Utilization of Traditional, Complementary and Alternative Treatments among Mentally Ill People in Indonesia: A Qualitative Content Analysis

Imam Waluyo[1], Septian Gandaputra[2], Muhammad Arsyad Subu[3], Sarkosih Sarkosih[4], Djadjang Aditaruna[5], Siswo Purwanto[6]

[1] Physiotherapy Program University of Binawan Jakarta – Indonesia
[2]Faculty of Health Sciences Asia University – Taiwan
[3]Faculty of Health Sciences University of Sharjah – United Arab Emirates
[4]Medical Laboratory Program University of Binawan Jakarta – Indonesia
[4-6] Physiotherapy Program University of Binawan Jakarta – Indonesia

Abstract
Little information is known regarding the use of traditional, complementary and alternative treatments among mentally ill people, their families and community members in Indonesia. This study is a part of a larger PhD dissertation that explores the use of traditional, complementary and alternative treatments among people with mental illness. A qualitative content analysis method was used. Data collection method involved semi-structured interviews, document review, field notes and memos. Content analysis was employed to organize and manage data. Study identified five themes: (1) the first choice of treatment for mental illness, (2) possessed by demons, Satan, or spirits, (3) sinful illness (illness caused by sin), (4) types of traditional complementary alternative treatments, and (5) violent treatments conducted by traditional healers. Study results indicated that complementary – alternative and traditional treatments and „smart people" (healers) are the central roles in offering and providing treatments as solutions when people have mental illness in Indonesia. Visiting complementary – alternative and traditional therapists, is the first choice of people (patients, families and other community members) when dealing with treatments of mental health problems. Further research is needed to understand the attitude or perspective of the family, the community and government staff as participants regarding these treatments. More importantly, it is needed to understand the effectiveness of these treatments which is still poorly studied in Indonesia. In addition, quantitative research is needed to examine the factors that affect the utilization of traditional or alternative therapies by 2

Background

Republic of Indonesia is the fourth largest country in terms of population in the world. Total Indonesia population is 259,940,857, with approximately 118 million (52%) living in urban areas (Ministry of Health of Indonesia, 2012). According to the Ministry of Health of Indonesia (2013), the prevalence of severe mental disorders is 1.7 and mild mental disorder is about 60 per 1000 population. According to data from 33 psychiatric hospitals (RSJ) in Indonesia in 2012, the number of people with severe mental disorders reached 2.5 million (Rudi, 2012). By region, the highest prevalence was found in Central Jakarta (22.8%), and the lowest in South Jakarta (10.9%) (Keliat, 2013). The medical treatment of mental disorders in Indonesia is not optimal (Maramis, 2007) and the quality of hospital mental health services is also not ideal (Minas and Diatri, 2008). According to Irmansyah (2010), only about 1% of Indonesia‟s total healthcare budget is directed towards mental health services, the lowest in Asia, and the country has one of the lowest ratios of psychiatrists per capita in the world. Over half of these psychiatrists work in the capital city of Jakarta (Meshvara, 2002). Healthcare workers lack knowledge and skill in diagnosing mental disorders, and public health facilities for the treatment of mental health problems (public health centers, hospitals, and the practice of general practitioners) are limited (Rudi, 2012). These limited services, coupled with low public awareness of both mental disorders and treatment facilities, make it difficult for community members to access healthcare facilities. Therefore, families tend to bring patients to traditional healers, religious leaders, or to those involved with other types of alternative treatments.

The use of traditional, complementary and alternative treatments in Indonesia began centuries ago, and many mentally ill patients and their families continue to seek treatment from traditional or alternative healers. Those providing alternative and traditional treatments are key persons for people who have mental health problems (Hirokoshi, 1980; Lukens-Bull, 2005; Salan and Maretzki, 1983). However, only limited studies on the benefits of these traditional treatments and religious healers have been undertaken. In Indonesia, mentally ill people are isolated by family or community members because they are believed to have a cursed illness, one that has been brought about by witchcraft (Subu, Holmes, Elliot, & Jacob, 2017). Healthcare professionals are often tolerant of traditional treatments and believe that religious beliefs, spiritual ideas, and modern medicine each play a role (Good and Subandi, 2004). Many Indonesians attribute mental illnesses to the influence of supernatural ancestors or to bewitchment, and they perceive that traditional treatments can help. Some traditional beliefs dictate that good health consists of a harmonious balance between hot and cold substances in the body and or that mental disorders imply a disturbance between the soul and the flesh. In Indonesia, traditional or alternative healers are called smart people. Traditional or alternative Indonesian treatments are divided into four categories: healers who use traditional herbs such as jamu or herbal drinks, food, water, and oil; traditional instruments (coins or glass); traditional methods (massage, acupressure, etc.); and healers who use supernatural powers (energy or aura) (Salan and Maretzki, 1983). There are about 500,000 traditional complementary and alternative healers throughout Indonesia (Ministry of Health of Indonesia, 2013).

Demonic possession – the belief that sufferers of mental illness are possessed by demons, spirits, devils, ghosts, or have had a spell cast upon them by someone (Hawari, 2001) – is common among Indonesian cultures and religions. Traditional or alternative healers, referred to as “smart” people, are thus often the first choice for treatment by patients and their families and community members. Kiyai (Islamic leaders), chaplains, dukuns (shamans), paranormal, and Chinese healers are several types of smart people. People who are suffering from mental illness 3

are also brought to „dukuns‟ (shamans) (Hawari, 2001, Subu, 2015). A dukun is an Indonesian term for shaman (Harvey and Wallis, 2007). In Indonesian society, dukuns are traditional healers, spirit mediums, custom and tradition experts, and on occasion, sorcerers and masters of black magic. Indonesian people have always believed in supernatural things such as ghosts, spirits and witchcraft. A dukun is believed to be able to communicate with malevolent and benevolent spirits. In addition, paranormal is also chosen as alternative healers by patients, families and community members. However, only limited studies have focused on examining the results of paranormal practices and no experimental results have gained wide acceptance in the scientific community as valid evidence of the paranormal (Oling-Smee, 2007). The purpose of this qualitative content analysis paper is to explore regarding utilization of traditional, complementary and alternative treatments among mentally ill people in Indonesia.

Materials and Methods

1. Study Design

This paper is a part of a larger grounded theory study of Ph.D. dissertation that has been conducted in Indonesia. qualitative content analysis was used in this qualitative research so that rich and deep information could be obtained from the phenomenon under study (Speziale, Streubert, and Carpenter, 2011). Since qualitative research emphasizes trust, transparency, verifiability, and flexibility, it is considered a good method to develop insight and interpretation in the field of nursing education (Polit and Beck, 2013). According to Bryman and Bell (2011), content analysis is a research method for studying documents and communication artifacts, which might be texts of various formats, pictures, audio or video. Social scientists use content analysis to examine patterns in communication in a replicable and systematic manner. One of the key advantages of using content analysis to analyse social phenomena is its non-invasive nature, in contrast to simulating social experiences or collecting survey answers. In addition, qualitative research emphasizes trust, transparency, verifiability, and flexibility and it is considered a good method to develop insight and interpretation in the field of mental health nursing.

2. Research Setting and Participants

This research was conducted at the largest mental hospital in west Java province in Indonesia. Study participants were selected from both male and female patients, as well as nurses working at least three years in the hospital. For inclusion criteria, only adults who self-identified themselves as Indonesian, had the ability to read and write, were at least 18 years of age or older. In the case of the patients, admitted that they had experienced mental illness and stigma. A total of 30 participants (15 patients and 15 nurses who worked in the hospital) were included in this study. All interviews were conducted at the hospital. For the interviews, environments were selected to provide privacy and quiet to make the participants feel comfortable. Informed consents were provided for all study participants.

3. Data Collection and Analysis Methods

a. Data Collection

Semi structured interviews is the primary method of data collection in this study. Informed consents were completed prior to the start of the interview and it was established that they would take 40-60 minutes. Mute evidences, memos and field notes 4

were also parts of data collection methods. These formed the triangulation of data that served to improve the probability that interpretations of the data will be found credible (Lincoln and Guba, 1985). Mute evidences collected in this study was both hard copy and electronic, including nursing reports and logs, nurse performance ratings, meeting minutes (pre- and postconferences), newsletters, and other materials such as the hospital‟s motto, vision, mission statements etc. Some advantages of these kinds of documents are that they are relatively inexpensive and a good source of information. Field notes and memos were written during the interviews that provide descriptions of hospital wards settings, nurses, and patient activities. During data collection, memo writing includes the interviewers‟ thoughts and interpretations about the interview, ideas about the emerging theory, and the research process including questions, gaps, as well as the analytic progress of the research. Memos are essentially a way to document thoughts and create a tangible paper trail that explains the researcher‟s thinking process throughout the research project. Written accounts provide insight into the meanings, perspectives, practices, and events not obtained in interviews. Field notes are used to record observations and reflections on the data, as part of the reflexive approach to the ongoing analytical process. Field notes allowed to collect information on important nonverbal communication, and to make general observations of participants‟ sights, sounds, interpretations, and gestures.

b. Data Analysis

In this study, content analysis was used in order to identify and understand the utilization of traditional, complementary and alternative treatments among people with mental disorders and their families. Content analysis is a widely used qualitative research technique (Hsieh and Shannon, 2005). Graneheim & Lundman (2004) indicated that content analysis is an interpretive process that focuses on the subject and background and explores the similarities and differences between and within different parts of the text. During the data analysis, the transcript of the interview was read several times to reach an overall understanding. The parts related to the experiences of stigma encountering were extracted from the interviews and placed in a separate text. All words, sentences, and paragraphs relevant to each other in terms of both content and context were merged and coded. Codes and units of meaning were interpreted in the context of the study and compared in terms of similarities and differences. Finally, abstract subclasses were made based on the semantic line (Graneheim & Lundman (2004). From data analysis, re-thinking about the codes and the subclasses resulted in the extraction of five themes: 1) the first choice of treatment for mental illness, (2) possessed by demons, Satan, or spirits, (3) sinful illness (illness caused by sin), (4) types of traditional complementary alternative treatments, and (5) violent treatments conducted by traditional healers.

4. Ethical Issues

Ethical issues are a central issue in this research. It is important that some critical areas were addressed in this research: (1) informed consent and right to withdraw (2) confidentiality and data protection, and (3), potential harms. Informed consent included providing participants with information about their rights and responsibilities within the research project and documenting the nature of the agreement. The researcher consciously and deliberately attempted to clearly and fully provide the potential participant with 5

information about the research project. The consent form clearly explained the study objectives and stated that participants have the right to accept or refuse to participate. Before this study began, the researcher informed each participant about the research and asked his or her consent to participate. Participants were given information relating to the research purpose, procedures, and the potential psychological discomfort to the study participants was explained. Participants were informed that, at any time, they could withdraw from the study without any prejudice. Prior to each interview, participants were required to read and sign two copies of the consent form and they were given one of the copies. The researcher was responsible for protecting all data gathered within the scope of this project. For that reason, confidentiality is also a principle ethical issue in this study. Confidentiality is commonly viewed as similar to the principle of privacy (Gregory, 2003). Therefore, the information a patient reveals to a researcher is private and there are limits on how and when it can be disclosed to a third party. Participants involved in the study must be assured that their data will be kept anonymous unless they give their full consent otherwise. In other words, what has been discussed or disclosed by participants will not be repeated or shared without their permission. Also, each participant was attributed a random, alpha-numeric code in order to make it impossible for anyone to link a transcription to a particular participant (P1 for patient 1 and N1 for nurse 1). In addition, a responsibility of the researcher is to protect all participants from harm while they are participating in an investigation or as a result of the study. Also, there is an inherent risk to the researcher in carrying out the study, especially relevant to research with participants who have a mental illness. Participants were exposed to risks greater than those encountered in their normal daily life, but the researcher was careful not to embarrass, offend, or frighten any of them. In addition, participants were informed about the length of time it would take to participate and the nurses to contact in the event of an emergency.

Results

The study participants consisted of fifteen patients and fifteen nurses who work in the hospital. The patients were aged 21–52 years. Fifteen nurses participated in this study with an age range of 22 to 43 years and a clinical training experience of 3 to 10 years. After analyzing the data with the participants, five themes emerged: (1) the first choice of treatment for mental illness, (2) possessed by demons, Satans, or spirits, (3) sinful illness (illness caused by sin), (4) types of traditional complementary alternative treatments, and (5) violent treatments conducted by traditional treatments.

1. The first choice of treatments for mental illness

According to the participants, most of the people who suffer from mental illness have been brought first to people who practice what we consider traditional, complementary alternative treatments. Very often, these treatments are the first choice of the patients, family, and the community members.

Most [patients] went everywhere for alternative healers because they assume that they are possessed by demons; they are stressed because of this, because of that. So family members think that [there is] no need to go to a mental hospital. They go to chaplains first, to this place first, everywhere first … Yes, most, if possible do not go to a mental 6

hospital for treatment. The majority go to the hospital as the last option. Some families say, "I have lost everything" (Nurse 11: P.13)

2. Possessed by demons, satans, or spirits

Some Indonesian cultures and religions still believe that all mental illnesses are caused by "sickness demons, satans, Jins or devils." Many family members deny that their relatives suffer from mental illness, or if they do not deny it, they believe that mental illness is caused by demonic possession. According to one participant, people are still influenced by the past; if a person suffers from mental illness, it is because he is possessed by his grandfather‟s devils or spirits.

Yes, yes it is true ..... patients and families use alternative therapy or treatment with smart people (complementary alternative healers) because they consider mental illness due to be possessed or affected …… or demonic possession. Patients are possessed or ruled by the Jinn or spirits and so on… that I know from the patient"s information. So mental illness is associated with Satan, Jinn or spirit (Nurse 2: p.10).

3. Sinful Illness (illness caused by sin)

Some study participants indicate that people still believe and assume that mental illness is caused by a sin either conducted by the patients or their families.

……. For the majority, they still assume that mental illnesses are caused by a curse. What is it called? A curse … sin, behaviour or action in the past … The patients" past. Could be also their family"s past, either their mothers or their fathers [or their] grandmothers or grandfathers" past. It is also heredity … Sure … Patients with mental illness are considered destroyers etc. ……. Because of a curse and because they are considered as the sinful people (Nurse 6: p.13-14).

4. Types of traditional complementary alternative treatments

There are several different kinds of complementary alternative and traditional treatments available in society from "smart" people, who include *dukun* or shaman, paranormal, and traditional Chinese medicine. One patient participant insisted he did not believe in shamans but he had no choice but to agree to his parents‟ wishes that he be treated with one. However, after having treatment with a dukun, he stated that he had no positive result.

[….] They brought me to the shamans. All „crazy" people have to, go to the shamans. Yes, I go to the shamans … my father too, in order to cure my illness. My father was confused. We went to Bengkulu and stayed at my family"s home. At the shaman"s, there was a chicken to be sacrificed. Voodoo is like that too. Whatever the shaman asked, we obeyed. But after that, nothing happens. This shaman is from there … His clothes are all black and he never takes a bath. It is really true. … There are many kinds of these shamans. Some bring „tuyul" [a small belief]… Shamans are poor. They make people rich but their homes are huts. At this shaman, I was chanted over with water. Someone wanted to bewitch me. There was lemonade opened … It was seen in the lemonade that a friend of mine at my school [wants to put a spell on] me. I don"t know how he knows that I have a friend at school who was bad to me. Actually, I didn"t believe it but 7

because of my condition [from which] I really want to recover, therefore, I just followed. After going back home from Bengkulu, there was no result. As usual, I am depressed again (Patient 10: p. 23-24).

Traditional Chinese Medicine (TCM) is another popular treatment choice for mental illness. This treatment includes various forms of herbal medicine, acupuncture, massage, and dietary therapy,. As one patient participant describes that:

I have been in traditional Chinese [treatment] before too. A Chinese healer was there …… His name is KKL. I took his Chinese pills … Yes I was there [at the Chinese alternative] … Then, this Chinese person did wu wu wu wu wu [shows a method of healing process by blowing air from his mouth] to cast out demons, my negative energy, so that I can spend my money for his treatment. That devil [laughs] ... that devil ... [unclear]. Devil … puooooooohhh, goes away [spirit and demon]. When I cry out loudly… [Unclear] the devil goes away, like that (Patient 3: p.9).

In addition, paranormal who provide invocation treatments is a popular choice of alternative treatment for patients and their families, and community members.

……. Furthermore, they [paranormal] are only ordinary people … At the paranormal; we [sick people] are given invocation treatments. They don"t know, they are unconscious … medicines and invocations. They become blank; many people do really forget. After ……..[unclear], doctors [find it] difficult to treat them. I don"t want to have treatment like that (Patient 7: p.6).

5. Violent treatments conducted by traditional treatments

Many mentally ill sufferers experience violence at the hands of these smart people when they seek help from traditional healers. Some of these treatments are thought to release the demons or Satans embedded in their bodies. Many are forced to stop taking any medications they were on and required to ingest those given to them by these healers. Also, a patient participant describes his bathing treatment regimen.

If patients have treatment at the smart people, what I know and I see with patients, is usually they aren"t allowed to take medicine … Yes, they aren"t allowed to take medical medicines. In addition, they have more prayer treatment … such as drinking pure water, zikir or wirid [prayer]; they focus more on these. (N6: p.12-13).

I was there (traditional complementary healer) for one and half months. I was bathed at midnight. [The shaman] wanted to use witchcraft for me. I was bathed at 1 pm. I wasn"t asleep. I was whipped……. I was whipped similar to the goat. I was there for one and half months, however I was not healthy, I am not better (P2: p.6).

In addition, another type of mental illness treatment is *„penyek-penyak"* (a hard massage). It is an inhumane treatment but popular treatment undertaken by traditional healers. This kind of treatment is performed on the entire a patient‟s body to release or to remove the devil or spirit 8

… I was treated like this … [participant shows his treatment], my head like this … Whew... hot ... hot, very hot. Sometimes the shaman is violent and he pounds the table ... bruuuukkkkk, like that …"Then, the devil in my body was taken out," he said. They think that there is a devil or spirit… Yes, they do. My brothers think that too. I got a lot of these kinds of massages when I was angry. My feet were massaged and all of my body (Patient 3: p.8- 9).

As result of these kinds of treatments, patients indicate that they are afraid of their treatment, especially of the abuse of alternative treatments or traditional medicines. One patient who was brought to a traditional healer had been terrified.

…… it was wrong. In N city [a small county in East Java province], I have been there, only for a three months; but it was fearful. I was in a remote area in Java, it was very dark. I was obligated to meet Mr. MA [a traditional healer] … I was just in one room alone and I was scared. Mr. MA was an ex-mental illness sufferer too. He said: "It is a crazy illness. This is a psychopath," he said. I wanted to run, escape. I was really afraid to see his axe. I was so stressed, [it was] a strange treatment (Patient 3: p.10-11).

Discussion and Conclusion

This study indicates that complementary alternative and traditional treatments are the first choice of psychiatric patients and their families. Several previous Indonesian studies indicated that many patients who end up in clinics and hospitals have consulted one or several traditional, complementary and alternative treatments or healers (Bahar, Ramli and Hardiman, 1979; Leimena and Thong 1979; Westa, Ratep and Putu, 1981). A study result indicates that 45% of people with mental illness will seek complementary alternative and traditional treatments first for an average of 8.5 years before going to a mental health facility (Keliat et al., 2011). Other similar studies results demonstrated that most psychiatric patients have used alternative healers before going to healthcare facilities for treatment (Hawari, 2001, Subu, 2015). These treatments play a key role in Indonesian healthcare and they are widely sought by Indonesian people to meet their mental health treatment needs (Faizal, 2012).

Some studies findings outside Indonesia have similar results with this currents study. For example, in African continent, Abbo et al. (2009) found that about 60% of Ugandans seeking traditional healing practices had at least one diagnosable current mental illness and the majority had moderate to severe symptoms. Also, traditional healers were the first place where Ethiopians sought treatment for mental illness (Girma and Tesfaye, 2011) and in South Africa, they were keys to patients and families in gaining understanding of the psychological experience and in obtaining access to social support structures (Myers, 2010).

Study findings indicate that many people still believe about demonic possession that mentally ill patients are caused by devils, demons or spirits. Although demonic possession is not a valid psychiatric or medical diagnosis recognized by the DSM-V (APA) or the ICD-11 (WHO, many cultures and religions, including Islam, Christianity, Buddhism, and Hinduism retain some sort of belief in the ability of demons or spirits to take control of a human body. In Islam, for example, it is possible for jinn to possess humans. Some Christians also hold that demonic possession derives from the Devil, i.e. Satan, or other demons. Many still believe that demons really do exist as actual spiritual entities, and that they can adversely affect or invade the lives of individuals. In Christian belief systems, Satan and demons are fallen angels (MacKenzie, 1999). 9

This study has demonstrated that many Indonesians who seek help from traditional healers for their treatment are also treated violently by them. Many times patients are ignored, isolated, or treated with rituals rather than with appropriate medications (WHO, 2001; Subu, Holmes, Elliot, & Jacob, 2017). In addition, many cultures still attribute mental illnesses to spiritual attacks, or as punishment for evil doings or illicit psychoactive substance use, among other things (Audu et al., 2013). Demons are able to „demonically possess" people without the victim"s knowledge or consent, leaving them morally blameless (Amorth, 1999). Among the native populations in Africa too, many still believe that mental illnesses result from demonic possessions (Okasha, 2002).

Study indicates that many mentally ill people and their families also use Traditional Chinese Medicine (TCM) as a treatment option for mental illness. TCM practices in Indonesian society include various forms of herbal medicine, acupuncture, massage, and dietary therapy. However, the effectiveness of Chinese herbal medicine remains poorly researched and documented (Shang et al., 2007). In addition, paranormal is also chosen as traditional, alternative healers by patients, families and community members. However, little recent literature discusses specifically the prevalence of paranormal beliefs or the psychiatric interpretation of subjective paranormal experience (Dein, 2012). Some studies have found that paranormal experiences do not help in treating mental illness (Goulding, 2004) and no experimental results have gained wide acceptance in the scientific community as valid evidence of the paranormal (Oling-Smee, 2007). Since 2003, there have been specific rules made by the MOH of Indonesia governing the practice of traditional medicine including that provided by paranormal and TCM practices in Indonesia.

As conclusion, many mentally ill patients, their families and community members in Indonesia continue to seek treatment from traditional, complementary and alternative treatments or healers. Traditional complementary and alternative treatments and „smart people" (healers) are the first choice if people suffer from mental illness. Those providing alternative and traditional treatments are key persons for people with mental illness (Lukens-Bull, 2005; Subu, 2015). However, only limited studies on the benefits of these traditional treatments and religious healers have been undertaken. Many people still believe that mentally ill patients are possessed by devils, demons or spirits. Study finds that people also use Traditional Chinese Medicine (TCM) and paranormal as treatments option for mental illness. Many of the patients participants interviewed indicated that they were forced by their families and community members into seeking help for their mental illness; they were either taken unwillingly to complementary alternative treatment sites where shamans and other „smart people" abuse them.

Study Implications

The current study results are relevant for mental health providers who provide care to their mentally ill patients. Also, study findings provide useful material for future research directions with Indonesian people with a mental illness. In addition, these findings provide some useful materials and information to be incorporated into education directed toward enabling current and future providers of mental health services to help people with mental illness in Indonesia. Given the possibility that healthcare students will take care of people experiencing symptoms of mental illness, it is important to include a component on the stigma related to mental illness because of the potential that they will face stigma themselves by the general public, particularly if they find work as mental health provider after they graduate. This kind of education needs to incorporate the politics of care (including institutional functioning and 10

agendas) that directly affect healthcare practice. Healthcare students need to be conscious of patients‟ potential to affect the provision of healthcare. More studies are needed to look at how family members as participants contribute to perceptions of stigma experienced by their members who have a mental illness. In addition, research needs to be conducted into public attitudes to mental illness as participants in the study.

Finally, it is not possible to generalize these study findings. The use of other mental health settings may produce different important data. In addition, given that the study was limited to just 30 participants, it cannot be inferred that these findings are representative of all those with a mental illness. Data gathered was specific to each of the participant‟s experiences and is therefore not transferrable to the entire mentally ill population. Findings from this study may not be applicable for all mentally ill people in different populations.

Acknowledgments

The authors would like to thank Professor Dr.Budi Anna Keliat and Akemat Prawiro, MSc, and the 2 anonymous reviewers for reviewing and providing input on earlier drafts of this article.

References

Abbo, C., Ekblad, S., Waako, P., Okell, E., and Musisi.S. (2009).The prevalence and severity of mental illnesses handled by traditional healers in two districts in Uganda.*African Health Sciences,* 9 (Suppl 1), S16-S22.

Amorth, G. (1999). *An Exorcist Tells His Story.* San Franscisco: Ignatius Press.

Audu, I.A., Idris, S.H., Olisah, V.O., and Sheikh, T.L. (2013).Stigmatization of people with mental illness among inhabitants of a rural community in northern Nigeria.*The International Journal of Social Psychiatry*, 59(1), 55-60.

Bahar, E., Ramli, H., and Hardiman A. (1979).*Are Non-medical Healers Needed?* Proceedings Mental Health Teaching Seminar on Traditional Healing. Jakarta: Directorate of Mental Health, Ministry of Health of Indonesia.

Bryman, A., Bell, E. (2011). *Bussiness Research Methods.*New York, NY: Oxford University Press.

Dein, S. (2012).Mental Health and the Paranormal.*International Journal of Transpersonal Studies,* 31(1), 61–74.

Faizal, E.B. (2012). *Mentally Ill Often Taken to Traditional Practitioners.*The Jakarta Post.Retrieved from: http://www.thejakartapost.com/news/2012/02/13/mentally-illoften-taken-traditional-practitioners.html.

Girma, E., and Tesfaye, M. (2011). Patterns of treatment seeking behavior for mental illnesses in Southwest Ethiopia: a hospital based study. *BMC Psychiatry,* 11, 138.

Good, B. J., and Subandi, M.A. (2004). Experiences of psychoses in Javanese culture: Reflections on a case of acute, recurrent psychosis in contemporary Yogyakarta, Indonesia. In J. H. Jenkins and R. J. Barrett (Eds.), *Schizophrenia, culture, and subjectivity: The edge of experience.*New York: Cambridge University Press.

Goulding, A. (2004). Schizotypy models in relation to subjective health and paranormal beliefs and experiences. *Personality and Individual Differences,* 37 (1), 157-167.

Graneheim, U.H., and Lundman B. (2004). Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. Nurse Education Today, 24 (2), 105-112. 11

Gregory, I. (2003). *Ethics in Research.*London: Continuum.
Harvey, G., and Wallis, R.J. (2007).*Historical Dictionary of Shamanism (Historical Dictionaries of Religions, Philosophies, and Movements Series).*Plymouth, United Kingdom: Scarecrow Press.
Hawari, D. (2001). Pendekatan Holistik Pada Gangguan Jiwa Skizofrenia. Jakarta Indonesia: Gaya Baru.
Hirokoshi, H. (1980). Asrama: An Islamic Psychiatric Institution in West Java. Social Science and Medicine, 14B, 157-165. doi:10.1016/0160-7987(80)90005-8. Irmansyah (2010). Kesehatan Jiwa di Indonesia. Bina Kesehatan Jiwa Kementerian Kesehatan RI. Jakarta.
Hsieh, H.F, Shannon, S.E. (2005). Three approaches to qualitative content analysis. Qualitative Health Research, 15(9):1277-1288.
Irmansyah, (2010).*Kesehatan Jiwa di Indonesia (Mental Health in Indonesia).* Bina Kesehatan Jiwa. Bureau of Mental Health Ministry of Health of Indonesia. Jakarta.
Keliat, B.A., (2011). *Manajemen Kasus Gangguan Jiwa (intermediate Course)*. (Monica Ester S, Ed.). Jakarta: Buku Kedokteran EGC.
Keliat, B.A. (2013). Kontribusi Keperawatan Kesehatan Jiwa dalam Meningkatkan Pelayanan Kesehatan Jiwa di Indonesia.Pidato Pengukuhan Profesor Universitas Indonesia. Depok Jawa Barat: Universitas Indonesia (UI).
Leimena, S. L. and Thong, D. (1979).*Pengobatan tradisional di Bali - suatu tinjauan.* Proceedings Mental Health Teaching.Seminar on Traditional Healing. Jakarta: Directorate of Mental Health, Ministry of Health of Indonesia.
Lincoln, Y. & Guba, E. (1985).*Naturalistic inquiry.*Newbury Park, CA: Sage.
Lukens-Bull, R. (2005). A Peaceful Jihad -Negotiating Identity and Modernity in Muslim Java. Palgrave Macmillan.
MacKenzie, N.V. (1999). An Exorcist tells his Story by Fr. Gabriele Amorth (versi terjemahan). San Francisco: Ignatius Press.
Maramis, W.E. (2007). *Ilmu kedokteran jiwa.*Surabaya Indonesia: Airlangga Press.
Minas, H & Diatri, H. (2008). Pasung: Physical restraint and confinement of the mentally ill in the community. International Journal of Mental Health Systems, 2(8), 1-5.
Ministry of Health of Indonesia (2013).*Riset Kesehatan Dasar. Riskesdas 2013.*Jakarta: Badan Penelitian dan Pengembangan Kesehatan Depkes Republik Indonesia.
Myers, N. (2010). Culture, Stress and Recovery from Schizophrenia: Lessons from the Field for Global Mental Health. Culture, Medicine and Psychiatry, 34(3), 500-528.
Okasha, A. (2002). Mental health in Africa: the role of the WPA. *World Psychiatry*, 1(1), 32-35.
Oling-Smee, L. (2007). The Lab that Asked the Wrong Questions.*Nature*, 446 (7131), 10-11.
Polit, D.F., and Beck, C.T. (2013).*Essentials of Nursing Research: Appraising Evidence for Nursing Practice.* Philadelphia, Pa, USA: Lippincott Williams & Wilkins.
Rudi, M. (2012).*Prevalensi dan distribusi masalah kesehatan jiwa di Indonesia.*Yogyakarta: Universitas Gajah Mada-UGM.
Salan, R. & Maretzki, T. (1983). MentalHealth-Services and Traditional Healing in Indonesia-are the Roles Compatible. Culture Medicine and Psychiatry, 7(4), 377-412.
Shang, A., Huwiler, K., Nartey, L., Jüni, P., & Egger, M. (2007).Placebo-Controlled Trials of Chinese Herbal Medicine and Conventional Medicine Comparative Study. International Journal of Epidemiology, 36 (5), 1086–1092. 12

Speziale, H.S., Streubert, H.J., and Carpenter, D.R. (2011). Qualitative Research in Nursing: Advancing the Humanistic Imperative, Lippincott Williams & Wilkins, Baltimore, Md, USA.
Subu, M.A. (2015).Pemanfaatan Terapi Tradisional dan Alternatif oleh Penderita Gangguan Jiwa**.***Jurnal Keperawatan Padjadjaran.* 3 (3), 193-203.
Subu, M.A., Holmes, D., Elliot, J., & Jacob, J.D. (2017). Persistent Taboo: Understanding Mental Illness and Stigma among Indonesian Adults through Grounded Theory. *Asian Journal of Pharmacy, Nursing and Medical Sciences.*5(1), 1-11.
Westa, W., Ratep, N., and Putu, I.G. (1981).*Beberapa catatan mengenai pengobatan tradisional yang pernah dialami oleh penderita dengan gangguan jiwa di Bagian Psikiatri FK.Unud/RSU Wangaya*.Proseding Seminar Kedokteran Tradisional Bali, FK. Universitas Udayana, Denpasar Bali Indonesia.
World Health Organization (2001).*Mental and Neurological Disorders, Fact Sheet: The World Health Report 2001*. Retrieved from: http://www.who.int/whr/2001/media_centre/en/whr01_fact_sheet1_en.pdf