

FAMILY'S RESILIENCE SPIRIT PEOPLE WITH MENTAL ILLNESS AMONG BALINESE CULTURE

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ABSTRACT

Families who have family members of people with mental disorders experience a heavy burden and various forms of stress that make this condition difficult to deal with. This is influenced by social isolation, stigmatization and psychological burdens and increasing economic burdens. On the other hand the family still hopes that patients can recover completely. A person who is able to survive in these difficult conditions is called a person who has resilience. Resilience is seen as a personal quality that involves a high degree of adaptability and flexibility when faced with pressure, both internal and external, but also in the end they can become stronger than before.

In Bali, according to the belief of Balinese who are Hindus, there is a concept that healthy sickness occurs when there is no balance of the three elements, namely *Buana Alit*, *Buana Agung* and *Sang Hyang Widhi Wasa* as *sekala* or *niskala* factors that can cause interference in humans. This belief is what causes the sufferer or family to visit a shaman or *balian* to get directions or treatment. Likewise, after the patient is discharged from the hospital, most sufferers go to the doctor and courtroom, and there are more often to the courtroom or doctor alone. If they relapse, most come to *balian*. *Balian* is able to influence patients and their families and most believe in what is stated *balian*. It can be seen that the role of Balinese culture, especially in relation to mental disorders, needs special attention.

The writing of this article would like to show recommendations for potential treatments that can help in the healing or recovery stage at least as an additional experience.

Keywords: resilience, sickness, *balian*, cultural aspects

INTRODUCTION

The process of globalization and the rapid advancement of information technology have an impact on the social and cultural values of society. While not everyone has the same ability to adapt to these changes. As a result, mental disorders have now become a global health problem. More than 450 million people in the world live with mental disorders. Globally, the recurrence rate in mental patients reaches 50% to 92% due to non-compliance in treatment or due to lack of support and living conditions that are vulnerable to increased stress (Sheewangisaw, 2012: 1-10). Mental sufferers in Indonesia based on Riskesdas (Basic Health Research) data in 2007 reported the number of severe mental disorders (schizophrenia) 4-6 per 1000 population. Previously the number of mental disorders (psychosis) in Indonesia was estimated at 1-3 per 1000 population. Mental emotional disorders resulting from Riskedas 11.6%. Previous mental disorders (neurosis) including anxiety neurosis, obsessive, hysteria, and psychosomatic / psychophysiological mental health disorders as a result of life stresses ranged from 20-60 per 1000 population. Likewise, drug dependence, juvenile delinquency, and the use or dependence of alcohol and deviations of human behavior (Ministry of Health Republic of Indonesia. KMK. No. 1627 / Menkes / SK / XI, 2010: 2).

Many laws and regulations in the health sector that have been prepared by the government starting from the Act. No. 3 of 1966 concerning mental health, Law. No. 36 of 2009, to ministerial regulations and decrees with the aim of regulating mental health efforts. However, in its implementation, the current legislation system has not been much helpful in terms of increasing mental health service efforts. People with mental disorders are often victims of injustice and mistreatment by the community.

From the data of the Republic of Indonesia Health Research and Development Agency (2013), it is known that Bali Province is included in the list of the top five most severe mental disorders in Indonesia, namely DI Yogyakarta (2.7%), DI Aceh (2.7%), respectively. South Sulawesi Province (2.6%), Bali Province (2.3%), and Central Java Province (2.3%) (Riskedas, 2013: 126). In Bali, the number of mental disorders incurred in the community shows an increase in cases from year to year. In 2016 in Bali 32 cases of mental illness were successfully defeated which were successfully treated. That number actually increases every year.

Various ways and family strategy efforts to treat family members who experience mental disorders as if never stopped. Trying from one treatment to another both traditional medicine (household, shamanism) or modern medicine (mental hospital) overlapping. Traditional health services that have taken root in Indonesia in general and in Bali in particular have always been visited by the community. In accordance with the Alma Alta Declaration 1978 it was agreed that all existing capabilities be utilized to be able to provide health services to all members of the community. Thus in addition to formal health efforts, it is necessary to consider other potentials in society between traditional healers in the effort to provide health services within certain limits (Nala, 1997). Traditional healers are a way of management according to cultural principles that apply to certain places (not neotraditional ones that use electricity, acupuncture and others).

Family support and inclusion of patients with a spectrum of mental disorders experienced in the disease management program show good results in aspects of psychopathology, relapse, re-hospital and social functions (Sumantra, 2005). Despite the latest pharmacotherapy findings, the lives of some people with schizophrenia often experience recurrence, repeated treatment in hospital, poor social life adjustments and unsatisfactory quality of life. The suboptimal effect of the latest treatment, although it has been combined with psychosocial therapy, causes the need for the development of the latest bio-psycho-social-spiritual intervention.

RESEARCH METHODS

The research method used in this study is a qualitative research method that emphasizes emic, ethical, holistic and deep description (thick description). According to Moleong (2014), qualitative research aims to understand phenomena about what is experienced by research informants such as behavior, perception, motivation holistically. The qualitative research approach used in this study is the phenomenological approach. The phenomenological approach focuses on the phenomenological experience and a study of one's core awareness and perspectives (Moleong, 2014).

RESULTS AND DISCUSSION

Traditional medical systems are in fact still alive, not obliterated by the practice of biomedical medicine which is increasingly developing. This fact shows that health care and services are complex socio-cultural phenomena. Efforts to cure disease by sufferers' families are not only done in health centers, hospitals, general practitioners and specialists, but can also be done traditionally (Kasniyah, 1985: 71).

Connor added that for most Balinese people or people have a tendency to utilize the modern health service system when sick. However, it is undeniable that relatively many people also come to traditional medical practitioners (prametra) in a particular disease case or health problems that cannot be overcome through the modern health service system (Connor, 1982: 3). Agreeing with Connor, Nala stated that in the life of the Balinese people in general to seek solutions to health problems and efforts in the health care system (health care system), the traditional treatment system is still a very important choice besides modern medicine (Nala, 1997: 6 --10). Decision making in choosing a source of treatment is used as a guide in public health behavior.

It is known that traditional treatment behaviors (which are used as treatment options by families of sufferers) are divided into two health care options, namely household remedies and folk care options. Both of these treatment systems in the implementation of treatment or care for the sick meet the indicators of the implementation of traditional treatments / treatments. The

indicators referred to include healing by massaging or massaging the limbs, concocting various special ingredients, medicines made from plants, the use of spells and amulets, as well as various obstacles / taboos. Forms of implementation of treatment or care in the traditional care behavior system is certainly not found in the modern / professional (medical) health care behavior system.

In the Balinese who are Hindus, seek treatment at *Battra* (traditional medicine known as *Balian*, *Tapakan* or *Jero Dasaran*), it is still a choice that cannot be ruled out. Disease is not only a biological symptom, but has other dimensions, namely social and cultural. That is why it is not enough just to cure a biological problem to cure a disease, but it must also work on its socio-cultural issues. Often going to doctors or health centers, in fact more treatment is aimed at biological problems, and forget or do not have time to deal with social and cultural problems. Especially if they are hospitalized, they will be reluctant because of this socio-cultural problem. Doctors and nurses, even though Balinese, are considered foreigners, due to the way of thinking, acting, working are different from the habits of the Balinese people in general. Doctors and nurses think, talk and act using foreign cultures, which are more focused on rational and scientific problems, difficult to talk about irrational and traditional problems. That is why there are some people who are less satisfied with modern medical services, they will feel more satisfied to go to *Battra*, a traditional healer. In traditional healers, social cultural problems are dealt with properly and satisfactorily.

In Bali according to Hindu religious beliefs, illness occurs when there is no balance of 3 elements, namely *Buana alit*, *Buana Agung* and *Sanghyang Widhi Wasa* as scaling or *niskala* factors that can cause disturbance in humans (Suryani, 2000). So according to these beliefs and beliefs that disease can be caused by two causes / causes, namely *causa sekala* (natural, naturalistic) and *causal niskala* (supernatural, personalistic). The cause is a natural cause of pain that is visible, tangible, such as temperature changes / colds, physical impact / injury due to a knife, broken bones due to fall. While *niskala* causes are subtle forms, such as spirits, ghosts and black magical powers are causes of pain that are not visible, not real and without a definite form. Both of these elements enter the body or remain outside the body and cause an imbalance of the *alit* where the *Tri-dosha* consists of *Vayu*, *Pita*, *Kapha* or in the form of air, heat, liquid. In the western world the term for this disease is known as disease and illness. Disease as a disease includes a concept of the pathology of disease is a disorder that is limited to medical and organobiological disorders while illness is a cultural concept that is a problem or disorder that is experienced that interferes with daily life. This belief is what causes the sufferer or family to visit a shaman or *balian* to get directions or treatment. Likewise, after the patient is discharged from the hospital, most sufferers go to the doctor and courtroom and some go to court alone or to the doctor only. And if they relapse then most come to *balian*. *Balian* is able to influence the patient and his family and most believe in the stated *balian* (Putro, 2004).

People with mental disorders actually cause a heavy burden on the family and people close to patients. Management that involves the family early in the treatment process can reduce relapse and reduce stress and disorder in the family (Power, 2015). Patients who in their care almost always need medication usually do not succeed optimally if they do not get service and support to overcome the disease in the face of fear, isolation and insults that often accompany it. The bio-psycho-socio-cultural approach is the assumption that schizophrenic mental disorders are caused by the three factors above which are interrelated. From a biological point of view Schizophrenia is a brain disease, psychologically influenced by personality and in terms of sociocultural culture influenced by the culture, environment and family sufferers (Schulze & Rosler, 2005).

Characteristics of Patients in Bali Province Mental Hospital

Patient characteristics processed from the 2018 Bali Provincial Hospital Data & Medical Records obtained the following results. The most age distribution of inpatients is 30-39 years, then 40-49 years for inpatients. The rarest morbidity rates are 0-9 years and 10-19 years, respectively. The distribution of hospitalized patients by sex shows that the majority of patients are male compared to female patients. Regarding the marital status of most patients not yet married. It was also found that the sex of unmarried males was more than the sex of females. The highest education status of patients is not attending school, followed by consecutive

patients with high school education, elementary school, junior high school, university and special school. The distribution of inpatients according to work shows that most inpatients do not have a job. Not working (unemployment) usually causes feelings of inferiority (inferiority, inferiority), feeling useless, not used anymore, not needed, and causes a lot of frustration. Based on guarantees, most inpatients received JKBM (Bali Mandara Health Insurance) also followed by Jamkesmas and Askes. Data from regional inpatients shows that the most is from the Gianyar area followed by Denpasar City, then respectively from Karangasem, from Bangli and from Buleleng. When viewed from the top ten inpatients with patients, it is known that most of the inpatients have mental illnesses with a diagnosis of schizophrenia.

Traditional Medication (*Battra*)

In Bali, shamans as traditional healers are known as *balian*, *tapakan* or *jero dasaran*. The ability to treat this is obtained in various ways. Unlike in the world of modern medicine or paramedics gain knowledge and ability to treat sick people from school, traditional healers get their expertise based on tradition, ancestry, taksu, pica or it can also be a result of learning in people who have become *balian* and various other ways. There are some ballots that don't want to be called *balian* or *jero dasaran*, they just claim to be people who help or treat.

Most *balian* perform their medical duties without expecting a *sasantun*, they are willing to treat anyone who needs help without seeing a day or the number of *sasantun* put in their offerings. All treatments take place sincerely with no strings attached. Because all *balian* really *balian* in Bali, know the consequences of trials will *sasantun* and other material. Power or readiness in terms of treating sick people will decrease and fade. If they know they will not be able to treat their patients, they will frankly say and advise looking for a cleverer gift from him. If you know the prognosis is bad (dead) they will not want to treat.

Malukat

Malukat and beg for your blessing is a process to purify yourself. *Malukat* is a word that is very familiar to Balinese to do in ritual life. The purpose and hope of this ceremony is to be able to improve the quality of life better. Certain goals to be achieved are to cure medical and non-medical diseases. *Malukat* carried out in springs, fountains, rivers, at sea even using holy water from *Sang Sulinggih*. Kumbara (2017) states that Balinese generally will ask for help from a shaman or *balian* to obtain an explanation of the causes of illness as well as ways to overcome them. In addition to asking for help from a *dukuh* or *balian*, the family will invite the person concerned to perform the ritual of painting which has a symbolic function and meaning that leads to efforts to cleanse the body and soul in order to achieve or restore the disturbed soul balance.

Perception and Behavior of Care of Balinese Mental Disorders

The concept of illness according to the beliefs of Balinese who are Hindus occurs due to an imbalance of the 3 elements of *Buana Alit*, *Buana Agung* and *Sang Hyang Widhi Wasa* so that the *sekala* factor or *niskala* factor can cause interference in humans. Then this belief is what causes sufferers or their families to visit traditional healers, shamans (*balian*) to get treatment. In traditional healers in Bali, the treatment process is usually accompanied by prayers and offerings at temples (*Merajan*), holy sites, the sea and so on in accordance with the views or beliefs of these traditional healers. Judging from traditional medical materials, among others, by *loloh*, *simbuh*, *boreh*, *metirta*, *melukat*.

The patient's family comes to the Bali Provincial Mental Hospital on the grounds of the family's request after receiving *Balian's* instructions / consideration. Besides, it is also on the advice of health workers and the advice of religious leaders. It was also found that almost all visits to traditional healers (*balian*) were more than once with very varied results. Some feel healed for a long time, only healed briefly, always recurring or recurring, there was no change at all, and getting worse. When viewed from who suggested that they seek medical treatment including family, neighbors, courtship, friends, and also because of their own beliefs. It was also found that the reason for the concept of the family looking for cleaning after going to the hospital was because they felt tired, dirty (*leteh*), or disabled, so that the patient's spirit did not float.

After being discharged from the hospital, the treatment sought was traditional healer, medical, and a combination / overlap (between medical and traditional). The patient's family will overlap the two treatments (Foster and Anderson, 1986). If they relapse, most come to *balian*. The concept of the sufferer and his family is said to be sick because of the illness of Bali because they feel tired / dirty so they feel the need to do cleaning or *malukat*. *Balian* is able to influence patients and their families and most believe in what is stated. After the cleansing ceremony, the patient's feelings are calmer, more energetic, and clean. Patients during getting medical treatment at the mental hospital related to the explanation to the family by the medical staff about illness, the medical care system, the patient's condition, compliance to take medication, felt the patient's family was still lacking.

For the patient's family, the patient's recurrence, aside from the trusted *niskala* factor, also occurs due to feeling guilty, feeling depressed, feeling shunned / unnoticed, impatience in family attitude, unbelievable and always suspected. This guilt can be in the form of the belief that the cause of the disruption experienced is due to weakness in the trials / tests of life, punishment from God, or past mistakes (Putro, 2016). Regarding the forms of communication and patterns of interaction with traditional healers take place openly and without secrecy. The family can accompany and express opinions or comments about problems faced by patients openly to traditional healers and sufferers.

Relating to the quality of relationships in traditional healers in general are informal, open, relaxed, friendly and no strict procedures are required. Just emotional contact. Even if there is something that is formal, it is limited when it is in a trance situation, after that it is normal again, not formal. Regarding attitude, for people in Bali who still have strong traditional culture, there is no ambivalent attitude towards their traditional healers (Glynn, 2016). Regarding the nature of the sacred and not sacred in Bali, the nature of the sacred is very prominent compared with other regions, and the nature of this sacred also varies in each of the traditional healers, for example, the nature of the sacred is more prominent in traditional healers who use a state of trance in practice the treatment. In connection with the view of disease in Bali for a *balian*, complaints and disorders expressed by patients mostly treated as a disease (disease). Relation to clinical reality is one aspect of social reality related to health, especially attitudes and norms about disease, disease etiology, decision-making processes and mechanisms, clinical relationships and healing activities. This is very much determined by the local social and cultural conditions.

CONCLUSIONS

Assessment and management of mental disorders through a bio-psycho-socio-cultural-spiritual approach is very important in the subscription of community-based life disorders. Traditional healers can be involved and work together in dealing with mental disorders so that sufferers feel healed completely from both aspects of illness and disease. Traditional healers have special abilities that are not possessed by Western educated doctors and do not rule out the possibility of good collaboration between these two different disciplines in order to provide optimal help to sufferers. Medical experts and other expert practitioners (psychiatrists, psychologists) will feel the many benefits of collaborating with traditional healers, especially in terms of understanding psychopathology and psychodynamics of mental illness that are closely related to social and cultural conditions. Anxiety and fear experienced by sick people who do not heal, either highly educated or illiterate, rich or poor, desperately need distribution or compensation and get a solution to the problem in the rational or irrational, logical or illogical so as to achieve a calm yourself to the sick / family.

Traditional healers treat all of their clients as human beings in the sense of a holistic approach. In terms of understanding of illness (illness), the perception of healing experienced by the client is something real regardless of whether organic disorders or psychopathology still exist. Formal health workers should prepare themselves to face cases like this.

SUGGESTIONS

In planning the placement of health service facilities it is necessary to consider and consider that the behavior of seeking treatment is also influenced by informal references that determine the choice of treatment facilities. The continuous effort to integrate lectures and

practices of social and cultural sciences (medical anthropology, medical sociology) in the doctoral education curriculum in the hope that doctors will be trained in the future to be sensitive to socio-cultural aspects (non -biomedic) and the problem of the patient. In order to obtain more scientific and systematic information about the professional attitudes of health staff, psychiatric anthropological research on the interactions of health staff and families and patients needs to be carried out.

The approach to traditional healers by the government and modern healers should continue. Research on the concept of healthy pain, the effectiveness of traditional medicine and other matters should be continuously improved. Mental hospitals are expected to further enhance and develop more open post-nursing program socialization in relationships that are intersubjective, both between the hospital and the patient and the patient's family and community.

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