

THE INTERACTION PATTERNS BETWEEN THERAPISTS AND PATIENTS IN THE TREATMENT OF *THIBBUN NABAWI*

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Abstract: *The purpose of this study was to describe the interaction patterns between therapists and patients in the treatment of thibbun nabawi in the Thibbun Nabawi Centre (TNC) Babussalam through a qualitative approach. Thibbun nabawi is a method of treatment that is sourced from the Quran and the Sunnah of the Prophet Muhammad. This type of treatment is popular in Indonesia with the people majority are Muslim. Religion strongly influences its adherents in defining life, death, health, and disease, as well as the healing patterns of disease. The pattern of communication in the treatment of thibbun nabawi in TNC Babussalam has been running circularly following the Sunnah that recommended the treatment method with direct two-way interaction between therapist and patient with positive spiritual suggestions that lead to the healing of the disease. in the process of treatment, the therapist must also pay attention to aspects of the environment and mental condition of the patient because the disease is not always from biological factors.*

Keywords: *Thibbun nabawi, circular interaction patterns, therapeutic communication.*

Introduction

Pelancongan The rapid development of modern medical technologies in Indonesia has not caused people to forget herbal medicine. The survey that is conducted by alodokter.com, 45% of application users prefer herbal medicine as an alternative to healing the disease because it is seen to be more free of chemicals and side effects (Adrian, 2018). One of the herbal treatments favored by Indonesian people is *thibbun nabawi* treatments which is sourced from the Koran and the hadiths of the Prophet Muhammad (Hanifa, 2013). Not all types of medicine from Arabic are *thibbun nabawi*. This became a misperception in society because it considers Arabic medicine is *thibbun nabawi*. Various kinds of *thibbun nabawi* treatments such as using siwak

(chewing stick), consuming olive oil, consuming honey, consuming Black Seed, cupping, ruqyah (exorcism), bee sting therapy, therapy using leeches, etcetera.

This type of treatment is becoming popular because the majority of Indonesia's population is Muslim. Globalreligiousfutures's Data (Kusnandar, 2019) shows a total of Indonesian Muslims of 209.12 million people or 87.17% of the total population of Indonesia. Rasinski (Mulyana, 2016) said that religion is the main source of cultural beliefs. This determines its adherents in defining life, death, health, and disease, as well as the healing patterns of disease. Society defines health as balance and illness as a spiritual imbalance. People often look for religious explanations related to their fate. The Koran and the Sunnah of the Prophet Muhammad are full of teachings on how to define health and disease and their consequences and advocate certain ways related to healing diseases. Prophet Muhammad (Al-Suhrawardy, 2014) said that when you visit a sick person, then comfort, and say, 'you will get well and live a long life', even though these words will not break destiny, but at least it can cheer the hearts of the sick.

The treatment of patients should not only focus on biological aspects. Some other aspects, such as psychology and social, also have an impact on the patient's healing process. This term came to be known as George L. Engel as biopsychosocial which is a method of biological, psychological and socio-environmental interaction in the treatment of diseases and improving health towards a better direction (Guillemin & Barnard, 2015). The concept of biopsychosocial is a combination of the body, mind, and environment in understanding illness and the causes of a person's illness that are related to environmental aspects and mental conditions. Communication between the healer and the patient is more meaningful if done directly by strengthening spiritual elements in giving positive suggestions to support healing (Sinaulan, 2016). Aliah B. Purwakania (Hidayati, 2013) said that in the concept of *thibbun nabawi* the physical health perspective is influenced by mental, spiritual and social health conditions. The biomedical model (treatment oriented to biological factors) is not enough to understand health and disease in various cases, such as malnutrition and malfunctioning of the body.

The communication pattern of the doctor/therapist with the patient is not a form of daily social communication, but a form of healing communication in supporting the patient's recovery which is then called therapeutic communication (Suryani, 2005). This communication is interpersonal by involving the doctor/therapist with the patient to learn and try to gain shared experience to improve the experience of the patient's emotions. The therapeutic relationship is a cooperative relationship characterized by exchanging behaviors, feelings, thoughts, and experiences in fostering intimate therapeutic relationships (Stuart, 2014). The therapeutic relationship has therapy meaning for the patient's healing carried out by the doctor/therapist to regain the patient's adaptive and positive condition. Communication pattern that is one-way impacted in less effective treatment result. The arrogant attitude of the healer who ignores the existence of a patient as a human being makes a patient closed reluctant to ask questions related to the health conditions (Komariah, Perbawasari, Nugraha, & Budiana, 2013).

Therapeutic communication in Islamic medicine emphasize in the comfort of the patient by paying attention to the psychological condition of the patient by asking how his illness complaints after the therapy process with Islamic prayers and suggesting to give thanks to God (Allah) (Supratman, 2016). Self-analysis related to awareness, value classification, exploration of feelings, and the ability to be role models and a sense of responsibility must be done by a doctor/therapist before treating patients. Thus, doctors/therapists can help patients in

controlling themselves that the disease is a trial from God, not a disaster or a curse (Sinaulan, 2016). The Prophet Muhammad in his time never made a classification of treatment which included *thibbun nabawi* or not. The term *thibbun nabawi* was introduced by Islamic doctors around the 13th century AD in distinguishing the clarification of medical science which is in the frame of faith in God following the Qur'an and the Sunnah. This classification is done to distinguish medical science that is contrary to the Qur'an and Sunnah as before the presence of Islam (Sarasi, 2017).

Omar Hasan Kasule (Hidayatullah, 2010) defines *thibbun nabawi* as words or deeds of the Prophet Muhammad related to treatment, whether done by someone to the Prophet Muhammad or what the Prophet Muhammad did to himself and others, or medical practices that the Prophet saw and allowed and did not prohibit the Prophet Muhammad. *Thibbun nabawi* is not tied to a specific place, community or time. This treatment is prevention, healing, mental health, spiritual healing, and medical and surgical treatment. Some treatments are made using natural therapies such as bees, leeches, and other natural media (Akhmad, 2014).

The practice of bee sting therapy, which in medical language is called Apipuntur, has been carried out since the time of Ancient Egypt. Therapy by using bees as a medium is mentioned in Al Quran Surah An-Nahl verse 69 which reads as follows:

From the belly of the bee comes a liquid with a variety of colors, inside it, there is healing for humans.

Bee sting therapy has been recognized by the World Health Organization (WHO) at The Second World Acupuncture Therapy Conference on Bee Stings in Nanjing, China, in 1993 as an alternative treatment. (Arso, 2018). Bee venom contains water and various types of enzymes which are efficacious for treating rheumatism, regulating nerve system tension, normalizing cerebral cortex activity, increasing the contraction power of the heart muscle and deteriorating cardiac function syndrome. Bee sting therapy by injecting the venom at acupoints (the point of acupuncture) has been proven to cure musculoskeletal disorders (a condition of disruption of joint, ligament, muscle, tendon, nerve, and spinal function) as well as arthritis, pain, and rheumatoid disease (Lee, Pittler, Shin, Kong, & Ernst, 2008).

Bee sting therapy has been applied in Indonesia since the 1980s as an alternative treatment. This alternative treatment method was introduced in various ways, such as seminars, courses, workshops, media publications, and the opening of clinical practice of bee sting therapy (Isworo, 2018). This alternative medicine has become a trend, one of which is in the Thibbun Nabawi Center (TNC) Babussalam Bandung. Over the last ten years, TNC has provided bee sting therapy services not only to the people of Bandung, but also to treat patients from Sumedang, Jakarta, Jogjakarta, and other areas (Saleha, Personal Interview, 07 Juli 2019). Besides providing Islamic medical therapy, this clinic also provides convenient services for patients with the atmosphere presented like a dwelling (a house). The therapist does not feel clumsy sitting together on the one couch with the patient with the interaction of communication carried out is reciprocal as should help relatives who are in need. In addition to bee sting therapy, TNC Babussalam Bandung also serves colour and cupping therapy, as well as providing some Islamic medicines such as honey, habbatus sauda (Black Seed), and olive oil. The social, spiritual and psychological aspects are important to consider in a treatment process. therefore, this study attempts to understand more deeply how the interaction patterns between therapists and TNC Babussalam Bandung patients in bee sting therapy. the results of this study

expected to provide an overview related to patterns of interaction and therapeutic interpersonal relationships between therapists and patients in the treatment of *thibbun nabawi*.

Social Penetration Theory

According to Irwin Altman and Dalmas Tylor (Griffin, 2003), an interpersonal relationship will end up intimate if they intertwine the process systematically in a stage and form, where the process must first pass through the surface level, then pass through a more intimate level of exchange as a function of direct results or estimates. At this level, the process of social penetration explains the level of relationship in which individuals go from superficial communication to more intimate communication. In interpersonal communication, it can see from the extent of our penetration of the layers of communicant personality. By letting others penetrate the layers of personality that we have means we allow that person to get closer to us.

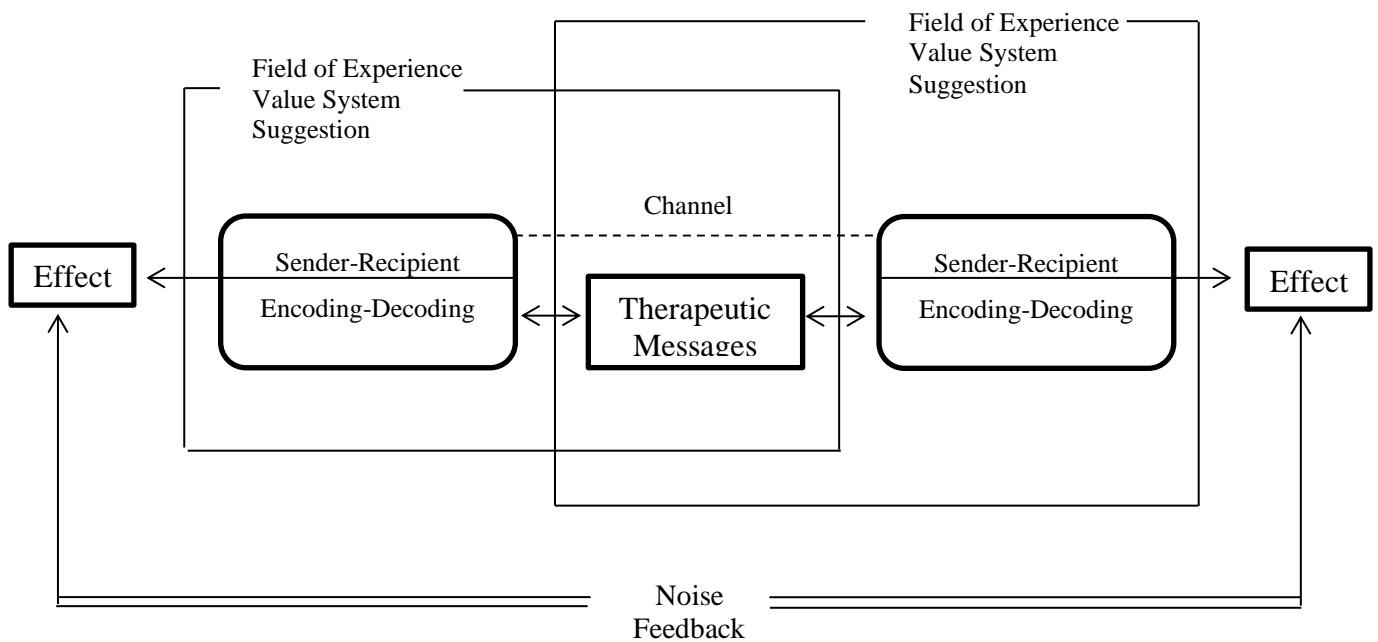
Altman and Taylor explain that (Griffin, 2003): (1) It is easier for individuals to talk about things that are less important in us to others than to talk about things that are more personal and personal. The deeper we try to penetrate, the layers of personality we face will also become thicker and harder to penetrate. The more you try to get close to a more personal area, the more difficult it will be, (2) Self-disclosure is reciprocal. at the beginning of a relationship, the two parties will usually be enthusiastic about opening up, and this openness is reciprocal. However, the deeper or deeper into the private sphere, openness usually progresses slowly, not as quickly as in the initial stages of their relationship. And also increasingly non-reciprocal. (3) The penetration will be fast at the beginning, after that it will decrease while it goes to layer deeper. There is no term immediately familiar. Familiarity requires a long process. And usually, most interpersonal relationships collapse easily before reaching a stable stage. There will be many factors that cause the stability of a relationship to collapse easily. However, if it turns out to be able to pass this stage, usually the relationship will be more stable, more meaningful, and more durable, (4) Depenetration is a gradual process that increasingly fades away. The point is when a relationship does not go smoothly, then both will try to get further away. However, this process is not explosive or explosive at the same time but rather is gradual. Everything gradually and increasingly fade

Method

This research used descriptive qualitative methods that were a research process that produced descriptive data in writing or verbally from people or behaviors that directed at the whole individual framework with interpretive paradigms. Data collection techniques have been carried out by structured in-depth interviews with purposive sampling data collection techniques, with informant data as follows: (1) Wiwin Wilipah, *Thibbun Nabawi* Center (TNC) Babussalam Band patient, personal interview on 3 August in Hegarmanah District (2) Emasrati, TNC Babussalam Band patient, personal interview on 7 August at TNC Babussalam Bandung, (3) Anna Rosdiana, TNC Babussalam Bandung therapist, personal interview on 7 and 20 August at TNC Babussalam Bandung, (3) Dian, TNC Babussalam Bandung assistant therapist, personal interview on 7 and 20 August at TNC Babussalam Bandung, (4) Susan Dida dan Saleha, Researcher at the Center for Health Communication Studies, Padjadjaran University, Bandung, personal interview on July 29, Center for Health Communication Studies, Padjadjaran University, Bandung. Direct observations were done by researchers undergoing bee sting therapy for two times (on 7 and 20 August 2019) at TNC Babussalam Bandung. Other data collection techniques were carried out through documentation studies, website studies, library studies, and so on. Researchers only described the situation following actual conditions to produce data as objective as possible.

Results and Discussion

Research data findings that were collected then accumulated, after which the communication patterns described with systematic descriptions with follows:



Picture 1.1

The Communication Patterns between Therapists and Patients in the Treatment of Thibbun Nabawi TNC Babussalam Bandung

Source: 2019 Research Results

The process of *thibbun nabawi* treatment at the *Thibbun Nabawi Center* (TNC) Babussalam Bandung was carried out personally between the therapist and the patient helped by an assistant. Communication that was established between therapist and patient was two-way communication with direct face-to-face interaction. communication that was established between a minimum of two people was called interpersonal communication, where each individual sent while being received (Sender-Receiver) and understand the message (Devito, 2011). When researchers acted as new patients, the first impression which got at the first meeting with a therapist is acceptance without judging and looking at social status.

...Si AA (greeting words of respect for men in Sundanese) do you want to be therapy stung by bees?? What pain?

It doesn't hurt like it's just tired. I was bloated too.

Not much, at least two.

What is your name? (Observation of bee sting therapy in NTC Babussalam, August 7, 2019).

the therapist accepts the patient as a person, not as an object. Every new patient who comes to the TNC clinic is always welcomed as a guest, not as a patient. They are suggested to talk first about their complaint and the therapist would listen to the patient thoroughly before being examined. Communication Furthermore, this attitude of acceptance would move to an attitude of trust because everyone knew that nothing will be harmed by this interaction (Rakhmat, 2005).

... What's the complaint, A'?

I feel tired.

Try to see the tongue?

.....

this is cardiomyopathy (a disease caused by a weakening of the weakened heart muscle)

.....

lookup, please?

.....

Indeed this side has been a problem (while pointing the eye down on the left), it's been a long time. You have to drink olives (Observation of bee sting therapy in NTC Babussalam, August 7, 2019).

After diagnosing the patient's health condition by looking at the shape of the tongue and eyes, the next step in therapy was blood pressure carried out by the assistant therapist. This feeling of acceptance then continued with empathy by participating emotionally and intellectually in the patient's experience. empathizing mean imagining yourself in a situation that befalls others (patients) (Rakhmat, 2005). One example of empathy in TNC treatment, the therapist tried to see and feel the patient's condition as the patient feels by understanding patients with the science of diagnosing internal diseases through the knowledge of the tongue and eyes with a book on acupuncture therapy, iridology, and sclerology by explaining why the eye or tongue with certain conditions indicated interference with certain internal organs. the therapist tried to convince the patient by explaining his condition as he is without trying to cover up. The discussion directed towards the patient's understanding of the health condition and the disease process. With the understanding of the patient, then the patient would be collaborative, disclose, and obedient to the treatment program. In the process of treatment communication between the therapist and the patient, there was a coding or formulation process and message interpretation hereinafter referred to as encoding-decoding. In the encoding process, the messages to be conveyed are first formulated with verbal and nonverbal symbols. Then, in decoding the action was to interpret and understand the communication message (Devito, 2011). In this communication process, the sender of the message also acted as the recipient of the message. The encoding-decoding function was carried out by everyone involved in interpersonal communication.

... So what do you want to treat first?

What is treated? Just tired first time, Umi (designation for the therapist)

Tired is easy (the healing), Teh (designation for the therapist asistent), bee therapy. Just open the shirt first, please. Here, here (the therapist points the patient's lower waist to the therapist's assistant as a point for injection of bee venom through the sting) (Observation of bee sting therapy in NTC Babussalam, August 7, 2019).

As the observer who acted as the bee sting patient at TNC Babussalam Bandung, researchers felt doubt about what the therapist was saying. Researchers felt the therapist's explanation was based only on what she read in the book, not from formal medical education. The therapist answered doubtfully at first about the question of complaints by continuing to search for data or notes in the book that explained the diagnosis. Afterward, the therapist answered the questions confidently by showing the picture in the book with the condition of the eyes and tongue of the patient accompanied by information. The therapist had taken a picture of the patient's eyes and tongue, then compared the results with the pictures in the book in detail patiently.

The therapist carried out all these processes, not because of any obligation or pressure, but she did it ungrudging at the expense of time and effort without expecting excessive rewards. This action is called by Shelly E. Taylor (Taylor, Peplau, Anne, Letitia, & Sears, O., 2009) as

altruism. This action was carried out not based on certain norms, only based on universal humanitarian principles. The therapist tried to accept the patient's doubts about the treatment method that she does well with not being defensive, insulting, even judgmental. The therapist tried to be more sensitive to the patient's experience and slowly penetrated her understanding of *thibbun nabawi* with a plausible explanation accompanied by several examples of the example of a successful disease case. She Tried to emphasize the message of *thibbun nabawi* and emphasized it more in the context that was easily understood. She infrequently mentioned the verses of the Qur'an or the Hadith directly because it would be very difficult to digest for common (not understanding of Islam).

During the bee sting treatment stage, the therapist paid little attention to the mental condition of the new patients. This lack of attention could see from the therapist or assistant therapist who did not give notice that the injection of bee venom through bee stings would be carried out. This made the patient felt shocked because the bee sting suddenly causes a burning sensation and itching in the lower waist which was the point of the bee sting. This happens because the patient was the first time doing bee sting therapy. Patients needed guidance and advance notice to avoid things that are not desirable, such as shock, so that patients did not experience trauma for the next *thibbun nabawi* treatment. Therapists should pay attention to the mental condition of new patients because not all of them had the same motivation, experience, and suggestion in taking *thibbun nabawi* treatment.



Picture 1.2: The Bee's Sting Injection Process

Source: Observation Result 2019

Some other patients used bee sting medicine as an alternative and complement to conventional medicine (medical treatment in a hospital). it became an alternative because patients had experienced due to unclear information and certainty of the disease they suffered in conventional medicine in their past.

...I had diagnosed by a doctor of hepatitis, hepatitis C. The doctor had said that he was given medicine instead. Just check it, but it's healthy, he said in the hospital, put it like chronic stomach disease. On Hasan Sadikin Hospital. Yes, I was in weak condition already, Basically, there is no strength (Wiwin Wilipah, Personal Interview, August 3, 2019).

The *thibbun nabawi* used as a complement to medical treatment by some TNC Babussalam Bandung patients.

...In my case previously, I got abolishment of the breast tumor. But for the healing process, Subhanallah, extraordinary. for the healing process, I don't take antibiotics. Others, right, if after breast surgery, it seems like he has to take a lifetime to take medicine (Emasrati, , personal Interview, August 7, 2019).

They have faith in suggestions that the treatment of *thibbun nabawi* had undeniable efficacy and no side effects when compared to conventional medicine. They had a fear of consuming excessive chemical drugs as well as certain surgical procedures which cost a fortune and cause trauma even to a lifetime. To get a cured effect, they were suggested to come back several times to re-treat or even to be combined with other types of *thibbun nabawi*.

These experiences then determined the perception of patients in choosing the type of treatment. This experience could be influenced by more religious education and family background, a series of past medical events that had experienced, the social values shared by the religion (Rakhmat, 2005). Communication would occur if the individuals involved in communication have the same field of experience and the same system of values and culture. Most of the patients in TNC Babussalam Bandung already had the belief that *thibbun nabawi* treatment is the best solution to cure the disease. So when they arrived at TNC Babussalam Bandung welcomed by Umi / Abi along with Tete with full openness and hospitality like a host who entertains guests, patients would feel comfortable and were willing to come back to the clinic when they feel sick without having to be invited.

The pattern of communication in the treatment of *thibbun nabawi* at TNC Babussalam Bandung ran circularly where each individual (therapist/assistant therapist-patient) alternately acted as the sender and receiver of the message (West & Turner, 2008). The communication channel used in this communication was a two-way interpersonal interface. Communication messages were channeled through verbal and nonverbal symbols that involved the feelings and psychological elements of the therapist and patient and were suggestive. This communication channel was the most effective communication channel because communication participants could respond and confirm directly if there were obstacles in the delivery of messages. These obstacles included attitudes, stereotypes, emotions, biases, value systems and belief systems, and environmental conditions (pakarkomunikasi.com, 2017). One example of communication barriers that occurred at the time of observation, researchers had a disappointing trauma in the past with one of the religious leaders that caused researchers felt they must be careful with elements labeled religious, including one of the *thibbun nabawi* therapists. These doubts were reflected in the researchers' critical questions as new patients at TNC Babussalam Bandung related to the treatment methods being carried out. Therapists try to explain with empathy, which was supported by some information from the sources of the *thibbun nabawi* medicine and acupuncture therapy based on the postulates of the Koran and Assunah. This effort did by the therapist to minimize communication barriers in achieving equality of understanding. Verbal messages in the form of food recommendations and medicines (such as olive oil, Black Seed, honey, dates, etc.) which must, may and forbidden to be consumed.

... If the heart lacks nutrition, so that's the condition. You should eat tomatoes, carrots, red fruit, strawberries. whereas you are weak. You lack energy. So you are easily tired, there must be something clogging. This is the olive, heart nutrition. There are capsules,

liquid, oil. all of these medicines can be drunk (Anna Rosdiana, research observations, August 7, 2019)

The nonverbal language were symbols that include stimuli (other than verbal stimuli) in the communication settings. Samovar and Porter (Deddy, 2005) described several types of nonverbal communication as follows: (1) body language, (2) touch, (3) paranguage (aspects of sound other than speech), (4) physical appearance, (5) proxemic (room orientation and personal distance), (6) concept of time. In serving patients, therapists only wore knockabout (using Muslim robe without shoes) without make-up like a doctor in the hospital. In conducting a therapy consultation, the therapist sat on the couch with the patient looking into the patient's eyes with sympathy and listening to all forms of patient complaints. Occasionally the therapist touched the hand when explaining or answering a patient's complaint with intonation to the intonation of the voice (at certain moments, the therapist emphasized important aspects/answers). The term used for therapist calls at TNC Babussalam Bandung is "Ummi / Abi" which suggests that the treatment process carried out at TNC Babussalam Bandung seems like at home and avoids the impression of a hospital or medical treatment clinic in general.



Picture 1.3: The Patient Therapy Process in TNC Babussalam Bandung

Source: Observation Result 2019

TNC Babussalam Bandung patients do not feel strange in expressing their complaints and desires. Even when she felt needed for therapy, she did not hesitate to invite therapists to do therapy at her home.

...If not here (clinic), then at home. This person (therapist/assistant) is told to come to my house (Emasrati, , personal Interview, August 7, 2019).

The relationship between the therapist and the patient is like a kinsman with horizontal communication patterns. Patients can come anytime to the clinic when they need therapy. The therapist occasionally visits the patient to find out the patient's condition post-therapy.

...sometimes it is visited (by therapist/assistant), then they give the medicine for free (Wiwin Wilipah, Personal Interview, August 3, 2019).

This interpersonal communication relationship formed between the therapist and the patient reciprocally is a therapeutic relationship that was deliberately created by TNC Babussalam Bandung to cure the patient. The effort to cure patients through drugs is a small factor that can

be done. The rest is how to foster happiness in patients through the environment and a comfortable climate of interaction in the healing process.

Interpersonal therapeutic communication established between TNC therapist Babussalam Bandung and patients was the most appropriate type of therapist communication approach in changing the attitudes, behaviours, beliefs, and opinions of patients because it is done face-to-face directly by placing the position of the therapist and patient as equals. Some TNC Babussalam Bandung patients had been loyal to undergo treatment for more than 10 years. He even opened his medical practice because the treatment method used by TNC Babussalam Bandung was based on learning. Patients are allowed to "go to school" between treatments.

Conclusion

The communication pattern of *thibbun nabawi* treatment in *Thibbun Nabawi Bandung* (TNC) Babussalam Bandung ran circularly where each individual (therapist-patient) alternately acted as the sender and receiver of the message. The acceptance, which is then followed by empathy, did by the therapist in welcoming the patient. This was done so that the patient believed and opened to the treatment method. Interface communication was channeled through verbal and nonverbal symbols. The communication participants could confirm directly (feedback) if there were obstacles with differences in attitudes, stereotypes, emotions, biases, and others. Verbal messages were consists of recommendations of food and drug recommendations that are allowed and forbidden to be consumed. Nonverbal messages could be seen from knockabout worn by the therapist without heavy makeup. The therapist was not awkward sitting on the couch with the patient. Occasionally the therapist touched the hand and still maintained voice intonation. The term "Umi/Abi" for therapist calls is used to imply that the treatment process seems like being at a residence.

At the stage of the bee sting treatment, the therapist paid little attention to the mental condition of the new patient by not giving a signal of action. This made the patient feel shocked by the heat and itching caused. As a criticism, TNC Babussalam Bandung was considered less attention to Islamic rules related to *Ikhtilat* (the union of a man and a woman in a quiet place), because the therapist serves patients of the opposite sex. However, the treatment of *thibbun nabawi* at TNC Babussalam Bandung continued to grow with several patients who had been loyal to carry out routine treatment for more than 10 years, even among those who have opened their treatment practices.

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