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### SELF-HEALING MASYARAKAT MUSLIM JAWA: Studi Pasien Asma di Kota Surabaya

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**Abstract:** Asthma is not actually a contagious disease, but this disease is classified as a dangerous disease. Asthma can reduce the quality of life of a person. In fact, it can cause death for sufferers if not handled properly. Every asthma patient has different knowledge and experience in managing and curing asthma. Especially related to illness, illness, and treatment of asthma. This study aims to determine self-healing by asthma patients, the majority of whom come from Javanese ethnicity and are Muslim. Javanese have a philosophy of life including; *Nrimo Ing Pandum, Rila, Ngluruk Tanpa Bala Menang Tanpa Ngasorake*, and *Manunggaling Kawulo Gusti*. The research method used is qualitative-phenomenological. Data collection techniques through in-depth interviews, observation, documentation and field notes. The research subjects were patients who treated at the asthma clinic of RSUD dr. Soetomo Surabaya. The results showed that there is a unique self-healing that is carried out by patients with asthma, every things that happens is always accepted and there is a connection with God. Self-healing can help strengthen the emotions (thoughts, attitudes, and actions) of asthma patients. So that in the healing process, patients can be categorized as a fully controlled asthma patient and a partially controlled asthma patient.

**Key Words:** Self-healing, asthma, Javanese philosophy.

**Abstrak:** Asma sebenarnya bukan penyakit menular, tetapi penyakit ini tergolong penyakit berbahaya. Asma dapat menurunkan kualitas hidup seseorang. Bahkan, bisa menyebabkan kematian bagi penderitanya jika tidak ditangani dengan baik. Setiap pasien asma memiliki pengetahuan dan pengalaman yang berbeda dalam mengelola dan menyembuhkan asma. Terutama terkait penyakit, penyakit, dan pengobatan asma. Penelitian ini bertujuan untuk menentukan penyembuhan diri oleh pasien asma, yang sebagian besar berasal dari etnis Jawa dan Muslim. Orang Jawa memiliki filosofi hidup termasuk; *Nrimo Ing Pandum, Rila, Ngluruk Tanpa Bala Menang Tanpa Ngasorake*, dan *Manunggaling Kawulo Gusti*. Metode penelitian yang digunakan adalah kualitatif-fenomenologis. Teknik pengumpulan data melalui wawancara mendalam, observasi, dokumentasi dan catatan lapangan. Subjek penelitian adalah pasien yang dirawat di klinik asma RSUD dr. Soetomo Surabaya. Hasil penelitian menunjukkan bahwa ada penyembuhan diri yang unik yang dilakukan oleh penderita asma, setiap hal yang terjadi selalu diterima dan ada hubungannya dengan Tuhan. Penyembuhan diri dapat membantu memperkuat emosi (pikiran, sikap, dan tindakan) pasien asma. Sehingga dalam proses penyembuhan, pasien dapat dikategorikan sebagai pasien asma yang sepenuhnya terkontrol dan pasien asma yang dikendalikan sebagian.

**Kata Kunci:** Penyembuhan diri, asma, filosofi Jawa.

## A. Introduction

In this modern era, the development of science and technology enables humans to understand all health problems. Especially for illness caused by infection, bacteria, viruses or by genetic (genetic) factors. Knowledge, experience and the environment are very decisive. Many factors are related to health, because it can be seen a person's quality of life.

Measurement of quality of life related to health includes physical, psychological (cognitive and emotional), and social<sup>650</sup>. The World Health Organization (WHO) definition cited by Hawari that health is a condition or condition is not only free from disease or weakness, but also a balance between physical, mental, and social functions<sup>651</sup>, and in which mental health is an integral part of health<sup>652</sup>. Another paradigm, the quality of life is defined as the ability of individuals to play a role in their environment and get satisfaction from what they do so that the quality of life related to health describes the health level of someone who has a disease and get management according to the guidelines of the disease<sup>653</sup>.

The biggest influence on the level of public health is the environmental and behavioral factors<sup>654</sup>. Quality of life is determined by behavior and each person has different behavior according to knowledge and experience<sup>655</sup>. Healthy and sick behavior, and the role of sufferers are influenced by several factors such as social class, ethnic and cultural differences<sup>656</sup>. The statement assumes that studies related to health consequences need to pay attention to the cultural and social context of the community.

Moreover, if this happens in urban communities such as Surabaya. Environmental conditions and the behavior of the community have a major influence on the degree of public health. Especially for residents or communities who have certain diseases that cannot be cured but can be controlled for their recurrence rate, for example asthma<sup>657</sup>. Asthma is shortness of breath<sup>658</sup>. Maximum adaptation is needed for sufferers, not only for pain, disease and treatment. Also, the role of health workers, environmental factors, community behavior and lifestyle is a challenge for asthma sufferers because it can cause conflict and stress which can ultimately worsen physical health conditions<sup>659</sup>.

In society, asthma is a form of social reality that requires serious treatment and treatment for sufferers. World Health Organization (WHO) as an international health institution explains that asthma sufferers in the world there are 300 million people and this number is expected to continue to grow to 400 million by 2025<sup>660</sup>. Asthma can strike at the age of children, adolescents

<sup>650</sup> Imelda S. (2007) *Hub. Derajat Berat Asma dengan Kualitas Hidup yang Dukur dengan Asthma Quality of Life Questions*, Paru, 14: 54, 5

<sup>651</sup> Hawari D. (2005) *Dimensi Religi Dalam Praktek Psikiatri dan Psikologi*. Fakultas Kedokteran Universitas Indonesia, Jakarta. hlm. 5-8 (h1).

<sup>652</sup> Pasiak, Taufiq. (2012) *Kesehatan Spiritual Berdasarkan Neurosains*. Mizan, Bandung.

<sup>653</sup> Ibid 23

<sup>654</sup> Notoatmodjo, Soekidjo. (2007) *Pengantar Pendidikan Kesehatan Dan Ilmu Perilaku Kesehatan*. Andi Offset, Yogyakarta.

<sup>655</sup> Littlejohn, Stephen W. and Karen A. Foss. (2009) *Theories of Human Communication*. 8th ed. Wadsworth Publishing Company, Belmont California.

<sup>656</sup> Sarwono, Solita. (2000) *Sosiologi Kesehatan*. Gajah Mada University Press, Yogyakarta.

<sup>657</sup> (Hasil wawancara dengan dokter spesialis paru pada bulan Juni 2012)

<sup>658</sup> Bateman ED, Jithoo A. (2007) *Asthma and Allergy a Global Perspective in Allergy*, European Journal of Allergy and Clinical Immunology, 62(3): 213-215

<sup>659</sup> Hawari D. (2005) *Dimensi Religi Dalam Praktek Psikiatri dan Psikologi*. Fakultas Kedokteran Universitas Indonesia, Jakarta. hlm. 5-8 (h1).

<sup>660</sup> World Health Organization (WHO). (2013)

<http://www.who.int/respiratory/asthma/definition/en/index.html> disitasi: 10 April 2013

and adults<sup>661</sup>, regardless of socioeconomic level<sup>662</sup>, is mild but can sometimes persist so that it interferes with daily activities and clinical symptoms such as coughing, wheezing and shortness of breath vary<sup>663</sup>. In old age, asthma can cause decreased immune response, decreased lung function and side effects due to long-term drug use<sup>664</sup>. The risk factors that are caused not only reduce the quality of life but more severe, namely death<sup>665</sup>.

Stigma in the community, asthma, including hereditary diseases, can not be cured, *bengek* disease, shortness of breath, diseases of malnourished people and diseases of the poor<sup>666</sup>. What's more, the treatment of asthma requires a long and regular time. This has a psychological impact on sufferers, so that each sufferer has a different and subjective experience.

The results of the study explained that asthma control in Indonesia has not been implemented properly and there is still very minimal availability of equipment needed for diagnosis<sup>667</sup>. Various methods are used to improve health services and ease of treatment by both the government and the private sector but this cannot be said that asthma sufferers have begun to decrease<sup>668</sup>.

This background provides an understanding that asthma requires serious treatment for sufferers. The phenomenon of daily activities of asthmatics in dealing with this disease is called self-healing. The principle of Self-healing that in fact the human body is able to repair and heal itself naturally means that it already exists in a person<sup>669</sup>. Personal self-healing experience of asthma sufferers plays a role in determining behavior to maintain health while preventing and curing diseases. According to Ramos, it was explained that personal experience can originate from social, cultural beliefs and values prevailing in society and that would create a series of "common-sense" beliefs and procedures for the interpretation and management of somatic events or messages from the body<sup>670</sup>.

This journal discusses self-healing Muslim communities who come from the Javanese tribe and suffer from asthma. The self-healing experience he did was very unique. Especially in daily activities, it always refers to the Javanese cultural philosophy adopted. The philosophy of life that is taught invites everyone to be able to develop positive thinking habits as a manifestation of the servitude of the creature towards the God (creator).

Javanese society is known as a society that upholds balance and harmony<sup>671</sup>. Also, known by the nature of its openness means open to the values that come from outside, including in the context of self-healing. The philosophy of life that was built by the Javanese Muslim community, especially asthma sufferers, among them such as: *eling lan waspodo, rila, nrimo ing pandum, ngluruk tanpa bala menang tanpa ngasorake, manunggaling kawulo Gusti*, manunggaling kawulo Gusti. This philosophy is able to help and build positive psychological perceptions, so that everything received in life can be changed into positive things.

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<sup>661</sup> Baratawidjaja KG, Soebaryo RW, Kartasasmita CB, Suprihati, Sundara H, Siregar SP, et.al. (2006) Allergy and Asthma, the Scenario in Indonesia In: Shaikh WA, editor. Principles and Practice of Tropical Allergy and Astma, Vicas Medical Publishers, Mumbai, 707-736

<sup>662</sup> Mangunegoro H. Widjaja A, Sutoyo DK Yunus F, Prajnaparamita, Suryanto E dkk, (2004) Pedoman Diagnosis dan Penatalaksanaan Asma di Indonesia. Perhimpunan Dokter Paru Indonesia, Jakarta, p. 20-60

<sup>663</sup> Rustam, Erlina. (2014) Hubungan Tingkat Pengetahuan Mengenai Asma dengan Tingkat Kontrol Asma. Jurnal Kesehatan Andalas; 3 (1), Fakultas Kedokteran Universitas Andalas.

<sup>664</sup> Halgate S, Polosa R. (2006) The Mechanism, Diagnosis and Management of Severe Asthma in Adults. Lancet, 368: 780-793.

<sup>665</sup> Mardipoera, T. (2007) Alergi dan Kualitas Hidup Abad 21, FK UNPAD

<sup>666</sup> (Hasil wawancara dengan beberapa penderita asma pada bulan September - Oktober 2012)

<sup>667</sup> Qomariah. (2010) *Faktor-faktor yang Berhubungan dengan Penyakit Asma di Indonesia*. Media Litbang Kesehatan Volume XX Nomor 1 Tahun 2010, Jakarta.

<sup>668</sup> Ibid 56-59

<sup>669</sup> Brownstein, Art. (2007) *Extraordinary Healing*. Harbor Press, Amerika

<sup>670</sup> Ramos, Denise Gimenez. (2004) *The Psyche of The Body: A Jungian Approach to Psychosomatic*. Brunner Routledge, New York.

<sup>671</sup> Mulder, Niels. (2009) *Mistisme Jawa Ideologi di Indonesia*. Cetakan tiga. LKiS, Yogyakarta.

Wijayanti's research results explained that Javanese people are known as people who are easy to absorb and accept new cultures or beliefs from outside. The well-known community is very flexible in carrying out its life of trust including acculturation with existing Javanese beliefs and cultures<sup>672</sup>. Among them, an attitude of acceptance is called *nrimo* while a sincere attitude is called *rila*. The deeper philosophy of Javanese life about sincerity is the philosophy of *nrima ing pandum*<sup>673</sup>. This concept does not mean that humans think passively by accepting the conditions (fate) themselves or just remain silent. *Nrima ing pandum* means that humans accept all predetermined destiny, but there are endeavors that need to be done by every human being. As taught in Islam that is the religion adopted by people with asthma. Humans can only try and pray, but the final outcome of Allah is decisive. *Tawakkal* is a key word in *nrimo ing pandum*, so there is a balance (balancing) in human life as a form of servitude to God the Creator.

*Rila* attitude means sincere that humans must be sincere with what has become the destiny of their lives, in this case as asthma sufferers. *Eling lan waspodo*, meaning humans must always remember God Almighty, who gives life to humans and remembers their condition as asthmatics. *Eling lan waspodo* (remember) makes the patient will always maintain his health condition so as not to get sick or relapse. *ngluruk tanpa bala menang tanpa ngasorake* is achieved when interacting with the social world, both with health workers (doctors and nurses) and the general public. This philosophy of life is realized in everyday life so there is no conflict when communicating with others. Therefore, if there is a conflict there will be a conflict within oneself which will result in an increasingly severe physical condition. Almost all activities carried out by asthmatics including self-healing are always related to God who is termed *Manunggaling Kawula-Gusti*. The concept of this philosophy illustrates an achievement of spiritual menaku (experience) from asthma sufferers when the heart and mind are resigned to the pain suffered (asthma). This condition brings the soul, body and whole life energy of asthmatics to be used only to serve God Almighty. This is what is called *Manunggaling Kawula-Gusti*.

## B. Research Methods

The method used in this study is qualitative, then it is descriptive analytic. This method was chosen to explain the phenomenon of self-healing by the subject (asthmatics). The type of research used is phenomenology. Namely studies that seek to understand, describe and interpret the meaning of one's experience. Research location in the city of Surabaya. The subject of the study was asthma sufferers who were treated at the Asthma clinic of RSUD dr. Soetomo Surabaya. The techniques used for data collection are interview, observation, documentation and field notes. The instrument uses interview guidelines and medical record data.

## C. Self-healing Javanese Muslim Community

Society views social values as a reality and knowledge as a form of understanding self identity. Furthermore, sociologist Peter L. Berger in social construction theory explained that social reality is as a reality and knowledge<sup>674</sup>. Asthma is included in the social reality in the community that needs serious treatment. What's more, the stigma in society is explained that asthma is classified as an incurable hereditary disease and a disease of the poor<sup>675</sup>. This stigma is a problem for its sufferers. It is known that asthma in the journal National Education and Prevention Program (NAEPP)<sup>676</sup> is defined as a chronic airway disease, not an infectious disease

<sup>672</sup> Wijayanti, Herlani. Nurwianti, Fivi. (2010) *Kekuatan Karakter dan Kebahagiaan Suku Jawa*. Jurnal Psikologi Vol. 3, No. 2

<sup>673</sup> Handayani & Novianto. (2008) *Kuasa Wanita Jawa*. LKis, Yogyakarta.

<sup>674</sup> Berger, Peter L. (1990) *Tafsir Sosial Atas Kenyataan*. terj. Hasan Basari, LP3 ES, Jakarta. Hal 13.

<sup>675</sup> (hasil wawancara dengan pasien asma)

<sup>676</sup> National Education and Prevention Program (NEPP). (2007) *Guidelines for the Diagnosis and Management of Asthma*. National Heart, Lung and Blood Institute of Health (NHI) Publication, United States.

but this dangerous disease can reduce quality of life and can cause death<sup>677</sup> if not handled properly and interfere with daily activities<sup>678</sup>. This social reality is interesting to discuss related to self-healing asthmatics.

But before discussing self-healing, it is necessary to explain in advance the meaning of illness by asthmatics because it is a crucial part of the self-healing process. Each asthma sufferer has his own perspective and produces different meanings for illness, disease and treatment. The results obtained that there are two categories of meaning. Meaning positively and negatively. Positive interpretations that asthma is interpreted by sufferers as something that is normal, not too thought out, being resigned is not meant giving up or staying silent without effort, staying enthusiastic in living life and always optimistic to recover and be healthy. Meanwhile, the negative meaning that asthma is interpreted by sufferers with a pessimistic attitude which means it can not heal due to hereditary illness, so that it impacts on the attitude of despair, closed and considers themselves still sick. Different meanings have an impact on the health condition of people with asthma.

The positive and negative meanings of illness, illness and treatment are forms of emotions. According to Plutchik<sup>679</sup>, emotions can proceed dyadically and play an intensive and adaptive role towards oneself termed the Plutchik's Wheel of Emotions. For example, when we have a fear of being unable to recover (fear) and hoping to get well (hope). Fear is a basic emotion between feelings of anxiety and terror. Fear (fear) can occur because of the desire to defend themselves (survival) physically<sup>680</sup>

The emotions of every asthma sufferer are subjective, including resignation, enthusiasm, optimism, ordinary, pessimistic, hopeless, closed and sick self. Emotional differences occur consciously and automatically. This is the result of internalizing asthma sufferers when interacting with their social world, so experience and knowledge play an important role in determining self-healing. The theory put forward by Wes<sup>681</sup> the looking-glass self that when interacting the subject imagines himself according to the judgment of others, as well as feeling sad or proud based on his self-feeling. This is in accordance with the condition of asthmatics at that time. Berger and Luckman<sup>682</sup>, explained that society as a subjective reality implies an objective reality is interpreted objectively by individuals. The subject's interpretation of herself becomes different depending on the social interactions that are carried out.

The meaning of illness can be interpreted as an understanding and interpretation of asthma sufferers of illness. The results showed that there are some people who have asthma from birth, children, but those who have asthma when they are adults. The subject has a number of experiences and knowledge that produce his own perspective in viewing himself (sick). When they decide to make a self-choice, the choice is considered intentional and the consequences are realized.

Physical phenomena exist because of "deliberate", in conscious action, which is in line with the statement that:

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<sup>677</sup> Rustam, Erlina. (2014) Hubungan Tingkat Pengetahuan Mengenai Asma dengan Tingkat Kontrol Asma. Jurnal Kesehatan Andalas; 3 (1), Fakultas Kedokteran Universitas Andalas

<sup>678</sup> Ibid hal 35

<sup>679</sup> Plutchik, R. (2002). <http://ajp.psychiatryonline.org/article.aspx?articleID=177366> American Psychological Association, Washington, D.C. h. 592 disitasi: 5 September 2019

<sup>680</sup> Strongman, K. T. (2006) *Applyinh psychology to everyday life: a beginner's guide*. John Wiley & Sons Ltd, England, h. 14.

<sup>681</sup> West, Richard and Lynn H. Turner. (2007) *Introducing Communication Theory, Anlysis and Application*, 3rd edition. McGraw Hill, Boston.

<sup>682</sup> Nugroho & Poloma, Margaret M. (2007) *Sosiologi Kotemporer*. Rajawali Pers, Jakarta.

Intentional, a condition or background is needed, which allows the structure of the awareness structure in the experience. These conditions include the embodiment, physical skills, cultural context, language, social practice, and demographic aspects of a deliberate activity<sup>683</sup>.

The statement assumes that every asthma sufferer takes action to carry out his socio-cultural life activities, in the process of strengthening personal emotions as a determinant of their lives that are different from the environment. Apparently, they have a uniqueness in selfhealing. When understanding and interpreting illness, illness and treatment, it is always associated with the philosophy of life taught by the family, namely the philosophy of Javanese culture. In that philosophy it is explained that almost all activities carried out by humans are related to God Almighty termed *Manunggaling Kawula-Gusti*. Just as when the subject interprets sickness, it is interpreted as *taqdir* and grace from God Almighty. If the illness is interpreted as having meaning that the consequences of pain must be accepted with sincerity, it means that there is an attitude of acceptance in the subject of self against illness, disease and its treatment. Acceptance is called *nrimo* in Javanese culture, while accepting is called *rila*. The concept of sincerity was once researched by Handayani that this philosophy is identical to the philosophy of *nrima ing pandum*<sup>684</sup>. This philosophy is very embedded in Javanese society in their daily lives. Although it is said to be hereditary and can not be cured, they still believe or believe that everything that is destined to be related to the will of Allah SWT, must be accepted with a sincere heart. Sincerity does not mean giving up but trying to find a solution It is trusted because it is a test of obedience from Allah SWT. This is the concept that is said *nrima ing pandum*. This concept does not require people to think passively, that is, they just remain silent to accept all the destinies that have been written down, but there are endeavors that need to be done by every human being. As taught in Islam that humans can only try and pray, but the final result of Allah SWT is decisive. *Ikhlas* and *Tawakkal* are key words in *nrima ing pandum*, so that there is a balance (balancing) in human life as a form of servitude to God the Creator.

The practice of "self-healing" asthma sufferers who are predominantly Muslim who come from the Javanese tribe is a reality and knowledge as explained by Peter L. Berger in his social construction. The social reality that occurs in daily life is pluralist, dynamic and constantly changing which can show the dimensions of the structure of general consciousness and individual consciousness. This awareness makes individuals more familiar with themselves and at the same time dealing with individuals who are knowing and understanding themselves. Knowledge at that time is in the structure of individual consciousness that is between a subject and an object that is different from itself<sup>685</sup>.

The phenomenon of the role of asthmatics in developing their social world shows the form (manifestation) manifestation of "self-healing" in every dialectic process of social construction. The individual figure is an objective reality through an externalization process<sup>686</sup>. Asthma sufferers as individual figures. At the time of internalization form identification or identity through primary and secondary socialization<sup>687</sup>. Primary socialization starts from the family, as the early world that shapes character and personality. Secondary socialization is the internalization of a number of institutional sub-worlds or based on these institutions and institutions that play roles according to their role, which in Berger's term is called role specific

<sup>683</sup> Kuswarno, Engkus. (2009) *Fenomenologi: Konsepsi, Pedoman, dan Contoh Penelitiannya*. Widya Padjadjaran, Bandung.

<sup>684</sup> Handayani & Novianto. (2008) *Kuasa Wanita Jawa*. LKis, Yogyakarta.

<sup>685</sup> Berger, Peter L. (1990) *Tafsir Sosial Atas Kenyataan*. terj. Hasan Basari, LP3 ES, Jakarta.

<sup>686</sup> Berger, Peter L. (1991) *Tafsir Sosial Atas Kenyataan; Risalah tentang Sosiologi Pengetahuan*, terj. Hasan Basri, LP3 ES, Jogjakarta.

<sup>687</sup> Berger, Peter L. (2012) *Tafsir Sosial Atas Kenyataan; Risalah tentang Sosiologi Pengetahuan*, terj. Hasan Basri, LP3 ES, Jogjakarta.

knowledge<sup>688</sup>, in this case medical institutions and social institutions. The role of this institution is to provide information about illness, disease and treatment both in the form of knowledge and culture.

In general, knowledge about health, disease and treatment that is internalized in secondary socialization, is a partial reality that is different from the 'basic world' obtained in primary socialization<sup>689</sup>. There is a difference between the two. Medical institutions and social institutions are objective realities when asthmatics interact socially. The results of internalization produce identity, namely asthma sufferers who come from the Javanese.

The characteristic of Javanese people is that they are open to values that come from outside, upholding balance and harmony<sup>690</sup>. This trait has an influence on daily behavior including self-healing that is adjusted to the capacity of the self. Self-capacity has a role in planning, directing and monitoring behavior flexibly to change circumstances in achieving goals. The term psychology, The role of self-capacity is called "self-regulation"<sup>691</sup>.

In the process of self-healing, the role of self-regulation affects cognitive, emotional and action or behavior<sup>692</sup>. Because the Javanese tribe has an open attitude with all information from outside, then they are accepting (open) with all information from any of them related to self-healing. There is information and knowledge obtained from families, medical institutions and the community. This information is then evaluated according to the self-capacity of asthmatics that comes from knowledge and experience resulting from social interactions.

Thus, the results obtained by asthma sufferers who consider asthma is a common disease, wheezing, heredity, illness due to infancy while drinking crater water, embarrassing diseases such as diseases of the poor and malnutrition. On the contrary, there is asthma which is interpreted as *taqdir*, gift, test or trial, hereditary diseases and diseases that cannot be cured. The different meanings bring different emotional impact on the sufferer. There are asthmatics who accept and some refuse. His attitude in dealing with asthma is different, some of which are pessimistic, shy, introverted, optimistic, mediocre and remain enthusiastic in undergoing illness.

Knowledge and experience play an important role in building one's perception because it determines self-healing as they adapt to medical institutions and other social institutions. In medical institutions the results showed that there were asthma sufferers who routinely controlled and some who did not. There are routine use of asthma medications and some are not routine. Some can avoid all the triggers that cause asthma to recur and some cannot. Sometimes there are still those who add to alternative treatments such as reflexology, herbal treatments and other therapies, but some do not use alternative medicine.

That's the physical dimension that can be seen when people with asthma do self-healing. Regular medical treatment and routine control and avoiding all triggers of asthma are the rules and information set by medical institutions. It is emphasized in the research journal that asthma cannot be cured but can be controlled by administering the right medicines, so that the health and quality of life of asthmatics remains optimal<sup>693</sup>.

In this research journal, it is explained that people with asthma, Muslims, and Javanese in controlling their illness in order to stay healthy and not relapse or in health terms are called as full controlled asthma. Asthma sufferers use the philosophy of Javanese life in self-healing. Because not all Javanese Muslims use the philosophy of Javanese life.

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<sup>688</sup> Ibid hal 19

<sup>689</sup> Ibid hal 21

<sup>690</sup> Mulder, Niels. (2009) *Mistisme Jawa Ideologi di Indonesia*. Cetakan tiga. LKiS, Yogyakarta.

<sup>691</sup> Cameron, L.D. & Leventhal, Howard. (2003) *The Self Regulation of Health and Illness Behavior*. Routledge, New York.

<sup>692</sup> Kalat, J. W. & Shiota, M. N. (2007) *Emotion*. Thomson Wadsworth, Belmont.

<sup>693</sup> Bateman ED, Jithoo A. (2007) *Asthma and Allergy a Global Perspective in Allergy*, European Journal of Allergy and Clinical Immunology, 62(3): 213-215 Bateman ED, Jithoo A. (2007) *Asthma and Allergy a Global Perspective in Allergy*, European Journal of Allergy and Clinical Immunology, 62(3): 213-215

Asthma sufferers who use the philosophy of Javanese life, interpret sickness as *taqdir*, ordinary and grace, they behave *Nrimo Ing Pandum* means they accept whatever God has given to them. This attitude gave rise to Rila's attitude that is willing to accept but there is still an effort to seek treatment so that it is not severe. This attitude is believed to have a positive impact on his life. Efforts are made so that they are healthy so they can still worship God, and be able to do good with others. This self-healing activity is also believed to show gratitude to God Almighty.

Likewise, in interacting socially philosophy of life, "*Ngluruk tanpa bala menang tanpa Ngasorake*" means "Winning without demeaning others"<sup>694</sup>. used to maintain interpersonal relationships with others. For example, with medical staff (doctors and nurses) and the community, in order to keep going well (harmonious). This philosophy is built so that conflicts do not occur either within oneself or with others (interpersonal conflicts). Due to the conflict resulting in exacerbating physical pain, psychological and social. Pain can not be active and interact socially. In the end, doing good is hindered and it results in a relationship with God Almighty being obstructed, so does good relations with others. Even if a conflict is resolved by deliberation. This shows the Javanese people in their daily lives always maintain harmony (balance) both physical, psychological, and social dimensions and all related to God Almighty (spiritual dimension). So this is what is meant in the philosophy of Javanese culture with the term "*Manungaling Kawula-Gusti*".

Self-healing by using Javanese life filosofi, actually for the strengthening of personal mentality in order to continue to survive in his life. By changing negative thoughts into positive ones. The mind is a form of emotion. Positive emotions are shown when valuing themselves positively. Respect for good self means that asthmatics already know and accept themselves as sufferers of asthma. They love themselves, never feel disappointed about their condition, keep on doing activities and interacting with their social environment positively. This was explained by Fromm, written by Calhoun and Acocella<sup>695</sup>, in his book that "self-love is a prerequisite for being able to love others". This understanding is in line with the findings of the statement that:

There is no one who values us more than ourselves. If we cannot respect ourselves, cannot see the good that exists in ourselves, are unable to look at the good and positive elements of ourselves, how can we respect others and see the good conditions that exist in others positively? If we cannot respect others, how can others respect us?<sup>696</sup>

Life philosophy can change negative emotions into positive ones. Emotional factors are able to deliver the health conditions of asthmatics in different statuses, namely in a fully controlled asthma status, partially controlled asthma and uncontrolled asthma. This is because it is caused by the level of difficulty and ease of self in adapting to illness, illness and treatment of asthma. However, self-concept factors also have an important role in this regard. Because self-concept is influenced by several factors, namely: cognition, perception, memory, feeling/desire, motivation, consciousness, and conscience/moral sense<sup>697</sup>

On the other hand, the support factor also determines. Support family, medical institutions and the community, especially those related to illness, illness and treatment. Family support, for example, is always reminded during routine control, in using drugs and avoiding triggers. Likewise, support from medical institutions by providing good service. Support from the community by not providing degrading stigma such as the disease of the poor, etc. This affects self-esteem and then builds confidence (positive) which ultimately impacts behaviors such as avoiding triggers of asthma

<sup>694</sup> Sugiarto, R. (2015) *Psikologi Raos*. Pustaka Ifada, Yogyakarta. Hal 23.

<sup>695</sup> Calhoun, James F and John Ross Acocella. (1995) *Psikologi Tentang Penyesuaian dan Hubungan Kemanusiaan*. Terj. R.S. Satmoko, IKIP Semarang Press, Semarang.

<sup>696</sup> Syam, Nina W. (2012) *Psikologi Sosial Sebagai Akar Ilmu Komunikasi*. Simbiosis Rekatama Media, Bandung.

<sup>697</sup> Beck, Andrew, Bennett, Peter and Wall, Peter. (2002) *Communication Studies The Essential Introduction*. Routledge, London.

in order to maintain their health condition. Clearly, all activities of asthmatics are recommended to always lead to a condition of harmony that affects their physical, psychological, social and even spiritual.

#### D. Conclusion

Self-healing Javanese Muslim asthma sufferers is a model of coping mechanisms to reduce the recurrence rate of asthma by regulating emotions based on belief in God Almighty impact on physical, psychological, social and spiritual health (ideal health status).

Self-healing is associated with the meaning of life taken from the philosophy of Javanese cultural life in the form of life values and traditions. Like *Nrima Ing Pandum*, *Rila*, *Nglurug tanpa bala*, *menang tanpa Ngasorake* and *Manunggaling Kawulo Gusti*.

This coping mechanism is able to bring benefits to oneself (asthma sufferers) and others (community). So, with this self-healing can deliver asthma sufferers in the condition of their health status to be partially controlled asthma and even to the condition of asthma is fully controlled.

#### References

- Berger, Peter L. (1990) *Tafsir Sosial Atas Kenyataan*. terj. Hasan Basari, LP3 ES, Jakarta.
- Berger, Peter L. (1991) *Langit Suci*, terj. Hartono. LP3 ES, Jakarta.
- Berger, Peter L. (2012) *Tafsir Sosial Atas Kenyataan; Risalah tentang Sosiologi Pengetahuan*, terj. Hasan Basri, LP3 ES, Jogjakarta.
- Baratawidjaja KG, Soebaryo RW, Kartasasmita CB, Suprihati, Sundara H, Siregar SP, et.al. (2006) *Allergy and Asthma, the Scenario in Indonesia In: Shaikh WA, editor. Principles and Practice of Tropical Allergy and Astma*, Vicas Medical Publishers, Mumbai, 707-736.
- Bateman ED, Jithoo A. (2007) *Asthma and Allergy a Global Perspective in Allergy*, European Journal of Allergy and Clinical Immunology, 62(3): 213-215.
- Beck, Andrew, Bennett, Peter and Wall, Peter. (2002) *Communication Studies The Essential Introduction*. Routledge, London.
- Brownstein, Art. (2007) *Extraordinary Healing*. Harbor Press, Amerika.
- Calhoun, James F and John Ross Acocella. (1995) *Psikologi Tentang Penyesuaian dan Hubungan Kemanusiaan*. Terj. R.S. Satmoko, IKIP Semarang Press, Semarang.
- Cameron, L.D. & Leventhal, Howard. (2003) *The Self Regulation of Health and Illness Behavior*. Routledge, New York.
- Chartrand, T.L. and Bargh, J.A. (2002) Nonconscious Motivation: Their Activation, Operation, and Consequences. Dalam Tesser, Abraham, Stapel, D.A., Wood, J. V., (penyunting). *"Self and motivation: Emerging Psychological Perspectives"*. American Psychological Association, Washington, DC, US.
- Foster, George M & Anderson. (1986) *Antropologi Kesehatan*. UI Press, Jakarta.
- Halgate S, Polosa R. (2006) *The Mechanism, Diagnosis and Management of Severe Asthma in Adults*. Lancet, 368: 780-793.
- Handayani & Novianto. (2008) *Kuasa Wanita Jawa*. LKis, Yogyakarta.
- Harter, L.M., Japp, P.M., Beck, C.S. (2005) *Narratives, Health, and Healing*. Lawrence Erlbaum Associates Inc, New Jersey.

- Hawari D. (2005) *Dimensi Religi Dalam Praktek Psikiatri dan Psikologi*. Fakultas Kedokteran Universitas Indonesia, Jakarta. hlm. 5-8 (h1).
- Hawari D. (2005) *Doa dan Dzikir sebagai Obat*. Kongres Nasional I PNI, Surabaya (h2).
- Imelda S. (2007) *Hub. Derajat Berat Asma dengan Kualitas Hidup yang Dikur dengan Asthma Quality of Life Questions*, Paru, 14: 54, 5.
- Kalat, J. W. & Shiota, M. N. (2007) *Emotion*. Thomson Wadsworth, Belmont.
- Kuswarno, Engkus. (2009) *Fenomenologi: Konsepsi, Pedoman, dan Contoh Penelitiannya*. Widya Padjadjaran, Bandung.
- Littlejohn, Stephen W. and Karen A. Foss. (2009) *Teories of Human Communication*. 8<sup>th</sup> ed. Wadsworth Publishing Company, Belmont California.
- Mangunnegoro H. Widjaja A, Sutoyo DK Yunus F, Prajnaparamita, Suryanto E dkk, (2004) *Pedoman Diagnosis dan Penatalaksanaan Asma di Indonesia*, Perhimpunan Dokter Paru Indonesia, Jakarta, p. 20-60.
- Mardipoera, T. (2007) *Alergi dan Kualitas Hidup Abad 21*, FK UNPAD.
- Moustakas, Clark. (1994) *Phenomenological Research Methods*, Sage Publications, London.
- Mulder, Niels. (2009) *Mistisme Jawa Ideologi di Indonesia*. Cetakan tiga. LKiS, Yogyakarta.
- Mulyana, Deddy. (2006) *Metodologi Penelitian Kualitatif: Paradigma Baru Ilmu Komunikasi dan Ilmu Sosial Lainnya*, Cet. V, PT. Remaja Rosdakarya, Bandung.
- National Education and Prevention Program (NAEPP). (2007) *Guidelines for the Diagnosis and Management of Asthma*. National Heart, Lung and Blood Institute of Health (NHI) Publication, United States.
- Niven, Neil. (2013) *Psikologi Kesehatan*. EGC, Jakarta.
- Notoatmodjo, Soekidjo. (2007) *Pengantar Pendidikan Kesehatan Dan Ilmu Perilaku Kesehatan*. Andi Offset, Yogyakarta.
- Nugroho & Poloma, Margaret M. (2007) *Sosiologi Kotemporer*. Rajawali Pers, Jakarta.
- Pasiak, Taufiq. (2012) *Kesehatan Spiritual Berdasarkan Neurosains*. Mizan, Bandung.
- Plutchik, R. (2002). <http://ajp.psychiatryonline.org/article.aspx?articleID=177366> American Psychological Association, Washington, D.C. h. 592 disitasi: 25 April 2014
- Qomariah. (2010) *Faktor-faktor yang Berhubungan dengan Penyakit Asma di Indonesia*. Media Litbang Kesehatan Volume XX Nomor 1 Tahun 2010, Jakarta.
- Rafikasari, Diana. (2015) *Dampak Polusi, Penderita Asma di Indonesia Jumlahnya Meningkat*. <http://lifestyle.sindonews.com> disitasi: 5 November 2015
- Ramos, Denise Gimenez. (2004) *The Psyche of The Body: A Jungian Approach to Psychosomatic*. Brunner Routledge, New York.
- Rustam, Erlina. (2014) *Hubungan Tingkat Pengetahuan Mengenai Asma dengan Tingkat Kontrol Asma*. Jurnal Kesehatan Andalas; 3 (1), Fakultas Kedokteran Universitas Andalas.
- Sarwono, Solita. (2000) *Sosiologi Kesehatan*. Gajah Mada University Press, Yogyakarta.
- Schutz, Alfred. (1966) *Collected Papers*. Jilid I dan II. Martin Nijhoff, The Hague.
- Strongman, K. T. (2006) *Applying psychology to everyday life: a beginner's guide*. John Wiley & Sons Ltd, England, h. 14.
- Sugiarto, R. (2015) *Psikologi Raos*. Pustaka Ifada, Yogyakarta.

- Suharnan. (2005) *Psikologi Kognitif*. Srikandi, Surabaya
- Suseno, Franz Magnis, 1982. *Kita dan Wayang*. Jakarta: Lemabaga Penunjang Pembangunan Nasional.
- Syam, Nina W. (2012) *Psikologi Sosial Sebagai Akar Ilmu Komunikasi*. Simbiosis Rekatama Media, Bandung.
- Wahyuningsih dan Faisal Yunus. (2006) *Dampak Inhalasi Cat Semprot terhadap Kesehatan Paru*, FK UI.
- Walgito B. (2009) *Psikologi Sosial Suatu Pengantar*. Andi, Yogyakarta, hlm. 53-55.
- Wijayanti, Herlani. Nurwianti, Fivi. (2010) *Kekuatan Karakter dan Kebahagiaan Suku Jawa*. Jurnal Psikologi Vol. 3, No. 2
- West, Richard and Lynn H. Turner. (2007) *Introducing Communication Theory, Analysis and Application*, 3rd edition. McGraw Hill, Boston.
- World Health Organization (WHO). (2013)  
<http://www.who.int/respiratory/asthma/definition/en/index.html> disitasi: 10 April 2013