



Verbal and Nonverbal Communication in the Rehabilitation Process for Drug Addicts at Rancamaya Singaparna Mental Hospital: An Interactional Analysis

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Abstract

This research investigates communication behavior, both verbal and nonverbal, that occurs in the rehabilitation process for drug addicts at the Rancamaya Mental Hospital. These data are presented in the context of communication between medical staff and residents, and include various aspects of communication such as facial expressions, hand gestures, spatial arrangement (proxemics), use of time (chronemics), clothing, as well as voice characteristics and sound intensity (paralinguistics). The research results show that nonverbal communication plays an important role in building empathy, conveying messages, and creating an effective rehabilitation environment. This research provides in-depth insight into how nonverbal communication influences the rehabilitation process of drug addicts.

Keywords: Rehabilitation of Drug Addicts, Verbal and Nonverbal Communication, Facial Expressions

1. Introduction

Since 2015, the National Narcotics Agency (BNN) in Cities and Regencies in West Java has consistently discussed rescue efforts for drug addicts and users. The people of West Java often hear calls to rehabilitate addicts and direct users to the rehabilitation process. In their view, addicts and users are not criminals, but victims of drug trafficking networks. The counselors from West Java BNNP diligently voiced these messages, aiming to help West Java residents free themselves from dependence on narcotics and illegal drugs. This appeal is in accordance with Law Number 35 of 2009 concerning Narcotics Article 54 which emphasizes the obligation of drug addicts and victims of narcotics abuse to undergo medical rehabilitation and social rehabilitation (Jones, et al., 2002). This provision is supported by three important regulations:

- a). Republic of Indonesia Government Regulation Number 25 of 2011 concerning Implementation of Mandatory Reporting of Narcotics Addicts.
- b). Decree of the Minister of Health Number 1305 of 2011 which stipulates Recipient Institutions Must Report (IPWL).
- c). Decree of the Minister of Health Number 2171 of 2011 concerning Procedures for Mandatory Reporting of Narcotics Addicts.

In the treatment and recovery process, the skills of health workers and psychologists in communicating both verbally and nonverbally play an important role. The rehabilitation process is essentially a form of communication. Every activity carried out by humans, including the knowledge and skills they possess, is a form of communication, and through communication, humans fulfill their daily needs and relate to each other (Kovács, et al., 2006).

Communication plays a central role in the interaction between health care providers and drug addicts during the rehabilitation process. In this research, communication behavior includes all verbal and nonverbal interactions that occur between rehabilitation service providers and drug addicts. The drug addicts in question are those who are undergoing a rehabilitation process at the Rancamaya Singaparna Mental Hospital.

The rehabilitation process at RSJ Rancamaya Singaparna not only includes medical and social rehabilitation, but also utilizes various forms of communication behavior to restore the health of drug addicts. Interpersonal communication is key in the social process in which health care providers and drug addicts interact with each other, building close relationships for optimal recovery (Chisolm, et al., 2004)

In the context of the rehabilitation process for drug addicts, communication delivered by health service providers plays an important role in understanding drug addicts more deeply, even personally. This implies a psychological bond that develops between health care providers and drug addicts. The better the communicators know each other, the more "personal" the communication will be. Conversely, if individuals' knowledge of each other is low, then communication will be more "impersonal."

In the world of communication, the rehabilitation process for drug addicts also utilizes similar techniques. Health care providers, both directly and indirectly, use a variety of communication messages, both verbal and nonverbal, depending on the context and setting in which the communication is carried out (Spell & Frank, 2000).

Although much research has been conducted on communication behavior, research on communication behavior in the rehabilitation process for drug addicts is still relatively small. However, this kind of research has special importance because communication behavior in the rehabilitation process for drug addicts can play an important role in restoring health and overcoming dependence on narcotics. Therefore, this research needs to be carried out to better understand and strengthen the role of communication in supporting the rehabilitation process for drug addicts. In this way, efforts to restore health and overcome drug addiction can be more effective and sustainable.

2. Methodology

The research method in this study adopted a descriptive qualitative paradigm. This research aims to describe, explore and analyze communication behavior, both verbal and nonverbal, that occurs in the rehabilitation process of drug addicted patients at the Rancamaya Singaparna Mental Hospital.

The data collection tool used in this research is observation. Through observation, researchers collected data regarding communication behavior that occurred during the rehabilitation process for drug addict patients, including verbal and nonverbal communication behavior.

Apart from observations, researchers also conducted in-depth interviews with informants. The informants consisted of 7 people, including health workers (2 psychologists, 2 doctors, 1 official from the Compulsory Reporting Institution, and 2 nurses) as well as 5 drug addict patients (residents). The interview technique used was an open interview with general guidelines. Through interviews, researchers hope that informants can provide their views and opinions regarding communication behavior, both verbal and nonverbal, related to the rehabilitation process for drug addict patients at the Rancamaya Singaparna Mental Hospital.

Data collection is also carried out through documentation. The documents used in this research consist of internal and external documents. Internal documents include regulations issued by the Rancamaya Singaparna Padang Mental Hospital related to the rehabilitation process for drug addicts, as well as other relevant supporting data. Meanwhile, external documents contain information materials produced by social institutions, such as books, magazines, journals and other written sources which can be used to analyze communication behavior and social interactions in the rehabilitation process of drug addict patients at the Rancamaya Singaparna Mental Hospital.

The data collection procedure in this research involves several important stages (Buck & VanLear, 2002):

- a). Determining the Research Location: The initial stage is determining the research location, namely the Rancamaya Singaparna Mental Hospital, where the rehabilitation process for drug addicted patients will be observed.
- b). Building Access: Researchers ensure they have adequate access to the research environment, both for conducting observations and interviews with informants.
- c). Selecting Sampling: The process of selecting informants and research samples was carried out according to predetermined criteria, including health workers and drug addict patients.
- d). Implementation of Data Collection: Data was collected through field observations, in-depth interviews, and also through documentation from relevant internal and external documents.
- e). Recording Information: During data collection, researchers recorded important and relevant information related to communication behavior, both verbal and nonverbal, in the rehabilitation process for drug addicts.
- f). Solving Field Issues: During the data collection process, researchers encounter field issues that may require resolution. These issues can include difficulties in interacting with informants or obstacles in understanding the situation in the field.
- g). Storing Data: The collected data is properly organized and stored for later use in analysis.

After data collection is complete, the next process is data recording and analysis. Data analysis in qualitative research is inductive, and several steps are taken:

- Unitizing and Categorizing: Data is broken down into smaller units and grouped based on similarities. This is done to describe the data descriptively, contextually, and rich in information.
- Data Reduction: Data that has been grouped is reduced to make it more focused and relevant to the research objectives.
- Data Presentation: The reduced data is presented in narrative, graphic, matrix and network form to understand what happens in the rehabilitation process for drug addicts.
- Drawing Conclusions or Verification: The researcher seeks meaning from the information that has been collected, looking for patterns, themes, relationships, similarities, and other possibilities that emerge during the research. These conclusions continue to be verified as the research progresses, and with increasing

information, conclusions can become clearer and more accurate in answering research questions. Triangulation can also be used to verify conclusions drawn.

3. Results and Discussion

3.1. Verbal Behavior in the Rehabilitation Process for Drug Addicts at Rancamaya Singaparna Mental Hospital

The rehabilitation process at Rancamaya Singaparna Mental Hospital is supported by the use of verbal communication, both in oral and written form. Health workers communicate with residents using language as the main communication tool in daily interactions during the rehabilitation process. Verbal language is a means for health workers and residents to share experiences and exchange ideas.

Through words, health workers are able to influence resident behavior. This creates the potential for changes from less favorable behavior to more positive ones, from dislike to familiarity, or even from hopelessness to hope. Therefore, the delivery of words or verbal language by health workers to residents in the rehabilitation process is able to create effective communication.

From these results, it can be concluded that the rehabilitation process for drug addicts at the Rancamaya Singaparna Mental Hospital in Padang is very dependent on the use of verbal communication. Verbal language, as a communication tool that has been proven to be effective, allows people to influence each other and share experiences, ideas and thoughts. Language has several functions that are closely related to creating effective communication. These functions include understanding the world around them, building good relationships with fellow humans, and forming bonds in human life.

The importance of verbal communication in the rehabilitation process emphasizes that healthcare workers play a key role in guiding residents towards recovery. By using words wisely, they are able to create a communicative environment that supports positive transformations in the behavior of residents experiencing drug addiction (Pushanae, et al., 2017).

The use of verbal language in the communication process between health workers and residents forms verbal behavior itself. Verbal behavior is basically communication that uses symbols or verbal messages through words, both verbally and in writing, especially when carrying out the rehabilitation process.

The communication process in the rehabilitation of residents (patients) involves verbal interaction which is always accompanied by verbal behavior between health workers and residents. Although communication behavior can hold meaning for health workers as givers, it is important to remember that these interactions are give and take.

Resident rehabilitation process at RSJ Rancamaya. implemented by adopting the concept of Therapeutic Community (TC). This is a concept where individuals experiencing similar problems come together to help each other overcome the problems they face. Within this concept, there are important beliefs:

- a). Everyone has the potential to change.
- b). Groups can provide support for the change process.
- c). Each individual is responsible for his or her own changes.
- d). A structured program can create a safe and supportive environment for the change process.
- e). Active participation of all individuals.

Residents experience the TC concept throughout their rehabilitation. There are several phases they have to go through, one of which is the "detox" phase. This phase can last from 10 days to less than a month, depending on each resident's condition. As stated by Chendra Fitra in an interview, "Residents in the 'detox' phase will be treated for 10 days or less than a month, according to their condition, but most of them are ready to enter the primary phase within 10 to 15 days." (Interview, 01 September 2022).

In the detox phase, researchers face limitations in conducting observations because residents are in a special room that can only be accessed by the staff, doctors and psychologists on duty there. Detox residents interact and communicate with staff only according to their needs. They are also allowed to communicate with the chief. However, other residents at primary, younger, middle and older levels are not permitted to interact and communicate with detox residents.

In the Therapeutic Community (TC) concept, each individual is imbued with the belief that change is possible, and the group can provide support for the change process. Therefore, detox residents are motivated to change themselves. Within 10 days to less than a month, detox residents can advance to the primary phase.

The primary phase is the stage where the detox resident has gone through the "chair" or contemplation process. The chair process involves the resident sitting in a half chair with their back not reclined, not allowed to turn left or right, and not allowed to talk for two hours. For residents who have been allowed to go home, the chair process only lasts 15 minutes. If a resident violates the chair's rules, the reflection time will be increased by five minutes (Heine & Browning, 2002).

Once the chair process is complete, residents who are deemed capable of advancing to the primary phase will join the new members in the primary house. This new member will undergo an observation stage for 3-6 days before being fully able to join all the residents in the primary house.

Residents who are returning home and have passed the chair stage will take part in a returning group session. In this session, all residents gather and form a circle outside the room led by the Coordinator of Department (COD) and one of the staff. This session began with greetings from COD, followed by giving each other advice and motivation both verbally and in writing. Residents who are going home also write down 10 wishes and 10 things they have gained from this house. The returning group session activity ended with exchanging handshakes and hugs between the residents who were going home and their colleagues. They also prayed together loudly and enthusiastically.

The message "God, please grant me the serenity to accept the thing I cannot change, courage to change the things I can, and wisdom to know the difference" is a prayer that expresses a request for calm, courage and wisdom. The message was also conveyed in Indonesian as "Lord, give us the peace to be able to accept what we cannot change, the courage to change what we can change, and the wisdom to be able to know the difference." This prayer reflects the desire to accept the things that cannot be changed, to have the courage to change the things that can be changed, and to have the wisdom to distinguish between the two. This is an example of how language can be used to express deep meanings and spiritual values.

In the context of communication, language has many functions, including understanding the world around us, building good relationships with fellow humans, and creating bonds in human life. Language is a means of conveying messages, whether in the form of words, symbols, or other verbal expressions. Accuracy in composing verbal messages is very important so that the message conveyed can be well understood by the recipient of the message.

In hospitals, there are rules that residents must follow as a guide to behavior. These rules are displayed on many walls with the aim that residents obey and follow these rules. Thus, written language is used to convey the guidelines and rules that residents need to follow in their rehabilitation environment. This is an example of how written language can be used to regulate behavior and create a structured environment in the rehabilitation process.

Nonverbal communication behavior plays an important role in the rehabilitation process for drug addicts at the Rancamaya Sa'ani Mental Hospital. The following are some nonverbal components found in the rehabilitation context:

- a). Kinesics (Body and Facial Movement Behavior): Kinesics refers to messages or behaviors associated with body and facial movements. In this context, kinesics includes facial expressions of sympathy and empathy, which are often seen when staff provide advice to residents. Some residents responded with faces that expressed regret or sadness. On the other hand, there is a cheerful facial expression that appears when the resident is doing leisure activities such as eating, drinking or smoking.
- b). Gestural (Hand Movement Behavior): Hand movements are used to convey messages in the form of signs or gestures that describe the resident's feelings or goals. Examples of this gesture are raising your hand to express an opinion or directing your gaze towards the chief when speaking.
- c). Postural (Body Position Behavior): Postural includes sitting or standing positions that reflect the level of comfort or discomfort. Residents are often seen in relaxed positions while resting or during morning meetings.
- d). Emblimes (Hand and Body Gestures): Emblimes are nonverbal signals that replace certain words or expressions. Residents use emblems such as giving a thumbs up to signal "ok" or drawing a circle with their fingers to signal "the best."
- e). Illustrator (Body Movements that Illustrate a Verbal Message): Illustrator is a body movement that accompanies a verbal message. For example, touching your stomach when you say you are hungry or putting two fingers to your mouth to smoke.
- f). Regulators (Behaviors that Regulate Conversation): Residents and staff use regulators to regulate communication, such as nodding to show understanding or maintaining eye contact while speaking or listening.
- g). Affect Display (Facial Expressions that Describe Emotions): Affect displays include facial expressions that depict emotions. This is seen when the resident feels afraid, sad, angry, happy, or tired. Facial expressions can convey a person's feelings without words.
- h). Proxemics (Study of Distance in Communication): Proxemics includes the concept of distance and body position while communicating. In the rehabilitation process, changes in physical distance and orientation affect communication, such as when staff call more loudly to residents to gather them.
- i). Chronemics (Study of the Concept of Time): The concept of time in rehabilitation activities includes understanding the exact time and scheduling of the resident's daily activities.
- j). Artifactual (Messages Conveyed Through Body Appearance, Clothing, and Cosmetics): Residents and staff appear appropriate to hospital regulations and the situation. Appearance and clothing are used to convey identity, feelings, status, and roles.
- k). Paralinguistic (Voice Characteristics and Intensity): The rehabilitation process involves speaking at a moderate speed, low pitch, varying voice intensity, flat intonation, and clear vocal quality. A high voice is used for situations such as saying a vow or calling residents to gather.

In the context of drug addict rehabilitation, understanding nonverbal communication plays an important role in understanding residents' emotions, interactions and healing processes. These nonverbal behaviors can help create a supportive and effective environment in the rehabilitation process.

4. Conclusion

Based on the data provided regarding communication behavior in the rehabilitation process for drug addicts at Rancamaya Mental Hospital, several conclusions can be drawn:

- a). Important Role of Nonverbal Communication Nonverbal communication plays a very important role in the rehabilitation process. Through facial expressions, body movements, and gestures, residents and staff can convey and receive important messages related to emotions, views, and intentions.
- b). Sympathy and Empathy: Staff use body language and facial expressions to convey messages of sympathy and empathy to residents. Advice is given with full attention to the resident's feelings, creating a supportive environment.
- c). Importance in Spatial Arrangement: Spatial arrangement (proxemics) is an important factor in the communication process. The long distance phase and the short distance phase influence the intensity of communication. Staff and residents use space to influence the way messages are delivered and received.
- d). The Importance of Using Appropriate Body Language: The use of hand gestures and body signals has special significance in the context of rehabilitation. This helps the resident convey the message without using words.
- e). Use of Time: The concept of time (chronemics) also plays an important role. The resident's daily activity schedule must be respected, creating discipline and structure in the rehabilitation process.
- f). Clothing and Appearance Convey Messages: Artifacts, including clothing and appearance, are powerful forms of nonverbal communication. Clothing is used to convey identity, feelings, status, and role, and influences how others perceive and treat the resident.
- g). Speech Voice and Intensity: Paralinguistic aspects, such as speaking rate, tone of voice, and intensity, influence communication. This creates an atmosphere that suits the mood and circumstances.

In conclusion, nonverbal communication plays an important role in the rehabilitation process of drug addicts. Using them appropriately can help create a supportive environment, build empathy, and facilitate the healing process. By understanding the various elements of nonverbal communication, staff and residents can improve interactions and overall rehabilitation effectiveness.

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