



## Therapeutic Communication in Self-Healing Therapy

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### **ABSTRACT**

The self-healing method is an alternative for patients who want to take treatment outside of standard medical treatment, especially for groups of patients suffering from Priority Non-Communicable Diseases (NCDs). This phenomenon is then studied using the constructivist paradigm, qualitative methods, case study approaches, and social construction theory. Data collection techniques were participant observation for a year, interviews with six key informants, and 19 resource triangulation, literature study, and document study. The data analysis technique uses the Miles and Huberman Interactive model, and the validity test uses data triangulation. The aims of this study were: 1) to explore descriptive knowledge about holistic health, 2) to find out the reasons for using self-healing as a priority treatment for NCD patients, and 3) to create a therapeutic communication model for self-healing therapy. The results showed: 1) holistic health is a state of well-being and balance between physical, mental, emotional, social, spiritual, and environmental conditions; 2) self-healing is an alternative for Priority NCDs patients who want to reduce the adverse effects of drug side effects; and 3) communication delivered using therapeutic principles will affect the patient's perception of understanding the message so that it affects patient trust and patient compliance, accelerates the patient's adaptation process, and improves the patient's health condition holistically. This research is also expected to provide an overview of self-healing methods and become an alternative reference in the world of health as a solution for prioritizing non-communicable diseases.

**Keywords:** Therapeutic, Communication, Self Healing.

## INTRODUCTION

Non-communicable disease (PTM) or non-infectious disease is a disease that is not caused by germs but due to physiological or metabolic problems in human body tissues. Usually, this disease occurs due to unhealthy lifestyles such as smoking, genetic factors, physical disabilities, aging, and psychiatric disorders.

According to data from the World Health Organization (WHO), Non-Communicable Diseases (PTM) are the leading cause of death in the world compared to other reasons. Nearly 80% of Non-Communicable Diseases (PTM) deaths occur in lower-middle-income countries. PTM in Indonesia is predicted to experience a significant increase in 2030. It is chronic and attacks productive age, causing PTM problems, not only health problems but affecting the resilience of the national economy if not controlled properly, correctly, and continuously (Haryana, 2016).

Based on a review of existing data has determined the types of non-communicable diseases that need immediate attention and treatment. Likewise, the Ministry of Health, through the Directorate of Non-Communicable Disease Control, has also determined priority types of non-communicable diseases, namely heart and blood vessel disease, diabetes mellitus (DM), chronic lung disease, and cancer (especially cervical and breast cancer) (Rahayu, 2015).

Apart from physical pain, according to Davies, patients with Priority PTM have other problems, namely having at least twice the risk of psychiatric (mental) disorders compared to the general population. The research results by [Widakdo & Besral \(2013\)](#) show that 2 to 5 people out of 10 people with chronic diseases experience mental disorders. In more detail, Widakdo & Besral stated that as many as 24% of people with DM, tumors, or cancer experience mental disorders. Meanwhile, people with heart disease experience mental disorders, as many as 34%. The results of these studies are almost the same as the case that occurred in Spain. Research by Serrano-Blanco et al. (2010) revealed that as many as 45% of 3,815 patients from 77 health services in Spain had experienced mental and emotional disorders ([Widakdo & Besral, 2013](#)). The high incidence of emotional and mental disorders is closely related to the chronic disease conditions experienced by patients (Serrano-Blanco A, Palao DJ, Luciano JV, Pinto-Meza A, Luja L, Fernandez A, et al., in [Widakdo & Besral, 2013](#)). These mental disorders can potentially make the individual experience mental illnesses. Apart from having the potential to experience mental disorders, people with mental disorders also have the potential to commit suicide, as in Australia. In that country, the effects of mental disorders account for as much as one-third of the total number of suicides in the Australian population. The incidence was slightly lower in men (by 28%) than in women (by 36%) after controlling for age, education, occupation, and economic status (Page A, Taylor R, Hall W, Carter G. in [Widakdo & Besral,](#)

2013).

Priority PTM sufferers often feel stress disorders. Schafer defines stress as a disturbance of the mind and body in responding to demands. Illness is a source of stress experienced by a person. Stress that comes from the start of the disease experienced by the patient is called distress. Distress symptoms include lack of concentration, shaking hands, back pain, anxiety, nervousness, depression, irritability, and speeding up speech (Dewi, 2009). Distress leads to two physical and psychological disorders: headaches, arthritis, high blood pressure, chronic skin diseases, stomach ulcers, colitis, back pain, heart attacks, cancer, headache, and high blood pressure. Disadvantages of individuals who experience prolonged and repeated distress are decreased productivity, unhappiness, physical illness, low energy, wasted energy, reduced life satisfaction, low self-esteem, disengagement in public affairs, and loss of interest in sexual relations.

Based on the results of research conducted by Rosmalia & Satriani (2017), the high proportion of stress in priority PTM patients, especially Diabetes Mellitus (DM), is caused by psychological changes as a result of chronic illness experienced by patients. Patients burdened by their illness think DM is a severe and frightening disease. This is an unpleasant experience and can cause stress. In addition, many things are considered to be the cause of stress, including lack of knowledge about the disease suffered in detail, lack of information from health workers, lack of rest, too tired due to busy activities, and noise pollution and an uncondusive environment (Rosmalia & SSatriani 2017).

Stress in DM patients can result in disturbances in controlling blood sugar. In a state of anxiety, there will be an increase in the excretion of catecholamine hormones, glucagon, glucocorticoids, endorphins, and growth hormone. Stress causes excess production of cortisol, which functions against the effects of insulin and causes high blood glucose levels. Cortisol is an inhibitor of insulin function, making it more difficult for glucose to enter cells and increasing blood glucose. Stress can increase blood glucose because it stimulates endocrine organs to secrete epinephrine; epinephrine has a powerful effect in causing the process of gluconeogenesis to occur in the liver so that it will release large amounts of glucose into the blood in a few minutes (Rosmalia & SSatriani 2017).

The same thing happens to people with cancer. Cancer is a deadly disease that has not only an impact on the physical condition of the sufferer but also has an impact on the psychology of the patient. A small percentage of healing adds to the mental burden of the sufferer. This leads to feelings of hopelessness, loss of zest for life, isolation, and anger. This heavy mental burden can affect their treatment results (Susanto, 2016). Meanwhile, Hapsari (1) stated thapeoplele living with cancer would generally experience psychological impacts: 1) The powerlessness experienced is emotional disturbances such as crying; 2) Anxiety in

the form of worry and fear because cancer is a deadly disease; 3) Shame about physical conditions that might change, such as hair loss; 4) Feeling pessimistic in living life; 5) Stress dealing with illness; and 6) Anger because they don't like it when they have to carry out treatment (Hapsari, 2010).

In providing nursing care, especially anxiety and stress, the comfort factor is an essential factor to be mastered by medical professionals. Throughout the 19th to 20th centuries, comfort was the basis for understanding to become a nurse with the ability and character to meet the comfort needs physically and mentally (Besel, in Wijayanti, 2016). Good communication between medical staff and patients can achieve one of these "comfortable" conditions.

Mulyana (2015) explains that communication is essential in medical professional careers and service success in the world of health. Medical professionals, such as doctors, nurses, midwives, pharmacists, and others, need communication to support their work success. The study's results revealed that good communication between doctors and patients at the hospital indicated progress or improvement in the patient's physical and emotional health and better control of various chronic diseases.

Communication that is planned consciously, with aims and activities focused on patient recovery, is referred to as therapeutic communication (Taufik, 2010) (Susanti, 2017) (Siregar, 2016) (Siti, 2016) (Susanti, 20179) (Fitriarti, 2017). Therapeutic communication is essential and valuable for patients because it can help them understand their behavior and overcome their problems (UUtama 2015).

Based on many studies, the quality of communication that occurs between medical professionals and patients will result in patient satisfaction (Wahyuni, 2013), reduce patient doubts, and increase patient compliance (Rusmana and Hardjodisastro in Fourianalistyawati, 2012), reduce patient length of stay in hospitals (Megawati, 2016), reduce the number of complaints and lawsuits against doctors (American Society of Internal Medicine in Wahyuni, 2013), and become an intermediary for accurate diagnosis in patients (Djauzi in Wahyuni, 2013).

According to Mulyana, therapeutic communication includes interpersonal communication, namely face-to-face communication between people, allowing each participant to capture other people's reactions directly, both verbally and nonverbally (Dewi, 2015). Psychologists such as Fordon W. Allport, Erich Fromm, Martin Buber, Carl Rogers, and Arnold P. Goldstein state that good interpersonal relationships between doctors, paramedics, or nurses will make: 1) Patients more open to expressing their feelings; 2) Patients will receive assistance from health workers who help them; and 3) The patient will listen attentively and obey the advice of the doctor, paramedic or nurse (Siregar, 2016).

Therapeutic communication shown in a warm, sincere and caring manner can generate mutual trust, mutual respect, and mutual respect so that patients can

receive a quality level of health services with complete understanding and patient disappointment does not arise or can be avoided.

To carry out therapeutic communication, medical officers must carry out several steps, Stuart. Sundeen explained that in the process, therapeutic communication is divided into four stages, namely the preparation stage or pre-interaction stage, the introduction or orientation stage, the work stage, and the termination stage (Susanti, 2017) (Oktaria, 2017) (Putra, 2013) (Nugroho, 2009) (Siregar, 2016).

In the pre-interaction stage, the doctor prepares to meet with clients or patients as a communicator who carries out therapeutic communication. Meanwhile, the introductory phase is carried out every time a meeting with a patient is held. The goal at this stage is to validate the accuracy of the data and plans that have been made according to the patient's current condition and evaluate the results of past actions. The introduction/orientation stage is when the doctor meets the patient. The preparations made by the doctor at the pre-interaction location are applied at this stage. Doctors need to carry out this stage properly because it is the basis for the therapeutic relationship between doctor and patient.

Then, in the third stage, the work stage is carried out. The working stage is the core of the entire therapeutic communication process. The working stage is the longest in therapeutic communication because the doctor is required to help and support the patient to convey his feelings and thoughts and then analyze the responses or messages of verbal and nonverbal communication responses. In this stage, the doctor also listens actively and with full attention so that he can help the patient to define the problem being faced by the patient, find a solution to the problem and evaluate it. Three basic things characterize therapeutic communication: sincerity, empathy, and warmth (Utama 2015).

Termination is the end of the doctor and patient meeting. The termination stage is divided into two: temporary and final. Temporary termination is the end of each doctor and patient engagement. After this is done, the doctor and patient will still meet again at a different time according to the agreed time contract. At the same time, the doctor carries out the determination after completing the entire nursing process.

The methods or techniques used in therapeutic communication, among others, according to Stuart and Sundeen (Dewi, 2009), namely listening, open questions (broad opening), repeating (restoring), clarification, reflection, focusing, sharing perceptions, identification themes, silence, providing information, and giving suggestions. By implementing several techniques or methods of therapeutic communication, therapeutic communication activities can be carried out correctly. Patients can comfortably give the information needed by doctors to seek patient recovery. Doctors can also make their work easier by determining what actions to

take to speed up the patient's healing process. The better the cooperation between doctors and patients, the better the results can be achieved to speed up the healing process in patients.

The place of research is the Hanara Wellbeing Center Bandung Clinic. The clinic was established in November 2012 and is located on Jl. Gatot Subroto No.68, Bandung, West Java, Indonesia. Hanara Clinic is a clinic designed exclusively for Priority PTM patients who come from the upper middle class. The patients at Hanara come from various backgrounds, ranging from the general public, professionals, high-ranking officials, politicians, artists, and high state institutions such as the National Police Education and Training Center, the Supreme Court, Bank Indonesia, National Police Headquarters, the National Search and Rescue Agency, the Java High Court. West, and West Java High Court. Not only Bandung, patients who come to the Hanara Clinic come from various cities in Indonesia and abroad, such as Malaysia, Canada, Singapore, Switzerland, the Philippines, Pakistan, Timor Leste, and Australia.

If hospitals prioritize disease recovery so they are free from physical pain, the Hanara Clinic provides added value. Using the label "Wellbeing Center," Hanara offers holistic (comprehensive) health care, which is an integration of physical (physical) and mental (mental-emotional-social) health using the LEM (Life Energy Medicine) method. In practice, the Hanara Clinic does not only detect disease through biomedical techniques, for example, through observable body signs or through special machines that can see illness in this place, the principle of energy or chi is also applied, which is generally practiced TCM (Traditional Chinese Medicine) activities)

Hanara Clinic itself is an acronym for 'Happy Natural Radiant.' With this name, it is hoped that the Hanara Clinic can be present to restore energy harmony in the human body through the activation of energy channels known as meridians. The discussion on meridians will be reviewed separately. The founders themselves are husband and wife, namely dr. Hanson Barki and Jenny Wargana. Together with their partner Maya S Danubrata, a well-known Indonesian acupuncturist, the Hanara Wellbeing Center Clinic carries the concept of self-healing as the healing method they rely on.

BasSelf-healing part of Complementary and Alternative Medicine. The National Cancer Institute ([www.cancer.gov](http://www.cancer.gov), 2019) states that Complementary and Alternative Medicine (CAM) or complementary and alternative medicine is a term for medical products and practices that are not part of standard medical care. Complementary medicine is used with routine medical/biomedical maintenance but is not considered regular care. One example is using acupuncture to help reduce some side effects of cancer treatment. Meanwhile, alternative medicine is heat treatment used as a substitute for standard medical care. One example is using a special diet to treat cancer instead of anticancer drugs prescribed by an

oncologist. Nezabudkin stated that treatment using CAM has benefits besides being able to improve health more thoroughly as well as being cheaper. Complementary therapy will be more affordable if clients with chronic illnesses have to spend money regularly.

Self-healing is a term for a person's ability to heal/repair the disease/problem/difficulty he is experiencing, both physically and spiritually, done independently without the help of others. Self-healing includes medical action, which is applied based on science and metaphysics. The presence of self-healing methods in the medical world has become an alternative that has attracted the attention of many people. This is because the technique method offered by self-healing allows patients or sufferers to recover from the disease they complain of independently, without the help of chemical drugs – where chemical drugs have certain medical risks for their users.

The Hanara Wellbeing Center Bandung Clinic teaches the self-healing method through independent health classes or self-healing classes. This class is an educational class for Hanara patients, which explains the basic concepts of holistic health, various ways of healing practices carried out by Hanara, and ASA guidelines for patients to live a healthy lifestyle that the Hanara Clinic has specially designed to support patient recovery. This class is mandatory for all new patients of the Hanara Clinic because it is the main gate that leads patients to an understanding of self-healing and the Life Energy Medicine method used by the Hanara Clinic in treating patients.

This background attracted researchers' attention to research with the title: "Therapeutic Communication in Self Healing Therapy in Patients with Priority PTM. This study uses a constructivist paradigm with a qualitative research type. Meanwhile, the method used by researchers is a descriptive case study method so that the research results can describe or describe the problem sequentially from research activities in the field.

Case study, in which there are two designs, namely single case design and multi-case design. This study uses a single case study, as explained by Robert K. Yin as follows:

"Single instrumental case study research is conducted using a single case to describe an issue or concern. In this study, the researcher pays attention to and examines an issue that interests him and uses a case as a suggestion (instrument) to describe in detail."

This descriptive qualitative research is based on the reactions regarding "what," "a," and "how." The implementation of the descriptive extends to data collection and includes analysis and interpretation of the meaning of the data. In addition, this descriptive case study research seeks to describe the object of the event or object of research and analyze it based on concepts that have been

developed previously to make it easier for researchers to solve problems.

The theory used in this research is social construction theory. Peter L. Berger and Thomas Luckmann introduced the term social construction of reality. Berger and Luckmann define reality as "a quality phenomenon that we recognize as having a being independent of our volition" (a quality inherent in phenomena that we consider to be outside of our will). The theory of social construction put forward by Peter L. Berger and Thomas Luckmann is a reference for exploring how to structure action can be formed. Everyday life has stored and provided reality (reality), as well as knowing the edge that guides daily behavior (Prasojo, 2015) (Prasojo, 2015).

The basic assumptions of Berger and Luckmann's theory include the following: 1) Reality does not present itself but is known and understood through experience and is influenced by language; 2) Reality is understood through language that grows out of social interaction in a particular and place; 3) How reality is understood on existing social conventions; and 4) An understanding of socially structured reality forms many important aspects of life, such as thinking and behaving (Kuswarno, 2008).

Then the data sources in this study were primary data collected by researchers directly from key informants. Secondary data sources included documents, archives, notes, and pictures regarding health communication activities at the Hanara Wellbeing Center Clinic, Bandung. The subjects of this study were key informants: clinic owners, main leadings on duty at the clinic, senior therapists, and patients with priority non-communicable diseases.

Method through interviews, literature studies, and observation carried out the data collection process. The type of observation made was direct observation in a participatory way, where the author was involved in the daily activities of the person being observed by becoming a volunteer at the Hanara Wellbeing Center Bandung Clinic for one year. Watching serving, the researcher participates in what the data source is doing and feels the ups and downs. With this participant observation, the data obtained will be more complete, sharp, and up-to-date with the meaning of each behavior that appears.

Then the data analysis technique in this study used the Miles and Huberman Interactive Model. Where the analysis is carried out is data collection consisting of three streams of activities that occur: data reduction, data presentation, and drawing conclusions or verification. The data validity test was carried out by triangulating the data sources used in this study: Hanara's employees and patients. At this stage, the researcher tested the credibility of the data obtained from interviews with key informants by re-interviewing employees and patients at the Hanara Clinic. The interview activity was carried out by asking the same questions as the researcher asked the key informant and clarifying whether the answers from the key informants were in accordance with the answers from the triangulation of



the informants so that the correct information was obtained about what was conveyed by the key informants.

## RESULTS AND DISCUSSION

The healing process in humans depends on more than just accepted medical factors, 2010). The success of the human healing process is the complexity between physiological human and psychological conditions (inner mind). Both have contributed to the healing process (Sari, 2003). To support the patient's psycholstatendition, it is necessary to create an environment in the sense that psychologically the environment or atmosphere provides positive support for the healing process (Sari, 2003). PA's particular atmosphere is expected to reduce the stress factor or mental pressure experienced by sufferers goinundergoealth the recovery process (Sari, 2003).

This happens because the patient's behavbehaviourern is influenced by stimuli received from the environShafranhafran, 2017). As previously mentioned, the therapeutic communication process carried out by health workers (doctors and therapists) at the Hanara Clinic does not occur na. Initially is the result of the construction of research subjects. Through social construction theory, researchers have succeeded in dissecting therapeutic communication practices carried out by health workers at the Hanara Wellbeing Center Clinic in Bandung in building an understanding within the patient that the new concept of seself-healingnd Life Energy Medicine that the Hanara Clinic offers makes sense, appropriate and safe for the patient. By feeling confident, generally p, patients will feel obedient in carrying out medical recommendations from doctors so that the treatment process will run more smoothly and than dealing process will be more effective.

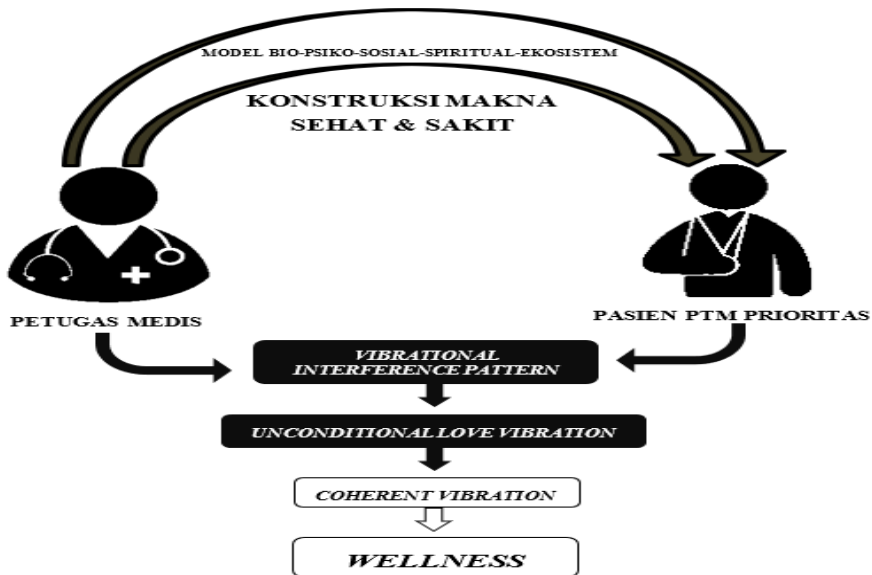
In practice, the self-healing method is supported by several approaches or models. The supporting model for self-healing is the Planetree Patient-Centered Care (PPCC) Model. The model was developed at Griffin Hospital. The PPCC model uses holistic care that encourages healing in all dimensions (mental, emotional, spiritual, social, and physical). The Planetree team has conducted a study using the PPCC model in developing the Planetree Family-Centered Care (PFCC) Strategy or Patient and Family-Centered Care Strategy (PFCC). Meanwhile, another supposupportiveoach is the Bio-psycho-social-spiritual-ecosystem model views humans as holistic beings. WhereThethy and sick conditions of humans are influenced by physical, mental, and social relations, spinedsditions, and the ecosystem where the individual comes from.

Therapeutic communication is consciously planned by medical staff whose activities are aimed and focused on the patient's recovery. After presenting the results of the research in the previous chapter, in this chapter t, the researcher will present the conclusions of the researchers regarding the discussion regarding the

peculiarities of therapeutic communication carried out by medical staff in self-healing therapy. Based on the studies, how medical staff treat Priority PTM patients in self-healing therapy is influenced by several factors, including how health workers construct sick and healthy conditions. This point of view is then transmitted to patients through various opportunities, such as initial consult moments, consultations with doctors, self-healing classes, to interactions between fellow patients in the Hanara Community. From there, the patient's understanding of the similarity of perception between health and illness is formed.

The construction of meaning regarding health-ill conditions also influences medical staff, doctors therapists' view needs editions and prepare communication and service strategies before meeting patients. The approaching the medical staff holds to view the patient's condition and strategies before meeting with patients is to use the Bio-psycho-social-spiritual-ecosystem model. Likewise, when meeting patients, the interaction pattern of medical staff has its use, namely by presenting an atmosphere of sincere, selfless love or what is known as unconditional Moree vibration. Ore clearly, the peculiarities of therapeutic communication in self-healing therapy are described in the following model:

Gambar: Ke-khasan komunikasi terapeutik pada terapi *self healing*.  
 Sumber: Olahan Peneliti, 2022



Medicaviewsaaffviewsw, the patient as a holistic human being. Therefore, when serving patients, medical staff use the Bio-psycho-social-spiritual-ecosystem model approach. This model holds that the disease condition is not only influenced by physical conditions such as viruses or bacteria (biological) but also

by the complexity of the mental condition, social condition, spiritual condition, and the environment in which the patient is.

At the Hanara Clinic, the disease is not defined as a diseased condition of a particular organ. Still, it is understood as an imbalance between all organ functions and emotions. Dr . Hansonda. and Mrs . Maya have their concept of looking at a person's health, namely the condition of being sick, weak, healthy, happy, and radiant, which is as follows: Sick Condition. Usually, this condition occurs with a marked physical condition that has significantly decreased, and the results of laboratory tests can identify disturbances in the patient's body.

Weak condition. At this stage, laboratory tests have not shown abnormal results. However, the patient begins to experience signs of discomfort in the body, such as no longer feeling refreshed when waking up in the morning, having dull skin, gaining weight, or getting tired quickly. Healthy Condition, a person can be beneficial when he has balanced physical and emotional/mental health.

Happy and Empowered condition is marked by harmony between the heart, body, and mind to create optimal stamina, working power, and learning ability at the peak of potential, productivity rises, and inner beauty radiates by itself. Radiant Condition, someone who already has a high level of physical health and is emotionally stable (happy/happy), then radiates (radiant) happiness to the surrounding environment by sharing joy and affection, as well as spreading benefits to the people around them. Surrounding.

This radiant condition is the highest health condition at the Hanara Clinic; It leads the patient to a vibrant life condition, namely a healthy, happy, and empowered condition for the rest of their age. This condition is ultimately the common goal of patients seeking treatment at the Hanara Wellbeing Center Bandung Clinic.

Likewise, in looking at healthy conditions, for medical staff, healthy conditions are a balance between all human elements, namely a prosperous condition between physical, mental, emotional, social, spiritual, and environmental sound. So, a patient cannot be said to be completely healthy if he is physically fit but is emotionally disturbed, for example, easily angry and sad. Likewise, when a patient already has excellent and stable physical and mental health conditions, it is not said to be completely healthy if social relations with the surrounding environment still need to improve.

The construction of meaning regarding health and illness is transmitted to patients at every opportunity, during initial consultations, consultations between doctors and patients, treatment with therapists, and in self-healing training sessions together in a community environment so that this understanding is internalized by the patient and becomes a guide for health recovery activities carried out at the Hanara Clinic.

Hanara's self-healing classes also state that humans are creatures with vibrations that influence each other, called vibrational interference patterns. So it is essential to have happy oscillations and unconditional love vibrations. Because the absolute love vibrations will radiate and affect other people around them. When a person's body is relaxed, and his emotions are calm (happy), that person has regular vibrations or what is known as coherent vibration. This vibration is very beneficial for the body. Because when someone is happy and comfortable will comfortable with the endorphins, which can increase the body's immunity. So that sick patients will recover faster. In a 2012 review, Kubzansky and his colleagues found that there are about 200 studies that prove there is a correlation or relationship between happiness and physical health. These various studies show that happiness (well-being, an optimistic attitude, and life satisfaction will affect a person's physical health.

As explained above, the Hanara Wellbeing Center Bandung Clinic focuses on holistic treatment using the Bio-Psycho-Social-Spiritual-Ecosystem model. To get overall health, namely physical, mental, emotional, social, spiritual, and ecosystem health This is done by practicing the Life Energy Medicine method in the following way: 1) Implementing the rules of a healthy lifestyle in the style of Hanara to take care of physical health; 2) Carry out Vibrant Breathing Class exercises to treat mental health; 3) Carry out the first Vibrant Happy Healing exercise with the theme Happy to treat emotional health; 4) Carry out the first Vibrant Happy Healing exercise with the theme of Love to care for social health; 5) Carry out Vibrant Breathing Active exercises to treat spiritual health; and 6) Providing a Healing Environment to care for ecosystem health.

This treatment method is strengthened by supporting facilities for Life Energy Medicine, including the Life Energy Pool, which is a small pool filled with life energy fluid that functions to detoxify or remove energy toxins in the body, so that the life energy channels or what are called meridians can deliver life energy by good for the patient's organs. Apart from that, there is also the Hanara Life Energy Lounge (patient waiting room) and the Hanara Fountain of Youth in the form of an artificial waterfall that emits life energy so that it can be absorbed by patients and speeds up the patient's recovery process. Then there are also The Vibrant Therapists, namely Hanara therapists, who have been specially trained and practice the Life Energy Medicine method in treating patients. Finally, the Hanara Clinic also provides Hanara Life Energy Food and Life Energy Water, which are food and beverage ingredients thatiously tested selectively and function to increase energy in the patient's body so that patients get more power which can make them recover faster, compared to using other treatments. For example, dr. Hanson and Mrs. Ma.ya Danubrata recommend brown rice more than white rice because the content of life energy in this rice is more than ordinary rice. Or dr. Hanson recommends a temporary vegetarian diet during the recovery process because it is

considered safer from a life energy point of view compared to patients consuming red meat. All recommended foods and drinks are tested through kinesiology tests.



Gambar: Konsep Kesehatan Holistik dan Terapi *Self Healing* yang Diterapkan di Klinik Hanara Wellbeing Center.

Sumber: Olahan Peneliti, 2022

### Therapeutic Communication Dimensions in Self-Healing Therapy

In practice, therapeutic communication in self-healing therapy has four dimensions which are summarized in the 4Ps, namely consisting of people, process, place, and Purpose, which will then be described as follows:

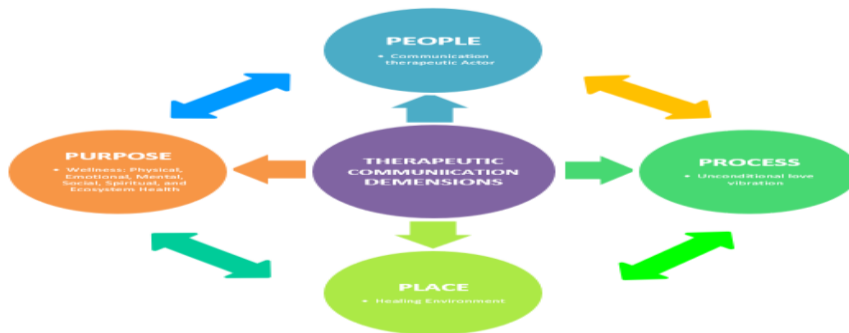


Image: Therapeutic Communication Dimensions in Self-Healing

Sumber: Olahan Peneliti, 2022.

People are actors or research subjects related to therapeutic communication activities in holistic medicine. These actors include health workers, non-medical staff, and patients at the Hanara Wellbeing Center Bandung Clinic.

Process: Process is a therapeutic communication practice implemented in holistic medicine. The specialty of therapeutic communication at the Hanara clinic

is by incorporating unconditional love vibrations, which then become the basis for the services of the medical and non-medical staff at the Hanara Wellbeing Center Bandung Clinic. In practice, therapeutic communication in holistic medicine is divided into three stages, namely the preparation stage, the service stage, and the maintenance stage.

The place is the physical environment in a health facility that is designed based on therapeutic principles and aims to accelerate the patient's adaptation process, reduce stress, reduce pain, and speed up the patient's recovery process, thereby reducing treatment time.

The goal of holistic medical treatment is that the patient can *achieve a state of wellness and well-being, reasonable and balanced between physical, mental, emotional, social, spiritual, and environmental health.*

### **Stages of Therapeutic Communication in Self-Healing Therapy**

The implementation of therapeutic communication in the Hanara Wellbeing Center Bandung Clinic is implemented into three main stages, namely the preparation stage, the service stage, and the maintenance stage, as shown in the following model:

Hanara Clinic before doctors and therapists meet with patients. At this stage, Hanara's therapist completed two steps gathering information about patients and preparing strategies for meeting patients through medical records. From the file, the medical team has some information about the patient, in the form of the name, age, gender, disease complaints, what self-healing classes have been undertaken, and so on. If the medical team already has the information needed, the therapist can prepare well before meeting the patient. With sufficient information, the medical team will adjust the most appropriate way of serving and communicating with patients. That way, it is hoped that the patient will feel comfortable and calm to reduce the stress experienced due to pain from Priority Non-Communicable Diseases (PTM). In addition, the medical record file becomes a reference for doctors to carry out what type of treatment is suitable and prepare therapeutic strategies in dealing with patients.

Then, the medical staff prepared themselves by honing the vibration of unconditional love through the VHH Kasih self-healing exercise. After that, the medical team will then prepare a strategy to meet the patient. This is done by preparing impression management, namely, manner, setting, and appreciation.

The service stage involves doctors, nurses, or therapists meeting and interacting with new and old patients. This stage aims to establish an effective communication relationship with new patients, validate the data's accuracy, and evaluate the results of past procedures for existing patients. This stage is divided into three main activities. Namely, the first stage is the introduction stage for new patients, the second stage is the service stage for all Hanara patients, and the third

stage is the farewell stage.

In the first stage, the Hanara Clinic medical team applied the principles of effective communication from Ariwibowo and Ping Hartanto. R.E.A.C.H. Reach is an acronym for respect, empathy, audibility, clarity, and humility. When interacting with patients, medical staff spread vibrations of selfless, sincere love combined with care and empathcompassionatients, explain various treatments clearly (transparency) and easily understood (audible) by patients, and present an attitude humble (humble).

Then the second stage is the service stage, where the medical team interacts to implement therapeutic communication and perform medical actions on patients. From the initial introduction at the initial consult, guiding self-healing classes, and accompanying breathing exercises, to the treatment at Hanara. This stage is referred to by Suryani (2005) as the work stage in therapeutic communication. At this stage, the Hanara Clinic medical team is present physically and psychologically for the patient.

The last is the third stage, namely the separation stage. The separation stage ends the meeting between the health worker and the patient. This stage is divided into two phases: temporary separation and final separation. During the temporary separation stage, the therapist or nurse usually provides conclusions about the therapy process, whether consulting a doctor, conducting self-healing classes, or other treatments. In addition, the therapist also explains the patient's current condition and an appointment at the next meeting. Remember that the therapist also reminds patients to make a "gratitude journal," mandatory treatment doctors recommend for all patients carrying out therapy at the Hanara Clinic.

In the Maintenance Stage, meanwhile, when the patient has completed therapy or entered the final separation stage, the patient will be recommended to join the Hanara Community. The Hanara Clinic has formed a community that includes former Hanara patients who have completed the treatment program at the Hanara Clinic. They attend VBA and VBC classes weekly, guided by doctors Hanson Barki and Maya S Danubrata. Their goal in participating in the activity is to practice self-healing to maintain stable health. Apart from that, former patients of the Hanara clinic are also active in providing health tips and other important information regarding Life Energy Medicine to every new patient or old patient undergoing therapy.

## CONCLUSION

Self-healing therapy is part of Complementary and Alternative Medicine (CAM), a method of treatment that uses a real system point of view in looking at disease. In this system, the condition arises not only as a result of disruption of biological organs but also psychological attributes such as confidence, locus of control,

resilience, emotional maturity, level of intelligence, and so on; and social factors such as culture, ethnicity, income level, type of work, level of education, and others. Therefore, in providing services and interacting with patients, medical staff will use therapeutic communication principles, the Bio-psycho-social-spiritual-ecosystem model approach in collaboration with the Planetree Patient-Centered Care Model.

The point of view in looking at the health-ill condition will then be reflected in the services of a health institution, both from the medical staff serving patients (people), the interaction of medical workers with patients (process), the environment in which patients are treated (place), to the goals of medical staff—caring for the patient (purpose). All dimensions of therapeutic communication will ultimately influence the patient's perception of understanding the messages (verbal and nonverbal) conveyed by medical staff to them.

This will also affect patient trust and compliance with medical staff, ultimately accelerating the patient's adaptation process to the health environment, reducing stress, reducing perceived pain, reducing hospitalization time, and improving patient health.

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