

## **The Relevance Of Therapeutic Communication In The Book Of Ṣaḥīḥ Al-Bukharī And Ṣaḥīḥ Muslim In Contemporary Life : Islamic Education Perspective**

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### Abstract

Therapeutic communication is deliberate interaction between therapists and clients for recovery. The author wishes to learn more about hadiths from Ṣaḥīḥ al-Bukhārī and Ṣaḥīḥ Muslim to understand more about therapeutic communication. This research is a type of library research. This research uses Ṣaḥīḥ al-Bukhārī and Ṣaḥīḥ Muslim's writings, syarḥ books (explanations), journals, and all therapeutic communication material as references. This study employed descriptive technique. This research does not use human data sources. Instead, researchers gather, identify, evaluate, and synthesize data to assess the policy notion of directly or indirectly witnessed occurrences. Therapeutic communication writings in the hadith books of al-Bukhar and Muslim focus on the patient. Encouragement, good service, and a good environment are important. Thirty communication-related hadiths were found in al-Bukhar and Muslim.

***Keywords : therapeutic, communication, Ṣaḥīḥ al-Bukharī, Ṣaḥīḥ Muslim, modern life, Islamic Education***

### **1. INTRODUCTION**

The paradigm of communication science has altered in line with the fast advancement of science. The transmission communication concept give rise to numerous other forms, one of which is therapeutic communication. Communication associated to this therapeutic activity is a variety founded in interpersonal communication. As a result, professionals describe therapeutic communication as intentional and planned interpersonal engagement between therapists and clients for healing objectives.

When it comes to mending their patients, therapists, such as physicians or nurses, rely not only on medications but also on excellent communication, which is referred to as therapeutic communication. The therapist and the patient will share information through therapeutic dialogue so that the health worker can comprehend the right healing process. Bad communication prevents the client from being open, and the healing process is eventually hindered. Thus, therapeutic communication acts to develop collaboration between physicians or paramedics in an effort to treat patients via positive interactions that allow for the sharing of information, behavior, feelings, ideas, and experiences.

In their study, M. Zaenal Arifin and A. Ghofur (2020) said that therapeutic communication concepts may be used to help students overcome or address issues. In this situation, the instructor serves as a therapist, and pupils with issues are referred to as clients or patients. Therapeutic communication, defined as conversation that includes ideas, can help pupils recover from a slump. Stress, adolescent delinquency, drug exposure, and promiscuity can all result from challenges that pupils face. All of this will be resolved

when a therapeutic communication structure is established between the instructor as therapist and the students as patients. Healing is characterized by a renewed zest for learning hard and attentively.

Therapeutic dialogue is also frequently used in the rehabilitation of trauma victims of violence. Violent therapy typically results in profound suffering and long-term damage. Many counselors in conducting therapy for trauma victims who are victims of violent actions have made efforts to recover via therapeutic communication in counseling. The Rifka Annisa Women's Crisis Center is one of them. This organization specializes on assisting women who have been victims of domestic violence. This is due to the fact that women (wives) are more prevalent victims of violence than males. In 2015, there were 11,207 incidents of domestic abuse against women recorded. Violence Against Wives was the most common, accounting for 60% of all cases. Then there's the 24% of relationship violence, while violence against women is just about 8% (Etik Anjar Fitriarti, 2017).

A highly startling phenomena was the observation in Semarang that many Muslim people were more interested in getting care at clinics or hospitals operated by churches or temples than hospitals and clinics managed by the government or Islamic institutions. The physicians and nurses at the hospital or clinic of interest give good service and recovery advice (Tuti Qurratul Aini, 2015).

The Covid-19 pandemic is causing intensive patient care issues. Patients now think hospital staff are inept due to therapeutic communication failures. The nurse-patient interaction will be uncomfortable. Nurses often wear health protection clothes, which frightens patients (Hiko and Zentrato, 2021).

Based on these issues, the author wishes to learn more about therapeutic communication from the perspective of hadith, namely by studying the hadiths included in the books of Saḥīḥ al-Bukhārī and Saḥīḥ Muslim. The author attempts to expound on the therapeutic communication principles and practices included in these hadiths. Of course, as Muslims, we think that Rasulullah SAW is a guide and role model in all issues, including therapeutic communication. The fundamental problem in this study is to formulate the significance of the Prophet Muhammad's and his companions' therapeutic communication in the books of al-Bukhārī and al-Muslim in modern life.

## **2. RESEARCH METHODS**

This research is a type of library research. In this study, the references referred to are the books/books of Saḥīḥ al-Bukhārī and Saḥīḥ Muslim, books or syarḥ books (explanations) of the two books and books, journals and all forms of writing relating to therapeutic communication. The method used in this research is descriptive method. As the name implies, this research does not collect interactively through interaction with human data sources. Instead, researchers collect, identify, analyze, and synthesize data to then provide an interpretation of the policy concept of events that can be directly or indirectly observed.

The data source is documents. The main documents referred to by researchers in this study are the books of Saḥīḥ al-Bukhārī and Saḥīḥ Muslim, along with books that contain explanations (syarḥ) of hadiths from the two books, such as Fath al-Bari as syarah for the books of Saḥīḥ al-Bukhārī and Syarḥ al-Nawāwī 'Ala al-Muslim for the syarah of the Muslim Saḥīḥ book. When viewed in terms of hadith research methodology, this research uses the *mauḍu'i* method or also called thematic, namely the method that discusses the hadiths of the Prophet Muhammad, according to the theme or title that has been determined. It operates by collecting hadiths on therapeutic communication and studying them in detail. Thematic, or topical, methods emphasize the theme, title, or topic of debate. Bayan, burhan, and 'irfan methods to therapeutic communication in hadith texts are used in this content analysis study. The strategy is to define

or explain a message's core or general meanings and its real meanings. Analyze Rasulullah SAW and his companions' interactions with ailing people, especially those in *Ṣaḥīḥ al-Bukhārī* and *Ṣaḥīḥ Muslim*. The analysis is based on Islamic communication science, especially therapeutic communication.

### 3. RESULTS AND DISCUSSIONS

The goal of the therapeutic interaction process is to urge the patient to be patient with his suffering so that he is not worried or disturbed psychologically and is cognitively stable in order to support healing or recovery attempts. The definition above offers three components of therapeutic communication: Suggestions and Motivation, Satisfying Service, and Conducive Atmosphere. Figure 1 depicts these three aspects in further detail.

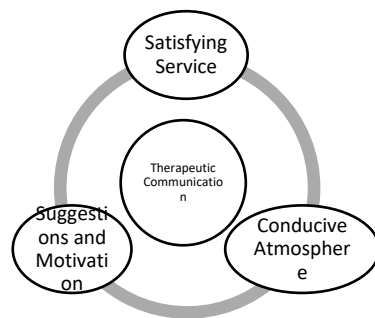


Figure 1. Therapeutic Communication Elements Diagram

Guided by these elements, the writer tries to find therapeutic communication texts in the books of *Ṣaḥīḥ al-Bukhārī* and *Ṣaḥīḥ Muslim*. The benchmark is hadiths whose object is patients (sick people) and their content contains the above elements.

The book *an al-Bukhr* is a Hadith collection produced by Imm al-Bukhr, full name Ab Abdullah Muammad Ibn Ismil Ibn Ibrhm Ibn al-Mugrah al-Ja'fari, who lived between 194 and 256 hijriah. This book's full title is *al-Jmi' al-Musnad al-a al-Mukhtasar min 'Umr Raslillahi wa Sunnanihi wa Ayyamihi*. In order to compile ai hadiths for his book, Imm al-Bukhr employs scientific and legal research approaches that hold the a's traditions responsible. He worked hard to examine and analyze the backgrounds of the hadith narrators in order to be assured of the authenticity of the hadiths he reported. He constantly compared the hadiths that were told, sifted them, and decided whatever matan he believed was the most Shahih. As a result, his work serves as a standard and filter for these hadiths. Scholars and Muslims have concluded that the book *an al-Bukhr* is the most genuine and has a place of esteem after the Koran. Among those who advocated for this were Ibn Ṣalāḥ, who said that the most genuine writings after Al Qur'an are *an al-Bukhr* and a Muslim.

The *Muslim a* book is a compilation of hadiths compiled by Imam Muslim. According to Hasbi ash-Shiddiqie, this book of Muslim *Ṣaḥīḥ* is the second book after *al-Jāmi' al-Ṣaḥīḥ* by Imam al-Bukhārī that acts as a guide and guide. In terms of organization, the *Muslim Ṣaḥīḥ* book is more systematic than the *Ṣaḥīḥ al-Bukhārī* book, making it simpler to discover hadith in it than in the *Ṣaḥīḥ al-Bukhārī* book. Hadiths on ablution, for example, are placed in the ablution section by Imam Muslim, rather than distributed throughout the book of the *Ṣaḥīḥ al-Bukhārī*. This Muslim book's full title is *al-Musnad al-Ṣaḥīḥ al Mukhtasar min al-Sunān bi Naql al-'Adl 'an al-'Adl 'an Rasulullah Allah*.

Imam Muslim is said to have narrated tens of thousands of hadiths as a result of his perseverance and love of hadith. According to Muammad Ajaj al-Khtib, professor of Hadith at the University of Damascus, Syria, the hadiths mentioned in Imam Muslim's outstanding works number 3,030 hadiths without duplication. It amounts to roughly 10,000 Hadith when tallied by repetition. Among the books by Muslim Imām which are widely used, and which are still circulating today, is al-Jāmi' al-Ṣaḥīḥ, known as the Muslim Ṣaḥīḥ. Imam Muslim has put all his efforts into researching and studying the condition of the narrators, sifting through the hadiths that were narrated, comparing the narrations with one another. The Muslim Imam was very careful and careful in using the pronunciations, and always hinted at the differences between the pronunciations. With such an effort, his ṣaḥīḥ book was born. The Muslim Ṣaḥīḥ book uses a different systematic from the book Ṣaḥīḥ al-Bukhārī. In compiling his book, Imam Muslim did not group hadiths based on problem topics, but he compiled hadiths based on matan with various sanad. Meaningful hadiths and their sanads are placed in one place, not separated and not repeated. Although each chapter is not given a title, the arrangement is good and neat, making it easier for hadith researchers to trace it. The chapter titles found in the Muslim Ṣaḥīḥ that are found today were actually written by the commentators of the Muslim Ṣaḥīḥ book who lived later. As for the person who contributed greatly in making the chapter titles of the Muslim Ṣaḥīḥ book is Imām Nawawī.

The concept of therapeutic communication in the book of Ṣaḥīḥ al-Bukharī and Ṣaḥīḥ Muslim is piety, trust and khidmah.

The implications of piety in therapeutic communication are described in the 20th hadith. When Rasulullah saw saw a therapist doing treatment recklessly, he was immediately reprimanded with the sentence, "*Have faith in Allah, with what purpose do you treat your child's sore throat by inserting your fingers?*" The principle of piety is the essence and main goal in providing patient care.

The concept of trust in therapeutic communication in the books of Ṣaḥīḥ al-Bukharī and Ṣaḥīḥ Muslim is described from all the hadiths related to therapeutic communication above. In the 27th hadith, for example, that the therapist first provides a medical explanation before handling (treatment). Then later after the patient can be convinced, then without hesitation a small operation is performed on the patient's boil. The 28th hadith also inspires how a therapist immediately treats patients suffering from high fever. Actions are taken based on the knowledge they have.

Activities at the hospital are not just for profit (Profit Oriented), but also for the sake of mankind (Human Oriented), and even for the service of God (Devotion to God Oriented). In the works of ai-Bukhar and ai Muslim, the notion of Khidmah therapeutic dialogue indicates something similar.

#### **4. CONCLUSIONS**

Therapeutic communication texts in the hadith books of Ṣaḥīḥ al-Bukharī and Ṣaḥīḥ Muslim are hadith texts with the patient as the object and therapeutic communication features in the content. Suggestions and encouragement, satisfying service, and a suitable environment are the components in consideration. In the books of Ṣaḥīḥ al-Bukharī and Ṣaḥīḥ Muslim, 30 hadiths incorporating communication texts were discovered.

Understanding the texts of these hadiths can be expanded on several therapeutic communication themes, namely: being strong in the face of illness, pain is proof of God's love, the prophets suffered more, needing great patience through illness, don't let patients despair, every disease has a cure, protection self-awareness, arousing patient optimism, caring and service ethics, pleasant greetings, directions to comply with medical provisions, taking care of patients. The appropriateness or contribution of therapeutic communication in the books of Ṣaḥīḥ al-Bukharī and Ṣaḥīḥ Muslim to present situations may be examined

using three benchmarks, the first of which is the suitability or contribution of therapeutic communication in the books of Ṣaḥīḥ al-Bukharī and Ṣaḥīḥ Muslim. Muslim with the therapeutic communication stages or phases used today. The two compatibility of therapeutic communication in the books of Ṣaḥīḥ al-Bukharī and Ṣaḥīḥ Muslim with Islamic communication principles in the Koran and Hamid Moulana's notion of Islamic communication. The third is a comparison of conventional therapeutic communication concepts with therapeutic communication concepts in Ṣaḥīḥ al-Bukharī and Ṣaḥīḥ Muslim.

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