

Relational Dialectics Approach in Overcoming Contradiction and Self-Image Management of COVID-19 Survivors

DARAJAT WIBAWA

Islamic State University of Sunan Gunung Djati, Indonesia

DASRUN HIDAYAT

GARTIKA RAHMASARI

Adhirajasa Reswara Sanjaya University, Indonesia

DEWI KURNIAWATI

University of Northern Sumatra, Indonesia

SRI HAYATI

Adhirajasa Reswara Sanjaya University, Indonesia

ABSTRACT

Not all COVID-19 survivors are ready to return to the community. Some of them choose to isolate themselves. This action is based on fears of rejection from the community. This study focuses on the contradictions and self-image of COVID-19 survivors. This study aims to analyse communication experience and the relationship between COVID-19 survivors and their surroundings. The aspects being analysed include motives, rejection, and efforts done by COVID-19 survivors in shaping their self-image using an ethnographic study involving six COVID-19 survivors from various provinces in Indonesia, including Bali, West Sumatra, North Sumatra, East Borneo, and West Java. Research informants were determined by purposive and snowball sampling, and the criteria was having been a COVID patient and being willing to be an informant. Data was collected through interviews and literature review. The results of the interviews were analysed in three stages. It was discovered that a contradictory motive exists in the form of a bad assumption that COVID-19 survivors can still transmit the virus. This is due to the fact that the public is not fully aware of COVID-19 and knowledgeable about it. It was also found that the communication action was successful in overcoming contradictions and restoring the self-image of COVID-19 survivors. The results of the study are expected to contribute to the restoration of self-image and the sustainability of the relationship between COVID-19 survivors and the surrounding environment.

Keywords: *Self-image, relational dialectics, ethnography, communicative act, contradiction.*

INTRODUCTION

After being quarantined, COVID-19 survivors should be able to return and be well received in their community. However, these expectations have not gone all too well (Pratama & Hidayat, 2020). COVID-19 survivors experience contradictions both from within themselves and the relationships that occur in the surrounding environment. Intrapersonal contradictions in the form of excessive worry decreased self-confidence that leads to difficulty in interacting after being declared cured. This situation is based on the fear that they will be rejected from the community. Interpersonal contradictions also occur in the surrounding community. Not all people easily accept and interact with COVID-19 survivors. This condition is also based on a sense of worry and even excessive fear.

There is a negative stigma that COVID-19 survivors can still transmit the virus to others. This stigma can pose a serious threat to the lives of patients and survivors of COVID (Bagcchi, 2020). Stigma as a psychological problem makes people more afraid and worried about the transmission of the COVID virus from human to human (Nursalam et al., 2020). Resilience as an effort to manage self-image and fight negative stigma should be carried out by COVID-19 survivors.

The self-image can be restored through dialogue efforts both with oneself and with others. Dialogue with oneself is the initial therapy to restore self-confidence, followed by a dialogue with other people that is intended to build or restore the relationship between COVID-19 survivors and the community (Pratama & Hidayat, 2020). However, this is difficult to do because COVID-19 survivors are worried about communicating with other people. This concern is based on the experience of former COVID-19 survivors (Pratama & Hidayat, 2020).

However, there are some COVID-19 survivors who still have the confidence to communicate with the people around them. This happened because of the support from the surrounding community and family. There is openness so that two-way communication is established between COVID-19 survivors and the surrounding community.

Communication is recognised as very helpful for COVID-19 survivors in the recovery process because the community provides support by not giving negative assessments. This condition is in line with the results of previous studies that the quality of good relationships affects the mental health of the community during the pandemic (Pieh et al., 2020). The difference between previous research and this research is the focus on relationships and self-image of COVID-19 survivors, whereas previous research has focused more on public relations in general during a pandemic. In addition, the novelty of this research is related to the dialectic relationship used as an approach while the previous research was reviewed from a health approach.

This paper aims to analyse the dialectical relationship approach in overcoming contradictions and managing the self-image of COVID-19 survivors. To answer this objective, two main questions were posed, namely how the communication experience and the dialectic were built between COVID-19 survivors and the surrounding community. The aspects that will be studied include the communication behaviour of COVID-19 survivors and the motives for the contradictions they experience; analysing efforts to overcome contradictions and dialectical processes to restore self-image, awareness, self-confidence, and good relations between COVID-19 survivors and their environment. The purpose of the study also emphasises the urgency of the research, namely to straighten out public perceptions regarding the stigma of COVID-19 survivors. It is hoped that this research will contribute to the knowledge of COVID-19 survivors and the public regarding COVID-19 survivors not transmitting the virus. The results of the study can also help restore self-confidence, self-image, and penetration of COVID-19 recovered patients in their environment.

LITERATURE REVIEW

a. Self-Image

Self-image is a collection of assessments, public perceptions of certain individuals, groups, or products (Ashraf et al., 2018). Self-image really affects the recovering process of COVID-19 patients (Bagcchi, 2020). Self-image can be restored by conducting dialogue so that the contradiction in the presence of COVID-19 cured patients can be accepted. Dialogue is a technique for managing good relationships, including overcoming contradictions (Omar, 2018). In the context of this research, dialogue can be done through intrapersonal and

interpersonal communication. This approach is expected to be able to restore the self-image of COVID-19 survivors and restore their relationship with the surrounding community. A positive self-image is something that is of value and is trying to be maintained in public (Tamar, 2015). The same is true for COVID-19 survivors. They strive to maintain a positive image as normal individuals without harming others. Various efforts have been made by COVID-19 survivors in managing their self-image, including through communication.

Self-image as a standard for judging other people towards someone is also influenced by social and environmental systems such as culture (Moghaddam et al., 2020). A negative self-image of course will make a person uncomfortable so that they try to get out of the atmosphere to seek action to restore self-image (Steele et al., 1993). Self-image resilience can be restored in various ways, including conducting a dialogue with oneself and the surrounding environment. The restoration or resilience of self-image referred to in this study is the effort of COVID-19 survivors to restore their sense of self-confidence so that they can interact with the community again.

Managing self-image apart from having self-confidence is also supported by openness to others so that it can eliminate suspicion and even negative judgments (Pratama & Hidayat, 2020). Open personalities tend to be more easily accepted and this goes for COVID-19 survivors as well (Hidayat et al., 2020a). Openness to the actual condition encourages the community to accept it by providing moral support so that the healing process is part of what is expected by the community. On the other hand, patients who tend to be closed or cover up their condition will actually cause suspicion and a negative assessment.

b. Relational Dialectics

In a communication theory initiated by Leslie Baxter (1984), dialectic relationship has the assumption that the relationship is dynamic and not linear (Hidayat et al., 2020b). There are times when the relationship is harmonious and there are times when it experiences obstacles due to contradictions (Yayu et al., 2019; Hidayat et al., 2022). Dialectic relationship is a communication theory that explains the problem of dialectical communication. Dialectics occur because of the construction of reality (Kadri, 2020). Likewise, the concept of dialectics of enlightenment which was also spawned by German philosophers, Adorno and Horkheimer, requires humans to always unite rational thoughts and actions through a dialogical frame so that humans are enlightened (Kadri, 2020). This means that contradictions driven by differences in constructing reality can be overcome by the existence of dialogue between related individuals. Dialog is used as one of the persuasive communication methods that occurs within the interpersonal communication framework (Hidayat et al., 2018).

The dialogue referred to in this study is the dialogue that occurs interpersonally or within the patient recovering from COVID-19 and the dialogue interpersonally or with the surrounding environment. Interpersonal dialogue aims to maintain interpersonal relationships between COVID-19 survivors with other people. The existence of confidence and self-confidence certainly encourages COVID-19 survivors to act openly. The act of communication can be done by socialising the healing indirectly through social media.

RESEARCH DESIGN

This research uses a qualitative method with an ethnographic study of public relations. The study aims to analyse individual communication behaviour in an effort to build relationships (Hidayat et al., 2018). This is in accordance with the focus of public relations studies, namely

understanding communication behaviour and relationships between individuals (Sriramesh & Verčič, 2015). The context of this research is the communication behaviour of COVID-19 survivors when interacting with the surrounding community with the aim of restoring their self-image.

Ethnography of public relations is a study that focuses on acts of communication based on two factors, namely culture and relationships. This study has two focuses, namely cultural studies with a public relations theory approach and public relations studies with a cultural theory approach (Yayu et al., 2019). These two aspects are requirements for each individual to interact and build social relations (Hidayat et al., 2019). Social relations are a result of individual acts of communication in society (Hidayat et al., 2020b). A person's act of communication can be the result of imitating the actions of others around him/her (Nurtyasrini & Hafiar, 2016). In the context of this research, everyone's act of communication can be born due to learning and seeing the surrounding environment to produce a variety of perceptions.

Epistemologically, the ethnographic study of public relations requires researchers to explore data by means of interviews. Researchers conducted online interviews, considering the implementation of physical distancing status. Interviews were conducted with six recovered COVID-19 patients from several provinces in Indonesia, including Bali, North Sumatra (Medan City), West Sumatra (Padang City), East Borneo (Balikpapan City), West Java (Depok City and Bekasi City), as in Table 1. The number of informants is very limited, not because of the number of COVID-19 survivors, but because of their willingness to be interviewed. COVID-19 survivors tend to shut themselves out, not wanting to share their experiences. This condition occurs because they are worried that it will further worsen the condition of their relationship with the community. Some of them prefer to hide their identities as COVID-19 survivors.

Table1: Research informants

Origin	Profession
Bali Province	Womenpreneur
North Sumatra Province (Medan City)	Lecturer
West Sumatra Province (Padang City)	Employee
East Borneo Province (Balikpapan City)	Housewife
West Java Province (Depok City)	Student
West Java Province (Bekasi City)	Student

The data analysis of the results of the researchers used three stages including the first stage of the data construct, the second stage, and the third stage. The term data construct refers to reduction, display, and conclusion drawing (Hidayat et al., 2019). The first data construct stage is to create a manuscript or recap the results of the interview by selecting data that is relevant to the research objectives. The results of the manuscript are then categorised according to the aspects of the research question. This categorisation aims to make it easier for researchers to find important points according to the question. Meanwhile, in the third stage, the researcher made an analysis of the data taken from the important points. This stage is also known as the conclusion drawing.

RESULTS AND DISCUSSION

a. Communicative Act Experience of COVID-19 survivors

Before being declared cured of COVID-19, patients shared their experiences about being exposed to the deadly virus. Almost all informants had the same experience that they were exposed due to interactions with other people outside the home.

The main cause is not known for sure, but maybe because there is a history of travelling outside the city, which led to exposure to other people (Interview with informant from Medan City, December 16, 2020).

The same thing was also expressed by the following person.

I don't know the main cause, but 10 days before being exposed I just returned from Turkey, but before I returned to Indonesia, I had a swab test in Turkey and the result was negative (Interview with informant from Padang City, December 17, 2020).

The same confession was also expressed by a housewife from East Borneo Province.

I was exposed to the virus probably from the surrounding environment, I happened to often go out of the house to accompany my husband selling (Interview with informant from Balikpapan City, December 21, 2020).

Meanwhile, the informant from Depok City estimated that he was exposed after contact with the closest person who was first exposed to COVID-19, "*probably after contact with a relative who was also exposed to COVID-19*".

The same experience was also acknowledged by an informant from Bali Province, "*Coincidentally, there was a relative who was positive before knowing he was positive, I made a direct contact*". The same thing happened to this informant that he was exposed after contact with a positive family member.

Previously, I did not know that any of my relatives were exposed, and I have been in contact with him. (Interview with informant from Bekasi City, November 17, 2020)

Before being tested positive, there are COVID-19 survivors who do not feel any symptoms, or People Without Symptoms (OTG). There are also those with symptoms such as fever, cough, body temperature reaching 38°C, and loss of smell. All informants admitted that before being tested positive, they had to do a swab and rapid test. In general, COVID-19 survivors are infected directly with other people or relatives after travelling. This situation reinforces that the transmission of the deadly virus is direct interaction with a person who is positive for COVID-19 without knowing that he is also infected.

People Without Symptoms (OTG). After 2 days of being tested positive, I did another swab test independently, and the result was negative (Interview with informant from Padang City, December 17, 2020).

There are no symptoms, but after the rapid test I was declared reactive, and the next day tested positive (Interview with an informant from East Borneo, November 21, 2020).

There were no symptoms at all. However, after the swab test I tested positive (Interview with an informant from Bali, December 19, 2020).

Meanwhile, the informant from Medan City admitted that he was a patient with symptoms such as a sore throat, fever, and loss of smell.

The symptoms felt are feverish without fever, sneezing, sore throat, and loss of smell (Interview with informant from Medan City, January 16, 2021).

The informants from Depok City also felt almost the same symptoms.

Initially the body felt weak, then the body temperature began to rise at 37°C - 38°C, and the taste buds felt bitter, and finally the flu that did not go away (Interview with informant from Depok, January 14, 2021).

Another symptom that characterises COVID 19 is the loss of smell and sense of taste. This condition was felt by the following informant from Bekasi City.

...the symptom is loss of smell for one week. Besides, I lost my sense of taste for 3 days (Interview with informant from Bekasi City, November 17, 2020).

The results of the study also found the experiences of COVID-19 survivors related to the communication actions taken after being tested positive for exposure. The following are the statements of the informants.

Continue to self-isolate. After 14 days of isolation, I did a swab test again and the result was negative. During isolation, I still maintain communication with the closest people (Interview with informant from Padang City, December 17, 2020).

What I did was doing self-isolation at home for 14 days, and communication is still carried out with the closest family (Interview with an informant from Bali, December 19, 2020).

Isolation as an act of communication to break the COVID-19 chain was also acknowledged by an informant from Medan.

Doing self-isolation, increasing consumption of vitamins, drinking and medicine, and diligently processing antibiotics in the morning (Interview with informant from Medan, January 16, 2021).

Other informants also carried out isolation measures.

Doing self-isolation and taking some medicines and vitamins. Consume protein-dense foods (Interview with informant from Depok, January 14, 2021).

Doing self-isolation at a hotel in Bandung (Interview with informant from Bekasi City, November 17, 2020).

Independent isolation, consuming high protein foods, vitamin C, drinking more mineral water, and improving in the morning (Interview with an informant from Borneo, November 21, 2020).

These experiences are summarised in Table 2.

Table 2: Experience of communicative act of COVID-19 survivors

Origin	Cause of Infection	Symptoms	Communicative Act
Padang City (West Sumatra Province)	Infected after returning from Turkey	People Without Symptoms (OTG)	Self-isolation, maintaining contact with family.
Medan City (North Sumatra Province)	Out-of-town travel history	Symptoms; cold without fever, sneezing, sore throat, and loss of smell.	Self-isolation, taking vitamins, exercising.
Depok City (West Java Province)	Infected from a sibling who was infected	symptomatic; the body feels weak, the body temperature rose to 37°C - 38°C, the taste buds felt bitter, and the flu did not go away.	
Bekasi City (West Java Province)	Exposed after contact with father who earlier tested positive for COVID-19	symptomatic; couldn't smell any scent. Loss of sense of taste for 3 days.	Self-isolation, consumption of protein-dense foods.
Balikpapan City (East Borneo Province)	After interaction with the exposed surrounding environment.	No symptoms.	Self-isolation.
Bali Province	Early contact with family tested positive	No symptoms at all.	Independent isolation, maintain communication contact with family.

Source: Research Results, 2020-2021

Based on the recognition of the informants above, it can be categorised that before being tested positive, COVID-19 patients felt symptoms, but there were also those who did not experience any symptoms. All COVID patients were infected after having direct contact or communication with COVID patients ranging from family members to other people when travelling. Efforts to prevent contracting COVID-19 are required to follow health protocols. This protocol covers the discipline of using masks (Eikenberry et al., 2020; Yudhastuti, 2020), and diligently washing hands with soap in running water or using a hand sanitiser (Susilo et al., 2020). The health protocol is considered effective in breaking the chain of COVID-19, but there are still people who do not implement it (Lukas, 2020). This situation was also experienced by the following informants (Novaldi & Hidayat, 2020).

The variety of informants' confessions about their own experiences when recognising the cause of being exposed to the corona virus reinforces the assumption that direct communication is the main factor for contracting the virus. This situation has also prompted the Indonesian government, including other countries, to take part in issuing physical distancing policies. The rules for maintaining physical distance are aimed at anticipating physical contact (Anfasa, 2020). The Government of Indonesia has implemented Large-Scale Social Restrictions (PSBB) and Community Activities Restriction Enforcement (Novaldi & Hidayat, 2020).

The communicative act taken by COVID-19 patients is the same, namely self-isolation. Isolation can be interpreted as limiting interaction with other people, including family. There is the application of distance in communication. Communication distance not only reflects relationships, but also represents situations where it is not possible to be physically close, such as experiencing a contagious illness (Ghosh et al., 2020; Nwoga et al., 2020). Likewise, with the COVID-19 situation, people are asked to refrain from making direct contact or communication, especially with COVID patients. Maintaining physical distance is also practised by COVID patients during isolation. Even though they are doing activities such as sports together, patients still pay attention to the distance when interacting. This condition was also acknowledged by one informant from Padang City, West Sumatra Province, as illustrated in Figure 1.

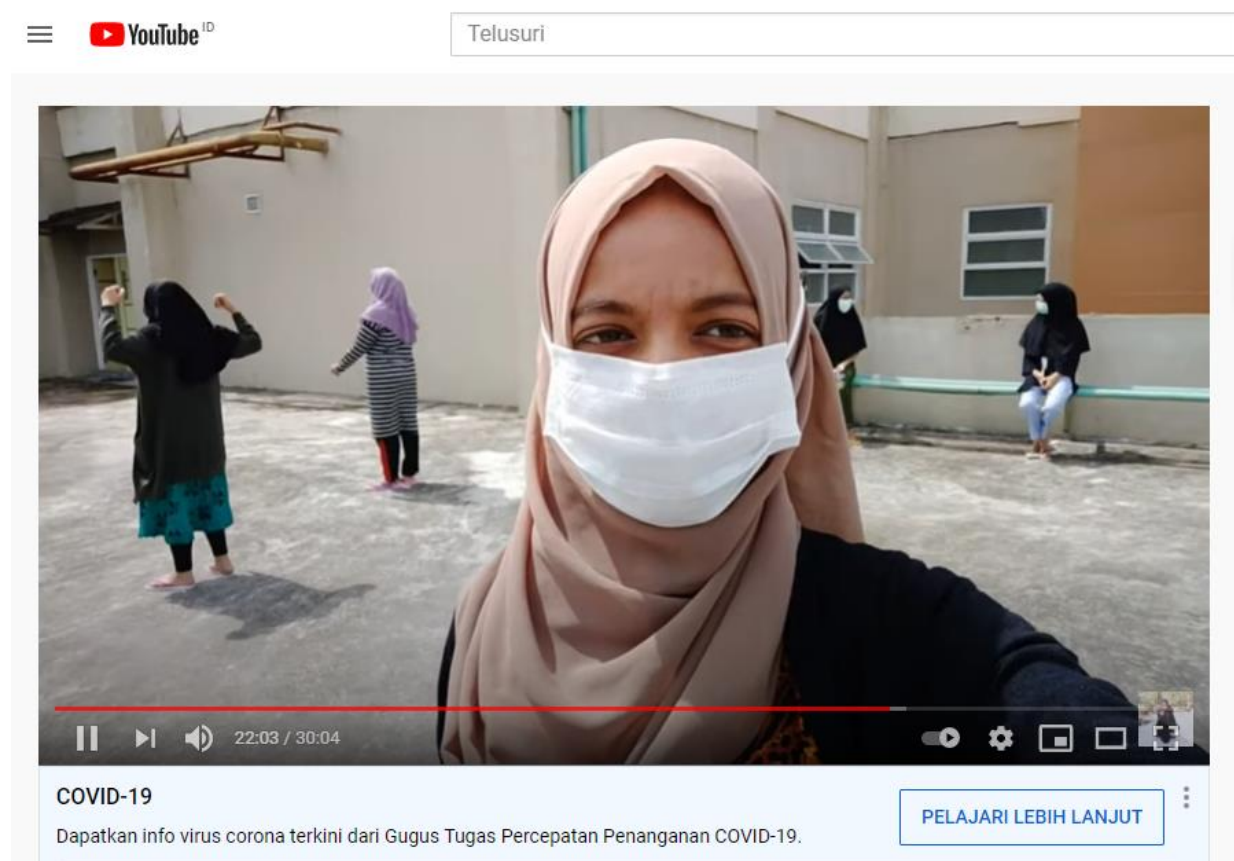


Figure 1: Communicative Act of Patients during Isolation and Research Informants
Source: YouTube Link of Research Informant from Padang City (<https://youtu.be/gf9c2CLfPmQ>)

Self-isolation is mandatory for COVID-19 patients. Isolation can be done independently at home or hospital. Isolation is a form of self-awareness of the patient not to transmit the virus to others. Isolation is proof of the patient's awareness to recover from the deadly virus. During 14 days of isolation, COVID patients did recovery activities such as sports.

b. Relational Dialectics of COVID-19 Survivors

After the COVID-19 patient was declared cured, another problem arose, which was related to the public perception of the status of the recovered COVID-19 patient. There is a stigma that they remain unsafe and can transmit the virus. Some informants admitted that they were worried that they would have difficulty interacting with the surrounding environment. This concern arises because of a decrease in self-confidence so that the mentality of patients recovering from COVID is contradicted. This situation is as described by the following informant from Bekasi City.

Building trust in the community in my neighbourhood is a little bit difficult. Even when I was declared cured, they still felt worried. Bad stigma in society and lack of socialisation so that COVID patients are like a disgrace in the community. However, for the closest people, such as family, they are very supportive (Interview with informant from Bekasi City, November 17, 2020).

The experience narrated by the informant also represented COVID-19 survivors who were not willing to be used as a source of data for this research. The reason is that there is a concern that the situation will worsen so that it is increasingly avoided by the environment.

As a result, they become introverted and are not willing to share experiences after being declared cured of COVID. This condition is an obstacle experienced by researchers when finding patients recovering from COVID. However, some of them were willing to be interviewed. It was found that those who were willing to be interviewed did not face any difficulty socialising with others after being declared cured.

The community around me has been very supportive since the beginning of our illness, there has been no change in attitude towards my family at home (Interview with informant from Padang City, West Sumatra Province, December 17, 2020).

There was no change, socialisation continued as usual. The local community understood the situation very well so there was still support from them. It is evident that after I was discharged from the hospital, I was immediately welcomed well even though we still reminded each other to continue to follow the health protocols (Interview with informant from East Borneo Province, November 21, 2020).

The informant from Depok had a different experience who chose to refrain from communicating outside the family environment. This communication action was taken because there are still fears of contradictions from the community.

Until now, there is only direct contact with close family. However, if there are friends who want to know about my condition, I usually only communicate through social media (Interview with informant from Depok City, January 14, 2021).

COVID-19 survivors continue to try to restore trust, starting with efforts to instill confidence within themselves to communicate and socialise with others. This effort was made because it was recognised that after being declared cured, they still felt a contradiction or dialogue within themselves regarding the community's acceptance of COVID-19 cured patients.

A good environment results in good communication, that's the belief that I instilled in myself to communicate after recovery, so that when I communicate in the neighbourhood everything goes well, and the first to be contacted is the village official where I live (Interview with informant from Medan, January 16, 2021).

Actually, the RT/RW (neighbourhood chief) had previously provided an understanding of this virus, so that people were more educated, and I didn't need to take any action to build public trust (Interview with informant from Padang, December 17, 2020).

The convenience experienced by informants from Medan City and Padang City was not felt by informants from Depok City. He was very careful because he was worried that people would reject his presence.

The bad stigma inherent in society as a patient recovering from COVID has made me and my family feel like a disgrace. Therefore, my family and I never give up on sharing information and evidence of my recovery through social media only (Interview with informant from Depok, January 14, 2021).

The struggle to convince the surrounding environment that patients recovering from COVID are not dangerous or transmitting the virus are also carried out by informants from Bekasi. He admits that starting from the isolation period he had opened communication with his closest friends. Communication continued after he tested negative.

The decisions that were taken before and after I recovered, I took the first step to approach the community and I also told my friends to tell their parents about COVID-19 so that if someone in their environment was affected by the virus, they would not be cornered and would not be considered a disgrace (Interview with informant from Bekasi City, November 17, 2020).

The process of restoring relationships after being declared cured of COVID is not easy for some patients to recover from COVID. However, there are still patients who have recovered from COVID who dare to provide information through their experiences. This courage is recognised as a dialectical approach to restore self-image, self-confidence, and reclaim public trust.

I'm still trying to convey information about COVID-19, I even created a YouTube channel. Then I also contacted the local RT/RW officials to inform them that I had recovered with a negative test result. Finally, I must be able to instil confidence, communicate with myself that I am healed and safe for others (Interview with informant from Padang City, December 17, 2020).

The informant from Medan also felt that there was no problem in restoring self-image; the COVID-19 survivor felt that the community was very open and accepting after he was declared negative.

There is no rejection from the community even if they are open to accept me. During my isolation I always update information on social media, especially with the closest people, I do this so that they are open from the start I tested positive until I returned home after isolation (Interview with informant from Medan, January 16, 2021).

Different conditions were experienced by COVID-19 survivors from the city of Depok. He admitted that he had to fight hard to convince the public that he was not dangerous.

Efforts are being made to communicate with village officials by including evidence of recovery. In addition, I also update it on social media (Interview with informant from Depok, January 14, 2021).

The informant from Bekasi also felt the same situation. He felt that society was withdrawing, maintaining excessive distance, except for his family, who of course immediately accepted his recovery.

It's too much for the community, is it because they are too worried, what I feel is that they withdraw, even though during isolation, communication continued with friends. Calls and share info on Instagram, so that they believed that I am not dangerous (Interview with informant from Bekasi City, November 17, 2020).

Steps taken to restore public trust, restore self-image that COVID-19 survivors are not dangerous were also carried out by informants from Borneo and Bali. These efforts have yielded good results because the community is very open and accepting of themselves after returning from the hospital to undergo post-natal isolation.

Thank God the community was very supportive when I tested positive after giving birth, they even took care of my baby. This acceptance was because while I was in the hospital, I kept in touch with residents and my family as well as conveyed my progress to the surrounding community (Interview with an informant from Borneo, November 21, 2020).

During my self-isolation I still maintain communication with my family and community. After being declared cured, I contacted the village officials to convey the news that my recovery was accompanied by a negative COVID-19 letter. The people in the area where I lived were very receptive to my return (Interview with informant from Bali, December 19, 2020).

Table 3 below contains contradictions, motives, and dialectics carried out by informants to restore self-confidence and build self-image that as a COVID-19 survivor does not transmit the virus and is not dangerous.

Table 3: Contradiction, motive, and dialectics of COVID-19 survivors

Origin	Contradiction	Motives	Dialectics
Padang City (West Sumatera Province)	There is no resistance from the community.	<ol style="list-style-type: none"> 1. The public has been educated about COVID-19. 2. There is no excessive worry. 3. Supportive community. 	<ol style="list-style-type: none"> 1. Create a YouTube channel as a COVID-19 educational medium. 2. Calling the RT/RW that I have recovered 3. Dialogue with oneself to eliminate intrapersonal contradictions.
Medan City (North Sumatera Province)	The public is open, accepting my presence.	<ol style="list-style-type: none"> 1. There is socialisation from village officials. 2. The public understands COVID-19 from various media information. 	Maintain communication with family and community
Depok City (West Java Province)	There is a change, people keep their distance and stay away from my family.	<ol style="list-style-type: none"> 1. Excessive worry 2. Don't know and understand COVID-19 3. Negative stigma for COVID-19 patients 4. Collective culture 	<ol style="list-style-type: none"> 1. Direct communication to village officials by attaching proof of recovery 2. Update information on social media
Bekasi City (West Java Province)	Withdraw, keep your distance, no communication except the closest family	COVID-19 spreads make people afraid	<ol style="list-style-type: none"> 1. Contact your closest friends via cell phone 2. Create status and share information on Instagram social media.
Balikpapan City (East Borneo Province)	There is no rejection from the community	<ol style="list-style-type: none"> 1. There is socialisation from village officials 2. The public has understood about COVID-19 from various media information 	Maintain communication with family and community

Bali Province	There is no rejection from the community	<ol style="list-style-type: none"> 1. The public has been educated about COVID-19. 2. There is no excessive worry 	<ol style="list-style-type: none"> 1. Close family contacts 2. Village officials contacted me to say I was cured
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Source: Research Results, 2020-2021

Eliminating public concerns about COVID-19 survivors turned out to be done in various ways. From the data collected, almost all of the informants acknowledged their experience that some people accepted and rejected their presence. For people who choose an open attitude and accept COVID-19 cured patients, the motive is because they have received better or reduced information about COVID-19. Another effort to reverse the confidence of COVID-19 survivors and the public's trust, all informants acknowledged their experiences in the form of sharing information about their recovery. The information conveyed also about COVID-19 survivors will not transmit the virus to others because they have been declared negative. This variety of information is conveyed through social media, namely Instagram and YouTube. Therefore, social media such as YouTube is considered effective as a personal branding tool. In simple terms, personal branding can be interpreted as building a brand on a person (Imawati et al., 2016). COVID-19 survivors are trying to maximise their recovery information through personal YouTube channels, as illustrated in Figure 2.

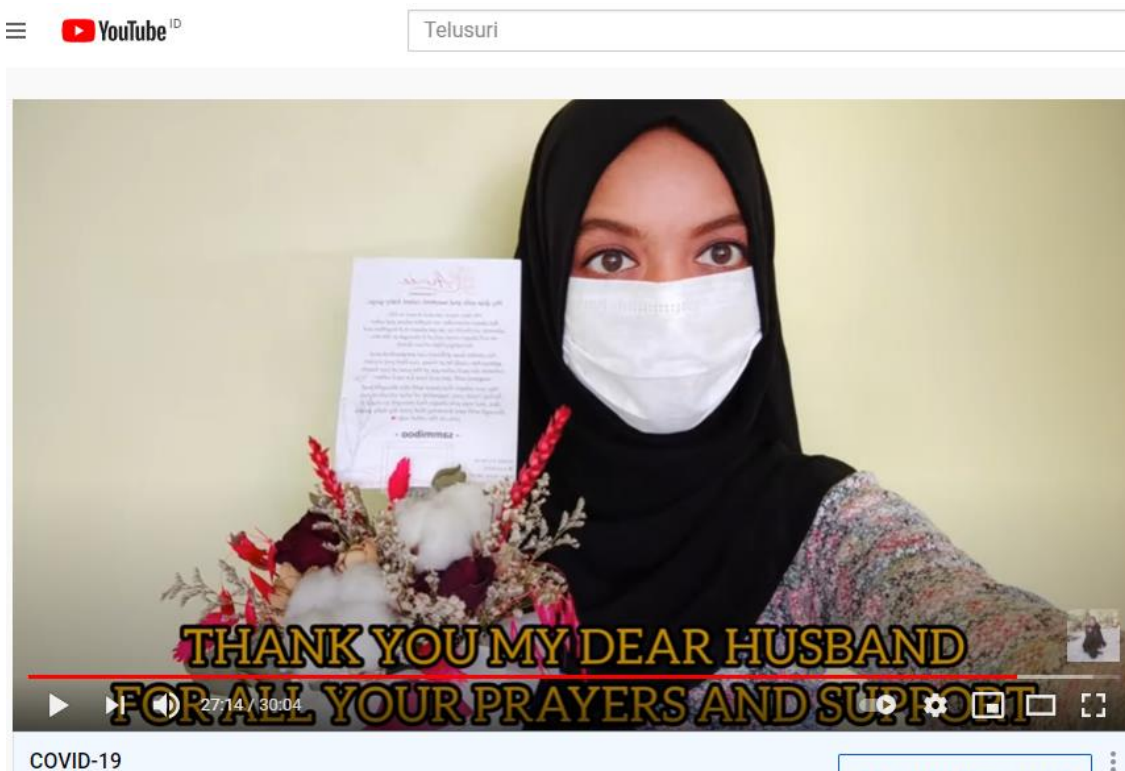


Figure 2: Communicative Act of COVID-19 survivors through YouTube
 Source: Informant's YouTube Link from Padang City (<https://youtu.be/gf9c2CLfPmQ>)

The method of socialisation is by using YouTube as a social media with techniques to share information in the form of audiovisual. Social media is a modern medium that most people use for branding activities (Hidayat et al., 2017). Social media is not only used for public interest but also for personal interests. In the context of this research, social media is

used by COVID-19 survivors to restore their self-image. Self-image approach includes intrapersonal communication and interpersonal communication. Personal approach is a communication process by using messages to generate meaning within (Hidayat, 2012). This approach aims to build personal relationships by instilling awareness and confidence. This step was acknowledged by the informant to encourage courage to be open, share information, consistently maintain body immunity by diligently consuming vitamin C, high protein foods, and exercising.

The courage of COVID-19 survivors to be open is also very helpful in building interpersonal communication. A communication approach that involves other people in discussions. Interpersonal communication is very possible to build dialogue which is considered effective in building relationships (Pang et al., 2018; Hidayat et al., 2021). This action is also used by COVID-19 survivors as an advanced technique of intrapersonal communication techniques. Interpersonal communication can help provide understanding to the public regarding COVID-19 and COVID-19 survivors. The self-image formation of COVID-19 survivors in this study is summarised in Figure 3 below.

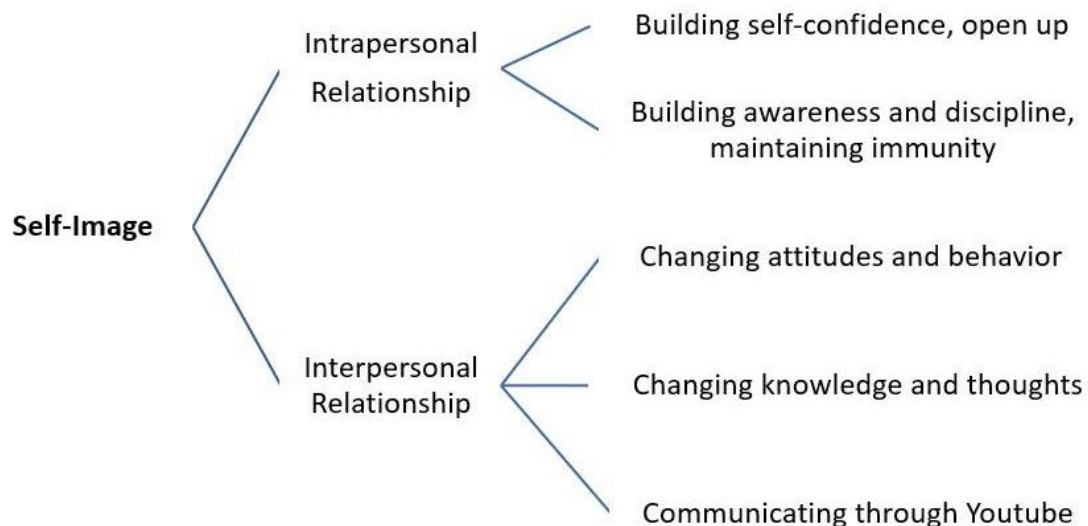


Figure 3: Self-Image of relational approach of COVID-19 survivors

CONCLUSION

From this research, it can be concluded that the relational dialectics approach includes acts of intrapersonal and interpersonal communication. Intrapersonal action is believed to be able to help build self-awareness so that it can restore the confidence of COVID-19 survivors. Meanwhile, interpersonal action is an advanced stage in restoring the relationship between COVID-19 survivors with other people. Efforts were made by optimising YouTube as a tool to convey information about his recovery. This step is considered capable of changing the knowledge, thoughts, nature, and behaviour of the community towards COVID-19 survivors so that it is considered effective in restoring self-image that COVID-19 survivors are safe and harmless to those around them.

Contradictions to the presence of COVID-19 survivors in their environment are divided into two groups, namely community groups who rejected and accepted the presence of COVID-19 cured patients. The refusal group is based on the motive of excessive worry, the negative stigma of COVID-19 patients still transmitting the virus, and the collective culture in

society. The community's motive for accepting the presence of COVID-19 recovered patients is because the community has been educated about COVID-19 from social media and there has been socialisation from local village officials. The method of socialisation using social media with the technique of updating information about the healing process on a personal YouTube channel.

The results of this study are expected to contribute to the restoration of the self-image of COVID-19 survivors. Recovery by restoring awareness and self-confidence so that it can help the healing process. This action is important to eliminate the bad perception of COVID-19 survivors. The results of the study can also be used as an approach model for the government in socialising the presence of COVID-19 cured patients in the community through intrapersonal and interpersonal actions as part of the heuristics of the research results. Heuristics or new concepts that can be developed in further research that focuses on social engagement of COVID-19 survivors.

BIODATA

Darajat Wibawa is a lecturer in the Faculty of Communication and Da'wah, Islamic State University of Sunan Gunung Djati. Email: darajatwibawa@uinsgd.ac.id

Dasrun Hidayat was awarded as one of the researchers and the most publications on COVID-19. The award was given by the Ministry of Education, Culture, Research and Technology, Indonesia. Email: dasrun@ars.ac.id

Gartika Rahmasari is a lecturer at the postgraduate program at Adhirajasa Reswara Sanjaya University. His studies are focused on language, culture, and management. Email: gartika.rahmasari@ars.ac.id

Dewi Kurniawati is a lecturer in communication science at the University of North Sumatera. He currently holds the position of head of the postgraduate study program. Email: kurniawatidewi65@gmail.com

Sri Hayati is a lecturer in nursing at Adhirajasa University, Reswara Sanjaya. Currently, he is continuing his doctoral program at a university in Malaysia. Email: sri@ars.ac.id

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