ABANDONMENT OF CARE AND PHYSICAL RESTRAINTS AND CONFINEMENT (

*PASUNG*) OF THE SCHIZOPHRENIA CLIENT BY THEIR FAMILY: 
REMAINING NOTES FROM THE FIELD

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Abstract

This paper based on study about abandonment of care and physical restraints and confinement (*Pasung*) by their family; a remaining note from the field. This study was done in 50 City Regency, West Sumatera, and Indonesia. This qualitative research using case study design with 3 families and 3 client of ex schizophrenia client was selected as informant in this study. The study result found that schizophrenia client experienced the abandonment of care and physical restraints and confinement by their family. Three kinds of clients are success to recovery, failed recovery and still the physical restraints and confinement by their family. Client recovering mean they independence, accepting self-identity, being able to control themselves, and minimum potential for relapse. From this study concluded that role of family is very important to care their family member having schizophrenia. Abandonment of care and physical restraints and confinement (*pasung*) of the client will be determined relapse or getting worse.

**Keywords:** Schizophrenia, Abandonment of Care, Pasung, Family

Introduction

Mental disorder is a disorder that affects one or more mental functions. Disorders of the brain are characterized by disruption of emotions, thought processes, behavior, and perception. This mental disorder is suffering for the concerned person and his family. (Stuart & Sundeen, 1998). Mental disorders can affect everyone, regardless of age, race, religion or socio-economic status. In the community there are many false beliefs or myths about mental disorders, some believe that mental disorders are caused by a disorder of evil spirits, some claim that it is due to witchcraft, because of curses or punishments for sin. This false belief will only harm patients and their families because people with mental disorders do not get treatment quickly and precisely (Notosoeirijo, 2005). Mental health is still one of the significant health problems in the world, including in Indonesia. According to WHO data (2016) there are around 35 million people in the world affected by depression, 60 million people get bipolar, 21 million get schizophrenia, and 47.5 million get dementia. In Indonesia with a variety of biological, psychological and social factors with diversity of population, the number of cases of mental disorders continues to
increase which has an impact on increasing the country's burden and decreasing human productivity for the long term. Based on data from the Basic Health Research (Risksesdas) in 2013, the prevalence of Indonesia's population with severe mental disorders was 400,000 or 1.7 per 1,000 inhabitants. While schizophrenics in Indonesia are more than 4 million people. Still according to the results of the 2013 Riskesdas, the proportion of households that made the income was 14.3%.

The incorporation of people with mental disorders is an act of society towards people with mental disorders (usually severe) by being locked up, chained to their feet inserted into wooden blocks, holding in the room indefinitely and so on, so that their freedom becomes lost. Pasung is one treatment that deprives them of their freedom and opportunity to receive adequate care and at the same time ignore their dignity as humans. In line with what was stated by Broch (2001) in Minas and Diatri (2008), the word pasung refers to physical restraint or confinement of criminals, people with mental disorders, and people who commit acts of violence that are considered dangerous. Physical restraints on individuals with mental disorders have a long and heartbreaking history. Deposits are serious human rights violations. Valuation is heavy because it is done on people who have severe mental disabilities, so they are helpless to help themselves, unable to access existing services. The term incorporation as a form of restraint of freedom carried out on persons with mental disabilities or people with mental disorders in the community which results in deprivation of freedom to access services that can help restore the function of people with mental disorders. Deposits are mostly carried out with violent behavior in the community, which ultimately deprives the human rights of persons with mental disabilities or people with mental disorders as human beings (Minas & Diatri, 2008).

Deposits are also seen as a public response to mental health conditions which extremely reduce the quality of life of patients and their families (Tyas, 2008). The ignorance of family and society about mental disorders that can result in a wrong approach such as assuming inclusion as a form of therapy or treatment, stigma, inability to access health services, feeling that health services do not help overcome problems experienced by persons with mental disabilities or psychotic patients, families do not able to care for and help them continuously for reasons of having to work, be old, feel tired and bored, etc. (Ministry of Health, 2016). The act of infiltrating a psychotic sufferer is an act that is clearly prohibited and threatened with crime. Article 86 of Law No. 18 of 2014 concerning mental health states "Anyone who intentionally engages in the exclusion, neglect and violence of or instructs other people to install, neglect or abuse people with mental disabilities or people with mental disorders or other acts that violate the law is punished in accordance with the laws and regulations".

This article is part of an important note found in the field when collecting data related to issues of income, precisely in the district of Lima Puluh Kota, West Sumatra. This important note is trying to be raised as an issue regarding the neglect of care and installation of family members who experience mental disorders. The method used in this study is a qualitative method with a case study design. There are ti
There were three family heads that were used as informants who were selected purposively. The three informants were chosen to represent people with mental disorders who were being installed, just after the people who succeeded and released the ones who were unsuccessful.

**Result and Discussion**

Information obtained in the field with the informant category as stated above is as follows:

If taken from the data above, it can be described as follows:

<table>
<thead>
<tr>
<th>People with mental disorders who succeed after releasing <em>Pasung</em> (Case 1)</th>
<th>People with mental disorders who are unsuccessful after releasing <em>Pasung</em> (Case 2)</th>
<th>People with mental disorders who are still attached (Case 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Always accompanied by control to the doctor and taking medication</td>
<td>- Parents never bring treatment or control. taking medication not accompanied</td>
<td>- the family does not allow to be taken for treatment</td>
</tr>
<tr>
<td>- Always supervise when taking medication and regulate taking medication regularly</td>
<td>- Parents do not have time to take care of because they are busy working</td>
<td>- not taken care of by the nuclear family because they are busy working</td>
</tr>
<tr>
<td>- Taught to socialize despite being accompanied.</td>
<td>- still relapsing and being locked up again (locked in a room and not allowed to leave)</td>
<td>- put in place at the place of separation separated far behind the house</td>
</tr>
<tr>
<td>- Mentoring is carried out by the nuclear family.</td>
<td>- supervised by a different family home</td>
<td>- no one wants to take care of the family</td>
</tr>
<tr>
<td>- Providing productive activities, even families give business capital</td>
<td>- psychological social needs neglected</td>
<td>- Daily primary needs are not met. For example, never change clothes</td>
</tr>
<tr>
<td>- Always ensure ODGJ is in assistance when socializing with the outside world.</td>
<td>- no family trust</td>
<td>- families fear that going berserk will endanger others</td>
</tr>
</tbody>
</table>

From the results of case 1 review, family support has been maximal or already high, where families give more attention to family members who experience mental disorders such as always accompanying them both in taking medicine and taking medicine, giving enthusiasm to work, providing employment, providing working capital and give appreciation to the work. In contrast, in case 2, those who failed to recover after being medically treated and attended social rehabilitation. The family does not provide support either emotionally, in appreciation, or in information. The family only provides fulfillment of physical needs such as food, clothing, and rooms that are mineralized with iron (still in *pasung*). Both parents are busy earning a living in the fields, family members who experience mental disorders live alone at home, pay less attention to their children's recovery such as eating medicine and fulfilling their psychological and social needs. This is because families do not understand the needs of their children who suffer from mental disorders and ways to restore to remain in a stable state. Another case is case 3 which has not been released, the problem is that family members who experience mental disorders are not considered by the nuclear family, the nuclear family does not treat and care for...
them, and does not even allow them to be taken to the RSJ. The caring family is a distant family that only meets food, clothing, and bathing needs. His residence is also very inadequate.

When analyzing the three cases above, family support for family members with mental disorders is very important. Recovery does not only depend on drugs taken but core family support is also very necessary. Attention, affection, giving enthusiasm, reminded us to routinely take medicine. Besides introducing to others without shame, these ODGJs feel comfortable and safe in the family. The research findings are in line with the opinion of Barrowclough and Tarrier (1990) in their study which found that people with mental disorders post-treatment in mental hospitals who live with families who did not support them showed a low recovery rate.

Other support from the family can be in the form of giving praise, willing to listen to what is expressed or spoken by people with mental disorders even though overall we do not understand it, but just taking the time to listen has given them additional energy. In addition, support is in the form of providing physical support such as services, financial and material assistance. Deliver and accompany when going to do a routine check-up to the Mental Hospital.

The results of this study are in line with the opinion of Friedman (1998) which states that family support is the attitude, action and family acceptance of its members. Family members are seen as an integral part of the family environment. Family members view that supportive people are always ready to provide help and assistance if needed. The existence of ODGJ in the family is a very heavy stressor that must be borne by the family. The family as a relationship matrix, in which all its members are connected to each other, will be greatly affected. Family balance as a system has a big challenge. When a system gets a challenge or threat, the system will react by trying to secure and consolidate energy to deal with the threat, family members will reduce their energy use for activities outside the family and will invest that energy to deal with family problems that are becoming a priority.

In a healthy and resilient family system, this effort will be an increase in cohesiveness among family members. The family will increasingly improve the emotional connection with each other, be united and united to jointly care for family members who experience mental disorders. Conversely, unhealthy or resilient families will usually respond to the presence of psychotic people in their systems or families in more rigid or rigid ways, and there is resistance (defensiveness). The concentration of energy on defensive efforts will only further weaken the system. In the long run, it will drain the energy it has and in turn threaten the integration of the system itself. At this point the family usually tries to seek outside help (Husmiati, 20015). In line with the above opinion, Pernice-Duca (2010) states family members often provide critical support to people living with serious mental illness. Family support is very important for the recovery process from the perspective of a recovering person. This study reveals that support and reciprocal relationships with family members are important dimensions of personal support networks that are related to the recovery process. In other words, support and reciprocal relations with family members is an important dimension, where family support is able to make clients can take care of themselves and be functionally independent.
According to Iseselo, M.K. et.al (2016), mental illness can cause a variety of psychosocial problems such as decreasing the quality of life of patients' family members as well as increasing social distance for patients and families caring for patients. The psychosocial challenges are enhanced by the stigma attached to mental illness, which is a problem that affects not only patients but also the family as a whole. Coping mechanisms to treat mentally ill patients differ from one family to another for various reasons. Not a few families ignore family members and hand over care and care for family members who experience mental disorders to others who have no family relationship.

For families who give more attention to ODGJ such as always accompanying them when taking medicine, accompanying and encouraging them to work, providing employment, providing working capital and giving appreciation to the results of ODGJ's work. In cases of unsuccessful or low family support, ODGJ after attending rehabilitation and returning home, the family is less emotionally concerned. Another case is the case that has not been

**Conclusion**

1. The role of the family is very important in providing care to family members who experience psychotic or mental disorders.
2. Neglecting care and actions to treat psychotic patients will limit recovery or recovery. Besides that it is not a commendable act and violates human rights.
3. Families need to be provided with education, knowledge and skills regarding diseases and psychiatric disorders.

**Bibliography**


