

Therapeutic communication in survivors of obsessive-compulsive disorder

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How to Cite This Article: Siregar, N.S.S.. et al. (2022). Therapeutic communication in survivors of obsessive-compulsive disorder. *Jurnal Studi Komunikasi*, 6(2). doi: 10.25139/jsk.v6i2.4884

Received: 08-02-2022, Revision: 22-04-2022, Acceptance: 11-06-2022, Published online: 30-07-2022

Abstract Mental or psychiatric disorders are problems experienced by some people. There are several types of mental disorders, such as anxiety, mood, or eating disorders. This problem affects how sufferers think and behave, like obsessive-compulsive disorder (OCD). A mental disorder makes sufferers have thoughts and behaviours that are not controlled (obsessions) to do something repeatedly (compulsively). The action can also interfere with the sufferers' daily activities and social interactions. This study aimed to determine therapeutic communication in survivors of obsessive-compulsive disorder (OCD). The method used in this research is phenomenology, where the informants in this study are survivors of obsessive-compulsive disorder (OCD). The conclusion of this study shows that therapists engage in therapeutic communication with Obsessive-Compulsive Disorder (OCD) survivors using a form of psychological therapy that helps OCD survivors overcome their worries and obsessive thoughts without coercion. This is done by raising the ability to pay attention, empathy, and the ability to respond.

Keywords: obsessive compulsive disorder; survivors, therapeutic communication.

INTRODUCTION

Mental illness is often viewed as deviant and shameful because most cultures prioritise values that conform to social norms and emotional self-control (Abdullah & Brown, 2011). Mental illness is a condition that affects a person's mental health, emotions, feelings, and behaviour. Internal factors such as being unable to deal with problems in life that cause mental stress, anxiety about something, and fear of losing contribute to mental disorders in society. External factors include external influences such as pressure from outside, lack of attention from family and friends, and all kinds of prejudices that demean nature from the surrounding environment.

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Mental illness impairs a person's ability to recognise one's potential, resulting in decreased output in people with mental illness, which strains families, communities, and governments. Furthermore, even if they were expected, a person with mental illness could not cope with life's stresses. The result is a commotion because mental health cannot be easily overcome (Rosana & Maeda, 2021).

This is because mental illness can interfere with an individual's abilities such as emotion or behaviour regulation, decision making, thinking, memory, and interpersonal functions in interacting and forming relationships with others (Association, 2013). One in every four people in the world is at risk of developing mental illness during their lifetime, making it the leading cause of disability worldwide (Ciydem et al., 2021). According to data from the National Institute of Mental Health, families with members with schizophrenia or psychosis reach 7 out of 1000 people, with treatment coverage of 84.9 per cent. The prevalence of emotional and mental disorders among adolescents (aged 15 years and over) is 9.8%. Compared to 2013 data which showed growth of 6%, this figure increased to 7%. The increasing number of people with mental illness is closely related to society's growing stigma surrounding mental illness. Stigma is a shame used to identify and distinguish someone considered strange, evil, or harmful by society (Stuart et al., 2016). Mental illness can also affect a person's physical appearance. Individuals with mental illnesses who display negative symptoms (lack of interest in performing tasks that people normally do) such as schizophrenia, for example, tend to have poor hygiene and self-care habits, making them appear unattractive. Surrounding. In addition, symptoms of mental disorders, such as lack of sleep, can reduce a person's physical attractiveness (Axelsson et al., 2010). One of the mental disorders is Obsessive-Compulsive Disorder (OCD).

Obsessive-Compulsive Disorder (OCD) is a common, chronic, and often disabling disorder. The only established first-line treatments for OCD are exposure and response prevention and Serotonin Reuptake Inhibitor (SRI) drugs. However, some patients fail to respond to any modalities, and few go into complete remission. Unlike SRI monotherapy, antipsychotic augmentation is the only treatment approach for OCD with substantial empirical support (Goodman et al., 2021). Obsessive-Compulsive Disorder (OCD) can also be defined as a generalised, chronic, and often disabling disorder characterised by unwanted and distressing thoughts (obsessions) and repetitive behaviours that the individual feels compelled to perform (compulsions) (American-Psychiatric-Association, 1994; Rasmussen & Eisen, 1992). Obsessions (recurrent thoughts, ideas, or desires that cause anxiety or distress) and compulsions are symptoms of OCD (repetitive behaviours or mental actions performed according to rigid rules). Obsessions with contamination and washing/cleaning compulsions are among the dimensions of OCD symptoms reported

regularly, despite the fact that the content of the obsessions and compulsions varies widely (Mataix-Cols et al., 2005). Compulsions can take the form of overt acts or mental rituals that usually reduce the suffering caused by the obsession. A key feature of OCD is that patients maintain insight (to varying degrees) into their irrational and exaggerated obsessive-compulsive behaviour (OC) (Ruscio et al., 2010) and is responsible for substantial functional impairment (Norberg et al., 2008; Adam et al., 2012) and increased risk of premature death (Meier et al., 2016). The only established first-line treatment for OCD is cognitive behavioural therapy with exposure/response prevention (ERP) (Deacon & Abramowitz, 2004; Koran et al., 2007). In addition, other things that are still being done are through communication with survivors. Communication helps reduce barriers that occur (Nursanti et al., 2021), one of which is therapeutic communication.

Therapeutic communication nurses use in patients with mental disorders is walking and has succeeded in increasing recovery in patients with affective disorders (Restia, 2021). Providing therapeutic communication acts can assist in reducing the level of violent conduct in someone with a high level of violent behaviour (Deawanti, 2021). Furthermore, therapeutic communication impacts interpersonal interactions, essential for patient satisfaction (Minanton & Dewi, 2019). Therapeutic communication is an interpersonal interaction between a nurse and a client in which the nurse and the client share learning experiences to improve the client's emotional experience (Stuart, 1991). Nurses can communicate with patients, their families, and other health care providers in various circumstances and scenarios. In this scenario, nurses and patients must communicate because the communication process provides nurses with critical information about the patient's condition and enables nurses to offer nursing care based on that knowledge

Patient's anxiety is linked to nurses who specialise in therapeutic communication. With the help of therapeutic communication relationship nurses, patients' preoperative anxiety about their surgical treatment could be decreased (Pratiwi et al., 2021). Nurses could use the neurolinguistics programming approach to speak with the elderly, which causes changes in the elderly's cognition and behaviour patterns, leading to a healthier lifestyle. As a result, nurses can use NLP to connect with and influence elderly patients by focusing on the four central pillars of the outcome, rapport, sensory acuity, and adaptability (Rustan & Hasriani, 2020; Rachmawati, 2020). Therapeutic communication is a planned exchange of information between nurses and other health care providers to assist the patient in healing. The therapeutic communication between nurse and patient is built on communication to enhance the patient's emotions. Therapeutic communication is a cooperative interaction between a nurse and a patient to resolve the patient's problems. Therapeutic communication

is a collaborative partnership in which behaviours, feelings, thoughts, and experiences are exchanged to establish therapeutic communication.

Through therapeutic communication and discovering treatment barriers, the healthcare team may closely monitor the patient's adherence, treatment response, adverse effects, and satisfaction. The biopsychosocial treatment model serves as a road map for dealing with patients, and therapeutic communication tactics effectively identify biopsychosocial factors that contribute to a patient's health and illness (Borrell-Carrió et al., 2004). Monitoring and recognising these health and sickness components using interprofessional methodologies can also be beneficial for approaching patient care. Monitoring the patient's emotional moods interdisciplinary can also be effective. The early discovery of a patient's reaction to therapy or provider can be aided by monitoring these emotional states. As a result, one practitioner can liaise between these potential care disruptions, addressing them early and directly with patients while also alerting other team members to help patients resolve their concerns. Fostering therapeutic discourse across interdisciplinary teams can improve the patient experience and healthcare results (Sharma & Gupta, 2021).

First, therapeutic communication indicators can support nursing services (Supriyanto & Ernawaty, 2010). Ability to pay attention when engaged in therapeutic communication, communication skill with patients who are entirely present (physically and psychologically). a) Squarely / face to face is the attitude of being ready to serve patients, b) Open posture is an open attitude; do not fold your legs/arms, hands on your hips when communicating, c) Open posture is an open attitude; do not fold your legs/arms, hands on your hips when communicating, d) Open posture is an open attitude; do not fold your legs/arms, hands on your hips when communicating, e) Open posture is an open attitude; do not c) Bending towards the patient, suggesting a wish to converse or listen to the patient, is referred to as leaning. d) Maintaining eye contact while conversing demonstrates appreciation and a desire to interact with patients; e) Relaxed indicates that the nurse maintains a balance of tension while responding to and acting on the patient.

Second, there is respect. Respect is described as an attitude and respectful behaviour, particularly a caring attitude demonstrated by always paying attention to patient complaints to speed up patient recovery and provide unconditional service to patients (Stuart & Laraia, 2005). Respect is recognising, appreciating, and accepting what it is and being open to accepting others' opinions and viewpoints without judging or criticising them, as well as communicating and providing psychological safety. One of the essential aspects of effective communication is to express genuine and heartfelt gratitude. Appreciation is a condition that must be fulfilled. Sincere thankfulness

is a management style that can inspire others to achieve their best work by generating enthusiasm.

Empathy is the third quality. The nurse's attitude and behaviour are listening, understanding, and paying attention to patients. When meeting the patient in his troubles, the nurse is confined to understanding the client's feelings without expressing an overwhelming emotional response (Stuart & Laraia, 2005). Empathy is the nurse's emotion of "understanding" and "acceptance" of the client's feelings while serving them, as well as the ability to perceive the patient's "personal world." Empathy is a genuine, sensitive, and irrational emotion based on how others feel. When it comes to communication, empathy and experience go hand in hand. Empathy can be demonstrated in several ways, including awareness of the patient's current activities. Nurses that empathise with their patients are dependable.

Fourth is the ability to respond. Responsiveness refers to a nurse's attitude and behaviour of providing care promptly as feasible when required. Closeness is a delicate emotion that expresses concern for the patient's concerns. One's attitude to this behaviour was influenced by cultural context and background, type of relationship, gender, age, and expectations. To encourage the patient to reveal personal information, the nurse actively listens to the patient and responds with an attitude of acceptance and willingness to comprehend.

Fifth job satisfaction. It is defined as how much a person appreciates their profession, sees it as complex and multifaceted, and reacts to particular facets of it (Taunton et al., 2004). The American Nurses Association (ANA) later adapted the Index of Work Satisfaction (IWS) into The National Database of Nurses Quality Indicators-Adapted Index of Work Satisfaction (NDNQI-AIWS), which has seven components (Taunton et al., 2004), including assignments, formal-informal professional interactions between the nurse, and the patient (salary).

Therapeutic communication relationship that occurs between nurses and anxiety patients disorder starts from the pre-interaction stage, the orientation stage, the work and termination stages with communication techniques, namely listening attentively, asking questions related, open-ended questions, repeating the patient's words, providing an opportunity for the patient to initiate a conversation, and order events in chronological order. The next barrier to this therapeutic communication is emotion, background, socio-cultural background and lack of trust (Legystania, 2021). Volunteers who aid people living with HIV/AIDS (PLWHA) who have the same fate as people living with HIV/AIDS present therapeutic communication efforts to people living with HIV/AIDS (PLWHA) (PLWHA). The presence of volunteers (PLWHA) aids and bridges the gap between patients and therapy, providing PLWHA with a sense of security. They also make other patients feel more at ease while they are at the hospital having

treatment (Effendy et al., 2021). Based on the background that has been described previously, the formulation of the problem in this study is how to communicate therapeutically with survivors of Obsessive-Compulsive Disorder (OCD).

METHODOLOGY

This study uses a qualitative approach. The main subject of qualitative studies is the assumption that some individuals or groups have arisen as a result of social or human problems (Creswell & Poth, 2017). At the same time, phenomenology was used as a research approach in this study.

Phenomenology is the study of consciousness from the perspective of a person's essential experience. Also known as subjective or phenomenological experience. Phenomenology has a long and illustrious history in social research, spanning fields as diverse as psychology, sociology, and social work. Phenomenology is a school of thinking that emphasises the importance of interpreting the world. Phenomenologists are interested in how the world appears to others in this scenario. Phenomenology studies how the distinction between subject and object emerges and how items in the world are categorised. Phenomenologists also believe that something other than chance is responsible for the formation of consciousness (Husserl, 2014).

Informants are those who operate in the field of research. People who are used to delivering information on research scenarios and conditions are the target audience. Using informants in a study helps researchers quickly obtain vast volumes of data (Suwandi, 2008). The informants in this study were three survivors of Obsessive-Compulsive Disorder (OCD) (Table 1).

Table 1. Informant identity

Informant	Age	Gender	Occupation
1	35	F	Entrepreneur
2	30	M	Entrepreneur
3	33	F	Entrepreneur

Source: (Researcher Processed Data, 2022)

The analysis technique employed in this study is interactive model analysis. Data reduction, data presentation, and retrieval or verification are the three components of this model analysis, and activities are carried out interactively with active data processing as a continuous, repeating, and constant process constituting a cycle (Miles & Huberman, 1994).

Because of the vast amount of data acquired in the field, it is vital to keep meticulous records. Furthermore, as previously indicated, the longer researchers spend in the field, the more data they reach, complex by complex. As a result, it is critical to analyse data fast using data reduction techniques. Data reduction requires summarising,

picking major points, focusing on what is relevant, looking for themes and patterns, and deleting what is unneeded. As a result, the reduced data will present a more precise picture while making it easy for researchers to acquire additional data and search for it.

After the data has been reduced, it is shown. The steps of arranging data, particularly connecting one set to another such that all analysed data is captured in one unit, are referred to as data presentation. After selecting essential data and discarding data not following this research, the author gives data in snippets of interview results and many textual sources. To make it easier to grasp and stay within the research topic, the author blends the condensed data with the author's narrative. The analysis is carried out utilising applicable theories after presenting the data in connection with the author's description.

Researchers apply the inductive principle to existing data by noticing patterns or trends in data displays. Sometimes stories are created from scratch; nevertheless, the final cause cannot be properly stated after a comprehensive review of all relevant evidence by the researcher.

RESULTS AND DISCUSSION

This study analysed the therapeutic communication efforts of survivors with Obsessive-Compulsive Disorder (OCD) to become survivors. According to informants in this study, survivors with Obsessive-Compulsive Disorder (OCD) gave opinions regarding their experiences.

First informant:

"In my case, OCD causes me to have unwelcome thoughts or concerns that recur repeatedly. I become fixated on something and repeat certain behaviours over and over. When I was in school, I was irritated by messes, lousy writing, and books that had been sorted but were still untidy. I can say it as often as I want; the main thing is to seem tidy. When drawing lessons, I can erase lines that I do not think are straight until they appear great. That is why I frequently miss it. Not to mention that I often change notebooks and recopy my writing at home since I notice that it is not neat. I am not bothered or pressured by this habit. This, I believe, helps me to be more disciplined and structured. People describe me as a perfectionist. This is not unusual for me because my parents have trained me to be like this." (Personal Interview, 1-6- 2022).

Second informant:

"Most of the time, walking in and out of the room to tidy up the desk was the experience with OCD. Although the study table is already tidy, I always tidy it up again. When my sister noticed me clearing the table at first, I merely ignored it until the habit began

to upset her. Due to this behaviour, I was frequently late for school since I repeatedly asked my sister to stop on the way to school and come home to tidy up the already tidy table." (Personal Interview, 1-6- 2022).

Third informant:

"I have had OCD since I was ten years old. Therefore, cleaning is something I enjoy doing. However, things have gotten considerably worse. Sometimes I am not sure what you are up to. When I am unwell, for example, I still make myself clean. Because seeing the house in its current state makes me feel uneasy. I feel uncomfortable when I see objects in the house skewed a little. Even minor dirt can be noticed with me since the dust is a bit worried. Have you ever been sick or exhausted and seen the house was a mess, although you could not move because you were sleepy? However, I cannot just sit there and feel uneasy about the disarray in the house. So even though my condition is not excellent, I want to clean it or not, and do not forget to clean it with tears." (Personal Interview, 1-6-2022).

From the statements submitted by research informants, it is known that Obsessive-Compulsive Disorder (OCD) conditions usually begin in adolescence, some of which are also experienced in high school. It is also usually accompanied by symptoms that start gradually, can come and go, and tend to vary throughout a person's life with Obsessive-Compulsive Disorder (OCD). Symptoms can range from mild to severe, and they tend to get worse when you are stressed. Obsessive and compulsive behaviours not caused by drug use or other illnesses are typical signs and symptoms of Obsessive-Compulsive Disorder (OCD). A person may, however, have obsessive or compulsive symptoms. It can also be viewed as a pattern of repeated behaviour, actions, or rituals.

In most cases, this behaviour is triggered by an obsession. People with Obsessive-Compulsive Disorder (OCD) try to rid themselves of troublesome ideas by following their own rules or actions. People with this disorder's normal behaviour or compulsions may be related to the thoughts that arise, but they could also be completely unrelated. For example, for fear of contamination, bathing or washing hands multiple times, ordering or arranging objects in a specific order, etc.

Therapeutic communication practice

It is necessary to assist survivors of Obsessive-Compulsive Disorder (OCD) through therapeutic communication carried out by parties related to survivors of Obsessive-Compulsive Disorder (OCD).

First informant:

"The experience I had when I felt something was wrong with me at first I went to the doctor. Then the doctor gave me a prescription for a drug that I remember was useful for controlling my obsessive and compulsive tendencies. I remember medicine... antidepressant drugs, if I am not mistaken, are usually given to treat depression. Then I also got therapy related to cognitive behaviour (cognitive behavioural therapy (CBT), which is useful for treating obsessive-compulsive disorder. Then if I am not mistaken also to help in changing the way of thinking, feeling, and behaving. Which is sure to help us deal with fears and obsessive thoughts without any coercion, and also able to respond." (Personal Interview, 1-6-2022).

Second informant:

"When I tried to see a doctor, I got several types of medicine that I had to take. Have you ever, if I am not mistaken, been given a prescription for medicine? What was the name? I forgot what was certain to control ourselves, that is, more or less. I am tired of taking medication continuously for weeks or even months because, as far as I know, the effectiveness of the drugs is not immediately visible. In addition to drugs, I was also given therapy to prevent such exposures. Once the therapy, if I am not mistaken, it can take up to a few hours; it is pretty long anyway. It is also boring, especially if the therapist is annoying, so they are too lazy to continue therapy. So we need a ready therapy to pay attention to us." (Personal Interview, 1-6-2022).

Third informant:

"Take medicine from the doctor according to what is recommended for sure. Then we are asked not to stop taking the drug without the doctor's knowledge, even though we are feeling better because it can bring back the symptoms of obsessive compulsiveness. In addition to taking medication, they are also given therapy to eliminate compulsive behaviour. The name is cognitive therapy if I am not mistaken. So through therapy, we are guided by the therapist regarding healthy and effective ways to respond to obsessive thoughts. So, in my opinion, as an Obsessive-Compulsive Disorder (OCD) survivor, you should be able to work with a therapist. There must be good communication and empathy, especially in solving problems with physical feelings. Then I was encouraged to face our fears and obsessive thoughts without counteracting them with compulsive behaviour." (Personal Interview, 1-6-2022).

According to the informants, Obsessive-Compulsive Disorder (OCD) survivors were provided psychiatric counselling to help them cope with their worries and obsessive thoughts without force. Effective

communication between therapists and Obsessive-Compulsive Disorder (OCD) survivors is also crucial in this process. This is due to the sense of security that Obsessive-Compulsive Disorder (OCD) sufferers require in solving problems and dealing with things that separate them, such as thoughts, physical feelings, and actions. Furthermore, the therapists encourage Obsessive-Compulsive Disorder (OCD) survivors to confront their concerns and to have obsessive thoughts without suppressing them through compulsive behaviour.

Some factors that need to be implemented in therapeutic contact with OCD survivors include the ability to pay attention, which is demonstrated by engaging with patients, implying that "I am ready for you" from this perspective. When the therapist meets the patient, he assumes the position facing the patient; consequently, the therapist has prepared his mentality ahead of time. This viewpoint must be taken so that the patient feels respected (rather than offended) and does not interfere with therapy.

Maintaining an open mindset requires empathy. This suggests that the therapist is willing to listen to patient issues and offer assistance. Furthermore, patients will be more flexible in discussing their difficulties if they have an open approach. The therapist's open attitude is demonstrated not just while dealing with patients but also when dealing with the patient's family. If a patient or the patient's family expresses dissatisfaction with the therapeutic activity, the therapist patiently and openly explains the situation to the patient or family. It also has a relaxed appearance. This is done by the therapist so that it is not embarrassing and that building communication relationships and practising treatment is comfortable. So that the work's outcomes are more fulfilling and the patient's trust in the therapist grows.

Maintaining eye contact demonstrates the ability to respond. When the therapist communicates, maintaining eye contact indicates respecting the patient and a willingness to keep communicating. When the therapist communicates, the therapist's attitude is to listen and pay attention to him.

CONCLUSION

Based on the data that has been done, the conclusion regarding therapeutic communication efforts for survivors with Obsessive-Compulsive Disorder (OCD) to become survivors is that therapeutic communication efforts for survivors of Obsessive-Compulsive Disorder (OCD) are by presenting a therapist who helps survivors with Obsessive-Compulsive Disorder (OCD) is to bring in a therapist who helps survivors with Obsessive-Compulsive Disorder (OCD). Therapists communicate with survivors of Obsessive-Compulsive Disorder (OCD) using the standard form of therapy that allows OCD survivors to cope with their worries and obsessive thoughts without coercion. This is done by raising the ability to pay attention, empathy, and the ability to respond.

For further development, this research can be expanded to quantitative analysis with an assessment on communication behaviour experimental based. Health Communication can be deeper to extend the research.

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