

PRAGMATICS STUDY IN THERAPEUTIC COMMUNICATION OF BUGINESE TRADITIONAL MEDICINE FOR CHILDREN IN SOUTH SULAWESI INDONESIA

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ABSTRACT

The paper investigates the pragmatics elements in therapeutic communication of Buginese traditional healer for children in South Sulawesi, Indonesia. Using the qualitative method, this study explores speech act, implicative, and language politeness strategy in traditional healer's utterances during treatment process. Observation and interview are used to describe the therapeutic communication of Buginese traditional healer for children in South Sulawesi, Indonesia. The study also examines the effect of traditional healer's therapeutic communication to the patient and the parent. The result shows that during the treatment process, the traditional healer mostly uses locutionary and illocutionary acts, conversational implicature, and positive face with Buginese politeness pattern. These pragmatic elements are aimed to calm both the patients and the parents, also to educate the parents in terms of herb medication (concocting drugs), good treatment and activities carried out by patient both during home treatment and after recovery.

Keywords — Business traditional medicine, children, pragmatics, therapeutic communication.

INTRODUCTION

PRAGMATIC studies carry the use of language based on the context behind the occurrence of a speech. The use of language here concerns the functions of language such as what do people use language for? Van Ek and Trim (1991:27) categorize language functions into six types, namely: (1) conveying and seeking factual information; (2) expressing and changing attitudes; (3) asking others to do something; (4) socialization; (5) building discourse; and (6) Improve the effectiveness of communication.

The inclusion of context in understanding and/or producing speech is intended to establish the principles of cooperation and manners in the communication process so that communication objectives can be effectively achieved. The context itself is closely related to culture, which differs from one society to another. Likewise, the process of interaction or topics of conversation in terms of traditional medicine differs between one culture and another. The process of interaction in traditional medicine is closely related to the culture of an ethnic group so that understanding the meaning contained in these interactions requires a common understanding of the culture. This is due to the existence of different ideologies within the scope of the culture of society. Like traditional medicine for children among the Buginese, one of the biggest ethnic groups in South Sulawesi province, Indonesia, the means used in conducting health services is language. Language is very important in the process of healing patients. With language, traditional healer and patient can interact to heal the patient.

In this interaction, health communication is formed which is specifically better known as therapeutic communication. Mundakir (2006: 148) explains that therapeutic communication is communication that is consciously planned and its activities are focused on healing the patient and are professional communication that leads to the goal of healing the patient.

The process of therapeutic communication consists of four stages: (1) the preparation or pre-interaction stage; (2) the introduction or orientation stage; (3) the workstage; and (4) the termination stage Taufik (2010: 45).

Therapeutic communication is a very essential part of the treatment process. This happens because, in the treatment process, there is an interaction between the healer as the first party and the patient and the patient's family as the second party, where the second one hopes for an interaction that can reduce the anxiety, fear, and pressure faced by the patient and his/her family. But what has happened to the modern treatment process lately is that the therapeutic communication stage seems to be ignored.

Many cases occur when someone comes to check themselves in the hospital, the interaction that occurs is limited to prescribing drugs or the first party has a dominant portion compare to the patient. Whereas harmonious and maximal communication will occur if both parties, presenters, and the recipient of the message have the same position in the process of communication/action of speech (Suganda, 2019: 553). This situation can trigger feelings of anxiety and the worsening condition of the patient and his/her family. The situation becomes one of the reasons for the transition of the Bugis community, especially parents in seeking treatment outside of medical treatment that is traditional medicine. They assume that they can communicate with traditional healers freely about treatment, disease prevention, and health care for their children.

Several studies have been conducted to explain the dissatisfaction in doctor-patient interaction during the treatment. Also, therapeutic communication in traditional medicine has been widely studied. However, very few empirical studies analyze the function of pragmatic elements in the therapeutic communication of traditional healers. This paper presents the function of pragmatics (speech act, implicature, and language politeness strategy) in therapeutic communication of Buginese traditional healer, aiming to increase the role of language in the field of traditional medicine for children who have not been widely studied. Also, the effect of traditional medicinal therapeutic communication on the patient and the patient's parent will be discussed, to highlight the use of pragmatic as language tools to improve the quality of human life through traditional medicine.

This paper is organized into six sections. Section 2 describes the Buginese traditional medicine system. Section 3 provides a literature review. Section 4 discusses the methodology. Section 5 provides analyses of results and discussion. Section 6 concludes this paper, arguing the importance of implementing pragmatics elements such as speech act, implicature and language politeness strategy to reduce the anxiety of parents and patients and also to educate them how to make herb medication and how to live a good life under the religion and culture they believe in.

I. BUGINESE TRADITIONAL MEDICINE SYSTEM

The traditional medical system practiced by traditional healers in the Bugis community is based on four ways, namely, (1) reading *Lontarak Pabbura*, an ancient manuscript that contains various diseases, medicinal plants, how to concoct these plants into herbal ingredients, how to treat them, and ' things that may and may not be done during the treatment process, (2) practice knowledge acquired from generation to generation by using the reading of a kind of spells both from the Qur'an and from the Bugis language itself which is believed by the public to contain prayer, (3) self-medication based on experience or knowledge gained from education, and (4) treating patients by concentrating themselves

through predictions, which is a form of treatment based on natural events around (Kusumah: 2017:255). Traditional treatment of the Bugis culture not only emphasizes the skill of concocting drugs and treatment practices but also pays great attention to the causes of disease. Therefore, it is common when the traditional healer checks the patient, the patient will first be asked about the activities carried out before the disease complains. Attention to the causes of an illness gives birth to a knowledge system that is conceptual and is an intellectual construction of the medical experts of this ethnic group. (Hamid, 1986: 118). The cause of disease in the Bugis community is considered as something that causes disharmony, both biologically and socio-culturally. Considered as dis-harmonious when the human body experiences internal or external interference by the power of heat and cold which disturbs emotional stability that is called pain.

Traditional healer for children in the Bugis community is known as *Sandro-ana*'. This traditional healer is believed to be able to treat various diseases in children based on experience, knowledge, and the ability to read *Lontarak Pabbura*. Experience is obtained based on knowledge passed down from generation to generation. This means that a *Sandro-ana*' has a healer lineage that is only owned by certain people while knowledge is obtained based on the ability to read the *Lontara Pabbura* manuscript. The text was written using the *sulappa eppa*' script or a square rectangle and now only a handful of people can read the script.

Sandro-ana' is not a traditional healer who has a paramedic educational background, but the healer is an ordinary community member who has expertise in medical practice and understanding of the use of certain plants to help cure various types of diseases. Compared to other Buginese traditional healers, this traditional healer has the highest existence among the Buginese, because, besides the affordable costs, the community can also freely interact with the healer regarding the healing process and care of their children to obtain maximum healing. The other reason because children are easily attacked by the disease due to their immune system is not strong, especially when the season is changed from dry season to rainy season. Therefore, many parents prefer traditional medicine as their first choice.

II. LITERATURE REVIEW

Several studies focus on implementing therapeutic communication in traditional medicine. (Suganda 2019: 553), explains that Sundanese traditional healer in West Java, Indonesia performed all stages of therapeutic communication and the communication process contains suggestions based on their cultural and religious elements. Labhardt (2010: 1106) compares traditional healers (TH) and Cameroonian representatives of Western medicine Western providers (WP) in terms of patient characteristics and communication patterns during the consultation in rural Cameroon. He describes that traditional healers interact differently with WP, traditional healers were significantly more patient-centered in several aspects: They focused more on psychosocial topics and issues of daily life based on their belief than on purely medical questions and in particular, they more often asked for the patient's opinion and frequently discussed their concept of illness. While WP were asking based on the medical illness of the patient.

A study by Pinkoane (2005:27) explores the characteristics of the relationship between the traditional healers and the patients in therapeutic communication that are used in the South Sotho traditional healing process. He implies that during the treatment process, traditional healer shares with the patients a world view that rooted in their religion and culture. Also, the

traditional healer places much emphasis on how the medicine should be used.

On the pragmatic side, Yanto (2014:144) finds that nurses use language politeness strategy to talk with the patients and it consists of imperative, declarative, and interrogative in a short length of speech and word order. Lodhi (2019:91) describes that doctors mostly use the strategy of 'Bald on Record' with both male and female patients; and a wide majority of patients showed dissatisfaction with doctors' conversation during diagnosing, treatment, and follow-up visits.

These previous studies show two sides. One side is the description of how traditional healers utilize therapeutic communication in their interaction with the patients based on their culture and beliefs. Another side shows the use of the pragmatic aspect in therapeutic communication between doctors and patients. This study covers speech act, implicature, and language politeness strategy to provide broader insight to practitioners of traditional healers and medical staff regarding therapeutic communication patterns in handling pediatric patients. Also, the result can be used as a foundation of knowledge regarding the handling of medical treatment of children.

III. METHODOLOGY

This research used the qualitative method on the basis that qualitative methodology is a research procedure that produces descriptive data in the form of written or oral words from people, texts, or other observable things (Moleong, 2007: 11). Through

descriptive qualitative research methods, this study provides a comprehensive description of the pragmatics perspective in therapeutic communication in the practice of Buginese traditional medicine for children.

a. Data Collection

Data for the study were collected using observation and interviews. The observation technique was chosen in this study to support the collection of data through notes, records of activities, and utterances made by *Sandro-ana*' during the treatment process. Meanwhile, an in-depth interview was conducted with the patient's family in this case were the parents who had brought their children to seek treatment to the traditional healer.

b. Participants

Participants of this study were divided into two sections. Section one was those who were involved in observation consisted of a Buginese traditional healer for children or *Sanro-ana*', an eight-year boy and his mother. Meanwhile, 10 parents (the mothers) were chosen for an in-depth interview. These mothers are those who ever brought their children to the traditional healer. Participants were selected through purposive sampling techniques based on specific objectives. The specific objectives in this study consisted of: (1) a Buginese traditional healer for children called *Sanro-ana* is a person who is believed by the Buginese people to have the ability to cure diseases commonly suffered by children; (2) the patient is in the school-age category that is between 6-9 years. This age category is chosen based on the pragmatics and emotional aspects of the children. From the pragmatics aspect, school-age children have been able to process the information received and express their ideas, so that without guidance from parents, these children can respond well. Meanwhile, from an emotional aspect, the development is more mature and they have known many other people's expressions so that it is easy to know how the patients' response to the speech of the traditional healer during the treatment process; and (3) the mothers were selected to provide a brief explanation of the traditional healer's treatment after taking their children to the traditional healer.

For the research, Rambatikala village was chosen as the research location. The village is one of the villages in Larompong sub-district, Luwu regency, South Sulawesi province. The choice of location was based on several considerations: (1) traditional medication is still the main choice for the surrounding community in dealing with their children's illness; (2) high level of public trust in the practice of the traditional healer's treatment, (3) the assumptions of the parents stating that the therapeutic communication patterns of the traditional healer are one of the healing factors of their children; and (4) the traditional healer treats the patient in the school-age category while others treat infant and toddler.

IV. RESULT AND DISCUSSION

In this section, the data analysis process is explained in the form of the use of pragmatic elements (speech act, implicature, and language politeness strategy) at each stage of the traditional healer's therapeutic communication in Rambatikala village. The data obtained from observation were analyzed using the qualitative content analysis technique. For this purpose, the utterance of the treatment process was recorded and after that, it was transcript into written form. Also, the interview is displayed to describe the mothers' statements dealing with the traditional healer medication.

A. *Utilization of Pragmatic Elements of Buginese Traditional Healer's Therapeutic Communication*

1. Preparation/Pre-interaction Stage

The initial stage in the therapeutic communication process is called the preparation or pre-interaction stage. At this stage, the traditional healer who acts as a communicator prepared herself before meeting with the patient and his mother. Some of the things prepared by traditional healer included preliminary information about patients who will come to treatment such as age, symptoms experienced, and the environment of residence. The process of gathering information is done through a short telephone interview with parents. Generally, if patients come from outside the village, their parents will call to ensure the availability of the traditional healer. Through this process, the traditional healer gathers the initial information. This information is used to prepare therapeutic communication for the next stage. However, if patients who want to seek treatment come from the neighborhoods, then the traditional healer gathers information at face-to-face meetings with the patients' parents. In this research, the patient and his mother were from the neighborhoods; therefore the information collected was only in the form of symptoms experienced by the patient.

The following is the dialog of the traditional healer during the treatment medication in the preparation stage along with the analysis of speech act, implicature, and language politeness strategy.

(1) Situation: traditional healer gathered information firsthand about the symptoms experienced by patients through their mothers. This was done because the patient was a resident of the village of Rambatikala.

Patient's mother: (1)

Assalamu alaikum.

Traditional healer: (2)

Walaikum salam. Menre' ki mai!, tama ki e! magi tu?(Come on up! Come on in! What is it?)

Patient's mother: (1a)

*Iye la Fikran mapeddi-peddi ulunna,
sangadi wenni mopa. Mapeddi ladde
irokapang naterri meni bawang kesi.*
(Fikran's head hurts, starting from
yesterday. Maybe it was too sick, so he
cried all the time).

a. Directive Illocutionary Act

From the dialog, utterance in the sentence (2) "*menre ki!*" (come on up!) is included as a directive illocutionary act when the mother and the patient were under the house. It should be noted that the utterance was uttered by the traditional healer because the Bugis house is a house on stilts made of wood. The typical house of the Bugis is divided into two types based on the social status of the people who live in the house. *Saoraja* or *Salassa* houses are houses inhabited by descendants of kings or aristocrats and *Bola* is a house inhabited by ordinary people. Wooden stilt houses are specially built high with the aim that the lower part of the house, called a *siring* or *kolong* can be used for various purposes such as: storing farming or fishing tools, raising livestock, storing *ladda-ladda*, a type of seat used for resting during the day and as a parking space.

The word "*menre*" in Bugis is a verb that means to go up, while "*ki*" is a form of pronoun addressed to either male or female in singular or plural. The traditional healer utterance forms an imperative sentence, the aim is to directly ask the mother and the patient to meet face to face on top of the house. From the explanation, this utterance includes a directive illocutionary act.

After the patient and his mother were at the top of the house, the next utterance in the sentence (2) is "*tama ki!*". It is a directive of an illocutionary act with the function of ordering the two guests to enter the traditional healer's house. In the Buginese language, the word "*tama*" means enter which is classified as a verb and "*ki*" refers to the object of the two guests, both of which are pronounced to form a command sentence. From the delivery technical point of view, the delivery is spoken directly from the speaker to the speech partners. The last utterance in the sentence (2) is "*magi tu?*" The word "*magi*" means why or what is it, while "*tu*" means you. The utterance is included as a directive illocutionary act where the speaker in the speech used communicative emphasis to make a question.

a. Conversational Implicature to Ask .

According to the dialog, the conversational implicature appears in the traditional healer's second utterance, which instructs the speech partners to go upstairs to the house. From the implicature perspective, at first glance, there is no implication element from the traditional healer's utterance to the patient's mother. This is because the directive speech act is very clearly understood by the speakers. However, if it is looked at from the event of the utterance, the utterance is expressed because the traditional healer saw the speech partner carried her son in his hand. Bringing a child with her is a signal to the speaker that the child is sick and the purpose of the speech partner's arrival is to seek traditional treatment for the child. From this situation, the speech partner understood that the sentence did not only mean telling them to go up to the house, but also to inform them that every traditional practice is carried out on top of the traditional healer's house, therefore it is not suitable for

the speech partners to be under the house.

b. Positive Face Strategy

In the dialogue, the initial speech conveyed by the patient's mother by saying greetings "*Assalamu alaikum*" is the first step in this situation to maintain each other's self-image but still in a friendly situation as both of them already know each other and have often met face to face. The response to the greetings uttered by the traditional healer as an attitude of respect shown by the patient's mother is a protective strategy including polite behavior towards speech partners. The second utterance "*menre ki mai!*" also includes a protective strategy uttered of using Buginese politeness to respect and protect the dignity of the speech partner.

The tone of the speaker was slightly high does not indicate anger but rather as a form of friendliness and intimacy between them. The concept of polite which is bound by Buginese norms at this stage of interaction is the use of the affix *ki*. The affix *ki* attached in a word or sentence is usually addressed to people who are appreciated, admired, respected, or cherished. The use of affix *ki* illustrates that speaker and speech partners have a fairly friendly and respectful closeness to each other. All speech uttered by the speaker at the interaction stage illustrates a positive politeness strategy to save the speaker's face by paying attention to the wishes or needs that belong to the speech partners (Brown and Levinson, 1978:94).

From the dialogue analysis at the pre-interaction stage, information is obtained that as someone who has experience in traditional medication for children and in dealing with the anxiety of the patient's parents, the traditional healer has analyzed ability to communicate so that the patient and his mother feel more comfortable in communicating. Besides, the therapeutic communication techniques used, such as asking questions with full kinship typical of the Buginese polite norms and listening are also the factors of openness. It encourages the speech partners to feel safer and more comfortable to reveal information about the symptoms experienced by the patient.

2. Introduction/Orientation Stage

From the dialogue analysis at the pre-interaction stage, information is obtained that as someone who has experience in traditional medication for children and in dealing with the anxiety of the patient's parents, the traditional healer has analyzed ability to communicate so that the patient and his mother feel more comfortable in communicating. Besides, the therapeutic communication techniques used, such as asking questions with full kinship typical of the Buginese polite norms and listening are also the factors of openness. It encourages the speech partners to feel safer and more comfortable to reveal information about the symptoms experienced by the patient.

The next process in the stages of therapeutic communication is the introduction or orientation stage. The introductory stage begins when the patient and his mother faced the traditional healer. The type of therapeutic communication used by the traditional healer at this stage is to explore the patient's condition based on the symptoms he is experiencing through questioning and listening techniques. These questions are the main things to build a therapeutic relationship between the patient, his mother, and the traditional healer. In initiating relationships, the traditional healer accepted the patient and his mother with openness and displayed a friendly attitude.

The initial understanding assumed that patient and his mother came with the aim of treatment gave rise to an attitude of acceptance and respect for their guests which indirectly built a trusting relationship where this relationship is one of the important stages in therapeutic communication. The trust of the patient's mother to have her son's illnesses checked is inseparable from the relationship raised by the traditional healer which was the ability to treat the patient, her friendliness, and the care shown to reduce the patient's mother's anxiety.

The following is the dialog among the participants in the orientation stage.

(2) Situation: the traditional healer explored the patient's condition based on the symptoms he experienced through touching, questioning, listening, and inferring techniques.

Traditional healer: (2a) *Jolo gere u katenni ki na a* (let me touch you first kid). *De to na mapella alena, pura mi kapang mapella kesso metta? Pura ki ga macculle pella kesso nak?* (The body is not hot, maybe he has been playing for a long time in the hot sun? Have you been playing for a long time in the hot sun kid)?

Patient : (3) *Iye'* (yes).

Traditional healer: (2b) *O iyanaro pale. Macule moki na' a, tapina aja na mapella ladde pi esso e. Iyaro tengga esso pada lao taue istirahat nak. Bara'madeceng paringenrrang e.* (O, that's the reason. You can play outside the house, son, but not until the middle of the day. At midday it's time for people to rest, son so that the mind can relax). *Ta jagai ana' ta bu, aja ta leppessangi lo macculle tengga esso, apana ko uwitai pallasalasang.* (Please pay attention to the child, don't let it play in the hot sun because if I see, your child is physically weak and gets sick quickly).

a. Locutionary And Directive Illocutionary Act

At this stage, the traditional healer explored the patient's condition by touching the painful body part by stating the first utterance in the sentence (2a) "*Jolo gere u katenni ki na a.*" (let me touch you first, kid). This utterance is a locutionary act that functions to provide information to the patient that the traditional healer will carry out examinations on parts of his body that previously complained of pain. This utterance does not contain any hidden meaning behind it or any particular effect of the speech partner.

The second utterance in the sentence (2a) "*De to na mapella alena, pura mi kapang ma*

pella kesso metta"?(his body is not hot, maybe he has just been playing for a long time in the hot sun?) is uttered after examining the patient's condition which was addressed to the patient's mother. This utterance is still included in the locutionary act with the function of providing information to the patient's mother that the child's body temperature is stable and the traditional healer estimates that the complaints experienced may come from the patient's playing activities in the hot sun.

The third utterance in the sentence (2a) is "*Pura ki ga maccule pella kesso, son?*" (Have you been playing long in the midday sun, kid?). The utterance is included as a directive illocutionary act where the traditional healer asked something to ascertain whether the assumption about the illness that the patient complains of is correct or not.

In Buginese traditional medicine, the initial assumption made by the traditional healer at this stage is based on the understanding of the causes of disease. The Bugis believe that the onset of a disease is caused by interference from within or from outside which can disrupt emotional stability both biologically and culturally. The disturbance comes from the power of heat and cold. Heat disturbance can be due to being in a place with hot air or walking in the sun while cold can enter the body in the form of wind or air, from eating cold food, walking on cold floors, or taking a cold shower, and so on. The conditions experienced by the patient based on this understanding are obtained from heat disruption because the patient previously played for a long time in the hot sun, causing disharmony in the patient's body.

The patient's answer *iye*' (yes) in dialogue (3) confirmed the traditional healer's initial estimate of the cause of his complaint was correct. Then the traditional healer responded to the patient with the first utterance in the sentence (2b) "*O iyanaro pale. Macule moki nak, tapina aja na mapella ladde pi esso e.*"(O that's the reason. You can play outside the house, son, but not until the middle of the day). This utterance is a form of advice to the patient to keep playing like other children of his age but at the same time, the patient must also pay attention to a good time for him to play to avoid things that can cause him pain. After that, the traditional healer continued with the second utterance in the sentence (2b) "*Iyaro tengga essoe pada lao taue istirahat nak, bara'madeceng paringenrrang e.*" (At midday it's time for people to rest, son so that the mind can relax). The speech contains suggestions for the patient to reduce his playing activities during the mid-day and replace them with activities that can be useful for him such as naps so that his body will be fresh.

Austin's view (1962: 94) explains that the utterance is an illocutionary act in which the speaker, through the speech, wants to generate power to the speech partner. The power generated by the speaker was further elaborated by Searle that based on the speaker's intention, the utterance included in the form of directive illocutionary act. A directive is categorized as a speech act used by speakers to tell other people to do something. This type of speech act expresses what the speaker wants. The speakers' wishes in this dialogue include giving suggestions and prohibitions.

After the traditional healer had a dialogue with the patient, the traditional healer then returned to dialogue with the patient's mother with the third utterance in the sentence (2b) "*Ta jagai ana*" *ta, just ta leppessangi lo macculle tengga esso, what is ko uwitai pallasas-lasang.*"(Please pay attention to the child, don't let him play in the hot sun because if I see, your child is physically weak and gets sick quickly). These utterances contain elements of orders and prohibitions which were conveyed directly to the patient's mother. Although suggestions and prohibitions have previously been told to the patient, the real utterance as an affirmation is delivered to the patient's mother because the patient's mother is fully

responsible for the patient's activities. In this situation, the patient's mother plays an important role in the process of treatment after taking medication from the traditional healer.

a. Conversational Implicature to Give Suggestion and Prohibitions

The conversational implicature side of the dialogue can be seen in the second utterance of the traditional healer. In the delivery technique, the direct speech using imperative sentences serves to provide prohibition and suggestion to the patient. In telling this, the traditional healer should use clear and smooth sentences as much as possible so that the patient can understand what the traditional healer wants. But what appears from the prohibition sentence implies that in the village, children are not only prohibited from playing outside of the house in mid-day but are also advised to rest. This is because the residents believe that if they are active at that time, especially those who are on a plantation, they will face dangers such as being possessed by jinn or spirits.

Suggestions and prohibitions addressed to the patient and his mother is things that should not be done either in the process of treatment or daily activities. When the traditional healer communicated with the patient, she used simple sentences that were easy to understand so that the patient is unconsciously suggested that what he has done is taboo.

b. Positive Face

The type of politeness strategy used by the speaker at this stage was a positive face strategy for both the patient and the mother but in different ways. To the patient, the traditional healer used the strategy by paying attention to interest, needs, or everything that belongs to the speech partner. The effect of this strategy is to calm the patient and the patient's mother. Besides, this strategy also indirectly gives the impression to the patient's mother that the traditional healer 'in her treatment process appreciates and cherishes the patient.

Meanwhile, to the patient's mother, the speaker used positive face politeness strategies by expressing or implying knowledge and attention to the wishes of the speech partner. As for the speech partner's wish in this speech situation, the patient's mother wanted the traditional healer to check the condition of her son so that she knew the cause of his illness and how to treat it. By implying the knowledge and desire of the speaker, it can reduce the anxiety and worry of the patient's mother.

3. Work Stage

The work stage begins after the traditional healer explores the activities of the patient before the illness appears. The treatment process at the working stage is quite long compared to the two previous stages. However, the most defining stage in traditional medicine is the orientation stage where to determine what and how the treatment process at the working stage is determined at the orientation stage. Therefore, the traditional healer needs to know what had been done before the patient gets sick. The information obtained at the orientation stage is then used as a reference to determine the medicinal ingredients to be used and its abstinence during home treatment.

The type of therapeutic communication at this stage is verbal and nonverbal. Verbal communication is more widely used with the patient's mother using inferring techniques and

changing perspectives. The inferring technique is used after the orientation stage is carried out to determine the type of herb used. Meanwhile, the technique of changing perspectives focuses on the types of herbs used and how to use them during patient care at home. On the other hand, nonverbal therapeutic communication is specific to the patient through touching and blowing on the crown.

Touching by rubbing on the patient's head is a form of the traditional healer affection in this treatment process. The blowing on the crown is intended so that with the potion and prayers, the patient can be healthy again and leave the behavior that can make him sick and obey his mother. The prayer blasts at the crown is a form of a request to the creator so that with His blessing these prayers can have an influence on the patient's brain as a control and behavior center so that the patient hears his mother's advice so that he can avoid things that can endanger him.

The traditional healer at the working stage always uses a ritual of *baca-baca*, a kind of incantation in Buginese traditional medicine which is combined with verses from the Qur'an then blown on the crown and sometimes to all parts of the body. The incantation is also blown into the potion whether it is a potion used for rubbing on the outside of the body or for drinking.

The following is the dialog among the participants in the work stage.

(3) Situation: traditional healer performed medicinal actions on the patient.

Traditional healer: (2c)

Jolo pele upodang ki pabburana. Narekko mapeddi ulu na anana 'e, butinungengi wai kaluku lolo icampurui sibawa peje sitengga sindru. (I will tell you the herb medicine. If the child has a headache, give him young coconut water mixed with half a spoon of salt).

Traditional healer: (2d)

Tuo ki malampe sunge 'ta na', na madeceng lao ta. Alhamdulillah, that's why you are getting married. (Live a long life and be successful in life. *Alhamdulillah*, you will feel good later).

Patient's mother: (1b)

Amin.

a. Indirect Illocutionary Act

The first illocutionary act is in the second utterance of sentence (2c) "*Narekko mapeddi ulu na anana 'e, tapinungengi wai kaluku lolo icampurui sibawa peje sitengga sindru.*" (If the child has a headache, give him young coconut water mixed with half a spoon of salt). The utterance was conveyed to the patient's mother. It did not only provide information about the ingredients that must be drunk, but also that the patient's mother prepared coconut water and salt so that the traditional healer could treat the patient immediately.

b. Conversational Implicature to Ask

From the dialog, the conversational implicature can be seen from the second utterance of sentence (2c) "*Narekko mapeddi ulu na ana'-na*" e, *butinungengi wai kaluku lolo icampurui sibawa pejje sitengga sindru.*" (If the child has a headache, give him young coconut water mixed with half a spoon of salt). The sentence is spoken using a declarative sentence to provide information to the patient's mother that if her son is in the condition described, then the ingredients needed to make medicinal ingredients are young coconut water mixed with half a spoon of salt.

To understand the conversational implicature of the utterance, the speech partner must understand how this traditional healer treatment patterns in treating each patient. The traditional healer treatment pattern does not provide every ingredient needed. This is because the preparation of the traditional healer ingredients is based on the factors that cause the patient to be sick and the symptoms that arise. Therefore, the traditional healer cannot collect all the required medicinal ingredients. The patient's mother is a person who lives in the village and knows the traditional healer treatment very well, therefore, this declarative sentence is understood as an imperative sentence to immediately prepare all the ingredients.

c. Positive Face Strategy

At the work stage, the politeness strategy raised by the speaker is a positive face strategy based on the familiarity that has been established previously. This strategy binds the participants so that the dialogue that occurs at the work stage can be understood by the patient's mother. The speech partner also used the same strategy by showing serious attention to what the speaker conveys. This situation illustrates the behavior of mutual respect between speaker and speech partners so that communication runs smoothly so that the patient's treatment process can be carried out without obstacles.

Another politeness strategy used by the speaker in this dialogue was the use of declarative sentences with imperative meaning. The function of using this sentence is so that the speech partner does not feel ordered directly even though in a speech situation, the speech partner knows that what the speaker says implies order and must be done immediately. However, in the speech situation, it can be seen how the politeness strategy was developed by the traditional healer. The traditional healer respects the patient and his mother by not showing a superior attitude towards the interlocutor by giving direct orders. Even though, the community places the traditional healer as one of the respected people in the village. Also, the speaker used *ki* as a form of pronoun to the speech partners. The use of *ki* shows the traditional healer appreciation to the speech partner regardless of the age difference. The politeness strategies shown by both speaker and speech partners in this dialogue show the familiarity and respect of traditional healer to the patient and his mother without neglecting polite behavior patterns for both younger and older ones.

4. Termination Stage

The final stage of the traditional healer's therapeutic communication is called the termination stage. At this stage, the traditional healer focused on the effect of the medicinal action. Termination in the treatment process does not only evaluate the patient in terms of physical and mental conditions but also emphasizes the evaluation of the patient's mother. To the

patient's mother, the traditional healer performs repetitions on how the treatment should be done at home if the patient still feels the same pain. In this process, the traditional healer used the questioning technique of verbal therapeutic communication to determine the patient's response to the results of the treatment that has been carried out. This technique was used the second time after the introductory stage, the technique is used because at this age the patient can understand and respond to simple explanations or questions from the interlocutor. In addition to evaluation techniques, another technique that is also used is giving advice. The advice is in the form of recommendations and taboos based on their culture to achieve maximum healing.

By doing the evaluation, the traditional healer indirectly has an effect that can calm the feelings of the patient and his mother. Also, the response given by the patient indicates that the traditional healer's treatment process has a positive effect on both the patient and the mother. The therapeutic communication used by the traditional healer to the speech partners has a pleasant and calming effect. The traditional healer's utterance which was conveyed with a sense of sincerity and appreciation immediately eliminated the patient's mother's worry about her son's condition.

For the traditional healer, the termination process determines the success of the goals of the previous stages in terms of exploring the patient's condition, determining the drug substance, and how to concoct it. For the patient and the mother, the termination process is a much-awaited step to find out how the effect of the traditional healer's treatment in the previous stage. The termination stage in the traditional treatment process ends with a subjective evaluation of the patient and administering herb ingredients to the patient's mother to continue to treat the patient at home if after going to the traditional healer the patient still feels the same condition.

The following is the dialog among the participants in the work stage.

(4) Situation: the traditional healer conducted a subjective evaluation of the effects of the treatment process that had been carried out in the previous stage.

Traditional healer: (2e) *Magani ta sedding na'?* (How do you feel now son?)
Patient : (3b) *Makanja-kanja ni cedde.* (Slightly better).
Patient's mother : (1c) *Terima kasih banyak Sanro.* (Thank you very much Sanro).

a. Assertive Illocutionary Act

The type of speech act that appears in the conversation is a direct assertive illocutionary act. This speech arises due to the response given by the patient. The patient's utterance is in the form of a perlocution act which informs the traditional healer that at least the medicinal ingredients have the effect of curing the patient's condition even though the effect is not very significant. This is known from the speech (3a) of the patient who said: "*makanja-kanja ni cede.*" (slightly better). In the Buginese language, the word "*makanja*" means good, but if the word is repeated to describe someone's health condition, then the word means good enough or not bad. This utterance has an effect on the traditional healer through the next sentence (2f) "*Narekko mapeddi-peddi si ulunna, tapinungeng bawanni kaluku lolo icampurui peje, menyameng ni tu nasedding matu.*" (If his head hurts again, give me young coconut mixed

with salt, then she will feel better). This utterance serves to advise the patient's mother to carry out the further treatment at home by making the same concoction that was practiced by the traditional healer in the previous work stage.

b. Conversational Implicature to Suggest

The first illocutionary act is in the second utterance of sentence (2c) "*Narekko mapeddi ulu na anana 'e, tapinungengi wai kaluku lolo icampurui sibawa pejje sitengga sindru.*"(If the child has a headache, give him young coconut water mixed with half a spoon of salt). The utterance was conveyed to the patient's mother. It did not only provide information about the ingredients that must be drunk, but also that the patient's mother prepared coconut water and salt so that the traditional healer could treat the patient immediately.

This stage is included in the conversational implicature category. It can be seen from the patient's statement in response to the traditional healer's question about the complained headache. The patient's statement "*makanja-kanja ni cedde*" is a brief response about the patient's condition a few moments after the patient takes the medicinal herb. However, for the traditional healer, this utterance implies that the treatment process is not maximal even though what the patient feels is better than before. The implication contained in the speech has an effect on the traditional healer to advise the patient's mother to continue treatment at home if after arriving home the patient still complains of the same illness.

c. Positive Face Strategy

The politeness strategy used by the traditional healer when interacting with the two speech partners shows a positive politeness strategy regardless of the partner's status and age. The closeness shown by the traditional healer in the traditional practice makes the speech partners feel comfortable in consultation and is open to accepting all forms of orders and suggestions given. At this stage, the traditional healer shows a form of responsibility and respect for the patient with the utterance (2e) "*magani ta sedding na*"?. The utterance is conveyed politely to the patient based on the concept of politeness and greeting in Buginese culture.

The general politeness used by the Buginese in giving greetings so that communication is well established and to prevent face threats against each speaker is to use the pronoun you to become *kita* in the subject position or *ta* in the object position. The dialogue uses the same concept so that the two speakers are equally respected for their identity without having to pay attention to social status. Therefore, the dialogue that occurs from the pre-interaction stage to the termination stage runs very well without any form of utterance that can threaten the faces of the speakers and the speech partners.

B. The Result of Interview from Parents after Taking Treatment to the Traditional Healer

After conducting interviews with 10 respondents who were patients' parents, overall they were satisfied and happy with the services and practices conducted by the Buginese traditional healer. The result showed that 7 respondents chose the treatment as the first choice if their children were exposed to diseases such as diarrhea, fever, headaches, nosebleeds, and yellows in infants because the medicinal ingredients used were easy to obtain and the cost was less expensive.

The other 3 respondents said that this practice was their second choice after medical treatment did not get results. Also, what made them feel happy with the treatment was in the treatment process. Within her therapeutic communication, the traditional healer always

advises children and parents not to do things that can cause patients to get sick again. Based on the respondent's answers, the most important statement of all her treatment process is that she read the holy Qur'an as a prayer for all patients, which made the parents more belief in the practice of her traditional medicine. Furthermore, according to some respondents, the therapeutic communication during the treatment was also very polite to children, never giving rise to a furious face that could scare them.

V. CONCLUSION

The result shows that the utterances expressed by the speaker (traditional healer) to the speech partners (patient and his mother) in terms of speech act, implicature, and language politeness strategy contain elements affecting the patient towards the process of healing. These elements were in the form of respect, empathy, sincerity, and a sense of responsibility. Our study reveals that those pragmatics elements in the traditional healer's therapeutic communication were implemented to illustrate the effort of influencing the patients towards the healing process. As the result, it makes the patient and his mother feel more secure and calm so that the healing process could be carried out without a hitch and the goal of therapeutic communication could be achieved.

Furthermore, this result implies that most patients' parents are satisfied with the practice conducted by the Buginese traditional healer for children because its medication process roots from their beliefs and culture. This research is limited to a traditional healer who specializes in treating diseases in children. Therefore, it cannot represent the whole of South Sulawesi or Indonesia. However, since no empirical study investigates the use of pragmatic elements in therapeutic communication of Buginese traditional medicine for children, this study makes a unique contribution to the pragmatic study.

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