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Therapeutic Communication Between Psychiatrists and Patients with Mental Health Disorders (Mental Illness) at Waled Hospital, Cirebon Regency

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ABSTRACT

Mental health is a very important thing for life, as a basic component of mental and physical health like the two sides of a coin that complement each other, if our souls experience mental health disorders (mental illness) it will affect the physical and vice versa. If it is disturbed, everything we do will be hampered, one of which is when we communicate with other people. This study aims to identify mental health problems using therapeutic communication conducted by psychiatrists. Research on the problem of mental health disorders (mental illness) starts from knowing the therapeutic communication therapy carried out by psychiatrists with patients, uncovering the phases of the therapeutic communication relationship, and identify how to foster rapport when conducting therapeutic communication for patient recovery. This study uses a qualitative method where data collection is done by interview, observation, documentation and literacy studies so as to be able to dig deeper into the existing problems. The object of this research is a psychiatrist who has work experience in curing mental illness patients who work at Waled Hospital, Cirebon Regency. In this study it was found that therapeutic communication is very important in the relationship phase during treatment, as well as the type of treatment for each type of mental disorder is different, where each treatment is needed to build or maintain a rapport for each meeting because it has a big impact and removes all inhibiting factors such as rushed inspections and community stigma. Therapeutic communication is carried out through four phases, namely the pre-interaction phase, the introduction/orientation phase, the work phase and the termination phase. Although the treatment phase is the same, the method of treatment for each type of mental disorder is different and the rapport is very supportive of healing in the treatment of psychiatrists.

INTRODUCTION

Communication is one of the human activities that is recognized by everyone but very few can define it satisfactorily. Communication has infinite variations such as; talking to each other, television, information dissemination, our hairstyles, literary criticism and much more(Fixed 2014, 1). The

communication we do is always face to face (directly without media), we call face-to-face communication, with people who are and are closest to us.(Liliweri 2015, 7).

According to Wood (1997), Communications as a systematic process in which individuals interact with and though symbols to create and interpret meanings. Based on this definition, Wood views that communication is a systematic process of interacting between individuals, using various symbols in order to create and interpret meaning or meaning.(Enjang 2009, 12). Communication has basic components including the sender of the message, the channel or media, the recipient of the message and feedback. The existence of linkages and the influence of components with one another, this can be seen from the importance of communication in all aspects of life, both family, friendship and community. Communication in life becomes a bridge to take us to various needs, therefore communication is an important part of life. In everyday life, we spend more time communicating than other activities, and it is certain that communicating in almost all aspects of life(Enjang 2009, 9).

The communication process is influenced by several factors according to Potter & Perry (1993), namely development, perception, values, socio-cultural background, emotions, gender knowledge, roles and relationships, environment, and distance. From this process the psychiatrist communicates with the patient / client and also through verbal and non-verbal forms of communication. According to As Hornby, communication has a very important role in addition to living life, one of which is in the nursing / therapeutic field, where communication can determine the success or failure of the patient's recovery. Therapeutic is an adjective associated with the art of healing. So here it can be interpreted that therapeutic is everything that facilitates the healing process. So that therapeutic communication itself is communication that is planned and carried out to help or recover the patient. Therapeutic communication is a professional communication for psychiatrists(Damaiyanti 2010, 3-11).

The purpose of therapeutic communication according to Purwanto (1994), one of which is to help patients to clarify and reduce the burden of feelings and thoughts and can take action to change the existing situation if the patient believes in what is needed. The psychiatrist's therapeutic relationship with the patient / client is a communication skill, understanding of human behavior and personal power to promote patient growth. The focus of the relationship is on the patient's ideas, experiences and feelings. The psychiatrist and patient/client identify areas that require exploration and periodic evaluation of the patient's level of change. The roles will not change and the relationship remains consistently focused on the patient's problems. This therapeutic relationship has stages in fostering the patient/client,(Damaiyanti 2010, 11-21).

Therapeutic communication is usually carried out by professional nurses (psychiatrists) who generally have a goal, focusing on patients who experience mental health disorders (mental illness) and need help. Mental health disorders as a psychological disease also have a relationship with interpersonal communication, namely family relationships and friendships to socialize, while noise or obstacles for all types of disorders come from factors such as self-awareness, self-perception, perception, motivation, mental barriers that interfere with the smooth sending and receiving of messages(Liliweri 2011, 41).

According to Yosep (2007), mental illness or mental health disorder is a collection of abnormal conditions, both physical and mental.(Damaiyanti 2010, 63). Mental health disorders (mental illness) are those that affect a person's emotions, thoughts and behavior. Although the soul and the physical are separate these two things are related to each other. For some people, health disorders are considered as a disease associated with severe behavioral disorders such as violence, agitation, inappropriate sexual behavior, but mental health disorders have the potential to harm, injure or threaten the lives of patients or those around them.

According to data from WHO (2010) quoted from the news portal of the Ministry of Health of the Republic of Indonesia, the suicide rate in Indonesia reaches 1.6 to 1.8% per 100,000 people. More than 19 million people over the age of 15 are affected by mental and emotional disorders, and more than 12 million people over the age of 15 are estimated to have experienced depression (Jayani, 2019. http://www.bbc.com/indonesia/indonesia-49987127).

THEORITICAL REVIEW

Communication is a process that is the first basis for understanding human nature, it is said to be a process because there are activities that involve the role of many elements or stages which, although separate, are all interrelated over time (Liliweri 2011, 35). As Ashley Montagu said, we learn to be human through communication. Personality is formed throughout our lives, during which communication becomes important for our personal growth (Rachmat 2018, 16). Communication is a necessity in bridging in various points of life, therefore communication is a very important part of life. In everyday life, we tend to spend more time communicating than doing other activities, and it is certain that we communicate in almost all aspects of life (Enjang 2009, 9).

In communication also has a level of relationship, one of which is interpersonal communication. Interpersonal communication is communication between people face to face, which wants each participant to catch other reactions directly, both verbally and non-verbally.(Enjang 2009, 138). There are also forms of communication that make it easier for us to categorize, namely:

1) Verbal Communication
   Verbal communication is the primary means of expressing one's thoughts, feelings and intentions. Verbal communication or language uses words that represent various aspects of a person's individual reality(Enjang 2009, 75).
2) Non-Verbal Communication
   Non-verbal communication has a greater impact than verbal. Stuart & Sundeen(Damaiyanti 2010, 7)said that understanding of words was about 7%, paralinguistic language was about 30% and body language was about 55%. There are several ways to convey non-verbal communication, namely physical appearance, posture and gait, facial expressions and touch. Indirectly we can know the truth of the message conveyed. Because according to Deddy Djamaludin Malik, through nonverbal communication a person can know someone's emotional atmosphere(Enjang 2009, 69).

The implication is, to understand people well, in addition to paying attention to words, we must also pay attention and understand verbal and non-verbal communication well. (Rahman 2013, 92). Communication has the main goal is to build / create understanding or mutual understanding. Mutual understanding or understanding does not mean having to agree but maybe with communication there will be a change in attitude, opinion, behavior or social change(Muhith and Siyoto 2018, 204)

According to As Hornby, therapeutic is an adjective associated with the art of healing. So here it can be interpreted that therapeutic is everything that facilitates the healing process. So that therapeutic communication itself is communication that is planned and carried out to help or recover the patient. Therapeutic communication is a professional communication for psychiatrists(Damaiyanti 2010, 11).

Therapeutic communication has a purpose according to Purwanto (1994) (Damaiyanti 2010, 11), including:

1) Help the patient clarify and reduce the burden of feelings and thoughts and can take action to change the existing situation if the patient believes in what is needed.
2) Reduces doubts, helps in taking effective action and maintains the strength of his ego.
3) Influences others, the physical environment, and himself.

Psychiatrists will more easily establish a trusting relationship with patients if they have therapeutic communication skills, so that to achieve the goals of nursing care that has been applied will be more effective and will also improve the profession. The benefits of therapeutic communication(Damaiyanti 2010, 12) :

1) Motivate and encourage collaboration between a psychiatrist and patient through a psychiatrist-patient relationship.
2) Recognizing, showing feelings, and researching problems and evaluating the actions of the psychiatrist.

Conditions in therapeutic communication (Damaiyanti 2010, 12)According to Stuart & Sudeen, there are two basic requirements, namely:

1) All communications should be aimed at preserving the dignity of both the sender and the recipient of the message.
2) Communication that creates mutual understanding must be done first before providing means, information or suggestions.

*Joseph de Vito*List 5 general qualities that are considered for the effectiveness of a therapeutic communication. These qualities include(Muhith and Siyoto 2018, 204):

Table 1
Communication Quality

Communication Quality	Description
openess	There is openness
Supportiveness	Mutual support
Positivity	Be positive
Empathy	Understanding other people's feelings
Equality	Equality

There are several therapeutic communication techniques according to Wilson & Kneist (1992) and Stuart & Sudeen (1998) (Damaiyanti 2010, 14-20) : Listening attentively, showing acceptance, asking related questions, open-ended questions, repeating the patient's words using their own words, clarifying, focusing, stating observations, offering information, keeping quiet or maintaining calm, summarizing. , giving appreciation, offering oneself, giving the patient the opportunity to start a conversation, recommending to continue the conversation, placing events in a row, giving the patient an opportunity to describe his perception, reflection, assertiveness, and humor.

King city Varcarolis(1990) described the therapeutic relationship as a learning experience for both the patient and the psychiatrist. The purpose of the therapeutic relationship according to Stuart & Sundeen(Damaiyanti 2010, 21), which are directed at the patient's growth include: self-relationship, self-acceptance, and respect for oneself, a clear self-identity and a high sense of self-integrity, the ability to build intimate interpersonal relationships, interdependence and love, and an increase in function and ability to satisfy needs and achieve real personal goals. In fostering a therapeutic relationship (interacting) psychiatrists have 4 stages which at each stage have tasks that must be completed by the psychiatrist according to Stuart & Sundeen.(Damaiyanti 2010, 21-28), that is:

1) Pre-interaction Phase
   Pre-interaction is a period of preparation before relating and communicating with patients. You need to evaluate yourself about your abilities. If you feel uncertain then you need to re-read, discuss with a group of friends or discuss with a tutor. If you are ready then you need to make an interaction plan with the patient. This phase is divided into 3, including: self-evaluation, determining the stages of the relationship/interaction, interaction plan.
2) Introductory/Orientation Phase
   The introductory phase is an activity that you do when you first meet a patient. Things that need to be done are greeting, introducing yourself to the psychiatrist, asking the patient's name, agreeing to a meeting (contract), dealing with the contract, starting the initial conversation, agreeing on the patient's problem, and ending the introduction.
   Orientation phase, the orientation phase is carried out at the beginning of every second meeting and so on. The purpose of the orientation phase is to validate the lack of data, plans that have been made with the patient's current condition and evaluate the results of past actions. Generally associated with things that have been done with patients, namely greeting, validating patient data, and remembering contracts.
3) Working Phase
   The work phase is the core of the relationship in patient care in accordance with the goals to be achieved, which is closely related to the implementation of the nursing action plan to be implemented. The purpose of nursing action is to increase the patient's understanding and

recognition of himself, his behavior, feelings, thoughts. These goals are often called cognitive goals, develop, maintain and improve the patient's ability to independently solve the problems at hand. These goals are often called affective and psychomotor goals, implementing therapeutic/technical nursing, implementing health education, implementing collaboration, carrying out observation and monitoring.

4) Termination Phase
   The final stage of every psychiatrist and patient meeting is the termination phase. Termination is divided into two, namely temporary termination and final termination.

Cognitive psychiatrists consider the learning process to be much more complex than the passive formation of new stimulus-response relationships. Cognitive explanations are increasingly appearing today in the search for causes of abnormalities and new methods of intervention; a widely accepted view of depression, for example, considers a specific cognitive set to be the cause, namely feelings of helplessness about the individual (Davison, Neale and Kring 2014, 73). Cognition is a term that categorizes mental processes such as observing, recognizing, imagining, judging, and reasoning. The cognitive paradigm focuses on how humans (and also animals) structure their experiences, how they make sense of them, and how they relate present experiences to past experiences that are stored in memory (Davison, Neale and Kring 2014, 72-73).

In the cognitive social process or social learning is also influenced by several aspects (Santoso 2014, 33-101), namely personality, culture, social learning as a process and result, and other social influences on personality. Psychiatrist Aaron Beck is one of the leading cognitive behavioral therapists. He developed cognitive therapy for depression based on the idea that depressed mood is caused by deviations in the way people perceive life experiences(Davison, Neale and Kring 2014, 74).

From various investigations it is said that mental health disorders according to Yosep (2007) are a collection of abnormal conditions, both physically and mentally. Abnormalities or abnormalities can be seen from a variety of symptoms, the most important of which are tension, feelings of hopelessness and depression, anxiety, anxiety, convulsive actions, hysteria, weakness, and being unable to achieve goals, fear. thoughts and so on(Damaiyanti 2010, 63-64). The source of the cause of mental health disorders is influenced by factors that continuously affect according to Yosep(Damaiyanti 2010, 64), namely the first based on psychological factors (psychogenetic) or psychoeducational. Second, based on socio-cultural (sociogenic) or sociocultural factors such as family stability, child care patterns, economic level, housing: offices versus rural areas.

Sundari (2005) in the general symptoms of mental health disorders that exist in someone who experiences it (Damaiyanti 2010, 65-67), including: the first is physical condition, physical symptoms can be felt by the person concerned, sometimes it can also be known by others. Some examples include changes in body temperature, rapid pulse, sweating a lot, lack of appetite, organ system disorders in the body. Second, the mental state, normal people have the ability to think regularly, can draw healthy conclusions. For someone who is experiencing a mental disorder, for example, experiencing deep disappointment. The ability to think becomes chaotic because it is interrupted by other stimuli. If you think well it will take a long time. There are signs such as illusions, hallucinations, obsessions, compulsions, phobias, delusions. Third, emotion is part of the feeling that is happening, so it can be witnessed.

There are many types of mental health disorders, but among them are anxiety disorders, mood disorders (bipolar), and schizophrenia.

1) Anxiety disorders
   Anxiety disorder is an unpleasant feeling of fear or worry. Anxiety disorders are diagnosed when there are clearly subjective feelings of anxiety. The DSM-IV-TR proposes six main categories, namely phobias, panic disorder, generalized anxiety disorder, obsessive compulsive disorder, post-traumatic stress disorder, and acute stress disorder.(Davison, Neale and Kring 2014, 182).

2) Mood disorders (Bipolar)
   Mood disorder (bipolar) is an intense emotional or mood condition, but it is an unreasonable or irritable extreme sadness or joy accompanied by hyperactivity, talking a lot, jumping thoughts, distracted attention, and impractical plans or plans. greatness (grandiose)(Davison, Neale and Kring 2014, 373).
3) *Schizophrenia*
   *Schizophrenia*It is a psychotic disorder characterized by major disturbances in thought, emotion, and disturbed behavior, in which various thoughts are not logically related, erroneous perception and attention, flat or inappropriate affect, and various motor activity disorders. Schizophrenic patients withdraw from other people and reality, often entering into a fantasy life full of delusions and hallucinations(Davison, Neale and Kring 2014, 444).

People with mental disorders receive various forms of stigma from themselves and society, according to Benny Siauw, founder of Into the Light – a suicide prevention, research and advocacy community in Indonesia. These stigmas include self-stigma, social stigma, and stigma against the patient's family.(Nadhifa, Syskia & Gabriella 2019 : *https://www.economica.id/2019/10/04/melawan-stigma-angguan-kesehatan-mental/*).

In mental health, patients must have good insight in order to help psychiatrists undergo therapy. Insight / insight is the patient's awareness or understanding of his disease, there are several levels to achieve a good insight(Kartikadewi, 2015; 15-16) :

a) Complete denial of his illness.
b) Little understood the danger he needed help, then at the same time he denied.
c) Realizing that he is sick but blaming external factors.
d) The realization that his illness was caused by an unknown factor within him.
e) Intellectual insight: awareness that his illness is caused by something not right in him but does not use this awareness for future experiences.
f) True emotional insight: emotional awareness of the motives and feelings in the patient and those around him that cause fundamental behavioral changes.

To achieve a good insight the psychiatrist establishes therapeutic communication between the psychiatrist and the patient or builds a rapport, including low (Damaiyanti 2010, 80-128):

a) Patients with low self-esteem problems.
b) Patients with social isolation problems.
c) Patients with violent behavior problems.
d) Patients with hallucinations.
e) Patients with delusional problems.
f) Patients with problems of lack of self-care.
g) Patients at risk for suicide.

RESEARCH METHOD

The research method is basically a scientific way to obtain data with a specific purpose and use. Based on this, there are four keywords that need to be considered, namely, scientific method, data, purpose, and usability. The method used by the researcher is a qualitative research method. In this qualitative research, the researcher focuses on the case study method, namely a comprehensive description and explanation of various aspects of an individual, group, organization (community), a program or social situation. As a multidimensional method and examines a case as a whole, the results of a case study can suggest questions or hypotheses that can be tested through surveys or experiments.(Mulyana 2013, 2001-203).

Informants are sources of data or can be interpreted as people who are invited to interview and asked to provide data/information. The informants in this study are the parties related to the place of research, including:

(1) Key Informants

Psychiatrist at Waled Hospital, Cirebon Regency.

(2) Supporting Informants.
   a. Nurse at Waled Hospital, Cirebon Regency.
   b. Patients at Waled Hospital, Cirebon Regency.

Informant selection techniques, one of which is a non-probability sampling technique, namely sampling that does not provide equal opportunities/opportunities for each element or member of the population to be selected as a sample, this sampling technique includes, systematic sampling, quota, accidental, purposive, saturated, snowball. However, the triangulation selection technique used by the researcher is a purposive sampling technique. The use of this purposive technique has a purpose or is done intentionally, a sampling technique with certain considerations or a sample that is very expert in the field that the researcher takes.(Sugiyono 2017, 218).

Data collection techniques are the most strategic step in research, because the main purpose of research is to obtain data. Data collection can be done in various settings as sources and in various ways. In terms of data collection techniques, it can be done by observation (observation), interviews (interviews), documentation and a combination of the four(Sugiyono 2017, 224-241).

In this study, one type of triangulation is used, namely source triangulation. Source triangulation to test the credibility of the data is done by checking the data that has been obtained through several sources(Sugiyono 2017, 273). So triangulation is the best way to eliminate the differences in the construction of reality that exist in the context of a study when collecting data about various events and relationships from various perspectives. In other words, by triangulation, researchers can recheck their findings by comparing them from various sources, methods or theories.

RESULTS AND DISCUSSION

Therapeutic communication between psychiatrists and patients with mental health disorders at Waled Hospital, Cirebon Regency. From the results of interviews, observations, and literacy studies, it can be seen that therapeutic communication is very important for patients with mild to severe mental disorders. Mild mental disorders such as bipolar and anxiety. While severe mental disorders include schizophrenia.Mental disorders that exist in Waled Hospital itself are mostly experienced by young teenagers who are in high school, work until adulthood. Which of these mental disorders has affected three areas in his life, namely his social area, his work area and his personal life, self-care and all kinds of things. There are various sources of mental illness, such as psychogenetic and socio-cultural factors.With this, the treatment of patients with mental disorders is of course different depending on the type of disorder, if patients with severe mental disorders or called patients with schizophrenia or mental retardation, the treatment and explanation to the patient cannot be like a patient with an anxiety disorder or a mild depressive disorder. For patients with severe mental disorders who live more in their imaginary world, it is rather difficult for us to communicate, so the most important thing is the medicine that must be taken first. Because therapeutic communication is included in health communication, in essence, communication carried out in the health sector is carried out to encourage the achievement of a state or status that is healthy in its entirety, both physically, mentally and socially.

Therapeutic communication is carried out simultaneously during treatment or commonly called therapy and psychotherapy. Therapy is carried out for severe mental disorders such as schizophrenia, while psychotherapy is for mild mental disorders such as bipolar and anxiety or it could be for schizophrenia patients who have calmed down and have taken medication. Psychotherapy is divided into two, namely supportive psychotherapy where we only provide support and dynamic psychotherapy which has reciprocity.During treatment, it is important for the psychiatrist to provide counseling, therapeutic communication and foster rapport with the patient at every meeting and the psychiatrist must continue to understand and empathize with the patient.

Phase of the therapeutic relationship carried out by psychiatrists for patients who experience mental health disorders (mental illness) at Waled Hospital, Cirebon Regency. From the results of interviews,

observations, and literacy studies, it can be seen that most of the patients treated at the mental poly at Waled Hospital are severe mental disorders or schizophrenia which has threatened their own life, threatens the lives of others, or has physical problems. However, patients with mild bipolar and anxiety mental disorders usually come alone because they feel disturbed by their anxiety, can't sleep, their mind is disturbed because of something, they often go blank, often forget, their school becomes irregular because there is a learning disorder. In this case the patient, before doing or when he wants to undergo the treatment that the patient will undergo,

In the explanation above, it can be concluded that before taking treatment, the patient and the patient's family must avoid the stigma and broaden their horizons about the disease or mental disorder so that they have a good view, otherwise it will result in the patient's condition getting worse. If the stigma and insight of the patient and his family are good, the patient must be brought to an expert, namely a psychologist or psychiatrist, with this the patient will be treated through treatment by a psychiatrist, in this case there are four phases of the relationship during treatment according to Stuart & Sundeen(Damaiyanti 2010, 21-28), that is:

a. Pre-interaction Phase

Pre-interaction is a period of preparation before relating and communicating with patients. Psychiatrists must evaluate themselves when dealing with patient resistance. Psychiatrists must also analyze resistance, resistance is a patient who consciously avoids talking about a topic, in this case it will always happen and psychiatrists should not think that it is resistance because the quality of psychiatry as a profession is bad. There are some patients who may feel that we are similar to their mother or father whom they hate and that is natural, which needs to be reminded by psychiatrists that we are here to treat not to be liked. So if the patient has a bad experience, there must be a spontaneous transference of feelings and expectations by the patient to the psychiatrist, as well as countertransference/spontaneous transfer of feelings and hopes by the psychiatrist to the patient. Because resistant patients who agree 100% with psychiatrists are also called resistance to therapy/psychotherapy.

b. Introductory / Orientation Phase

Introductions are activities that you do when you first meet a patient. Then proceed with the orientation phase with the aim of validating the lack of data, plans that have been made with the patient's current condition and evaluating the results of past actions. In this introductory phase by greeting, introducing yourself to the psychiatrist, asking the patient's name, agreeing to meet with the patient, dealing with the contract with the patient. After the introduction is complete and the contract with the patient is established, it enters the orientation phase where the psychiatrist initiates a conversation, validates data, remembers the plan made and evaluates past actions. At the first meeting the psychiatrist doesn't give much advice, then the psychiatrist finds out from the patient's point of view what his problem is and to build a rapport.

In this orientation phase, social cognitive processes or social learning do not escape because the psychiatrist also understands several aspects (Santoso 2014, 33-101), namely personality, culture, social learning as a process and result, and other social influences on personality. Because the psychiatrist has been taught how to empathize with the patient, the psychiatrist can understand why the patient is like this, the psychiatrist can feel what the patient is experiencing even though the psychiatrist is not directly involved. So, for example, if a patient is experiencing the sadness of being left by a psychiatrist's girlfriend, they must understand. The presence of an empathetic psychiatrist is more likely to have a more successful treatment.

Thus, it can be concluded from the explanation above that in this introductory/orientation phase the psychiatrist must introduce himself properly and clearly. Then proceed by remembering the contract and knowing what problems the patient is experiencing from the patient's point of view with mutual understanding, then by not giving much advice in order to maintain the patient's self-esteem because at this stage the psychiatrist only knows the problems that exist in the patient. By empathizing and understanding patients and psychiatrists, they can build good rapport. Furthermore, the psychiatrist evaluates the available data and remembers the plans made for future treatment.

c. Working Phase

The working phase is the core of the psychiatrist's relationship with the patient which is closely related to the implementation of the nursing action plan or treatment that will be carried out in accordance with the goals to be achieved. Psychiatrists are required to provide counseling and therapeutic communication regularly in every meeting, to provide support or support or the language of the psychologist is supportive psychotherapy. In his treatment, the psychiatrist first lets his patient explain what he is complaining about or what he wants from this treatment. Usually, in treatment, the patient just wants to be listened to, unless the patient can't express his complaint, the psychiatrist here must provoke or encourage him to speak in order to find out where the problem is.

In this treatment, the psychiatrist must continue to instill a sense of trust in the patient by continuing to foster rapport. Patients will not believe if the rapport is not fostered or built during the treatment period. Psychiatrists at Waled Hospital in dealing with patients with mild mental disorders such as bipolar and anxiety, namely by listening to stories from them completely, who previously had built good introductions and built trust in order to avoid resistance that often occurs. Furthermore, the psychiatrist instills a sense of empathy or enters a realm where the psychiatrist must understand very well what the patient feels even though he does not go directly and understand it from the patient's own point of view.

In undergoing treatment in this working phase to treat patients with mild mental disorders such as bipolar and anxiety, psychiatrists use the following therapeutic communication techniques according to Wilson & Kneist (1992) and Stuart & Sudeen (1998) (Damaiyanti 2010, 14-20)These include: Listening attentively, showing acceptance, asking related questions, open-ended questions, repeating the patient's words using their own words, clarifying, focusing, stating observations, offering information, keeping quiet or maintaining calmness, summarizing, giving appreciation, offering oneself, giving the patient the opportunity to start a conversation, encouraging the conversation to continue, placing events in sequence, giving the patient the opportunity to describe his perception, reflection, assertiveness, and humor.

However, it is different from the treatment of patients with severe mental disorders such as schizophrenia. Because the exact cause of severe schizophrenia, no one really knows, and just suspected that there is a genetic factor, and some think it is due to environmental factors. So, many studies explain that genetic causes can be seen from twin studies, namely random assessment of whether there is a genetic influence. There is also research on viruses, which when the mother is pregnant, then there is research on the seasons, until all of these studies combined have not been clear until now, and the end is not yet known.

There are stages in carrying out treatment (therapy) for schizophrenic patients, the first is that the psychiatrist will evaluate the verbal first, the stages are being talked to, invited to sit quietly if it cannot be offered to take medicine to calm down, if the patient refuses to take medicine This is handled to be put in a separate room, then if in a separate room the patient is still restless, the psychiatrist asks to be restrained/distrained not to hurt the patient but to prevent the patient from hurting themselves. With this stage, schizophrenic patients can gradually recover and be accompanied by taking medication because schizophrenic patients inevitably have to depend on chemical drugs.

During treatment, whether patients have mild or severe mental disorders, the psychiatrist forbids the patient from meeting his family until the specified time is approximately two weeks, the patient's family is only allowed to leave food or pocket money for the patient to eat. Because the psychiatrist cannot generalize that the family can calm the patient. That's why the psychiatric patient is not allowed to see his family for two weeks, because we are worried that the cause of the patient to become such a mess is due to family problems. So, the psychiatrist must isolate or separate the patient from the family so that the treatment runs smoothly, if when he is mentally strong then the psychiatrist can meet with the family.

Termination Phase

Termination is the end of every psychiatrist and patient meeting. Termination is divided into two, namely temporary termination and final termination. At the temporary termination or arguably the end

of each of these meetings, the psychiatrist will evaluate the results by asking the patient what has been discussed at the current meeting, then by dealing with the follow-up of what the patient wants to do, and planning a future contract from the day, hour until the topic to be discussed.

Then the second there is a final termination, where this final termination is the end of treatment and the patient can go home or recover. Like a temporary termination, at this final termination the psychiatrist will evaluate the results obtained by the patient during treatment, then will ask what follow-up the patient will do at home, and discuss the upcoming contract with the patient's family. In general, treatment will be completed if the psychiatrist sees the patient is able to handle his own problems, the psychiatrist will determine if it is possible to stop treatment. However, at the Waled Hospital, the psychiatrist will talk to the patient if he feels better and enough to undergo treatment, tell the psychiatrist, and then when they feel that way the patient will say that they are ready to stop taking the medication. In this treatment, patients who make a full recovery are mostly in patients with mild mental disorders such as bipolar and anxiety. But for severe mental disorders such as schizophrenia, it will be difficult to recover, because schizophrenia is a chronic disease where chronic illness or recovery must take medication and must be monitored because it can threaten his own life and those of others around him.

Psychiatrists build therapeutic communication rapports in an effort to cure patients with mental health disorders at Waled Hospital, Cirebon Regency. From the results of interviews, observations, and literacy studies, an illustration is obtained in the efforts of psychiatrists to develop or build rapports with patients that fostering rapports is very important for the treatment of mental disorders at the Waled Hospital because the purpose of fostering or building rapports is to build a good view of the patient so that treatment can run. smoothly and successfully. What psychiatrists do to build a good rapport is by being silent or being a passive listener and then letting the patient do the talking. So let the patient decide to explain what the pain is and the psychiatrist just dig without judging, empathize without advising at length, and not immediately diagnosing, let him tell us only listen to their stories. However, it is in patients who have good insight, if the patient has poor insight, the psychiatrist continues to provoke conversation, for patients with severe mental disorders schizophrenia must go through chemical drugs first, even though the patient's speech is sometimes not very understood, the words are already jump - jump that psychiatrists call loose association or loose association.

From what has been explained, community stigma, then insight and language of communication are inhibiting factors that are very influential in fostering or building rapport for patients. However, if the patient's insight is good and the support from the family can be a supporting factor that can influence to foster or build a rapport for the patient. In building the rapport, apart from seeing what mental disorders he suffers from, it is also seen from what problems the patient suffers from. Because in one mental disorder there can be several problems experienced by patients, at Waled Hospital itself there are several problems that exist in patients including social isolation, low self-esteem, violent behavior, delusions, lack of self-care, to suicide. So,

The psychiatrist also provides education or knowledge about the patient's illness (inspection) to the family to continue what the psychiatrist has done if the patient is finished or goes home after undergoing treatment. As long as the patient comes or visits the polyclinic or every meeting, the psychiatrist will continue to develop a rapport. Because of the inhibiting factors that have been mentioned, therefore rapport must continue to be developed in order to achieve the goal of fostering or building the rapport itself. Rapport has been developed and implemented since the beginning so that the relationship and communication between doctors and patients are also getting closer, because they already believe in one doctor so they will continue to go to the same doctor.

CONCLUSIONS

Based on the results of qualitative research using observation, interviews, documentation and literacy studies conducted at Waled Hospital, Cirebon Regency regarding therapeutic communication between psychiatrists and patients with mental illness, the following conclusions can be drawn:

1. Therapeutic communication carried out by psychiatrists with patients is by doing treatment such as therapy or psychotherapy. Each symptom experienced by the patient is different - the method of treatment is different, for mild mental disorders such as bipolar and anxiety can be done with psychotherapy, and if severe mental disorders such as schizophrenia by using therapy but it is possible for schizophrenia to do psychotherapy with the state already taking the medicine, calm, and may be able to communicate. Psychiatrists are required in every meeting to conduct effective therapeutic counseling and communication to achieve the pattern of communication and therapeutic communication goals, with this also rapport can be built or well established. Psychiatrists are very important to build rapport,and build the rapport the very first time, with this therapeutic communication will also run smoothly.
2. Before taking treatment, the patient and the patient's family must avoid the stigma and broaden their horizons about the disease or mental disorder so that they have good insight, otherwise it will result in the patient's condition getting worse. Patients will be treated through treatment by a psychiatrist, in this case there are four phases of the relationship during treatment.
    a. Pre-interaction phase, pre-interaction is a period of preparation before relating and communicating with patients. Psychiatrists must evaluate themselves when dealing with patient resistance. Psychiatrists must always evaluate themselves and always read the latest available literacy, therefore it is in line with the benefits of therapeutic communication, so that treatment for patients goes smoothly and can handle all possibilities that occur including resistance that is always present in every treatment.
    b. Introduction / Orientation Phase, introduction is an activity that a psychiatrist does when he first meets a patient. Then proceed with the orientation phase with the aim of validating the lack of data, plans that have been made with the patient's current condition and evaluating the results of past actions. This orientation phase does not escape the cognitive social process or social learning because the psychiatrist also understands several aspects, namely personality, culture, social learning as a process and outcome, and other social influences on personality. Because psychiatrists have been taught how to empathize with patients, psychiatrists can understand why patients are like this, psychiatrists can feel what the patient is experiencing even though the psychiatrist is not directly involved. By knowing what problems the patient is experiencing from the patient's point of view with mutual understanding, then by not giving much advice in order to maintain the patient's self-esteem because at this stage the psychiatrist only knows the problems that exist in the patient. By empathizing and understanding patients and psychiatrists, they can build good rapport.
    c. Working phase, the work phase is the core of the psychiatrist's relationship with the patient which is closely related to the implementation of the nursing action plan or treatment that will be carried out in accordance with the goals to be achieved. Because they have different symptoms, the treatment is also different between mild and severe mental disorders. In mild mental disorders such as bipolar and anxiety the treatment takes place face to face, talking about what they are complaining about, using supportive and dynamic psychotherapy that is reciprocal between the psychiatrist and the patient. Therapeutic techniques are carried out when treatment is taking place properly and correctly, by not forgetting to always maintain and foster good rapport. And for patients with severe mental disorders such as schizophrenia, there are special treatments for healing, which is where chemical drugs are very influential in addition to verbal communication carried out by psychiatrists. Then as long as patients are hospitalized, such as schizophrenia, they are prohibited from meeting their families because they can hinder the course of treatment.
    d. Termination Phase, termination is the end of every meeting of the psychiatrist and patient. Termination is divided into two, namely temporary termination and final termination. Only patients with mild mental disorders may be able to reach the final termination and then recover completely. In contrast to patients with severe mental disorders, because it is a chronic disease where to fully recover it is very small and must always be accompanied by chemical drugs. By evaluating, knowing the follow-up actions that the patient will take and also a contract in the next meeting or a contract with the patient's family to care for him after completing treatment. Psychiatrists are very obliged to provide health education to the patient's family because it is very important to support the patient at home, as well as in building a rapport.

3. In building a rapport it is very important in carrying out and the success of treatment carried out by psychiatrists. How to build or build a good rapport psychiatrists do it by being silent or being a passive listener and then letting the patient do the talking. The purpose of fostering or building a rapport itself is to build insight or patient knowledge of the disease more broadly or in detail. Rapport will continue to be built at every meeting with the patient. There are several obstacles in building rapport besides poor insight, language or patient communication, therefore patients with severe mental disorders with schizophrenia must go through chemical drugs first, even though the patient's speech is sometimes not very understood, the words have been jumping around which psychiatrists call loose association or loose association. Building a rapport of mental patients is also based on what problems the patient faces such as social isolation, low self-esteem, violent behavior, hallucinations, delusions, lack of self-care and risk of suicide. Which of all the problems that always begins with building trust in the patient which is then continued by providing education or health education to the patient or the patient's family.

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