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Therapeutic Communication Process in Traditional Medicine "Broken Bone Massage": a Case Study in Citapen, West Java, Indonesia

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ABSTRACT

Traditional medicine in Indonesia, especially broken bone massage, is usually done by experienced personnel or therapist whose got skills from their family or derived down from generation to generation since Dutch Colonial era. This study aims to find out about therapeutic communication process in traditional medicine, in this case, is broken bone massage. Therapeutic communication, in this case, is interpersonal communication with points of mutual understanding between therapist and patients. Fundamental issues and communication is the mutual need between therapist and patients so that it can be categorized into personal communication between the therapist and patients, therapist help and patients receive the help. The research method used is qualitative research. Qualitative research is a study aimed at understanding social reality, by seeing the world from what it is, not the world that should be, then a qualitative researcher must be people who have an open-minded nature. The informants in this study are a therapist and patients with the broken bone problem. This research data was obtained through observation, interview, and literature study. This paper discusses therapeutic communication process in traditional medicine between broken bone massage's therapist and patients. The intention of this research is evidence how the process of therapeutic communication in traditional medicine gains patients trust and creating a sense of comfort while doing the treatment.

Keywords: Broken Bone Massage, Communication, Therapeutic Communication, Traditional Medicine, Traditional Treatment

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INTRODUCTION

Medical treatment still becomes the main choice of people who have problems with health. However, traditional medicine is still the best one for some people, especially for people who want non-medical treatment techniques. In Indonesia, traditional medicine is divided into two, namely traditional healing that consists of massage, compress, acupuncture and so on, and traditional drugs that use the materials that have been available from nature as a cure for the disease. Traditional medicine in Indonesia, especially broken bone massage, is usually done by experienced personnel or therapist whose got skills from their family or derived down.

The traditional medicine that discussed in this article is traditional treatments for broken bones. Massage is a treatment done by a hand-held therapist, where the therapist manipulates muscles and other soft tissues of the body to improve health and well-being. This treatment uses massage techniques that usually use aromatherapy oils. In this case, the therapist uses various massage techniques ranging from soft to deep massage techniques.

People choosing the traditional medicine, especially broken bone massage, is usually based on the trust factor. This message has been practiced as a healing therapy for centuries in Indonesia. It can help ease muscle tension, reduce stress, and evoke a sense of calmness. This traditional treatment activity will be perfect for the therapeutic communication activities that occur between the therapist and the patient.

Therapeutic communication, in this case, is interpersonal communication with points of mutual understanding between therapist and patients. Fundamental issues and communication is the mutual need between therapist and patients so that it can be categorized into personal communication between the therapist and patients, therapist help and patients receive the help.

Therapeutic communication is defined as the face-to-face process of interacting that focuses on advancing the physical and emotional well-being of a patient. Nurses use therapeutic communication techniques to provide support and information to patients. It may be necessary to use a variety of techniques to accomplish nursing goals in communicating with a patient

The benefits of therapeutic communication are to encourage the cooperation between therapists and patients through the relationship of therapist and patients. Identifying patient when they were expressing their feelings and assessing the problem, and evaluating the actions performed by the therapist. Helps the patient to clarify and reduce the burden of feelings and thoughts, can take effective actions for the patient, and help affect others.

Research about therapeutic communications among broken boned massage therapists is unique because people usually research healing techniques of broken bones done by therapists or the reasons why people prefer to come to a broken bone massage treatment rather than come to the hospital. This paper discusses therapeutic communication process in traditional medicine between broken bone massage's therapist and patients. The intention of this research is evidence how the process of therapeutic communication in traditional medicine gains patients trust and creating a sense of comfort while doing the treatment.

LITERATURE REVIEW

The concept of therapeutic communication refers to the process in which the doctor or nurse or therapist consciously influences a patient or helps the patient to a better understanding through verbal or nonverbal communication. Therapeutic communication involves the use of specific communication strategies that encourage the patient to express their feelings and ideas and that convey acceptance and respect.

Northouse & Northouse (2007) suggests using a form of touch so that the patients will

positively perceive touch. It has to be appropriate to the particular situation, not to use a touch gesture that imposes more intimacy on a patient that he or she desires, and to observe the client's response to the touch.

Communication, the means through which people interact with each other, through sharing sent and received messages, is effective only when both sender and receiver understand the message. When communication occurs between health workers and patients and is intended to help patients to cope with problems, relate with another, adapt to what cannot be changed, and face obstacles to one's self-realization, it is called therapeutic communication.

Knapp and Hall (2002) arranged the way in which nonverbal messages can interact with verbal messages. According to Knapp and Hall the categories are as follows: repeating, conflicting, complementing, substituting, regulating and accenting or moderating. In case of mixed messages, the mental health professionals must pay attention to nonverbal communication techniques used by the patient to attain additional information. Body movements and positioning are to be noticed when people perceive mixed messages during interactions.

Communication between health officials, in this case, therapist and patient is a process that begins with the first contact of the two and lasts as long as the therapeutic relationship. The nurse, who wants to create the right relationship with the patient, must win him/her from the first moment. This will happen if the conversation is held in appropriate conditions. Even though it seems obvious, it should be noted that courtesy and kindness on the part of the nurse is required.

Therapeutic communication involves the interpersonal communication between the patient and the therapist. This communication is intended to help the patient. The skills required in therapeutic communication are delicate and far numerous than those needed in general

interpersonal interaction, and mastering of therapeutic techniques helps the nurse understand the patient better.

Strategies of therapeutic communication are suggested to facilitate interaction between health workers and patients, which according to one of the classifications most disseminated in Brazil, are categorized into three groups: expression, clarification, and validation. These techniques should be used in a conscious, coherent, non-repetitive manner, and when necessary, associated with other strategies to facilitate the development of a therapeutic relationship. This set of techniques implies that professionals should consider both the verbal and non-verbal aspects of communication during the interaction.

The patient should feel comfortable with the therapist, but the latter should protect his or her prestige and not give rise to misunderstandings. An essential element is a need for a peaceful environment with no external distractions, which will ensure appropriate confidentiality of the dialogue. Frequently we see the phenomenon of serious discussions taking place in the middle of the corridor of the outpatient department or the nursing department, clinic, or in some office of the hospital, in which third parties unrelated to the care of the individual patient are coming in and out. In such an environment the patients are ashamed to express themselves freely.

Even more than the comfort of space, communication with the patient requires ample time. Each patient has his way and pace to reveal his problem, but it takes some time to get to know the nurses and feel the confidence necessary to face them. The patient should have the feeling that the time-whether it is five minutes or an hour-is entirely his. The patient who has the undivided attention of the nurse reveals his problem sooner, with the satisfaction that the nurse has listened and observed him.

After the nurse has listened to the ill, he or she should also talk to him. The language he uses for this purpose is imperative. Often the patient is bombarded with big words with little or no

significance for him. Once again the nurse may be incomprehensibly directed to the ill. Patients that are ashamed of their ignorance or are hesitant avoid seeking an explanation, and as a result, the consultation is inadequate and does not lead to the right outcome for the patient. The language of communication should, therefore, be at the level of the listener, who is not able to assess our scientific knowledge but has to understand what we are telling him.

Communication as already stated is bidirectional, but the nurse or other health professional is responsible for its proper conduct. The patient comes into the dialogue under stress and the emotional events he or she is facing. Moreover, depending on the psycho-synthesis it can be more or less calm. Reactions such as anger, disbelief, moaning, aggression, and denial of reality are known defense mechanisms, which are recruited to help him adjust to the new situation he is facing. The angry patient usually does not have any past personal differences with health professionals, although they are the direct recipients of his anger. The latter should understand and accept these mechanisms which serve the underlying anxiety of the patient and to respond with information, awareness, and readiness to provide all possible assistance.

Therapeutic communication in traditional medicine is needed, especially in the treatment of broken bone. The one of traditional treatment of a fractured bone specialist is it in Citapen. Here, it is a "warehouse" of bone medicine experts. Almost every house is plaited to receive treatment of broken bones. This place is one alternative for those who want to treat his bones due to traffic accidents, falls, or other causes.

Not even a few who for fear of surgery, choose an alternative here. However, the main thing to prepare the course because the distance is quite far from the city of Bandung (south direction). This traditional bone-treatment area

is precisely located in Citapen Village, Cililin District, West Bandung Regency.

Here, there are dozens of broken bones, and muscle sequences already have Distance quality assurance to reach this area about 25 km from Soreang (capital city of Bandung Regency). While from the city of Bandung about 35 km. The location of this area is adjacent to Saguling Dam 'upstream'. To reach this area, you can use public transportation from Padalarang or Cimahi City.

From here it is closer, only about half an hour away. To facilitate emergency patients, in Citapen bone experts are ready for 24 hours. So do not be surprised if this area remains "alive" day and night. And apparently, Citapen has become its own "business" field for those who are bone, experts. This is evidenced by the presence of bone skeletons in every home that passed along Citapen Road.

The reference names in here are like *Abah Abun, Embah Suparjo, H Achmad Saefudin, Haji Obay*, etc. So where did the "science" of bone medicine they get? Apparently the ability of the fracture experts obtained from generation to generation from their parents who since the Dutch Colonial era. Not a few also the background of martial arts. To support the treatment, bone medicine experts are now synergizing with the medical that is by equipping equipment practice with antibiotics and x-rays. Hence, if bringing patients here better produce the results of x-rays to matching with acts of treatment performed.

For self-medication, here is the option of providing a particular room (inpatient) as well as an outpatient (if the patient is already treatable at home). For outpatient usually, the physician comes to the house regularly, and there is also deliberately picked up by the patient's family. The problem of equipment at Citapen, here too many homes that transpire so "drugstore/equipment", such as liners or cotton can be purchased here.

Handling problems are also averaged also metaphysically (the sixth sense). Only, patients should get ready for "adaptation" with the bone treatment system here. Do not be surprised if you hear the screams or rattling bones of patients being treated. So also visitors who deliver should be willing to heart sport because of seeing the condition of other patients who are in line. We can see the "scenery" of various fracture conditions, from the usual to the severe.

As for the payment system, here the bone experts do not set special rates. Price can be adjusted to the patient's family ability. Here is an unwritten rule that bone experts at Citapen assume humanitarian work for the needy. Yes, for the patient's family share in the merits of a "proper" payment to the bone expert. So also if they are deliberately invited to the house, maybe "sincerity" can be adjusted. If you can, the treatment here should be full to completion. Do not halfway or move to another bone expert.

METHODOLOGY

The method used in this research is qualitative research method. According to Bogdan and Taylor in Moleong (2012), a qualitative method is used as research procedures that resulted from descriptive data containing spoken and written words and people behavior which can be observed.

Qualitative research is a study aimed at understanding social reality, by seeing the world from what it is, not the world that should be, then a qualitative researcher must be people who have an open-minded nature. Therefore, doing qualitative research well and correctly means having a window to understand the world of psychology and social reality.

Qualitative Research is primarily exploratory research. It is used to gain an understanding of underlying reasons, opinions, and motivations. It provides insights into the problem or helps to develop ideas or hypotheses for potential quantitative research. Qualitative Research is also used to uncover trends in thought and

opinions, and dive deeper into the problem. Qualitative data collection methods vary using unstructured or semi-structured techniques. Some conventional methods include focus groups (group discussions), individual interviews, and participation or observations. The sample size is typically small, and respondents are selected to fulfill a given quota. Qualitative research is conducted on natural conditions and is discovery. In qualitative research, it is a crucial instrument. Therefore, research must have a stock of theory and extensive insight so can ask, analyze, and construct the object under study becomes more evident. This research is more emphasis on meaning and bound value. Qualitative research is used if the problem is unclear, to know the hidden meaning, to understand social interaction, to develop theory, to verify the truth of the data, and to examine the history of the development.

Sugiyono (2012) stated that qualitative researcher as a human instrument has a function to get the focus of research, selecting information as a data source, collecting data, assessing data quality, analyzing data, interpreting data, and making a conclusion on its findings.

The techniques to data collection in this study were conducted by conducting in-depth interviews with patients that using traditional medical services. Observations and interviews were held at the traditional broken bone massage clinic, Citapen, West Java, Indonesia. Citapen area was chosen because it is considered a "warehouse" of broken bone fracture treatment.

RESULT AND DISCUSSION

Rodriguez (2006) defines communication is about being vulnerable to the humanity of others. Vulnerability assumes that our humanity is bound up with the humanity of others. As a human, we have always communicated. It has been stated that communication is about sending the message. In this case,

communication happened between therapist and patients.

A communication between therapist and patient namely therapeutic communication that intended to help the patient. In this case, the therapist needs a skill how to communicate with patients to reduce the pain during treatment. As a therapist, there are many communication messages that they will give to the patients. These communications will be able to interpret what these communications may mean, identifying their significance, and how there might impact on diagnosis, their risk, assessment, and many other aspects of their health care.

The therapeutic communication that occurs between the therapist and the patient is indispensable during the treatment. Besides can provide positive motivations in patients, it can also help patients feel calmer during the treatment.

Sometimes the broken bone massage treatment causing tremendous pain, so the process of therapeutic communication in traditional medicine is needed, especially in broke bone massage. It can gain patients trust and create a sense of comfort while doing the treatment. There are several processes in therapeutic communication to increase trust and create a sense of comfort during the treatment, which is:

1. Ethics

Therapy consists of communication, as well as with the treatment of broken bone treatment. Because based on communication, then the first thing to do is ethics, how we talk and behave to the patient. Koocher & Keith-Spiegel (2008) describes ethic fundamentally consist of a code of conduct that delineates right from wrong.

The ethics that are done in the treatment of broken bones in Citapen are already good. The therapist requests permission first to massage the broken part, especially if the part is in a sensitive area. The therapist also advises the

patient's family to accompany the patient during the treatment. The therapist also advises the patient if there is pain during the treatment.

"Here, the therapist is good, when he about to start the treatment he ask for permission first, if the broken bone is severe enough and the patient cannot be invited to communicate, he usually asks for permission to the patient's family. That's why the patient's family asked to accompany the patient during the treatment."

The first things to do by the therapist is defined the ethics by their behavior, for example, describing the action. Next, the therapist should look for events or other clues to explain what may have triggered the behavior. Finally, consider the consequence, such as changes in the environment or the behavior of other people. Behavior management by the therapist may include medication, group or individual therapy sessions or just communicating with the person or people involved with the behavior. The therapist may have to divide their plan and goals into small, easy-to-do parts and be creative. Other behavior management techniques that therapist do is include positive reinforcement, setting boundaries and limits, and being honest with the patient.

2. Selection

Unlike social relationships, the selection process involves some voluntary information exchanges: a potential client is usually required to schedule an appointment, complete forms, and be screened for eligibility for services and identification of the primary problems (Neukrug, 2002).

We usually choose, with whom we want to communicate or interact, but in a professional setting like a broken bone massage therapist, there is usually no such privilege. The therapist cannot choose who the patient will handle. Therapists should not discriminate from gender, age, ethnicity, religion or social status.

“As the therapist, we should not discriminate patients, but here patients can choose who will become their therapists. If a female patient wants to be handled by a female therapist, then we will provide it. However, if a female patient wants to remain with a male therapist, we always ask her family to assist. Vice versa.”

In the treatment of this broken bone massage, the therapist does not determine the tariff so that the payment process can be done as much as the patient can pay. If they can pay high, they will give it. But, if the patient's finance is not well enough, the therapist usually says "it's up to you, as long as it is not burdensome."

3. Initial contact

The initial contact may also include a professional disclosure statement detailing the therapist's characteristic, which may contain information regarding qualification, education, license status, treatment modalities, or specialties (Corey, Corey, & Callanan, 2006).

“Here is usually displaying what qualifications the therapist has, it can be seen in the front, of the picture, well there is a description of the education of his broken bone treatment, or if he is not got a school about the broken bone treatment (which usually have been able to cure because of the history down), they still have the license status with its specialization.”

Patients usually know information about the therapist from relatives or neighbors who have already had treatment there.

“Yes, I know from the neighbors. Her child has fallen from the ladder and was treated here, Alhamdulillah, it can heal within a month. Thus, when I fall, and there is a problem with my bones, I believe and come right here. When I come here also, I see there is some frame with a picture that contains his expertise, I become so calm and have more trust.”

4. Termination

Social relationships may end in a variety of ways for a variety of reasons, ranging from irreconcilable differences to geographical relocation. Such deliberate endings may be gradual or abrupt. Unlike social relationships, which may last a lifetime, the professional therapeutic, in this case, the therapist, is ultimately meant to be finite.

In this case, communication between the therapist and the patient will end when the patient's condition is declared cured. Heal, in this case, they were able to move the limbs well, which was originally broken in the bone.

“Usually the therapist will say, this is cured, no need here anymore, can be treated at home only.”

The termination phase of the therapeutic process is handled in a purposive and deliberate manner, and termination often involves a systematic review of the progress that the patients have achieved in therapy and issues that will require continued work, along with strategies and resources for the patients to continue this work after therapy ends.

5. Time

In a therapeutic setting, time is considered to be a more crucial factor. The professional therapist contact with a client may be limited by a fixed number of sessions, or termination maybe indicated on the accomplishment of the designated goal or goals.

The time in the treatment of broken bones is divided into two. First, the time used to make an appointment with the therapist. Usually, this time is done at the second meeting and so on until the patient has been declared cured and no need to come back. Second, the time when treatment has been completed.

To make an appointment with the therapist, the patient should contact the therapist first. To make an appointment can be via short message or by phone. When both of them agree on a schedule, the patient must keep it, because if they break the appointment, the therapist will deal with the other patient so the patient who

has made the appointment must make a re-appointment.

"Oh, no, a patient who does not come when he has made an appointment with a therapist must make an appointment again. The treatment of a broken bone is a serious treatment, so the patient must be disciplined, if he has made an appointment, they must come."

6. Goal

Nothing is more important than the patient's healing. The main purpose of this broken bone treatment is to make the patient can move his limbs like before. Also, it is expected that with traditional medicine, patients are more able to receive inputs related to their treatment.

For mild broken bone symptoms, the therapist schedules three meetings. Three meetings are held until the patient is completely healed and does not need to come again. For severe broken bone symptoms, the patient is expected to come with the time specified by the therapist, and it can be more than three times.

With set the timing, the therapist has set the goal to make the patient recover. If the goal is not achieved (it can occur because patient's condition, so it takes longer healing time or any errors in treatment), then the therapist will reevaluate how it works and correct the errors if there is an error.

7. Topic of Conversation

The topic of conversation is a central idea that discussed or becomes the main talk of conversation. In determining the topic of conversation or discussion topics, therapists usually set the limit only to the healing process of a broken bone. More than that, often the therapist does not respond.

The initial topic of conversation that usually happens, the therapist asks, why the patient can get a broken bone? How long has the patient felt the pain? Are there any complaints during a broken bone? What efforts have the patient or patient's family done to reduce the patient's pain?

Unlike casual conversations, wherein the participants typically discuss things that they mutually want to discuss. Therapeutic discussions may involve emotionally challenging issues the client may be hesitant to discuss, but that are essential to addressing and resolving the problems at hand (Kadushin, 1990).

8. Advice

The advice in this treatment is a directive given by a therapist through an honest, smooth, kind, and motivated speech or greeting to the patients. Advice is usually related to motivation. Motivation is an impulse of the will that causes a person to act to achieve a specific goal. The intended purpose, in this case, is the patient's healing.

Motivating the advice given by the therapist is usually performed during treatment. For example the words "this will get well really soon as long as you are disciplined to checks here," "do not be afraid, next month you can run again," or "it can heal quickly, don't worry."

Patients' family who accompany the patients during the treatment also justify the existence of motivating advice from therapist to the patients. These words of motivation can arouse the patient's positive emotions to keep the spirit doing the treatment and underwent a period of healing.

9. Perspective

Perspective is a way of looking at a problem that occurs or a certain point of view used in seeing a phenomenon. Perspective can affect a person's perception so that it will ultimately affect one's actions in certain situations.

In therapeutic relationships, the perspectives involving role as a therapist, you will be aware that you are not completely objective. You do have personal opinions about what you think the patients should or should not do.

"We, as therapists, need to know what the patient feels so that we can get into the patient's situation."

CONCLUSION

From the results of research that has been presented, it can be concluded that therapeutic communication required by the therapist as part of the treatment of the patient. The process consists of ethics, selection, initial contacts, termination, timing, objectives, topics of conversation, advice, and perspective should be well done so that communication activities between the therapist and the patient can be going well.

By running a therapeutic communication process, a broken bone massage treatment will be good. Broken bone treatment usually cause tremendous pain, so the therapeutic communication process in traditional medicine is needed, mainly to reduce some pain. Besides, it can gain the patient's confidence and create a sense of comfort while doing the treatment.

Therapeutic communication, in this case, is interpersonal communication with points of mutual understanding between therapist and patients. Fundamental issues and communication is the mutual need between therapist and patients so that it can be categorized into personal communication between the therapist and patients, therapist help and patients receive the help.

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