

Society Perception of Pasung Behavior in People with Mental Disorders

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Abstract

Introduction: Pasung intervention of people with mental disorder still happened in the society. “Pasung Free Program” which has already designed in Indonesia since 2014 did not effective to wipe out Pasung behavior. There are still many people who are abused by Pasung behavior in Kulon Progo, Java Island, Indonesia with the various perception of society. The aims of this study examined the public perception of Pasung behavior in people with mental disorders.

Method: This study used quantitative method by using symbolism interaction approach. There were 9 people who experienced pasung in their surroundings that became samples. Data was collected by using in-depth interviewing and socio-demographic questionnaire. Method that was used to analyze was analysis method such as 6 stages of Creswell analysis that was suitable with the used method.

Result: The result of this study could become a theme. There were 8 themes came from two different perceptions. Perception of society resulted two themes namely 1) opinion about pasung behavior and 2) conclusion about pasung. External perception resulted six themes namely 1) the reason why pasung is allowed, 2) the reason why pasung is not acceptable, 3) pemasungan idea, 4) pemasungan method, 5) the society's hope about people with mental disorder, and 6) the obstacle of health service.

Conclusion: Society perception about mental disorder still not acceptable. Pasung program planning should be in line with free people with mental disorders program. The appearance of pasung behavior related to the increase of people with mental disorders.

Keywords : *Pasung, Society perception, Mental Disorders,*

Introduction

Savings are still often found in people with mental disorders in several countries with a various reasons that are brought up by families and communities around¹. Society misperceptions of people with *mental* disorders lead to negative stigma. Negative stigma arises due to the experience of patients who cause different treatment from the society^{2,3}. Discrimination due to stigma is one of the triggering factors for aggressive behavior of mental disorders' patients, but the behavior is actually one of the reasons for retention that occurs in the society.

The prevalence of mental health problems in Indonesia is 6.55%^{4,5}. People with severe mental disorders with age above 15 years in Indonesia reach 0.46% [4]. This means that there are more than 1 million people in Indonesia suffering from severe mental disorders. The number of people that is as many as 11.6% of Indonesia's population experienced emotional mental disorders⁶. The prevalence of severe mental disorders based on the 2013 Basic Health Research (RiskeElementary Schoolas) which is 2.7 per mile is in Yogyakarta and Aceh.

Severe mental disorder is an individual who experiences orientation disorder, the reality of mood changes, personality, habits and habits of withdrawal. Disturbances in reality orientation trigger aggressive and dangerous behavior in the client such as harming oneself, others and damaging the environment. Stigma

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on this problem has negative consequences not only for sufferers but also for family members and the surrounding community⁷.

According to the latest data the prevalence of severe mental disorders in Indonesian population is 1.7 per mile⁶. People with severe mental disorders are vulnerable to experience discrimination from the community, and not infrequently experience savings. Dismissal of people with mental disorders is an action taken by the society by means of being locked up, chained by their feet, put into wooden blocks so that their freedom is lost. The word pasung refers to physical restraint or confinement of perpetrators of crimes, people with mental disorders and who commit acts of violence that are considered dangerous¹.

Indonesia has launched the “Indonesia Pasung Free” program in 2014, however, the reality is still found pasung with various forms and reasons for mounting. The number of ODGJ experiencing savings throughout Indonesia reached more than 18 thousand people⁸. Kulon Progo Regency with an area of 586.28 km² and a population of 388,824 inhabitants is divided into 12 districts⁹. Based on data from the Health Office of Kulon Progo Regency, there were 22 cases of mental disorders in Pasung in 2014, in 2015 it decreased to 8 because of outreach and pickup by related agencies. The latest data in 2016 found cases of re-embedding in people with mental disorders after getting treatment at the Kulon Progo Mental Hospital, Java Island as many as 2 people.

King Imogene’s theory of the concept model of human interaction, states human beings as a whole open system that consistently interacts with the environment with the aim of helping individuals and groups maintain their health¹⁰. Human groups have an important role in the life process of society and the realization of mutual relations between individuals with one another. This study aims to determine people’s perceptions of pasung behavior in people with mental disorders. Public perception will give birth to different behaviors and stigmas for people with mental disorders that have proven to be still inherent in society today.

Method

2.1 Design of Study

Method that was used was qualitative method by investigating particular social problem. The approach of study used symbolic interaction base with qualitative approach method that was not only as a method to be a method of study, but also as a theoretical perspective conceptually¹¹. The place of study was conducted in Kulon Progo, Daerah Istimewa Yogyakarta.

2.2 Sample of Study

Sample was used constructive sample. Collecting sample data used purposive sampling technique. There is no limit to the number of samples selected to obtain data saturation, so that 9 participants are selected. These are selected according to inclusion criteria.

2.3 Instrument of Study

The instrument used in the collection process is to use in-depth interview guidelines (in-depth interview), with the method of face to face interview, field notes / field notes (recording data obtained during interviews): such as participant and other expressions and recorders or voice recorders in the form of voice recorders MP3. The validity of the recording device is carried out using a trial recording the researcher’s voice.

2.4 Procedure of Study

Data were analyzed using data using significant statement analysis, the formation of units of meaning and the development of the essence of description. This research uses Creswell’s analysis method with 6 steps of analysis.

Result

Participants in this study were 9 participants, consisting of 5 women and 4 men. The age of participants is in the range of 30 to 65 years. Characteristics of participants can be seen from the table below:

Table 1 characteristic of participants

Participant Initial	Age	Sex	Last Education	Religion	Job
P1	43 years old	Female	Diploma	Moslem	House Wife
P2	30 years old	Female	Bachelor	Moslem	Carrier
P3	43 years old	Female	Elementary School	Moslem	House Wife
P4	58 years old	Female	Elementary School	Moslem	Businessman
P5	62 years old	Male	Elementary School	Moslem	Businessman
P6	50 years old	Male	Junior High School	Moslem	Staff
P7	49 years old	Female	Senior High School	Moslem	Farmer
P8	54 years old	Male	Senior High School	Moslem	Carrier
P9	65 years old	Male	Elementary School	Moslem	Farmer

The majority of participants had low education, namely as many as 4 people, 1 person with junior high school education, 2 people with high school education, and the remaining 2 participants took education at the University. All participants also worked in the informal sector, namely as many as 2 farmers, 3 people working in the private sector, 2 people as housewives, and the remaining 1 person as village apparatus. In general, all participants are in middle to lower economic conditions.

Thematic Analysis

The result of study showed that 6 themes which came from 2 perceptions: internal perception and external perception.

Perception Types	Theme	Subtheme
Internal Perception	Opinion about pasung behavior	Disobey law
		Abuse
	The agreement of pasung behavior	Agree
		Disagree
External Perception	The reason of pemasungan	Violence
		Give up
		Not disturb
	Pemasungan Idea	Family
		Society
	Pemasungan Method	Used wooden
		Used chain
Build and isolated house		

4.1 Internal Perception

Self-perception is a statement that is directly sourced from within the participant. All participants gave answers to their opinions about pasung to people with mental disorders.

Opinion of Pasung Behavior

The first theme is pasung behavior opinion. This theme consists of two sub-themes, namely breaking the law and inhumane. The following participant statements related to sub-themes violate the law:

“If from the government, saving is not allowed ...” (P6)

«Indeed, pasung is a violation ...» (P8)

The inhuman subtheme is described as follows:

“I don’t want, so sorry. Pasung is not a good choice. It is so terrible and pity....” (P5)

Agreement with Submission Actions

The second theme is agreement with actions to protect people with mental disorders. This theme consists of two sub-themes, namely agree and disagree. The following participant’s statement on the sub-theme agrees:

Society draws conclusions about saving people with mental disorders based on what is in their minds. 7 participants argued that saving can be done, 7 participants also said they did not agree if it was done mounting. This can be seen in the following participant’s statement:

That was before; if fortunately it really raged our show as a family cannot overcome ... (P1)

“If people with mental disorders are not locked up, so it supposed to detrimental a healthy family.....” (P9)

The sub-theme does not agree with the statement as follows:

“Do not agree, that’s hmm, she/he would move a lot so if put in pairs, told to be released, fortunately that, screaming continued ... (P4)

«Yes, it is depicted, yes, we ourselves are confined in the house even though the room is saturated, doesn’t have any understanding, it can’t get out, right? It’s getting more sick» (P6)

4.2 External Perception

This perception is given by participants due to stimulation from outside the individual self. All participants gave answers to their opinions about pasung to people with mental disorders.

The Reason of Pemasungan

The first theme is about the reasons for saving. This theme consists of the sub-themes of violent behavior, despair, not disturbing. The following is the participant’s statement on the subtheme of violent behavior:

It was the one who threw the stone tossing the house, hah [while his hand was drawing] (P1)

“I was cheated, there is no something wrong, I was hit, I was given ashes while cooking rice. [trying to imitate] ...” (P6)

Desperate sub-themes are described in the following statements:

“So I ask that the family there is already a big little giving up (more or less give up) so, I told the children too, how?? Wow, please repent, please, please (it’s already repent, whatever), we can called it is in the sense of sincere right..... (P8)

The unobtrusive sub-theme is described in the following statement:

“I agree that’s because, what is that ... so as not to disturb the neighbors, the community can be calm. If someone is thrown by a stone then the house is thrown, if there are those children being chased ...” (P4)

The Idea of Pemasungan

The second theme is the idea of retention. This sub-theme consists of two sub-themes, namely community and family. The following statements from the community on community themes:

Yes her husband, because it damages ... (P3)

“Her husband was beaten, beaten by her husband, kept looking for people to install beams ...” (P5)

Community sub-themes are presented in the following statements:

“Straight to me, I said if I was locked up. If it goes mad, if I go on a rampage I will be beaten (hit) like that...”

“(P7)

Pemasangan Method

The third theme is about the mounting method. This theme consists of 3 sub-themes using wooden blocks, using chains and locked in a separate room. The following statement of participants through the subtheme using wooden blocks:

“Yes, we use wooden randhu then split it to pinch the legs [while the participants’ hands are modeling] ...” (P4)

The community sub-theme uses the chain described by the participants in the following statements:

“As far as I know, I was chained, fastened (roped) and then roped in a pillar (large pole) on a pole inside the house ...” (P6)

“If you want to release the angel, right, that’s why before it is chained before the room is made. And that keeps the fatigue or goes away ...” (P9)

Community sub-themes confined in the room are described by participants in the following statements:

“Continue to build a house, use a bamboo wall spindle [smiling] ...” (P5)

Discussion

The opinion of the participants found in this study was that the response was responded to as an inhumane act for them. In accordance with the concept of Imogene King’s theory that the individual was an open system which one of the elements consists of perception¹⁰. Participants observed using the five senses, experience and conclude.

In accordance with human rights, everyone has the right to receive the same treatment without discrimination. The act of retrieval will cause a person to lose his rights in various ways. Perspective on humanity perspective also causes an increase in stressors because of being locked up for a long time. The majority of acts of violence experienced by a person will be represented in the form of negative emotional experiences, so it was not uncommon for people with psychiatric disorders to be incarcerated more easily¹².

The social system defined the authority or authority as well as active authority¹⁰ in the social system

the government has the authority to set policies in accordance with the applicable laws and regulations. Prohibition of people with psychiatric problems and people with mental disorders was contrary to the 1945 Constitution of the Republic of Indonesia: Article 28G paragraph (2) “Everyone has the right to be free from torture or treatment that degrading human dignity and is entitled to political asylum from other countries⁸. From this situation caused families and communities to feel that health services do not provide a way out for mental health problems experienced.

Communication caused interpersonal systems that are formed by interactions between humans¹⁰. In the process the community and family interact with each other so that a decision was made for mounting. This results in negative impacts especially for the mental as well as physical, psychological and also social patients¹³. The physical impact caused by disruption of movement was the condition of the legs and hands will shrink, the muscles from the hips to the legs shrink because of the long time not used which will also affect the sympathetic nervous system¹⁴. In addition, physical injuries ODGJ also experience psychological and social impacts in the form of discrimination committed by the community¹⁵.

Statements expressed by participants indicate that the health services obtained were less effective. Mental health services were still not a top priority although mental health problems continue to increase¹. Health workers, especially nurses as the main source of direct relations have a role in working with health institutions, consultants, resource providers, care providers, case managers, and helping with community education^{16,17}. The main focus in Community Mental Health Nursing (CHMN) is the importance of collaborating with families and communities¹⁸.

It was hoped that there will be no more obstacles for the community and families to bring people with mental disorders to get appropriate treatment and care. For residents who do not get guarantees, the Regent Decree No.373 of 2016 concerning the participation of the poor beneficiaries of APBD contribution to the National Health Insurance Program in Kulonprogo Regency in 2017 can get free facilities (Regent’s Decree No. 373 in 2016).

Conclusion

Society perception towards mental disorders is not completely acceptable. Stigma and discrimination

towards people with mental disorders is more and more placed them as unable and isolated people. There is a big thing to be fixed by the Government than the pasung release. Pasung release is not an easy thing but prevent ODGJ could be pasung again post did a treatment is difficult. Thus, this should need another alternative as the effort to press the number of people with mental disorders.

Ethical Clearance: This research has passed the ethics test with number 328-KEPK by the health research ethics commission of the Faculty of Nursing, Universitas Airlangga, Surabaya, Indonesia.

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References

1. Minas H, Diatri H. Pasung: Physical restraint and confinement of the mentally ill in the community. *International Journal of Mental Health Systems*. 2008;2(1):8.
2. HAYWARD & JENIFER A. BRIGHT P. Stigma and mental illness: A review and critique. *Journal of Mental Health [Internet]*. 1997 Jan 1;6(4):345–54. Available from: <https://doi.org/10.1080/09638239718671>
3. Fitryasari R, Yusuf A, Tristiana RD, Nihayati HE. Family members' perspective of family Resilience's risk factors in taking care of schizophrenia patients. *International Journal of Nursing Sciences*. 2018;5(3):255–61.
4. Maslim R. Prevalensi dan distribusi masalah kesehatan jiwa di Indonesia. Yogyakarta: UGM. 2012;
5. Suhita BM, Wahyuni CU, Notobroto HB, Yusuf A. The Adaptation Model Of Care Giver In Treating Family Members With Schizophrenia In Kediri East Java. *Jurnal Ners*. 2017;12(1):74–80.
6. Kementerian Kesehatan RI. Profil Kesehatan Indonesia 2015. Jakarta: Kementrian Kesehatan Republik Indonesia; 2016. 403 p.
7. Corrigan PW, Watson AC, Miller FE. Blame, shame, and contamination: The impact of mental illness and drug dependence stigma on family members. *Journal of family psychology*. 2006;20(2):239.
8. Nihayati HE, Mukhalladah DA, Krisnana IK. Pengalaman Keluarga Merawat Klien Gangguan Jiwa Pasca Pasung. *Jurnal Ners*. 2016;11(2):283–7.
9. Progo B (Badan PSK. Data Sensus Penduduk 2010. Kulon Progo; 2015.
10. King I. Imogene King: theory of goal attainment. *Nursing theories and nursing practice*. 2001;275–86.
11. Fauziningtyas R, Indarwati R, Alfriani D, Haryanto J, Ulfiana E, Efendi F, et al. The experiences of grandparents raising grandchildren in Indonesia. *Working with Older People*. 2019;23(1):17–26.
12. Aebi M, Linhart S, Thun-Hohenstein L, Bessler C, Steinhausen H-C, Plattner B. Detained male adolescent offender's emotional, physical and sexual maltreatment profiles and their associations to psychiatric disorders and criminal behaviors. *Journal of abnormal child psychology*. 2015;43(5):999–1009.
13. Mohr WK, Petti TA, Mohr BD. Adverse effects associated with physical restraint. *The Canadian Journal of Psychiatry*. 2003;48(5):330–7.
14. Vitale V, Balocchi R, Varanini M, Sgorbini M, Macerata A, Sighieri C, et al. The effects of restriction of movement on the reliability of heart rate variability measurements in the horse (*Equus caballus*). *Journal of Veterinary Behavior [Internet]*. 2013;8(5):400–3. Available from: <http://www.sciencedirect.com/science/article/pii/S1558787813000324>
15. Anggraeni R, Lukman M, Widiastuti M. RESTRAINT TO SCHIZOPHRENIC FAMILY MEMBER AT HOME: FAMILY EXPERIENCE IN KENDAL DISTRICT CENTRAL JAVA. In: *PROCEEDING 3rd JAVA INTERNATIONAL NURSING CONFERENCE 2015*. 2015.
16. Huang X, Ma W, Shih H, Li H. Roles and functions of community mental health nurses caring for people with schizophrenia in Taiwan. *Journal of clinical nursing*. 2008;17(22):3030–40.
17. Efendi F, Kurniati A, Savage E, Nursalam N, Yusuf A, Kusnanto K. Return migration of nurses: A concept analysis. *Indian Journal of Public Health Research and Development*. 2018;9(9):199–203.
18. Trenchard S, Hannigan B. Education for community mental health nurses: a summary of the key debates. *Nurse education today*. 2002;22(3):258–64.