high number of suicides of COVID-19 patients is not merely caused by being infected with COVID-19 but more due to fear, anxiety, depression, stress, social trauma, to mental health problems which continue to increase (Boyraz et al., 2020; Jaspal et al., 2020; Ju et al., 2021; Kusumaningrum et al., 2021; Miu et al., 2020; Standish, 2020; Thakur & Jain, 2020). In this way, Muhammadiyah COVID-19 *Pesantren* has become the



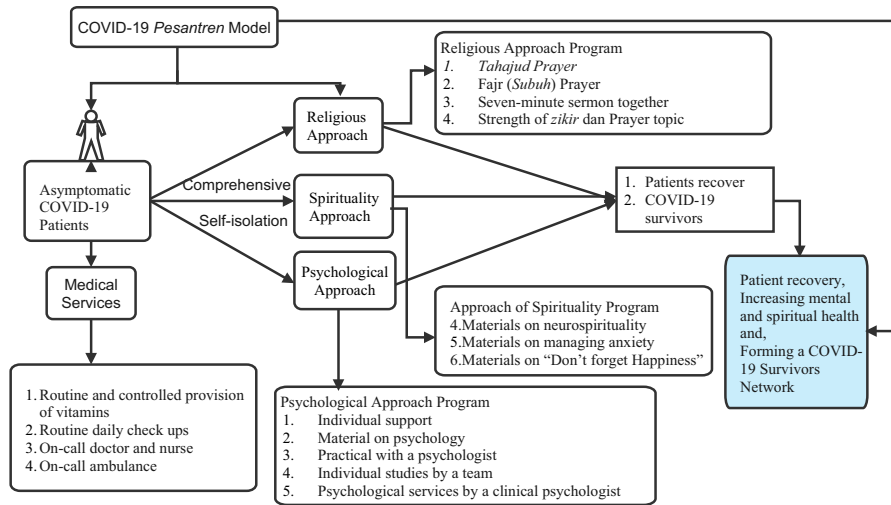


Fig. 5 Muhammadiyah COVID-19 Pesantren model concept

best solution to reduce the COVID-19 patient's risk of suicide who is undergoing self-isolation.

However, the continuation of the Muhammadiyah COVID-19 *Pesantren* remains in question, primarily after the vaccination program has successfully overcome COVID-19. If the vaccination program can overcome the spreading of COVID-19 as suggested by Rahi and Sharma, COVID-19 *Pesantren* will come to an end (Rahi & Sharma, 2020).

### Islamic Healing of COVID-19 Patients Through a Holistic Approach

*Muhammadiyah With You*, as one of the Muhammadiyah COVID-19 *Pesantren* quality programs, has integrated religion in particular, Islam, psychology, and medicine in the approach in efforts to heal asymptomatic COVID-19 patients. The program has entered its serial on 9 April 2021 showing that the program *Muhammadiyah with You* has lifted the spirits and motivation of the asymptomatic COVID-19 patients to recover and be well again.

The themes presented by the speakers are *Ustadz*, psychologists, and doctors are keenly sought after and their presentations are looked forward to by asymptomatic COVID-19 patients who are undergoing self-isolation, even by the general public. Islamic religious themes such as *dzikir*, *salat*, and prayer presented by the *Ustadz*, are efforts for recovery with an Islamic foundation as proposed by Ahad (Ahmad & Ahad, 2021). Likewise, psychological themes such as positive thinking, managing anxiety, and stress management are an application of a psychological approach to minimize the risk of psychosocial trauma to anticipating suicide (Leroy et al., 2020). In this way, themes in the program *Muhammadiyah With You* are for coping with COVID-19 having religious and psychological foundations.



In the COVID-19 period, a religious and spiritual intervention approach (Corpuz, 2020; Rushohora & Silayo, 2019), including local religions are still an alternative in healing many illnesses in traditional communities in various countries such as Somalia, Africa, and Mexico (Bentley et al., 2020; Edwards, 2020). Particularly in Islam, a theological construction concerning Islamic healing such as prayer, *salat*, *sabar*, and *tawakal* (Ahmad & Ahad, 2021) have become religious healing recipes for COVID-19 patients, complementing medical treatment as proposed by Freeman and Shaler (Dexter Freeman, 2016). Because of that, the role of spiritual leaders or spiritual guides and psychologists can no longer be ignored in the healing of asymptomatic COVID-19 patients because it can be a holistic healing solution.

### COVID-19 Survivors Network

The story of COVID-19 survivors (Gentil et al., 2021) who have written of their experiences while undergoing self-isolation, as has been done by Rowi and Mulyadi (Mulyadi, 2021; Rowi, 2021), indeed can be a lesson for many. However, the story released by Dede Haris, an alumnus of a Muhammadiyah COVID-19 *Pesantren* in *Republika* (Haris, 2020), is not only a lesson but also urges the forming of a COVID-19 survivors network. They have a very high level of concern for their friends who are still undergoing self-isolation and continue to motivate them to recover like themselves. The findings of this research highlight the experiences of COVID-19 patients undergoing self-isolation in various countries, who face stigmatization and social marginalization (Dar et al., 2020; Olufadewa et al., 2020; Simpson & Robinson, 2020). This matter has been caused because they are undergoing self-isolation separated from each other and only use a medical approach without the touch of psychology in the particular spiritual intervention (Ali et al., 2020; Freedman, 2020). In this case, forming a Muhammadiyah COVID-19 survivors network has contributed to an increase in the number of patients recovered from COVID-19.

The increasing usage of information technology, particularly social media in the COVID-19 period, has contributed to the spread of the stories of COVID-19 survivors. From another perspective, the presence of the Muhammadiyah Branches in 23 countries (Syaikhul, 2018) presents an opportunity for the COVID-19 survivor's network, which continues to expand. Expanding the COVID-19 survivor's network to various countries provides an opportunity to develop Muhammadiyah COVID-19 *Pesantren* shelters. Integrating a holistic medical, psychological and religious, particularly an Islamic approach, will increasingly facilitate the COVID-19 survivor's network to stem the spreading of COVID-19 patients (Zoellner et al., 2018).

The findings prove that the high rate of deaths during the COVID-19 pandemic is not only caused by the COVID-19 infection. The Indonesian government's late responses to the pandemic have increased psychosocial trauma and suicide (I. Abdullah, 2020). Three months after the first case confirmation, the virus has claimed 2,870 lives. When other countries enforced the lockdown, the Indonesian government offered incentives to tourist destinations. Indeed, the Vice President of the Republic of Indonesia opened the 7th Indonesian Moslem Congress (KUII) in Pangkal Pinang. In the event, he stated that Indonesia is immune to the COVID-19

because of the prayer of many ulama (Anam, 2020). Indonesia declared the pandemic a national disaster two days after the virus claimed its first victim; a 53-year-old woman confirmed positive for COVID-19 after she passed away. The case was the beginning of many deaths after; all media reported about deaths in seconds.

Continuous information about the COVID-19 pandemic in 567 conventional media and 2,011 online media has caused terror. At the same time, COVID-19 mitigation policies were not adequate, the health facilities were limited, and the physical distancing limited the people's activities. It was estimated that more than 6.7 million people lost their jobs. Further, the poverty rate increased to 11%, where 30 million people were jobless. Deaths, unemployment, poverty, and isolation during the self-quarantine have triggered wide psychosocial trauma. As a result, the mortality rate and suicide during the pandemic have increased. For example, a 32-year-old man committed suicide after losing his job (Gunadha, 2020). In another case, a taxi driver (motorcycle taxi) committed suicide during the lockdown because he could not work and could not afford his child's medication. Still, a taxi driver (33 y.o.) in West Java killed himself because he could not pay the installment for his motorcycle (Abdullah, 2020). Many people were hysterical; they did not dare to check their condition at the hospitals because they thought they would be diagnosed with COVID-19. Many people rejected the funerals of corpses confirmed with the virus because they were afraid of getting infected. Indeed, violence against women and children increased as much as 50% since the establishment of online learning, part of the *work from home* (WFH) policies (Standish, 2020). In West Java, Indonesia, the divorce rate increased from 8000 to 51,646 in September 2020 (Tristanto, 2020). Similar cases as the impact of the COVID-19 pandemic were supposed to be anticipated through medical, psychological, and spiritual approaches.

## Limitations

A limitation of this research is that it has not discussed more specifically the management of Muhammadiyah COVID-19 *Pesantren* from the perspective of the development of shelters and other more extensive programs. Nevertheless, Muhammadiyah COVID-19 *Pesantren* has experienced rapid development extending to Malaysia. Certainly, this is due to excellent management. Because of that, what is required is further research on disaster mitigation management, in particular the development of self-isolation shelters for COVID-19 patients. It includes the potential for the development of Muhammadiyah COVID-19 *Pesantren* in various countries in accordance with the growth of Muhammadiyah branches spread across twenty-three countries. In this way, Muhammadiyah COVID-19 *Pesantren* will become a new discourse in the research on disaster mitigation with an Islamic approach as a complement to a medical approach that is more holistic.

## Conclusion

This research found three important things. First, the COVID-19 Muhammadiyah Islamic Boarding School combines the concept of health in hospitals and Islamic education programs in Islamic boarding schools. Therefore, patients who come to this place will become students who undergo treatment. This means that at the Muhammadiyah COVID-19 Islamic boarding school, it does not only give health services, but it also aims to increase faith in Allah SWT. Institutions like this are very different from self-isolation shelters that only give the patient's with health services. Second, an integrative holistic healing approach combines medical, psychological and religious aspects. The COVID-19 Islamic Boarding School applies a medical approach, psychological services and worship guidance so that the healing is more comprehensive. This healing model is also different from the healing models of COVID-19 patients at the COVID-19 standby hospital which only handles medical health aspects. Third, the self-isolation model in groups. The Muhammadiyah COVID-19 Islamic Boarding School facilitates COVID-19 patients who are self-isolating in a complex so that they can interact with one another while still adhering to health protocols. In fact, there are many activities that can be done together, such as sports, worship, and light discussions. This model is certainly different from self-isolation which is carried out individually in their respective homes. These three main findings set it apart from other previous studies and became a major contribution to this research.

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**Data Availability** Data available on request from the authors. The data that support the findings of this study are available from the corresponding author upon reasonable request.

## Declarations

**Conflict of interest** The author declare that they have no conflict of interest.

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