

# Confinement of People with Mental Disorders from the Perspective of Spiritual Leaders of Banggai Culture, Indonesia: An Ethnosemantic Approach

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**Abstract:** The practice of confinement of people with mental disorders not only infringes upon individuals' fundamental rights but also contravenes established health legislation, including in Indonesia, the setting for this study. In this country, confinement may be practiced by isolation or seclusion in a room or a small hut built in the family's garden or rice field, some ten-minute walk from the house to the hut. Leg restraints or shackles may also be used. This study delved into the significance of confining individuals with mental disorders by analyzing the linguistic expressions of spiritual leaders from the Banggai culture in Central Sulawesi, Indonesia. Engaging with cultural and spiritual leaders within a community is imperative to gain insights into the underlying perspectives that influence family decision-making processes. This exploration involved a detailed examination of the linguistic expressions these leaders conducted within the cultural context of the Banggai community from March to June 2023. This study employed an ethnosemantic approach and in-depth interviews according to the framework outlined in Spradley's Developmental Research Sequence model. The participants were 13 cultural and spiritual leaders in the Banggai region, commonly referred to as *Talapu*. They were chosen using snowball sampling techniques.

The data-gathering process was facilitated through in-depth interviews structured to incorporate descriptive queries, structured inquiries, and contrasting questions. The data processing involved the analysis of interview transcripts utilizing domain analysis, taxonomic analysis, and component analysis techniques. This analytical approach yielded 11 domains, six taxonomies, and six paradigms, contributing to identifying three distinct cultural themes. These themes were utilizing spiritual rituals as an intervention for the treatment of individuals with mental disorders, the multifaceted roles played by *Talapu* in managing individuals with mental disorders, and the association between *Talapu* and the practice of confining individuals with mental disorders. The use of physical restraint and confinement by the *Talapu* in treating individuals with mental disorders raises ethical concerns, particularly regarding autonomy, non-maleficence, and adherence to international human rights standards in contemporary nursing practice. Nurses in Indonesia should engage in collaborative education with the *Talapu*, emphasizing the careful and strategic implementation of Indonesia's health legislation to prohibit human rights infringements, ensuring effective treatment and psychosocial support for individuals with mental disorders, and promoting their seamless integration into family and society.

**Keywords:** Confinement, Culture, Ethnosemantics, Indonesia, Mental Disorders, Traditional Healers, Seclusion, Spiritual Leaders, Transcultural Nursing

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## Introduction

The handling of confinement cases of people with mental disorders in Indonesia faces suboptimal

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implementation, primarily stemming from inadequate information and insufficient public awareness regarding the treatment of mental disorders. This impediment impacts the effectiveness of the national program, “Indonesia Free of Confinement.”<sup>1</sup> The act of restraining individuals is executed through physical constraints within a confined space to prevent their egress to a specific location without their explicit permission.<sup>2–4</sup> In Indonesia, a method of confinement involves isolating or secluding individuals in a small hut or room. This hut is typically constructed within the family’s garden or rice field area, and it takes about a ten-minute walk to reach it from the main house.<sup>2</sup> The involvement of an individual or a collective entity within a society is pivotal in the decision-making process, motivating families to engage in confinement.<sup>3</sup> Several factors contribute to the propensity of families to engage in the practice of confinement. These factors include a lack of awareness, economic hardships within the family, concerns about environmental safety and comfort, the preservation of familial honor, dissatisfaction with available healthcare services, unsuccessful attempts at alternative treatments, family discussions influenced by community leaders, and community-driven pressures.<sup>4,5</sup> The act of confinement engenders characteristics ingrained within a culture, underscoring that culture’s significant role in shaping and perpetuating the confinement process.

In Banggai, traditional pagan beliefs have been passed down through generations, attributed to ancestral figures known as *balakat/kalamat*, *bisa*, and *pilogot*. *Balakat/kalamat* refers to a belief in sacred objects, *bisa* pertains to a belief in a divine life force, and *pilogot* represents an ancestral belief. The religious ceremonies and rituals associated with these three belief systems are overseen by a designated leader known as the *Talapu*. The appointment of a *Talapu* within the community is typically based on a hereditary succession, symbolizing the enduring legacy of these ancient traditions.<sup>6</sup> *Talapu* hold a multifaceted role within the society, often serving as an intermediary in customary affairs, such as engagements, marriages, and divorces. Additionally, they play a pivotal

role in rituals related to the readiness and circumcision of boys, provide assistance during childbirth, and are skilled practitioners of traditional medicine.

In the realm of alternative medicine, where the *Talapu* plays a central role, mental disorders are perceived as *tobuntus*, stemming from the transgression of customs and traditions.<sup>6</sup> In cases where individuals with mental disorders experience relapses, leading to erratic and potentially harmful behavior towards their surroundings, the *Talapu* becomes involved to provide solace and mediation. This involvement is framed within the belief that negative forces influence the behavior. When dealing with individuals afflicted by mental disorders, the *Talapu* often advises their confinement or restraint to prevent the spread of these negative forces and ensure the safety of both the affected individuals and their immediate environment.

Previous researchers have conducted numerous studies in the context of confinement cases. For instance, Laila et al.<sup>7</sup> conducted research that unveiled a correlation between cultural factors and confinement practice. However, a comprehensive exploration of the precise mechanisms through which these cultural factors influence the confinement phenomenon remains largely unaddressed in the literature. In contrast, other studies have illuminated that the impact of culture on confinement primarily manifests as a form of social control exerted by the family and the community. Furthermore, the cultural influence in the Manggarai community of East Nusa Tenggara, Indonesia, is inherently linked to the significant role of *Tua Golo*, the traditional leaders, in the decision-making process leading to confinement and the subsequent implementation of these practices.<sup>3</sup> Nonetheless, previous research examining the influence of informal leaders has not delved into the viewpoints of cultural and spiritual leaders. The primary objective of this study was to gain insights into the meaning attached to confinement for individuals with mental disorders by analyzing the linguistic expressions employed by Banggai’s cultural and spiritual leaders in Central Sulawesi.

## Conceptual Framework and Literature

### Review

The conceptual framework for this study was based on interrelated theories. Sociological theories, including stigma theory and labeling theory, elucidate how societal perceptions and treatments of individuals with mental disorders contribute to stigma and discrimination.<sup>8,9</sup> Psychological theories further support this by indicating the significant impact of stigma on mental health, emphasizing phenomena such as the exacerbation of mental health conditions and the development of learned helplessness, especially in response to societal and familial pressures.<sup>10</sup> Cultural theories focusing on cultural relativism underscore the necessity of understanding mental health behaviors and beliefs within the specific cultural context of the Banggai community, where cultural religiosity and traditional rituals are integral.<sup>11</sup> Additionally, family systems theory delves into family dynamics, offering insights into how these dynamics affect the treatment and care of family members with mental disorders, including the influence on decision-making processes amid societal pressures.<sup>12</sup>

Individuals with mental disorders often face stigma and discrimination. Stigma and discrimination from society and family, experienced by individuals with mental disorders, are said to be the result of negative symptoms such as violent behavior that harms the environment. Additionally, family powerlessness in making decisions about the care of family members leads to maladaptive encouragement from the community to resort to confinement. The encouragement and decisions of families to resort to confinement within the community are closely related to culture. Cultural religiosity still appears to dominate the lives of the Banggai community, as seen in peace rituals, self-cleansing, and warding off disasters.

In Ghana, traditional medication for mental disorders is deeply rooted in the culture and beliefs of

the people. According to a study focusing on medicine men from Accra, these traditional healers hold the belief that supernatural forces often cause mental illness.<sup>13</sup> Traditional healers often treat people with mental illness through spiritual methods, including rituals and herbal medicines, and in some cases, may confine them to healing sanctuaries for treatment.<sup>14</sup> Meanwhile, the traditional healers in Harare, Zimbabwe, utilized practices involving spiritual power, conversations, and rituals to treat patients with mental disorders. These methods, integral to African traditional medicine, highlight the cultural alignment and significance of the healers' approaches within the local communities.<sup>15</sup>

Mental health nurses are crucial in transitioning patient care from hospitals to the community. As specialized healthcare professionals, mental health nurses take a direct role in advanced mental health assessments, diagnostic evaluations, psychopharmacological management, psychotherapy for individuals, groups, and families, case management, environmental management, liaison, and counseling, covering prevention, promotion, and psychiatric rehabilitation. Mental health nurses also demonstrate essential skills such as psychoeducation, teaching, unit management, and research.<sup>16</sup> The role of mental health nurses is vital for ongoing community care.<sup>17</sup> Advanced mental health nursing practices in the community contribute to increased adherence to care. Mental health nurses provide transitional care with specialized therapy for clients, families, and the community.<sup>18</sup> Community mental health nurses offer culturally sensitive nursing interventions that align with the characteristics of the care scope managed within the local cultural context. Such interventions ensure that the provided nursing care maintains and accommodates the culture, negotiating so that the presence of mental health nurses in the community can reduce stigma for clients and the community seeking assistance with quick access and appropriate mental health services.

Transcultural nursing recognizes the need for holistic nursing care through actions that assist, support, facilitate, or accommodate cognitively based behaviors

tailored to align with individuals, groups, and communities' cultural values, beliefs, and lifestyles.<sup>19</sup> Transcultural nursing focuses on cultural differences, which involve distinct concerns, perspectives on health and illness, values, beliefs, and behavior patterns.<sup>20</sup> Transcultural nursing is a branch of nursing science that concentrates on the comparative study and cultural analysis of the health-illness continuum to provide appropriate nursing care services without disregarding the cultural values and health aspects of the specific group.

Studies on transcultural nursing show a correlation between knowledge and increased self-efficacy.<sup>21</sup> Additionally, transcultural care in hospitals can enhance nurses' self-efficacy, as indicated in research identifying nurses' self-efficacy in transcultural nursing, demonstrating that high nurse efficacy based on their culture is an asset for the quality of hospital nursing services.<sup>22</sup> When implementing mental health nursing therapy for clients with anxiety using a transcultural nursing approach, it can reduce anxiety and enhance knowledge and abilities to control anxiety.<sup>23</sup> The transcultural approach can benefit nursing care, whether in a hospital setting or the community, improving healthcare quality and providing opportunities for clients and caregivers to enhance self-efficacy. In this study, the transcultural nursing approach was crucial in addressing the care of individuals with mental disorders in the community. This approach guides nurses in providing mental health care interventions in the community without conflicting with local customs and cultures.

## Study Aim

This study aimed to analyze the cultural practices and beliefs surrounding the confinement of individuals with mental disorders within the Banggai community in Central Sulawesi, Indonesia. We examined the linguistic expressions of the region's spiritual leaders, known as *Talapu*, to understand how these expressions reflect the community's approach to mental health and confinement. The key research question was: How do

the linguistic expressions of *Talapu* reflect cultural beliefs and practices about mental health and confinement?

## Methods

**Design:** This study employed the ethnosemantic method to investigate the cultural perspectives and values of the participants. The writing of this report was guided by the COREQ (Consolidated Criteria for REporting Qualitative Research). We adopted an in-depth interview approach guided by Spradley's Developmental Research Sequence (DRS) model.<sup>24,25</sup> The utilization of this method is informed by its distinct advantages, notably its capacity to generate structured data. The data collected from participants were used to understand how culture influences the confinement of people with mental disorders.

**Informants and Setting:** This study was carried out in two specific districts: the Banggai Islands and Banggai Laut districts. The purposive sampling technique was used to select informants. The selection criteria were individuals identified as *Talapu*, who held a role as cultural and spiritual leaders within the Banggai community, regardless of gender, and who actively participated in the practice of confining people with mental disorders for less than five years. The study was conducted over six weeks, March–June 2023.

**Instrument:** The primary instrument used was the researchers themselves, complemented by tools such as a tape recorder and a cell phone. One of the authors served as the interviewer and was a male nurse. The interviewer did not have an established relationship with the participants.

**Ethical Considerations:** Ethical clearance for this study was granted by the Faculty of Nursing at Universitas Indonesia, as documented in the clearance letter with reference number KET-170/UN2.F12.D1/PDP.00.01.05/2023. In this study, we ensured the protection of participants' rights. We obtained informed consent by thoroughly explaining the research objectives,

procedures, potential risks, and benefits to the participants and ensuring their voluntary and confidential participation.

**Trustworthiness:** The data's validity can be accounted for from all aspects, including several criteria that must be met, such as internal validity (credibility), external validity (transferability), and objectivity (confirmability).<sup>26</sup> Additionally, data validity must consider critical issues in ethnographic learning to achieve data validity, namely dependability and reactivity.<sup>27–29</sup> To achieve transferability, the researchers used the thick description method. Thick description is a way for researchers to comprehensively depict the entire experience of collecting data, including the location of the interviews, the condition of the research area, and other information that provides a rich understanding of the research site.<sup>30</sup> For objectivity, an audit trial was conducted, and an external reviewer model was used, presenting the research findings to experts in nursing or medicinal transcultural fields to receive feedback and improvements on areas needing enhancement.<sup>31</sup> In addition, to achieve data stability, the researcher conducted a structured analysis and endeavored to accurately translate the results of the ethnographic study so that readers could draw the same conclusions from perspective, raw data, and the conducted analysis documents.<sup>28</sup> To reduce reactivity, the researchers introduced themselves first and conversed with informants as usual until they felt safe and comfortable.<sup>28</sup>

**Data Collection:** In staged interviewing, each stage builds upon the previous one. The first group (P1 to P4) provided a foundational understanding of the topic with open and broad questions. The data collected here set the stage for the next group (P5 to P9), focusing on hypothesis testing and verification. Finally, the last group (P10 to P13) helped refine and contrast the information gathered. Descriptive interviews were conducted by authors with informants P1 to P4. These interviews adhered to a structured approach encompassing several types of questions, including grand tour questions, mini-tour questions, example questions, experience-based questions, and inquiries in the native language.<sup>25</sup> The grand tour question refers to an inquiry aimed at

exploring informants' experiences regarding the research topic. For example, such questions might include: "Can you tell us about traditional beliefs in Banggai culture?"; "Can you explain why people might experience mental disorders according to traditional beliefs in Banggai culture?"; "Can you describe how people with mental disorders are treated in this village?"; and "Can you talk about the process of restraining people with mental disorders in the village?"

Following this, mini-tour questions were asked, which delved into more specific experiences, for example, "Can you describe your role as a *Talapu* in the restraint of individuals with mental disorders in this village?" During the example questions phase, inquiries such as "Can you provide an example of what drives involvement in the restraint of individuals?" were posed.

In the experience question phase, informants were asked to share their personal experiences, such as "Can you share your experiences as a *Talapu* in caring for individuals with mental disorders?" Finally, in the native-language question session, specific culturally relevant questions allowed informants to use their native language, for example: "How does the Banggai traditional belief view the restraining of individuals with mental disorders?" and "Are there specific terms in Banggai traditional belief regarding individuals with mental disorders who are restrained?"

Structured interviews were carried out with informants P5 to P9, involving descriptive questions. In the initial stage, the verification phase, the researcher asked the informants for proof to confirm or weaken hypotheses about a native language domain. The type of questions posed here was closed-ended, expecting answers of "yes" or "no." This was followed by the cover term question session, which involved the researcher asking informants about various cover terms. Additionally, included term questions were used to clarify whether an included term has the same meaning. Another type of question used was the substitution frame question, where informants were asked to replace a given word with another that fits their perception. Finally, there



were card sorting frame questions, which involved using cards containing information about the identified domain. The purpose of these questions is to ask informants to group the cards according to the given domain.

For informants P10 to P13, contrast interviews were conducted, encompassing both descriptive and structured questions to clarify each identified term. These contrast questions included dyadic contrast questions, triadic contrast questions, and rating queries. In the dyadic contrast questions, the researcher posed questions without suggesting any differences to the informants. The researcher's strategy focused on portraying the culture through the informants' perspectives. In the triadic contrast questions, the type of question presented an informant with three folk terms, for example, "Which two are similar, and which one is different from the others?" The researcher conducted this procedure to explicitly acknowledge that differences always imply similarities from the informant's perspective. Eventually, the researcher presented ranking questions, aiming to discover the values placed on symbols. The researcher asked informants to make contrasts based on which folk term was the best, easiest, most difficult, worst, most interesting, most desirable, least desirable, or other ranking criteria. These questions were posed as directed contrast questions, providing contrasts for the informants and then asking for others.

**Data Processing:** In a qualitative study, the data analysis process commences with data management, involving converting recorded information into transcribed documents.<sup>24,25,32</sup> Interview transcripts serve as the primary material in this study. Upon completion of the interview process, transcripts of the interviews were promptly created. The initial phase of managing these interview transcripts involved translating the Banggai language into an understandable form. The researcher undertook this translation task, and all translations of the interview transcripts underwent verification by local language translators. The Education and Culture

Office of the Banggai Islands Regency facilitated this verification process, as evidenced by appointment letter number 800.1.11.1/1154/Dikbud-Bangkep/2023, dated May 15, 2023, issued in Salakan, Banggai Islands Regency, Central Sulawesi.

**Data Analysis:** Data analysis in this study uses the Spradley semantic structure model.<sup>24</sup> The initial analysis stage seeks to acquire an emic perspective through domain analysis. Subsequently, it involves elucidating the internal domain by identifying shared meanings and structuring them into a taxonomic description. Lastly, the analysis proceeds with component analysis, aiming to differentiate the distinct characteristics of each domain by delineating their elements. When compiling themes, the outcomes of the comprehensive data analysis are carefully examined and organized into various domains, taxonomies, and components, all contributing to the broader semantic relationships that collectively represent the diverse domains explored in the study.

## Findings

### Domain Analysis

After conducting in-depth interviews with 13 informants, we identified a total of 11 domains, which are detailed in **Table 2**. These domains encompassed a range of topics, including the causes of mental disorders, rituals and approaches to managing individuals with mental disorders, the utilization of mantras in their care, the various media employed in ritualistic practices, motivations behind the act of confinement, the decision-making process concerning individuals with mental disorders, the procedural steps involved in confinement, the different types of confinement, the locations where confinement occurs, the repercussions of negative stigmatization experienced by individuals with mental disorders, and the perspectives of the *Talapu* regarding the practice of confinement.

**Table 1.** Informant characteristics

Characteristics	Total (n = 13)
Sex	
Male	12
Female	1
Age group (years)	
< 65	3
65–76	5
> 76	5
Religion	
Catholic	2
Christian	9
Muslim	2
Beliefs*	
<i>Balakat/Kalamat, Bisa, and Pilogot</i>	1
<i>Balakat/Kalamat and Pilogot</i>	5
<i>Bisa and Pilogot</i>	2
<i>Balakat/Kalamat only</i>	2
<i>Pilogot only</i>	3
Service Period as <i>Talapu</i>	
20–30 years	5
31–40 years	2
41–50 years	6
Educational background	
Uneducated	8
Public school ( <i>Volkschool</i> : Pre–1946 Elementary school level)	1
Elementary school	3
Middle school	1
Occupation	
Farmer	12
Farmer and head of security	1

Note: All informants had experience in handling people with mental disorders; \*a *Talapu* could hold more than one belief; *Balakat/kalamat*: Belief in sacred objects; *Bisa*: Belief in a divine life force; *Pilogot*: Ancestral belief

**Table 2.** Domains of mental disorders in Banggai culture

Domain	Semantic relationship	Example of terms
D1: The causes of mental disorders	Cause-effect	Hereditary disorder, crisis, <i>pilogot nea cobaiyo</i> (belief-related disorder), <i>karamaton</i> (disorder acquired from violating sacred places), <i>setan na cobaan</i> (trial by demon/devil)
D2: Rituals and approaches to managing individuals with mental disorders	Function	<i>Ditiup/Pul le</i> : Healing through spoken chants, using the breath to address the afflicted spot. For mental afflictions, it envelops the entire being but centers on the mind; <i>Lambea</i> : A natural place that is marked and sacred, which is then related to traditional religious rituals, spiritual rituals, and spiritual-based healing rituals; <i>Tetepulos</i> : Mediation on the causes of mental disorders originating from ancestral spirits and residents of sacred forests in the form of poetry
D3: The utilization of mantras	Function	<i>O banggalo</i> : A poetic plea to stop a trial or tribulation; <i>Tabea</i> : Apology/permission/respect towards ancestral spirits; <i>O te saosa/so sa</i> : A greeting of respect
D4: Various media employed in ritualistic practices	Function	Living creatures such as animals, goats, pigs, dogs, and chickens, or inanimate objects like drums or burning rituals
D5: Motivations behind the act of confinement	Rationale	Causing chaos, stealing, being feared by others, carrying a machete/dangerous object, and wandering back and forth day and night.
D6: The decision-making process concerning individuals with mental disorders	Spatial	<i>Mian basal/mian bobosoli</i> : A person of high status/great leader; <i>Kambung tumbuno</i> : Village chief or headman; <i>Pamarenta</i> : Related government or governing authorities
D7: The procedural steps involved in confinement	Sequence	<i>Kinis</i> (paralyzed or immobilized), <i>Laue/la'eoyo/nda tapue</i> (captured), and <i>Ki not/Inuboi (binoboi)/inungu</i> (knocked down), and so forth until the process of being placed into a confinement or enclosure
D8: The different types of confinement	Means-end	Shackling both feet with two wooden blocks; Confined in a structure made of wooden planks; <i>Tinondok</i> : confined in an enclosure similar to a pigsty
D9: The locations where confinement occurs	Location	Behind the house towards the forest or the central room, including in the kitchen
D10: The repercussions of negative stigmatization experienced by individuals with mental disorders	Cause-effect	Neglected and no longer cared for, immobilized through spiritual rituals ( <i>inis/kisse</i> ), and a sense of gratitude if he/she passes away
D11: The perspectives of the <i>Talapu</i> regarding the practice of confinement	Cause-effect	Pity/compassion, feeling uneasy, and sadness



The mental disorders in the community are believed to be caused by various factors, such as heredity (referring to ancestral disorders), crisis, *pilogot nea cobaiyo* (belief-related disturbances), *karamaton* (disorders obtained from violating sacred places), *setan na cobaan* (temptation by demons), *tasalah mencuri* (due to stealing), *perkosae ko binatang* (bestiality), tropical malaria, *pikiran akinda sanggupe* (an overwhelmed mind), *kimo da sanggupe tentang rumah tangga* (inability to manage household affairs), *sabung* (the spirit of a person who has died violently or a wrathful spirit), *sualangga* (the spirit of a person who died prematurely), *do barang-barang gaib so masuk* (possessed by supernatural objects part of balakat), *talenga* (a brave spirit), *ko nepu-nepu* (witchcraft), *selle* (sin of incest), *harta so tida bisa kita urus* (mismanaged wealth), *putus sekolah* (dropping out of school), *tida ada kita punya doi* (lack of money), *ba hugel de pe istri* (wife having an affair with another man), rules, actions, emotions, desires, *telebo/alín-alín/balik* (forest dwellers), overthinking, narrow-mindedness, bitterness, and heart issues. The causes believed by the informants represent a semantic relationship of cause-effect within their domain.

Another domain with a semantic cause-effect relationship is the negative stigma towards individuals with mental disorders. Confinement of individuals with mental disorders is considered the end of available treatment and a part of efforts to secure the community. This confinement elicits responses from families and the community, including the *Talapu*. The responses conveyed by the informants include notions that those who have been confined are *so tidak kai dirawat* (no longer cared for), *kim'monihiraukan* (ignored), *matemo doi na pinangaan matemo* (left to die in confinement), and *ndeikon kong'ita mo akateo* ("it is not us who killed them"; referring to the *Talapu*, community, and family). The third domain with a cause-effect relationship concerns the response of the *Talapu* to the confinement process. Following the existing confinement, there is a response from the *Talapu*, such as expressing feelings of sympathy towards individuals with mental disorders.

This feeling of sympathy emerges when witnessing the suffering of individuals with mental disorders during their illness and throughout the period of confinement. These feelings are conveyed in expressions such as *sakisa mo daia* (he/she is suffering), *berusaha paulio ulang* (trying to be treated again), and *kasian(g)/sasayange/mamasikene* (feeling pity/compassion).

The next dominant semantic relationship is function, consisting of three domains. The first one is rituals and approaches to managing individuals with mental disorders. In the Banggai community, the handling of individuals with mental disorders always begins with spiritual rituals. These rituals are conducted by families and led by the *Talapu*, who are key figures in executing these spiritual practices. The rituals aim to reconcile the individual with a mental disorder, their family, and the spirits of ancestors and the environment. Examples of treatments for individuals with mental disorders include practices like *ditiup* and *lambea* (see **Table 2**) and *tetepulos* (mediation regarding the causes of mental disorders stemming from ancestral spirits and inhabitants of sacred forests in the form of prayer poetry).

The next domain is the use of mantras. In conducting spiritual activities, the *Talapu* have the role of ritual leaders. Apart from employing physical elements, the ritual treatment of individuals with mental disorders invariably involves the use of mantras recited by the *Talapu*. These mantra verses serve as a means of communication through which the *Talapu* seek to reconcile, pray for, promise, and contemplate the suffering of individuals with mental disorders, connecting them with a divine source believed to test the community. The third domain in the semantic relationship of function concerns the use of media in spiritual rituals. In the treatment of individuals with mental disorders, media plays a crucial role in spiritual rituals as an alternative form of therapy. The media, which the family is responsible for providing, fulfills the requirements of the spiritual rituals and acts as a substitute for human suffering.

Meanwhile, other semantic relationships, each consisting of only one domain, include rationale (D5),

spatial (D6), sequence (D7), means-end (D8), and location (D9). Examples of terms that fall under these domains are illustrated in **Table 2**.

#### Taxonomic Analysis

Taxonomic analysis followed the structured interviews conducted with informants P5 to P9, consisting of 11 questions aligned with the outcomes of the domain analysis (see **Table 3**). These structured interviews

were integrated into the descriptive interview process. This strategic integration allowed the structured questions to corroborate each domain identified during the descriptive interviews. Each of these structured questions corresponded to a specific domain and was formulated to offer a comprehensive overview of the observed semantic relationships.

**Table 3.** Structured questions developed from domain analysis

Domain code	Relationship form	Structured questions
D1	X results from Y or X is a cause of Y	What are the causes of mental disorders?
D2	X is used for Y	What are the rituals employed in managing individuals with mental disorders?
D3	X is used for Y	What mantras are used in alternative healing rituals for people with mental disorders?
D4	X is used for Y	What mediums are utilized in alternative medicine for treating people with mental disorders?
D5	X is the reason for doing Y	What are the reasons behind the confinement of people with mental disorders?
D6	X is one part of Y	Who are the key decision-makers involved in the shackling of people with mental disorders?
D7	X is one of the steps in Y	Can you mention the steps involved in the confinement process?
D8	X is a way to do Y	Can you describe the methods used for confinement?
D9	X is a place to do Y	Where are the common places for confinement located in your area?
D10	X is the result of Y	How does witnessing the shackling of people with mental disorders affect you?
D11	X is a result of Y; X is a cause of Y	What is <i>Talapu</i> 's perspective on the confinement of people with mental disorders?

In the taxonomic analysis, the researcher identifies the most common domain and examines the relationships among native language terms within that domain. This process involves selecting suitable substitutions, determining the core elements to include, and choosing a broader domain encompassing the established taxonomy. Six taxonomies were created in this study, covering

the causes of mental disorders, methods of handling individuals with mental disorders, decisions related to confinement, assistance for those with mental disorders, deprivation techniques, and the locations and consequences of deprivation. **Table 4** shows an example of one taxonomy: the causes of mental disorders.

**Table 4.** Taxonomy of the causes of mental disorders

The causes of mental disorders	Family	Tete (Grandfather)	<u>Selle (Sin of incestuous marriage)</u>		
			Hanging oneself		
		Mother			
		Father			
		Siblings	There were cases of suicide or hanging oneself.		
			Stress		
			<u>No longer believing in the faith</u>		
			<u>Not offering burnt animal sacrifices</u>		
		Ancestral belief	The trials of <i>pilogot</i> and Forgetting the <i>balakat</i> belief/ancestral spirits		Hunting lineage; <i>Batong</i> lineage (traditional musicians); <i>Talenga</i> (spirits of the brave ancestors); <i>Sabung</i> (spirits of the angry/destructive ancestors); <i>Sualangga</i> (spirits of those who died unwillingly or forcibly)

In the taxonomy of causes of mental disorders, three primary causes were identified: family factors, behavior not by traditional customs, and tropical malaria. For causes originating from the family, for instance, they were further divided into specific sources such as grandfather, mother, father, siblings, ancestral belief, emotions, unmanaged property, and overthinking. Taking

the example of causes stemming from the grandfather, the specific cause identified is *selle* (the sin of incestuous marriage).

#### Component Analysis

Component analysis derives results by scrutinizing disparities in the information provided by different individuals and identifying variations in the terminology

employed during the comparative interview process.<sup>25</sup> The process of elucidating meaning is accomplished through three principles: the principle of correspondence, which entails establishing connections between one symbol and another; the principle of utilization, which involves employing pre-existing symbols; and the principle of similarity, which underscores the significance of a term or symbol by comparing it with contrasting queries. A combination of descriptive and structural questions was employed, specifically for domains D3, D4, D7, and D8. These contrasting questions encompassed three types: dyadic contrast questions, which allowed informants to elucidate their perspectives on culture without overtly indicating distinctions; triadic contrast

questions, which prompted informants to discuss the similarities and differences among multiple terms concurrently; and rating questions, which requested contrasts based on evaluations, including categorizations such as poor examples, satisfactory, good, and very good.<sup>33</sup> The component analysis results identified six distinct paradigms: the paradigm exploring the origins of mental disorders, the paradigm addressing the management of individuals with mental disorders, discussions regarding the restraint of people with mental disorders, the paradigm examining the techniques of confinement, the paradigm focusing on the locations of the confinement, and the paradigm assessing the ramifications of confinement (see Table 5).

**Table 5.** Paradigms related to cases of people with mental disorders

Paradigm	Contrast Series	Contrast Dimension				
		Family	Ancestral belief	Lack of money	Emotions	Non-traditional behavior
The origins of mental disorders	Lineage	Yes	Yes	No	No	Yes
	Crisis	Yes	No	Yes	Yes	No
	Devil's trial	No	No	No	No	Yes
	Resentment	Yes	No	Yes	Yes	No
	Tropical malaria	No	No	No	No	No
Handling people with mental disorders		Family	Health workers	Religious leader	Talapu	Community
	<i>Lambea</i>	Yes	No	No	Yes	Yes
	<i>Momundu</i> (spiritual mediation)	Yes	No	No	Yes	No
	<i>Ba supat bakalatanggon</i> (ritual for placing boundary markers to keep the environment free from disease)	Yes	No	No	Yes	Yes
	<i>Mandayang</i> (prayerful poetry)	No	No	No	Yes	No
	Burning animals	Yes	No	No	Yes	Yes
	Blowing on water and bathing	Yes	No	No	Yes	No
	Religious prayer ritual	Yes	No	Yes	No	Yes
	Doctor's medicine	Yes	Yes	No	No	No
	Injection from a health worker	Yes	Yes	No	No	No
	Referred to a health institution	Yes	Yes	No	No	No
		Leg shackling	Confinement house	Torture	Care	Duration of shackling
	<i>Panga</i> (leg shackling)	Yes	Yes	Heavy	No	Uncertain
	<i>Kinulung/Tinondok</i> (a cell like a pigsty)	No	Yes	Light	No	Uncertain
	<i>Kinot</i> (tied up or bound)	No	No	Moderate	No	After ritual/ Uncertain

**Table 5.** Paradigms related to cases of people with mental disorders (Cont.)

		<b>Health status</b>	<b>Behavior</b>	<b>Environment</b>	<b>Material</b>	<b>Safeguarding</b>	<b>Shackling</b>
<b>Discussions</b>	Family	Failed	Hitting people	Damaging homes	Suffering losses	Yes	Yes
	<i>Talapu</i>	Failed	–	–	–	Retreatment	Retreatment
	Community	Failed	Hitting people	Feared by people	Suffering losses	Yes	Yes
	Government	–	Suicide	Killing people	–	Yes	Yes
		<b>Central room</b>	<b>Kitchen</b>	<b>Side of the house</b>	<b>Back of the house</b>	<b>Riverside</b>	<b>Copra processing place</b>
<b>Locations</b>	House	Yes	Yes	Yes	Yes	Yes	No
	Home garden	No	No	No	Yes	Yes	Yes
		<b>Family</b>	<b><i>Talapu</i></b>	<b>Community</b>			
<b>Responses</b>	Neglected	Yes	No	Yes			
	Divorced	Yes	No	–			
	Left to die in restraint	Yes	Yes	Yes			
	Efforts for recovery	No	Yes	No			
	Receiving curses	Yes	Yes	Yes			
	Loved	No	Yes	No			
	Treatment is inappropriate or ineffective.	Yes	No	Yes			
	<i>Kinis</i> (paralyzed)	Yes	Yes	Yes			

For example, in the paradigm of causes of mental disorders, the factor of lineage is marked “Yes” under the family dimension, indicating that it is perceived as a factor strongly associated with family, suggesting that mental disorders are seen as potentially inheritable or linked to genetic or familial lineage. Lineage also has a “Yes” under the belief dimension, implying that in the belief system of this community, there is an understanding or acceptance that mental disorders can be passed down through generations, not just in a biological sense but possibly also in a spiritual or cultural sense. “Lineage” is marked “No” for lack of money, meaning that there’s no direct perceived link between lineage factors and financial status in the context of mental disorders. The “No” under emotions for “lineage” suggests that lineage factors are not directly correlated with emotional states or feelings in the causation of mental disorders. Finally, under the custom

dimension is “Yes,” this could mean that lineage-related mental disorders are sometimes seen as resulting from or related to behaviors that deviate from traditional norms, possibly hinting at a belief in ancestral actions affecting descendants.

#### **Theme Analysis Results**

The thematic analysis involved a thorough review of data collected from all interview sessions, followed by comparing the findings derived from domain analysis, taxonomy analysis, and component analysis. Establishing the themes did not solely rely on repeating existing information; rather, it considered the semantic connections among different subsystems governing various domains, taxonomies, and individual components. For the resultant themes to embody broader semantic connections across diverse domains, the analysis yielded three key themes: spiritual rituals as methods for managing individuals with mental disorders, the

significance of *Talapu* in addressing mental disorders, and the intertwining of *Talapu* with the practice of

confining individuals with mental disorders. **Table 6** shows the three developed themes.

**Table 6.** Theme analysis

Theme	Domain	Taxonomy	Component
Spiritual rituals for treating people with mental disorders	Cause: Trials from ancestral beliefs, social behavior, and biological factors Handling: Traditional treatment based on spiritual rituals, treatment based on religious prayer rituals, and treatment by healthcare professionals Reason for confinement, decision to shackle, steps in confinement, characteristics of shackling, method of confinement, location of confinement	Rituals of <i>Ba lambea</i> (a marked, sacred natural site linked to traditional, spiritual, and healing rituals), <i>Momundu</i> , <i>Ba supat bakalatanggon</i> , religious prayer rituals, role of healthcare workers, referral to healthcare institutions, confinement	Handling of people with mental disorders
<i>Talapu</i> 's role in handling people with mental disorders	Mantras and materials used in treating mental disorders. Shackling discussion: <i>Talapu</i> is involved in the decision-making process for shackling.	<i>Lambea</i> , <i>Momundu</i> , <i>Ba supat bakalatanggon</i> <i>Talapu</i> : For treatment, there is no other way, <i>kimo nda lungguyo</i> (uncontrollable), so that they do not harm others.	Retreatment <i>Talapu</i> 's dilemma for confinement
<i>Talapu</i> and confining people with mental disorders	Reasons for confinement: Treatment failure, uncontrollable behavior, and for safety <i>Talapu</i> 's response to confinement: They will not be cared for, left to die in confinement, and neglected. <i>Talapu</i> 's response post-confinement: They have suffered, efforts to treat them again, feelings of pity/compassion, discomfort, better to treat them, crying with sadness.	Family, <i>Talapu</i>	Treatment of people with mental disorders, inappropriate or non-functional, confinement, and retreatment

#### Theme 1: Spiritual Rituals for Treating People with Mental Disorders

The first theme formed from the component analysis is spiritual rituals as an intervention for treating people with mental disorders. In Banggai, people with mental disorders are treated based on the cause of their condition. The treatment for people with mental disorders includes traditional healing based on spiritual rituals,

religious-based healing through prayers according to one's faith, medical treatment by healthcare professionals such as doctors and nurses in the community, and confinement of people with mental disorders as part of the treatment process. In cases where treatment involves religious prayers or medical professionals, often there is a wait for guidance from the *Talapu* before the family takes further steps. This guidance from the *Talapu* is



based on the belief that the causes of mental disorders are trials stemming from external forces or ancestors within traditional beliefs, trials from God, and disturbances originating from within the individual themselves. Meanwhile, the confinement of people with mental disorders is employed as a last resort, with the family's agreement following a consultation with community leaders. This step is taken as a final measure to secure the safety of both the individual with a mental disorder and their surroundings, especially when their condition is deemed dangerous and previous treatments have not shown results.

"The custom here works just like that. We think about what this person is like, we ask the *mantri* (referring to the village nurse/health worker), religion, and customs, and they all become one. Because these three come together. Nurses/village health workers give injections, custom takes chicks or other things like pigs, then religion prays."

#### **Theme 2: Talapu's Role in Handling People with Mental Disorders**

In the second theme, the role of the *Talapu* in treating people with mental disorders, the *Talapu* has a unique role in managing people with mental disorders in Banggai. Their role in managing people with mental disorders is seen in the treatment efforts carried out by families. The treatment of people with mental disorders by the *Talapu* is based on spiritual rituals. The purpose of these spiritual rituals is to reconcile the individuals suffering from mental disorders and their families with the beliefs held by the Banggai community through specific rituals of supplication that can only be conducted by the *Talapu*. The *Talapu* provides support in reconciling the afflicted individual and their family with the traditional beliefs of the community, which may have been disturbed due to mistakes made by the individual or their family, by offering respect and animal sacrifices. This role of the *Talapu* is part of the psychosocial support for people with mental disorders and their families in handling mental health issues. Additionally, the *Talapu* is also

involved in community consultations regarding the management of people with mental disorders.

"First, we secure the situation, and then we seek out the village owner, village head, *kambung tumbuno* (traditional leader), or others to inquire about their thoughts during the meeting on how to handle it. Whether we are merely contemplating being locked up or actually put in shackles, the outcome of this consideration is whether she or he is in shackles or not. At this point, we will seek the assistance of *Talapu*."

#### **Theme 3: Talapu and Confining of People with Mental Disorders**

The third theme focuses on the relationship between the *Talapu* and the confinement of people with mental disorders. *Talapu*'s response instills hope among individuals grappling with mental disorders, offering them the prospect of reclaiming their fundamental rights. One such right, restored through the intervention of *Talapu*, involves the opportunity to seek medical treatment anew. Notably, in Banggai culture, *Talapu* does not participate in the decision-making process concerning confinement. Instead, the confinement itself represents *Talapu*'s response, aimed at facilitating the treatment of individuals with mental disorders through spiritual ritual practices.

"It means we cannot afford it; we are just trying to re-medicate who know we might be helped. Indeed, if someone has to be shackled, they have to be arrested. We treat his illness and if that does not work, at least we have put him in shackles to obey orders, we can bathe him (*sauwe*) in his shackles. So, we bathe him near the water, as the water is calm."

The method of confinement used by *Talapu* for individuals with mental health disorders involves several key steps, executed with care and attention. Initially, the individual is restrained to prevent movement, typically by the use of leg restraints, carefully measured

and fitted to the individual. Once these restraints are securely locked, the individual is placed in the prepared enclosure. Following this, a confinement area is prepared, typically consisting of a small, secure structure. The dimensions of this space are usually about 3 m in length and 2 m in height, ensuring the individual has ample space to sit and lie down. This method of confinement, as practiced by the *Talapu*, is a systematic approach that balances the need for security with the physical limitations of the individual.

## **Discussion**

*Talapu's* beliefs frequently clash with those of religious leaders and healthcare professionals, leading to a significant influence on the approach to individuals with mental disorders. This conflict results in families experiencing stigma and rejection from their community, as they are sometimes perceived as lacking faith when opting for *Talapu's* methods of addressing mental disorders. Consequently, families often lean toward *Talapu's* services for the treatment of individuals with mental disorders. The concept of stigma as a hindrance to healthcare access aligns with findings from previous studies.<sup>4</sup> This study's findings underscore how stigma serves as a deterrent, impeding both individuals with mental disorders and their families from seeking essential health services. Due to this prevailing stigma, families often turn to *Talapu* services as an alternative means of providing medical care for individuals with mental disorders within the community.

*Talapu's* approach to treating individuals with mental disorders is rooted in spiritual rituals, as shown in the results of Theme 1, aligned with the pagan beliefs they follow. Nonetheless, *Talapu* emphasizes the importance of families, incorporating prayer rituals led by religious leaders or seeking medical assistance from healthcare professionals. This dual approach ensures that the spiritual rituals align with the treatment requirements, taking into account the underlying causes of the disorders. The findings of this study align with

Minas et al.<sup>2</sup>, which asserted that the preference for alternative medicine stemmed from a lack of family awareness. Consequently, families tended to place more faith in traditional medicine over healthcare services provided by health workers. This phenomenon is consistent with other research findings that highlight how families often deny the presence of mental disorders in their members. This denial leads them to avoid seeking treatment at healthcare facilities, as they fear the stigma associated with mental disorders and hold the belief that supernatural forces influence such conditions.<sup>34</sup> In a previous study conducted by Eka et al.<sup>3</sup>, it was noted that individuals with mental disorders, before being subjected to confinement, typically sought healing through traditional medicine and traditional ceremonies. Research conducted in the Java region further illustrates that the Javanese people often perceive mental disorders as the result of satanic trials and black magic. In response to these beliefs, they consider interventions from religious or spiritual leaders, as well as shamans rooted in animist beliefs, as necessary to address their mental health challenges.<sup>35</sup> This present study elucidates that the management of individuals with mental disorders in Banggai predominantly relies on the services of spiritual leaders, drawing upon spiritual ritual-based treatments deeply rooted in the prevailing beliefs of this region.

The role of *Talapu* in treating people with mental disorders, as explained by Theme 2, is demonstrated through psychosocial support. The treatment approach implemented by *Talapu* aims to alleviate the suffering of individuals grappling with mental disorders, and families are required to meet certain prerequisites for the ritual procedures. These prerequisites encompass providing sacrificial animals, such as chickens, dogs, and pigs. The ritual healing practices identified in this study included the act of cleansing or bathing individuals with mental disorders using water that has been sanctified by established traditional beliefs. Additionally, the ritual involves the sacrifice of animals such as chickens, dogs, pigs, and goats to symbolically alleviate or replace

the suffering endured by individuals with mental disorders. Furthermore, shallots or garlic, which have been consecrated through prayers led by *Talapu*, are used to massage the entire body of the afflicted individual, starting from the head and extending to the extremities. This practice is trusted to offer solace and alleviate the symptoms associated with individuals suffering from mental disorders. Consequently, families do not perceive any undue burden in meeting the ritual prerequisites for treatment. The tranquility experienced by individuals with mental disorders brings relief to their families, who no longer feel disadvantaged in terms of fulfilling the requirements.<sup>36</sup>

Research conducted on faith-based healing at a prayer camp in Ghana for individuals with mental or mood disorders demonstrated a positive effect in reducing symptoms, although the benefits were not long-lasting.<sup>37</sup> The report suggests that a collaborative approach involving doctors, therapists, and spiritual teachers can yield a comprehensive understanding of the situation and holds the potential for successful treatment outcomes.<sup>38</sup> Other studies caution against using traditional medicine, citing its potential dangers, including the practice of restraining patients with chains and imposing conditions that could harm both the family financially and lead to severe disability for the sufferers themselves.<sup>39</sup> In this study, families placed their trust in *Talapu* to address the symptoms of individuals with mental disorders. They did not perceive themselves as being at a disadvantage because the treatment outcomes were effective in alleviating the symptoms experienced by those with mental disorders.

Meanwhile, the root cause of these disorders was attributed to supernatural trials, and treatment involves spiritual rituals. These rituals serve the purpose of fostering reconciliation between individuals with mental disorders and their families and the perceived source of their trials. Other research indicates that the preference for traditional medicine stems from symptoms that do not show improvement and insufficient monitoring of the condition.<sup>39</sup> The spiritual interventions employed

in the treatment of individuals with mental disorders in Banggai are perceived as having the potential to facilitate healing. Healing is often gauged by the presence of tranquility resulting from the compassionate support of the individuals' families. However, it is essential to note that this intervention has not proven effective for everyone and, in some cases, has had adverse consequences, causing harm to both individuals with mental disorders and their families. The families involved in these rituals may incur material losses due to the requirements imposed by the ritual. Meanwhile, individuals with mental disorders may suffer because they are not receiving appropriate and effective treatment. These circumstances arise from the families' limited perception and understanding, which are often shaped by traditional beliefs and the prevailing negative stigma surrounding mental disorders within society. Consequently, individuals with mental disorders are compelled to undergo a ritual treatment process as a prerequisite to access more adequate interventions. In reality, these forms of treatment should ideally be pursued concurrently without undermining cultural, religious, or healthcare practices. The involvement of spiritual, cultural, and religious leaders can offer valuable support to both families and individuals with mental disorders. However, there can be contradictions and conflicts within society regarding the harmonious integration of these approaches.

The family's hesitancy in granting individuals with mental disorders access to healthcare services is addressed by *Talapu*, which offers hope for them to receive additional treatment. *Talapu* encourages the family to consult with community leaders, religious authorities, and healthcare professionals during a meeting convened to further the treatment of individuals with mental disorders.

Furthermore, *Talapu* actively seeks social support from the community to meet the requirements for spiritual rituals used in the treatment of individuals with mental disorders. In addition to this, *Talapu* also allocates a separate space for individuals with mental disorders to engage in their family roles. Typically,

the space provided by *Talapu* is voluntary or offered free of charge, mirroring the approach to treatment. This empowerment encourages one to become more actively engaged in community social activities, serving as an alternative to physical punishment or confinement. Additionally, offering spiritually-based traditional medical services rooted in a shared cultural understanding with the family can provide valuable psychosocial support for individuals with less severe mental disorders and prove to be an effective means of assistance.<sup>36</sup> Furthermore, it was reported that families expressed satisfaction with traditional spiritual treatment due to the presence of valuable coping resources. These resources include spiritual support and social assistance from other family members and relatives, contributing to their contentment.<sup>39</sup>

The stigma associated with individuals suffering from mental disorders and their families often leads to denial and social withdrawal, as observed in West Sumatra.<sup>34</sup> Consequently, they opt for traditional medicine because it is perceived as capable of providing effective treatment and crucial social support.<sup>34</sup> This provision of social support aligns with research conducted in Manggarai, East Nusa Tenggara, which highlights the role of traditional leaders in managing individuals with mental disorders. These leaders served as protectors, advisors, and mediators between the affected individuals' families and the broader community.<sup>3</sup> Furthermore, utilizing spiritual healing service providers offers a broader perspective on life lessons and assists clients in making important life decisions.

This study's findings underscore the crucial role played by *Talapu* in delivering psychosocial support to individuals with mental disorders and their families. This provision fosters emotional connections between *Talapu*, individuals with mental disorders, and their families. *Talapu*'s psychosocial support, including fostering acceptance within the family and empowering individuals in alignment with their roles, effectively meets the psychosocial support requirements of both individuals with mental disorders and their families. This role is viewed as achieving its maximum potential and

successfully meeting society's expectations, contributing significantly to individuals' self-realization efforts.<sup>40</sup> This expected role is attributed to the belief that spiritual leaders possess wisdom, knowledge, and a unique ability to discern and comprehend the health challenges families face. They accomplish this by aligning these issues with the social and cultural beliefs of the community. Consequently, in the realm of mental health, spiritual services are regarded as the cornerstone of assistance provided by families.<sup>41</sup>

Theme 3 highlighted that in the environment where *Talapu* operates, the confinement of people with mental disorders in the form of physical restraint still occurs. This practice persists due to limited access to mental health services for families and the community. *Talapu* is responsible for fulfilling psychosocial support needs, primarily because health services cannot adequately address these requirements. This is one of the key reasons why families in Banggai often favor *Talapu*'s approach to treating individuals with mental disorders. Leveraging the role of *Talapu* in traditional medicine, rooted in spiritual rituals, proves to be a dependable choice for families in addressing their psychosocial support needs. This preference arises from the understanding that if the mental disorder worsens and leads to negative behaviors affecting the individual's environment, a specific ritual called *kinis* (paralyzing), performed by *Talapu*, becomes necessary. The protracted process of implementing confinement deeply touches the heart of *Talapu*, motivating them to embark on the healing journey once more through established spiritual rituals. This emotional response, driven by feelings of compassion and empathy, compels *Talapu* to resume treatment when encountering individuals with mental disorders who are in shackles. Consequently, for *Talapu*, the act of confinement represents an opportunity to engage in treatment again, a sentiment shared by most informants.

This healing approach may bring hope to those who bear the weight of troubled minds, allowing them to break free from their burdens. Similarly, in Ethiopia, *tsebel* (holy water) is the prevailing remedy within

ancestral medicine. Traditional and spiritual healers employ it to conquer the trials of mental affliction.<sup>42</sup> During the period of confinement, therapeutic interventions are administered by religious practitioners and shamans in Ethiopia. These practitioners contend with complex emotional responses, encompassing sentiments of guilt, shame, and astonishment, as they engage with individuals concurrently afflicted physically and psychologically. These individuals, in turn, seek their guidance and therapeutic services. Nonetheless, within the ambit of their caregiving, numerous individuals find themselves compelled to engage in activities such as eating, sleeping, urinating, and defecating within confined quarters that are purportedly suitable. This predicament engenders a conundrum in the collaborative efforts between healthcare professionals and traditional practitioners rooted in spiritual rituals alongside religious healers. The participation of *Talapu* in the practice of confinement signifies a ray of hope for individuals grappling with mental disorders. It presents a potential avenue for individuals with such conditions to avoid confinement. Thus, the engagement of *Talapu* in the treatment of individuals with mental disorders holds promise for the future, offering potential benefits and avenues for exploration in mental health care. The engagement of *Talapu* as providers of traditional healing services necessitates the establishment of distinct protocols. These protocols are essential to ensure that the collaboration with mental health practitioners does not run counter to the core function of delivering mental health services and meeting the exigencies of the community's mental health needs.

In many cultures, spiritual and healing roles, such as that of the *Talapu*, are often influenced by gender norms.<sup>43</sup> This study shows that the role is predominantly occupied by men, which may perpetuate traditional gender roles and hierarchies. Conversely, if women predominantly fill this role, it might signify a position of respect and authority for women in this area. It could also indicate a gendered expectation that caregiving and healing are roles 'naturally' suited to women. The

involvement of the family in the treatment and confinement of individuals with mental disorders can also be significantly shaped by gender norms. Women may be more confined due to the family's concerns about 'protecting' them or preserving family honor. At the same time, men may be more frequently confined for reasons related to safety or perceived aggression. Furthermore, the responses of *Talapu* to confinement and subsequent care might vary depending on the gender of the person with the mental disorder. For instance, expressing pity or compassion might be more socially acceptable when directed towards women. In contrast, there might be an expectation for men to demonstrate resilience, possibly resulting in them receiving less empathetic care.

In this study, ethnosemantics offered a unique and insightful lens through which we can explore and understand cultural nursing practices, particularly in the context of traditional treatments for people with mental disorders. Ethnosemantic research reveals how different cultures perceive and define mental disorders, significantly influencing how symptoms are recognized, described, and treated. For instance, *Talapu* explained that mental disorders may be understood in spiritual or ancestral terms. Moreover, ethnosemantics aids in decoding the rituals, practices, and language used in these treatments, providing insights into their symbolic meanings and therapeutic roles. This approach equips nurses and healthcare professionals with essential tools to understand and employ culturally appropriate language and metaphors, enhancing communication and the overall effectiveness of care.

## Limitations and Recommendations

This study has several limitations that should be considered. Language and interpretation issues pose a significant challenge, especially where translations are involved, as this could lead to the loss of linguistic nuances. Additionally, the potential for researcher bias in a cross-cultural study is a concern, as it might

influence the interpretation of data. Furthermore, the study's reliance on self-reported data raises concerns about biases, including the possibility of exaggeration or forgetfulness by participants. These factors must be taken into account when evaluating the findings and implications of the research.

Future research efforts should delve deeper into the intricacies of collaboration in mental health services among healthcare professionals, cultural and spiritual leaders, and religious leaders. This exploration should encompass providing psychosocial support and responding to the evolving mental health needs in society to achieve Indonesia's goal of eliminating confinement.

## **Conclusions and Recommendations for Nursing Practice**

For *Talapu*, confinement allows them to undergo treatment once more. This underscores the potential utility of involving *Talapu* in the treatment of individuals with mental disorders in the future. However, it is essential to underscore that the engagement of *Talapu* as providers of traditional healing services necessitates the establishment of specialized protocols. These protocols are vital to ensure that the collaboration with mental health practitioners does not engender conflicts within the realm of mental health services. This collaborative effort may effectively address the mental health service requirements of the community.

The nursing ethics surrounding the use of restraint and confinement for individuals with mental illness, as advocated by the *Talapu*, presents a challenging dilemma wherein such practices may infringe upon human rights. In nursing practice, it is imperative for nurse leaders to take a stand against these infringements and actively work towards improving the human rights situation. Collaboration with the *Talapu* becomes crucial in navigating this complex situation, involving elements such as education, careful strategic implementation of Indonesia's health legislation to prohibit such human

rights infringements, and fostering community engagement to address the multifaceted challenges associated with the treatment and support of individuals with mental disorders.

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# การจำกัดขอบเขตของบุคคลที่มีความผิดปกติทางจิตจากมุมมองของผู้นำทางจิตวิญญาณของวัฒนธรรมบังโก อินโดนีเซีย: การศึกษาแนวบรรพชาตชาติพันธุ์

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**บทคัดย่อ:** การจำกัดขอบเขตของบุคคลที่มีความผิดปกติทางจิตนั้น ไม่เพียงแต่เป็นการละเมิดสิทธิขั้นพื้นฐานของบุคคลเท่านั้น แต่ยังขัดต่อกฎหมายด้านสุขภาพที่บัญญัติไว้ด้วย ซึ่งรวมถึงในประเทศอินโดนีเซีย ซึ่งเป็นสถานที่ใช้ในการศึกษาวิจัยครั้งนี้ สำหรับประเทศอินโดนีเซีย การจำกัดขอบเขตของบุคคลอาจมีการกระทำโดยการแยกกักหรือการแยกให้อยู่อย่างสันโดษในห้องหรือในกระท่อมเล็กๆ ที่สร้างขึ้นในสวนของครอบครัวหรือในทุ่งนาซึ่งใช้เวลาเดินทางจากบ้านถึงกระท่อมประมาณสิบนาที บางครั้งมีการใช้สายรัดขาหรือห่วงกุญแจคล้องด้วย การศึกษาครั้งนี้เจาะลึกถึงความสำคัญของการจำกัดขอบเขตของบุคคลที่มีความผิดปกติทางจิตโดยการวิเคราะห์ความหมายของรูปภาพของผู้นำทางจิตวิญญาณจากวัฒนธรรมบังโกในเกาะสุลาเวสีตอนกลาง ประเทศอินโดนีเซีย การมีส่วนร่วมกับผู้นำทางวัฒนธรรมและจิตวิญญาณภายในชุมชนเป็นสิ่งจำเป็นในการได้รับข้อมูลเชิงลึกเกี่ยวกับมุมมองเบื้องหลังที่มีอิทธิพลต่อการบวนการตัดสินใจของครอบครัว การศึกษาครั้งนี้เกี่ยวข้องกับการวิเคราะห์อย่างละเอียดเกี่ยวกับการแสดงออกถึงความหมายของรูปภาพที่ผู้นำเหล่านี้ปฏิบัติในบริบททางวัฒนธรรมของชุมชนบังโกตั้งแต่เดือนมีนาคมถึงมิถุนายน พ.ศ. 2566 การศึกษาใช้แนวบรรพชาตชาติพันธุ์และการสัมภาษณ์เชิงลึกตามกรอบโมเดลลำดับการวิจัยเพื่อการพัฒนาของสเปิร์ดลีย์ ผู้เข้าร่วมวิจัยเป็นผู้นำทางวัฒนธรรมและจิตวิญญาณ 13 คนในเขตภูมิภาคบังโกหรือที่เรียกกันทั่วไปว่า “ตลาปู (Talapu)” ที่ได้รับการคัดเลือกโดยใช้เทคนิคการเลือกกลุ่มตัวอย่างแบบลูกโซ่

กระบวนการรวบรวมข้อมูลใช้วิธีการสัมภาษณ์เชิงลึกที่มีโครงสร้างเพื่อรวบรวมคำถามเชิงพรรณนา การสอบถามที่มีโครงสร้าง และข้อคำถามที่ตรงกันข้าม การประมวลผลข้อมูลเกี่ยวข้องกับกาวิเคราะห์บทสัมภาษณ์โดยใช้การวิเคราะห์คำหลัก การวิเคราะห์สารระบบหรือการจัดกลุ่มคำ และเทคนิคการวิเคราะห์องค์ประกอบ วิธีการวิเคราะห์นั้น พบว่ามี 11 คำหลัก กลุ่มคำ 6 หมวด และกระบวนการ 6 รูปแบบซึ่งมีส่วนช่วยในการระบุประเด็นทางวัฒนธรรมที่แตกต่างกัน 3 ประเด็นหลักคือ การใช้พิธีกรรมทางจิตวิญญาณเป็นวิธีการรักษาบุคคลที่มีความผิดปกติทางจิต บทบาทที่หลากหลายของ Talapu ในการจัดการบุคคลที่มีความผิดปกติทางจิต และความเชื่อมโยงระหว่าง Talapu และการปฏิบัติในการจำกัดขอบเขตบุคคลที่มีความผิดปกติทางจิต ในด้านการใช้วิธีการผูกมัดร่างกายและการจำกัดขอบเขตโดย Talapu ในการรักษาบุคคลที่มีความผิดปกติทางจิตนั้น ทำให้เกิดข้อกังวลด้านจริยธรรม โดยเฉพาะอย่างยิ่งในหลักการด้านความเป็นอิสระ การไม่ก่อให้เกิดอันตราย และการปฏิบัติตามมาตรฐานสิทธิมนุษยชนระหว่างประเทศในการปฏิบัติกรพยาบาลร่วมสมัย พยาบาลในอินโดนีเซียควรมีส่วนร่วมในการให้การศึกษาร่วมกับ Talapu โดยเน้นย้ำถึงการดำเนินการอย่างระมัดระวังและตามกลยุทธ์ในการปฏิบัติทางกฎหมายด้านสุขภาพของอินโดนีเซีย เพื่อห้ามการละเมิดสิทธิมนุษยชน ให้ความมั่นใจในการรักษาที่มีประสิทธิภาพและการสนับสนุนทางจิตสังคมสำหรับบุคคลที่มีความผิดปกติทางจิต และส่งเสริมการบูรณาการวิธีการช่วยเหลือร่วมกับครอบครัวและสังคมได้อย่างราบรื่น

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