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PRACTICE OF POWER OF MEDICAL AUTHORITY OF THE MENTAL HOSPITAL ON THE PSYCHIATRIC PATIENT WITH STIGMA

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ABSTRACT

The matters pertaining to mental disorders are complex as they are not only related to the medical professionalism, patients, their families and society but they are also related to the stigma they have and the protection of their dignity and status. Stigma is like a prison in the social relation constructed by the apparatuses that contribute to development, the regime of knowledge, and modernism on behalf of normalization. By applying the point of view of cultural studies, namely siding with those who are suppressed, this present study is intended to identify the form of the stigma which the psychiatric patients have resulting from the practice of power of the medical authority implemented by the Mental Hospital. Observation and in-depth interview methods were employed in the present study. The data were collected through life story and library research. The collected data were analyzed descriptively, qualitatively and interpretatively using the relevant critical theories such as the theory of discourse, the theory of deconstruction, and the theory of hegemony.

The result of the study shows that there are two forms of the stigma which the psychiatric patients suffer from; they are the public stigma (the stigma brought about by society) and the self-stigma (the stigma brought about the patients and their families). The factors which contribute to the stigma of mental disorders can be classified into two; they are the external and internal factors as the translation of the hegemony of power and the domination of the authority of social and medical apparatus over the psychiatric patients leading to the social and identity gap. This shows the form of the struggle involving power in order to strengthen the domination of the apparatus in different aspects of life. The psychiatric patients cannot speak and are so marginalized that they have almost never been heard. The society's social control through the saving mission of the Mental Hospital is implemented through the nursing practice and the controlling mechanism it performs in which the authority of the medical doctors is dominant enough to show that they have power in the Mental Hospital.

Keywords: public stigma, self-stigma, mental disorders, mental hospital.

INTRODUCTION

The data prepared by *Badan Penelitian dan Pengembangan Kesehatan RI tahun 2013* (the Research and Development Center of Health of the Republic of Indonesia of 2013)

shows that Bali Province is listed in the first five regions with people of mental disorders in Indonesia. They are Yogyakarta (2.7%), the Special Territory of Aceh (2.7%), South Sulawesi Province (2.6%), Bali Province (2.3%), and Central Java Province (2.3%) (Riskedas, 2013: 126). The only Mental Hospital of Bali Province, located in Bangli Regency, stated that the number of people with psychiatric patients increased from year to year. In addition, the number of psychiatric patients with bad stigma always went up (http://www.halocities.com/7948). This proves that a number of people are still embarrassed if their family members are psychiatric patients; therefore, they are not exposed, causing them not to be optimally taken care of.

Both the psychiatric patients who are still medically treated in the Mental Hospital and those who have returned to their families are still discriminatively treated by the environment where they stay. The reason is that their identities have changed since the medical doctor diagnosed them as dangerous individuals (Foucault, 1994:176). Different forms of the people's inappropriate attitude as the response to the existence of the psychiatric patients result from the construction of the way of thinking following from the public unawareness. A psychiatric patient usually faces stigma, discrimination and marginalization. The stigma he/she has causes his/her family to be embarrassed and people get afraid of them. The implication is that he/she will be marginalized from his/her social environment; therefore, he/she delays treatment; as a result, he/she is getting more miserable, and the healing process is getting slower. These all hamper him/her to return to the society (Suryani, 1999: 16—18).

RESEARCH METHOD

This present study was designed to use the qualitative method that gives emphasis on the in-depth, emic, ethic and holistic description based on the field research intensively conducted in the social stigmatization that the psychiatric patients suffer from, meaning that it was not designed to use the quantitative method which gives emphasis on measurement or testing. The data were analyzed from the perspective of cultural studies.

RESULT AND DISCUSSION

Stigma is a multi-component concept involving labeling, stereotype and social isolation, loss of status, and discrimination which play roles in different strengths between those who suffer from stigma and those who contribute to stigma. Finally, the families of the

psychiatric patients move from one medical doctor to another to treat them. They do this as an attempt to find the medical doctor who suits their members who suffer from mental disorders (in the Balinese community it is well-known as the conception of suitability). As far as the conception of suitability is concerned, every culture has it. The Balinese term 'pertemuan' (suitability) or the Javanese term 'jodhon-jodhon' (suitability) represents the Balinese people's emic expression used to express hunting for health. In relation to the attempt which is made to hunt for health recovery, the Balinese people say 'sire uning drike wenten pertemuan' (who knows that suitability can be found there). Actually, the maintenance of the conception of suitability 'pertemuan/jodhon-jodhon) cannot be separated from knowledge and medical experience.

A mental disorder in the people's social arena is labeled as something which is strange, frightening, endangering and a disgrace; in other words, it is viewed as a deviation (disharmony). Therefore, a system and mechanism is needed to normalize the people's life directed in the implementation of the discipline of health power in the social control produced and spread through the institution of the Mental Hospital. The controlling power of the Mental Hospital is employed in the clinical meeting between the medical doctor and patient. It is also used by the nurses, patients and their families when they have something to do with diseases. Control is a type of symbol symbolizing the rhetoric of treatment and a pseudo-tool of the equipment used to reproduce the rhetoric of the social policy in the change of the patient's status. The change in the patient's status results from the opposite discourse which society has. The binary opposition discourse of both being normal and being abnormal and being healthy and being sick is established by the medical doctor's authority through the diagnosis he makes and through the continued health treatment provided by the mental hospital. In addition, the binary opposition discourse of both being normal and being abnormal and being healthy and being sick is also a strong social control which contributes to stigma.

In relation to that, the ethic condition of treating the psychiatric patient is derived from the moral principle which suits the non-psychiatric disease. As a result, conflict takes place whether appreciating the patient's autonomy or taking care of the patient paternalistically. Historically, the psychiatric practice was regarded as being identical with power and mythological forbearance packaged as a paternalistic coercive intervention in the 18th century (Bertens, 1996: 301-310). The fact that man was getting aware of his existence as the autonomous moral agent and the fact that there was a movement which opposed the psychiatric practice of the 18th century which did not treat the psychiatric patient humanly led

to the claim that the schizophrenia patient be treated in such a way that human rights were not violated.

However, the fact shows that the struggle for empowerment in the society's domain has not worked. It turns out that the psychiatric patient whom is stated to have medically/clinically recovered from the psychiatric disorder by the medical doctor of the Mental Hospital is still considered "mentally sick". The social distance between those who were medically diagnosed to have suffered from mental diseases and those who are not is maintained. This situation proves that the authoritative power model implemented by the Mental Hospital to treat the patient has not been effective enough. The strong image of the Mental Hospital is that although the patient is stated to have clinically recovered from the psychiatric disorder he has suffered from, the stigmatization process and social control in the society's domain does not disappear. According to Kartono (1999:1), the psychiatric patients, both those who are still in the treatment process and those who have recovered from the disease, are justified not to be mentally healthy as far as the people's terminology is concerned. People define insanity or not being mentally healthy as an improper or strange behavior which is not in accordance with their standard of value and expectation. In relation to that, Link and Phelan state that stigma cannot be separated from being differently labeled, cultural domination, differently labeled social position or the category of who belong to us and who belong to them (Link and Phelan, 2001: 367). The stigmatization process attributes to a certain label which identifies that the negative characteristics of the disease which the psychiatric patient suffers from are his. In fact, it is highly difficult to eliminate this.

The control identification also indirectly takes place through the discourse which develops in society in general and through the mass media in particular which importantly contributes to the perception of the knowledge of the psychiatric patient who is physically isolated and marginalized, and treated in the Mental Hospital with its special image. Finally, people develop their social stigma (public stigma) made up of refusal, isolation, and violence. In addition, the physical discipline power over stigma follows closely the patient (self-stigma) made up of prejudice, feeling guilty, fear and anger. Such a condition affects the internal and external factors which contribute to the patient's stigma. The external factor includes disgrace, any myth of the mental disorder, and the people's belief in the role played by the shaman; the internal factors include the family's knowledge of the etiology of the mental disorder, no support from the family, and embarrassment. These all eternalize the process of reproducing

the mental disorder (madness) as the consequence of the strategy of power and social regulation applied in society.

CONCLUSION AND SUGGESTION

Although it is stated that the patient has medically recovered from the mental disorder he suffered from, people still regard him as “being mentally disturbed” and “sick” as they are contaminated by the opinion that the object treated by the medical doctor is the patient himself instead of the disease he suffered from. The stigma given by people to the patient, as a product of the Mental Hospital, is so strong that he is too weak to eliminate it in every aspect of his life.

As a reflection to us all, the equilibrium which we encounter in everyday life when we look at the world should be used as the main thought of departure to the critical way of thinking that there are hidden relations of power here and there for the interest of a few of people. This is in line with what is stated by Michel Foucault who criticizes the power spread by sciences through what is thought to be true in order to discipline the human body which can contribute to the disciplinary society.

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