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A Case Study of the Health Adaptation of Former Schizophrenics in Communicating with the Bugis Makassar Community in the South Sulawesi Province

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Abstract

Objective: This study aims to identify and categorize the cases of health adaptation of former schizophrenic patients in the process of interaction and communication with the community after experiencing a healing phase.

Method: This research uses a qualitative method with the type of case study. The technique of determining informants using non probability sampling is purposive sampling intentionally characterizing former schizophrenics who have interacted and communicated directly with the internal and external environment. Field data collection techniques through primary data, such as participant observation and in-depth interviews with former schizophrenics. The informants selected and analyzed were nine cases of former sufferers who, on average, were aged 34 to 60 years. **Results.** This study found a categorization of health adaptation cases of former schizophrenics who had been cured medically and had initial interactions with the internal and external environment. Based on the analysis of health adaptation cases, four phases are categorized, namely: the healing phase, the interaction phase, the acceptance phase, and the openness phase. After going through these four phases, it was found a pattern of health adaptation of former schizophrenic patients in interacting and communicating with the Bugis-Makassar community. First, the manifest pattern is the ability of former schizophrenics to deal with and overcome internal and external environmental problems. The manifest pattern is characterized by positive self concepts and self disclosure is increasingly open. Second, latent patterns indicate the inability of former schizophrenics to overcome problems in the external environment. This gives rise to negative self concepts and closed self disclosure to communicate with the Bugis-Makassar community. **Conclusions.** Based on an analysis of nine cases of health adaptation of former schizophrenic patients in communicating with the Bugis-Makassar community, it was more dominant in the latent pattern than the manifest pattern. This is due to the higher openness in the internal environment compared to the external environment due to the shame of 'siri' in themselves and the nuclear family. As a result, fear arises when their families who are former schizophrenics suffer from lack or are not accepted in the Bugis-Makassar community.

Keywords: Health Adaptation, former schizophrenics, Communication, Bugis Makassar.

Introduction

Schizophrenia is a mental picture due to disharmony in the thought process, feelings and actions so that it affects social behavior. Schizophrenia is a schizophrenic reaction suffered by individuals and is regressive to avoid tension and anxiety in the self so as to cause delusions and hallucinations.¹ In the Bugis-Makassar community,

the type of schizophrenia is still considered a psychiatric disease that although it has been declared medically cured from a doctor, people's perceptions of this disease still cause negative stigma. As a result, the nuclear family and community have a fear of schizophrenia.^{1,2}

A very interesting factor is that South Sulawesi is in third place with a prevalence of 0.26% after Yogyakarta

on Java and Aceh on Sumatra. Data of the South Sulawesi Special Region Hospital indicates that the data for schizophrenia patients tends to increase every year. This increase was shown by patients from the Toraja area. Medical record data of South Sulawesi Province Special Region Hospital in 2016 of 348 patients recovered with an initial diagnosis of a rage with 240 patients and anxious 108 patients.

Schizophrenia is an interesting phenomenon in South Sulawesi, where the majority of the population is ethnic Bugis-Makassar. Stereotype factors and personal prejudice against schizophrenia cause the Bugis-Makassar community to tackle this type of disease through non-medical treatment, such as traditional healers and even 'inclusion'. The term shaman or 'sanro' in the Bugis-Makassar community, is a person who is an expert in treating diseases traditionally.^{5,6,8}

The specification of the focus of this research is to find, categorize the process of interaction of health adaptation carried out by former Schizophrenic patients in communicating with the Bugis-Makassar community.

Method

Research Location: The health adaptation case study of a former schizophrenic sufferer in communicating with the Bugis-Makassar community is located in South Sulawesi, namely; Parepare City, Makassar City and Wajo District..

Types and Sources of Data: This type of research uses qualitative method referring to case studies. The aim is to reveal the health adaptation process of former Schizophrenia sufferers in communicating with the Bugis-Makassar community. The technique for determining informants through non probability sampling is purposive sampling based on the terms and objectives of the study. The informant's requirements are first, a former schizophrenic who has interacted directly with the community at least 3 months after being medically recovered from a doctor. Second, former schizophrenics who are willing to analyze their cases sequentially and in detail. Informant cases are based on research data sources, namely direct observation of social life. In-depth interview techniques by collecting individual narratives of former schizophrenics based on medical records, recover, interact and communicate with their environment. This technique can explore deeply the lives of former schizophrenics before and after recovery.

Data Collection Techniques: In analyzing the identification and categorization data of health adaptation cases of former schizophrenic patients in the process of communication and interaction is done through the analysis of Miles.¹² The steps of Huberman's analysis in qualitative research are: data condensation steps (data condensation), presenting data (data display), and conclusion drawing and verification. Data condensation refers to the process of selecting, focusing, simplifying, abstracting, and transforming.

Results

Humans are social creatures who need direct interaction and communication with their environment. The need to communicate with other individuals, such as family, and peers is a basic need that must be met. Former schizophrenics are individuals who need a process of direct interaction and communication with the internal and external environment. Human psychological needs to communicate and need other people in social life.

Research informants are former schizophrenics who have been medically recovered from mental disorders due to physical, psychological and socio-cultural changes. Schizophrenics have a negative stigma in the views of some Bugis-Makassar people. Public perception assumes that Schizophrenia is a curse that must be avoided. As a result, people tend to keep their distance and direct contact with them. This is due to the myth of schizophrenia which is considered a "crazy" disease in which individuals experience hallucinations, illogical thoughts, cause aggressive behavior, and often scream hysterically. Even schizophrenics lose their ability to think, hallucinating causing them to be seen talking to certain objects that are not in front of them.

The results of tracing the case were carried out in three locations in South Sulawesi Province, namely Makassar City, Parepare City and Wajo Regency. In tracking down informants who were willing and open to be observed and interviewed on an ongoing basis found only nine people. This factor is caused by the closure of former schizophrenics when first interacting with the external environment. Shame or known as 'siri' in the Bugis-Makassar community is a barrier to the openness of the causes of the illness. The findings of informant characteristics based on the medical records of former schizophrenics can be seen in the following Table 1:

Table 1. Medical Records of Former Schizophrenics

Informant Number	Informant Former Schizophrenic Patient	Age (Years)	Gender	First Age Category Suffering from Schizophrenia (Years)	Age of Medical Treatment Period (Years)	Alternative Early Treatment
1.	Andi	60	Male	35	37	Shaman
2.	Lia	45	Female	37	37	Medical
3.	Baso	40	Male	30	31	Shaman
4.	Arlina	43	Female	22	22	Medical
5.	Adi	45	Male	21	26	Shaman
6.	Rafi	48	Male	33	33	Medical
7.	Elia	40	Female	35	35	Medical
8.	Ahmad	34	Male	22	29	Shaman
9.	Dani	50	Male	42	42	Medical

Source: Primary Data, 2019.

The data in Table 1, indicates that the informants of former schizophrenic patients had an average age of 40-45 years of age of 5 people. Age 46-60 years as many as 3 people and only 1 person aged 34 years. This condition is different from the results of Dindia’s research (2000b: 24) which found women to be more open than men. Dindia found cases that women were more open about expressing themselves to women than men to women; or women are more open about expressing themselves to men than men to women. Then, an analysis of 205 studies assessed gender differences in self disclosure.) find women more open than men.¹⁴ That when women told stories with their friends, they usually involved emotional feelings in expressing themselves.¹⁵

Analysis of the patient’s medical record when

first experiencing initial symptoms tends to choose the hospital or medical treatment as many as 5 cases. There were 4 cases that used medical treatment or traditional medicine for 1 to 4 years. Pure schizophrenia is a medical disease that has the potential to affect everyone.

Health Adaptation Phase Process of Former Schizophrenic Patients in Communicating with the Bugis-Makassar Society: The case of health adaptation of former schizophrenics starts with self-concept as a mirror for the individual in seeing himself. Individuals will react to the environment according to their own self-concept. The phase is the healing phase, the interaction phase, the acceptance phase, the openness phase. The characteristics and characteristics of the four phases can be seen in Table 2 below:

Table 2. Health Adaptation Phase Former Schizophrenic Patients

Early Phase of Healing	Interaction Phase	Acceptance Phase	Openness Phase
Passive: Individuals choose to remain silent and less interact and communicate with the external environment.	Internal: Individuals tend to be open and interact with nuclear families.	Reception: Individuals are personally accepted by the external environment.	Closed: Individuals have gone through the process of healing, interaction, acceptance, but still closing themselves with the external environment.
Active: Individuals are active and have their own initiative to open and interact, communicate with the external environment.	External: Individuals tend to be closed or silent when interacting with the community in their environment	Rejection: Individuals are personally denied the external environment.	Open: Individuals have gone through the process of healing, interaction, acceptance, but still closing themselves with the external environment.

Source: Primary Data, 2019

Based on the findings and categorization of health adaptation cases of former schizophrenics in four phases: First, the healing phase. In this phase, former passive schizophrenics remain silent, lack of interaction and communication with the external environment. Passivity is caused by feelings of ‘siri’ shame in the self so that it affects the negative self concept that is owned. That one’s self-concept is oriented towards positive self-concept and negative self concept.^{16,17} Former schizophrenics in the passive phase are in the category of negative self-concept. The behavioral characteristics of former schizophrenics consider themselves helpless, diseased and afraid of being ostracized in society.

Second, the interaction phase. This phase is marked by the motivation of former schizophrenics to interact and communicate with the internal and external environment.

Third, the acceptance phase. This phase is marked by the feeling of being accepted or rejected by the Bugis-Makassar people who still believe the myths of the history of schizophrenia.

Fourth, the openness phase. This phase category is characterized after the individual goes through a process of healing, interaction, acceptance. Although, the internal and external environment has been open to receiving former schizophrenics, there are still some who remain closed, especially in the external environment.

Pattern of Health Adaptation Former Schizophrenic Patients in Communicating with the Bugis-Makassar Society: Health adaptation is a way for former schizophrenics to adapt themselves to the internal and external environment to communicate with the Bugis-Makassar community. Based on the analysis of nine cases found two patterns of health adaptation of former schizophrenics communicating with the Bugis-Makassar community, namely the manifest pattern and the latent pattern. The manifest pattern is openness and positive self acceptance..

Furthermore, the latent pattern is marked by the closure of former schizophrenics who do not interact with the Bugis-Makassar community. The reason is that former schizophrenics fear the risk of resistance from the surrounding community. Former schizophrenics prefer to stay at home or do homework activities. Factors of self confidence and embarrassment ‘siri’ cause them to choose to close themselves with the surrounding environment. Former schizophrenics perceive that mental illness suffered will never be completely healed and must continue to take medication for life. Medical control through drugs makes former schizophrenics feel that the illness can recur. Finally, they have a negative self concept that tends to live in fear and not trust others too much. Based on tracing the cases of former schizophrenics, there were two patterns of health adaptation of former schizophrenics in communicating with the Bugis-Makassar community, as shown in the following Table 3:

Table 3. Pattern of Health Adaptation Former Schizophrenic Patients

Informant Former Schizophrenic Patient	Pattern of Health Adaptation	
	Manifest Pattern	Former Schizophrenic Patient Latent Pattern
Andi	√	
Lia		√
Baso		√
Arlina		√
Adi		√
Rafi	√	
Elia		√
Ahmad		√
Dani	√	√

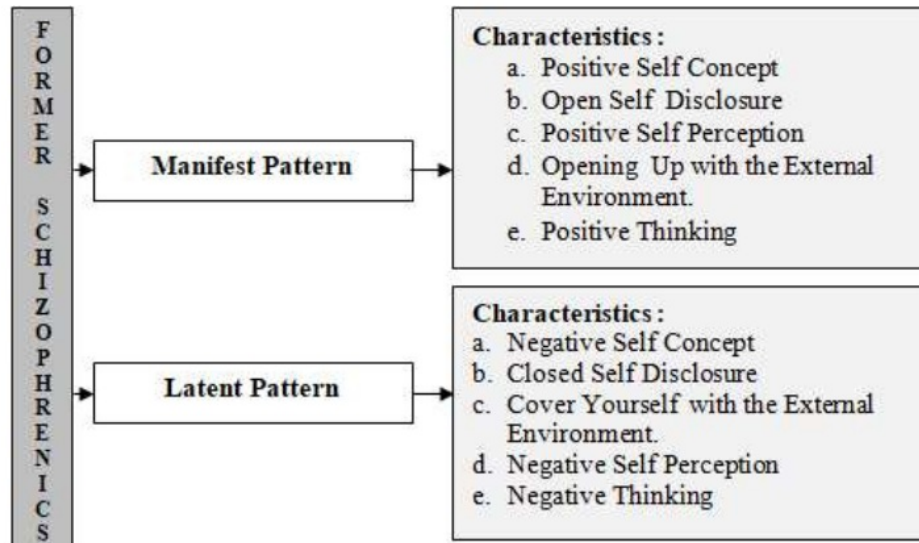
Source: Primary Data, 2019

The results found that the pattern of health adaptation cases of former schizophrenics in communicating with the Bugis-Makassar community was more dominant than

the latent pattern of manifest patterns. Latent patterns indicate an inability to overcome the problems of self concept and self disclosure in former schizophrenics.

There are only three informants in the manifest pattern category who are able to face and overcome problems to interact and communicate with the internal and external environment former schizophrenics who are

in the manifest pattern have had positive concepts and increasingly open self disclosure, such as, Table 4 follows:



Source: Primary Data, 2019

Figure 1. Characteristics of Health Adaptation Patterns of Former Schizophrenic Patients

In the case of former schizophrenics, community acceptance factors become a variable that can cause them to be in manifest or latent patterns. That is, the more positive acceptance of the internal and external environment of former schizophrenics, the more positive self concept and self disclosure they have. Positive self concept can lead to more effective individual interpersonal abilities, intellectual abilities and environmental mastery. The concept of self is not innate but rather through a process of learning and experience of interaction with others. Self concept is a life cycle that can change the mindset, positive outlook, culture, and socialization with the environment. For example, nuclear family, peers, and the community.

Conclusions

This study found the categorization of health adaptation cases of former schizophrenic patients in four phases, namely: the healing phase, the interaction phase, the acceptance phase, and the openness phase. The phase process of the former schizophrenic patient is a different health adaptation for each individual in interacting and

communicating with the Bugis-Makassar community. The manifest pattern has the characteristics of a positive self concept and self disclosure is increasingly open. Latent patterns are characterized by negative self concepts and closed self disclosure to communicate with the Bugis-Makassar community. The results show that the health adaptation of former schizophrenics is more dominant in the latent pattern than the manifest pattern. The condition is caused by self concepts and self disclosure of former schizophrenics, nuclear family, and the perception of acceptance of the Bugis-Makassar community.

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