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Teresa Woods

Magic, Morality And Medicine: Madness And Medical Pluralism In Java

Teresa Woods

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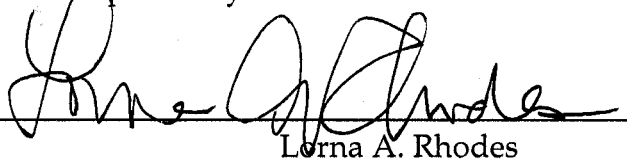

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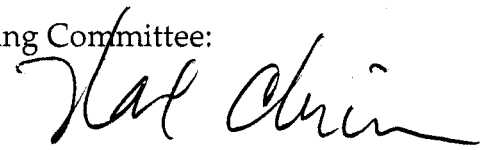

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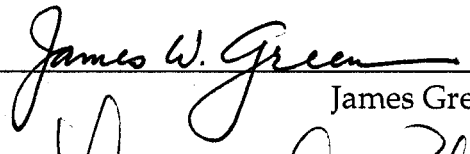

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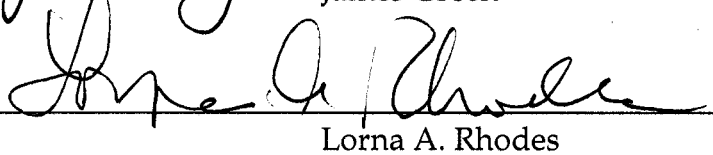

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ABSTRACT

Magic, Morality And Medicine:
Madness And Medical Pluralism In Java

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Javanese language and culture privilege the notions of order and disorder, act to preserve hierarchy and promote social harmony. Mental and physical illness are often diagnosed as the result of disturbances to order, insult to propriety, and may be a result of pressure on the individual to preserve social harmony. Vulnerable individuals may be subject to spirit attack and possession or black magic that manifests physical or mental illness. Mystical practices can help individuals hone personal power and can help them withstand the stress of modern life, but can also be dangerous if misused. Three different types of curers treat mental illness in Java: *dukun* (paranormal practioners); *kyai* (Islamic religious healers); and psychiatrists (trained in the Western biomedical paradigm). In a chapter on each, the cultural context, qualifications to practice, perceived position in society, and the clinical encounter are discussed. The paths of resort of those seeking a cure for mental illness in Java depends on their religious beliefs and the presumed cause of the illness--the kind of social, personal or medical intervention they deem necessary to return the ill to an orderly state of harmonious balance. Some individuals are left untreated; the stigma of mental illness causes their families to lock them up lest they bring shame on their family or act as the agents of violent disorder that the mad in Java are presumed to be.

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ACKNOWLEDGEMENTS

Much learning doth make thee mad. --Acts XXVI.24

Mbok Ka, Mak Ti, Mbah Ya, and Mak Pon, you kept *me* sane. *Nyuwun pangestunipun, inggih? Min al aidzin wa'al faidzi'in.*

I would like to thank Mbak Tini, without whom most of this research would never have been done, and who quite literally saved my life once and my dignity too many times to count. Mbak Tini more than anyone except my husband Hadi gleefully participated in my research, which demanded activities and acquaintances that many considered expressions of my own insipient insanity.

I would also like to thank my many brilliant faculty, friends and students who inspired me intellectually and without whom I never would have learned the things I did: Leroy and Annie Searle, Joan Suyenaga, Dede Oetomo, Ruddy Mustapha, Carter Bentley, Pak Sutrisno, Ben Anderson, Ward Keeler, Paryono, Suji, Paul Stange, Pak Widodo, Pak Nuril, Pak Suseno, Pak Ali Saukah, Dr. Arief, Dr. Soeyono, Tatsuki Nagao, Donna and Made, Robert Wessing, Steve Ferzacca, Bradford, Kristen, Jason, Mas Gatot, Rachel, Stephanie, Bu Jan, Dr. Terry Ford, Abby Ruddick, my colleagues at CIEE, ...and Mas Nen and Saipul and all the other curers that gave to me so generously of their time and knowledge.

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DEDICATION

I don't know how to fully express my deep appreciation to the Mahsyuddin family; Hadi and all of his family, especially Titiek, Arief and Isdiq; my mother, the best editor and friend anyone could ask for; my dad, who never ceased asking "Is it done yet?"; and the rest of my American family, including the Tobiasons and the Dornans, who have always provided prospective, provoked so much laughter, and patiently put up with my obsessions. This dissertation is dedicated, with love, to all of my families, who have convinced me, as Aristotle asserts, "No excellent soul is exempt from a mixture of madness."

CHAPTER ONE
INTRODUCTION, OR HOW THIS TOPIC CHOSE ME

An anthropologist is a scientist trained to observe that every society is a little bit mad, including his own. He holds his job by never mentioning this fact explicitly.

--Robert Anton Wilson, *The Universe Next Door* in *Schroedinger's Cat Trilogy*, 1988:71

At this stage in the development of medical anthropology, little can be expected of studies of the nature of medical knowledge unless they are situated, contextualized, and ethnographically rich.

--Byron Good and Mary Jo DelVecchio Good, *"Learning Medicine"* in *Knowledge, Power and Practice*, 1993:83

The anthropology of Java has made significant contributions to the discipline of cultural anthropology. Clifford and Hildred Geertz's classic ethnographies helped us understand the nature of culture in Java, and inspired anthropologists to seek their own forms of "thick description" in their own texts. Keeler helped us understand the Javanese language, and how important language is in maintaining and reproducing social structure. Benedict Anderson helped us understand the Javanese notions of power. Woodward helps us understand the expression of Islam in Java. Many other authors from anthropology and from other disciplines, as outlined in subsequent chapters, have also made their contributions to the literature on the culture, religion, language, and medical systems of Java.

However, little has been written about Javanese responses to mental illness. This gap is important because madness is a significant cultural phenomenon in Java, one in which the essential Javanese sense of order is disturbed and is thus profoundly disturbing. An examination of responses to mental illness as found in this dissertation promises to clarify or illustrate some basic cultural processes that have been considered by earlier anthropologists.

For example, Clifford Geertz in *The Religion of Java* posits a division of Javanese Islamic religious life into three categories – *abangan, santri* and *priyayi* – that today in East Java requires significant revision, and I found that my new schema is essential to understanding both current Islamic praxis[1] and the paths of resort to the various healers in East Java. And although Geertz gives us an encyclopedic explication of the types of traditional healers – *dukun*-- practicing in the east-central area of Java in the late 1950s, in this dissertation I describe the development of some traditional healers' ability to appropriate the modern, and includes the most thorough documentation and analysis of the literature on and the range of treatments and healing techniques of dukun available to date. Anderson's explanation of Javanese conceptions of power and Keeler's explication of language behavior all inform an understanding of how various curers relate to mentally ill clients in the clinical encounter, and

how and why various cures work. Mental illness exists at the intersection of cultural expectations and expressions of order, politeness, language, religion, power, and magic. This dissertation will explore this important area of Javanese life.

A second contribution of this dissertation is that through an examination of the cultural context of mental illness I am able to provide a glimpse of the process of modernization in Java and its interaction with responses to mental illness. Traditional notions of order, age-old systems of social order and linguistic etiquette are being challenged by the processes of development, globalization and modernization, and many feel that the pressures of these processes, the social, economic and linguistic disorder that they produce, helps promote mental disorder. The paths of resort chosen by the East Javanese challenged by symptoms of mental illness show a delicate balance of respect for the traditional and reliance on the modern.

While in Indonesia I identified five options from which people can select when they or their families have decided they are mentally disturbed: they can go to a *kyai*, an Islamic religious leader, for prayer and/or Islam-inspired Arabic-based amulets; they can go to a *dukun*, a magical specialist who can offer trance healing and other indigenous ritual healing practices, as well as

herbal medicines; they can be placed very cheaply in a local state run mental hospital, where they receive something approaching Western-style institutionalized psychiatric care in a somewhat Dickensian setting; they can be placed in a very expensive private mental hospital, where the care and the environment are more Westernized or be treated to outpatient care by a psychiatrist; or they can be locked in wooden stocks or chained and left in a shed, bamboo cage or an enclosed back yard, sometimes for years at a time, fed and watered by family members in a kind of confinement reserved only for the severely mentally ill.

Anthropologists, as a grossly generalized rule, tend to look at aspects of culture in a microcosm, performing a close examination of (among other things) a particular people, language, religion, belief system, ritual, or syndrome. The medium unique to anthropological science—the ethnography—requires an intimate observance of daily life and practice of an individual or a group. But the task of anthropology as a social science is to allow connections to be made, analogies to be drawn, and comparisons to be considered across cultures and time—to provide a context to consider difference. Singer and Baer in *Critical Medical Anthropology* tell us culture "refers to the field of both symbols and practices used by humans to construct themselves and their social worlds. Culture, in short, is 'a historically

situated, historically unfolding ensemble of signifiers-in-action, signifiers at once material and symbolic, social and aesthetic'" (1995:272).[2]

In order to understand the healers of mental illness in Java at this particular moment in time, we must unpack the history of the culture area, the social and aesthetic values of the Javanese, and tease out the symbolic signifiers involved in the practice of the healers. As we unfold the history of the social worlds of the healers, we can then begin to understand the social relations and social knowledge that lead the Javanese to select one of these healers in their time of medical crisis. "Medical knowledge cannot be abstracted from a symbolic formation and a set of social relations. Medical knowledge is at the same time social knowledge" (Good 1994:115).

The socio-cultural historical context of this dissertation about the medical knowledge, social relations, and symbolic formation of curers in Java is unique and continues to unfold; descriptions of curing ritual and clinical relationships and beliefs are a snapshot in time. But understanding the institution of the psychiatrist in Indonesia is greatly enhanced by an understanding of the colonial and military context from which the medical institutions evolved in Java; the religious healer, his influence and his clientele made sense to me only within a framework of information about Southeast

Asian Islam and how it is expressed today in Java; and the shamanic healers--dukun or paranormals--are so part and parcel of an intricate system of beliefs in the supernatural that it seemed to me an explication of their curing techniques and clientele would be severely impoverished without an attempt to provide a context for their practice and perceived power.

In order to produce a context in which madness in Java and the healing practices of the curers who treat it can be understood, I will talk about the Javanese language, notions of order, ideas of power, varieties of religious belief, and the historical contexts in which the various healing traditions emerged. I will show how some key concepts in Javanese language and culture influence the Javanese cultural expression of mental illness, impact how social responses are formed, and define why certain cures work. The rules of Javanese language and behavior are meant to maintain the social order that supports and reflects a state of order, harmony and balance ideally to be found in the cosmos and the microcosm of each Javanese body and mind. An understanding of Javanese ideas of power is essential to understand why certain kinds of curers are respected and can exhibit a legitimacy that brings them clientele, and also to understand many Javanese folk explanations for physical and mental illness.

An understanding of Islam and an understanding of the local East Javanese cultural expressions of Islam are essential to understanding how the Islamic curers in Java fit into the Indonesian expression of this religion. And an understanding of the history of the development of biomedical infrastructure in Indonesia helps explain the prestige, power and pressures upon the Javanese psychiatrist...and the horror of the hospital evinced by most Javanese.

Singer and Baer demand an "analysis of the intertwining of medical systems with their political economic context" (1995:61), and Good writes that "(d)isease occurs not only in the body - in the sense of an ontological order in the great chain of being - but in time, in place, in history, and in the context of lived experience and the social world. Its effect is on the body in the world!" (Good 1994:133). This dissertation is an explication of the intertwining of medical traditions in Java, the lived experience of clinical encounters within the traditions, and how mental illness affects Javanese bodies in their social world.

In this dissertation I will discuss Javanese culture, religion, traditional medicine and magic, and will frame my discussion in as broad a context as is necessary to understand the aspects of time, place, history, lived experience

and the social world that come to play in a discussion of madness in Java, an explication of a uniquely Southeast Asian Islam, and an exploration of how biomedicine has been integrated into the culture of Java. The authors of *Critical Medical Anthropology* would see this as essential: they reiterate other anthropologists' consenting views; they tell us, "Put simply, 'disease cannot be perceived apart from a cultural context'" (Singer and Baer 1995:30); and again, "Within medical anthropology, this view finds expression in a call for 'the development of an anthropological discourse on problematic, non-biological forms of healing in terms of their own meaning-centered and emic frames of reference, and as possible, indeed valid, alternatives to biomedical hegemony'" (Singer and Baer 1995: 331). The message is clear.

In contrast to some of the other social sciences, it has become somewhat customary for socio-cultural anthropologists to expressly place themselves—their experience, their education, and their perspective—in context, as an essential element in evaluating their ability to understand or explain a local culture in a manner that satisfies the reader. Good goes so far as to say that "the place of the ethnographer as objective, scientific observer - both in research and in ethnographic texts - seems less and less available to us today" (Good 1994: 23) and quotes D'Amico's *Historicism and Knowledge*: "human understanding is always a 'captive' of its historical situation" (Good 1994:6).

In order to allow the reader to evaluate my understanding, to identify my historical situation and to banish for good the notion of this anthropologist as an objective observer, it seems I should expose my cultural context, my social relations, my process of development of social knowledge in an unfamiliar realm. To that end, I will describe my acculturation into the world of Javanese mystical beliefs, religion and everyday life -- all things that came to feed my understanding of madness and the practitioners that treat it.

My introduction to Java

> Disease as represented in biomedicine is localized in the body, in discrete sites or physiological process. The narratives of those who are subjects of suffering represent illness, by contrast, as present in a life. Illness is grounded in human historicity, in the temporality of individuals and families and communities.
>
> --Byron J. Good, *Medicine, Rationality and Experience*, 1994:157

I first came to Java in 1991 as a graduate student to study at IKIP University in Malang, East Java[3], on a study abroad program administered by the Council on International Educational Exchange (CIEE). I had a fabulous but somewhat initially overwhelming experience with the Mahsyuddin family in Malang. This family had never hosted a foreign student; they took me in as one of their own family and as the "older sister" I was expected to perform as one of their children, and was awarded all the concomitant rights and responsibilities. Every aspect of my diet, dress and deportment became a

matter for family concern, control and advice. I was back in junior high school again, with a new father telling me that "while living under his roof I had to abide by his rules" and that "it didn't matter what the other foreign students were allowed to do—if they were allowed to jump in a volcano, would I want to do that too?"

They had quite a responsibility and reputation in the local community to uphold—*Bapak* (father) was the head of a local Islamic school complex and *Ibu* (mother) was a respected retired English teacher. After my classes at the university, I would come home and discuss language and culture with Bapak, Ibu, Roya (my younger sister by three years), and Alfian (my younger brother by two years), as my homework and class materials were reviewed at the dining table each day in the shaded central courtyard of the house.

The dean of social sciences at a huge local Islamic university placed me with this family, friends of his, who could offer me the perfect learning environment I had imagined as an anthropology graduate student—somewhere I could learn a great deal about Indonesian Islam and get some intensive extra-curricular language teaching, especially in Javanese. These people loved me unquestioningly, although some of my habits were hard for them to accept, and far from the short term boarding situation that I had

imagined, my life with the Mahsyuddins developed into a real family relationship with all its trials and ties. Eventually, they literally adopted me, performed all the social and religious ritual obligations during my courtship and marriage ceremonies there to a long time friend of the family, visited with my American parents regularly through phone calls and letters to assure them that I was well and happy, and continue to be a great influence in my life.

My first introduction to the family taught me that everything I had been led to expect about the reticence, formality, and elaborate politeness of the Javanese was mistaken and misleading when dealing with East Javanese family culture. When the bus dropped me off in front of their house, next to the mosque and behind school gates, Bapak (whom I imagined would be the revered, reticent Javanese figure of Central Javanese ethnography) burst out onto the front stoop in his t-shirt and sarong, fresh from his afternoon nap, and shouted loudly -not "Hello", not "You must be Teresa", but instead, "YOU'RE FAT!". I was horrified. I wanted to drag my suitcase back onto the bus, but instead was dragged, suitcase and all, into the house, where Bapak proceeded to gleefully introduce me to everyone else in the following manner: *"I'm* fat...*my wife* is fat ...*my daughter* is fat...." Then he looked at Alfian, and sort of frowned. Alfian was thin. I was speechless. All my weeks of hard work, my carefully prepared ritualistic high Javanese speeches with which I intended to

impress them, flew straight out of my head. Bapak, however, was unfazed. He pinched my arm. "YOU'RE WHITE!" he nearly shouted, if anything his glee increasing. "*I'm* white..." he swung my arm next to his. "*My daughter* is white...", my arm was pressed to hers. "*My wife* is white...." I was slung over the table so my arm could be pressed to hers. He frowns at Alfian again. Alfian is noticeably darker-skinned. What happened next was potentially disastrous.

What popped out of my mouth could have caused bloodshed, scandal for the school, ostracism for me, severed long-term ties between the dean and this family, left me homeless and friendless in the tropical sun. What happened was I said the first thing that popped into my reeling head, falling back on the smart-aleck teasing that passed for humor in my family, and seemed to be a major mode of discourse where I grew up in Washington state. What happened was that I insulted his wife and therefore through her himself, the family honor, and the progeniture of his only son. I said the only perfect thing that one could say in Eastern Washington or in East Java: "Well, he must be the mailman's kid." The family laughed hysterically. I was immediately accepted as one of their own, my ability to physically and temperamentally fit in assured. I was stunned. I had been confronted with the two things, as Americans, we *never* would talk about with someone we just met: our relative

size (or their fatness), and our relative skin color. It was just the first of many lessons that eventually rocked me, shaken and changed forever, out of my American ethnocentricities.

The family was as interested in my daily habits and customs as I was with theirs. When they saw me blowing my nose on a tissue, and placing it back in my pocket, they were visibly disturbed. Saving snot was clearly a disgusting American habit they would have to try to understand. Roya found the nerve to ask me, "Is that what you do with your toilet tissue, too?" That was the day I started using the post-evacuatory left-hand water wash technique, but not until after I caught them examining my toilet tissue (which they had considerately purchased for me on the advice of the dean, who assured them Westerners required tissue in the toilet room) in the garbage can in the kitchen where I had been instructed to place it: the plumbing facilities, I was informed, were incapable of handling this foreign matter. They were afraid that I liked to wrap up and save other foul body effluvia as well.

Now it is important to point out here that I was instructed on the disposal of all sorts of body tissue—hair, nail clippings, even photographs that I was intending to throw away—by burning. It took months for me to figure out that this was not due to any kind of concern about public health or hygiene

risk, but was to protect me from black magic (*guna-guna, sihir,* or *tenung*), or 'love magic' called *pelet.* Bapak and Ibu were embarrassed, as educated middle class modern folk, to admit to their belief in the possibility of sorcery, but eventually we came to discuss the source of their concern. They were horrified that we Americans didn't know what happened to the afterbirth that was our twin when we were born. (It was once posited to me that that is why foreigners feel the need to travel so far away from their homes, because their afterbirth wasn't buried outside their family door, so we had no roots and no homes to call our own.) They were scandalized that we would allow the blood to be drained out of our mothers and fathers and thrown into the sewers. (They knew that Christians, including local Chinese, embalmed their corpses before burial. I had to disabuse them of the notion that we drank the blood of our ancestors as a gesture of respect and an attempt to assimilate them—the only reason they had developed to explain this clearly barbaric practice.)

They were amazed that I could sleep at night, alone (not with Roya in the bed), in the dark (without the light burning all night as in all sensible Javanese bedrooms), without concern for thieves or the night wind. (Ibu would shut my windows at night to make sure that thieves, who could change themselves into cats, could not come in through what I thought were unquestionably

thief-proof bars on my window.) I was continually warned against getting rain on my head (which could give me horrible headaches or *masuk angin* – getting the wind in), and was finally *dikerok* (scraped with a coin) to remove the wind when I fell ill and none of the Western medicines that I had brought with me would cure me. (It worked.)

Learning how to adjust to the convention of my (previously presumed private) body as a public forum, as a source of offal that presented a danger to myself through continued threat from supernatural forces, as a vessel vulnerable to the elements of wind and rain was a challenging emotional and intellectual experience. My very physical identity was called into question and deeply changed by my experience with this family.

I spent long days learning what it meant to be a woman in the East Javanese Islamic milieu with Roya, the quintessential Javanese Muslim daughter and graduate student in Economics at the local Islamic university. And with Ibu, the classic Javanese wife, expert at letting Bapak preen and posture in his public head-of-the-household persona as she not so quietly ran the home and home life, exercising civil disobedience, ignoring him and puncturing his ego with little snide asides whenever he tried to officiously exert his authority in the family sphere.

I spent long nights learning about the anger and frustration of the disenfranchised Javanese youth; what drives them to periodic violence against the Chinese shops in town, or at riotous soccer matches; what it meant to be young, university educated and hopeless in the economic and political climate of 1990s Indonesia, through hours of talk, laughter and smoke from *kretek*, the ubiquitous Indonesian clove cigarettes with Alfian and his sad and rowdy group of friends. (Bapak, ever concerned for my moral well being, would regularly come up to the roof or out to the courtyard to put a stop to our talks at around three in the morning —although it could have also reflected a an attempt to prevent my potential involvement in the drug use that killed quite a few of Alfian's friends over the next couple of years.)

I learned language—Indonesian, Javanese, the Malang backwards slang that Alfian's hipster friends spoke. I learned the prayers, rituals and tenets of Islam. I learned some new, and for me radical, notions of what it meant to be an individual body in the body politic of East Java. I learned to love them and they to love me.

Unfortunately, Bapak passed away in 2001, and it was a great blow to all of us.

My spiritual life and education

How are we as anthropologists to interpret cultural beliefs - be they about dragons or the role of witchcraft in causing illness - that are "apparently irrational, " that is, not in accord with how we know the empirical world to be? Are such beliefs to be taken as literal or "symbolic"?

--Byron J. Good, *Medicine, Rationality and Experience*, 1994:19

Penetrating so many secrets, we cease to believe in the unknowable. But there it sits, nevertheless, calmly licking its chops.

--H.L. Mencken

Why, sometimes I've believed as many as six impossible things before breakfast!

--Lewis Carroll, *Alice Through the Looking Glass*

I came back to Malang in early 1993, and was soon settled into domestic tranquility with my new husband, Hadi, in a small house without phone or television on the outskirts of town. I had scorned the idea of obtaining domestic help, but soon after her fears of Hadi starving got the best of her, and reports of me engaging in unacceptable behavior in public (such as performing my own yard work) had repeatedly reached her ears, Hadi's grandmother, the unquestioned matriarch of his extended clan, sent over to our house a woman who began to run our household and take me under her tutelage in the ways of Javanese housewifery. Her name was Mbok Ka, and she was somewhere between fifty and ancient.

Mbok was a wealth of knowledge about Javanese belief and practice. Food taboos were high on her list of dangers from which she needed to protect me. It took months before she learned that I could eat just cold fruit for breakfast without dying. Literally. She taught me to start out everything on the right foot, never with the left, including putting on my clothing. She taught me never to place an item of my underclothing, or a sarong, above or over my husband's head.[4] She taught me to throw off my clothes outside and to bathe thoroughly in the garage after attending one of the frequent funerals my growing circle of acquaintances demanded, in order not to bring death or graveyard spirits (*lelembut*) into the house. She taught me how to purchase or make the correct kind of offerings we needed to place on Hadi's mother's and father's graves. She taught me why people were always curiously picky about who was to be in a photograph—that an uneven number of people in a photograph would invariably spell death for the person in the middle of the group. She taught me how to clean a grave properly, why you need to sit vigil at a grave for days after a burial (waiting, guarding, until the body begins to rot so that black magic practitioners have no use for the body, and cannot dig it up and reanimate it), and how to appease the evil spirits around the house with regular sprinklings of water saturated with rice dust and copious, specific Arabic prayers. She explained to me that the stories about a tree that could not be cut down in a nearby real estate development were probably

true, that the spirit in the tree really was killing anyone who tried to cut it down and that the big white snake that had been repeatedly seen appearing and disappearing near the tree was a manifestation of that spirit.[5] She taught me how and why to bury the afterbirth of a baby near the door of the home in which it was born, and to place a basket and a light over it to discourage marauding spirits, dogs and cats. She taught me how not to become a victim of a particular type of black magic called *gendam* in the town square or on public transport, as had happened to Hadi's aunt (when she gave all her money and her ring to a stranger) or to Hadi's sister (when she bought a plain bird she had been convinced was a rare and wonderful songbird until she stepped off the public transport van, cage in hand, and minus her school fees money). She taught me domestic magic.[6]

I should probably point out here that Malang is not an isolated village hamlet, where one imagines superstitious villagers cut off from modern ways might hold such beliefs through lack of exposure to twenty-first century ideas and influences. Malang is a good example of a rapidly-developing Asian city, with nearly a million inhabitants throughout the sprawling county of the same name, where the rising middle class lives in harmony with rural farmers. New housing developments sprawl into rice paddies, and land prices are skyrocketing as businessmen from Surabaya or Jakarta purchase homes here in exclusive

enclaves, as retirement homes or to house their children who attend one of the many universities, colleges or technical institutes in Malang. Local farmers are selling off bits of land to developers, and coming into cash that is rapidly changing their lifestyles. And although this is a traditionally conservative Muslim area, urbanization, education, and rapid expansion of a wealthy Christian Chinese community has created a number of seeming contradictions. People work all day in their rice fields, and go home to watch 'Beverly Hills 90210' or 'Baywatch' on their color televisions. Thirty-room mansions with extensive indoor plumbing and tiny bamboo houses with a nearby river for water-sewer-garbage disposal-bathing and laundry facilities exist literally next door to each other. Despite the colonial legacy (or because of it?) skin-lightening cream and pale face powder are two of the biggest-selling cosmetic products. Young women walk down the street hand in hand, one wearing a tight mini-dress and the other wearing Islamic head coverings and full-length skirts. Over 80% of the citizens are Muslim, yet cigarettes, alcohol and prostitution are huge industries. The Malang businesswoman with her cellular phone, BMW, and her cd-rom personal computer, the door-to-door traditional medicine or spice saleswoman, the student at an Islamic boarding school, the English teacher at a school for tourism services, the food-stall owner, the rice farmer, the servant, and the housewife who does her shopping in Surabaya and Singapore are all "typical" Malang inhabitants. The economic and social diversity is fascinating,

and while it is not unique to this city, Malang is an interesting and pleasant place to see these rapid changes in traditional culture.

When, after a little more than a year, my husband and I were hired to run the CIEE program in Malang which I had attended as a graduate student only a few years before, Mbok went with us to our new house in town with all modern amenities—electricity, a phone, a television, and a refrigerator. The house also came with a new domestic retainer, or *pembantu*, Mbak Tini. Mbak Tini regarded Mbok Ka with equal parts of annoyance and humor, treating her with the minimum respect that her status as an old, lower class woman demanded—and that her honorific, Mbok, indicated. Mbok's rituals were tolerated, and when she insisted on throwing her sleeping mat and pillow down as the first things into the house, laid on them and chanted incantations to the spirits, then marched around the house strewing salt and rice-water, Mbak Tini was instantly and intensely amused. However, once Mbak Tini saw that I not only tolerated traditional beliefs but was intensely curious about them, unlike other Westerners who had lived in the house before me, some of her attitudes changed. Once she realized neither Hadi nor I would criticize her for activities or beliefs typically characterized by "modern" Indonesians as backward, "village", or uneducated, she admitted that some of the rituals made perfect sense to her. When Mbok Ka informed us we had to place trays of offerings, including flowers, cigarettes,

cups of coffee and tasty snacks on trays about the house before we began painting and moving things, to appease the spirits that lived in the house, Mbak Tini agreeably helped. When two of the men helping us paint had the rings and watches disappear off of their arms, courtesy of the disgruntled house spirits, Mbak Tini was with Hadi's sister Usdah when Usdah arrived at the house, hours later, and much to her astonishment found some jewelry, the missing rings and watches, in her jacket pocket when she went to place her motorcycle keys inside. Mbak Tini was with us when we saw the paint disappearing off the wall in one particularly troublesome room, as three of us rolled it on, a disturbing phenomenon that stopped once Hadi's brother Arief chanted some Arabic prayers for the exorcism of demons. Mbak Tini never saw the ghosts in the yard that others claimed to se, (the one in the bamboo stand and the one behind the house where the laundry was done making the most frequent appearances to Mbok and to others who spent the night there), although she would become actively angry when someone would claim that the spirits came to guests in a dream and offered them something (I remember one time it was a duck that laid golden eggs) and the guests did not instruct the spirit to give them to her! She never believed there were *tumbal*, or things buried in the yard, as many of my 'sensitive' friends and family members insisted, until one dukun pointed out on his first visit to our house where one of them was buried, and

Mbak Tini herself dug it up in front of us all - a small *keris* dagger that we keep to this day.

Mbak Tini was an excellent skeptical influence, an amazing domestic engineer, and a great friend. She accompanied us on many trips to Islamic boarding schools, kyai's homes, dukun's practices, and to Gunung Kawi, a mountain pilgrimage site just outside of Malang that draws patrons from as far away as Singapore, Hong Kong, Taiwan, and mainland China.[7] She would go to the Chinese temple with me, for divination of several kinds, go on long trips to watch trance dancing, trance healing and divination in the Tengger village of Ranupane on Mount Bromo, and would watch—skeptical and laughing uproariously in turn-- as people were possessed and spoke in tongues for hours. She was never disturbed by the magical amulets and powerful spirits of the keris and other *pusaka* power objects that were gifts to my husband or myself, as were some even casual visitors to our house. She was never afraid to stay alone in the house--this while my sisters in law were terrified to even visit our house after dark, due to its size, emptiness, reputation for being haunted and overall spooky atmosphere of old Dutch architecture and creepy antiques.

Mbak Tini saw some other strange things happen at our house: on a windless day the windows, doors and shutters all slammed open and shut at precisely the moment fifty orphans we invited to a prayer ceremony started into the cleansing prayers to make our house safe from spirits; she saw a keris dagger appear in a pan of water she set in our back yard near an old abandoned pump, accompanied by a loud noise like a thunderclap and an eerie glow, with no one near it; she saw me take baths at night before bed and train a fan on myself and not get sick from the damp winds; she saw me walk around barefoot on the cold tile floor and even sit in just a sarong on the same, and not fall victim to the dreaded *angin duduk*, sitting wind, that will go straight to your heart and kill you in a heartbeat. She frequently wondered why a few of my male friends never got married and had children, and she laughed out loud at my clearly degenerate, misguided fantasy that two men could live together as man and wife, when I explained that some frequent visitors to our house, in fact, did. She laughed uproariously when I would run from a mere (three-inch) cockroach, but I could make her scream and run in terror by performing the astounding and terrifying feat of allowing a caterpillar to crawl on my hand, when everyone knew that they are the most disgusting creatures on the planet, (except perhaps for blind, mewling tiny kittens and baby mice, the thought of which made Ibu and Roya and many other Javanese ladies of my acquaintance want to vomit and lift their feet off the floor) and whose hairs if they contact your skin will

definitely make you itch for at least a week and may even kill you if they work themselves under your skin and into your bloodstream. Just the hairs, that is, not the caterpillars. Eventually of course, due to her youth and vigor, Mbak Tini ran off Mbok Ka, for in Java you can only ever have one undisputed female head of the household, and due to my ignorance and inexperience, I certainly wasn't it.

Mbak Tini taught me, amongst other things, that one can believe two contradictory things at the same time, or better yet, not have to choose between belief and unbelief. She helped me through her endless pragmatism to attain what Coleridge called a "willing suspension of disbelief" – she scoffed and snickered and denigrated the superstition we were perpetrating *while* she was helping me perform practical ritual properly. She is amazing, and I miss her every day.

Thus Mbak Tini and Hadi became my immediate tiny household family, once Mbok Ka was gone, along with various birds, random students, and several semi-wild cats. Hadi's family, on the other hand, seemed to comprise most of East Java, with various small offshoots of the family tree spreading clear to the capital Jakarta at the eastern end of the island. Our house was within only a few blocks of homes of the majority of Hadi's family. Although both his parents

were dead, Hadi's grandmother, stepfather, five of his sisters, and three of his brothers all lived very nearby. His grandmother had seventeen siblings; his mother had thirteen; and all of their offspring had rituals for weddings, circumcisions, moving homes, and so on that Geertz described with such glee and that I sometimes felt were a continuing merry-go-round of sight, sound--and *food.* I could write a book about this family, and someday probably will, but on the topic of my spiritual life and interests in Java, let me just introduce this information: Hadi's stepfather is a kyai, a religious Islamic practitioner, who specializes in white Islamic magic (and his brother—Hadi's step-uncle--is a notorious black magician in their home province of Banyuwangi, the legendary home of black magic in the easternmost part of Java). Hadi's brother is another kyai; our brother-in-law Saipul is a paranormal practitioner specializing in home and human exorcisms and yearly, ritual ablutions of keris and other power objects; Saipul's brother Mas Nen is also a paranormal practitioner specializing in finding lost objects (especially keris), divining the future, and the production of specialized amulets to protect his clients from dangers or troubles he sees looming ahead. I'll talk more about them later, in the appropriate chapters, but suffice it to say that Hadi's family was a hotbed of supernatural activity that affected my life on a daily basis.

The university with which I worked provided many intellectual relationships, but also offered a further education in ritual and belief. The professors' and administrators' wives, women language teachers and female professors, and even the host family mothers joined Hadi's grandmother and the other ladies of the family as my tutors in traditional wisdom and custom. They were a wealth of advice on traditional medicine and the proper maintenance of a Javanese husband, and were filled with suggestions on how to succeed in the ritual and domestic production of food. Mostly (and strangely to me) our relationships developed into the mutual exchange of food - they included us in their life and rites of passage rituals, celebration or tragedy, simple or elaborate *selamatan* (ritual feasts for fending off disaster past or future) by the delivery of a little packet or two of the food that had been blessed by the event of a birth, a circumcision, a marriage, a death. They even helped Mbak Tini and I prepare the special, very symbolically multi-colored sweet dessert called *jenang* that we had to bless, package and send around to friends and acquaintances when someone had an ominous dream (involving marriage--which symbolized death) about Hadi. Soon, as I made more friends at the university and in my neighborhood, I found that almost any family I got to know, regardless of their levels of education, economy or strictness of their adherence to Islam, was rife with magical objects and practice. The male professors and administrators at the university, officials at the immigration

office, local military and government bigwigs, all had at least one keris; most that I knew engaged in *kejawen*-style ascetic practices designed to increase their spiritual potency;[8] many had rings set with stones they considered to be imbued with some kind of power. Often these kinds of revelations would come absolutely unexpectedly: the head of a local university's medical school and tropical medical specialist began to spontaneously talk about his *djinn* servant spirits when lecturing on public health challenges in Indonesia to our program students. His djinn, he assured us, went with him everywhere, or watched over his wife when he had to be away. You could ask them to do things, he said, if you kept up good relations. He even offered to have his djinn go and get a McDonald's hamburger for one of our students if they wanted. (I never did understand why they didn't take him up on that.) This anecdote is a classic example of the kind of syncretic mix of the modern and traditional, of scientific biomedical belief held in tandem with traditional religious and supernatural beliefs that characterized most of the highly educated East Javanese.

During the next eight years I lived a sort of schizophrenic existence, navigating continuously between the Western academic world of ideas through my own research, through activities, classes, travel with my students, and through work with the American non-profit for which I worked; and the

slow and complicated world of the Javanese family, with all its concomitant ritual and ties of the heart.

Scope of study and methodology

Whilst part of what we perceive comes through our senses from the object before us, another part (and it may be the larger part) always comes out of our own mind.

--William James, *The Principles of Psychology*

My PhD dissertation research falls under the domain of medical anthropology. Medical anthropology examines the cultural expressions of disease and seeks to interpret disease and illness in the historical and cultural context. It includes an interest in local and indigenous health care systems, help-seeking behavior, semantic networks of illness meaning, theories about illness, professional medical ideology, medical history, and clinical practices. Beliefs and practices relating to health and illness are interesting, complex historical constructions that reveal fundamental cultural understandings about experience.

Through interviews, reading, and participant observation, I researched what Javanese believe about the nature of mental illness: who gets sick, who gets well, and why; how one is cured and by whom. I wanted to know, and help others understand why, people choose these various options, and which of

them "work." I wanted to do some good, basic research in the area as a basis for cross-cultural understanding and clinical praxis and some good ethnography in the traditional anthropological mode. I was not interested in producing a criticism of curers' knowledge, skill, efficacy or practices, nor cross-cultural research on diagnostic categories.

I spent hundreds of hours visiting with dukun, watching them practice, and talking with their patients. I spent months talking with people about health and illness. I cultivated friendships with local psychiatrists, and visited institutions and private practices when I could. I engaged in family domestic ritual more times than I can count. I visited various kyai regularly, as I made their acquaintance and as their time permitted. I visited general hospitals, physicians' and psychiatrists' private practices at least once a month, and occasionally visited local clinics. I visited one private mental hospital frequently, others several times a year, and state institutions whenever possible. I watched trance rituals in Ranupane seventeen times or more; visited Bali to see village cleansing rituals and trance healing at least that many times, as their twice a year ritual calendar permitted. And I continued to learn about the world of Javanese magic every day. In this introduction I tried to evoke some of what it was like to live and learn in Java, to have to learn to simultaneously believe and not believe, to participate as an active and

accepted member of the community and yet maintain an academic stance, to have to function as an American and a Javanese family member not only continuously shifting roles but shifting mindset and modes of discourse, and to constantly have my Western rationalism challenged and proved incomplete while in the midst of trying to produce a comprehensive social-scientific treatise.

Although I traveled throughout the archipelago and traversed the island of Java numerous times, traveling at least once a semester to Central Java, I will focus this work on East Java. In following chapters I will try to offer a succinct description of place and culture of Java as it relates to my topic; present pictures of the Javanese theories of health and disease and ideas about physical and mental illness; introduce the various types of curers that I listed above, each in their own chapter, describing some of their techniques and guiding principles; and discuss some brief conclusions. All of my friends and family have agreed to allow me to use their real names; all of the healers have agreed to the same; in the case of patients and their families I chose to conceal their identities. Some items of identification have been changed and some examples are composites. I left Javanese or Indonesian words in a quote whenever I felt that an English word would be imprecise; otherwise I translated them. I tried to preserve as much as possible a sense of local idiom,

and if the English seems odd in some of the translation, it most likely means that at that point I sacrificed elegance for exactitude.

By virtue of living with a Javanese family I started to learn about traditional medicine, and eventually as a medical anthropologist began to document the patterns of resort to traditional and Western-style biomedical practitioners. Since then, I have gone through an odd semi-acculturation, by living there for more than ten years and through becoming part of another local family through marriage to a wonderful Javanese man, and have thus developed a quite different perspective on the traditional forms of medicine that once seemed so bizarre, so 'foreign'. Academic distance, an analytic stance, a critical gaze upon the exotic indigenous (read: superstitious, suggestive, non-scientific) practices has given way to a much more prosaic attitude towards valid local knowledge. I have fallen prey to sicknesses that do not exist in the West; I have been treated by *dukun, kyai,* and have seen *dukun bayi* (midwives) practice (but have not yet had the nerve to resort to one myself); I have had acupuncture and received prescriptions from the local gods at the Chinese temple in Malang; I still need to be *dikerok*--scraped with a coin—occasionally, and like a good healing massage more often than I would care to admit; and I won't say if I have any *susuk.*

This is all to say that this dissertation is as much a personal introduction to the eclectic, syncretic world of medicine and healers that are part of the Javanese culture and tradition as it is an academic treatise on the subject. It focuses on Java, by virtue of my experience there, but many of the observations hold for practices and practitioners elsewhere in the archipelago...although the subculture of the dukun seems to have its greatest impact in the Javanese context.

Notes to Chapter One

[1] The term praxis indicates the nexus of action and belief. Derived from the Latin for "to do," the term praxis describes where theory and tradition combine to create custom; habitual conduct based on learned information.

[2] Quoting J. Comaroff, *Ethnography and the Historical Imagination*, Westview Press, Boulder, 1992: 27.

[3] Now the Universitas Negeri Malang, or the State University of Malang.

[4] She and one of her friends, the neighborhood *jamu* (traditional herbal medicine) seller, were in my kitchen one time, and they both actually screamed when for some unremembered reason I jokingly tossed my clean sarong over my husband's face and head.

[5] See Keeler (1987:109-11) for another anecdote about a *dhanyang*, a village spirit, appearing as a snake.

[6] In only one case did Mbok's constant vigilance and frequent rituals fail to protect us: after offending a particularly touchy and powerful dukun, by questioning him about the efficacy of his various healing practices, my dissertation notes started disappearing. We were plagued with a fire, loss in a move, and one particularly memorable day Mbok accidentally sold six years worth of newspaper and magazine articles I had painstakingly saved when she was selling old newspapers to the door-to-door recyclable paper collector. Just as he left, Mbok realized what she had done, and chased off down the road after him, but he had vanished. Clearly black magic, courtesy of said dukun, said Mbok, and given the series of disasters and the fact that the only things ever destroyed or missing were research materials on dukun and mental illness...I have to wonder.

[7] Seekers after wealth, good luck and health come there to make offerings to Mbah Djugo and Mbah Imam Sudjono, two 16th century noblemen ascetics, and the last scions of the Majapahit empire (according to one story). See Pemberton 1994:269-275 and 285-287 and Keeler 1987:41-42 and 112 for some interesting information on similar *kramat* sites and vigil ritual in Central Java; and 1987:43-44 for a hilarious anecdote about Keeler's own experience with ascetic practice.

[8] See Keeler 1987; see also my chapter two in this dissertation for a detailed discussion of Javanese ideas of spiritual potency and of power.

CHAPTER TWO
INTRODUCTION TO JAVA

The Javanese, an introspective people with an intensely complex language and an arcane social system built around the courts of sultans, account for more than half of Indonesia's people and about 100 percent of their reticence...The Javanese know Americans don't know them. And that's fine with them.

--Barbara Crosette, *'Why Indonesia Isn't Talking'*, New York Times, 7/96

The island of Java

The Indonesian archipelago is indisputably the world's largest. With a total land area of only 780,000 square miles, and a population rapidly approaching 250 million, Indonesia is the fourth largest country in the world, with the largest Muslim population in the world. What is in dispute despite this modern age of GIS and satellite imagery is how many islands comprise the archipelago (estimates run from nearly 14,000 to over 18,000) and how many of those islands are inhabited (estimates run from just under 4000 to over 6000). Experts agree that the Indonesian archipelago stretches across the equator over 3,200 miles (about the distance from the Hawaii to Florida), and that the island of Java is the most fertile, and also the most densely populated island in the world (Culturegram 2003; Frederick and Worden 1993).

While geography and prehistory are outside the realm of my study, it is safe to say that the importance of volcanoes and agricultural history in Javanese life and culture cannot be overstated. Java has seven regularly, currently active volcanoes (and another thirty two or so that are generally dormant or only exhibit geothermal activity, with no ash production)[1] and is one of the few islands where volcanic ash is basic and not acidic, so that frequent volcanic eruptions have in fact continually improved the soils by adding mineral-rich nutrients (Badan 1986). Much of Java lies on the equator, where several inches of rain falls every month in varying amounts over the wet and dry seasons, each of which lasts half the year (although global climate changes seem to be upsetting the predictable schedule). This creates ideal agricultural conditions for tropical horticulture, and indeed Java has been populated and cultivated for centuries (Piper 1993; Ricklefs 1993a; Reid 1988). No one is sure exactly how long: Javanese history—in the sense of locally produced written records—begins in the fifth century A.D., with seven brief stone inscriptions found near what is now Jakarta. Records of kingdoms in this area, however, are found in Roman geographical texts from the first century A.D., and Chinese records reference Javanese kingdoms from almost as early on, with detailed records of visits to Java dating from the early fifth century A.D. (Coedes 1968; Reid 1988). Centralized states and highly organized societies

clearly were extant from the early centuries A.D. (see van de Velde 1984; Coedes 1968). While the economic structure has changed from a feudal system implemented by Javanese rulers, refined by the Dutch and Japanese colonialists, to a modern capitalist economy, the methods of agriculture and resultant social structures have changed remarkably little (Laksono 1990).

It is estimated that around 1800 Java had about 3.5 million inhabitants, a figure that it is also estimated had been relatively stable through the great Hindu-Buddhist empires of the eighth and ninth centuries. The earliest rulers of Java owed their wealth and culture to a wet-rice cultivation system which with a limited population could produce unlimited surplus rice to provision warriors, artists, and laborers, and allow them to participate in worldwide trade for spices, ceramics, textiles, precious metals, gems--and even hire artisans, religious specialists and other scholars from abroad (Steinberg 1985; Reid 1988 and 1993; Ricklefs 1993a). This combination of natural environmental conditions and two thousand years of man-made elaborate irrigation networks have created rice paddies with yields that are by far the highest in the world (Piper 1993). At least fifty five percent of the population of Java are farmers (Dick et al 1992), and by far the most important crop is rice. Irrigated rice fields or *sawah* comprise over sixty percent of Java's total land area (Frederick and Worden 1993:369). Other important crops, such as

soybeans, potatoes, peanuts, cassava and corn are grown on dry fields, but rice is the staple food and rice fields have been a characteristic feature of the landscape (Koentjaraningrat 1985a:174-175; Magnis-Suseno 1997:13-14). Most farmers' plots on Java are too small to allow them to afford machinery, and yet double cropping and even triple cropping is possible (Donner 1987; Lansing 1991; Manning 1988).

But the landscape and the population distribution are changing. Java today supports over 150 million people on only seven percent of the nation's total land area (Magnis-Suseno 1997:13). The rise in population has created severe problems, as population pressures have led to the degradation of forests, depletion and erosion of soils and the endangerment of many indigenous species of flora and fauna, and has created a host of public health problems (Donner 1987; Frederick and Worden 1993, esp. 134). Spectacular population growth has occurred since 1800, and an island that once provided vast surpluses of such valuable trade goods as sugar, tobacco, rubber, tea, coffee, and rice, now, ironically, has to import rice to feed its ever-growing population (C. Geertz 1963a). There are now at least four cities with over a million inhabitants. A huge percent of all land on Java is developed, compared to only ten to twenty percent on other Indonesian islands. Though living standards are improving, in terms of a rise in the estimated life span

and a drop in the infant mortality rate, as much as a third of the rural population finds it difficult to meet minimum nutritional needs (Manning and van Diermen 2000; Peluso 1992). The cities, meanwhile, have grown from small colonial and court enclaves to sprawling metropolitan centers, with crowded slums, exclusive gated neighborhoods and industrial and commercial development burgeoning unchecked. Jakarta, once the tiny swamp-surrounded trading port of Batavia, had less than one twentieth of its present population just fifty years ago. People are moving to the urban centers in record numbers, and urban migration in search of industrial employment and entrepreneurial opportunity has created gradual change in the economy, culture and landscape (C. Geertz 1963b; Kartodirdjo 1988; Kunio 1988; Tanter and Young 1990; Robison and Goodman 1996; Budiman et al 1999; Baker et al 1999; Koenig 2004). Family plots grow smaller, as bits of land are sold off to pay for children's education, medical care and other necessities. More and more people are moving into the cities to look for factory work, as their family farms shrink and fewer children are available to tend them, as the government's national birth control campaign (begun in the 1970s) (Koentjaraningrat 1985a:11; L. Williams 1990) has successfully decreased the average size of the family on Java (Koenig 2004). Around urban centers and across the Javanese landscape, new real estate developments are being carved out of land that was, until recently, primary forest or rice fields. Forests are

being stripped by lumber poachers; in 2001 many military men and officers were caught cutting and smuggling wood from protected forests, and the smuggling continues. This rapidly escalating deforestation causes mudslides and floods in record numbers, increasing public health concerns, epidemics, and opening the way for more urban sprawl. Water pollution, industrial wastes, raw sewage and air pollution plague modern Javanese cities. Despite recent technological developments, not one home in Java has potable water running through its pipes. Many urban homes are without running water or a sewage system; whole neighborhoods still share one water pipe that may operate sporadically or may have to go to the river to do laundry, to bathe, and/or to defecate. Typhoid, dysentery, and the occasional case of dengue and malaria are normal features of even the most urban existence. Most urban homes do have electricity.

In the course of a decade in Java, I had an opportunity to traverse the island several times, and was lucky enough to experience land travel by tri-wheeled pedaled cabs, tiny tri-wheeled motorized panel vans, public transport minivans, horse carts, ox-carts, motorcycle taxis, jeep taxis, car taxis, trains, private cars, buses, and walking. Road travel in Java is an experience that literally has to be seen to be believed. (Or smelled—the air pollution is often

so thick, one's hair and skin is stiff with it after a brief jaunt outside.) Pedestrians, bicycles, push carts and animals may appear at any point on a freeway or a horse track, street lights are almost non-existent, and accidents happen much less frequently than the plethora of obstacles and the breakneck speeds would seem to occasion. As one travels the roads of Java, few stretches now exist that do not show some form of development in terms of habitation or commercial enterprise. Roadside shops and restaurants, fruit stands and mattress kiosks, tiny stalls selling gasoline by the glass liter bottle, telephone shops and internet cafes line the roads to the extent that the major roads of Java all seem to invoke a huge urban sprawl that blurs the line between once-distinct villages. The side (often dirt or poorly maintained) roads are much less developed, but outside any urban center, once-isolated villages have become sites for real estate developments targeted to lower class, middle class or upper middle class Javanese families, huge club-shopping centers, Chinese cemeteries, and educational institutions. Around Malang, it was not uncommon to see a farmer plowing a field with his oxen, ten feet from a university science building, sheep or goats staked out, grazing, on the side of a huge new interstate or on an elaborate Chinese grave complex, and to see stucco homes of the Javanese who had profited mightily from selling (some of) their land towering over the bamboo/rattan woven *gedek* homes of their neighbors. Mercedes and BMW sedans idle next to a fifty year old bicycle;

Chinese electronic shops sit closed within their air conditioned comfort next to noisy, open, smelly, wet markets; and the main town mosque on the main town square in Malang sits quietly between two enormous churches—one protestant, one Catholic—all seemingly in perfect harmony. Acceptance of religious and cultural pluralism is a fact of Indonesian public life and for most Indonesians it is a matter for pride (Johns 1987:203-204); occasional outbursts of inter-ethnic or seemingly religious violence can usually be traced to an economic or political cause (Madjid 1996:91). Five religions are given official government recognition[2]: Islam, Catholicism, protestant Christianity, Buddhism and Hinduism. Each has its own office in the department of religious affairs. *"Bhineka Tunggal Ika"* or "Unity in Diversity" is the Indonesian country motto, but like their neighbors in most rapidly developing countries, the Javanese rich have been getting richer, and the Javanese poor poorer (Peluso 1992, Magnis-Suseno 1997, McVey 1992; Budiman 1999).

Not everyone on the island is Javanese. The Javanese (a term which refers to speakers of the Javanese language) constitute about two-thirds of the total population of the island, and are to be found mostly in Central and East Java, as well as much of the island's northern coast. In West Java, the Sundanese, a distinct ethnic group with a very different language is to be found, and Madurese and Osin language speakers in Banyuwangi live on the east and

northeast coast of Java. Two small mountain dwelling populations, the Tengger and the Badui, live in tiny mountain villages in East and West Java respectively. And most cities and some villages see communities of Chinese and Arab Indonesians, who despite being fifth or sixth generation born in Java still maintain their own heritage, language and culture.

However, Javanese representation in the key positions of political, military and cultural life is far in excess of their percentage of the population overall.[3] Ideological slogans and the key rituals of state are in a large degree derived from the Javanese language and culture, even though they are expressed through the national language, Bahasa Indonesia.[4] Java-centric political and economic policies continue to create unrest in many outer islands.

Ethnographies of Java

The ethnography of Java has a rich and diverse history. Ethnographic surveys were first undertaken, as in many other places, by missionaries and colonial administrators during the 18th and 19th centuries, as part of much broader investigations into the nature of the islands and their inhabitants. Sir Stamford Raffles' *History of Java* (1817), for example, was the product of years

of work by a team of artists, writers and taxidermists employed by the author. It contains the first detailed, encyclopedic look at Java's culture.

Three quintessential, tour-de-force ethnographies of Java have become classics in the anthropological oeuvre, and impressive resources in the study of Javanese culture. Clifford Geertz's *The Religion of Java*, based on his fieldwork in an east-Central Javanese village in the 1950s, despite its title covers almost every aspect of local life, ritual cycles and belief systems. Vast amounts of information on the legal and educational systems, religious rites and observances, social structure and class conflict, art and its role in culture are all blended together in a seamless picture rife with historical reference and full of anecdotal illustrations. His wife Hildred Geertz, after doing fieldwork at the same location at the same time (as part of an MIT-sponsored team of social scientists), focused her study on the intricate workings and intimate challenges of marriage, child rearing, and kinship in her aptly titled *The Javanese Family*. Through her intensive fieldwork and engaging style, we are able to learn about courting behavior, birth control practices, marriage patterns, expectations and realities, divorce rates, and the kind of values that the Javanese appear to hold and do espouse with regard to relating to a spouse, raising children and dealing with the responsibilities of extended family. Around twenty years after Hildred and Clifford Geertz published

their definitive studies of the East-Central Javanese village life, a Javanese anthropologist, Koentjaraningrat, published his comprehensive response to their work. Often citing their work and incorporating their information into his own sections on what he calls Javanese peasant culture, he occasionally takes issue with some of their conclusions. He gives an extensive overview of Javanese history and varied religious traditions, and contrasts what has been documented about rural life with an analysis of the Javanese traditions emerging within a developing middle-to-upper class urban culture. His book *Javanese Culture* is a tremendous eclectic compendium of information on patterns of socialization and enculturation, history and language, and enormous detail about the social, economic and political life and philosophical and religious beliefs of the Javanese. Amazingly, most of these authors' observations still seem to hold true, from my experience of life in a different time and a very different place, despite deep change over time and fundamental cultural differences between east and Central Java. I will refer to their works extensively, since not only are they encyclopedic in their scope but in some ways they are truly timeless classics.

Some more current works which I found particularly helpful in developing an understanding of Javanese culture include Ward Keeler's two volumes from the mid and late 1980s: *Javanese Shadow Plays, Javanese Selves* and *Javanese: A*

Cultural Approach. These books are as much about the enterprise of anthropology and the intricacies of Javanese life and culture as they are about the subjects they claim to instruct. While the first presents as an exegesis of the classic Javanese puppet theatre and the second a language-learning textbook, these two works provide an insightful analysis of Central Javanese cultural values and traditions. Gentle humor lights Keeler's portraits of family life, artistic tradition and linguistic patterns and tropes, and his books bring the reader not only into the life of the Javanese he lived with and studied, but also give us a generous, intimate picture of the author in his role as anthropologist. Suzanne Brenner's 1998 *Domestication of Desire* is another priceless work of incredible scholarship. Posing as an examination of the batik industry in a small Central Javanese enclave, this book presents a comprehensive examination of gendered life, language and economics and the social world around a fundamental aspect of traditional Javanese culture. While volumes edited by Sears (1996), Locher-Scholten (1992), Van Esterik (1996), Hellwig (1994), Ong and Peletz (1987); and books by Walter Williams (1991) and Linda Williams (1990) demonstrate and feed the growing interest in studying gender in general and women in particular in the developing world—with particular reference to Indonesia—Brenner's book and Diane Wolf's *Factory Daughters* (1992) develop in intimate, painstaking detail pictures of Javanese women and their political, economic, and personal lives. Both

tease out the tensions between the modern and the traditional in public and private life, and the economic, political, and emotional pressures that women in contemporary (Central) Java are faced with daily.[5] And finally, Steve Ferzacca's 1996 dissertation (and 2001 book) *Healing the Modern in a Central Javanese City* focuses on the plurality of medical systems and beliefs in Central Java, and the impact of government political ideology and development programs on the individual concept of self and welfare, and the impact of notions of modernity on traditional praxis.

While these works together comprise an extensive discussion of Javanese culture, history, language, arts, social and economic structure, gender issues and modern medical pluralism, all of the research was centered—if you will—in Central or "east Central" Java. East Java is an area that is culturally, geographically, economically and linguistically very distinct from Central Java. Although Robert Hefner has published two excellent books on the isolated and culturally distinct East Javanese Tengger culture area (1990 and 1993), and James Peacock's book on *ludruk* theatre in Surabaya is a delightful read (1987), the only lengthy ethnographic enterprise that I could find that both deals with a culture area similar to that which I encountered in Malang and dealt with a subject matter that directly informed my work, was a 1977 dissertation by Jerome Weiss titled *The Folk Psychology of the Javanese of*

Ponorogo. This fascinating study of Javanese beliefs about and terminology of personality, behavior, consciousness and mental illness is an ethnopsychiatric treasure trove of lexicon and lore, detailing language and concepts with a thoroughness and detail to delight the interested reader. I will discuss his data at length in my chapter on Javanese beliefs about health and illness.

Despite the wealth of information obviously available through the texts I describe above, a detailed exegesis of Javanese culture isn't really possible or necessary within the scope of this dissertation, despite the inclinations of the author. But some ideas are essential to understanding the concept of mental illness and the social response to the mentally ill in East Java: these ideas revolve around Javanese language, order and disorder (including the concepts of *selamat* and *rukun*), power, and the opposition of *lahir-batin*.

Javanese culture and language

> The Javanese have seven ways of saying "yes", and depending on how it is pronounced, the same word can mean anything from 'yes' to 'maybe' or even an insulting 'no'. It is always a great source of amusement for village people when a puppeteer plays upon this word during a shadow theatre performance, having a servant of the king reply to command in the different tones. The audience is delighted by the way the servant insults his master and ruler while the latter is supposedly unaware of the intended insult.
>
> -Peter Polomka, *Indonesia Since Sukarno*, 1977:28.

Unggah-ungguh, tata krama and *sopan santun*

The *sawah* system described in the first part of this chapter demands a high degree of social cooperation, and perhaps as a result of the necessities imposed upon their culture by learned techniques of exploiting their environment, the Javanese put great emphasis on cooperative social attitudes, and the observance of rigid social norms. To be *sopan-santun* (well-mannered) requires a deeply internalized knowledge of *tata-krama*, an elaborate symbolic system involving language and speech styles, body language, emotional control and subtle nuances of deference and humility.[6] Many of the rules of etiquette center on the proper use of language, which is more problematic in Javanese than in most other languages. And the command of language and social norms essentially defines the sane, mature Javanese adult.

Javanese is a very good example of how a language reflects the cultural values of its speakers-- in this case a great concern with politeness, respect and familiarity. No interaction is linguistically neutral in Java. During every encounter, speakers must assess their relative social standing and determine the language level that is appropriate to the relationship, and each spoken word reifies the social order. In some well-defined social situations—students with teachers, household head to house servant—the appropriate speech level may be obvious. In many interactions, however, the precise relationship and

relative status is not readily apparent. Thus when strangers first meet there can be a lengthy period of mutual assessment and relative status negotiation. Much of their initial conversation can be obliquely concerned with defining each person's social standing, and determining just what measure of respect—and thus what vocabulary/language level—they are due (Keeler 1984). *Unggah-ungguh* is a term that describes the complex set of rules of relations that govern this negotiation of distance between social classes, balancing respect and intimacy. "As one elderly gentleman instructed me: "Whenever two people meet they should ask themselves: 'Who is this person? Who am I? What is this person to me?' (Here he held out his hands, palms up, as if they were pans of a scale.) That's *unggah-ungguh*" (Errington 1988: 11).

When addressing someone, Javanese speakers must choose from several different linguistic levels of politeness. These "speech levels" are comprised of completely different lexicons of words that have the same meaning. People cannot speak in Javanese without having to make a choice of language levels, deciding whether the situation requires formal or informal speech (and every shade in between) based on the relations of the speaker and the interlocutor.

Social status, age and degree of intimacy determine what level of Javanese people use in conversation (Moedjanto 1990:55). In general, a person uses the

highest level to speak to high-status people in formal situations, and elders or others of higher status, and the lowest levels to speak to people of lower rank, younger people, or with whom they are the most intimate. Although children learn to speak the lowest level first, they traditionally have been gradually socialized to speak to some of their more distant kin, old people, and respected strangers in higher Javanese (H. Geertz 1963). One is obliged by the demands of social life in each instance of social interaction to use a level of speech appropriate to one's position in the family, social status, rank of nobility, age and reputation or prestige, as it relates to that of the other (Pudjosudarmo 1969: 54, 56, 59; Wolff and Soepomo:1982). Politeness and respect are functions of the equation of social distance...and using *krama* level indicates politeness and respect.

A superior or even two strangers of the same status may be deeply offended, or feel defied, if addressed in anything less than krama (Moedjanto 1990:68-70). An unwillingness or inability to use the situationally-appropriate language level can cause great consternation and offense; it is quite an insult to dismiss someone as *"ora ngerti tata-krama"* ("one who does not understand politeness") or *"kurang ajar"* (lit. less educated, "impolite"). The ability to command krama is a measure of one's power and position in the social hierarchy; language is literally -or at least reifies-- power in this instance.

Smithies says it nicely: "The Javanese courts of Central Java present the quintessential, timeless image of Javanese culture...and the Javanese language is the fluorescence of, the peak demonstration of one's mastery of the culture" (1986:22).

Basic Javanese speech levels: *ngoko* and *krama*

Moedjanto posits that the two most basic levels of Javanese speech were created in the early 17th century as one of several powerful tools the commoners who rose to become the Mataram dynasty developed to separate the ruling class and the common people; for them, language became a way of creating, maintaining and defining social distance (1990:125-126). How many language levels there are today is somewhat controversial.

Keeler suggests there are three primary levels which are most commonly used: *ngoko*, *krama* and *madya* (Keeler: 1984). Kuntjaraningrat (sic) (1957) identified five different language levels that combine some vocabulary from each of the aforementioned levels, and introduces some new; Soepomo Pudjosudarmo (1969; Wolff and Soepomo 1982) identified variously nine and twelve, depending on the individual speaker's intimacy with the Javanese court elite; but the essence of Javanese language levels and how they reify

social relations can be seen through a discussion of the two most basic levels of ngoko and krama.

In his book *Solo in the New Order* (1986), James Siegel reveals tensions in the notion of person and one's relations with others in his analysis of the use of Javanese language. Low Javanese, or ngoko, he says, is considered to be natural. It is the first language acquired by children, through their mothers: it is thought to be an expression of the self-before-culture, the natural as opposed to the civilized self. Children are considered "not yet Javanese" (1986:9; H. Geertz 1963) because they are not yet in full control of themselves, haven't yet learned to control their bodies, contain their emotions, or mastered high Javanese. To the Javanese these are one in the same: when you learn to control yourself--your emotions, your reactions, your desires--you learn to speak krama, or high Javanese--and vice versa. Once one reaches maturity and can speak krama, one speaks ngoko only to children, inferiors, or occasionally intimates at the same social level as oneself. Siegel terms ngoko "that which is reserved for oneself" (1986:270) that which is "apart from hierarchy" (1986:270), or hidden from one's superiors. It is an intimate index of the private self that should not be exposed in Javanese society.

Krama is used to address superiors or equals (and of course one can tell one's superiors by their mastery of high Javanese) (Smith-Hefner 1989). Siegel describes it as pure sign, as only referring to the world--language that is divorced from the self--and thus the use of krama protects self from the other. In an interesting analysis of power relations as expressed by the use of krama, Siegel suggests that in one sense while speaking krama indicates deference to a superior, at the same time it restores control of a situation to the (inferior) speaker, because in effect the speaker is demonstrating that he or she is controlling his or her self, his/her ngoko. For the Javanese, one is most in control when one's self is suppressed, and the use of correct form becomes a sign of suppressed natural impulses (including the natural impulse to use ngoko). Thus the Javanese speaking krama outwardly appears to be deferring to a superior, when in actuality, for Siegel, he/she is "trading. . . deference for relief from compulsion or subservience" (1986:32). So, while the krama speaker is conforming to expected norms, in Siegel's mind he/she is also resisting the domination inherent in those norms. I am not sure I agree, but this argument certainly serves to highlight the obvious stress within the individual consciousness and the social structure that surround seemingly simple acts of communication in Java. As we will see in later chapters, the curers that treat the mentally ill use language quite differently in ways that deeply affect their relationships with clients and their families.

Spoken and unspoken language

Gesture is marked in Java in the same way as speech and polite behavior is very circumscribed in Javanese culture. In addition to providing rules of linguistic etiquette, *unggah-ungguh, tata krama* and *sopan santun* require one to remember and perform polite behavior in general, and effect a demeanor and behavioral style commensurate with the relative status of a person with whom one is interacting. The same attention to relative degrees of status and refinement in speech applies to the Javanese body: "Speaking is integrated with other more or less refined facets of behavior -sitting, standing, pointing, composing one's countenance, and so on—and is realized with them in social context" (Errington 1988:11; 1984).

The more formal, distant and respectful one's speech, the more restrained one's motions. For example, consider the simple handshake. Men and women usually shake hands and bow the head slightly when introduced, while pronouncing their name. A deeper bow is appropriate when introduced to older people or people of higher status. Javanese handshakes are generally a gentle offering of one's hand --a slight touch of the fingers of one or both hands followed by a touching of one's heart (for the East Javanese) or bringing both hands palms together to the nose (if one simultaneously wants to

indicate extreme refinement and respect). A particularly refined handshake could include the grasping of the right forearm with the left hand before offering the right hand to shake, as if indicating a desire to hold back the potentially offending member, a reluctance to sully another with the profanity of skin to skin contact. There are some people, however, who, once they feel comfortable with a friend, will hold their hand during a greeting handshake for an extended period while they engage in catch-up small talk. And in Malang, women friends often greet each other by mutually touching cheeks and/or a resounding smack on the arm, in addition to a hearty handshake.

The vocabulary of the hand is quite complex and extensive. Pointing is usually to be avoided, but when absolutely necessary is never done with the index finger, but with a gentle inclination of the right thumb. Waving one's hand with the palm facing down signals another person to come; this is only used to someone of lower status, like a child or a *becak* driver. Approval is sometimes shown by a pat on the shoulder, the arm or the leg, but touching the head of another is considered very disrespectful. The left hand should not be used to shake hands, touch others, give or receive objects, point, write, or eat. Standing with hands in pockets or on hips is interpreted as defiance, anger or arrogance and should be avoided.

Mouths are problematic. Teeth are considered to be aggressive evidence of the animal nature that culture serves to suppress. Smiles should be covered with the hand. Talk should be limited at meals, and food should not be consumed while walking down the street. Many Javanese in a social situation will turn away from their fellows to eat facing the wall, so as not to offend with an exhibition of the physical function of eating. If a toothpick is used, it is held in the right hand and the right hand and the mouth will be covered with the left hand. Yawning should be avoided, but if one must yawn a hand should be placed over the mouth.

Feet are anathema. A polite sitting posture is one with feet together on the ground, or crossed one above the other. A polite Javanese will never put his or her feet up on a table or another chair--pointing the bottom of your feet at someone is very rude. One should never step over another person if possible, and it is never permissible to place one's feet on or above someone else's head. It is not considered rude for men to sit cross-legged when sitting on the floor, but women should sit with their legs folded under them to one side.

Status is reflected in the relative heights at which people sit; higher status demands a higher seat. A related custom is stooping when you have to walk in front of anyone who is seated. The Javanese have a particular posture one

assumes for this purpose--the right hand is held straight down pointing towards the ground, the left hand is placed behind your back, and you move, crouched over, while muttering "*permisi*"-"excuse me", or "*nyuwun sewu*" in Javanese-"a thousand pardons". This ritualized behavior is meant to indicate humility, an unwillingness to place oneself literally or figuratively above others. Humility is instilled in Javanese children with the teaching of the concept of appropriate shame-- *sungkan* or *isin* – to be shown when facing one's elders or social superiors. And humility is a great virtue in Javanese culture. Humility is demonstrated by literally physically lowering oneself with relation to others, as well as in formulaic self-effacement in the style and content of what one says.[7]

Informants repeatedly told Errington that "all aspects of conduct, not just speech, are subject to interactional norms and aesthetic evaluations as relatively refined (*alus*) or coarse (*kasar*) conduct. Learning the speech levels was not the same as learning proper Javanese conduct (*cara Jawa*), they said, since all aspects of conduct and self-presentation need to be enacted and evaluated interactionally. Several older priyayi were fond of saying that using Javanese is a kind of art (they used the Indonesian word *kesenian*) for dealing properly with others" (1988:3).

Loss of the ability to observe this panoply of interactional norms, an inability to control the physical body or the emotions, or a corruption of an individual's linguistic skill, are some of the main indicators for mental illness in Java.

Language and social harmony: indirectness and *ngalah*

One of the main functions of Javanese speech levels in ordinary discourse is to reinforce the norms of social relationships. The intricate codices of social behavior ultimately function to enforce and reinforce the norms of good manners and the rules of politeness that guard the fabric of social relationships. If the norms are violated, it can destroy the social relationship, creating disharmony, which is perceived as threatening the society as a whole.

It is never good manners to be straightforward or explicit, and good Javanese are masters of indirectness, always avoiding the hazard of upsetting others or causing them loss of face. Polite Javanese who are unlucky enough to have to be the bearers of bad news during the night or early morning when people are sleeping will frequently not be so direct as to knock on a door or a gate, but will announce their presence with a cough. Repeatedly. Until someone wakes up and opens the door. In several instances I saw Javanese call a family member home on one pretext or another (in one case from Australia), then sit talking with them for hours, insist that they bathe and eat (and even

sometimes take a nap) before easing into the news that someone close to them had died. Despite reassurances that everyone and everything was fine, the fiction they had concocted to lure the person home would be abandoned, stories would begin to emerge about recent illness or misfortune, until eventually the bad news would be guessed at or confessed bit by bit.

Not long after I first arrived in Java, and before I was properly attuned to the nuances of Javanese proscription, I was preparing to depart with my host brother to go to a movie in another part of town. I put on some baggy, knee-length canvas "shorts," and a short-sleeved top over them. While I wandered around the house and courtyard getting ready, having some food and finishing my coffee, my mother (Ibu) casually commented that movie theatres were awfully cold, and I might think about taking a sweater and putting on some long pants. I assured her that I had been sweating since I arrived in Java, hadn't been cold in months, and that if I *were* to be cold for a two-hour stretch, I would enjoy it mightily. Ten minutes or so passed. Ibu mentioned in passing that air conditioning of the type to be found in movie theatres was a notorious risk factor for *masuk angin*. Getting the wind in, she said, was an inevitable consequence of chilled air being blown on one's neck, ears...and legs. Westerners, I replied, were used to air conditioning and probably were immune to getting the wind in. Ibu slipped in one more ever-so-discreet

comment along these lines (which I glibly and firmly dismissed), and soon my brother Alfian and I were off to the movies.[8] After two hours of air-conditioned bliss, we were leaving the theatre, when to my surprise there was my Bapak! Although he looked perfectly pleasant and pleased to see us to my untutored eye, one look at his face caused Alfian to disappear instantly, invisibly, for the rest of the night. I asked Bapak if he had seen the movie, and where did Alfian go? Bapak invited me across the street for some goat kabobs. While we were waiting for our order, Bapak outlined for me The Problem With My Clothing. As the head of the household, and an ethnic Sasak from the island of Lombok, Bapak was unconstrained by the niceties of Javanese indirectness, and thus could explain for me that Ibu, in her best confrontational Central Javanese style, was telling me in no uncertain terms NOT to go outside the house after dark in those shorts. A nice girl, living in the middle of an Islamic school complex, should take more care to conform to social standards. Yes, many people wore clothing much more tight and revealing than these shorts, and yes, our program director told us it was perfectly all right to wear shorts on the street, but now I was a member of their family, and I was bound to create comment on the street, and my brother would be bound to defend my honor, and he would be shamed by losing control and engaging in open conflict in a street fight. At first I was angry that Ibu couldn't come out and tell me. (She did. Repeatedly. I was an idiot.) I

was indignant, embarrassed...and ultimately much the wiser in the ways of Javanese indirect communication. The next time I heard something that could be interpreted as oblique suggestion from my Ibu, even though I might have a different opinion on the matter or her message might be antithetical to my best-laid plans, I was quick to *ngalah.*

To give in, or *ngalah,* to another's wishes, desires, or opinions - expressed or implied—is a highly valued action and attitude in Javanese culture. This concept of ngalah has many facets, and can include elevating others' needs before one's own, refusing to engage in petty squabbling, or resisting trying to impose one's own belief, or sense of moral propriety, on someone who disagrees. "To control one's temper and remain silent in the face of presumptuous or thoughtless conduct ...is a way to *ngalah*" (Errington 1988: 39). While *kalah* means to lose, the verb form *ngalah* does not imply loss or obedience, but paradoxically shows respect and demonstrates the ethical superiority of the individual who can best defer to others. In the complicated iconography of Javanese tata krama, giving in, like using respectful speech, is effectively (in Seigel's words again) "trading. . . deference for relief from compulsion or subservience" (1986:32). Evidence of ability to ngalah is irrefutable proof of halus-ness, self-control and sophistication, and can be a particular point of pride. Errington notes "...Javanese may derive from such

silent self-denial a feeling of moral properness and self-satisfaction which, however private is quite real. Certainly they will not attempt to conceal their sense of propriety when they tell of occasions on which they have maintained their composure in the face of provocative or unseemly conduct by others who "don't know any better" (1988:39).

The Javanese linguistic etiquette and behavioral ideals defined by tata krama encourage humility, self-sacrifice, communicative indirectness, and deferral to others' wishes. A Javanese may defer to others, may adopt humble forms of conduct and address not only to demonstrate respect, but also to avoid conflict. And they are proud of their ability to humble themselves, to conform to correct behavior, to display the self-control one must master to constantly maintain a state of emotional and linguistic equilibrium.

In a very real sense, language here equals culture, and self-control equals power. Self-denial is its own reward...and serves a higher purpose. "One may accept usage from someone not because one finds it proper, but because one does not wish to create open disagreement or ill feelings" (Errington 1988:40).

Seven different varieties of yes, as mentioned in the epigraph to this chapter, serve the Javanese as their range of responses that demonstrate the mature, *sane* individual's mastery of nuance and self control; display their ability to protect the social fabric; and highlight their willingness to help maintain the desired social states of *rukun* and *selamat.*

Order and disorder

In Javanese thought, humans are distinguished from animals because they "know order."
--Clifford Geertz, *The Religion of Java*

For the Javanese, the physical and the spiritual, the invisible supernatural and the natural observable world, the social and the environmental world around them are all inextricably linked. Disorder in one creates disorder in another. Order in society implies or creates order in the world; disorder in the cosmos creates or reflects disorder or unrest in society. "The mark of the adult is in his knowing order" (Mulder 1989: 50), and from my earlier discussion of Javanese language and culture we know that this idea of order is transmitted to young Javanese in the in teachings of tata krama, sopan santun and unggah ungguh, rules for ordered language and behavior which require a consciousness of one's place in society, and respect for the position of others.

For the Javanese, the insane are both victims of and agents of disorder, and are thus objects of fear and anxious fascination.

Javanese teachings are full of instruction about order, and the privileging of order is reflected and reinforced in the traditional Javanese arts. The traditional *wayang* stories inspired by the Mahabharata and the Ramayana performed to this day in *wayang kulit* shadow plays, *wayang golek* puppet theatres and *wayang wong* live dance theatre (and replicated in comic books), are all about the virtues of order and dangers inherent in disorder. They tell about moral duty to respect order, hierarchy and social structure, passion that disrupts and power that restores order, the chaos that ensues when social order is disrupted. These ancient stories are told with unique Javanese humor and characters unique to Java (Anderson 1965; Keeler 1987).

The great traditional ritual pomp of the Central Javanese courts or *kraton* demonstrates and creates order (Ricklefs 1993b, esp. Chap. 3). In his discussion of the 1865 text which describes the reigning sultan of Java's wedding, Pemberton quotes: "Here the groom-king appears to reign supreme as the authority of 'Java' displays its customary spectacle of order, a spectacle drawing crowds of onlookers." This spectacle of order is interrupted by "crazies," a startling group of court servants, including dwarves, albinos, and

albino dwarves that still make up part of the palace *pusaka*, or power objects. "When the crazies suddenly burst (in)...and take over, they appear to disrupt what had become by the 1860s a relatively routine representation of order...their behavior could now be bracketed as disorderly enough to provide an amusing contrast to ceremonial order. The sense of "Javanese" order now ran deep enough not only safely to allow the crazies' intrusion, but to *need* it" (Pemberton 1994: 105-106). The need for order and the idea of the Central Javanese courts as exemplary center for the orderly maintenance of life in Java is <u>not</u> an ancient historical notion displaced by forces of modernity. For example, a 1972 brochure designed to highlight the significance of the Heirloom Parade which takes place on each Javanese New Year states as a matter of fact: "The Kraton is a source for *selamat* and prosperity. As a center of the cosmos and universe, its magical power is able to radiate out to all the people by means of sacred rituals, the magical power of the king stored within the heirlooms" (Pemberton 1994:162-163).

My own experience in 1991, the first time I attended the ritual procession held annually by the kraton of Jogjakarta in Central Java, coinciding with the Prophet Mohammed's birthday, was very similar to the kind of event described in the documents translated by Pemberton. The climax of a month of preparation involved a procession of palace nobles and factotae, proceeding

at a very calm and deliberate pace, until the appearance of the "crazies" and the palace guards carting two massive *gunungan* -mountains of rice-- in the shape of *lingga* and *yoni* (representing the male and female reproductive organs) from the palace to the nearby mosque, where the mountains of rice are blessed with Islamic prayers. The moment the prayers ended, the masses grab and scrabble for a small piece of the food, which in some ancient fertility rite glossed with Islam are said to impart blessings, including good health and prosperity.

Although I stood around for hours watching the procession go by and taking shot after shot of palace guards and their gaudy uniforms, royal family members and their stern advance, elegant ladies of the court carrying priceless and unimaginably powerful artifacts, the madhouse free-for-all fight for bits of the blatantly sexual gunungan at the mosque and the rapid passing of the albino dwarves, the "crazies" in the procession, were so shocking and seemed to happen so fast I couldn't even raise my camera. I had been hypnotized to inaction and lulled into the slow pace of the order reified and reiterated by the palace ritual.

In the Javanese kraton ritual cycle, power, magical objects and ritual processions serve to define, present and replicate order. But in the daily life of

the Javanese, order must still be maintained and reproduced. Two ideas are Central to an understanding of the concept and implications of order in everyday Javanese society and the social construction of mental illness: *selamat* and the idea of *rukun*.

The condition of *selamat* and the *selamatan*

A condition of selamat implies peace, harmony, safety, a condition of well-being in which the individual or small group or greater society is free from the risk of shock, a condition "which the Javanese defines with the phrase '*gak ana apa-apa*' -'there isn't anything,' or, more aptly, 'nothing is going to happen to anyone'" (C. Geertz 1976:14). Kuntjaraningrat (sic) describes selamat as "a state in which events will run their fixed course smoothly and nothing untoward will happen to anyone" (1960:95). Selamat, then, is a condition which reflects a state of being that is orderly, calm, and free of incident, a "reassertion and reinforcement of the general cultural order" (C. Geertz 1976:29). When events seem to indicate that order has been or potentially could be disturbed (this can range from earthquakes to setting up in a new house, a death or an illness in the family or a new pregnancy) the dire consequences of disorder can be mitigated by holding a selamatan, a communal socio-religious meal that ethnographers usually refer to as a ritual feast, in which neighbors, relatives and friends participate.

Selamatan are the core ritual in Javanese society, aimed at reconciliation or restoration of a state of order, harmony, and balance. They are life cycle rites that serve to not only mark transition from one life stage to another, but also serve to make sure that that transition is a safe and orderly one. Pregnancy and childbirth, the naming of a baby, first cutting of a child's hair, first time the child's feet are allowed to touch the ground, circumcision, engagement, weddings, promotions, moving homes, and death (and the various traditional dates commemorating that death—7, 40, 100 and 1000 days afterwards) all involve a host of taboos, date calculations, and rituals, and always indicate the need to host a selamatan.[9] A selamatan can also be held to assure the continuation of successfully maintained order. Anytime is a good time for a selamatan.

In a Javanese selamatan, particular special foods are almost always served. The most important food is the *gunungan* (mountain) or *tumpeng*, a cone of saffron- and coconut-infused rice that is meant to symbolize Mount Meru, the holy mountain of Hindu mythology, and mimics the volcanoes that form the heart of the Javanese landscape and agricultural tradition. The tumpeng is accompanied by various side dishes: fried chicken, bits of seasoned beef, boiled eggs, steamed greens, fried onions, shredded coconut fried with

peanuts, potato patties, spicy *sambal* and other condiments. Islamic prayers are chanted for and by the attendees, and even if individual plates of food are served, the tumpeng is at least ceremonially cut and shared by all.[10]

Through the sharing of ritual food, prayers, and fellowship in a selamatan, the Javanese frequently perform a ritual that demonstrates their belief that they can and should maintain order and constrain dangerous disorder. Geertz observes: "The selamatan represents a reassertion and reinforcement of the general cultural order and its power to hold back the forces of disorder" (C. Geertz 1976:29). The cultural order that the selamatan can express, insure or restore includes "the mutual adjustment of interdependent wills, the self restraint of emotional expression and the careful regulation of outward behavior" (C. Geertz 1976:29).

In Java, where neighbors are always invited to selamatan, food seems to cement the social relationship. Food is shared at the selamatan; food parcels are distributed in the neighborhood after a selamatan; *oleh oleh* (small presents, usually in the form of a regional snack) are brought home for friends, family and neighbors after a trip or a party. One brings food to a family—and occasionally money—after they have had a death in the family. "*Rukun* is the motive behind the practice of making gifts of cooked food to extended family

members and neighbors" (Magnis-Suseno 1997:53).[11] The sharing of food in a selamatan therefore serves to demonstrate and produce a harmonious community in a state of *rukun.*

The idea of *rukun*

Rukun can be translated variously as "to feel oneself in a state of harmony," "without quarrel or dispute," or "united in purpose for mutual help" (Mulder 1989:39). A condition of rukun is one in which all parties find themselves at peace, in an ordered state of "mutual acceptance, calm and unity" (Magnis-Suseno 1997: 43). It is a comprehensive principle of social order requiring a mode of behavior in which all signs of social dissent or personal tension are repressed, and social harmony is observed and preserved (H. Geertz 1963:146). Rukun is "harmonious integration...of a group to which they belong" (Koentjaraningrat 1985a:251), which is "maintained for the intensification of in-group feeling, and consequently for the enhancement of social identity" (Koentjaraningrat 1985a:251).[12]

A Javanese is expected to keep good relations with her or his neighbors, to live in conformity with the local norms, to share in community obligations and activities. Mutual aid and cooperation or *gotong royong* is offered or requested in everything from neighborhood cleanups, home repair and construction, to

arranging funerals (Koentjaraningrat 1985a:146-147; Magnis-Suseno 1997:20-21; Bowen 1986).

The Indonesian government promotes the ideas of rukun, gotong royong, and cooperation. Education--elementary, secondary, and compulsory continuing professional education for state employees, including teachers and members of the military—always contains a module of moral education designed by the state to reinforce the principles of order, rukun, cooperation, hierarchy and the importance of submitting the individual will to the greater benefit of society.[13] The national Indonesian state ideology, the Pancasila, "capitalizes on the gotong royong ideal: stresses common endeavor, mutual help, mutual understanding, and tolerance" (Koentjaraningrat 1985a:461) as important aspects of human relationships and civil society. It reinforces the need for order, and argues that order is threatened by individualism and conflict.[14] Village decisions are often made by elders engaging in *musyawarah*. *Musyawarah* is decision-making by consensus, which is often cited in Java as the most democratic of processes by which decisions are come to by mutual agreement—a process that is meant to support the orderly progression of rukun. And the lowest, unpaid levels of government functionary are called *Rukun Tetangga* or RT (which means harmonious neighbors or neighbor

harmony), and *Rukun Warga* or RW (which means very roughly citizen harmony or harmonious citizens).

The RT is a man or woman elected by their neighborhood association to serve as arbiter of disputes, collector of land taxes, organizer of neighborhood watches and clean-ups, and custodian of information on births, deaths and identities of everyone in their neighborhood for census purposes and registration for national elections. The RW serves over several RT, is elected by the RT in their area, and sends the data collected by the RTs to their government superiors; they also can be counted on to arbitrate disputes...which I assume provides the reason for including the word rukun in their titles.[15]

Being seen as rukun usually requires observing the rules of tata krama, keeping one's *hati kecil* or inner little heart to oneself and avoiding conflict. The physical body or *lahir* must reflect the social norms of the body politic, show respect and deference appropriate to social position; the unknowable inner self or *batin* can exist quite apart from the public physical self, keeping opinion, thought and belief private. Social harmony promotes inner peace; maintaining social order and supporting rukun keeps the lahir world from disturbing the balance and harmony of the inner batin.

A great example of how to maintain rukun while respecting the dichotomy of the lahir - batin took place during the national elections of 1997. In the interest of order, the government limited campaigning to a certain period of time, and identified certain days as designated for certain of the key parties' campaigning. Thus, for several weeks, one day the streets would be filled with Indonesian Democratic Party (PDI) supporters; the next day the Islamic Unity in Development party (PPP) supporters would race up and down the streets on motorcycles, trucks, and by foot; the next day the reigning government Golkar party supporters would parade and shout and carry on. Each party had a color associated with it - red for the PDI, green for the PPP, and yellow for the Golkar party.[16] If you went out wearing the wrong color on the wrong day, you could be subjected to verbal abuse or worse. And if your car should be on the road displaying a flag from a rival party on another's campaign day, windows or mirrors could be smashed, the car dented or turned over. So the ever-flexible Javanese, (used to keeping their deepest beliefs hidden in their hati kecil [their innermost 'little' heart or liver] in the interest of rukun) devised the following system, which we observed: keep three sets of flags for the radio antenna and to hang from the rear view mirror in the glove box, pull out the appropriate set on the appropriate day, place them on the car, and proceed freely about your business while giving

thumbs up (or whatever might be the appropriate hand signal of the day) to the rowdy campaigners on the road. Thus the safety of the lahir is assured by the practical concealment of the batin behind a dizzying display of semiotics.

At first I felt a bit like my integrity was compromised, but my husband Hadi explained that my political beliefs, like most of my identity, are my business only; that it was only the car that sported the symbols, and that the symbols did not affect us within; and that one should always try to blend in harmoniously with others around you—especially if they are pubescent, traveling at high speeds, and are carrying bats.

The indirectness and respect imbedded in Javanese speech patterns and the deference demanded by the rules of interaction—tata krama, sopan santun, and so on—serve to help keep conflict from disturbing the desired state of rukun, or from upsetting the social order. "Javanese society, as any other, has its sanctioned standards of permissible social conduct. According to these rules, behavior that risks conflict is not permissible" (Magnis-Suseno 1997:76).

Rukun requires everyone to suppress all forms of conduct or language that could lead to open conflict. Rukun does not require abandonment or sacrifice of personal interest, opinion or attitudes; it does not imply the triumph of

altruism over egotism—but it does demand a high degree of self-control and standardized social intercourse. In the interest of rukun, people are often encouraged to *nrimo*, to accept the unavoidable, to maintain equilibrium and refuse to fall prey to disorder (and thus risk disordering others) by sorrow or misfortune.[17] As we will see in the next chapter, sorrow and misfortune and other inevitable results of disorder are many of the primary presumed causes of mental illness in Java.

Javanese feel the need for order in a world that tends toward disorder; they cultivate an intricate codified linguistic and corporal vocabulary of order in the tata krama; they need to ritually reimpose or reinforce order with the selamatan; and they are generally willing to defer to authority, to respect hierarchy, and consider it a moral act to resist conflict. Western ideas about the primacy of rights of the individual and the need for individual expression do not hold sway in Java; the Javanese respect the need for rukun, and the mentally ill are the exemplars of failure to accept and to implement order. "The need for rukun motivates participation in the selamatan; and the syncretism of the selamatan transforms ideological difference into rukun" (Beatty 1999:47).

Javanese ideas of power

Power is that intangible, mysterious, and divine energy which animates the universe. In Javanese traditional thinking there is no sharp division between organic and inorganic matter, for everything is sustained by the same invisible power....all power is of the same type and has the same source.

-- Benedict Anderson, *The Idea of Power in Javanese Culture*, 1972:7

Kejawen and *kesakten* or magical power

Kejawen is a tautological term describing that which is essentially Javanese and that defines Javanese-ness as a unique category. Javaneseness, or *kejawen,* is not a religion per se, but is an ethic and a style of life, a fundamental, quintessentially Javanese philosophy and cosmology combined. Whereas some people define kejawen as Javanese religious practice heavily inclined toward mysticism (e.g. Stange 1990 and 1993), Mulder defines it as "basically a characteristic culturally induced attitude toward life that transcends religious diversity" (Mulder 1989: 3). Negoro (2000) defines kejawen as coming from the word Jawa (the Javanese term for Java), and consisting of traditional spiritual knowledge gained in search of the good, harmonious and correct way of life (2000:4) that insures good physical and mental health in the individual, and allows one to more easily "contribute to the society, i.e. to others, the country and the world" (2000: 135). While the religious views and practice of various Javanese may vary greatly, kejawen is a deep expression of

Javanese culture, and gives rise to shared ideas about the nature of power, the relationship between individual and society and a shared system of ethics.

In the kejawen conception, power is a kind of fluid force running through the universe. Political power, physical strength, great economic success or extreme celebrity can be seen as evidence of an ability to harness the power inherent in the universe, and loss of political position, strength, wealth or popularity is evidence of the loss of the ability to harness that power. Koentjaraningrat presents an interesting discussion of the difference between Western ideas about the legitimization of power through election and the Javanese concept of power as something inherited or acquired that may be lessened by indiscriminate mingling with the public, but demands public ritual to confirm charisma and authorize authority.[18] The disorder of protest or open conflict reflects on the power of a leader, suggests their power is waning. It is a sign that he has lost potency, and is thus gravely insulting (Coedes 1968; C. Geertz 1979; Keeler 1987; Antlov 1994, Anderson 1990 and 1965). Power, as Anderson makes clear in the epigraph above, is only of a single sort, and may manifest itself in individuals depending on their individual ability to harness, direct, control and maintain that universal power force (cf Wessing 1978). It takes strength of will and character to harness power. "The politically powerful, the financially secure, the severely ascetic,

and the sexually athletic are all referred to as "strong" (*kuwat*)" (Keeler 1987: 39). However, there is no exact equivalent for the English word "power" in Javanese (Magnis-Suseno 1997:101; Anderson 1972).

Kesakten can be defined as being in possession of magical power (Koentjaraningrat 1985a:343), or "a power that may inhere in things as well as persons resulting from the possession or application of *ngelmu*. Therefore, "knowledge is power" is even more a suitable motto for Javanese science than it is for Western science" (Weiss 1977:265). Those who possess this sort of power are known as *sakti*, and are held to be able to perform one of several types of magic, and can be impervious to physical or mental disease or disaster.[19] Potent kesakten energy can be harnessed by the mentally strong, and can be found in power objects like *keris* daggers, lances and gamelan sets.[20]

Kesakten magical powers or potent energy that confers supernatural powers can be generated by the power of words, spells and formulae and can be found in some people, particular body parts of some people, some animals or plants, in sacred objects and heirlooms, amulets, and "other unusual things" (Koentjaraningrat 1985a:412).[21] Particularly sakti individuals can control the natural world and supernatural beings, like little thieving spirits called *tuyul*,

or the djinn I described in my introduction. The sakti individual develops a body of magical knowledge known as *ngelmu,* which Pemberton defines as "esoteric 'knowledge' from theoretical abstractions behind magical formulas and cosmological designs to concrete manifestations in the form of empowered objects...(including) mantas, charms, herbal potions, amulets and other practical specifics" (1994:210). Supatmo defines ngelmu as "the knowledge or science of getting into communication with the spirits" (1945: Paper 2:1-2) but goes on to list a dizzying array of things that can be considered ngelmu: "a queer mixture of various elements of philosophical and theological theses and definitions, formulas, incantations, exorcism, words and expressions of the widest variety of derivation, as well as of strangely mutilated words of Indonesian, Hindu and Arabic origin" (1945: Paper 2:1-2).[22]

The types of ngelmu one can acquire vary as greatly as the types of magic the ngelmu will help perform. For the kejawen, magic is practiced to produce power objects (like the Javanese keris daggers) or wealth, protection, prediction (or foretelling the future), procuring a love match or harming rivals or enemies (Koentjaraningrat 1985a:410-422; Magnis-Suseno 1997:177-183). Whether productive magic or protective, sorcery or destructive magic, magic

is still practiced frequently by Muslim or Christian kejawen Javanese, even in urban environments (Koentjaraningrat 1985a:419).

Asceticism, meditation and self-control are the way to the attainment of kesakten and powerful ngelmu. When one begins to lose self-control and surrender to the passions, kesakten power and social respect is lost (Magnis-Suseno 1997:107-108). The most popular list of destructive passions is the *ma lima*, a kind of Javanese equivalent of the seven deadly sins.[23]

I heard this version early on and repeatedly during my stay in East Java. *Ma* is the Javanese alphabetical gloss for the letter m; *lima* is the low Javanese word for five.) They are *madat* (smoking opium); *madon* (fornication or adultery); *mabuk* (intoxication from alchohol); *mangan* (eating [to excess]); and *main* (gambling). In order to bring these and other passions under control, the Javanese will practice ascetic self-discipline, exercises that may have a flavor of Islam designed to help regulate the impulses of the *lahir* and *batin*.

Lahir and *Batin*

In the Javanese conception, people and things are composed of the outer appearance or manifestation (*lahir*)[24] and the inner, hidden side (*batin*). The

outer lahir is considered *kasar* or coarse, the inner batin is *halus* or fine, refined, (Magnis-Suseno 1997:115- 120) and like the Chinese yin and yang, together they form the unity of existence. Lahir and batin influence each other, Negoro says, and must fit together like two hands clapping (2000: 19).[25] These do not exactly correspond to Western ideas of the body and the soul; they describe a world of being in which some things are seen and some unseen, and the human body is a microcosm of the universe. For example, passions are seen as *kasar* feelings. Indulging in some of the passions described above can affect the lahir and batin. Passionate addiction to opium (the bodily lahir) creates a corresponding disruption in the batin, in the form of emotional passion, and this individual body in imbalance can influence the body politic. A passionate man is seen as uncontrolled and displaying great potential for disrupting the social order. Any upset of social or emotional peace creates disorder in the cosmos, which threatens the individual and society. The idea of order is so important in Javanese culture that even when discussing the dichotomy of lahir-batin, Geertz describes them as essential elements in the understanding and production of order: "these two sets of phenomena, the inner and the outer, are conceived as somewhat independent realms to be put into proper order separately, or, perhaps better stated, sequentially. The ordering of the outward life leaves one free to turn to the ordering of the inward" (C. Geertz 1976: 232).

Lahir is that which is perceptible to the senses, sensible, if you will; batin is that which is generally imperceptible, irrational and mysterious. The lahir is that which we experience through physical movement throughout a concrete world. Batin expresses the ephemeral world of mystical forces. "To speak of an individuals' 'strength of batin' (*kakuwatan batin*) refers to their capacity to channel the immaterial potency that exists in the world. Such capacity is prior to, and more important than, such manifest (lair) signs of power as physical strength, material wealth, or formal political authority. Asceticism is a means of amassing this spiritual power" (Keeler 1987: 39-40).

Kebatinan or mystical practice

Kebatinan kejawen movements "search for the truth of the inner self, or batin, of human beings" (Koentjaraningrat 1985a:398). Although there are many types of kebatinan sects and ascetic practice, generally these mystical sects seek to help the individual gain power over self and desire, which in turn will help produce the desired state of detachment from the material world.

Surrender, suppression or elimination of desire, acceptance of fate and suppression of ego frees the batin from the pressures of the lahir, and leads to

clarity, harmony, patience, and eventually enlightenment.[26] The kebatinan sects also seek to develop the individual's *tenaga dalam*, or inner power, that can make them more physically powerful and increase their spiritual potency.

Kebatinan practices can be dangerous for the weak, the unwell or the unwise: in his chapter on how to understand kejawen, Negoro (2000: 134) quotes an old Javanese classical song, which features the following advice:

Tak usisi gunem iki
Niyatku mung aweh wikan
Kebatinan akeh lire
Lan gawat kaliwat-liwat
Mula dipun prayitno
Aja kleru pamilihmu
Lamun Mardi kebatinan

I finish my talk
I only wish to make you understand
There is a lot of kebatinan knowledge
It is extremely serious
So, be alert
Do not make a wrong choice
When you learn kebatinan.

Kebatinan sects were listed as approved social organizations in the 1945 constitution, and in 1973 when kebatinan was recognized as one of the

approved religions, President Suharto counted himself as one of its adherents (Keeler 1987:21).

The mystical regimens of the kebatinan sects draw heavily from indigenous animistic and Hindu-Buddhist beliefs; however some kebatinan sects are heavily influenced by Islamic sufic practice (Woodward 1989). Tarekat Islamic mystic movements use *dzikir* chanting as a hypnotic vehicle to focus meditation and occasionally lead the participants into trance (Koentjaraningrat 1985a:391). A charismatic leader leads the spiritually inclined in Islamic mystical practices, rhythmic chanting, body movement and the telling of prayer beads and teaches specialized ngelmu derived from Islamic theology and law in a very specialized form of Javanese Sufism (Koentjaraningrat 1985a:406-410; C. Geertz 1976:183).

The five very popular organizations *Merpati Putih* (popular in West and Central Java), *Satria Nusantara, Kalimasada* and *Perisai Diri* (popular in Central and East Java) and *Teratai Tunjung* (originating from Malang) teach a kind of Javanese Tai Chi which develops ritualized body movement as a way of strengthening the body and controlling the breath to focus power.[27] Adepts can become sakti, can harness kesakten magical potency and perform feats of supernatural strength or heal physical and mental disease, whether by curing

biological degeneration or infection and or exorcising evil spirits that can cause disease.

Although the types of practice espoused by the various kebatinan sects vary, they all hold with the same kejawen ideas of power, and all are focused on techniques to control the self, the passions and the body, unifying the lahir and batin in a search for kesakten power through asceticism.[28]

Asceticism and Mystical Practice

Tirekat and *semedi* are two ways of becoming sakti, of gaining strength to face a difficult challenge or crisis, of receiving divine inspiration or *wahyu*, of gaining kesakten power that can be used for good or evil (Magnis-Suseno 178-183; C. Geertz 1976:320). These ascetic practices reflect the kejawen belief that seeking hardship and discomfort brings strength and blessing, and strengthens one's lahir, and, especially, batin (Koentjaraningrat 1985a: 370; Keeler: 1994:42).

Semedi or meditation can involve strenuous physical practices, such as taking up uncomfortable positions for hours, or engaging in some form of sensory deprivation. Semedi takes place beyond, past, above language, in a silent contemplation and concentration of self and energy. But sometimes semedi isn't quite enough.[29]

Tirakat ascetic practice can involve different kinds of fasting (no food, no salt, only vegetables or bananas, only rice or only a handful of rice a day, etc.) for various periods (commonly Monday and Thursay in the Islamic variant, following Muhammad's practice); abstinence from sex, bathing, sleep or speech; seclusion in a darkened room, cave, stream, forest, near a remote grave of a powerful personage or under a large tree...or buried in the earth.[30]

These practices are not for everyone; some are suspicious of the ends to which these means are pursued, and some are simply not strong enough in lahir or batin to practice them. But successful pursuit of ascetic practice in Java assures the accumulation of kesakten, improvement of strength of batin, and concomitant rise in worldly accomplishment. Unsuccessful pursuit of these ascetic practices can sometimes result in madness.[31]

For the weak of lahir or batin who are unable to accomplish the rigors of ascetic practice, magical specialists known as *dukun*, or Islamic religious specialists known as *kyai* can help provide power in the form of spells, rituals, amulets or other power objects...and so once again we come back to our discussion of Javanese culture and language. Arguably, the power of chanting, the power of silence in meditation, the powerful spells and mantra

that these ritual specialists provide, and the power of the psychiatrist, centers around language. Keeler describes the link between kesakten and speech with reference to dukun, but I would argue that the same holds true for dukun, kyai, and psychiatrists: "...just as asceticism augments power by making people exempt from the power others' speech might have over them, and by making their own speech effective in the world, so these alternate sources of power are defined in large part by reference to language" (Keeler 1987:112-113).

Notes to Chapter Two

[1] According to volcanologist John Seach, as documented in www.volcanolive.com/indonesia.

[2] Despite the huge Javanese Muslim population, and the hegemony of Islamic symbolism, Indonesia is not an Islamic state; on the other hand it is not a secular state either. Constitutionally it is organized by a state philosophy called the Pancasila (five principles). Very consciously selected I am sure to evoke the five pillars of Islam, the Pancasila demands a belief in one god; a just and civilized humanity; the unity of Indonesia; democracy led by the wisdom of unanimity; and social justice for all.

[3] See Magnis-Suseno 1997:23-24 on this phenomenon known as "Javacentrism".

[4] See Khaidir 1990 on the development and use of the national language.

[5] Ong 1987 and Ong and Peletz, eds. 1995 also include some insightful ethnography and astute analysis of women's lives and gender issues in Malaysia and Southeast Asia, respectively. While they are excellent works, they do not deal with Java, except for an article by Brenner in the latter work that is reworked in her later book.

[6] See Weiss 1977:58-59 on *tata krama* and other terms for etiquette.

[7] It is proper to turn aside a compliment, to turn it back on the complimenter with the simple utterance *'pangestunipun'*, uttered elliptically in the sense of 'thanks to your blessings'. In this way one implies that in fact the wishes and prayers of the speech partner made (or will make) it come about, even if the addressee has no connection with it whatsoever (Errington 1988:39).

[8] The movie was *Ghost*, which in the Javanese milieu was far from a romantic tale of eternal love, but instead a horrifying tale of satanic possession, a man who stalks Demi Moore from beyond the grave, and evil spirits that drag the sinner down to hell...but that is another story.

[9] For a lengthy explication of these rituals see Koentjaraningrat 1985a:352-366; for expansive detail on selametan, see Koentjaraningrat 1985a:347-352 and 367-371; Magnis-Suseno 1997:90-91; Negoro 2001; C. Geertz 1976:11-15 and 30-85; Weiss 1977:585-593; Babcock 1989:135-142 and Beatty 1999:25-50 and 132-134. See Woodward 1989 on the origin and meaning—and what he interprets as the basic Islamic nature—of the selamatan.

[10] See Negoro 2000 on the various types of tumpeng, and on the tumpeng paraded during the Central Jogjakarta Garebeg ritual procession.

[11] See Jay on the same 1969:174-176.

[12] See Jay on rukun as well, esp. 1969:65.

[13] See Mulder 2000 for a very interesting discussion of the Indonesian elementary and high school educational curriculum and culture; esp. pp. 44-53 and 83-100 on Pancasila education on national ideology and civics.

[14] See Purdy 1984 on Pancasila ideology and legitimization of government authority.

[15] For more on how rukun plays out within the Javanese neighborhood social structure, see Guinness 1986.

[16] For other descriptions of this sort of campaign activity, see Pemberton 1982 and Ferzacca 1996:41-65.

[17] See Magnis-Suseno 1997:141 on nrimo.

[18] See his argument and an interesting chart that diagrams the difference between Western and Javanese prerequisites of power for leaders in Ibrahim et al 1985:286-292.

[19] Interestingly enough, in his work on general anthropology, Koentjaraningrat 1960:93 translates the term "evil eye" as *mata* (eye) *sakti* (filled with supernatural power).

[20] Stories concerning the powers of the kraton heirlooms abound in Central Java. For example, "During the 1981 Heirloom Parade, for example, a young

prince carrying a notoriously powerful palace keris was suddenly seized by an urgent need to defecate and dashed into a house near the procession's route; having relieved himself he returned safely to the procession; within months, however, the house proved unable to withstand this unsolicited deposit of power and collapsed..." (Pemberton 1994: 162-163). See also Koentjaraningrat 1985a:344 and Magnis-Suseno 1997:101-102 on powerful court heirlooms.

[21] See also Koentjaraningrat 343-345 and 423; Supatmo 1945:paper 1 pp. 12-13 on keris and the powerful adepts who make them and paper 2: 4-8 on other magical power objects; see Pemberton 1994: 162-163 on power objects in Central Javanese regalia, especially more 'unusual things'; see Jordaan 1985:158-159 on the power of unusual things and the association of the abnormal with the supernatural.

[22] Jordaan also lists e*lmo tuwo* (old knowledge) and its synonyms *elmo bathin* ('spiritual science'), and *elmo dalem* ('inner science'), in his discussion of Madurese cosmology (1985:138-160); I will also use the Indonesian equivalent *ilmu*. Weiss points out the active quality of *ngelmu*, the idea that it is not a passive process of learning the science or *ilmu*, but demands actively assimilating and practicing the knowledge, as indicated by the verbal prefix 'ng' which indicates action. See Weiss 1977:264-268, and 607-616 on the different kinds of *nglemu* and how to acquire them.

[23] On slightly different versions of the *ma lima*, see Magnis-Suseno 1997:137-138, and Weiss 1977:531-532.

[24] Occasionally spelled *lair*.

[25] See Negoro 2000 for an extensive discussion of lahir and batin.

[26] Koentjaraningrat 1985a:402-404; see also Stange 1990, 1993; Mulder 1989, 1996, 1998; Weiss 1977; Keeler 1984; Negoro 2000; and Beatty 1999 on kebatinan theory and practice.

[27] See Browne 1999:85-90 for detail on Satria Nusantara theory and practice.

[28] For an interesting discussion of how one Central Javanese artist expresses the iconography of kebatinan knowledge through his paintings, and how he uses this knowledge to help with one woman's health issues, see Wright 1991.

[29] See Weiss 1977:333-337 for an explication of *semedi* theory and practice.

[30] See Keeler 1994:41-44; Koentjaraningrat 1985a: 372 -374; Suparlan 1978:216; C. Geertz 1976:324-326; Pemberton 1994: 269, 272-274, 285-287; Magnis-Suseno 1997:106-107, 133, and 177-178; Jordaan 1985:141 and 169 - 170; Mulder 1989; Weiss 1977:216-217, 373 and 337-339; and Naipaul 1982: 369.

[31] Weiss's informants called this *kabotan donga*, which he translated as 'struck down by the weight of prayer' (1977:220).

CHAPTER THREE
JAVANESE THEORIES OF HEALTH AND ILLNESS

The Javanese philosophy of embodiment outlines a universe of elements, substances, desires, aesthetic sentiments, and sensual textures that coexist in a world of practice and destiny. Illness, disease, and other signs of disequilibriums and imperfect fits make clear the general dimensions of this phenomenology of fluid signs and copious flows that saturate Javanese selves.

--Steve Ferzacca, *In this Pocket of the Universe*, 1996:614

Staying healthy in Java

The concept of health in Java can loosely be divided into physical and mental health. However, just as the Javanese notions of lahir and batin do not precisely parallel the Western dichotomy of mind and body, the notions of physical and mental health in Java are somewhat distinct but distinctly linked, and the causes of mental and/or physical disease might be attributed to social, attitudinal or emotional causes in addition to physical 'natural' causes or supernatural influence.

Staying healthy in Java requires constant vigilance. Shock is to be avoided at all cost. Contagion is a concern, but is not limited to ideas about the transmission of disease borrowed from Western germ theory. For example,

one should never look another person directly in the eye when he or she is suffering from an eye infection, as that could pass it on. Rivers and streams are generally used, even in the urban areas, as places for bathing, laundry, garbage disposal, and toilets; therefore, even city tap or well water is boiled before drinking in every household to avoid common water-borne illnesses. Food taboos abound. Eating cold fruit before eating something hot and nutritious first thing in the morning will make you sick. Eating pineapple will give you a cough, and drinking or eating ice can give you a runny nose and a cough. If one has a cough, one should always avoid pineapple or fried food. If one needs to take medicine in the form of pills from the pharmacy, one should take it after eating, with plain water; drinking medicine with coffee can be fatal.

Food and drink are prepared at home and ordered from food sellers with the express purpose of promoting health. For example, chicken feet are eaten to strengthen the legs. Healthy drinks such as "*stmj*" - milk, raw egg, honey and ginger—are served hot to fortify the body. But the most common health-promoting drink is unquestionably *jamu*, the ubiquitous Javanese herbal medicine.

"*Mu, jamu! Mu, jamu!*" This is the cry heard in the Indonesian street each day, the call of the roving *tukang jamu*, or jamu seller. Some men jamu sellers can

be seen on busy city streets, bottles of jamu stashed in baskets on the back of a bicycle, but the traditional jamu seller is a woman. She carries bottles of jamu, traditional Javanese herbal medicine, on her back in a large basket, along with glasses and water to wash them in, honey to sweeten the palate after a particularly bitter brew, lime to freshen the cloying *beras kencur*, and eggs to add energy for a potent mix.

There is jamu to cleanse the blood and intestines, jamu to gain weight or lose weight, jamu to cool the body or warm it up, jamu to increase potency, strength and vigor, jamu to brighten the skin and eliminate wrinkles, jamu to get rid of coughs and excess mucus, jamu for aches and pains, jamu to refresh and to restore energy. While these are all popular for both men and women, there are some gender-specific jamu that treat male impotency, regulate the menstrual cycle, treat yeast infections, and some that are meant to ensure "marital happiness" by drying and tightening the female genitalia. Typical ingredients of jamu include: rice powder, ginger, assorted medicinal herbs, honey, lime leaves, water, salt, Javanese red sugar, turmeric, galangal, cinnamon, and sweet soy sauce.

The jamu of Madura and Central Java are considered the original and most efficacious of herbal medicine. Recipes from this area have been used, virtually unchanged, for hundreds of years, but now, with an exploding

population and the rise of a busy, mobile, urban middle class, not everyone has the luxury of waiting for their local tukang jamu to make her rounds in the morning--or may even be working far from their home town, on another island, where fresh Javanese jamu is hard to come by. So, creative entrepreneurs have developed jamu-to-go, pre-packaged processed powders, pills and capsules that contain some of the ingredients of the traditional fresh drink. In the last ten years this has caught the consumer fancy, and now there are hundreds of brands on the market, sold at local jamu shops (often in addition to fresh jamu), in pharmacies, grocery and convenience stores and in stalls at the traditional market, on campuses, even in airports. What was once limited to home industry has become the basis for some huge financial empires. Javanese entrepreneur Martha Tilaar, for example, built a small jamu business into a multi-million dollar corporation that produces cosmetics, beauty products and toiletries in addition to a post-modern panoply of mass-marketed hygienically and attractively packaged "traditional" jamu caplets. One of her products artfully combines the tradition of lengthy post-partum care and daily massage and herbal medicine for the new mother offered by traditional midwives, with the Islamic custom of the observance of forty days after the birth as a period of ritual uncleanliness: large, attractively packaged boxes offer forty days of powders, pills, and caplets guaranteed to return the new mother to her pre-birth state of cleanliness, health and beauty.

So whether it is fresh warm jamu from a smiling tukang jamu's basket on a sunny morning street, or hand-rolled pills (looking suspiciously like rabbit pellets) from a Madurese jamu shop encountered on a leisurely afternoon of shopping at the traditional market, or an upscale box of shrink-wrapped tablets from an antiseptic grocery store on the way home from work in the evening, the Javanese can fit a bit of timeless tradition into their busy lives and enjoy the benefits of jamu anytime.

The most important thing that the Javanese must do to maintain physical good health is to prevent wind from entering the body, creating the common malady called *masuk angin*. To protect against masuk angin (getting the wind in), some people who are particularly susceptible wear thick jackets when going out at night or when riding a motorcycle. People may cover their heads and their necks when riding in a public conveyance in which air conditioning may be used, or a window may be opened. Babies and others prone to masuk angin will be rubbed with balsam or aromatic oils such as *minyak angin*, wind oil, after a bath or before bed. To avoid masuk angin, one never bathes too late at night, washes one's hair during the menstrual period, or bathes when too hot and/or sweaty. One should not sit in front of a fan when wet, should not expose oneself to the wind night or day, and many feel that they should not sit in a breeze from an air conditioner. One should not sit directly on a

cold floor, or walk on a cold floor barefoot, as the wind can enter through contact with the chilled tiles.

Ferzacca calls masuk angin the most common of all maladies, and found it emblematic of "the Javanese concept of the aqueous and pneumatic body...physiologies that emphasize its fluid nature and saturation in winds and flows" (Ferzacca 1996:433, 441). He translates it as penetrating wind, (Ferzacca 1996:441), and gives a list of symptoms and causes and cures (1996:441-446) which he says are organized around a hot-cold humorism. Clifford Geertz translates masuk angin as air in the body, and says it causes symptoms like the common cold, coughing, sneezing and general aches, a description echoed almost verbatim by Javanese anthropologist Koentjaraningrat (C. Geertz 1976: 99; Koetjaraningrat 1985:416). My research in East Java uncovered some strikingly different data, which will be discussed later in this chapter. For now it is enough to say that the return to a state of health when one contracts masuk angin requires *kerokan* or cupping. *Kerok* or *kerik* is the practice of scraping the skin to allow the wind trapped in the body a path to escape. The preferred scraping tool is an old coin with edges worn smooth with age, but there are tools made specifically for this purpose that have a one-inch smooth metal ring attached to a six-inch handle. The skin of the back, shoulders, chest, and sometimes legs or buttocks is lubricated with

one of the many kinds of *balsem* available in any store, thick pastes that contain varying amounts of aromatic and stimulating substances such as eucalyptus, menthol, cloves, or even chili oil in a stable thick oily base. Kerokan causes dark red or purplish stripes to appear on the body if a person indeed has the wind inside; if not, no welts appear. While the practice is not necessarily painful, these dark red marks can last for days, and it can be uncomfortable when the coin passes over thin skin covering a bone, as on a shoulder blade. There are specialists who effect the same type of cure by cupping, or burning a small piece of paper under a glass, small bowl or even an animal horn pressed against the skin, to again raise a welt and pull out the offending wind. But the home remedy is always to kerok those who have masuk angin, and it is effective: it almost always induces the wind to come out in great huge burps and flatulence.

Explanations for physical illness

A core belief held by the Javanese is that the world we live in consists of more than just what can be seen. There is the physical, lahir level in which humans interact, and there is another batin level in which other forces, such as spirits or people's souls, exist, act, and impact the lahir, the physical, tangible world around us. This idea of two separate but intertwined spheres of existence has

carried over into descriptions of Javanese theories of illness, and have in many cases been translated into the complementary categories of natural and unnatural illness. I frequently read that the Javanese have two kinds of sickness, natural and unnatural, where natural sickness is caused by an imbalance of the elements, deterioration, accident, or other natural causes, and unnatural sickness is caused by an imbalance in power, lack of spiritual attentiveness, and/or attack by supernatural elements.[1] According to the Javanese Primbon, ancient manuals of traditional lore, there are several causes of illness: mysterious words or evil magic, water, wind, exposure to the wildnerness, or breaking a vow (Darnawi 1983: 260), an interesting combination of natural and supernatural forces that can affect the physical body and induce illness, wherein the wilderness becomes the unsafe, unnatural antonym of culture.

Clifford Geertz asserts that "all Javanese seem to hold that there are two main kinds of disease: one kind with discoverable physical causes, which is amenable to treatment by Western doctors, and a second kind in which there are no medical findings but still the person is ill, the latter type being the kind dukuns are peculiarly competent to cure" (C. Geertz 1976:97). He found that dirty blood, lack of blood, having an empty or weak soul or lack of spiritual discipline, air or heat or foreign objects entering body were common "natural"

causes of disease (C. Geertz 1976:98-99), and found a connection between emotional stability and physical health: if one is upset, startled or severely depressed, one's blood is affected, one becomes confused and disoriented, and one's soul is then empty and easily entered by spirits, which can cause physical and emotional disease (C. Geertz 1976:97).

Many authors who address culture in Java or the nearby island of Madura have found that spirits or black magic were common causes of physical illness. Madurese villagers believe that "illness is caused by either or both of two factors: physical conditions or an evil spirit" (Mansurnoor 1990: 198). The spirits that cause illness could be random denizens of the supernatural realm, or could be the four spiritual siblings who accompany everyone at their birth, symbolized by the blood and the placenta, amniotic fluid, blood, vernix and/or umbilical cord. Failure to take proper care of these siblings, in Javanese the *sadulur papat,* or *kanda empat,* could cause them to retaliate by causing illness (Weiss 1977:205). Other spirits could cause disease and any number of problems in the home or in the workplace, but they could be handled with the right ritual apparatus: "Invisible spirits which bring illness and death if ignored or angered can be appeased through offerings (*sesajen*) or through the intervention of a dukun" (Magnis-Suseno 1997:18).[2]

Black magic or sorcery was also cited as a common explanation for illness. Geertz describes several diseases attributed to foreign substances in the body—nails, hair, broken glass or iron placed in a person's stomach by an unscrupulous dukun--or the vomiting of blood, general stomach sickness and fever, caused by a mock *selametan* held by a dukun (C. Geertz 1976: 98,107). Most of the other authors who wrote on black magic, as outlined in my chapter on dukun, also describe the black magician as a causative factor in sending disease to victims chosen by his clients for motives of revenge, envy, jealousy, or anger.

Ferzacca also found that sickness can result from natural causes or supernatural interventions by sorcerers or spirits, but in addition he found two other common explanations for disease: karma, or one's own inauspicious or incautious actions; and excess. In order to maintain health, his informants told him, one has to avoid exhaustion, and follow a middle path of moderation (Ferzacca 1996:449-451). In his work on East Javanese theories of illness, Weiss also focuses on the idea of balance: within the individual body, the microcosm needing to be balanced with the macrocosm; or the need for the person to be "in balance with its ambient environment" in a kind of homeostasis (Weiss 1977:149-155), avoiding what Ferzacca calls "disequilibriums and imperfect fits" (Ferzacca 1996:431). In the explanations

provided by their Javanese informants, excess of any of the four elements causes disease, and can be a result of consuming too much of a particular type of food, and can cause mental or physical illness (Weiss 1977:205, 228-234; Ferzacca 1996:85) particularly if the individual is physically or temperamentally weak (Weiss 1977:228; 554-555).

Browne and Ferzacca also found that stress was offered as an explanation for the development of mental and physical illness. In their work in Central Java in the late 1990s, the discourse on stress had not replaced other explanatory models, but seemed to be becoming popular, especially as explanations for "Western lifestyle diseases" like diabetes and heart disease, and for depression. Ferzacca translates several articles from the popular media on stress as an outcome of modern life, and as a primary cause of disease (1996:458-459 and 481-486). While these ideas about stress are presented as becoming more prevalent in the explanatory models of the Javanese in recent anthropological works, as late as the mid-1980s Koentjaraningrat maintained that the notions of sorcery and of karma as a cause for illness, of disease as a punishment visited on the sinner, or a result of ill will and dark ritual by an evil dukun, were still prevalent theories of physical disease in Java:

> Many Javanese today are of course aware of the actual physical causes of many kinds of diseases, and fewer people believe in the traditional theories of disease, for example that disease is caused by a temporary

> absence of the soul, by dirty blood, by the intrusion of an evil spirit or by the intrusion of malignant objects. There are several other traditional theories of disease that are more persistent in the minds of many Javanese, even of those who are literate, for example, that coughing, sneezing, and general aches are caused by too much air in the body (*masuk angin*), that some serious internal diseases are caused by the working of destructive magic and sorcery, by a previous violation of taboo by the patient, or by a sin performed in the past (Koentjaraningrat 1985:416).

Physical sickness in Malang

Whenever my friends and neighbors talked about being sick, they would say they were sick to their stomach, or had a headache, or would provide some other description of a physical disease. It was generally assumed that if someone were sick that it was with a simple physical illness with evident natural causes; people wouldn't start to make a distinction between natural and unnatural illness unless they were already convinced the illness stemmed from a supernatural cause, or unless repeated consultations with or treatments by a medical doctor couldn't cure them. Circumstances could indicate what would appear to be a simple physical illness as obviously having a supernatural cause. For example, if soon after coming home from a graveyard or another place that is *angker* or *wingit* (creepy, spooky, scary: the forest, an empty house, a place with big trees, a cave) one developed a fever, vomiting, or other alarming symptoms that would not go away after applying the

standard home remedies, one would go to a doctor. If the doctor could not cure, this would be a clear indication of a supernatural origin of the symptoms, and would indicate the need for a visit to a dukun or kyai. It seemed that fatigue, food (bad food or bad fit, eating too little or too late) and lack of fitness were the most common reasons for falling sick, and the conditions of wind or weakness, imbalance or excess would make anyone prone to physical illness.

Explanations for mental illness

The sultan of Jogja is believed to be able to make a person go mad simply by saying "You're mad."

--Ward Keeler, *Javanese Shadow Plays, Javanese Selves*, 1987:48

A person can be possessed by a spirit if his mind is blank or empty. Hence the spirit uses him as a medium. Then what happens? He becomes crazy, and runs around naked. Mental illness is mainly caused by pressure on the brain, for example, worrying about material things.

--Ki Adam Majintan, *personal interview*, 1997

Themes of stress and disappointment, of goals not met, of emotions and behavior out of control, are repeated endlessly when discussing mental illness with the Javanese. A blank or taxed mind as well as "disappointment, social withdrawal and daydreaming are widely viewed in Javanese culture as making one vulnerable to a range of *gangguan jiwa* (mental/spiritual illness),

including stress and *kesurupan* (spirit possession)" (Browne 1999:8). Most Javanese conflate mental illness and spirit possession; even some psychiatrists I interviewed treat them as literally or practically synonymous.

Although other authors have written on mental illness, trance or possession in Indonesia, Javanese culture can be very different than other places in the archipelago, so for this section on specific attitudes about and a lexicon of terms describing mental illness, I am not using data or conclusions from studies that concentrate on areas outside of Java.[3] The island of Madura is close off the northeast coast of Java, just a brief twenty-minute slow ferry ride away. Millions of ethic Madurese live in East Java, and despite linguistic differences, some cultural similarities are striking. This is why Jordaan's work with the Madurese seems so pertinent to what I found in the Malang area; and Ponorogo, while closer to Central Java than Malang is still in East Java, so Weiss' work on the folk psychology in that area is also worth noting. While our research spans the period of almost thirty years, their observations are mostly remarkably consistent with what I found in my research.

Cultural constructions of mental illness

Mental illness is a bit of an ambiguous construct: definitions vary; expressions range from extremes of total withdrawal to public exhibitionism; and there are

scores of presumed causes. Things that are not defined in the West as mental illnesses are included within that category in Indonesia. I will discuss this more in my chapter on psychiatrists, but for the purposes of a brief illustration consider this list of the six types of mental illness from a press release from the psychiatrist Dr. Benny Ardjil, head of the West Kalimantan governmental agency in charge of mental health services (BPKJM) on World Health Day, 2001: "schizophrenia, Alzheimer's/senility, depression, narcotic addiction, epilepsy and mental retardation." Disorders like the startle syndrome *latah* (which causes the sufferer to repeat senseless motions and profane language when startled) are considered merely entertaining eccentricity. And trance states and spirit possession may induce behavior that mimics madness, but temporary transportation into these states can be a powerful curing tool used by mediums, paranormal practitioners and religious healers—professionals with the power to submit to these states and return to normalcy with their faculties intact. The dangers of spirit possession and trance, however, are considered immediate and serious for all but the adept.

Of course, with the privileging of order and self-control that we have seen to define the Javanese ideal of culture and individual maturity, the demand for social integration and conformity, the careful training in appropriate language choice that the Javanese receive, the observably mad would have to be seen as

violating all the standard norms of Javanese culture. To be mentally ill in Java is to embody disorder, to engender shock, to abrogate the rules of tata krama and sopan santun (polite, proscribed behavior), to overtly threaten rukun – the essential state of social harmony.

In the same press release from 2001 in which he discusses the six types of and stigma surrounding mental illness, Dr. Ardjil lists these common "harmful" myths about mental illness:

- *Mental illness cannot be healed.* (He explains that doctors can help cure everyone.)
- *Mental illness is due to the weakness of a person and the result of black magic.* (He explains that it is caused by the interaction of biological, psychological and socio-cultural factors.)
- *Mental illness only happens to adults.* (He explains that every age is susceptible.)
- *The mentally ill should be locked up in stocks (dipasung) and shunned.* (He explains that that every mentally ill person can return to normal function and that putting them in pasung or ignoring them or throwing them out "disregards their human rights.")

In her research about popular conceptions of mental illness in the East Javanese urban area of Surabaya city, Javanese anthropologist Pinky Saptandari found that her informants described mental illness as "a disturbance that causes people to not be able to think clearly, or healthily; a disturbance that causes people to act abnormally, for example to run naked on the highway; a disturbance that happens to people that always hallucinate" (2001:5). They found the term mental illness to be interchangeable with nervous disorder, and espoused the conventional wisdom of 'once crazy always crazy'; reporting the belief that even though they claim to be cured, the mentally ill will always relapse (Saptandari 2001:5).

The mentally ill are often described in Java as lost, or as having forgotten the appropriate emotion of shame. Weiss found that most definitions of mental illness centered on alterations in thinking or consciousness or loss of control (Weiss 1977:esp. 343-345). "Javanese consider mental illness a kind of memory disorder" Weiss says, wherein they can be absent minded or "forget" or "know no shame"—he calls this "one of the most important symptoms of insanity" (Weiss 1977:261, 398-400). As an example, he cites the phenomenon of victims of mental illness going stark naked everywhere, including public places, without exhibiting the least bit of embarrassment or concern over the reaction of others, having "forgotten" several of the most basic tenets of

Javanese decorum, and exploding the conventions of social presentation. (1977:400).

I observed many such instances of public nudity, individuals evidently deranged, studiously ignored and avoided, objects of fear and loathing for their obvious loss of control of their physical and mental selves. Some cases of psychic disorder in Madura are considered demonstrations of one's holiness, and the use of refined language around mental illness in the Madurese language indicated to Jordaan "the awe that these illnesses inspire" (1985: 196), but I never saw the least indication of this attitude in Java. The mad were objects of fear and loathing, a shameful secret to be hidden within the family, who occasionally provided public amusement and even more rarely elicited feelings and gestures of compassion.

Representations of the mad in popular culture

Arguably the most famous representation of madness in Indonesian film is in the movie *Perempuan Dalam Pasungan*, "Woman in Stocks" released in 1980. In Karl Heider's 1991 work *Indonesian Cinema*, he discusses the thesis that "the cinema of a culture, like any other significant product of that culture, must embody to some degree its basic patterns" (1991:71). The West, he argues, is concerned with the opposition of good vs. evil, while Indonesia emphasizes

order vs. disorder. As in the culture at large, Heider found that Indonesian movies are overwhelmingly concerned with order and disorder (1991:34-36). Geertz noted similar observations, and claimed that in Java "the struggle is not between good and evil...but between the old opposites of *kasar* (rough, crude) and *halus* (refined) feelings, between base animal passion and detached, effortless self-control" (1960:270). In this film released in 1980 all of these themes are elaborated. A woman believes she accidentally killed her best friend when driven mad by jealousy; she attempts to poison her husband whom she erroneously suspects of having an affair. Being overcome with animal passions, losing control and driven mad with grief, her orderly existence descends into disorder (as does her physical appearance—for example, her hair becomes gradually looser and wilder as she gradually loses control of her emotions and becomes literally undone by grief) and her disorderly behavior requires her family to lock her up in stocks, a punishment long reserved only for the uncontrollably insane. "The usual sign of a woman's insanity is her long loose hair. Indonesian women in general take great pains with their coiffeurs...The disorder of long loose-hanging hair is thus particularly striking and may have various meanings", Heider explains, including extreme mourning, or employment as a prostitute. "But all the various examples of careless hair have a common underlying meaning—disorder, whether it is the mental disorder of madness, the moral disorder of

unbound sexuality, or the emotional disorder of grief" (1991:61-62). Placing her in stocks --the wooden frame for public punishment or private confinement—becomes a sign of social order restored... "and stocks, which hold the legs straight, parallel, and immobile, are the ultimate physical manifestation of imposed order" (Heider 1991:62). And, of course, locking her up in the traditional place where the mad are chained, in a shed outside the domain of culture, the halus interior of the home, relegates her physically to a place literally outside the ordered world of human society, near the filth and disorder of the kasar cow shed (a crude domain of nature).

Editors love to run articles about the mad in their magazines as they guarantee to satisfy an audience fascinated with the strange and the taboo. In this excerpt from the Liberty magazine article with the sensationalistic title "*Ratusan orang gila itu sembuh setelah dimandikan Mbah Gendu dengan kotoran manusia*" ("Hundreds of crazy people healed after bathed by Mbah Gendu with human excrement"), we can see the typical pejorative tone and cruel humor that the Javanese often use when discussing or interacting with the mentally ill, perhaps to compensate for their intense and instinctive fear of these agents of disorder:

Going in the Yayasan Galuh complex and mixing with crazy people, the people that looked like crazy people were actually the sane ones. (The journalists from) Liberty that were trying to communicate with them were made to laugh like crazy. For example, a crazy man named Gathot, aged about 45 years. According to the head of the foundation, Gathot was a retired Pemda government worker.

At first, Gathot looked sane. He shook hands with Liberty and engaged us in small talk. After we were through, he just left. But before long, he was back, and invited us to shake hands again. Like so, Gathot over and over again repeated the same things. "Well, he is still half-crooked," said one of the directors of the foundation.

An even more unique experience happened when Liberty began talking to another of the patients, suddenly another patient came over, and tried to remind Liberty that the one we were trying to talk to was crazy: "Mas, he is a crazy man. Don't try to talk with him!" they said while drawing their finger across their forehead (note: in the gesture that indicated craziness in Java, like Americans twirling a finger around at the side of the head).

There was another incident that was really funny, and that was when we witnessed a few patients in the middle of the work they had been ordered to do, that is cutting wood. They were all pulling and pushing the saws, not coordinating their motions so the wood would be cut, but just jerking the saws so the wood remained whole. Of course, this incident made the sane people that witnessed it laugh. "Yeah, the important thing is that they want to move their bodies. So that the nerves function. Crazy people, you know, are usually lazy," said Marsan.

Even more, there was one incident that made Liberty amazed the first time we visited Yayasan Galuh. At that time, there was a beautiful woman who looked intellectual. She came to speak with us. She had just finished leading some exercises and movement routines for the crazy people. When asked for an interview, this young woman calmly answered all of our questions. The way she spoke inspired confidence. She said she was the daughter of the director, and was attending college. When we confirmed this with the director, Mbah Gendu just smiled. "Yes, now she is like my own child. She used to be a patient,

> and now she is fairly well, but she does not want to go home. Instead, she likes it here and helps take care of the patients."
>
> Indeed, seeing the hundreds of patients at Yayasan Galuh who can be controlled and ordered to work made us amazed. We can ask, if sane people who have had education are so hard to control and like to brawl, why are the crazy people at Yayasan Galuh so disciplined? That is the greatness of Mbah Gendu, who wants to take care of these people who have been decreed the garbage of society. (Liberty Magazine number 2088 21-30 April 2001: unnumbered pages between 63 and 69; translated from the Indonesian).

Despite regular articles on some poor demented soul who was found after years of being locked up in stocks in the family compound and finally taken to a nearby state mental hospital for free treatment (and the accompanying admonishments to "bring out your mad" and to submit them for humane treatment), newspapers and television generally show the same lack of sensitivity as found in popular magazines, and the same kind of delight in reporting episodes of deranged or maniacal behavior, whether they involve a mob or a particular individual. The public seems to have an endless fascination with stories and photographs of violations of society's taboos and norms, and as in many other cultures the madman is considered to be the epitome of the violent and dangerous; violent crime is often considered analogous with mental illness. Murder (especially of a child, family member or members, or multiple homicides), suicide, human and animal sacrifice, mob lynching and rape are all rejected as the possible product of a mentally sound,

rational mind. Criminal behavior of this violent type is so far outside the boundaries of acceptable Javanese behavior, so out of control, it is almost unimaginable, so the pictures and stories provoke a kind of nearly disbelieving yet titillated enthrallment that captivates the Javanese. In the crime scene footage or re-enactments of violent crime that the cooperative criminal is required to perform for police—and that are frequently shown on television—or the newspaper articles and photographs that show the victims' corpses in full and gory detail, all violent criminals are dehumanized and demonized as they are dismissed as insane...and thus this in turn reinforces fear of the insane as potentially, probably, violent and dangerous.

While some might argue that the news stories that feature this kind of dehumanization are only for adults and thus might not influence a younger more impressionable audience, the popular children's television show *Si Unyil* features in its cast of neighborhood characters a madwoman puppet that is the object of delight and fear, and teaches children around the archipelago the same attitude of fascination, derision and dread of the insane. The puppet sports a dirty, disheveled demeanor, ragged clothing and wild hair grown into *"kimbal"* dreadlocks. She sings a song about *"di mana anakku?"*-- "where is my child?"—a catchy tune that you can hear Javanese kids singing in the streets.

On the show, the children puppets tease her and flee in an ecstasy of terror and glee when she is angered, and cackling wildly, chases them about.

Not many songs deal with the subject of madness in Java, but the extremely famous Javanese musician and social critic Iwan Fals in 1993 named one of his most popular albums after one of his wildly popular songs: "*Orang Gila*" - "Madman". This song and his song "*Sudrun*" offer the only unreserved compassion for the mentally ill unadulterated with amusement that I encountered in any aspect of popular culture. In *Orang Gila* Fals brilliantly portrays the isolation and lack of hope that define the life of the Javanese madman or madwoman; in *Sudrun* Fals articulates the thin line between madness and sanity in the literal climate and figurative economic heat of today's Java. Clearly hoping to influence public opinion and habit to include the mad in the conceptual category of humankind, to generate a kind of empathy (or at least sympathy) that would help humanize what he clearly considers to be victims of society, his lyrics translate as follows[4]:

Orang Gila

Waktu pulang malam-malam sendiri-sendiri
Orang gila dilampu penyeberangan jam dua malam
Lewat pada saat lampu sedang merah
Tepat ditengah-tengah zebra cross
Irama langkahnya tidak berubah seperti lagu lama
Yang aku dengar menuju pulang sendirian

Orang gila dilampu penyeberangan rambutnya gimbal
Kumis dan jenggotnya jarang-jarang
Membawa gembolan entah gombalan atau makanan
Melangkah terus kedepan

Orang gila dilampu penyeberangan apa kabar.....
Siapa yang menyapa kamu diam
Tersenyum tidak menangis tidak
Kau sapa siapa saja selamat malam
Selamat malam

When I came home late at night all alone
A madman at the streetlight at two a.m.
Crossed when the light was red
Right through the middle of the crosswalk
The rhythm of his stride did not change, like an old song
That I heard while going home alone

Madman at the streetlight, his hair was matted
His moustache and beard scanty
Carrying a bundle of ragged clothing or food
Walking always forward

Madman at the streetlight, how are you?
Whoever greets you is silent
No smiling, no crying
You greet everyone good night
Good night

Sudrun

Angin panas, otak panas
Orang waras jadi ganas
Hawa gerah, hidup susah
Ngomongnya ngaco dianggap gila

Rumah kontrakkan belum terbayar
Uang habis utang numpuk
Pemasukkan belum jelas
Pengeluaran sudah jelas

Ooh.....apakah ini, siapa yang tahu
Tak ada yang tahu !

Seringkali kita terpaksa berfikir
Melihat orang yang menjadi gila
Sebab tak sanggup lagi menanggung
Beban hidup yang semakin berat

Nasib baik belum datang
Angin surga sering datang
Kepala pusing kepanasan
Mau menangis tidak bias

Hot wind, hot brain
Normal people become fierce
Humid weather, hard life
Garbled speech, taken for crazy

The rent isn't paid
Money is gone, debt mounts
Income is uncertain
Spending is sure

Ooh, what is this, who knows?
No one knows

We are often forced to think
Seeing others going crazy
Because they can't bear anymore
The burdens of life that are getting heavier

Good fortune hasn't come
Winds of heaven often come
Head aches, too hot
Wanting to cry but cannot.

Lexicon of lunacy

Both the Javanese and the Indonesian languages include many terms to indicate mental imbalance or disturbance. These terms are quite expressive in illustrating the range of metaphors that describe abnormalities of thought or behavior. Many of the Javanese terms are limited to a particular area. Most of the Javanese terms listed here are unique to the Malang area of East Java, and comprise the most common language used to describe, define or indicate mentally aberrance.[5]

> ***Edan*** (Javanese) - indicates complete insanity, inability to observe the conventions of social interaction; deranged, berserk, and demented.
>
> ***Edan-edanan*** (Javanese), also ***ugal-ugalan*** (Javanese) ***gila-gilaan*** (Indonesian) - (participation in) dangerous activities such as crazy driving or motorcycle races; foolish, imprudent and absurd.
>
> ***Dungu*** (Indonesian) - stupid or retarded; idiotic.
>
> ***Gangguan jiwa*** (Indonesian) - lit. soul disturbance; mentally disturbed.[6]
>
> ***Gendeng*** (Javanese) - a descriptive term for bizarre or outrageous behavior (or events); if describing a person, someone who sometimes acts normal and sometimes does the inexplicable.
>
> ***Gila*** (Indonesian) - crazy. Can also be used as an exclamation or used as a prefix to describe obsession or fanaticism. For example, ***gila tahta*** (power hungry) ***gila hormat*** (fanatic about obtaining respect) and ***gila kedudukkan*** (obsessed with promotion and advancement of professional or personal status/position).

Koplak (Javanese) - onomatopoeia that describes the sound of the brain rattling around in the head emptier than is normal; daft, shaken, confused.

Lara ati (Javanese) - lit. heart-sick or liver-sick[7]; The condition of jealousy, or having one's feelings hurt. This is often stated as a cause of mental illness.

Linglung (Indonesian) - senile or forgetful; cartoon character ***Professor Linglung*** local translation of the classic absent-minded "nutty professor."

Miring (Javanese)- lit. tilted, not straight; unhinged. Common Javanese gesture to indicate mental abnormality involves a forefinger held at an angle across the forehead to indicate brain is off-kilter.

Ngengleng (Javanese) - withdrawn, dazed, daydreaming, confused, catatonic.

Nggak beres (Javanese) - lit. not right, not correct, disorganized, not true; peculiar.

Nggak bek (Javanese) - lit. not full; means crazy or developmentally delayed, working with less than the full brain or a somewhat empty head; someone who exhibits behavior considered to be stupid, silly, ridiculous, or immature.

Nggak genah (Javanese) - lit. disorderly; abnormal; usually used to describe someone who seems to be behaving in an illogical, irrational manner or who is not conforming to social norms and rules; daft.

Nggak waras (Javanese) - lit. not healthy; odd, unusual or strange.

Owah (Javanese) - (possessing faculties which are) no longer intact; not senile, but something that was once whole is now less than whole.

Sakit syaraf (Indonesian) - lit. nerve-sick; having a bad case of nerves; nervous breakdown; mentally ill.

Sempel (Javanese) - a synonym of insane; used to describe a person who is known to be insane or is exhibiting an odd, unusual manner or outrageous behavior.

Snewen (from the Dutch) - to have a nervous condition or disorder; used to describe the truly mentally ill.

Javanese ethnopsychiatry: folk perceptions of the causes of mental illness

The relationship of people with their social and supernatural surroundings is relevant in this context since disease is considered the result of disharmonious social relationships or disharmonious relationships with supernatural beings due to people's negligence of taboos, customs and rituals.

--Parsudi Suparlan, "The Javanese Dukun" in *Masyarakat Indonesia* magazine, Tahun Ke-V, No. 2, 1978:197-201

As well as a plethora of terms available to describe degrees and kinds of madness, the Javanese have developed a robust set of explanations for the onset of mental illness. Their explanations are richly woven with the themes of order and disorder, the importance of self-control and appropriate, vigilant self-awareness, the need for harmony and balance, and the power of the supernatural. These concepts, so important in Javanese culture in general, have particular import when considering the forces and mistakes and weaknesses that can precipitate madness. Even the power of language, presented as a prominent theme in the culture of Java in the previous chapter, emerges once again as an abiding motif when considering mental illness.

Dark arts and disharmony: black magic or curses

As can be seen from the epigraph of this section, the Javanese believe that the sultan of Jogjakarta has such personal power, is so sakti, that a mere word spoken with the proper intent can cause one to immediately descend into the depths of insanity. This destructive power of language can be manifest by anyone sufficiently disciplined to develop kesakten supranatural[8] power, and can take the form of a curse or a spell. The events which bring on the leveling of a curse or black magic usually involve some unresolved intense inter-personal conflict, some kind of betrayal or abrogation of a relationship, a drawing of anger or resentment, or jealousy. A powerful parent may curse a thankless child; a kyai religious teacher may curse a faithless pupil. "A santri (religious student) who is expelled, is believed to fall mentally ill; his normal thinking will be affected, he will neglect his religious and social duties and, in the end, drift into full insanity" (Jordaan 1985:266). Whether through a curse or black magic, mental illness is often considered to be a direct result of intentional action and ill will of another.

Weiss (1977:413) and Jordaan (1985:265-267) both found the malicious acts of others to be a primary ascribed cause of mental illness, and they both seemed to include "love magic" within this category; neither of them mentioned the kind of magic that confuses the understanding of a victim or witness to

obscure the commission of a crime, usually petty theft. But *pelet* or love magic and *gendam*, the magical science of trickery, are quite different, for while they exert their influence on the mind (and perhaps the heart) of the innocent other, the effects are not permanent and are really not intended to harm. The individual who performs black magic or engages someone to perform black magic on his or her behalf, does so with the intent to kill or to ruin the object of their hatred, relegating them to the living death that is the oblivion and ostracization of mental illness.

During the time that I spent in Indonesia, several news reports each year described the killing of an individual or an entire family by a mob of their neighbors for the practicing of black magic against their fellow villagers. I personally saw black magic devices dug up from the soil in front of the door to a home in the village of Ranupane, discovered and unearthed during a trance ceremony, and witnessed the ensuing confusion and consternation about what should be done. I saw people cured of black magic spells that caused foul objects to appear in their bodies, and heard tale after tale of magic worked and magic thwarted. Eventually I compiled a list of materials used to perform various aspects of magic, influence or protection as the stories continued to unfold. This list is to be found in Appendix C. It should serve

to help express the very real possibility of using magic to help negotiate the vagaries of everyday life, and the very real dangers of black magic in Java.

Daydreaming: a "blank mind" or "empty thoughts"

Sitting about with an unoccupied mind makes the Javanese open to spirit possession. It is said that this state "opens the gate" (*buka gerbang*) to spirit beings temporarily or more permanently, for a brief or extended period of mental aberration that is one and the same with insanity. Saptandari's informants defined mental illness as, among other things, "a disturbance that happens to people when they sit with a blank stare (and you can identify the mentally disturbed by their 'empty eyes') (2001:5). Ferzacca discussed the dangers of empty thoughts, which leave one susceptible to the entrance of evil (1996:94-95, 336). Weiss also reported concern about the dangers of emptiness: "People who have no ngelmu, are mentally retarded or mentally ill are said to be 'empty', and are considered to be easy marks for sorcery, spirit possession, and mental and physical illness" (Weiss 1977:311).

To be alert and conscious is to be cognizant of who, what and where you are in the complex sociolinguistic world of Java, suggests Keeler. To forget, or to daydream (*nglamun*), invites disaster. Keeler defines nglamun as "to be blank, mindless or distracted, letting one's thoughts wander off, often after some

object of one's desire. A person who is distracted (nglamun) is highly susceptible to attack from spirits and to the machinations of black magic...To let one's mind drift about in whatever mood, is ill advised. It may cause people to laugh by themselves, or get angry by themselves, both signs of incipient madness" (Keeler1987: 219-222).

In order to help people remember, to remind people to be *sadar* (conscious), to maintain awareness and control, the alert Javanese will disturb another who seems distracted, appears to be daydreaming, or who is suspected to be experiencing an absence of thought, a loss of memory and control. Our good friend Pak Sutrisno, who went several times a year with us to the village of Ranupane high on the flanks of one of the volcanoes of East Java, used to take it upon himself to make the rounds and periodically pester me or any of my students or guests I might have brought with me during the trance ceremonies we regularly witnessed there. He would come up close, administer a quick elbow in the ribs and share a hearty joke or two, and be quite up front about looking in our eyes and drawing our attention, however briefly, from the hypnotic music and repetitive dance movements and the resultant danger of being drawn into the ritual to such a degree that we emptied our mind of rational thought and opened ourselves to possession and incipient madness. Pak Tris was protecting our minds from the fascination and glamour of spirits

which could lull us into madness, and I believe in doing so he was also protecting himself from a fate which he truly feared: by keeping alert to keeping us alert he was maintaining a kind of vigilance that would protect his own memory and provide a method of maintaining control over his own thoughts. As we will see on the section below on spirit possession, *kesurupan* is a very dangerous state and one not to be trifled with. For the dancers of Ranupane, who had been trained by their elders and their local dukun to be ridden like a horse by the various spirits that had chosen them, the rigors of possession left them with nothing more than a sore body and a brief lapse of short term memory; however, for the uninitiated such as ourselves the potentially destructive results of distraction and concomitant possession were virtually certain.

Debility: spiritual or mental weakness

Performing meditation and ascetic practice in an attempt to unleash our human potential for superhuman powers is, as we have seen, a common practice in Java. The condition of possessing enormous personal supranatural kesakten power - being sakti[9] - and the condition of insanity are closely related. Both the sakti and the mad often feel, see or hear something that the normal cannot. One can control the supernatural power they wield; the other cannot, and may be the victim of such powers if they have become a target for

black magic, or if they have failed in an attempt to obtain kesakten powers for themselves. Seeking magical knowledge or *ngelmu* with the intention of learning the dark arts-- what is often described as taking the wrong way or the wrong road-- can also lead to becoming sakti; and no matter what ends one is seeking the process of the search can go terribly wrong when one studies without a teacher. For this is the dark side of the ascetic practices of Java: someone can go off to a powerful, lonely keramat site to perform semedi or other ascetic practice, but if the seeker's goals are not pure or their methods unsound, they might misplace their rational selves by trying to find power without proper guidance. They can become lost.

In his 1999 book *Mencegah, Mengobati Stres dan Gangguan* ("Avoiding and treating stress and mental illness"), Masruri first gives us three reasons why the seeking of mystical knowledge or ngelmu can cause a person to become mentally ill: a "dose" of ilmu (knowledge) that is too large, a weak spirit, or too strong a bond with the material world (1999:9). He describes "overdoses" of tirakat and other forms of the search for mystical knowledge, and uses the term "ngelmu insanity" to describe the process of the search for knowledge or power gone wrong (1999:13). He uses the idiom *"konslet"* to describe what goes wrong in the brain; this is the term for an electrical short. He reports that of people who seek help for mental illness from all the paranormal

practitioners and psychiatrists that he interviewed, the curers reported twenty five percent of their clients have made mistakes in their study of mystical knowledge (1999:79). [10]

Weiss and Jordaan also found that performing kebatinan exercises without the appropriate spiritual strength could produce the onset of mental illness (Jordaan 1985:265; Weiss 1977:220); Geertz went so far as to claim madness as "a typical outcome for people who attempt acquisition of ilmu" (1976: 87). But the concepts of strength and weakness are not limited to this aspect of the human mind or soul when considering the causes of mental illness: in general, having a weak soul or spirit is always dangerous. In a book by Masruri and Dakas one of the paranormals profiled explained that "we all always have the seeds of illness within us" (1997a: 106-107) and several commented on the need for maintaining spiritual and mental integrity and strength in order to support a condition of mental and physical health. Weiss concluded that "(i)f a person is spiritually strong he will not contract mental illness, even if he has a hereditary susceptibility to it" (Weiss 1977:313). Saptandari's informants listed a weakness of confidence in self or in the tenets of some religious faith as a common cause of mental illness. In Java, the strength of conviction can protect you from "a disturbance that happens to people who like to talk to themselves, who do not believe in themselves and have low self-

esteem...weakness of religious belief, and/or laziness in religious practice" (Saptandari 2001:4-6). Insufficient religious faith or inability to accept God's will may lead to an excess of emotion or frustration that can lead to mental illness, or the development of the particular form of mental illness that is *'stres'*.[11]

Defeat: *"stres"* and the unbearable burden

In Malang the term *'stres'* - obviously a derivative of the English word 'stress' - has become a common synonym for mental illness. You will hear *"Dia stres"* (he or she is stressed or is stressing) or *"Dia kena stres"* (he or she has been struck by or is a victim of stress) when people in the Malang area discuss someone who is experiencing mental problems.[12] The concept of stress as a precipitator for mental illness is as important and as prevalent as it is in delineating the reasons for physical illness in Java.

The kind of stress that the East Javanese consider to be dangerous is defined by the overwhelming nature of having too many burdens—burdens such as the extended pressure of a difficult, thankless or low-paying job, debt or a sudden substantial economic loss, an unhappy spouse, troubled children, or children pursuing an unsuitable match. The combination of too much stress and the lack of ability to withstand that stress is mentally toxic. Saptandari's

informants termed this the "inability to face pressure or rapid change" and listed "cultural, family, work or other conflict that they unable to withstand" among the common causes of mental illness in East Java (2001:6).

Ferzacca found the concept of the unbearable burden of stress mostly expressed in the idiom of thought-- in "disordered thoughts, heavy thoughts, too many thoughts, overly intense thoughts, pressure from inner thoughts, hard thoughts, and the popular 'semantic network' that captures all of these mental (but also social and sensual) conditions, *stres* (stress)" (1996:86). Stres, he found, is a problem experienced by both the rich and the poor (1996:80-84). Browne analyzes the modern psychological discourse in popular magazines and newspapers (1999:106-108) and in particular the discourse on stress (1999: 110-115). He breaks down the reasons for attributed causes of mental illness from nineteen informants in Central Java (reported in 1999:150-151). In general he found that men and women both suffer insanity that is a perceived product of stress, but men "suffered stress after not achieving goals, working too hard; many women suffered more due to relationship and family problems" (1999:156-157).

The notion of stress as a factor of failure was also a common theme in the explanations for mental illness. An article entitled "*East Java 'pesantren' treats*

the mentally ill" describes the most frequent reasons why people are admitted to the Islamic religious boarding school and retreat owned by Kyai Haji Fachurrozi. "'While some patients are taken here because of broken hearts, many figures of political parties have been taken here because they are under serious stress as their political parties have lost in the previous general election,' Kyai Rozzi said" (from the Jakarta Post newspaper, November 14, 1999). The notion of failure itself being a cause for mental illness will be discussed in a later section.

Defilement or desecration: breaking a taboo

The classic example of this perceived cause of mental illness or other misfortune is sinning—stealing, drinking alcohol, gambling, having sex or violating other taboos—in a graveyard, a holy place or a *keramat* place-- a place full of supernatural power, possibly inhabited by a supernatural being or spirit. Saptandari's informants called it acting "contrary to religious and social norms", and also listed "(b)othering a place that is *keramat*, or breaking a taboo" as a cause, and considered mental illness to be "seen as a right and righteous, just result of these violation of norms, a kind of 'social sanction'" (Saptandari 2001:4-6).

This kind of behavior is very dangerous and inevitably leads to insanity or possession, and may cause physical illness as well. Jordaan termed it a "deliberate infringement of sacrosanct and moral rules, e.g. the violation of a solemn oath" (Jordaan 1985:266), and Weiss also stressed failure to keep a vow (Weiss 1977:413) as a possible cause of mental illness.

While the notion of vows and the terrible consequences of breaking a vow was not a common cause of disease or accident discussed around Malang, the notion of *kuwalat*, or a kind of supernatural set of negative consequences of bad or taboo actions was very common. One could guarantee that at least one explanation for any negative experience in Malang—car accident or other accident, disease, loss of something precious, a natural disaster—would involve searching backward for an active origin, something someone could pinpoint, some negative or unkind, ungenerous thought or action that would require the divine retribution that came back on the originator in the inevitable karmic logic of kuwalat.

Degeneration: nerve or brain disorder

In his research, Weiss concluded that for the Javanese of Ponorogo "(d)amage to or displacement of the brain or the liver/heart or the nerves that connect them (w)as the single most important cause of mental illness" (Weiss

1977:241). I found *sakit syaraf* or "nerve sickness" a common diagnosis in the private mental hospital, a gentle explanation of why a patient might be taking a sort of rest care there for "a case of nerves." Saptandari's informants listed "nerve disorders" as a common cause for mental illness (2001:5), and "*gangguan syaraf*" or disturbance of the nerves was a not uncommon explanation for the same from my surveys in Malang area for the more educated, middle class middle-aged respondents. Senility or retardation might be considered types of mental disease by the mental illness experts but not by the general public. A person who is developmentally delayed is described as not as "full" as normal, slower than normal; the senile or *pikun* are considered to have once again returned to a childlike state, forgetting all the lessons of culture and proper social intercourse that they had learned so well long ago. Strange behavior due to brain damage may or may not be interpreted as fully mad, depending on the type and severity of symptoms. They may instead be said to be "shaken", "tilted", "not full" or simply "not right" in the head.

Demonic disturbance: Spirit possession or harassment by a spirit

Kesurupan or spirit possession in Java is a powerful precursor to madness. Weiss and Jordaan both found the influence of spirits or supernatural beings to be some of the foremost causes of mental and physical disorders reported

(Weiss 1977:413; Jordaan 1985:265-267), and Weiss even went so far as to report that of his informants "most ascribed the primary or usual causes of mental illness as a result of having a dry brain and disturbance by *setan* (including possession and constant goading)" (Weiss 1977:394-396). The notion of disturbance that was reported so frequently by Saptandari's informants held implicit the possibility of disturbance by supernatural beings.

I saw a number of people who were described as experiencing the deleterious effects of spirits. Hauntings or possessions caused cases of fever, seizure, prolonged unconsciousness, incoherence, and all manner of bizarre behavior. Spirit possession would be indicated by a temporary loss of consciousness, feats of superhuman strength, inability to recognize anyone, growling or speaking in tongues, and violent behavior. Ward Keeler describes the process of possession, and the importance of language as an element of possession and cure:

> (The spirit) is pressured by the *wong tuwa* (lit. the old person, the dukun) to express some request, usually for some kind of offering. The satisfaction of this request should suffice to rid the person of the spirits. A mute spirit is considered particularly dangerous and hard to deal with, since then it is more difficult to ascertain its identity and make it articulate a particular wish. However, a particularly potent wong tuwa may not even need to enter into dialogue with a spirit. The strength of his presence may be such that the spirit flees at his mere approach.
>
> When Javanese speculate on what impels spirits to take possession of people, they often attribute to them the characteristics of naughty

> children or dissatisfied and rather ill-mannered adults. For example, a spirit may feel hungry or thirsty, so it takes possession of someone in order to force people into giving it offerings, which are its food and drink. It may simply be feeling lonely, or perhaps impish, or insulted by some human's thoughtlessness ...in taking possession of people, they acquire voices with which to speak, and so to mystify, taunt, or order people around. Eventually, they are forced to express some very specific, and modest, desire, and the little escapade is over (Keeler: 1987:118-119).

I find Keeler's description not only interesting but particularly apt. The trance rituals in Ranupane I attended every six months or so were held regularly to offer the participating spirits the food and drink which they craved - sustenance often comprised of substances revolting to those the spirits possessed, but eagerly consumed while in trance. Mbok Ka's rice water rituals and regular offerings of flowers, food, drink and cigarettes at particularly vulnerable times for us (as when moving in to a new household) were meant to appease the local spirits and prevent possession or harassment. And when the possessed I encountered spoke, the spirits inside them did seem to have some desire or need, which, when fulfilled or dismissed by the curer, gave some relief.

In Java, the influence of spirits isn't always a negative influence: spirits can also be helpful. Mediums and curers use possession as a tool to predict or to prescribe, to diagnose or to cure. Many paranormal practitioners have spirits that help them in some way with their practice, either acting through them or

speaking to them while in trance or providing insight in dreams or in some special method of diagnosis the practitioner has developed. My brother in law Saipul has several spirits that aid him in cleansing houses from offending spirits or in exorcising spirits from human bodies. What he does on a regular basis almost exactly parallels Keeler' description of an exorcism in Central Java (1987:116-117) when he is called out to someone's house to perform an exorcism, a spiritual cleansing, a cure. His *batin,* his spirit, has to be stronger than the *gangguing* spirit, the spirit causing a particular disturbance; but he also has to seek the aid of his own tame spirits, which include an elderly man and a tiger.

The key to the ability to withstand harassment by spirits seems to be, again, the ability to maintain self-control, awareness, complete and harmonious wholeness of the intellect. The idea of the weak of mind being particularly vulnerable to spirit possession seems to be a persistent one: Supatmo reported in 1945 that "(i)n accordance with the belief in possessing spirits, feeble-minded and insane persons are not regarded as diseased but as temporarily or permanently possessed by spirits" (paper 2:6), and in 1985 Javanese anthropologist Koentjaraningrat wrote that "*kesurupan* is considered to be a result of feeble-mindedness or a tendency to daydream" (1985:343). To this day anyone in East Java who is holding a sharp, dangerous object like shears

or a knife (or a real weapon) and begins to act in an other than calm and rational manner will inevitably be warned *"Hati hati! Nanti setan adu-adu!"* Literally this means "Be careful! Evil spirits will pit you against someone." A smiling mock threat of "Ooh, I could kill you!" or simulated anger or violence expressed while wielding a potentially dangerous item is no laughing matter. It is presumed that the simple loss of composure that joking or silliness inspire could cause a fatal temptation when a spirit goads the unwary.

Descent: heredity

The Javanese have a saying about the things you look for in a mate for your son or a daughter: *"bobot, bibit, bebet"*, which translates as family wealth; ancestry or inheritance (*bibit* is literally the word for seed, and includes the existence of mental illness or other inheritable diseases in the family); and social rank. It is strongly believed that mental retardation and a susceptibility to mental illness are inherited. Sometimes they are described as a kind of recessive gene or a sublimated tendency, sometimes "active" and sometimes not "active" within children who carry the possibility inherent in a particular bloodline. Saptandari's informants listed "having a tendency (*bakat*) towards mental illness" and "inheritance" as two of the causes of mental illness. Jordaan talks about "heredity - organic" causes (Jordaan 1985:265)[13] and it seems Weiss found that when people in Ponorogo talked about insanity as

product of descent, most often it was not as a result of a literal bloodline, but instead the consequence of the sins of the parents being visited upon the children--mental problems as the result of "inherited sin" (Weiss 1977:168).

When considering the idea of heredity, once again we can see the connections between the conditions of sakti and insanity: we can see that just as children are considered to carry the possibility of inherited disease they also carry possibility of being sakti. One can inherit powerful weaknesses and one can also inherit powerful tendencies—and as we know in Java all power is dangerous. Strength and weakness, powers and vulnerabilities—all of these can start to be surmised from the answer to a common greeting when meeting children in Java: *"Kamu anak sapa?"* - "Whose child are you?"

Despair and disappointment: failure, frustration and an excess of negative emotion

Anyone who has researched the categories of health and illness in Indonesia has found that emotional upset is believed to have adverse effects on one's health (e.g. C. Geertz 1976:134; Hollan and Wellancamp 1994:119, etc.). An ability to remain calm, untroubled, and unmoved is deemed essential to the maintenance of physical and mental health. Extremes of happiness or sadness imply a lack of self-control, which incites vulnerability to spirit possession and

madness (Keeler1987: 219-222). Saptandari's informants considered mental illness to be "a disturbance that happens to people that cannot control their emotions" (2001:6) and Jordaan's considered it to be a result of "severe emotional strain" (1985:265).

Disappointment and frustration seem to be two of the key emotional states that can influence mental health. Common causes for disappointment and frustration are "indulgence in unrealistic and overambitious fantasies" (Jordaan 1985:266) and "failing to live up to one's position or exceeding the limits of the position assigned to them" (Jordaan 1985:267). Keeler also found that "(p)eople susceptible to spirits are those who have experienced frustration, anger, loss, and other strong negative emotions that lay them open to attack...the key term is frustration" (1987:116-118). Indeed, the term *frustrasi* has entered colloquial use in East Java as a common descriptor for someone who begins to act oddly, whether the odd behavior is attributed to mental illness or spirit possession or stress.

It is clear in Java that not only is it dangerous to entertain negative emotions, the danger is compounded by holding on to that negative emotion too long, or falling into an excess of emotion. This is a common fate of women who have lost children, men or women who have experienced a broken heart, and women who have become pregnant out of wedlock and have been

abandoned. Attempts are made to stop someone who seems even on the brink of an excess of emotion: experts are called in to calm the grieving; women, girls and small male children are not allowed to go to the graveyard when someone is buried to protect them from an excess of grief. Dwelling within a negative emotional state can encourage despair, and leave one exceedingly vulnerable. An appropriate ability to control the emotional self, to maintain emotional equilibrium, to remain emotionally stable in the face of a cruel fate can save a person's sanity.

The Javanese do not suppress negative feelings or emotions; it is just that to control these feelings is to be human, to allow culture to suppress the dangerous chaos of nature. When a human loses emotional control in Java, they lose their essential humanity. When the madwoman or madman is placed in stocks they are not just sent to live with the animals in the back yard of the traditional compound, they tragically somehow become an animal by Javanese standards of culture. The average Javanese is extremely afraid of someone who is drunk or *amok*, out of control with anger, as these states—like the state of madness—are so out of control, too unpredictable, as to be threatening. An excess of emotion, uncontrolled emotion, emotion unexpressed, or overwhelming negative emotion unrelieved—these are certain causes of madness in Java. It is of paramount importance to control

the emotions and not to become overtaken with feelings of frustration or failure. The Javanese must above all avoid excessive emotion or negative emotion, avoid sliding into despair or dwelling on disappointment, if they are to maintain mental health.

Discomposure: shock

When attempting to preserve mental or physical health in Java, shock should always be assiduously avoided. Unexpected bad news or a sudden, tragic event disturbs the hard-won personal construct of composure and sense of order which are so important to the Javanese. Shock is always and unequivocally very bad. Magnis-Suseno (1997:45 and 249) claims there is no Javanese word for surprise—only shock. Geertz discusses two words regularly associated with shock -- *gela* which means disappointed and *kaget* which means startled, and found that both should be assiduously avoided since "one depresses and the other disorganizes" (C. Geertz 1976:312). In fact, both Geertzes described in several instances the Javanese philosophy of life as a series of shocks from which children should be carefully protected (e.g. H. Geertz 1963:92). Jordaan found shock to be a very common explanation for the onset of mental illness (1985:265). But a horrible shock such as news of a death of a loved one (especially a child), a rape, or news of some other tragedy usually only precipitates fainting followed by temporary insanity, and unless

the victim of the shock slides into a continued excess of emotion the concomitant spirit possession or lack of conscious, rational awareness will not be extended beyond a brief interlude of madness.

As I mentioned in my chapter on Javanese culture, the bearer of bad news in the middle of the night in Java will not even knock on the door of a house. They will stand outside the entrance, clearing their throat, gently trying to announce their presence to the sleeping family in a way that ameliorates the shock of sudden noise and a sudden waking that would inevitably worsen the shock of the bad news that is to come. Letting someone who is away know that someone in their family has died and that they need to return home for the funeral is a very tricky process. Usually the family will call the absent member, and concoct some gentle lie that includes an obvious imperative for them to come home. Once home, the traveler is given time to drink, to rest and eat and generally shake off the stress of travel to better to prepare them for the shock of the bad news. It is assumed that one would need some time to regain their equilibrium after the demands of travel in order to better defend one's self against the onslaught of the shock of the death of a loved one.

As an indication of the frequency of the need for this sort of protective deception, and the regularity of the ravages of shock, the supernatural practitioner Mbah Komari, or Mbah Mari, specializes in shock, "hysteria or stress"--consoling mourners and helping them "regain consciousness" or awareness:

> When there is a trend of many village women who want to earn money working overseas, Mbah Mari is also busy. There are lots of problems among them, such as being left behind by their beloved. There was a woman named Tuni, a mother of one 4-year-old son. She was in Saudi Arabia when her son died from dengue fever. When she came home to visit her son, all members of her family pretended that her son was still alive. They told them that her son was still looking for crickets in the rice fields. While she was waiting for her son, one of the family members picked Mbah Mari up. Upon arrival of Mbah Mari, they told her that her only son was dead. She was so shocked. At once she became hysterical. Mbah Mari was ready, and handled her immediately by stroking her with scented oils to calm her down and put her to sleep. When she woke up she started to accept it. "Now it makes sense", she said, "I often met him in my dreams." Surprisingly, only one day after that she was ready to play volley ball to commemorate Indonesian Independence Day.
>
> Mbah Mari tells us that many little performances like this one are often put on by people. Even more, if they know that someone is returning home from working afar and there is a good possibility that they will get hysterical from hearing that someone in their family has died, long before the date of that return they will contact Mbah Mari (Masruri and Dakas 1997a:95-96).

Never in all the time I was there did I ever see anyone express any frustration or anger at this kind of withholding of the truth – even if they were unable to

return home in time for a funeral because they did not understand the urgency of the situation - when the fabrication was revealed. Protecting someone from the danger of shock in Java is always the duty of a good friend or a family member, even when it requires concealing the truth...and the lie is always forgiven.

Disequilibrium: instability or lack of self-control

The danger of a disturbance of the equilibrium of the mind, of the self, of the environment, or of the social order cannot be underestimated in the Javanese cosmology. The Javanese believe that thoughts, emotions, social hierarchy, social relations, the lahir and the batin—everything in the self, the home, society and the world should ideally remain stable, and much effort is put into maintaining the status quo that demonstrates a solid equilibrium.

Saptandari's informants described mental illness as caused by disturbed thinking, unstable personalities, unstable home lives—disequilibrium in self or environment: "A disturbance that happens to people who are physically healthy, but their thinking is disturbed; A disturbance that happens to people who are not able to acclimate themselves to their environment, who are easily swayed, and have an unstable personality; Possessing an unstable personality

and/or unable to control their emotions; Inability to acclimate themselves to their environment; Coming from a broken home (divorce or breakup of the home for other reasons)" (Saptandari 2001:5-8). Ferzacca found that a loss of emotional control, disequilibrium in the ordered self, "leads to mental illness, possession, and/or the loss of awareness (*sadar*) which is the quintessential Javanese self (1996:469).

This is probably the most quintessentially Javanese of the explanations for why mental illness occurs. The cultural privileging of order, control, acceptance of one's fate or others' wishes in the interest of not upsetting social harmony; a reverence for the rules and norms of *tata krama*; and the levels of language that govern social intercourse: all of these are designed to produce stability and order. Disturbance of the individual mind occurs when the order, harmony and stability of the environment or their selves is disturbed. Many of the Javanese terms for mental illness have to do with this notion of disequilibrium or disturbance of equilibrium including *diganggu* (disturbed—indicating spirit possession or harassment by spirits); *gangguan jiwa* (mental disturbance); *koplak* (shook); *miring* (tilted); *nggak beres* (not right); *nggak genah* (disorderly); and *owah* (no longer whole or complete). Even the phrase *jatuh sakit* ((to) fall sick) reflects this notion of disequilibrium as a primary and characteristic cause of madness in Java.

Curers' explanations of the nature of illness and cure

Although they participate in the local culture and share popular conceptions of the nature of health and illness, curers must also develop their own theories about the nature of illness that include detail on the process of treatment and cure. Through their regular contact with patients, some curers become quite adept at explaining the nature of illness and cure. The curers in Java that treat mental illness can usually express a detailed explanatory model that includes nosological classification of the various kinds of disease and their etiology, and will often discuss how their particular skills are used to treat them. My interviews with two psychiatrists, a dukun and a kyai in the appendices give fascinating detail on the different kinds of explanatory models of disease, types of cures, and the relationship of spirit possession and mental illness. I selected these interviews to transcribe, translate, and to include in this dissertation based on the level of detail the practitioner was willing to offer, and their ability to clearly articulate their beliefs and practices. Some brief quotes from various interviews in *Provil 20 Paranormal dan Keunikan Daya Linuwihnya* (*Profiles of 20 Paranormals and their Unique Supernatural Powers*) and *Para Tabib dan Paranormal Tentang Penyembuhan Alternatif* (*Tabibs and Paranormals on Alternative Medicine*) will serve to introduce the eclectic nature

of the elaborations of the curers, the baroque detail added to the Javanese framework of ideas about health and illness by the individual healer.

> Illness depends on the heart, as the essence of the heart is as a regulator element for body movement. Inside the heart lays two points. The first is the place of spirit. The second is an artery that generates all body movement. From this point illness can be detected. If a man rarely feels sad it can be taken for granted that he will find it difficult to fall sick, and vice versa. So the most effective medicine is the strength and mood of the patient... Every body hides the seed of illness. But if the soul or heart is strong, this seed will never able to grow. Therefore, at one with a weak soul, the seed will easily turn into an illness. For example when a man is attacked by stroke it is merely caused by an unbearable (uncontrollable) mental burden. If the blood pressure and blood sugar is increasing he will suffer from stroke.
>
> -- Ustadz Totok Hariyanto[14]

> Currently illness as a result of mental illness is quite dominant in this era of globalization. If the soul is weak then body organs will soon be affected. Medication should be able to give therapy to the heart so that a person stays happy and possesses the spirit to live....

> Most illnesses I can handle with capsules. If there is some mysterious factor involved, however, then I will use *rajah* (written amulets). Some of those methods I got from an old book I inherited.

> As far as we know, the factors that cause a person to become sick are very complex. Because of a physical disturbance or psychological disturbance. If the disturbance comes from the physical, the medicine has to be from outside the body, like herbs and medicines; if the illness is from an internal factor (the psyche) then the treatment or medicine has to come from inside the person. The last can be (found) via suggestion therapy. Suggestion therapy may be transmitted through religion. There are certain diseases that are better helped through this kind of therapy, since it is the role of *tabib* (Islamic shamanic/religious healer) as a spiritual adviser that is really needed, so that the tabib really has to understand religious knowledge. For example, a person that is experiencing stress because of the loss of his lover. This type of

stress cannot be healed with herbs. A tabib can propel a patient to have a way of thinking that is positive...The job of a tabib is to handle the healing of lahir and batin. This is the difference with a doctor, who only treats physical disease...

What is the main source of illness?
Plato says there are 5 sources of illness, namely: poverty, breakup with the beloved, avoiding anger, refusing advice, ignorant people laughing at smart people. Prayer in the medication process plays an important role. A patient who suffers from illness will recover soon if he performs regular prayer suitable for him along with medication.

Do you know how to get prime health?
Live your life by using religion as a guide. Be positive. Eat and drink wisely. Health is part of the divine gift of grace for each human being. The Prophet Muhammad says, "Whoever is in a good health, is safe in his life, has sufficient food and drink, is holding the world in his hand." With his health a man worships Allah. Without health he is only a burden for others. Allah prefers a strong Muslim to a weak one.

-- Tabib H Ahsin Aulia[15]

According to you what are the source of illness?
The main sources of illness are lack of essential nutritional substances, mental disorder, weather (cold or hot), poison or wrong diet, wounds or injury, evil spirits, and black magic. In addition, for the healing of the batin we have to add two more, that is illness because of an attack by an evil spirit or a witch that has been sent by someone with evil intentions. These last two illnesses are not included in physical illness that can be treated with herbs and medicines.

Physical illness can be cured by honey while mental illness by the Al Qur'an....the Al Qur'an is a guide for our life. Once man follows it properly he will be prevented from mental illness. Many people say that physical illness arises from mental disorder. A spiritually healthy man possesses a body immune to illness. The Al Qur'an possesses restorative powers for illness caused by the superatural. A man who is possessed by a spirit will regain his consciousness by using holy verses, *hizib*, and *jaljalut* rather than medicine.

Do you use inner power?
Yes. Breathing. I combine it with *dzikir* (chanting prayers), breathing, the movements of martial arts.

What do you think about magic?
Magic is a man's power allied with evil spirits aiming at evil deeds. This includes *santet* (black magic) and *guna-guna* (black magic). Black magic easily penetrates the weak soul including women, children, cowards, dumb people, the irreligious and the atheist. While optimistic men, people adept and regular at practicing *dzikir*, people who regularly pray are difficult to be attacked by black magic. To prevent witchcraft attacks from being successful, perform *dzikir* as much as possible and don't worry.
--Tabib HA Rozi Ibri[16]

In this chapter, I have shown how staying healthy in Java demands keeping one's awareness at a high level so as never to be startled, maintaining control of the emotions and repressing inappropriate desire. Spirit possession is often considered to be the cause of mental or physical illness and "if one is upset, startled or severely depressed, one becomes confused and disoriented and one's soul is then empty and easily entered by the spirits" (Geertz 1976: 97). If a person is shocked, his/her soul can leave their body, leaving them open for penetration by spirits; and if they fall into an excess of negative emotion or are overburdened by stress, they are also vulnerable to illness. Awareness can also be considered to be a kind of potency; a person who has various kinds of potency is considered to be *sakti* (spiritually strong). Some people are born with a high level of potency, such as leaders, who can then extend their

protective awareness to their followers. However potency can also be increased by ascetic practices, such as meditation and fasting. The dukun, the kyai and the psychiatrist all exhibit an awareness that helps them cure mental illness (developed through intensive study, ascetic practice, supranatural enlightenment, or some combination of these three); are masters of complex explanatory models of illness and cure; and may be considered to be *kesakten*, in possession of supernatural powers. The practices of these practitioners will be the subject of the next three chapters.

Notes to Chapter Three

[1] See, for example, Suparlan 1978:207.

[2] For more information on the Javanese world of spirits and their activities, see Supatmo 1945 paper 1:1-9 and 10-12; C. Geertz 1976:16-29; Weiss 1977:92 and 594-602; Koentjaraningrat 1985a:340-343 and 1985b; Jordaan 1985: 149-151; Magnis-Soeseno 1997:88-91; and Browne 1999:266-272.

[3] For some fascinating reading on, for example, Kalimantan, Sumatra and Malaysia, see *The Malay Magician*; on Sulawesi see *Contentment and Suffering: Culture and Experience in Toraja*; on Bali see *Managing Turbulent Hearts, Trance and Possession in Bali* and articles by Slamet, Connor, & Muninjaya in *Indonesian Medical Traditions*; and on Sumba see Mitchell and Gunawan in the same.

[4] "Orang Gila" is from the album *Orang Gila* by Iwan Fals, published by Harpa Records (1993); "Sudrun" is from the album *Dalbo* by Iwan Fals in collaboration with several other artists, published by PT Kharisma Swara Indopersada (1999).

[5] For a list of descriptive terms for the Ponorogo area in the 1970s, see Weiss 1977:379-388 and 560.

[6] Ferzacca translated this term as 'bothered soul' (Ferzacca 1996:469).

[7] While the medical term for heart is *jantung* and the liver *hati*, but the heart and liver are both commonly called "*hati*" (Indonesian) or "*ati*" (Javanese). See Weiss on heart and liver as the metaphorical center of character and all the metaphors that involve hati or ati (1977: 72-77). Browne also found *sakit hati* to be a meaningful metaphor he heard repeatedly (Browne1999:161).

[8] The term supranatural is one that East Javanese adepts use to describe powers that have been developed through ascetic practice or handed down from an elder, and is used as a descriptor for individuals who have developed enhanced abilities primarily through human achievement of feats of fasting, meditation and/or prayer. The prefix supra- indicates powers that transcend

the natural abilities most humans exhibit, and distinguishes these kinds of powers from those obtained from an occult, or supernatural, practice.

[9] As described in chapter two in the section on Javanese ideas of power.

[10] As for the other seventy five percent, he reports that 50% are people who have failed in their goals or desires; and 25% are disturbed by spirits (1999:79). See the following sections on failure and spirit disturbances for more information on these perceived causes of mental illness.

[11] Interestingly enough, moral weakness or the inability to behave in an acceptably moral fashion was never listed as a possible cause of or indicator of mental illness by anyone that I spoke to, although it was a common concept and clearly distinct from spiritual weakness, which centered around religious observance. And although the governmental mental health institutions consider narcotics addiction to be a particular type of mental illness, it was never discussed as an example of spiritual, moral or mental weakness.

[12] Jordaan also found that the idiom of stress was common in Madura in the early 1980s (1985:265).

[13] Although he found that direct reference to hereditary and organic factors was rather rare (Jordaan 1985:267).

[14] From an interview with Masruri and Dakas, published in 1997a:105-109.

[15] From an interview with Masruri and Dakas, published in 1997b:8-21.

[16] From an interview with Masruri and Dakas, published in 1997b:121-128.

CHAPTER FOUR
DUKUN: A DOLLOP OF MAGIC

One's sickness or misfortune can be seen as a disorderly condition. This disorderly condition is repeating itself over time, as it is happening in the universe. This is because power is always on the move, and its movement will create imbalanced and balanced relationships among the various kinds of power. If in the universe or macrocosm the disorderly condition can always be put into order again by the Supreme Being, in a man or microcosm the soul or the self as the center of the microcosm is not always able to do so. In this case he can ask for help from a specialist or dukun.

--Parsudi Suparlan, *The Javanese Dukun,* 1978:202

The cultural context

Dukun[1] are generally described as traditional healers, shamanic curers or ritual specialists. They are a timeless aspect of Javanese culture: "the role of the dukun is certainly pan-Indonesian, and doubtless has autochthonous roots going back thousands of years" (Babcock 1989:144). Dukun heal the sick, neutralize haunted places, give love magic, aid fortune and promote well-being, protect from sorcery or from being struck by weapons or other dangers, provide spells and amulets that promote strength and immunity...and sometimes they practice sorcery on others. A dukun gives extra power to those in need by giving them power-infused jewelry, gems, keris, stones, animal bones, pens, a written spell or charm on a piece of paper, a shirt, a belt,

or a cloth...or in a small piece of precious metal or gem inserted under their client's skin, known as *susuk*.[2] He or she may prescribe herbal medicine, ritual(s) to be performed, ritual foods to be made and eaten, meditation, prayer or simple repetitive chanting. Also commonly known as *orang pinter* or *orang tua* (wise person or elder), dukun can explain how life problems, spirit attacks, evil influences or illnesses are creating physical disease in the client's body or disorder in the psyche and offer solutions to all of these problems. Some are mediums, who go into trance and channel an entity who gives advice from another dimension; others can read a person's troubles from the lines on their face or hands, or from the energy that surrounds a person; some offer advice based on the time and day of a person's birth, or on information gleaned through some divining instrument. Some have inherited their supernatural skills or knowledge from an ancestor, who passed it on to them with their consent; some developed it as a result of prayer and fasting; and some do not know how they came by their powers. But all dukun have a special place in Javanese society and are a valued resource in times of trouble.

Dukun are extremely popular. "(A)lmost everyone in Java, with the exception of some among the most highly educated reformist Muslims, has occasion at some point to consult a dhukun.[3] This may be to inquire about mystically auspicious dates for a ritual, to win someone in love, to improve one's profits

in trade, to seek a cure for sickness, to ask for clues in search for lost or stolen goods, to assure success in one's studies or a bid for higher bureaucratic rank or in pursuit of many other needs" (Keeler 1987:114). Woodward describes the dukun as a very busy traditional curer "whose house is filled with people seeking help and advice in the form of magical spells, prayers and amulets" (1989:21). A visit to a dukun is not considered mere entertainment, in the spirit of playing a parlor game or a reading a fortune cookie's prediction; they are consulted in absolute earnest, with a belief that if the practitioner "fits well" or *cocok* with the patient, relief or help will be forthcoming. If the consultation does not turn out to be successful, it is usually not attributed to fraud or powerlessness on the part of the dukun, but a simple misfit for the client.

In my research period I met midwives, dukun susuk, dukun who can remove tumors without cutting the skin, dukun who can heal broken bones instantly, exorcists, fortune tellers, electric acupuncturists, cuppers, even a dukun who cures with cobra venom. I met some who use cards for divination, some who use the Al Qur'an[4], one that reads lines in the hand and face, many who use massage, meditation or trance, and one who speaks to angels. Many have a type of spirit familiar, teacher or guide, often an old man or woman, sometimes a powerful animal, and in several cases a child. They see and

speak with them much as we see and speak with other humans, and sometimes the spirit guides expect things in return for their favors. Most fast, most pray, and almost all of them refuse to put a price on their services. Many have no idea where their powers came from. Some felt it come to them in dreams, some have had it passed down to them from an older person, usually a family member. Some studied with another powerful dukun. Some practiced tirakat or other kebatinan ascetic practice until they became sakti. Some place ads in regional newspapers and magazines; some were hard to find, retiring individuals referred by word of mouth who consider advertising their gifts taboo, since it reeks of greed and the search for personal profit from a gift that is meant to be used to help others.

Literature on dukun

The scholarly literature on dukun is fairly extensive, since the institution of the dukun is to be found in the whole culture area. *The Malay Magician* (1993) is a comprehensive treatise on the beliefs and practices of a number of shamanic practitioners and the complexities of a magical belief system in a region close (culturally and geographically) to Indonesia. *Taming the Wind of Desire* (1991) is an excellent ethnographic exploration of the psychology of shamanistic curing practices in Malaysia. Suryani and Jensen have written

two works which discuss trance healing by *balian*, the Balinese version of a dukun, and B.J.A. Lovric deals with the same in an interesting article in the journal RINA; and Hooykaas has compiled an astonishing number of images drawn by balian and gives a brief description of how they are used in ritual and everyday household magic in his *Drawings of Balinese Sorcery* (1980). He gives a good overview of scholarly accounts of the balian in his introduction; my favorite is his excerpt from Dr. Wolfgang Week, once head of the governmental medical services in Bali, who, in *Balinese Disease Producing Magic*, describes how balian commit sorcery and transform themselves into *leak*, fearsome werewolf-like creatures, to do their evil deeds (Week, W. 1936 "Balinese Disease Producing Magic", Natuurkundig Tijdschrift voor Nederlandsch Indie 96: pp 286-89 in Hooykaas 1980:13-14). Metcalf (1982) writes about death rituals and ritual specialists in Borneo; Errington (1989) on curing rituals and beliefs about health and illness in South Sulawesi; and Hollan and Wellenkamp (1994) about ritual curing in Central Sulawesi.

Indigenous scholars have also been interested in this topic. *Dukun, Mantra dan Kepercayaan Masyarakat* (Dukun, Mantra and People's Beliefs) (1992) gives us three chapters by three different Indonesian scholars on the dukun of South-Western Sulawesi and the northern region of Sumatera.[5] In *Fenomena Dukun Dalam Budaya Kita* (The Phenomenon of the Dukun in our Culture) (1997)

Sobary, a Central Javanese anthropologist trained at Monash University, compiled an excellent set of articles from the mid 1980s through the mid 1990s on his research on the topic of dukun in Sumatra, Central and Western Java, with a little political commentary on Islam in southern Sulawesi thrown in. Javanese anthropologists and sociologists such as Paripih, Supatmo, Suparlan, and of course Koentjaraningrat have written extensively on Javanese dukun. Doctors, especially psychiatrists, seem to have an academic interest in the curing techniques and efficacy of dukun, as we can see from the many articles on traditional healers from all over Indonesia and other parts of South East Asia from the edited volume of papers from a conference sponsored by the Indonesian Ministry of Health and the WHO (Setyonegoro and Roan 1983). And in the popular indigenous press, the dukun seems to be an attractive topic. *Saatnya Dukun Bicara* (When the Dukun Speaks) (2000) is a sort of treatise by a well-known Central Javanese dukun on the supernatural world of kejawen, an attempt to differentiate the false dukun from the real, and an examination of the politics of the supernatural belief system in the modern socio-economic mileu. Two Javanese journalists, Masruri and Dakas, together have produced two small volumes *Profil 20 Paranormal dan Keunikan Daya Linuwhnya* (Profiles of 20 Paranormals and the Uniqueness of their Extraordinary Abilities), and *Para Tabib dan Paranormal: Tentang Penyembuhan Alternatif* (Tabib and Paranormals: About Alternative Healing), both published

in 1997. Filled with photographs and extensive interviews, these are a wealth of information on various aspects of the lives and practice of many practitioners.

Every Western anthropologist or sociologist who has written about Java seems to have something to say about dukun. Ferzacca, Keeler, Mulder, Pemberton, Magnis-Suseno, Watson and Ellen, Jordaan, Hefner, Wessing, Beatty, Browne and Seigel, for example, in writing about the culture of Java from very different perspectives and focusing on very different topics, felt the need to address dukun. Even books on development (Rienks and Iskandar in Dove 1988, and Hugo et al 1987) and politics (Kartodirdjo in Holt 1972) touch on the work of dukun in these areas, but only tangentially. Filmmakers have documented the practice of a couple of dukun: *A Balinese Trance Séance* by Linda Connor and Patsy and Timothy Asch shows Jero, a Balinese healer practicing her art (and the even more interesting follow-up short film *Jero on Jero* shows her reaction to the earlier film); and the 1988 documentary series *Ring of Fire* features a startling sequence in the film of a Chinese-Javanese acupuncturist who heals one of the filmmakers of an eye infection, and then sets a newspaper on fire with his empty hand. But it is Geertz of course, in his inimitable fashion, who ultimately gives anthropologists an encyclopedic overview of the Javanese dukun in his *Religion of Java*, and his article "Curing,

sorcery and magic in a Javanese town." I will discuss his - and other analysts' -- division of dukun into types of practitioners in a specific section of this chapter on specialization.

White vs. black dukun

One of the controversies surrounding the classification of dukun is whether or not they practice black magic, or *santet*. Black magicians these days are called *dukun santet*, and are very present in the popular imagination. Most of the authors listed above who discuss dukun, inevitably come to a discussion of dukun santet (e.g. C. Geertz 1976:106-111). They are a unique category of practitioner which, while fascinating, doesn't seem to have a place in a discussion of curing techniques. However, I would note here that the cause of misfortune or illness of those who consult a curing dukun is often attributed to black magic sent via a dukun santet. Spells uttered by a dukun santet are considered to be real, effective, and sometimes as deadly as any other kind of weapon. As Joseph Conrad writes in *Lord Jim*, his novel which takes place in this culture area, "There is a weird power in a spoken word...And a word carries far—very far—deals destruction through time as the bullets go flying through space." I will address dukun santet a bit more in my discussion of

how dukun are perceived within Javanese society, but for now will address some other complexities involved in parsing the notion of dukun.

A dukun by any other name? : *orang pintar, wong tuwo, prewangan, tabib* and *paranormal*

The term dukun is a common title given to a person who has mastered the traditional knowledge and skills of curing or treating illness. However this term clearly applies to forms of magical practice, and sometimes it implies trickery for financial gain. "A skeptical joke has it that the word dukun is derived from the Javanese phrase *'ono udune, rukun'* which means: 'if there is profit in it, it must be ok'. Because the term dukun has these connotations, many indigenous healers prefer to be known as *'orang pintar'*, which simply means 'gifted person'" (Boedhihartono in Mitchell: 1982:22; see also Ferzacca 1996:570).

Geertz and Keeler found a distinct preference for the term *tiang sepuh* (high Javanese) or *wong tuwo* (same phrase in low Javanese), which means "elder" or parent. "Any person thought to have much potency is a *wong tuwa*...Dhukun are those people who have set up shop: they are recognized as experts and people come to them for assistance frequently. The slightly commercial look

to this makes the term dhukun equivocally marked, slightly demeaning in some peoples' view, whereas the term wong tuwa is unambiguously positive in connotation" (Keeler 1987:114).

Mulder elaborates on the distinction between wong tuwo and dukun. He argues that although dukun practice kebatinan, and are assumed to gain supernatural powers from doing so, people believe that their power mostly comes from outside themselves, from magical association with spirits or the spirit world as opposed to the powers of wong tuwo which come from within, and are thus seen as purer, less suspect (1998:51 and 1996). Dukun, he explains, are mere mediators between the supernatural and the patient, seeking their inspiration in the disorderly realm of spirits and magic, and are assumed to be out for personal gain; whereas the term wong tuwo always implies "the exemplary, wise and respected older people...who want to help others" (1996:108-109).

Geertz lists a type of dukun known as *prewangan*, and many female prewangan still practice the traditional skill of mediumship, often at popular gravesites. But Pemberton found that "(a)lthough many of these mediums are casually referred to as *prewangan*, they tend to refer to themselves with the

more respectable generic term "elder" (*wong tuwo*), bypassing the undesirable connotations of ordinary spirit possession" (1994:297).[6]

The *tabib* is particular type of dukun that is strongly influenced by Arabic or Indian teachings. They almost always present an Islamic flavor to their interactions with patients, and are almost always curers. They are often famous for their herbal medicines, and several patent medicines are produced by some famous tabib and are available over the counter at many pharmacies and medicine shops. Tabib are particularly popular in the region of East Java.

What I found in East Java was that supernatural practitioners by and large preferred to be called "*paranormal.*" This neatly captures the traditional sense of the magical nature of the work and life of the dukun, but neatly sidesteps the illogic of someone young promoting himself as a wong tuwo - while also showing the universality of their skill beyond the Javanese context fixed by that particular terminology. It has a taste of the modern, which helps them shed the stain of primitive superstition. It also carefully sidesteps the need to adopt a title that might indicate over-specialization or a limited set of powers: as a marketing tool, the term paranormal has a greater appeal.

Orang pintar, wong tuwo, prewangan, tabib and paranormal...as we read through the literature we can see that despite personal preference and regional variance, these terms can generally be seen as more or less synonymous with the term dukun.

No dearth of dukun

I interviewed dukun in their homes, at public events, at seminars, and at my home. I visited them one on one, with my sisters in law, with friends, with my husband, with my domestic supervisors (who would have taken the role of house servants in a normal Javanese household) Mbok Ka and Mbak Tini. I met people I am convinced are quacks and some that I am convinced have special powers. The one from Sumatra who writes screen plays on the side particularly provoked my skepticism; the ones who all told me the same thing about the same kind of thing buried in the same corner of my yard caused me to tend to believe. One thing that struck me was their utter lack of surprise at the interest I showed in them, and their utter blasé-ness about being visited by a foreigner - this in a place where even adults frequently felt compelled to shout *"bule! bule!"* ("albino! albino!") when they saw me on the street. I guess in their world my strangeness was not so strange.

As I described in my introductory chapter, my daily life was peppered with magic and ritual, but even domestic magic specialists like Mbok Ka and Mbak Tini sometimes had cause to consult a professional. Mbak Tini consulted one dukun about the alarming series of injuries to her youngest son's head: five times within about six months he either fell on his head or something fell on him. After a series of ritual food preparation and distribution prescribed by the dukun, Kiki's head was safe. She also consulted a series of dukun about her older son Yudi, with much less successful result. For several years, from the time Yudi was around fourteen, Mbak Tini went from practitioner to practitioner seeking help to rid her son Yudi of his obsession with owning a large motorcycle which he could race in local and national events. His father objected on the grounds that they simply could not afford it; his mother, however, in addition to knowing they did not have the large amount of money required for such a luxury, had a horrible feeling that a motorcycle like that would spell death for her son. Despite her many and varied attempts to rid Yudi of his fixation, logic and magic both failed. They never did buy him the motorcycle, and eventually he stopped begging them for it, but in July of 2005 eighteen-year-old Yudi was killed on a motorcycle he borrowed from a friend when a vehicle struck him at an intersection near downtown Malang.

Many other people we knew regularly consulted dukun, and level of education or urban sophistication had nothing to do with their recourse to magic. A very educated, wealthy young woman friend from Malang went to a dukun to ask for advice on where to find her wallet. He told her exactly where it was, in her desk drawer at work. One of my brothers in law, Mas Manto, a well-educated upper-level manager of a paper factory in a large town in East Java, went to a dukun to ask for help when he was repeatedly passed over for promotion...and soon was promoted. This was interesting to me because this man had a bit of *ilmu* or magical knowledge of his own. He received the ilmu from his father, when his father was on his deathbed. He did not really desire the ilmu, but the ilmu that his father possessed—although he was not a dukun—was strong enough that he was unable to die until he had passed it on to someone, and Mas Manto was tired of watching him suffer.[7]

My favorite story, though, about the urban sophisticate reliance on magic, happened at an office in which my husband Hadi worked. The office was located in a high rise in the second largest city in Indonesia, the city of Surabaya in East Java. It was the local branch of a large international accounting and auditing firm, and housed workers from all over Indonesia. During the course of several weeks in 1994, it became apparent that money

was disappearing from the locked petty cash drawer. No one knew how this was happening. The directors announced that they were calling in a local dukun, who would treat a pitcher of water with Islamic prayers and spells. Everyone would be required to drink some of this water, and everyone understood that the thief would be struck with a compulsion to confess publicly as soon as the magic water touched his or her lips. This threat was enough to cause the thief to confess privately to their supervisor the night before this magical trial was to be held...and so the case was closed.

In my position as director of a study abroad program in Java for many years, I had the wonderful opportunity to introduce my students to the world of Javanese magic. Each semester I would invite the *dukun ular*, who cured using the venom, bile, blood and eggs of cobra. I always relished the moment when, after a long and involved explication of his kebatinan beliefs, he would have his son dump out the contents of the burlap sack they had placed in the shade on my back porch, and the cobras - and unsuspecting students—skittered around the back courtyard. The venom milking, skinning and removal of the eggs I could have lived without, and the taste of snake bile is not something that I will miss. But I will miss the trips to Mount Bromo to meet the Hindu Tengger dukun of Ranupane, and the trance dancing that the Ranupane villagers performed.

Each time we visited this small, isolated mountain village, Pak Sutrisno (research assistant to Robert Hefner, who did extended anthropological fieldwork in this area) would arrange a visit with the village dukun, who would perform a ritual for the safety and success of our students, and would teach the students how to make requests from and offerings to the village *dhanyang* or ancestor spirit housed in a small shrine around a large rock under a very large tree. The village dukun also patiently answered each semester the questions our students had about his belief system, his practice and his training, and I will always be very grateful to him for that. Each of our trips to Ranupane was enlivened with a horse trance dance, or *jaran kepang*, wherein the villagers become ritually possessed and are ridden by the spirits as they ride the rattan horse puppets in the dance.[8]

The dukun would be called in to prepare the village for the entrance of the spirits, to assemble offerings the spirits would like to enjoy once they were embodied, to help the dancers into and out of trance, and to deal with any unusual cases of possession that might occur. It was common to see one of the gamelan players or one of the drummers spun into trance by the repetitive rhythm of the music, spring into the rigid seizures that often indicated the onset of trance, and have to be led out on to the middle of the road or the large front yard of the village headman that was the dance arena, and treated by the

dukun to insure a safe trance experience. The spirits would speak to the dukun (sometimes in Javanese, sometimes in a language only he could understand) to make their requests for particular food, people or objects known. And despite Pak Sutrisno's best efforts at keeping us from getting too drawn into the musical rhythms, slipping into a state of daydreaming or empty mind that could lead to possession, one semester the spirits spoke to one of our students from Hawaii, and he went off into trance. The dukun identified the spirit that possessed my student (and we heard the student speak perfect Javanese), assured me he was fine, helped him get a horse puppet, some bells and a whip, and the student proceeded to dance with his eyes rolled back in his head for the better part of an hour.

Despite my frequent visits with these dukun, the paranormal practitioners with whom I spent the most time were my brother in law Saipul and his older brother Mas Nen. As I mentioned in my introduction, Saipul is a paranormal practitioner specializing in home and human exorcisms and yearly, ritual ablutions of keris daggers and other power objects; his brother Mas Nen is also a paranormal practitioner specializing in finding lost objects (especially keris), divining the future, and production of specialized amulets to protect his clients from dangers or troubles he sees looming ahead.

Saipul was called in to meditate and cleanse our house after, as I also described in the introduction, people frequently complained about it being haunted. He cleaned all of our keris at the start of each Javanese new year. He took me along on many exorcisms, and excursions to test the validity of various power objects people owned or were looking to buy. He tried and tried to put me in touch with his two spirit guides, a tiger and an old man, who speak to him and give him guidance and strength in dealing with the spirit world. I never was able to see them, but I did have some mighty strange dreams.

Saipul is as handsome as a movie star and unbelievably soft spoken; I often had trouble hearing his explanations of supernatural phenomena, and once I did hear them I would still sometimes have trouble understanding the meaning of what he said. He was amazingly patient with my incessant note-taking and endless questions. His brother Mas Nen, being ten years older and a bit portly, was the less handsome of the two but had developed a greater reputation and thus had more regular clientele. He had many individual consultations that he was generous enough to let me observe, and Thursday nights had a sort of open house where anyone could come and seek his services if they were willing to talk, sometimes, in front of a foreign anthropologist. Mas Nen was famous for his ability to call powerful objects,

especially keris, from the fourth dimension, where he explained that they resided. Several people told me of how he was called to look for a long-lost keris that had belonged to the first president of Indonesia for his daughter Megawati to help her in her bid for political power. It must have worked—he called the keris, returned it to Megawati, and she became the fifth president of Indonesia. He was also famous for his ability to protect big events from the threat of rain: during the soccer season the hugely popular national Malang soccer team brought him in each week to prevent a rain-out of their match, as well as to cleanse the soccer field of any magical objects or spells the opposing team's dukun may have placed there to help defeat the Malang *Arema* team.

One day Mas Nen told me, in a quiet aside on our way back from somewhere, that I would be going on a big journey, that I would get a new job, and that I would face some real difficulty. I told him that he was wrong, and forgot about until a few days later when he sent Saipul over with a small *jimat* amulet that he explained would help me in the difficulties I would face on this trip. A few hours later, I received an email from a consortium of American colleges and universities that offered me the completely unsuspected and unsolicited position of director for their summer intensive advanced Indonesian language program in North Sulawesi. I took the amulet, and I went. In my first couple of days there, one of my students named Vanessa

Preisler and I were trying with no luck at all to get the program laptop to work. It had been in storage for quite a while, and none of the programs would work nor could we get it to print. After a full day of trying everything that we could think of to fix the laptop, including advice from local computer experts, finally, in a fit of extreme frustration, I snatched up the little jimat and tapped the laptop with it. Instantly the machine whirred into life, access was granted, programs came up, and live contact with the printer was indicated. "What was THAT??!!!!", Vanessa asked, and although I had been too embarrassed to tell her what I was trying (and really didn't expect it to work) I told her the whole story. Vanessa made a special trip to Malang to visit Mas Nen before she left Indonesia, and gave me permission to tell this story, name her in it, and assure my readers that she witnessed the whole thing.

Shamans, sorcerers and spiritualists

I have a painting of a dukun by an old Javanese painter, who often does what he calls caricatures of cultural themes. My painting is called "*Apa Saja*", which means "anything" or "whatever." It shows a man and his wife consulting a dukun. The dukun is dressed in traditional garb, and the man is dressed as a classic Javanese civil servant, government official or middle class academic: he is wearing a long sleeved polyester safari suit (complete with pens in the

top pocket) and a Muslim *kopiah* hat. The wife is in a tight dress, standing behind her husband and pushing him with her hands, and with her purse over her arm. The dukun is wearing traditional Javanese dukun garb: a *blangkon* head wrap and sarong, with a keris dagger tucked into his waistband. A full moon lights the scene, and glints off the dukun's birdcage and traditional oil lamp. He holds his hands over a small charcoal brazier, and out of the rising incense smoke a host of golden objects appear: dollar signs, the sign for the Indonesian rupiah, a car, a woman, a plane, a car, a tall luxurious house, a crown and a chair (to represent what they call *kedudukan,* "seat" or rank position). The dukun, the painting tells us, will help you get "Apa Saja" anything: to satisfy yourself or your wife (who is pushing you and holds the purse strings to the family money). I love this painting because it tells you most of what you need to know about Javanese culture: what it takes to be a man according to Javanese tradition (*"pusaka, turangga, wanita, griya, peksi"*: a power object, preferably a keris, transportation, a woman, a home and a bird); the role of the female gender (to appear to be subservient to your husband in public while privately maintaining control of him and the family fortune); the role of Islam in modern Javanese society (sometimes just a fashion, a habit, an emulation of one's neighbor, like the *kopiah* hat, where appearance is all and all that is required); the persistence of colonial government and social structures (the safari suit) in post-colonial Indonesia;

and the traditional imbedded and coextant with the modern, with the traditional arguably more powerful.

Boedhihartono estimates that there are roughly 100,000 traditional healers in Indonesia (1982:21). However, he goes on to say that it is impossible to accurately assess the total number of traditional healers in Indonesia (Boedhihartono 1982:22). Though I could not possibly obtain or even determine what would constitute a representative or complete sample of information on Javanese dukun or beliefs about dukun, I would say almost everyone in Java has some belief in the powers of orang pinter, dukun and paranormals. Some actual examples of curing I saw or individuals I met were not convincing, some were, but the second-hand accounts were very compelling, and the people I spoke with were obviously strong believers. While at first I was completely skeptical, I saw some very strange things for which my background in Western logic and science left me ill prepared. I think as much as I wanted to research this topic, I wanted to believe, but rarely could make the leap. While pressing one informant on why she was so convinced of a certain dukun's powers, I was told that Westerners don't believe in magic because they use their brains too much and don't feel with their hearts. But whether Javanese magic can be pinned down logically or not, she said, "It's the truth."

Training and qualification to practice

(T)heir activities as a dukun, which concern healing, the ability to see the future, the ability to act as a medium, etc., require some extraordinary abilities. Part of this may be innate and inherited, but a large part is learned skill, which is obtained by training. Formal schools or training institutions for dukun naturally do not exist; prospective dukun therefore learn the skill by assisting established dukun as apprentices...learn specific techniques of healing and magical rituals, study the power of herbs, learn to memorize magical formulas, spells and incantations...The Javanese also strongly believe that the skills of a dukun are subject to ascetic discipline.

-- Koentjaraningrat, *Javanese Culture*, 1985:425

Most dukun have had no formal education for their practice, and there are in general no written texts that they follow. Supatmo describes dukun as "sort of a native healer...who has received no doctor's training in the Western sense" (1945 paper 3:1). Some of the kebatinan sects have treatises that they distribute to their members, in which they describe their theories of power and detail the kind of ascetic, physical and breathing exercises the members need to practice in order to obtain or focus that power, but they are in no sense manuals for curing. Traditional Javanese *primbon* almanacs detail a wealth of fortune telling information and advice for correct and auspicious action, and there are a few cures for common ailments scattered throughout some of them. However I never met a dukun who counted on these kinds of texts exclusively or even heavily for tutelage in their craft.

Very few professional organizations for dukun exist. Occasionally someone will hold an 'exhibition', where local commercially-inclined paranormals can promote themselves. Typically these exhibitions will also include cheap retail items for sale, such as children's shoes and toys, furniture, and books. One such exhibition in Malang in 1997 also included an exhibit from the local police on particularly heinous crimes in the area in the recent past, complete with photos of crime scenes and corpses. The lure of the strange brought in thousands of the curious from the town and nearby villages.[9]

Bos Eddy, one of the more flamboyant and commercially successful of the currently active dukun, has established the *Paguyuban Paranormal Indonesia*, Union of Indonesian Paranormals, which he claims has about 1000 members from all over Indonesia.[10] But not even this organization offers the kind of opportunity for formalized training and certification, development of professional standards, development of proposed legislation or legal regulation, and opportunity for professional development and publication that professional organizations for mainstream medical practitioners offer. Links to these kinds of national or international professional organizations are extremely common for medical practitioners from the biomedical tradition. "Indigenous practitioners of traditional medicine, by contrast, have few if any

such links and tend to emphasize instead not the universality of their therapies but their cultural or regional specificity" (Last 1996:377).

No license is required to practice as a dukun, and so there is no standardized testing of body of knowledge or skills. Indeed, since many of the illnesses dukun specialize in curing stem from supernatural causes, identification of the diseases and evaluation of the efficacy of treatment in the classical Western scientific tradition is impossible.[11] "The dukuns are left entirely free in the practice of their art, since the extending of curative relief by supplying native remedies for so-called indigenous diseases does not legally constitute medical practice. Since the law does not define what constitutes remedies or just what is meant by so-called indigenous diseases, anyone, including the dukuns, may administer cures. They may also supply remedies, because here again this is not considered to be pharmaceutical practice" (Supatmo 1945 paper 3:5).

Boedhihartono briefly describes the Indonesian government's attempts in the 1970s and 1980s to register traditional healers, so as to issue licenses and thus presumably gain some control over them by formalizing and legalizing their practice. The healers resisted (and are still resisting), refusing to be lumped in with commercial alternative practitioners such as acupuncturists-- probably, he argues, because of the desire to perceived as acting solely out of a desire to

help their fellow human beings, in often religiously-inspired humanitarian actions (1982:22-23).[12] He also points out that most dukun are not bound to any organization, although he does allow that many kebatinan sects employ traditional healing methods as part of their regular activities (1982:24). Last argues that the legality of a practice is less important than the practitioner's moral standing or trustworthiness (1996:388), and indeed the training and qualifications to practice as a dukun center around ideas of legitimacy that have nothing to do with government regulation or standardized licensing.

From all of the academic and popular commentary on dukun, and from my own research, it seems there are six ways that a dukun can acquire the ability to heal:

1. *Through inborn ability.*

Jordaan asserts that "basically, there are three ways to become a dukun: by descent, by divine injunction, and by initiation" (1985:166); Suparlan tells us "The knowledge or elmu of a dukun is partly inherited and partly learned" (1978:203), and I believe this is more the case. Dukun who claim to be born with their extraordinary abilities are extremely rare. Ki Karebet, an ethnic Madurese dukun practicing in Malang said, in response to a question about how long he had been a paranormal:

> Since I was a little child. When I was seven my parents took me to a psychiatrist. He said that I possess a high telepathic ability. I didn't realize it. However I could feel, if something was missing I could tell where it was. And I was still a kid when I suffered from a high fever; and when the fever was gone, I realized that I had a sixth sense. I can see invisible things that others can't. It's like a vision of Javanese dancers ("*srimpi*"); regular people can't see Nyai Roro Kidul (goddess of the south sea) but I can see her. Since then I started to learn about that.[13]

Although I have heard many other stories of unique talents evinced by dukun at a very early age, even as infants, more often I heard of people described as being born with, as Clifford Geertz calls it, the "necessary spiritual resources" (1976:87) to successfully study and practice the asceticism required to become a practicing dukun. And of course it helps to come from extraordinary (dukun) stock to be born with those extraordinary spiritual resources. I think Jordaan and others are not entirely mistaken when they describe one of the paths to dukun-ship as through descent or inheritance, but I think Koentjaraningrat explains it much more clearly when he says that "often an established dukun takes his/her own son or daughter as assistant, and in this way the profession is 'inherited'" (1985:425),

2. Through meditation and ascetic practice – tirakat and kebatinan tradition.

Supatmo tells us that for the dukun "the older they are and the more penance and acts of self-denial they have practiced, the more they are usually trusted"

(1945 paper 3:1). Mas Nen and Saipul both claim their skills have been developed through participation in this kind of exercise. Mas Nen is an adept of the Perasai Diri kebatinan sect that centers its exercise around tirakat ascetic practice, and Saipul has risen to the level of instructor in Tiratai Tunjung, which stresses tai-chi like movement and breath control as well as semedi meditation.

East Java's Liberty Magazine is a wealth of information on the supernatural. The following is an excerpt from an article that told the story in words and photographs of one East Javanese dukun who acquired the ability to heal through ascetic practice:[14]

> Little Mbah Yanto liked to fast and perform tirakat, as he came from a very poor familiy and was already accustomed to hunger. One night on the way home from his teacher's house, he intended to throw away the packet of rice his teacher gave him, as he felt ashamed of accepting others' pity. All of a sudden Mbah Suro appeared in front of him. Mbah Suro told him not to throw it away, but to give it to his family instead, as it was offered in kindness. Mbah Suro taught him to always think of others and to try to do good to others. Mbah Suro also gave him a keris called Semar Mesem in order to help other people. Since that time, he has started to practice as a "wise person." So that Mbah Suro and Semar Mesem continue to help him in helping others, he makes offerings of petals and incense. He doesn't receive guests on Thurday night or Friday noontime as he is busy serving Mbah Suro.
>
> At first he only helped with various problems like seeking fortune, finding a mate, rising in rank and the like. But one day a man came to him with a boil on his leg. He had had the boil a few years; it wouldn't heal, kept getting worse and continuously emitted pus. Yanto had never treated

> "real disease," but so that his guest would not be disappointed, he took him in to his private room. After a few minutes of meditation, he asked advice from Mbah Suro Dupa Sakti. Mbah Suro ordered him to lick the boil. He was disgusted, and wanted to refuse, but did not. The next day the boil began to dry up. "At the beginning I did not believe it, but the man returned soon to show me that he was totally healed." It was a valuable lesson. He realized he could also cure disease.[15]

The article assures us that the ascetic practices in which he engaged are what made him both sensitive to and deserving of communication from a supernatural being.

I asked many dukun about the kinds of ascetic practice in which they engaged. I heard many variations of fasting and deprivation, prayer and study. When I would ask about how they developed or maintained their ilmu kebatinan, complicated, lengthy answers usually followed, similar to the following extensive excerpt from an interview with an old East Javanese dukun:

> *Please explain to me your ilmu kebatinan.*
> Ilmu kebatinan is sort of like... if you read the *syahadat* ("*Asyhadu alla ilaha illallah wa asyhaduanna Muhammadur rasullallah*")[16] thirty three times every single night. You can read the syahadat while you are doing anything, even while you are eating, and especially when you do it wholeheartedly, you will get anything you pray for. Or if you read "*Qulhuwallahu ahad, allahussomad, lamyalid wa lamyulad, wa lamyakullahu kufuhan ahad*"[17] one thousand times, anything you ask for will be answered. To get good fortune, read the syahadat three times, while sequentially facing to the south, east, west, north, upward and

downward respectively, and precede this by reading the *shalawat* to the prophet Muhammad ("Allahumma solli ala Muhammad") six times, so if you are a merchant, for example, you will get fortune from eight directions.

All human beings in this world are supposed to be clever, not just praying the whole day, so use your twenty-four hours of time respectfully. If it is from the Al Qur'an...If you really read 6,666 verses of the Al Qur'an, it can be called P4.[18] As an output it is P4, so if it is 6,666, then what is two and what is four?...So obey Allah's commandments. Have good intentions, avoid any wrongdoing. The punishment is huge. So when it grows, which one is bigger, the badness or the goodness? So to seek this ilmu kebatinan it has to be step by step from this dukun or from that kyai, from Hindu, or from Christian. Who do you have to ask? If you are a Christian then ask from the Father in Heaven... ask to your Savior (Jesus), *"ora et labora."* If you are a Muslim, ask from Allah, *"iyyakanakbudu wa iyya kanastain."* If you are a Hindu, *"ohm santi santi ohm."* Which God do you worship? Brahma or Vishnu? If the God Vishnu, face toward the east, *"hong wilaheng bawono langgeng'...* So, a Muslim should ask from Allah.

Muhammad is....the five pillars of Islam are five but this is six. Twenty-four hours is a big risk, do you understand? The risk is twenty-four hours. If you have just learned from old people or parents, not even one hour, then you fight, beating people. The devil comes to seduce you, so you have to avoid it. Religion is the way of avoiding it. Learning kebatinan such as this is not easy.

How does your kebatinan practice help you to heal?
Even a doctor actually can't heal. If doctors could heal sick people, there would be no dead people. It is all up to God, even the result of a surgery. A kyai is different; leading the people, that is what a kyai is. From top to bottom, or bottom up, yes ... everything, so you have to be careful. If you want to succeed in your marriage or in your social environment, it is all the same thing ... charity is not money. If charity is money, it can be counted, but the charity is from you. So, my ilmu should be wisdom used for the sake of upholding mankind as in Pancasila and the national constitution, which we should uphold rightly. It is all from there.

By using holy water and I have to fast beforehand; I just read Al Fatihah forty four times, *syahadat* thirty three times, and *"qul huwawwahuahad"* (Al Ikhlas) one hundred times. Al Fatihah is very powerful-- no matter who reads it, it makes no difference. If you suffer from *guna-guna* or black magic from an evil dukun, read Al Fatihah forty four times whole-heartedly, with belief, accompanied by fasting without drinking one whole day and night; even more powerful is, if you are strong enough, go without sleeping and eating anything for seven days. That's my "diet." In Islam, Al Fatihah verses can be used for everything as long as you do it correctly.

So do we just read Al Fatihah by ourself?
Yes, just read it by yourself. This...you don't need to touch it. For kids, use it as a soothing powder then rub it on them and for adults use it as a drink.

Can you tell me again, how did you get your ilmu?
Partly I inherited it from my ancestor and partly by learning from various people. From kyai, pastor, *orang tua* (parent or old person), and so on, so it is not ...(*we are distracted by the delivery of more tea*).

To whom will you pass your ilmu kebatinan?
To a strong man. Actually I can say that now I am passing my ilmu to you.

Is it not necessarily passed to your child, grandchild or relative?
I give my ilmu to everybody who can practice it properly. I guided you and taught you already. I have given the ilmu of reading *"bismillahirrohmanirrohim"* ("in the name of God") and Al Fatihah to you. Reading bismillah, Al Fatihah, and the syahadat thirty three times all can be called *ilmu*. Now this ilmu of reading Al Ikhlas forty four times. This one is dangerous; Al Ikhlas is a dangerous surah. If you can read Al Ikhlas one thousand times while you are fasting for a week, you will find that your enemy's face will be destroyed. For any level, this (Al Ikhlas) is the strongest ilmu for me, but I don't know for other people. To overcome any problem just read the syahadat, facing to each of the four cardinal directions three times as well as downward three times and eventually upward by calling Allah's name. So if you have any plan all eight directions have been prayed to. This is without fasting. And when you get home please read *"Alhamdulillah"* ("thanks be to god") three times.

> *How many Al-Ikhlas should I read?*
> If you are strong enough read it one thousand times every night. If you can't, just one hundred times. Every night I read it one thousand times so that I can forecast precisely and able to heal sick people. It's not me who heals you; I am only a mediator. It comes from Allah.[19]

Not all dukun's descriptions of their ascetic practice involved such extensive religious content, and rarely did a dukun tie in their teachings to national political ideology, but in East Java a Muslim gloss on their kejawen knowledge was quite common; and always their mystical information was eclectic, somewhat confusing, and defied rapid rational analysis.

3. Through apprenticeship with an older, more knowledgeable dukun.

Learning from a dukun can take an uncertain amount of time, but tends to be time consuming. Each dukun has his or her own method of instruction, and requirements that their students must fulfill. Not everyone is accepted as a student, and not every teacher is considered to fit, or *cocok*, with every student. A couple of very bright, educated and internationally traveled young men that I knew quite well studied for years with a particular teacher, but suddenly stopped when they felt that the teachings and ascetic practice in which they were encouraged to engage were starting to lean a bit too much toward the development of skills that could be considered black magic. They decided the study was becoming too dangerous, and they quit. The techniques of teaching

are informal, but often are couched in a sort of formalized, symbolic rhetoric that the student has to interpret while they are striving to internalize the meaning.[20]

An excerpt from a lengthy profile of another contemporary East Javanese dukun gives us a picture of a dukun who apprenticed with another:

> According to Mbah Mari, "I got this knowledge from Muzayyin from Pakis, Pati, and Central Java in the 1960s," he says. He was taught to perform tirakat in order to possess the power to cure the sick. "If a person wants to master this ilmu he firstly has to fast (mutih - eating only white-colored-food e.g. plain rice, bananas, and white rice crackers) for seven consecutive days and read lots of verses from the Al Qur'an and the hadith[21] after praying." To sharpen his ilmu he has to behave well and do lots of good deeds. He also has to avoid as best as he can immoral deeds, especially adultery. Once he commits adultery his ilmu will disappear (Masruri and Dakas 1997a: 93-94).

Note that he doesn't simply claim legitimacy through study with a master, but stresses the initial and ongoing importance of ascetic and religious practice in obtaining and maintaining his gifts. Also note that he does not disclose any of the teachings; he only talks about how one prepares oneself to learn, and strengthens oneself to practice.

An excerpt from an interview with Ki Karebet describes a common story, how (despite early evidence of inborn abilities) he studied with many different

talented teachers. He speaks poignantly about the search for meaning, and about finding satisfaction in himself and his role of dukun:

> I sought "food" for my batin and I went to Central Java and became a student of Ki Cokro in Purworejo, Central Java, who gave me the name "Karebet."
>
> *How long have you known this man (your teacher Ki Cokro)?*
>
> Thirty years. Everyday I pray for him. He helped me to find my *jati diri* (self identity), like mankind has to find a way to control themselves, and he showed me the way, but he used a lot of metaphors, like (sings a line from a nonsensical children's song in low Javanese): that song has meaning. The meaning is that a person has to keep a low profile and do what is appropriate. (Sings another line in low Javanese): that cautions people not to daydream. Javanese people should be like that. But where I am from, people are more straight-forward. In Madura, you say something directly. Because actually, that's not bitter, but instead creates happiness. In America too, because it's not a bitter pill, but instead it makes you happy. Also like what J. F. Kennedy said— Ask what you can do to wipe out protestors...Calm thought leads to peace...so there would be no evil thoughts. That is my struggle.
>
> Since 1964, I went to junior high school in Lawang and I went to college in Malang, taking communication as my major, but I didn't finish it. I traveled to Kaharingan in Kalimantan and learned kebatinan. I also traveled to Aceh and Banten to study about Debus (a ritual display of invulnerability). Your tongue is can't be cut by a sharp sword, but it's all display, the core of Debus actually is not that. I learned to broaden my ilmu kebatinan from a private teacher. Do you know what a "private teacher" means? A "private teacher" is a birthmark carried along with us since we were born. You come here because you are guided by something. It is not a God. You can speak with me because you are moved by your life itself, the super ego.
>
> When I studied about ilmu kebatinan it took time and process. From one teacher, to another teacher, to another teacher, and so on. Why was it not instantaneous? Because you have to go through a process. Looking inward, that is what it is called *"manunggaling kawulo lan*

> *gusti,"* which is the source of inspiration. In Islam we call it *"hablum minnallah"* and *"hablum minnanash."* For example, a falling object hits me. I won't blame the object. I will ask myself, did I make a mistake? Then I will not make the same mistake, I will do better. If somebody is angry at me, I won't be angry, I'll be happy instead. God is speaking to me through that person so I can improve myself. God warns me: remember!!!... So I will be closer to God.
>
> I was a civil servant long time ago. But this is my calling, and I feel satisfied when I can help other people. For example if somebody has a marriage or a family problem, I give him advice and he becomes a better person. It feels really good and I am happy that I can be of any use to other people.[22]

4. Through sudden inspiration or supernatural intervention known as tiban or wahyu.

Many dukun claim they acquired their ability to heal suddenly, unexpectedly, without their seeking it and often without their understanding. The following excerpt from a contemporary profile of a practicing East Javanese dukun is a wonderful example of *tiban* that conferred the ability to heal the mentally ill:

> When he was 14 years old, his neighbor insisted that Lukman heal his relative that was insane. His neighbor said that he had a dream. In his dream only Lukman could heal his relative. Of course Lukman was very surprised, as he didn't have any knowledge of healing. The neighbor and his family pressured him continuously, and so finally he gave in. They brought the mad relative to Lukman, and suddenly, spontaneously, he kicked the madman over and over. Seeing this, people were very surprised. But Lukman continued kicking the man until he cried out in pain. The strange thing was the madman immediately became conscious and recovered, remembering the names of his family and neighbors, then shook Lukman's hand, who was just as surprised as everyone else. The family of the madman hugged each other while tears ran down their faces. Soon his success in healing

> mental illness spread through word of mouth. Many people have come to him ever since (Masruri and Dakas 1997a:33-34).

This is a not uncommon story of the first time a dukun realized they could heal, not only in terms of the genesis being another's conviction that they could heal someone, but also in terms of the violence of the inspired healing mechanism, especially with reference to the mad.

5. Through inheritance of the skill from parent or grandparent.

Ki Adam Majintan, a dukun from the Tengger area of East Java practicing in Surabaya, describes how he inherited his ilmu from his mother, and how he suddenly became aware of his inheritance and its power:

> My mother is a *Majapahit* descendant.[23] I was a naughty boy. This naughtiness brings goodness. Since I was in the second year of junior high I could heal sick people. I inherited this from my mother, and from holy saints. I ask God, and I know whether a person is good or not. I got this from God. I often meet the holy saints mysteriously. I cannot feel it. I do not know. I realized it when I found that I could heal my neighbor just by giving him water. That was when I was in the third year of junior high. What is meant by miracle is pure water. Like mineral water.[24]

Another excerpt from an article in Liberty magazine gives us a picture of a dukun who uses healing knowledge passed down from his ancestors:

> Mbah Gendu started healing crazy people about 20 years ago. He was the RW in his area. "The story goes that there was a crazy person making the

> people in his area very uncomfortable. The madman was harassed and stoned by children. The result was that the crazy man went amok, and caused one of the children to be harmed. Seeing this, the child's parents could not accept this. Because of this, they and many other local citizens beat the madman until he was bloody. As an RW, Mbah Gendu felt terrible witnessing this. He tried to save the crazy man by bringing him to his home. Once he got him home, he tried to cure him using the knowledge of his ancestors, called *'Ilmu Pitua'*. "Ah, unexpectedly the crazy man was cured," remembered Mbah Gendu. Since then Mbah Gendu has become famous as a wise man. Especially in healing illness of the nerves (mental illness) like this."[25]

Also note that once again he does not disclose any of the teachings; he only talks about how well the knowledge of his ancestors works to heal, especially the mentally ill. This is typical of those who establish their legitimacy through reference to ancient knowledge passed down within a family. Although this article goes on at length, at no point does he attempt to share any of his "*ilmu Pitua*" with the author or his readers.

6. Through possession or trance healing.

Trance or possession which allows healing through channeling or communication with a supernatural being or beings is a very common mode of practice in East Java. Like the prewangan that were discussed briefly in the previous chapter, many dukun place the source of their power in the realm of the *gaib*, the mysterious and magical level of the universe that is beyond rational understanding. Dukun usually cultivate long relationships with the

beings that become their spirit guides. The following excerpt from a Liberty magazine article on an East Javanese dukun explains how a spirit guide introduces himself for the first time, in order to help cure a local "madwoman," and how the relationship developed.

> Mbah Yanto never imagined becoming a dukun as no one in his family before him had been a dukun. His ilmu started in the month of Suro 1996, when one day a madwoman named Paikem was brought to his attention. She had been ill for years. Her behavior greatly disturbed the citizens of her area. She frequently screamed hysterically, and threw things at the houses in her village. When Mbah Yanto met her he heard a command from a mystical child which said (in ngoko): "Pak, don't worry. Go, help Pakiem," remembers Yanto. Without hesitation he massaged her body and bathed her body with petal water. The next morning she turned quiet. In no time, she recovered completely, and regained her sanity... and never had a relapse. Since this case, he always hears mystical commands from Sukro....Sukro is always with him, guides him on hikes on cold, slippery, high, lonely and famously scary mountains...and Sukro is a little boy that he can contact by slapping or tapping his wife's thigh. His assistant is not a hidden-old-man with long beard but a child. He calls him Sukro. As he doesn't have child from his marriage he considers Sukro as his own child. Every Wednesday Legi[26] Sukro always asks for hot coffee, a cigarette, tri-colored flower petals and requires Mbah Yanto to fast and meditate. So that is why Mbah Yanto doesn't receive guests on that day.[27]

This story is fairly typical, although the heartily strange element of the spirit guide residing in the dukun's wife's thigh is completely unique, and to this reader, utterly fascinating.

Although Supatmo claims dukun are mostly women (1945 paper 3:1), Babcock claims they are all men (1989:131) and Ferzacca claims they are mostly male (1996:569 and 578). I met many male healers and nowhere near as many female. Many of them had spent years studying under various teachers, *and* performed ascetic practice regularly, *and* had power objects, *and* had been "gifted" with power in some extraordinary way or another. For example, although Mas Nen and Saipul depend on ascetic practice to achieve and maintain their power, their skill and dedication in this arena are not their only claims to legitimacy: Mas Nen has angels that inform and protect him. Saipul's spirit guide is the head of all the supernatural beings in the Batu mountainous area of Malang, and rides a white horse. And both have any number of power objects at their disposal. I found this typical of other paranormals in East Java. Some had slept or performed semedi in magical places and a few were born of a line of healers. Some were inspired in dreams or suddenly possessed by a helpful spirit. Some of them worked hard to acquire the assistance of powerful djinn, and some spent years internalizing ilmu of their ancestors. Most of them spoke of prohibitions which must not be transgressed--they must not be passionately ambitious, greedy, or commit adultery—or they would lose their hard-won ngelmu. But regardless of how they got their powers, each one had their following who were convinced of their legitimacy.

Specialization

Usually one man is several kinds of dukun...A man who is able in several of these specialties at once is called a "dukun biasa", "common dukun" -- or just dukun without a qualifier, and it is he who is the most important. He is the general magical specialist in the traditional society, useful for all that ails one physically or psychologically, predictor of future events, finder of lost objects, insurer of good fortune, and usually not unwilling to practice a little sorcery if that is what one desires.

-- Clifford Geertz, *The Religion of Java*, 1976:87

In *The Religion of Java*, Geertz lists a myriad of different kinds of "dukun" operating in the late 1950s in east Central Java.[28] Geertz neatly divides dukun by class differences, black vs. white, and learned vs. gifted. Geertz describes his three main classification of dukun: *abangan*, who are lower class and use traditional mystical techniques or objects to heal; *santri*, who are religious and use the Al Qur'an in written and spoken forms; and *prijaji*, who are upper class and emphasize asceticism (i.e. meditation and fasting) (1976:33, 86-111).

Koentjaraningrat divides dukun into four categories: those who perform productive magic (including curing diseases, making rain or finding lost objects and people); protective magic (also healers, and dukun *susuk*, the specialists in inserting power objects beneath the skin); aggressive and destructive magic (sending disease or misfortune to an enemy or rival, or otherwise assisting in evildoing); and divination and numerology (to help figure auspicious dates for weddings, planting, and so on) (1985:423-425).

Dr. Dipojono, a member of the department of psychiatry at the University of Indonesia medical school, in his article on Javanese traditional medicine and medical care, divides dukun into physically or biologically oriented healers (like midwives, circumcision specialists, bone setters and masseuses); religious healers (who usually use the Al Qur'an and Islamic teachings); and psycho-socio-culturally oriented healers (like the ones who insert things under the skin, use trance possession, give amulets, and so on). The first manipulate the body, the second manipulate religious beliefs, and the third manipulate the cultural beliefs of patient and family, for the benefit of the patient (1983: 253-254.)

Jordaan (1985: 161 and 174-194) lists the types of dukun practicing on the island of Madura, close off the East Javanese coast, and describes in detail their specialties and bits of information about their practice. Dukun unique to Madura are the fishing dukun (which makes sense since that is how the majority of the people there make their living). He found a division between dukun who accessed the mystical knowledge of ilmu (or *elmo bathin*) and those who used more profane knowledge, from books, divinational knowledge, and practical, common experience (*elmo kasar*, or coarse knowledge). Jordaan also found no distinction among dukun that

corresponded to Clifford Geertz's typology of dukun as *santri, abangan or priyayi,* and no difference among dukun in terms of social status (1985:170).[29] Geertz's classification of the dukun as pryayi, santri and abangan doesn't work in the East Javanese context, for not only are East Javanese dukun different from Central Javanese, within East Java "the practices of a dukun from Mojokuto[30] is different from those of one from Malang. These variations are due to the variations of the Javanese culture in accordance with locality" (Suparlan 1978:204).

Nitibaskara provides a partial list of dukun, and divides them simply into good and evil dukun...although he admits there may be some confusion in sorting them out so easily (1993: 125-126).

To me the most obvious division is between physical and meta-physical dukun. Physical dukun limit themselves to one or two specialties, always having to do with the very concrete lahir world: midwives, massage (to heal breaks or sprains, not for internal or psychic healing) bone-setters, circumcision specialists, wedding specialists, herbalists, or harvest ritual specialists. Metaphysical dukun are paranormals who can heal the lahir *and* the batin, tackling physical or mental disease that stem from natural or supernatural causes, or can harness the supernatural for his or her clients'

worldly needs. Take, for example, the *dukun susuk*, the apotheosis of material magic.

One of the most unusual and uniquely Javanese of the dukun are those who specialize in *susuk*, the insertion of small slivers of precious metal or tiny gems beneath the skin of the client. No matter what culture we come from, virtually no one is completely satisfied with every aspect of their appearance or their physical abilities--and for the traditional Javanese who has the nerve and believes in the ability of the dukun, these can be improved by the insertion of susuk by a recognized specialist.

A dukun susuk can count among her or his clients people from every social class and economic sector, and the materials used for susuk reflect the full range of financial capability of the clients. Slivers of brass, steel, silver, gold and platinum are available, as are emeralds, rubies and even diamonds. Inserted just beneath the skin with the proper prayers and ritual attendant, the susuk are considered to augment existing attributes, and intensify skills or talents. Susuk can be placed almost anywhere in the body, and probably have been, apparently with little or no deleterious effect. For example, steel susuk inserted in the legs or arms can improve physical strength and endurance for athletes or laborers, while gold under the scalp can produce clear and incisive

thought; gems inserted in the face near the eyes and forehead can enhance physical beauty and create a hypnotic gaze for actresses and media personalities; and susuk placed near the mouth can ensure a siren-like, entrancing voice for singers and politicians.

Once the susuk disappears under the skin, evidently there are no problems with them traveling to unwanted areas or coming out unexpectedly.[31] In fact, the client must return to the dukun susuk in order to have them removed if they wish to do so....and most of the clients will, or their family will encourage them to do so, since Islamic law forbids burial with any jewelry or items of value (presumably in order to thwart grave robbers and attendant desecration of corpses and as an assurance against resistant elements of ancestor worship and beliefs that were still popular with Arab tribes in 600 A.D., beliefs that one can take earthly wealth into an afterlife). Javanese Muslims have interpreted this to mean that burying a body with any foreign substance other than the white winding shroud is taboo, including internal pins in bones, prostheses of any kind, and, naturally, susuk. A lively debate surrounds fillings in teeth and the plastic tubes inserted during angioplasty or open heart surgery... but the metals and minerals in a susuk, sought out often in secret and with the express desire to increase physical attraction in a somehow arcane and suspect

manner, are universally considered to be an impediment to entering the gates of heaven.

Muslims generally bury their dead within a very short time after the death, and the likelihood of finding a dukun susuk when in extremis and the horrible consequences if there is none available, is just one of the things that makes susuk the controversial practice that it is. Some old people know how to remove susuk by rubbing the skin above them with a particular kind of leaf, but this knowledge is dying out with them and the practice is not...nor are the stories that abound about walking corpses and ghosts that demand to have their susuk removed.

It somehow lessens (and may even render threatening) a fascinating face or a mesmerizing voice, to think that it is the product of a glamour, in the original sense of the word--a magical illusion that captivates and somehow ensnares. Thus, there are few people who want to admit that they have susuk, and the many rumors about celebrities and politicians who may have susuk remain unconfirmed gossip. But the dukun susuk themselves advertise boldly in magazines, flyers and newspapers, extolling their skills and the benefits to be gained by a small, secret procedure.

In the Malang area in 2000, many of the kind of dukun Geertz documented were missing.[32] Circumcision was generally done by a doctor's assistant from a nearby health clinic or hospital, or done in the hospital.[33] As development swallows up the once-vast rice paddies around Malang, the harvest ritual specialist has become unknown. The skills of numerology, spells, and even susuk were expected to be part and parcel of the standard paranormal arsenal, so the general term "paranormal" has come to replace the specific categories of dukun, and replaced the term "dukun biasa." There are still *dukun pijet* or massage dukun, and there are still wedding specialists, but they are called "*pemaes*"; and the term "*dukun sihir*" for black magician has been replaced with the term "dukun santet."

I wanted to see what were the most common areas of specialty that dukun claimed for themselves, especially in East Java. I selected information about 100 dukun or paranormals at random from my field notes. If you ask a paranormal if they have a particular skill, or can help solve a particular problem, often he or she will tell you they have that skill, and that they can help you with your problem. So to catalog the skills of a particular dukun, I took information from self-description of their skills from open-ended questions in interviews, or their advertising materials. I tabulated data on each of them, indicating whether they were men or women, and what kind of

services they offered. Appendix A lists the name of each dukun, their address, and details on all of their skills. The terms *mbah* and *eyang* that precede many of their names or professional titles are actually kinship terms that indicate grandparent status. It is used for many dukun who, while they might not actually be old in physical years, have developed the wisdom and deserve the level of respect that is afforded to a respected elder. Honorifics like *ki* and *kyai* indicate elevated status and occult qualities; *R.A.* indicates royal descent; *K.H., Haji, gus* or *Ustadz* indicate advanced Islamic religious learning; *Drs.* indicates completion of advanced secular learning in the form of a bachelor's degree; many dukun use these honorifics. However, many others use simple forms of address before their names such as mbok or *mak*, which are common appellations for women of lower social status, or mbak or *jeng*, common terms of address for younger women. For a complete listing of all the titles, honorifics or forms of address used by the dukun I document, refer to the glossary.

Figure 1 below graphically demonstrates the distribution of dukun specialties for this sample. As you can see in Appendix A, each dukun may have several specialties, so the categories of skill are not necessarily mutually exclusive.

70% of the sample said that they could cure mental or physical illness, and a surprising number of them specialized in impotency, infertility or improvement of the male or female genitals.[34] 40% said that they could help improve business, career or finances.[35] 40% offered to provide protection for the body (immunity from disease, bullets, car crashes, and black magic spells); the home (invulnerability to thieves, fire, evil spells or disharmony); and business (disruption by disorder or evil spells). 25% create, give or sell jimat--amulets, keris or other power objects. A little over 10% could perform divination of dates, and interpret other signs, and around 5% used palm reading or another method to foretell the client's future. Approximately 10% specialized in implanting susuk. (This included only paranormal who placed actual objects under the skin of their clients, such as gems or slivers of gold, silver or platinum.) Less than 10% would carry out exorcisms, whether of a person, a home, a piece of land, a car or a business. 25% act as a "general advisor." I included in this section people who said that they helped with family harmony, and problems between husband and wife (not related to sexual function). Over 30% said they could help find a mate for the client, or help make them lucky in love. And just over 30% said they could do other things: some could find lost things or people who had run away, some could help improve childrens' intelligence, some could make a *tumbal* to plant in your yard to protect your house or make an empty house seem alight and

lively when a thief comes to see if anyone is home. Some can help select an appropriate name for a child who has been given a name that is too "heavy" for the owner (which is especially likely to cause illness or misfortune in children); one can "tame wild animals."

In addition to the traditional skills that dukun find de rigeur, I was surprised to see feng shui turn up as often as it did, or "*hong sui*" in the Javanese version. I was also surprised to see fortunetelling come up as infrequently as it did, since most dukun that I saw practice did some sort of reading of the patient as a matter of course; but I finally came to understand that most of these people were religious, and that their skill of seeing into the clients' current situation and strategizing or performing magical intrusion to afford improvement is a far cry from the hubris of purporting to actually see the future—which they saw as ultimately determined by God. It seems that the modern age demands an all-purpose, practical practice, and a paranormal is expected to be able to handle all comers, almost by virtue of being a paranormal. However, the skills of the exorcist and the practice of susuk seem to be too strange and dangerous even for some Javanese paranormals, as few are willing to admit they specialize in these.

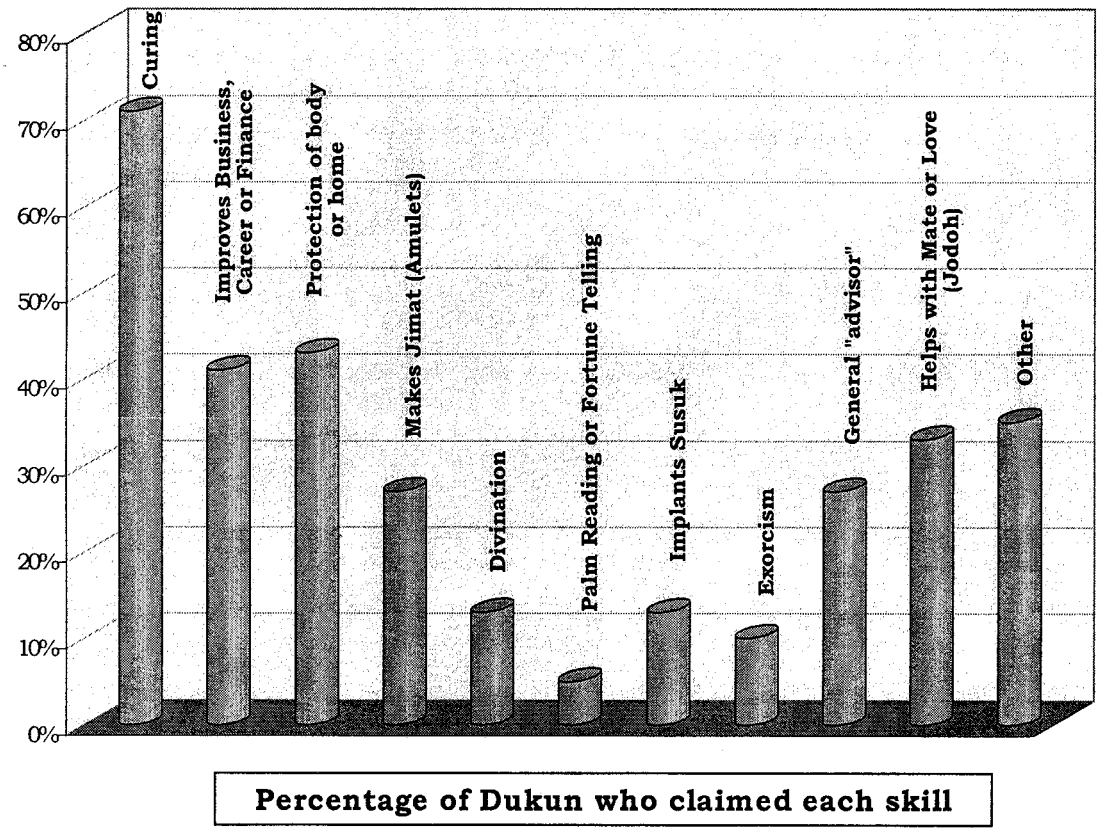

Figure 1 – Dukun Specialization

Perceived Position in Society

But what is quackery? It is commonly an attempt to cure the diseases of a man by addressing his body alone. There is need of a physician who shall minister to both soul and body at once, that is, to man.

> --Henry David Thoreau, "A Week on the Concord and Merrimack Rivers" (1849), in *The Writings of Henry David Thoreau*, 1906: vol. 1, p. 273

The dukun continues to be a popular path of resort for a variety of problems in Java, and they can be found at every level of the social and economic spectrum. Despite their claims to power and their ascetic habits, dukun are ordinary people who mix with the other members of their community. They may not be professional full time dukun, but may hold another part- or full-time job in addition to performing their dukun duties. The Javanese anthropologist Koentjaraningrat assures us that "Javanese dukun do not come from a special social class."[36]

Keeler asserts that "(a) dhukun usually enjoys some prestige and receives greater deference than many other people of similar wealth and age" (1984:115). Jordaan found that dukun, as people with exceptional abilities, were universally respected in the Madurese community. This he inferred from forms of address, use of honorific titles, invitations and gifts that they received (1985:170-171 and 313). The honorific titles that are given to or adopted by the

East Javanese dukun, as described in my section on specialization, show both the desire for and the granting of prestige and deference to paranormal practitioners.

Dukun develop prestige as they develop a reputation for successful practice. For those that believe in the kesakten power of dukun, belief in the efficacy of their cures—if a good fit is found between healer and patient—is very strong. "A few words out of the mouth of a dukun are considered more important than lengthy advice from an educated doctor. If, for instance, a sick person is sent to the hospital and then dies, his relatives and acquaintances will say: 'If that had not been done, the sick one would still be alive', or, 'If he had only been entrusted to the care of a dukun, he would soon have got well again'" (Supatmo 1945 paper 3:6). And it is not only the less educated or more rural folk who believe that dukun have real curative powers: the 44 indigenous doctors and psychiatrists who wrote in *Traditional Healing Practices* (Proceedings of the ASEAN Mental Health Teaching Seminar on Traditional Healing) almost all agreed that the treatment by traditional healers is a powerful adjunct to biomedicine, and a unique and respectable body of knowledge in its own right.

Dukun also develop prestige as they develop a list of well-known and affluent clientele. Dukun love to tell of important or famous people that have come to them for help, and some clients love to mention that they are going to a dukun that someone famous also patronizes. Generally I had no way of evaluating these claims, but it amazed me how frequently success was attributed to the intervention of a dukun. I often heard and read speculation that powerful people in government or politics, popular celebrities, or extremely successful businesswomen or men on a local or national level, had regularly consulted dukun or had a particular dukun on retainer.[37] This kind of rumor did not seem intended as a slight to the person under discussion; instead it seemed to be an affirmation of their cleverness at locating a dukun that was such a good fit, and a paean to the powers of the dukun.[38]

For example, a special section in a wholesome women's magazine in 2000 called "Special Bonus: All About Mysticism and Dukun" profiles 10 popular dukun, including one dukun santet. These short interviews of what they call "inside people" are followed by three short statements by two indigenous sociologists and one indigenous anthropologist, commenting on the phenomenon. It starts out with the following paragraph:

> The Occult: Supernatural business, real profits. A number of popular names, successful businessmen, even highly placed government

> officials are often associated with the role of dukun, *orang pinter, ajengan, abah,* and the like. The help of those 'professionals' in the field of mysticism is believed to support (their careers) and act as a fortress of strength as well as (help them rise in) rank or status. That assumption cannot be proved, because it is associated with something that cannot be seen but is believed to exist, or actually does exist, but because it cannot be seen, it is believed that it does not exist. Or perhaps we are now being introduced to a dimension called 'is and is not' (*Swara Kartini Indonesia* Magazine, 14 May 2000:13).

This clearly demonstrates the continued popularity of dukun, and their place in the popular imagination. Most people I met had an anecdote to share about magic or a magical practitioner to recommend; most also knew the English words "white magic," "black magic," and "paranormal," even if they knew no other English. "It is real," was a common remark, marking our discussion of the occult. The profession is recognized, the practice is recognizably effective, the power is real...or is it?

According to Geertz, most Javanese have some skepticism about the legitimacy of magic and the discernment of dukun (1976:89-91; 95). While I did not find this to be true in East Java, I did find a fairly universal healthy skepticism regarding who was and was not a "real" dukun. Ki Agung Pranoto, a famous dukun from Central Java, writes about the legitimacy of the dukun's powers, but also warns of the false "commercial" dukun who use base trickery and bald-faced lies to lure the unsuspecting, and pawn off on

them expensive placebos. In his chapter on "Suggestion is not Kebatinan", he advises his readers to make a distinction between fakes who use the power of suggestion or sleight of hand to make themselves look like true practitioners of kebatinan, who have become sakti through advanced ascetic practice (2000:35-44). This kind of fake dukun is often lampooned in television shows and ludruk theater; Woodward provides us with a wonderful description of the itinerant dubious dukun (1989:20) as does Ferzacca (1996:615-624). Koentjaraningrat recognizes that dukun may practice legitimate asceticism, but he does not say that he thinks this increases any power that they have, only that "these habits, in particular, make other people believe in the extraordinary powers of the dukun, and generate the circulation of exaggerated stories about their supernatural powers" (1985:425), and even goes so far as to say "quite a number of them are just swindlers and quacks who are out for material gain...and have been humorously described by Clifford Geertz in his book *The Religion of Java*" (1985:417). The image of the dukun as a charlatan has a deep and resonant history in Javanese culture. C.W. Watson (1993:191-211) provides a wonderful overview of the character of the dukun in colonial and post-colonial literature in Indonesia, and from his many examples there emerges only one dukun that is not ultimately portrayed as a fraud, and that example is of a dukun who uses his very real powers to kill someone.

Dukun prewangan, or spirit mediums, seem to be the least respected of the dukun. Not only their powers but their motives also are suspect. Mulder writes:

> "Often their behavior and activities should be deemed sinful, going against good order, and motivated by desire for personal gain. While there is no denying that their advice may be often sought and their influence efficacious, they draw inspiration from a different source. Moreover as mediums, prewangan, they do not harbor power: without their spiritual possessors, their riders, they are impotent. Inevitably, the esteem in which they are held is ambiguous, and their familiarity with invisible forces and magic makes people fear rather than trust them" (1996:108-109).

Pemberton and Keeler also wrote graphic descriptions of the suspect status of the prewangan, finding them to be in Central Java predominantly women of "marginal social status...who, for one reason or another--the recent death of a husband, for example—appear disoriented and especially prone to spirit possession. They are thought to perform involuntarily as 'empty-headed' vessels through which a spirit speaks" (Pemberton 1994:296). Apparently in Central Java they are not believed to hold the extraordinary skills or wisdom held by wong tuwo, but many of the dukun I knew to use spirit possession as a technique seemed to be held in as much regard in East Java (at least by their satisfied clients) as dukun who relied on ascetic practice or Islamic inspiration and prayer to perform their magic. Nonetheless, the dukun who practice, like

prewangan, at keramat supernaturally-charged sites such as Gunung Kawi or local powerful graves do not garner the kind of attention or prestige as that afforded a dukun who is sought out in her or his own home.

The popular press in the form of national or local media frequently will circulate the stories of malevolent dukun engaging in a variety of heinous crimes—rape and murder of a series of virgins, stealing dead bodies, using the blood of infants, for example—to obtain or maintain their dark powers. These items feed the popular imagination always hungry for sensational "news" about dukun.[39]

Liberty magazine loves to report about dukun who cure with disgusting or violent techniques: the articles about the use of human feces and of licking were two of my personal favorites. They also love to report on instances of black magic, print profiles of self-admitted black magicians (of which there are not many), and report on the violence that sometimes befalls the unlucky individual accused of black magic. This sort of reporting feeds the negative perception of dukun, and affirms an association with repellent, taboo stuff and ghastly practices.

Nitibaskara discusses the essential ambiguity surrounding the role and intentions of the dukun: how one can be regarded with favor by the community but still be held in suspicion (especially by the religiously orthodox) for their spirit beliefs and mystic activities. Due to "frequent newspaper reporting of the activities of unscrupulous dukun" (1993: 127) he thinks in general people are becoming more uncertain about the personal motives of the dukun, the "goodness" of the source of their power, and the morality of some of the services dukun provide. He is certain that the Javanese are very aware of the need to differentiate between real and fake dukun, and he cites as evidence that they still very much believe in dukun the "numerous attacks of mobs on those said to be sorcerers" (1993:129).

In 1998 there were an estimated 150 executions of suspected black magic dukun in the Banyuwangi region of East Java, and another estimated 105 murders in neighboring regions of Jember, Sumenep and Pausuruan (Brown 2000). What began as a few sporadic murders in early February of that year soon erupted into a mysterious killing spree that spread across East Java. The political conspiracy theories abounded, blaming disenfranchised ex-Suharto military supporters, anti-Islamic elements, and so on, but the facts are that the murders were often carried out by an angry mob, and very few people were brought to trial for the murders. The killings escalated until finally in

November 1998 the government sent in military special forces to stop the bloodshed. If these were politically motivated killings, intended to generate fear and chaos and indicate the need for the return of Suharto-era strength in government and the military, the victims were carefully selected as unlikely to create general outrage and a cry for public investigation of the motives and the identity of the perpetrators; if it was a spontaneous expression of mob justice, the victims chosen were a great expression of cultural fear and suspicion (Siegel 2001). I will never forget seeing footage of some of my calm, gentle, rukun East Javanese neighbors running up and down the street with a severed head on a pole, and dragging the headless body of an alleged dukun santet along the asphalt behind their motorcycle. I stayed up several nights listening to the sleepless block watch teams muttering and smoking at the end of our street, guarding their homes and families with bats and sticks and roadblocks from the ninja that were rumored to be roaming the streets at that time, looking for dukun or any other hapless victim that might cross their path. Under the Indonesian Criminal Code, a dukun santet who is allegedly eliminating people's life using black magic can't be brought to court as the process or the cause of the death of the victim can't be concretely proved under medical science. But under mob rule, members of Javanese society occasionally take it upon themselves to dispense mob justice...and the killings of alleged dukun santet did not begin or end with the Banyuwangi murders.

How a dukun santet was identified, and selected as a victim, is described in this loosely translated excerpt from a news article from a national magazine in 1995:

> A 60 year-old farmer named Rasmidi was murdered by 14 youth of his village.
>
> The story began when he delivered *ketupat Lebaran* cakes to his neighbor Rasti.[40] A few days later, Sudirmo, one of Rasti's children, began to vomit blood. He was quickly run to hospital and the doctor's diagnosis was that he suffered from lung disease. His mother didn't believe the doctor's diagnosis—the onset of the illness was too sudden and the symptoms were too strange. She suspected that his illness wasn't normal and must have been caused by Rasmadi using black magic. Her first son, Kardi (aged 25) unfortunately believed this allegation, and immediately gathered thirteen of his friends (who had little education) in order to take revenge. One of them was given the task to cut the electricity to the house... They attacked Rasmadi's house and dragged him out. He was all by himself when they attacked his house. He was beaten to death. His mouth and his nose poured fresh blood. His wife screamed and fainted when she saw him, and neighbors called the police. The police captured all fourteen of the attackers. They found no other motive for the murder, other than the accusation of practicing black magic. His family denied that he practiced black magic. His daughter admits that he did have ilmu but used it only for good things, such as healing sick people who requested his help. He was a good person and performed Islamic prayers regularly, she said.
>
> Now, that leaves us with Sudirmo. He no longer vomits blood.[41]

Siegel's (2001) analysis of the dukun santet killings determined that the role of the dukun has evolved into two separate entities: the sorcerers (dukun santet), and the healers or helpers (dukun). I would maintain that this distinction has

always been there, and that Javanese have always differentiated between good dukun and bad; however, I also would maintain that even good dukun have always evoked a kind of suspicion.[42] In 1975, Suparlan wrote: "Despite the fact that at the surface level a dukun is respected by his clients, the attitude of the clients towards the dukun is an ambivalent one, as has been noted by Geertz (1960:96), i.e. not only do they regard the dukun as a supportive figure, but also as a threatening one. This seems to be the attitude of the Javanese in general towards the dukun."[43]

I also found that sometimes coextant with the belief in the magical power of dukun went a kind of fear about the uses to which that power could be put, or the source from which the power was derived. This creates an ambivalence that makes it hard to pin down the status of the dukun or paranormal in modern-day Javanese society.[44]

In some ways, dukun are almost outside of the traditional class or status rankings. As much as they are individuals that participate in society, they are also beyond normal social intercourse; as masters of the occult they mediate between the supernatural and natural world;, and while they presume to have the power to return things to their correct order, they also are suspect as agents of disorder. Javanese are in awe of truly powerful paranormals, and that state

of awe reflects all the facets of the meaning of that word: fear, wonder, astonishment, admiration, and dread. Respect and fear (or a combination of both) can cause people to either seek or avoid dukun...and Javanese are masters at avoidance. Patronage of a dukun or the presence of a "good" paranormal in the neighborhood rarely stirs up conflict, but suspicion of a malevolent dukun in their midst can inspire the Javanese to astonishing acts of brutality. "Take, for example, the magical arts of the dhukun or wong tuwek (wise person) - healing, love magic, and divination. Normally, only persons sympathetic to these practices need come into contact with them. Others may be unsympathetic, but it is only when magic (in the guise of sorcery) appears to threaten innocent parties or the general welfare that a concerted opposition is mounted" (Beatty 1999:52); a concerted opposition that can mean death and dismemberment for the accused.

I met many people who consulted dukun who were filled with respect and admiration for their chosen practitioner. I met many practicing dukun, paranormals, wong tuwo, and the like, whom I felt to be admirable and esteemed members of society (and certainly fascinating individuals). I saw endless articles and television news stories about dukun good and bad, praising or condemning them, or just discussing their demise. But despite the scandals and the tendency to disgrace or discredit some dukun as "false", the

institution of dukun or paranormal still exists, with many practitioners avoiding dishonor, maintaining their dignity, and operating with a distinction and powerful presence that inbues the institution of dukun with honor and prestige. Good dukun and bad, sham or genuine, moral or corrupt, virtuous or depraved: the spectrum of possible designation of dukun is deep and wide, and serves to show us that while the status of dukun can be inconsistent in Javanese society, the dukun is still consistently an extremely potent cultural icon.

The clinical encounter and curing techniques

> Despite all the wonderful things really powerful dukuns can do, their real forte, and the basis of their prestige, is their curative powers. As does any medical practice, the dukun's treatment has two main aspects or stages: first, diagnosis and selection of the appropriate method of treatment by the practitioner; and second, the actual application of the treatment.
>
> --Clifford Geertz, *The Religion of Java*, 1976:91

In his article in *Traditional Healing Practices*, Kleinman provides a framework for compiling data that would allow social scientists to compare biomedical, psychiatric and indigenous therapeutic exchange, contrast strategies, and calculate efficacy.[45] I have loosely followed his framework to organize my discussion of the different types of curers who treat mental illness in Java.

Setting

The settings in which the dukun practice are usually fairly banal for "arenas (which are) the concrete settings in which paradigms become transformed into metaphors and symbols" (Turner 1975:170). Most dukun or paranormals simply receive their clients in an ordinary Javanese living room appropriate to their economic status and decorated in a style indicative of the tastes of the area in which they live. Couches and chairs line the walls, a coffee table or two sit in the middle of the room, and little lacy doilies and fake flowers, perhaps some fruit, sit on side tables. As in any proper Javanese household, there will usually be some furniture on the front porch to accommodate those who are waiting to be received. Some dukun who use massage, need to meditate or go into trance to work, or dukun who specialize in very private matters (having to do with money, black magic, or sexuality) will have a private office or consultation room off the main room. This room may look like an ordinary office with books and a desk and some side chairs; it may have a bed or a *tikar* mat made from rattan or colorful plastic on the floor, with some pillows scattered on it and a short table nearby. There will be a cupboard in which the tools of his or her trade are kept. The room may be decorated with arcane objects, but most often the place is plain and any power objects are kept wrapped and reverently laid away in a chest or a cupboard. Some extremely popular dukun have fancy business offices with extensive staff, and/or have

had people so frequently come from so far away and have to wait so long to see them that they have built dormitories alongside their homes to house clients and their families while they wait and until they are well enough to return home. Some practice at booths in public exhibition halls or popular tourist sites, but most practice full-or part-time out of their homes.

The fact that most of the paranormals practice out of their homes makes it easy to understand why the clients of a paranormal are usually received like any other guest would be received in Java, and are treated with warm hospitality. I always noticed a great deal of respect for their clients; even though the dukun is presumably a master of ilmu, I rarely saw them act in any way other than gracious, kind, sympathetic and understanding when receiving clients in their homes. And like a good guest in Java, the clients often brought the paranormals gifts. Some wealthy clients, as noted by Mansurnoor, will gift a dukun (upon the successful completion of a business venture or effective cure) with quite expensive items, such as oxen, houses, or large sums of cash (1990:199). But upon initial consultation most dukun like to receive a parcel of flower petals, a piece of incense, cigarettes, coffee, food, a live chicken, small amounts of cash, or the like. Some use the materials to perform their diagnosis, or their divining, however these gifts—or any form of payment—

are rarely demanded, but understood to come as an expression of thanks in an amount they can afford from the grateful client.

> To maintain their prestige, dhukun and wong tuwa of any sort must never expressly demand payment for their services. To do so would prove their cupidity and selfishness, traits that would necessarily vitiate all claims to potency... In fact, he would show himself, in his desire for mere money, without potency. However, a dhukun can assume that gifts of snacks, cigarettes and cash will be given him by those requesting his assistance. Furthermore, people always mention that if a dhukun enables you to make money at your trade, say, or gain any other goal, of course you'll "remember" that fact and give him some money or other gift in thanks. Though represented as a spontaneous gesture of gratitude, I suspect there exists some belief that failure to complete the exchange in this way might provoke mysterious retaliation... one must acknowledge his status through tribute (Keeler 1984:116).[46]

The willingness to forgo payment may not be an entirely altruistic decision. One dukun I interviewed, when asked about payment, said the following: "On the contrary, usually I give *them* (the client) some pocket money. Because of my willingness to do this for the good of others, God pays attention to me."[47]

There are of course extremely businesslike dukun, the kind who write columns for magazines or newspapers, cure by letter or over email, who advertise in magazines to send amulets with particular magical qualities for specific sums of money, who have their own brands of patent herbal medicine they market

all over the archipelago; these are the kind of fellows you see moving briskly about at exhibitions in their three-piece Western business suit, talking on their cell phone loudly and pointedly looking at their watches every now and then. The mystical seems simply a marketing matter to them, sometimes one of many business enterprises in which they are involved. Here is an excellent description of the office of one of these profit-seeking paranormals:

> Lukman Djuhara...has developed a method of interpreting handwritten signatures, so that patients don't have to meet him in person. He has received around 6,000 letters from Indonesia and overseas... Visiting his clinic, we will get different picture from the usual dukun's. On one of the big walls of PT. Purba Jagad (the name of his corporation), we see a banner: "The Greatest Fortune Teller in the World." His clinic (office) design is no different from a common modern business office. In the reception room there is a sofa. Inside the room are 17 women staff members dressed up like bank staff (in matching stylish uniforms). All of his staff are university graduates from many different disciplines. On every desk is a typewriter, and every day his staff writes his letters responding to the complaints of his clients. The sound of dozens of typewriters all being pecked at the same time does not sound like the atmosphere of a dukun's practice. The staff is divided into 2 working shifts, morning and night. They do bookkeeping, attach stamps, pick up letters and mail them at the post office. He doesn't have to monitor their work closely... In his office you will never smell incense, see offerings or displays of heirlooms like in most dukun's clinics. "As a dukun I want to act professionally and all of my staff know what to do. I answer all letters, then my staff will type them," said this dukun... (Masruri and Dakas 1997a:31-32).

I only visited a few of these type of dukun in their offices, and it was a much more formal and sort of dispassionate, sterile, clinical affair than visiting the paranormal practicing out of their home or home office.

Typically a male dukun will wear traditional clothing from their area including a sarong; others wore semi-formal or casual day clothing, sometimes with the addition of a hat traditional to the region or *kopiah*, a traditional Muslim hat that has become somewhat de rigeur national garb. The women paranormals would dress in traditional clothing if they were older women; young women often wore smart modern shortish-skirt and blouse combinations, casual pantsuits, or even jeans. Clients are not expected to dress up to go see a dukun, but out of respect one should never wear torn or dirty clothing, and should be clean and well groomed.

Idiom of communication

Every patient considers his dukun to be a wonderful man having some magical strength and charisma.

--Soesiato Darnawi, "Relation Between Traditional Medicineman (Dukun) and His Patients in a Socio-Cultural Context" in *Traditional Healing Practices* 1983: 259

After a bit of small talk and introductions, drinking of tea or coffee and lighting of cigarettes, the first thing that a dukun will do is hear the story of the onset and the progression of the disease from all involved. The client may come alone, but Javanese like to go places with someone else along for company, so often family members or friends will come as well. Patients who are very ill physically or are mentally ill are usually brought in by their

families, and this may mean brothers and sisters, wives and husbands, children or nieces and nephews, in-laws, and parents or grandparents. If there is a conflict of opinions between family members concerning the illness, the dukun will always try to unite the various opinions in order to prevent further conflict in the family, and focus the attention on helping the patient. A consultation can be as quick as twenty minutes or can last several hours.[48]

The language the dukun speaks to the client and his or her family depends on the ethnicities of all those involved and the relative ages: an old dukun in East Java will speak low Javanese to those who tell their story in low Javanese, or throw in some higher Javanese if the client uses some higher Javanese or is an older Javanese person. If the client presents their story in Indonesian, the older East Javanese dukun will use Indonesian with mixed high and low Javanese phrases thrown in. Younger East Javanese paranormals tend to use Indonesian and low ngoko Javanese almost exclusively. And the East Javanese dukun of Chinese ethnicity use the same. This is of course when they are making their diagnosis or explaining the actions the patient or the patient's family have to take in order to effect a cure; if they are speaking in trance, to their spirit guides or are praying, they may use Arabic, high or low Javanese, Sanskrit mantra or other languages that are unique to them.

The idiom the dukun selects to communicate can also include religious or symbolic imagery or language that will resonate with the culture or beliefs of the client. One of the dukun I interviewed put it most succinctly, when asked about how they decide what kind of cure will work for the mentally ill patient:

> The major cause of mental illness is wild thoughts. The second, doctors don't know. Suddenly, a case is here. It has to really be examined, even though it is examined by a doctor at the same time. Is this (illness) because of trauma or stress or black magic? Every type of paranormal can get rid of misfortune, god willing, even that sent by other people. Even death spells. I ask what is their religion. If they are Muslim, I give them Islam. If they are Buddhist I give them Buddhism. If they are Catholic, I give them Catholicism.[49]

Often the dukun speak in metaphors, using standard Javanese sayings or common similes, to reassure their clients with familiar language and comforting messages, as in this excerpt of advice from a East Javanese dukun curing session with a client in mental distress:

> ..if we plant rice, wild grass will also grow. But if we plant grass, rice will never grow. So when we do something good there is always somebody that will try to corrupt it, but if we do something bad there is no goodness that will go along with it. We have to realize this... even though we did not *ngakoni* (admit it) but *nglakoni* (do it), even though it is only in the heart. My life philosophy is don't be too straight/stiff and tight (*kenceng-kenceng*). Nowadays, if one is too honest, he will be elbowed out (pushed aside) from his position. On the other hand if we bend, we will break. So how do we live now? Just be moderate, just accept and live your life as it is. We have to separate the past from the present, as if what we can do now is between two waterproof walls, so we don't experience stress. What did you bring with you when you were born? Only laughter and tears. If you are in trouble don't be too

> sad, just be average in life. We don't really own things. We will come back to Allah alone, without being accompanied by the property and money we loved. Train your soul to control your self. If somebody can't control themselves... what is the meaning of peacefulness? How can we control ourselves and find peace? Three things need to be closed: your eyes, your mouth, your ears. Don't look at inappropriate things, don't hear bad things, don't say bad words. So what does that mean? You can control your self.[50]

I found it paradoxical that although some dukun practices are extreme, and they are want to adopt an outlandish appearance and wield occult instruments, the doctrine that they deliver, the idiom of their advice so often models the very traditional Javanese virtues of moderation and acceptance.

Clinical encounter: the sacred and the secular

Modern paranormals still have to master the mystical, and will marshal the powers of the sacred by using amulets or other power objects, prayer, trance, spirit guides or possession, magical spells or formulae, chants, inherited knowledge or their own inner power to cure physical or mental illness, whether from a biological or supernatural cause. A typical medicine given in an East Javanese curing ritual is water in which paper inscribed (typically in Javanese or Arabic script) with a magical formula, mandala, or quote from the Al Qur'an has been dipped or with which it has been infused through prayer.

Sometimes the symbolism doesn't depend on the sacredness of religion, but on the sacrificial spilling of human blood. Suhu Acai from Surabaya is a paranormal that uses trance, his own blood, and a surfeit of symbols to cure and predict and discover the causes of people's problems. He regularly practices at public events; an ethnic Chinese Indonesian with long, flowing black hair, in his late thirties, he is an easily recognizable figure, and his curtained kiosk that he transports from place to place is unique as well, filled with the most amazing variety of magical stuff. From my 1997 fieldnotes listing the contents of his approximately eight by ten foot booth:

> My chair, tin washtub underneath it partially filled with water, side table with candles, burning incense standing in a bucket mostly filled with sand, pig meat, bags of dried green beans, bags of white powder, wooden painted statue of tiger, with money and eggs placed between front legs, (where you could see the melted was from red candles that had been burned there in front of it), something placed over the eyes, and ash and blackening where something had been burned in the mouth; stuffed civet cat, facing the dukun's chair; stuffed leopard on table, facing dukun's chair; on wall in front of table: picture of 3 Chinese warrior gods, Kwan Ong I think, and guardians; sword; golden gourd with red cord; very large picture of Chinese god, draped with red fabric; on big desk, from his left again: ash tray, his cigarettes; an oddly shaped dried hollowed-out bamboo root; paintbrush; Chinese divination sticks in their wooden tube-ish holder; altar in front of picture with incense, candles, flags, small Chinese god statues; stacks of fake Chinese money; large golden rock, supposed to be meteor (ask); statue of Kwan Im; on wall to right of desk: red-framed feng shui mirrors w/octagonal red frames carved with I Ching symbols; 2 calendars; client seats; his seat which is an elaborately carved dark wood dragon chair; and he is holding his flag and has another sword across his lap and this crazy red flower puff thing with a big bell in the middle strapped to his forehead.

Suhu Acai will listen to his client's complaints, then he will don the bell and flower, put out his cigarette, tap the hollow bamboo root with his yellow flag, and put himself into trance. Once he is fully in trance, he takes a very large, very sharp machete-like sword, slices his tongue, then uses a paintbrush to write with his blood on various kinds of paper that he has on his large desk. Sometimes he will make diagrams, inscribe symbols, or write cryptic messages in Chinese characters, the Javanese alphabet or Arabic script. Once he comes out of trance, which only usually takes a few minutes, he will interpret what he has drawn, drawing meaning from the occult document for his client...and any interested anthropologists that happen to be watching.

He did not only use blood for transcribing messages for the clients: every once in a while he would sit very still while first in his trance state, and suddenly would turn to me and tell me in low Javanese to bring out the paper from underneath me. I would have to reach in the tin basin under my chair, and pull from the clear water a piece of paper, inscribed with mysterious ciphers. The paper would be dried, and the symbolism interpreted. Although that paper could have been there until an appropriate client came along that would fit its advice, the times this happened it seemed perfectly apposite to the client in front of him: for example, two women, a mother and daughter,

were both having bad dreams and accidents, and during their consultation with Suhu Acai the picture that emerged from the tub beneath my chair had a kind of stick drawing of two women in the middle of it, with dark symbols all around them. The other strange thing about this was that after the first time that this happened, before I would sit in that chair I would look in the tub, and it was always empty. His kiosk was made of wood, and the walls went completely to the floor, and were solid: I checked, trying to find a way that someone could have reached underneath my chair from behind me without me seeing them. I even started checking under the seat of my chair to see if anything was lightly glued or otherwise gently attached to the underside of the chair, likely to fall at any given point due in part to moisture rising from the water in the tub...but there was never anything there. I tried twenty-eight kinds of pen, all the different kinds of pens that were available in the Surabaya stores that seemed likely to make a mark similar to what appeared on those papers, and after immersing them all, never did find one that dispensed ink that would not bleed or run. After all my skeptical investigations, I would find it deeply disturbing when one of the darn things would appear, and I always wondered what he would do, who would retrieve the message from the water, if I were not there. Suku Acai said he didn't know...he said he never remembered what happened when he was in trance.

Many of the things in his traveling consultation cubicle are rarely referenced: I did see him point to the calendar a few times, and give people packets of things off the table (like the powder and the beans) with instructions on what to do with them once they got home; I saw him place things or burn things on the altar on his desk; I once saw him burn an offering immediately when he got out of trance, and before he spoke to the clients, near the paws of the crude yet strangely eerie wooden statue of a tiger that sat to his left on a side table; once a client did the same, placing some money in its mouth before they got started on the consultation—obviously a repeat client. The bell and the flower, he said, were to attract his spirit guides, and the yellow flag was a symbol of the divinity of the god who would occasionally possess him. When asked, he explained what all the items in his booth were or represented, and the uses to which everything he had there was put...except for one thing: he was always unwilling to discuss the wooden tiger statue.

Some of the treatment by a dukun (including remote healing) does not involve touch, but may involve breathing or blowing on the patient, chanting prayers or mantra above or near them, and the like. The healer may make some form of symbolic gestures that represent the removal of something from the patient's body and throwing it away. Jeng Naniek, a female paranormal from Surabaya in East Java, uses a kind of ilmu she calls "*Jari Putih*", or 'the white

finger.' After some discussion of symptoms and complaints, she prepares herself with some deep breathing and brief meditation. Then she sits the patient in a straight-backed, armless chair and starts to move around them. She points her fingers at the patient, moves her hands to within a few inches of their head and body, and makes repeated sweeps of her hands down and away from the patient, as if she is scooping off some sort of negative energy from around them. She breathes deeply, mutters under her breath, and looks so intently at the patient that they have trouble holding her gaze.

Often the more symbolic treatment involves prescribing some form of ritual activity to restore order to the body of the patient or to the body politic, and may be required of the patient only (such as fasting, a formal changing of their name, special bathing)[51] or may be obligatory for the whole family (such as a selamatan or other ritual food preparation and distribution, or visiting the graves of ancestors). For example:

> If the person is sick or having misfortune because of a dirty body, he will be asked by the dukun to clean up his body i.e. by fasting or by preventing himself from merely following his lusts and doing misdeeds. If it is caused by an unfit name, he will be asked to change his name to one that will fit his body. The dukun will give him several names as alternative choices...based on the *weton* or the time the person was born, the place he was born, his parents' name and weton, etc...Sometimes the dukun will also give a prayer or incantation or amulet to increase or strengthen the patient's power (Suparlan 1978:201).

Or this example, from a much more recent interview:

> Mbah Yatno...tends to ask his patients to do unpredictable things. Sometimes people are ordered to send flowers to the empty ground next to their house well. Sometimes his guests are only given a handful of salt to be spread to every corner of their place of business. Or only three-colored flowers. And there are those that are only ordered to make green bean porridge (and distribute it to their neighbors). These requirements are believed to come not from Mbah Yatno, but whispered from his hidden assistant.[52]

The curing methods of the kebatinan groups are a kind of healing by the body politic, where the community literally surrounds and metaphorically embraces the mentally ill patient, while they work on curing them with prayers and inner power. Typically fifteen or twenty members will surround a patient, forming a human ring in which the patient can move freely. These curing rituals can last for several hours, and are usually only considered successful after several sessions.[53]

Some of the more secular healers use herbs, roots, seeds, and other natural substances mixed in traditional medicines, and delivered in teas, pastes to be dissolved or in water and drunk or used as poultices, pellets or capsules to be swallowed. They may prescribe a recipe for traditional medicine the patient has to mix and brew in a tea at home, or sometimes they mix it for them and give them a packet or pill to consume at the patient's convenience. These kinds of medicines usually are prescribed for physical disease believed to stem

from natural causes or from a normal biological process of deterioration.[54] Some of the more mystically inclined paranormals will give their patients amulets, charms, or tumbal (to be buried outside their house) which will effect a cure for both physical and supernatural illnesses.[55] And though it may seem more secular, the instrumental, concrete intervention of touch used by some paranormals is still believed to contain some form of mystical force: even simple massage or manipulation of the body is assumed to be performed as a way to transmit the therapeutic vibration, magnetic energy or robust kesakten power channeled through or marshaled by the dukun, which is the real source of healing.

The touch used by a paranormal can be pleasant (massage or gentle stroking) or violent (kicking, hitting, burning); can be intrusive (in the form of acupuncture) or non-intrusive (touching the fingertips, bathing with water, licking, etc.). Many East Javanese dukun in performing their curing rituals use physical interventions such as kerokan (rubbing the skin with metal), cupping (burning a small bit of paper beneath a drinking glass, special bowl, or, on one occasion, bull horns, pressed against the skin, usually of the back), and even bloodletting (particularly in the case of headache). Sometimes they use a keris or other pusaka power object to touch their patients and thus effect a cure; sometimes they use something much more alarming. For example,

there is the dukun that treats physical and mental disease, including spirit possession, with a red-hot poker to the soles of the feet of the patient, cooled by his "cooling" left hand. "The cure, he says, is up to God" (Masruri and Dakas 1997b:98). Or Mbah Yanto, one of the dukun who cures by licking:

> A mentally ill patient was brought to Suyanto's (Mbah Yanto's) house by his family. The family asked Suyanto to heal the soul of their child. As usual before helping someone, he consulted Mbah Suro (his spirit guide). He was told to lick his patient's forehead. After consultation with his spirit guide, he sat in front of his guest. He squinted his eyes for a moment, and his lips moved silently. Then slowly his tongue slid out and he began licking the patient's forehead. He did it over and over. When he considered it enough he invited his guests to return home, while telling them: "If there is any change, please let me know."[56]

This would seem to be the ultimate melding of the sacred and secular, but is it? Consider the case of Mbah Gendu, described in the article "Hundreds Of Crazy People Healed After Being Bathed By Mbah Gendu With Human Feces":

> Mbah Gendu says there are four methods he uses to cure patients. Among them are prayers from the Al Qur'an, massage, herbal medicine, and ilmu from his ancestors that he calls Ilmu Pitua... This ilmu is usually used to treat people who have been possessed by djinn. And coincidentally, most of his patients' illness is caused by possession. Mbah Gendu suddenly pointed out to Liberty a young man who had recently arrived, and was still chained to a breadfruit tree. The chain used to tie this still-fierce crazy man had already been treated with special spells by Mbah Gendu. The young man was asking for water over and over again, and was screaming out verses from the Al Qur'an. He also was repeating the motions of prayer. "Now, usually the ones who are victims of Islamic djjin like pure cleanliness. The djjin is the

> one who is asking constantly to bathe," says Mbah Gendu. The difficulty in treating patients possessed by Islamic djjin like this, says Mbah Gendu, is that it takes more than just prayers. Sometimes the patients even laugh at Mbah Gendu when he is saying prayers. Frequently, Mbah Gendu is made to laugh too, by his patients. But even so, suddenly the patient started teaching about religion, including copying the prayers being recited by Mbah Gendu. "If it is already at this stage, I use my *ilmu pitua*. I put the patient in a place that is really dirty so that the djjin cannot stand it and will come out," says Mbah Gendu.[57]

Most use more prosaic media, like the common egg. In 1999 my then-current group of students and I watched Mas Nen cure Nardi—my husband's grandmother's house servant—of persistent and strange stomach problems. She had been having pain and bloating, intermittent diarrhea and vomiting for almost a year, and despite visiting several doctors in town her symptoms had escalated over the last few months to include bad dreams, sleepless nights, horrifying visions, anxiety, depression and headaches. Mas Nen went to grandmother's house[58] to discuss Nardi's complaints and determine the cause of the illness. It was, he suspected, a case of black magic, and he, God willing, could free her of this malicious malady.

When I heard of the impending curing ritual, I asked if we could watch. Nardi, Mas Nen and grandmother all agreed to let us witness the clinical interaction, and due to the size of the group decided to move the consultation to the back courtyard of our house. This was a bit of a surprise to me, since

Mas Nen, despite his somewhat flamboyant profession, was one of the quietest people I have ever met, speaking seldom and with a frustrating tendency to mumble. In any event, once everyone had arrived on the agreed-upon day, Mas Nen asked us to provide him with a straight-backed chair, some kind of large bowl or pan, and an egg. These items were quickly obtained from the nearby kitchen (and, being the skeptical Westerner that I am, the egg was marked with my signature in red felt pen to prevent any possible surreptitious swap with a pre-treated egg).

Mas Nen wore a well-worn short-sleeved polyester shirt with a collar tucked into tight synthetic pants that flared at the bottom, a wristwatch, and plastic sandals (standard street wear for men of his age). He asked Nardi to sit in the chair, and sat a bit apart from Nardi and our group, meditating for about fifteen minutes while incense burned in front of him. Soon he rose, and asked us to collect any red flowers or leaves we could find in the yard. He meditated and prayed over the petals for a bit, then sprinkled them over Nardi. He told her to relax, to empty her mind, and then asked Mbak Tini to fill the bowl with water and place it under Nardi's feet. She filled a large clear tempered-glass mixing bowl with water from the tap, and Nardi's feet just fit inside, spilling some of the water out of the bowl. Mas Nen held the petals in his hand, muttered some words we could not hear, and then sprinkled the

petals over Nardi. He held his hands above her head, palms down, and spoke more unintelligible mantra or prayers at length, his eyes closed. Soon he opened his eyes, and asked for the egg. I handed him the marked egg from my refrigerator. He held the egg in front of his face, and with eyes closed charged it with some spell or asked for the blessings of Allah or the help of his spirit guide, then rubbed the egg all over Nardi's torso and upper back, and finally down her thighs. For about three minutes he rubbed the egg on Nardi silently, while we watched silently, and then he handed it it back to me. He moved away from her a couple of steps, and asked me to place the egg under Nardi's right foot in the bowl, which I did. He instructed Nardi to crush the egg with her foot. She had to push very hard, and finally had to strike it with her heel. When it broke, she uttered a small shout of surprise, and drew her foot quickly out of the water. Mas Nen invited us to come and look. There in the clear glass bowl, in the clear water, we could see what had startled Nardi—mixed in with the crushed eggshell that still clearly bore my writing in red indelible marker and streamers of yellow yolk were eight rusty nails, an open and rusty safety pin, and four corroded needles. Nardi was cured, and as of this writing in 2007, never did experience a return of her symptoms.

In order to help quantify the variety of curing methods and media used by Javanese paranormals, I took the same list of individuals compiled in the

previous section, and selected the ones that indicated they were curers. For those individuals, in Figure 2 below I listed the kinds of things they were able to heal: physical (lahir); metaphysical (batin) or mental; and I made a special category for impotency, women's sexuality, and fertility, since some specialized only in those. In Figure 3 I indicated what sort of media they used to do the healing: acupuncture, water, herbal medicine, mediumship or other help from spirit guides, massage, prayer, power objects, some kind of animal, animal part or skin, rajah or other written charm, or other, less common media or techniques, such as oils, fire, breath or bloodletting. I also indicated whether they claim to be able to cure from a distance, for clients who post letters, send email or telephone. In Appendix B, I have listed detail on each curer and the kinds of illnesses they treat, and by what methods.

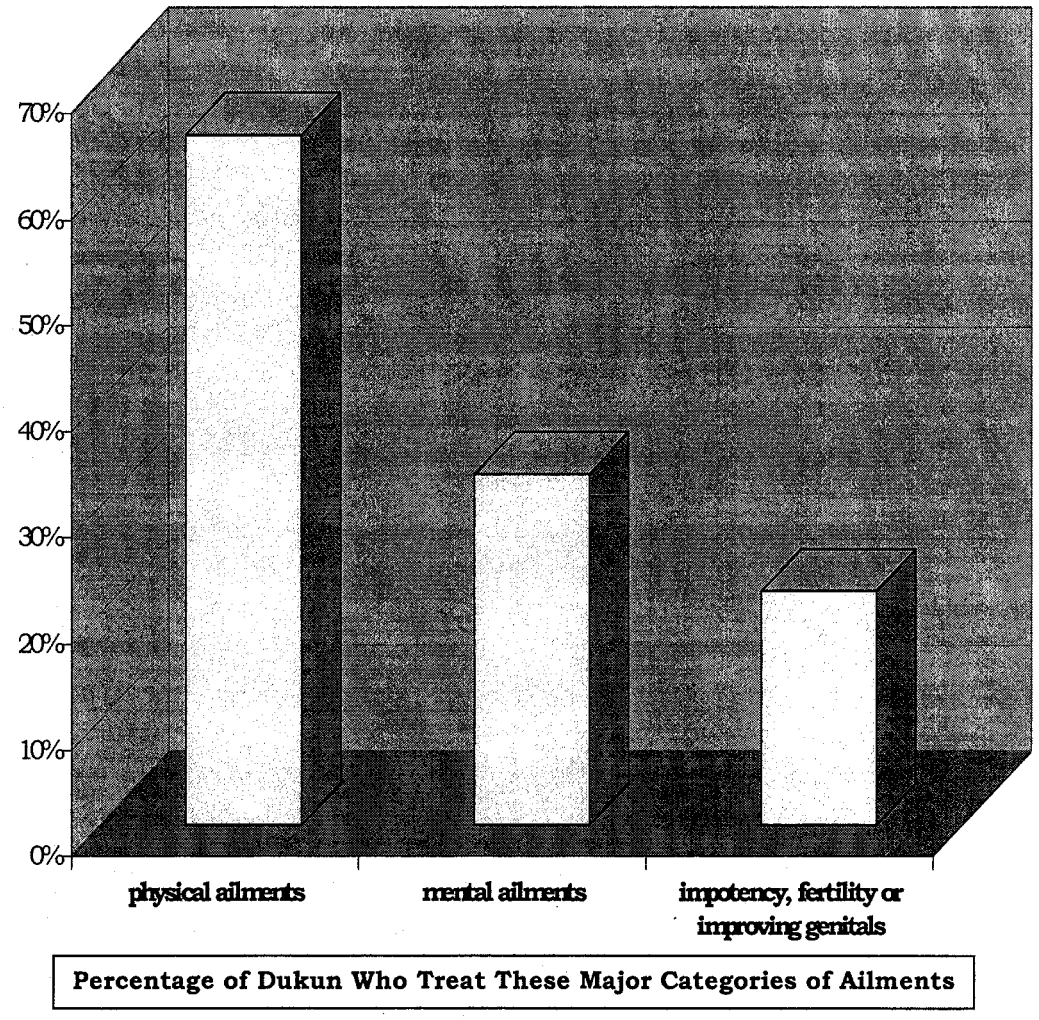

Figure 2 – Ailments Treated by Dukun

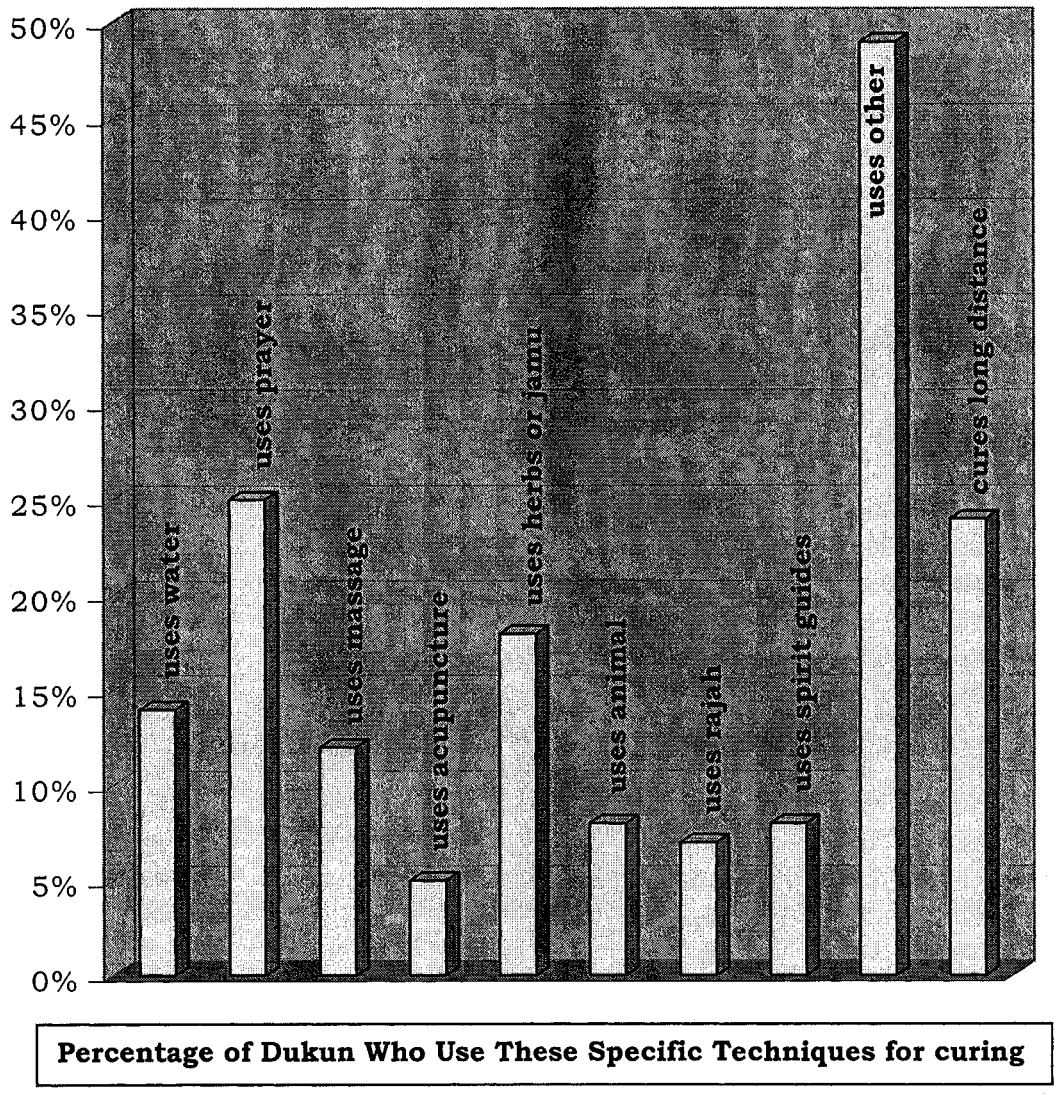

Figure 3 - Specific Curing Techniques Used by Dukun

Therapeutic expectations

The concept of power is one of the idioms of the Javanese culture which is the basis of the Javanese cosmology and is the source of all activities relating to the beliefs of the dukun and his acts.

-- Parsudi Suparlan, "*The Javanese Dukun*", 1978:213

When being treated for mental illness by a paranormal, the perceived locus of responsibility for care can fall on the patient's family, their immediate community, or the practitioner--or some combination thereof. The paranormal is the conduit or origin of power that can either make the cure happen, or impart the necessary knowledge to the family of the kind of ritual activity they need to perform in order to return the patient to their normal, ordered state, activity that may engage their neighbors. Sometimes curing (especially in the case of physical or mental illness caused by black magic) is complete after one visit to the practitioner; a condition of selamet is swiftly secured. In other cases, repeated professional help is sought or prescribed. Regardless of the length of the course of the treatment, the exotic nature of the materials involved or the invoking of otherworldly powers, Suryani and Jensen found that the therapeutic mechanisms of the clinical process of the dukun (*balian* in Bali) are quite familiar:

> Many of their techniques have much in common with Western psychotherapy, including establishing rapport, furnishing explanations of causes, allowing ventilation of feelings, relieving guilt, providing support, giving hope for the future, assuaging anger, discouraging

> revenge, and dispensing advice for pursing concrete, positive restorative goals and behavior...Occasionally some *balian* seek Western psychiatric help for their personal problems and disorders (Suryani and Jensen 1993:87).

As supporting evidence that this sort of therapeutic virtuosity which evinces a harmonious amalgamation of the sacred and magical and the secular or scientific is also true of dukun in Java, I would present the case of H.H.B. Saanin Dt. Tan Pariaman. Pariaman is a doctor, psychiatrist and a professor of psychiatry at the University of Pajajaran and director of the state mental hospital in Bandung, West Java...and has also been a practicing dukun for more than thirty years. He cures by using Islamic prayers breathed into water, tea, coffee, soft drinks and "even whisky (this last one only for whisky drinkers who have not succeeded in their determination to abolish drinking)." Through this media he has cured "fever, hypertension, headache, stomach troubles, nervousness, mental disorder, cough, feeling of weakness" and many other illnesses. He could cure toothache and stomach or abdominal problems. He would cure by touch, claims he had an excellent cure rate, and "never asked (for) a single cent." (1983:158-159.) Pariaman wrote that while what dukun do is unexplainable scientifically, we must remember what it says in the Al Qur'an, that knowledge given to man is only one drop in the oceans of the knowledge of Allah... even, presumably, the knowledge imparted by medical school.

Whether they perform ritual or prescribe herbs, use spirit guides or trance states to engage their patients and their families in psychotherapeutic discussions, Javanese dukun or paranormals are pragmatists rooted in the prosaic, firmly in control of and comfortable in the supernatural or sacred realm. They are masters of kesakten power, ilmu kebatinan, magical and local languages, and mediators between the supernatural and the natural world. The rituals that they perform, ablutions they may require, offerings they may prescribe, and herbs that they may apply—all are meant to satisfy a Javanese of a certain persuasion that supernatural interventions will take place and will cure disorders of natural or supernatural origin. The ritual feasts or sharing of food that they patients and their families are advised to realize may be very practical solutions to problems of community discord or disagreement. Even the curing rituals themselves may be practical solutions paralleling those of the Western psychoanalytic model, offering catharsis and an opportunity for emotional release and reconciliation. But no matter how practical the solutions may seem, for the paranormal in Java no matter how prosaic the instrumental intervention, and regardless of whether the disease originates in the realm of the lahir or the batin, to bring order from disorder almost always requires an element of the sacred or supernatural.

Notes to Chapter Four

[1] The word dukun is singular or plural, although some writing in English will append an s to make the plural more obvious. Variations include the spellings *dhukun* and *dukon*.

[2] See Suparlan 1978:211 for a nice description of the practice of susuk.

[3] This is how he chose to spell dukun.

[4] I chose this spelling of the Qur'an, often spelled Koran, as closest to the original spelling; I include the prefix al which glosses as 'the' and append the redundant English 'the' as a concession to common English usage and grammar.

[5] My favorite excerpt from this book is a list of common illnesses in Aceh (Northern Sumatra) and their common cures. For the mental illnesses only there are no cures listed, but plenty of different illnesses are listed on pp. 190-191.

[6] Pemberton provides a nice description of the process of consulting a prewangan and the possession performance in 1994:296-304 and 308. For more information on dukun prewangan or curer by possession, see Koentjaraningrat 1985: 343 and Keeler 1987:119-124.

[7] For a larger discussion on ilmu, see C. Geertz 1976:88-89 and Jordaan 1985 pp.167-168 on people inheriting ilmu.

[8] On trance dancing, see Soerdarsono 1976; Pemberton 1994: esp 256; Ferzacca 1996:59-60; Browne 1999:278-291; C. Geertz 1976 and Nasuruddin 1990: esp 142.

[9] This is a lucrative lure: several exhibitions I attended were in fairly luxurious hotels, for example the Hotel Ibis in Surabaya and the Hotel Sahid Kusuma in Solo.

[10] Personal interview, 2000.

[11] Dukun bayi, or midwives, do have some government-sponsored training and subsequent licensing that they can obtain, but they are not required to do so in order to practice.

[12] See also Slaats and Portier 1993, Paripih 1989 and Supatmo 1945 on the legal issues surrounding the prosecution of dukun santet.

[13] From an interview with Ki Karebet (Bagong Budi Tikno Utomo), 1999.

[14] Some of this article is condensed, and it is not quoted in total.

[15] *"Segala Penyakit Sembuh Dengan 'Jilatan' Mbah Yanto,"* Liberty magazine 11789, 1-10 January 1993:24-25.

[16] The Islamic profession of faith: "There is no god but Allah, and Muhammed is his prophet."

[17] A verse of the Al - Ikhlas surah of the Al Qur'an.

[18] P4 is the formal Indonesian government interpretation and teaching of Pancasila, the five pillars of the Indonesian state; P4 was created in the Soeharto era.

[19] Interview with Mbah Macan Loreng (Ki Hajar Kusumodewo), 1998.

[20] For a long explication of the stages of study with a guru dukun, see Suparlan 1978:204-206.

[21] Hadith are the collected commentary on and anecdotes about the prophet Muhammed's life and speech.

[22] Interview with Ki Karebet (Bagong Budi Tikno Utomo), 1999.

[23] Indicates descent from a line of ancient Javanese royalty.

[24] Interview with Ki Adam Majintan, Putera Tengger (Muhammedad Rifai), 1999.

[25] From *"Ratusan orang gila itu sembuh setelah dimandikan mbah gendu dengan kotoran manusia"* ("Hundreds of crazy people healed after being bathed by Mbah Gendu with human feces")': Liberty Magazine number 2088 21-30 April 2001: unnumbered pages between 63 and 69. Despite the alarming title of the article, no further details were given on excrement use during curing ritual.

[26] The Javanese calendar includes the seven day week from the Roman or Gregorian calendar (where Monday- Sunday are named in Indonesian *Senin, Selasa, Rabu, Kamis, Juma'at, Sabtu,* and *Minggu,* respectively), and the Javanese five day week (in which the days are named in Javanese *Kliwon, Legi, Pahing, Pon* and *Wage).* These weeks run concurrently to comprise the Javanese calendar. Each day is considered an intersection of days from the five-day week and the seven-day week, and each combination—such as *Rabu Legi, Selasa Pon,* or *Minggu Kliwon,* is considered auspicious for different things.

[27] From *"Menyembuhkan Penyakit Dengan Paha Wanita"* ("Curing Disease with a Woman's Thigh"), Liberty Magazine number 1790, January 1993: 11-20.

[28] His list includes *dukun baji* (midwives), *dukun pidget* (masseuses), *dukun prewangan* (mediums), *dukun tjalak* (circumcisors), *dukun wiwit* (harvest ritual specialists), *dukun temanten* (wedding specialists), *dukun petungan* (numerologists), *dukun sihir* (sorcerors), *dukun susuk* (who he says use golden needles inserted under the skin to increase the powers of the client), *dukun djapa* (who use spells to cure), *dukun djamu* (herbalists), *dukun siwer* (who prevent natural misfortune), *dukun tiban* (who have temporary power which is received from a spirit), and *dukun bijasa* (an all purpose "general practitioner" dukun) (1976:86-7).

[29] For more on Madurese dukun, see Mansurnoor 1990:197-199.

[30] Fictional name of town where Geertz did his research, actually Pare, and Suparlan is well aware of this.

[31] However, I do remember one particularly ghastly story from the newspaper about a gentleman permanently disfigured from infection caused by susuk he had had inserted in his genitalia.

[32] There were no specialists who called themselves dukun tjalak, wiwit, petungan, sihir, susuk, djapa, jamu, or siwer.

[33] The only female I ever saw circumcised was as an infant, and the procedure was done in the local Islamic hospital by a woman nurse practitioner; circumcision usually means for boys, and is usually carried out sometime between the ages of 8-12, or when the boy asks to be circumcised, by a ritual specialist, a nurse practitioner, or a doctor. The event is marked by copious gifts from family members and visiting well-wishers, and a selamatan.

[34] I will break down the types of curing and the media used to cure in my next section on curing techniques; Figure 2 and Figure 3 in that section show the distribution of specialization of the curers.

[35] Rarely does anyone promise directly to help amass riches; if they do so, they are generally billed as gambling specialists, experts at giving out correct lottery numbers or enhancing skills at winning other games of chance.

[36] He grudgingly admits though, that the ones who live in rural areas are usually of a higher social status, and the ones that live in towns or cities usually have a main occupation in the civil service, so therefore they may correspond to C. Geertz's classification of pryiayi or upper class dukun; and the predominantly Islamic dukun he agrees may be seen as santri dukun (who would be staunchly middle class); but he doesn't mention anything about abangan or lower-class dukun (Koentjaraningrat 1985:426).

[37] Mulder 2000:148-150 gives us a great anecdote about a high profile case wherein a highly placed *bupati* (a kind of appointed regional governor) is publicly reprimanded for non-payment of a promissory note to a dukun, and discussion in the newspaper on how many highly placed people use dukun and how dukun are particularly popular in times of political crisis.

[38] If there was any jealousy or spite inherent in the (what I would have to classify as) gossip, it only took the form of regretting or bemoaning the unfair distribution of access to the money and social circumstances that allow one to encounter and purchase the services of a well-known and famously effective dukun.

[39] News bulletins on television or in popular newspapers about the doings of devilish dukun always initiated a new flurry of concern about my well-being because of the nature of my work, which caused me to come into association

with so many potentially dangerous individuals. I would be reminded about the many taboos about the disposal of bodily stuff (as I mentioned in my introduction), and when folks near me died, experienced first hand fear about the theft of a skull, hand, or other parts of a newly dead body from a fresh grave for the purpose of disgusting and repugnant rituals that imbue evil dukun with supernatural powers.

[40] These traditional rice cakes boiled in a rhombus-shaped packet of plaited young coconut leaves are normally exchanged by Javanese Muslims at the end of the month of Ramadan.

[41] From Priyono B. Sumbogo, *"Ketupat Muntah Darah"* ("Ketupat Vomited Blood") in Gatra Magazine, 1 April 1995: 90.

[42] See Jordaan 1985:180-185 for a discussion of black magicians; Geertz 1976:106-111 on sorcery; Koentjaraningrat 1985:419-421 on black magic; Roy Ellen (1989) on the social meaning of and anthropological theories about accusations of sorcery within a society; Ronny Nitibaskara and Slaats and Portier who translate and discuss many cases of mob violence against dukun from recent media accounts in chapters on the legal issues around sorcery in Indonesia in Watson and Ellen: 1989; and Siegel (2001); Witoelar (2001); Brown (2000); and Loveard (1998) on the theories about who was behind the spate of dukun santet murders around 1998.

[43] Suparlan 1978:212; also see C. Geertz 1976:95-99; Keeler 1987:114-119; and Woodward 1985:1007 and 1020; and 1989:233 for distrust of dukun in general; and Ferzacca 1996:570 for a list of newspaper headlines about devious dukun.

[44] From his conversations about dukun, Ferzacca didn't get the impression that paranormals came under the same suspicion as dukun, but all still exhibited varying levels of status: see 1996:578, 603-615, 615-624; the ambiguity is also expressed in Browne's discussion of three dukun (1999:296-309).

[45] From Kleinman 1983:73 in Setyonegoro and Roan.

[46] The exception to this rule is when a dukun sells a power object, especially an older pusaka powerful heirloom such as a keris, to a client. Often a price will be agreed upon and paid in cash, but this payment is usually referred to

as "*mas kawin*", or bride price for a match that was made—collected on behalf of the power object as putative bride—between the object and the client.

[47] Interview with Nyi Ayu Piningit alias Si Jari Putih, 1998.

[48] Ferzacca found that of the three dukun he saw practice, consultations only lasted "half a minute" (1996:597) or "a minute or so" (1996:605), but most of the ones I encountered didn't have quite the following of the select very famous dukun in central Java that Ferzacca and Browne both interviewed (i.e. Pak Gembong), therefore they didn't rush with their patients.

[49] Interview with Nyi Ayu Piningit alias Si Jari Putih, 1998.

[50] Interview with Ki Karebet (Bagong Budi Tikno Utomo), 1997.

[51] See Weiss 1977:418 on bathing as a common treatment by dukun.

[52] From "*Menyembuhkan Penyakit Dengan Paha Wanita*" ("Curing Disease with a Woman's Thigh"), Liberty Magazine number 1790, January 1993: 11-20.

[53] For an elaborate exegesis of the intricate theory involved in this kind of healing from a particular healer from a particular kebatinan movement, see Zarkasi 1983: 270-280.

[54] On the use of herbs and remedies, see Supatmo 1945 paper 3:3-5; Masruri and Dakas 1997a:31; and Ferzacca 1996:534-565.

[55] While I saw a lot of amulets made and given, I never saw any dukun make amulets out of repulsive effluvia from the body as described by C. Geertz (1976:103) and Koentjaraningrat (1985:418). For more information on tumbal, see Weiss 1977:413-416.

[56] From "*Segala Penyakit Sembuh Dengan 'Jilatan' Mbah Yanto*," "All Diseases Cured by the 'Licking' of Mbah Yanto", Liberty magazine 11789, 1-10 January 1993:25.

[57] From "*Ratusan orang gila itu sembuh setelah dimandikan Mbah Gendu dengan kotoran manusia*", Liberty Magazine number 2088 21-30 April 2001: unnumbered pages between 63 and 69. Again, despite the sensational title of

the article, this excerpt is as close as it comes to describing anything to do with human feces.

58 Due to her age and status as matriarch of the family; normally people would bring their complaints to him at his home.

CHAPTER FIVE
KYAI: A DOCTRINE OF MORALITY

To the great consternation of religious purists (and much to the confusion of foreign observers) the adat and religion of any given Indonesian group tend to be remarkably eclectic. The classic example cited that of the average Javanese, a self-declared Muslim who yet firmly believes in the existence of Indian deities and indigenous folk heroes portrayed in the ever-popular wayang kulit shadow play, as well as in a host of goddesses, ghosts, spirits, demons and genies said to inhabit his worldly environment. Typically, in addition to fulfilling the requirements of the Islamic faith, he will engage in a number of other activities: burn incense and leave small offerings to local spirits; hold frequent communal feasts (slamatan) to celebrate major holidays, births, marriages or business successes and to mitigate the disruptions of unsettling events, moves or changes; seek and heed the advice of a local dukun or mystic in times of distress; trust to the magical potency of an inherited keris dagger and a variety of other talismans; and make occasional pilgrimages to a sacred spring, tomb, or hilltop sanctuary, there to accumulate the potent spiritual emanations (semangat) of the place, mediate or otherwise augment his own inner spiritual "capital."

--Eric Oey, *Indonesia,* 1988:78-79

The cultural context

Indonesia has more Muslims than any other nation in the world. Almost anywhere you go in East Java, you will hear the call to prayer amplified to a piercing whine and blasting, muffled, through what is left of the loudspeakers at the top of nearby mosques. Though most authors writing on Indonesia stress the gentle, tolerant, syncretic nature of Indonesian Islam, others talk about how the nation, and Java especially, is becoming more Islamic. More and more people go on the haj each year. More products become labeled

"*halal*"[1], more schools have had to issue an "Islamic" uniform by popular demand of their female students, more people use Islamic greetings and exclamations in their daily and public speech, and so on.[2] And there are pockets of fanaticism: Islamic extremists bombed the huge Buddhist monument Borobudur in Central Java in 1985, and bombed a popular tourist area in Bali in 2002. The area of East Java is well known to have a higher concentration of devout Muslims (c.f. Jay 1969; Esposito 1987), but in reading the anthropological literature on Java, a picture has developed about East Javanese Islam that I feel is a bit distorted. Beatty agrees: "The pious Muslims...are not the dogmatic puritans known to Javanese ethnography through the works of Geertz, Peacock and Nakamura: stern, God-fearing types (the Javanese, that is) who cleave to their mosques and disdain contact with the irreligious masses" (1999:7). In attempting to define the beliefs and practices of the East Javanese Muslim, or even Muslims in Malang--which is necessary to understand who might be likely to go to a *kyai*—a religious scholar-- for curing and why-- it can be difficult to delineate those who might be considered pious Muslims and those who are nominal or completely non-practicing "Muslims". The Indonesian government requires its citizens to carry a national identity card, the *Kartu Tanda Penduduk,* or KTP. When applying for the card, each citizen must indicate (along with quite a bit of other data) what religion they embrace. Since everyone in Java feels the

omnipresence of Islamic rhetoric and imagery, and is well aware of the religion embraced by their neighbors, in order to maintain *rukun* (social harmony), many people who do not observe the religious obligations of Islam nor have received any religious instruction will indicate Islam as their religion. This gives rise to the notion of the most nominal of Javanese Muslims, the *"Islam KTP"* or *"Islam statistik'*. So while the statistics tell us that Java (and the nation of Indonesia) is well over 95% Muslim, it begs the question of what variation of religious belief exists within that large category. There is not a verifiable single source of Javanese Islam, or a single Javanese interpretation, style or practice of Islam; in order to understand the nature of Islam in Java—even in an area restricted to the Malang area--we have to look at what Woodward calls a "variety of Javanese local Islams" (1989:53). But in order to understand diversity, first we have to understand the basic principles and tenets of the Islamic faith.

The Ideology of Islam

> Religion is this. They act as in religion that is to say they neither wait nor stay away. Religion is best as it is. If they like it at all they like it all, not only more than once but often.
>
> --Gertrude Stein, *Four in America*, 1947

Islam, meaning "submission to the will of God", followed Judaism and Christianity as the last of the three great monotheistic religions. At the very

core of Islam is the concept of Allah, the one great God, the same God of Jews and Christians, who is directly accessible to mankind. In Islam there is no priesthood and there are no sacraments, no saints to intercede on one's behalf, and Muhammed set such strict orders not to revere him that a ban still is respected against representations of his face. In orthodox Islam, there is no central doctrinal authority, for no man or institution stands between the believer and God. The believer does not have to support an elaborate hierarchy of religious functionaries that interprets or delivers religious dogma, supported by their taxes or charitable donations. What they do have are texts and traditions that have been cherished for over 1300 years, and a body of law and custom that is more about philosophy of life, legal justice, and social structure than it is a set of religious pronouncements on the forbidden. Religious communities elect their own leaders, raise their own mosques (which function as social institutions to distribute alms, clothing, food and education to the poor of their area, as well as a non-exclusive communal place for prayer), and interpret scripture in a way that is acceptable to their own local cultures. Simple injunctions for women to remain modest in demeanor and dress to help men avoid temptation have given rise to misogynistic practices in some Middle Eastern cultures, such as various versions of the veil, or *purdah;* but the Islamic doctrine actually provided for more legal rights for women, for example the right to obtain divorce and hold property exclusive of

her husband, than had ever been institutionalized before, and asserts the equal value of women and men in the eyes of God. Equality, charity, forgiveness, kindness and respect, and above all submission to the will of God are the messages of orthodox Islam, and by and large these are the elements that are stressed in Indonesian Islam.

The texts: the *Al Qur'an* and the *hadith*

The Al Qur'an[3] is considered to be God's final communiqué to mankind, transmitted after the Jewish Torah and the Christian Gospel, revealed to Muhammed[4] over a period of years, and thus Muhammed is considered to be the last of a long series of prophets that includes Adam, Abraham, Moses, and Jesus. Abdulquasim Muhammed ibn Abdullah ibn Abd al-Muttalib ibn Hashim (commonly known simply as Muhammed) was born in A.D. 570 or 571. Orphaned at the age of six, he passed to the care of his grandfather, who was a respected custodian of the *Ka'bah,* a monument central to the belief and worship of many desert tribes. When Muhammed was about forty he began to retreat into the desert for long periods, and claimed that during his meditations God was revealing a new religion to him. His revelations were written down by his followers, for he never learned to read or write, and were collected into the Al Qur'an. In the last years of his life Muhammed dictated a

version of the book to a literate companion, and that text survives more or less intact, having gone through various iterations orchestrated by several caliphs who followed Muhammed as the religious and political leaders of the Muslim world. The Al Qur'an contains more than 114 *surah*, or chapters, which are arranged according to length, with the exception of the first chapter, Al Fatihah, which is a brief prayer that pronounces the omnipotence of God and the importance of God in the life of a Muslim.

The Al Qur'an tells the stories of tribes, kings, prophets and saints. It offers versions of stories familiar to other "people of the book", namely Christians and Jews: stories about Noah, Abraham, Adam and Eve, Joseph, Moses, and the life of Jesus. It gives guidance in right belief and religious observance, elucidates moral principles and social ethics. While it does not contain a legal canon, it gives fundamental directives on questions of slavery, the rights of women[5], marriage, family life and rules of inheritance. It forbids gambling, usury, consumption of alcohol, and the eating of carrion, blood or pork.

In addition to the Al Qur'an, the other fundamental text of Islam is the *hadith*, anecdotes about what the prophet Muhammed said or did, collected and recorded by people who witnessed them or heard the anecdotes from some reliable witness. Some of the hadith were not recorded in written form until

generations after Muhammed's death, and who recorded each hadith for posterity and when is an important part of each hadith; Islamic sects vary as to which hadith they consider reliable. The *sunnah* is the body of knowledge that allows for interpretation and generation of Muslim law and custom. If the Al Qur'an says pray, for example, Muslims can go to the hadith for examples and sometimes even precise instructions on exactly how to do it, and the resultant decision will become sunnah. The Al Qur'an and the sunnah are the foundations of Islamic law, or *shari'ah*. "Shari'ah is a codification of the information found in the Al Qur'an, and the hadith, and contains rules for human interaction—be it social, commercial, political, familial, or ritual" (Woodward 1989:4).

The believers: Sunni, Shi'a and Sufi

Through our screaming self-pity and our conspicuous silences, we Muslims are conspiring against ourselves. We're in crisis and we're dragging the rest of the world with us.

--Irshad Manji, *The Trouble with Islam : A Muslim's Call for Reform in Her Faith*, 2003

Five to six million strong, Muslims in America already outnumber Presbyterians, Episcopalians, and Mormons, and they are more numerous than Quakers, Unitarians, Seventh-day Adventists, Mennonites, Jehovah's Witnesses, and Christian Scientists, combined. Many demographers say Islam has overtaken Judaism as the country's second-most commonly practiced religion; others say it is in the passing lane.

--Johan Blank, "*Religion in America*", USNEWS 7/20/98

One who practices Islam is a Muslim. A Muslim can be Sunni or Shi'a or Sufi. Sunni and Shi'ite Muslims have always come into conflict on particular political issues and goals; for example, they diverge on the question of the rightful successor to the prophet Muhammed (a fundamental question, since the problem of succession had not been clearly resolved at the time of Muhammed's death).

The first four caliphs, or successors to Muhammed had known Muhammed personally and were successively selected as caliph by the elders of Medina, and three out of four were assassinated by fellow Muslims from factions that disagreed with the legitimacy of their claim to rule. In 661 A.D. the governor of Syria challenged Ali for the caliphate. As first Ali and then his son Husayn were assassinated, control of the caliphate passed forever from the hands of Muhammed's followers in Medina, and the world of Islam developed deeply divided factions. The Persian segment of Ali's supporters reacted to his murder by renouncing the main body of Islam to become Shi'ites, or followers of Ali. The privileging of the state of martyrdom was instilled early on in Shi'ite Islam, and a doctrine of divine right developed within their sect which invested the person of the *imam* or religious leader of a mosque with divinely sanctioned authority and power; in addition to being the guide to the

community, their religious leaders were also seen as heirs and interpreters of religious knowledge into the distinct Shi'ist law and theology.

While Islam expressly forbids conferring divinity on any person (including Muhammed), Shi'ites still elevate their leaders to an almost superhuman state, believe society should be run by the decisions of this enlightened few, and observe with elaborate ritual and days of public mourning and passion plays the martyrdom of Husayn and the birth of his mother, Fatimah. The more orthodox Sunnis claimed to follow the way of the Prophet while the Shi'ites incorporated martyrdom, saints, and a kind of priesthood into the simplicity of Muhammed's teachings about the direct, immediate and irrevocable relationship between God and man.

Sunnis still respect religious learning and respect the class of men who are learned in religion, and still feel that society should be run by a consensus of the learned. The vast majority of Indonesian Muslims are Sunni, influenced by Sufism.[6] Sufi Muslims believe that they can attain enlightenment and knowledge of or ultimately union with God through concentration on mystical practice. They respect their mystical teachers and leaders as inspired individuals whose teachings transcend the worldly and dogmatic preoccupations of the Shi'a and Sunni doctrine. *Dzikir* chanting, trance dancing, and asceticism are practiced to bring on a state of ecstatic spiritual

meditation that they believe will produce a relationship (and a blurring of the boundaries) between the individual self and God, an understanding of love, truth and the universe that does not require mediation or explanation from a caliph, an imam, or an *ulama* religious adept.

The practice: the five pillars of Islam

Narrated by Abu Musa Al-Ash'ari:

The Prophet said, "On every Muslim there is enjoined (a compulsory) Sadaqa (alms)." They (the people) said, "If one has nothing?' He said, "He should work with his hands so that he may benefit himself and give in charity." They said, "If he cannot work or does not work?" He said, "Then he should help the oppressed unhappy person (by word or action or both)." They said, "If he does not do it?" He said, "Then he should enjoin what is good (or said what is reasonable).' They said, "If he does not do that"' He said, "Then he should refrain from doing evil, for that will be considered for Him as a Sadaqa (charity)"

--*Hadith* Translation of Sahih Bukhari, *Volume 8, Book 73, Number 51: English Translator: M. Muhsin Khan*

Islamic religious practice consists of five essential elements, known as the five pillars of Islam. The first pillar is the profession of faith, or the *shahadah* (*sahadat* in Indonesian). It is a formal act that consists of speaking the Arabic phrase which can be loosely translated as "I believe that there is no God but Allah and Muhammed is his prophet" in front of witnesses.

The second pillar is the five daily prayers, or *sholat*. Before sunrise, before noon, in the late afternoon, around sunset and before retiring, the Muslim who is post-pubescent, not menstruating, and physically and mentally well,

must ritually cleanse themselves and then face the *Ka'bah*[7], in the Great Mosque of Mecca, and perform his or her prayers. The prayers require very specific ritualized movement, genuflection and recitation of various prayers and portions of the Al Qur'an. These prayers can be performed individually or congregationally, with the exception of Friday noon prayer that should be performed with others as a congregation in a mosque, accompanied by a religious and moral sermon from one of the community of believers. The Muslim does not pray simply as a petition for the favors of God, and the function of prayer is not simply to attempt communication with God. Rather, prayer is a ritual that recognizes the power of God, while communal prayer, wherever it is performed, affirms the brotherhood and the equality of all believers.

Charity, or *zakat* is the third pillar of Islam. This tithe is to be given freely as an expression of gratitude for the good things God has given, and an acknowledgement that others in the community may not have been so blessed. There are very specific formulae for the calculation of zakat that should be given for as a percent of various purchases, salaries, harvests, and other sources of income or good fortune, and these formulae can vary according to culture area. In Indonesia, often an Islamic religious leader, a kyai or an imam, can be consulted to help with calculating what would

constitute an appropriate zakat. The Al Qur'an says that the zakat should be distributed to the poor, the needy, the collectors of the zakat, struggling faithful and religious pilgrims, wayfarers, debtors, and captives (Al Qur'an 9:60). In Java the zakat is generally given to the poor, who might only eat meat twice a year when zakat in the form of animals are slaughtered.

The fourth pillar of Islam is the fast during the month of Ramadan[8], which requires the faithful to abstain from food, drink, cigarettes, and sex from dawn until twilight each day and to avoid anger or bad thoughts or deeds for the duration. The elderly, the mentally or physically ill, small children, travelers, pregnant women or nursing mothers, or others to whom fasting might pose a risk should not fast, and women who are menstruating or recovering from childbirth must postpone their fasting. The purpose of the fast is to learn to control the desires that the physical body experiences and that often lead to greed, gluttony, sloth, lust, and other deadly, anti-social sins; to overcome man's baser nature and tendency to negative thought and action; to develop sympathy for those who are poorer and may go hungry every day and to develop an appreciation for what one has; and to demonstrate a willingness to submit to the commandments of God. Quarrelling, lying and slander are all specifically and strictly forbidden, and charity is encouraged and eagerly offered. In Java the breaking of the fast at dusk is often an elaborate affair,

with solemn prayers of thanks followed by lively feasting on sumptuous dishes and dainty cakes the women of the households may have spent all day cooking. At two-thirty or three in the morning the neighborhood devout youth tour the neighborhoods banging pots and pans, or over the loudspeaker call "*Saur! Saur!*" to wake up the faithful so that they can cook and eat a last light meal--*saur*--before daybreak in order fortify themselves for the coming day's fast.

The pilgrimage to Mecca, called the *haj* or *hajj*, is the fifth pillar of Islam. Each Muslim who is able (in terms of economic means and health) must journey to Islam two months after Ramadan by the Hijrah calendar, during the month of *Dhul-Hijjah*, and perform a precise series of prayers and activities at a number of prescribed locations. The pilgrimage is an opportunity for purification, to express repentance for and ask for forgiveness of sins. But the haj is also meant to deepen a Muslim's sense of historical oneness with the prophets of the past by visiting the sites of particularly important religious events.[9] This commemoration of historical events and lives is intended to help the pilgrim learn by emulation to let go of what they love and submit to the will of God. Another purpose of the pilgrimage is to promote social integration, to unify the Muslim community by the ritual gathering of men and women of all races and social classes from all over the world. The clothing that the pilgrim is

required to wear called the *ihram*, a simple white seamless garment, helps break down class and ethnic distinctions, and bring home the message of Islam that mankind is all equal in the sight of God, and should treat each other with respect and kindness. The haj is meant to take at least two weeks; in Indonesia the prospective pilgrim has a choice between the regular month-long haj, or the more expensive VIP 'haj express' for the busy Muslim executive. The Indonesian government in the form of the Ministry of Religion organizes the hundreds of thousands of people who go on the haj each year, and for a set fee moves the pilgrims through preparatory classes, staging them in dormitories across Java until they are moved en mass in groups to Saudi Arabia and through the various rites and sites of the haj, and back home again.[10] After successfully completing the haj, a person may adopt the honorific of *haji* (or *hajji*) for men or *hajjah* for women, as a sign that indicates that they have been a pilgrim and implies that they are now deeply committed to living a pious life.

The introduction of Islam to Indonesia

> Java is exceptional in the Islamic world not because it has retained pre-Islamic ideas but because of the ingenious and artful ways in which such a large body of Hindu and Buddhist tradition has been so thoroughly Islamicized.
>
> -- Mark Woodward, *Islam in Java*, 1989:17

A discussion of Islam in Indonesia usually begins with speculation on how it arrived in the archipelago, and why it was embraced by such a majority of the

population. Some historians and anthropologists claim that Islam came to Indonesia through ordinary Muslim sailors and traders, and that through commerce that commenced in port and coastal cities, conversion followed contact (c.f. Vlekke 1943 and 1945; Ricklefs 1993a, 2006 and esp. 2006). Some think it was brought by wandering Sufi artisans, scholars and teachers, who brought various mystical and cultural elements of Southern India to Java, and that it wasn't until much later, after the kings of Java began to patronize these Sufis and decided to embrace the religion of Islam and the concomitant title of sultan, that Islam became established as the majority religion of Java.[11] This explanation is favored by those who focus on the uniquely mystical aspects of some Javanese Muslims' practice; they are likely to speculate that the Javanese traditional fondness for ritual and mystical asceticism made Sufism a logical choice; or that the mystical elements that Sufism picked up as it moved through Persia and India made it more acceptable to the Javanese (c.f. C. Geertz 1976:124-135 and Koentjaraningrat 1985b:286). There are few if any reliable historical sources from the period that document any details of how Islam came to Java and how it spread, but scholarly consensus can be found on two things: that it was introduced to Java around the 14th century, and that transition to Islam was a gradual process—one that Woodward and Hefner argue still continues today (Woodward 1989:54 and 1996; Hefner 1987).

Indonesian Islam I: modernism vs. traditionalism

'Indonesia,' 'modernity, and 'Islam' are the three words that capture the dynamics of contemporary Islamic discourse."

> --Taufik Abdullah, "The Formation of a New Paradigm? A Sketch on Contemporary Islamic Discourse", 1996:67

The majority of practicing Indonesian Muslims are usually considered to be part of two organized movements that developed distinct strains of Islam.[12] The organizations Muhammadiyah and Nahdlatul Ulama (N.U.) both were started in the early 20th century. Muhammadiyah has mainly attracted the comparatively well-to-do, urban, educated, middle class. Muhammadiyah doctrine argues the necessity of a return to the original fundamentals of the religion as laid down in the Al Qur'an and the hadith, stripped of the embellishment of culture and "corrupt" syncretic practice, using the original texts to guide orthodox praxis in today's modern world. They seek to interpret Allah's commandments, translating the original into something that is faithful to the original intent of the commandments, but is meaningful to the time and circumstances of their life. (For example, calculating into modern currency the cost of a fine for sinning, which may consist of a camel, or freeing a slave. For more on this, see Noer 1973:303 and Peacock 1978.) Members of Muhammadiyah stress the saying of Muhammed that it is as important to do the work of Allah in this world as to prepare for the afterlife. They will quote the *hadith* about the fellow that was constantly praying in the mosque in two different versions: Muhammed asks the man, when he brags about his fervency, who is taking care of his family while he is worrying about his own afterlife, and reminds him of his obligations in this world; or he asks the man's friends who provides him with food and water, and when they answer that they do, declares that they are more pious than he. They

are also quick to remind you about the hadith which describes those things you can take with you into the afterlife, or the things that truly count for religious merit: the useful things you teach to others; the useful things that you help build for the community (such as mosques, schools, or roads), and the good works and intentions of a good and faithful child. Geertz calls Muhammdiyah a "socio-charitable organization" and says their main activities are charitable and educational (C. Geertz 1976:172-173).

N.U. has always attracted the more conservative, isolated, and poorer Javanese. They defend the Islamic tradition as it has developed in Java, which includes Javanese (arguably pantheistic) traditional cultural practice and values, and they endorse the legitimacy of Javanese traditional rituals such as selamatan, and rites such as mini-pilgrimages to Javanese keramat graves (Noer 1973:304). Members of N.U. are more isolationist, tend to believe in the saintliness of kyai religious leaders, and accept the kyai's word as unquestioned law. They direct their attention to achievement of personal perfection as preparation for the afterlife.

So although members of Muhammadiyah and N.U. will all perform their prayers and fast, go on the haj and pay their zakat, Muhammadiyah members will focus on social action, religious activism, the development of educational institutions and publications (such as books, newspapers and journals), and other public institutions such as health clinics and pharmacies, and find their primary loyalty to the Indonesian state. N.U. members will focus on doing the right thing—which means how things have "always" been done in Java, without interference from the West-- guarding their personal life to insure staying on the right path, and maintaining a fierce loyalty to their kyai.[13]

As much as academics like to parse and separate, define and divide, these two ideal types—while the organizations do still exist, are very active, and do have distinct doctrinal differences--do not really encompass the variety of religious belief and practice in East Java, and the reiteration of these types tends to imply a kind of conflict that rarely rears its head in daily life. "Despite wide variations in practice and belief, there is no organized schism, such as between traditionalist and modernist camps. To the contrary...the unifying factor is a willingness to make concessions in order to maintain social harmony in the neighborhood" (Beatty 1999:156). Many, if not most, East Javanese Muslims do not identify themselves as staunch members of either Muhammadiyah or N.U., and only occasionally find themselves in the midst of a controversy based on the conflicting teachings of these two schools of thought. Differences in ideas about proper death rites, burial practice or the way to calculate the beginning or ending of the fasting month will occasionally cause a bit of friction within a family or a neighbourhood, but usually the Javanese Muslim, in good Javanese tradition, will seek the path of rukun, and go along with whatever the majority in his area considers to be good praxis. V.S. Naipaul from his visit to the Javanese village of Pabelan gives us the following conversation that beautifully illustrates how the preservation of rukun trumps any theological difference of opinion:

> It was the way of Pabelan: to be a Muslim was to serve your fellow man.
>
> I said, "Is that why you serve your fellow men? Some people serve their fellow men because they are their fellow men."
>
> The village headman answered. "We are Muslims and we want to be good."

"What do you mean by good?"

The village headman, holding himself erect, said, "Custom. Not causing offence."[14]

Malang Islamic Praxis

A way of doing things can, at the same time, be a way of saying things. The controversies (inherent in the complex religious world of Java)...reflect an intellectual sphere of living in a multiplicity of social worlds with several layers of social times."

--Taufik Abdullah, "The Formation of a New Paradigm? A Sketch on Contemporary Islamic Discourse", 1996:77

Woodward argues that Islam is not only the predominant religion in Java, but that it "shapes the character of social interaction and daily life in all segments of Javanese society" (1989:3). Through an exploration of the nature of social interaction and daily expression of Islamic praxis in Malang, and an examination of how social life is shaped by the character of religious belief, I found that I could develop a new and useful description of the local varieties of Javanese Islam. Unlike Geertz's tired and contested categories of *abangan, santri* and *priyayi* Muslims, or the largely politico-economic divisions of N.U. and Muhammadiyah Muslims, I will accurately describe the variations of presentations of self, of belief and practice in the current Malang social climate.

While I have found and presented distinct orientations, this should in no way imply that these people live or worship in isolation from one another. People

embracing various varieties of praxis could be at the same event, for example, but the experience and the motivation for being there could be quite different. Distinctness of character of their belief or difference in styles of their praxis does not in any way indicate physical separation of individuals.

I took as one specific way to describe the variety of religious belief and socio-cultural orientations attitudes towards *pahala*: merit resulting from performing religious duties that will help influence one's life after death.[15] As a synecdoche of the range of educational experiences, I describe relationships to the Al Qur'an and other books. As a metonym for the contexts of economic conditions and religious-aesthetic sense, I describe the art that would typically decorate Malang homes. I present here a picture of both the lahir and the batin of East Javanese Islam—the character of the internal belief systems *and* the character of their praxis. Developing this nomenclature will be very useful in explaining which Javanese individual would choose to go to an Islamic religious curer, which to a dukun, and which to a psychiatrist for symptoms of mental illness—and why.

Congenial praxis:

The central principle of this style of praxis is conformity. These are the quintessential 'Islam KTP' or nominal 'identity card' Muslims, who have

selected Islam as the least contentious of the five major religions that are options on the national identity card, KTP. This style of praxis may not include observation of the pillars of Islam, but as a friendly and sympathetic Javanese seeking rukun, congenial praxis will demand participation in any form of community Islamic activity: praying in public on big Islamic holidays, participation in *halal bil halal* (visiting and asking forgiveness of friends and neighbors at the end of Ramadan), participation in community mutual building or helping activities, and attendance at selamatan when invited, with a bowing of heads and muttering under the breath as if praying along when Islamic prayers are chanted in Arabic. The incredibly close quarters of the physical conditions in which they live in villages or urban low-income kampung make community a force in every family and the life of every individual, and in order to maintain rukun, the semblance of an Islamic stance or the barest observation of Islamic social responsibilities and religious practice are adopted. Like the Madurese villagers described by Beatty, congenial praxis takes care to cause no offence, and to conscientiously participate in openly Islamic events: "Indeed, many would find a conscious hostility to Islam both socially embarrassing and personally disturbing, therefore unconducive to slamet" (Beatty 1999:120).

Woodward found that in Central Java "(m)any kejawen Muslims who do not attend the Friday prayer or fast during Ramadan, will do so if they happen to live near a mosque" (Woodward 1989:8). I did not find this to be the case in Malang. Congenial praxis does not require fasting during the month of Ramadan: fasting is seen to yield "Javanese (rather than specifically Islamic) benefits, such as tranquility, security, and self-mastery. These benefits are sufficient justification for ritual observance: there is no need to delve deeper into the nature of scriptural authority" (Beatty 1999:120). However, congenial praxis requires an abstention of eating in public during the fasting month so as not to disturb those who are fasting, and although it does not require daily prayer, this style of conformity and conflict avoidance will require quiet during the daily times for prayer, and avoidance of activities that might otherwise disturb people who are praying.[16]

Congenial praxis does not preclude an awareness of what is considered sin, and promotes an avoidance of adultery and overtly criminal behavior, but drinking alcohol and gambling may be tolerated. No other Islamic taboos would be observed by those adopting this position, except that under no circumstances would consumption of pork be permitted. The giving of zakat might be encouraged, but usually those of this orientation are poor enough that they are eligible to receive it. Congenial praxis does not include a

harboring a desire to go on the haj. Ritual observances of circumcision, marriage and mortuary rites in this orientation may combine Javanese tradition with Islamic flair. Congenial praxis presents no set ideas about the nature of pahala (religious merit), and may even include skepticism about the afterlife, or the need for prayer, as so clearly stated by Beatty's informants (Beatty 1999: 153-154). In homes that I visited of families who embraced this style of Islam, commercial calendars, photos from magazines, or family photos were displayed on their walls. Typically the context of congenial praxis results in education and experience limited to the daily life of the village or *kampung* low-income neighborhood. Thus, I observed that those who espouse this style of Islam might own a copy of the Al Qur'an, but if they do it was probably a traditional gift at circumcision or marriage; they did not read it.

Conscientious praxis:

The central principle of this style of praxis is orthodoxy. This is ironic, since the notion of orthodoxy in this style of Islam includes deeply heterodox observation of ritual and custom from the system of pre-Islamic Javanese animistic-Hindu-Buddhist traditions known as *adat.* Conscientious praxis demands the practitioner be constant and resolute in their practice; committed and consistent; remaining faithful, religious; driven by a sense of duty and fear of sin; sure, unswerving and obedient to what they are taught about

religion by parents, schools, and especially kyai. Conscientious praxis is intolerant of unbelievers or people who sully the faith, and demands a rejection of what is said to or suspected to be *syirik* (polytheistic or animistic)—*kaffir*, sin, or sacrilegious. For example, Chinese restaurants or hotels are anathema because there may be pork in the food and certainly are places for sinful assignation. This manner of praxis produces piety, and as Beatty observed "(f)or the pious...Islam is a system of ritual prescriptions rather than a coherent and explicit system of beliefs, an ethical code or a cosmology. Among the few who are willing to discuss doctrine, one quickly comes to a bedrock of unquestionable axioms and idiosyncratic speculation" (1999:121). Regular performance of prayers, keeping the fast, well, religiously, and strict observance of other (sometimes apocryphal) tenets define conscientious praxis.

This orientation is common in the *kauman*, the area near the central mosque of the town, near the "Arab Quarter" in Malang, where traditionally the *orang alim*, the Islamic faithful, have lived for generations, going to the same mosque for most of their lives. This style of Islam encourages the wearing of obviously Muslim clothing, but the women who adopt this style won't necessarily cover their head outside the home unless they have gone on the haj. Conscientious praxis encourages very generous and regular giving of zakat--not public,

showy, organized charitable activity, but quiet personal acts of private generosity. However some families with this orientation may be poor enough to receive zakat. Conscientious praxis strongly promotes the haj, both in terms of the performance of religious duty and the prestige it will bring the in individual believer in their community. Within the community, being seen to perform this vital and traditionally dangerous duty generates respect for the status of hajji or hajjah. It is an important rite of passage: before the pilgrims depart on the haj, friends and family take leave of them ritually, and they are feted upon their return. This mode of belief finds value in a death in Mecca; if someone dies while on the haj, and especially in the holy city of Mecca, they are considered particularly blessed.

Ritual observances of circumcision, marriage and mortuary rites may also combine Javanese tradition with Islamic flair, as do trips to the graves of the *wali sanga* or nine "apostles of Islam" who some say brought Islam to Java.[17] Conscientious praxis condones a relentless pursuit of pahala. If kyai say that an act will generate the accumulation of pahala, it will be done, if at all possible. Extra fasting, extra prayers...these will all be added up towards a future accounting of pahala. In homes of families that I visited who adhered to this mode of practice, pictures of Mecca worked into a rug, or bright gilded plastic plaques with calligraphy renditions of the names of Allah and

Muhammed imported from abroad were displayed on their walls. Typically the context of conscientious praxis results in extensive religious learning. With more education, more money and more opportunity for experience outside the kampung or village than those who embrace congenial praxis, conscientious praxis is self-limiting in what its practitioners experience or read, and relies on kyai to set standards for thought and behavior. Custom in this context encourages frequent quotes from the Al Qur'an or other religious utterings in daily secular speech, and veneration of books, especially books on religion. I observed that families who adhere to this style of Islam read the Al Qur'an frequently, but didn't usually understand Arabic—they may have learned the meaning of the surahs in Indonesian, but they chanted their prayers and read from the Al Qu'ran in Arabic. They usually had an old Al Qur'an handed down from their parents, or brought home from the haj by a close friend or family member.

Convivial praxis:

As the term implies, this mode of praxis involves social activism, the joining of Muslim student, prayer/religious study, or charitable organizations, traveling in groups to Muslim activities or points of interest, and the organization of group charitable action. Although convivial praxis is requires the serious observation of all the five pillars of Islam, it also allows finding fun in being a

Muslim and in Muslim fashion (elaborate *busana Muslim* outfits, hats and embroidered clothing), including little Muslim-y electronic gadgets, like a watch or cell phone that beeps five times a day when it is time for prayer and includes a compass set to indicate the direction of the Ka'bah. Convivial praxis does not demand that women cover their heads, but custom in this context would make it likely that a head covering would be worn if they have made the haj, and an infinite variety of headscarves—plain, patterned, embroidered, emblazoned with sequins and small glittery stones—are usually made ready for every outfit or occasion. Convivial praxis promotes an enthusiastic payment of zakat; and also often involves the organization of the distribution of zakat for their local mosque or neighborhood. Convivial praxis supports repeating the haj with little fanfare, and the return to Mecca on the off-months for what is called *umroh,* for inspiration and refreshment of the religious sense without the crowds and rigid schedule of the all-out haj. The "express haj" travel packages or "VIP haj Plus" (that offers deluxe accommodations such as air conditioned tents on the Plain of Arafat) were designed for convivial practitioners.

Life rituals like weddings, funerals and circumcisions will be generally Islamic in nature, but Javanist rituals may be held as well in addition to the strictly Muslim rites. Convivial praxes encourages sociable and jovial Islamic

activities, and focuses on the search for pahala through community service; those of this orientation make a conscious effort to impact society through their social service, which they enjoy. For example, like-minded folk will organize to build a mosque, sponsor big donation drives, or 'adopt' an orphanage or old folks' home. It encourages belief in the hadith that the pahala one receives for praying alone is multiplied seventeen times when prayer is performed in a group with others. Similarly, participation in large popular kebatinan groups in a search for physical fitness and mental or 'inner' powers is also popular for this persuasion.

In the primarily middle class homes of families with this orientation whom I visited, the active participation in consumer culture and an awareness of patterns of local culture and tradition were readily observable. As evidence of this, I saw expensive woodcarvings of verses from the Al Qur'an, or green or maroon velvet plaques with the words 'Allah' and 'Bismillah' ('in the name of Allah') in calligraphy of mother-of-pearl displayed on their walls, and occasionally other expensive Muslim art were displayed, products of the famous artisans of some Indonesian ethnic area. The context of convivial praxis typically includes more education, wider life experience, a greater exposure to international news and trends through regular watching of cable television and movies, and experience of some travel, perhaps even

international travel. I observed that this style of Islam supported a tendency to read and own popular books on religion, (as well as some secular fiction and possibly non-fiction) and I noted that most of the convivial practitioners I knew owned several Al Qu'ran selected for their beauty or convenient size (such as little travel-size volumes with zippered covers that would fit in a purse).

Cerebral praxis:

The central tenet of this style of belief and practice is Islamic fundamentalism. Far from some kind of call to a reactionary, socially conservative, close-minded ideology, Indonesian fundamentalists of the Muhammadiyah vein seek what they define as fundamentalism in a return to the principles of the Al Qu'ran, stripped of the trappings and customs of Arab or Asian culture, and interpreted for a modern age. Cerebral praxis requires as firm a belief as the conscientious praxis, and will accept as appropriate participation in social activism like the convivial praxis, but will demand consideration of where Islamic beliefs come from, what they mean, and how the ancient teachings can be translated into modern life.

Cerebral praxis involves careful observation of all the pillars of Islam and rigorous fasting and prayer, but is tolerant of those who don't observe. The

approved method of fasting and meditation would follow the example of Muhammed; engaging in any of the more esoteric Javanese fasts would stink of syncretism. Cerebral praxis questions the origin and the purpose of customs, such as praying after midnight on odd dates after the *lailatul qodar* (the 17th night of Ramadan, when the Al Qu'ran was first revealed), and questioning why it would be said that you could get extra pahala for fasting the second week after *Idul Fitri* (the holy day-holiday that marks the end of Ramadan). Cerebral praxis is observed by respected intellectuals and recognizably serious Muslims, and it could include a willingness to lead the prayer or give a talk at mosques around town occasionally, but most of those who take this position are busy professionals, so they are not professional religious practitioners. This style of praxis generates an enjoyment of visiting different mosques to hear different people give the *khotbah* Friday sermon, or to see famous people lead the prayer, and would necessitate completion of the haj not only as a pillar of Islam, but also because it is interesting.

Cerebral praxis requires no special clothing, perhaps a sarong for men when attending public prayer events or funerals, but putting on a *kopiah* hat and a nice suit, or a nice longer long-sleeved outfit for women would be seen as appropriate. It would not require women cover their heads, but the cerebral

style of Islam would make donning a head-scarf likely if they have gone on the haj and necessary for rituals that require them to cover their hair.

Life rituals like weddings, funerals and circumcisions in this context will be generally Islamic in nature, but Javanist details may be added to weddings out of respect for the other family involved. Cerebral praxis does not promote mechanical mechanisms for producing pahala, such as believing that increasing numbers of prayers generate increasing amounts of pahala. I noted that the socio-economic context in which cerebral praxis is expressed generally involves a middle- to upper-class climate in which diplomas, certificates of participation in various seminars, and photographs of themselves with political and religious notables decorate the walls of the home office; I noticed that the rest of the house the women decorated to their individual (sacred or secular) taste. Cerebral praxis is embraced by and evinces curious and rigorous intellectuals, well educated in Islamic theology and other subjects, aware of world cultures and history, who may have studied for advanced degrees overseas. In many homes of families who practice this style of Islam, I observed collections of books, including Al Qur'an from other countries, and religious critical thought, interpretation and philosophy on Islam and other religions from international sources. Cerebral praxis generally makes

obligatory an understanding of Arabic, but also evokes a kind of curiosity that inspires the reading the Al Qur'an in translation.

Indonesian Islam II: The World of the *Kyai*

Both magic and religion are based strictly on mythological tradition, and they also both exist in the atmosphere of the miraculous, in a constant revelation of their wonder-working power. They both are surrounded by taboos and observances which mark off their acts from those of the profane world.

> --Bronislaw Malinowski, "Magic, Science and Religion," in *Magic, Science and Religion and Other Essays*, 1948

What is a *kyai*?

The term *kyai*[18] as used here is defined as a Javanese title for "religious teacher" or "Koranic teacher" (Johns 1987:222; C. Geertz 1976:244), "teacher of Islamic studies" (Weiss 1977:38), "powerful Muslim leaders" (Ferzacca 1996:495) "Islamic *santri* scholars" (Woodward 1989:77), and "curers, counselors, teachers and scholars" (C. Geertz 1976:180). Another brief definition carries a little more information: "Islamic independent religious teachers...local teachers of spiritual disciplines and mysticism in country areas... (whose) instruction was very heterogeneous and could vary from bestowing magical charms (*jimat*) to orthodox instruction in Al Qur'an exegesis" (Carey 1981 in Babcock 1989:32). Kyai are not necessarily associated with any particular mosque, and while they might have a personal following

of folks who seek their advice and wisdom, do not have a public congregation like a minister that gives weekly sermon to his flock. Popular kyai are invited to different mosques to lead *traweh, tahlilan* or *isdighosah* large-group public prayers during holiday seasons. The term kyai in Java is almost synonymous with the Arabic term *ulama,* used for the religiously educated; the term kyai is used as an honorific title for revered Javanese *ulama.* It is interesting to note that the term kyai is also an honorific appended to the names of particularly notable *pusaka* power objects- powerful palace heirlooms such as lances, gamelan instruments, certain albino buffalo, or keris daggers long known to be particularly potent.[19] I find this extremely interesting: that the term kyai signifies an individual who exemplifies the pinnacle of Islamic religious orthodoxy, while at the same time indicates the possession of Javanist heterodox syncretist kesakten power. This contradiction imbedded in the title of kyai can also be found in his practice; I will discuss this more in my section on the curing techniques of the kyai.

A kyai is principally known and respected for his knowledge of and ability to teach about Islam. A kyai's primary responsibilities include religious instruction in reading and interpretation of the Al Qur'an and *hadith,* giving advice and counseling commensurate with Muslim wisdom and ethics, and officiating at Islamic lifecycle rituals such as weddings[20] and funerals. If a

kyai is said to have mastered some kind of *kejawen* mystical knowledge or *kesakten* supranatural power in addition to his Islamic knowledge, people may visit the kyai to ask for the selection of auspicious dates for weddings, journeys, or business, for protective blessings or amulets, or for a cure of illnesses that may be considered of natural or, more often, supernatural etiology. A kyai cannot perform divorce.

A kyai is always a man. Traditionally they have been seen as a teacher of boys and men, and while that is not now the universal case, it is still seen as inappropriate for him to mix too freely with women outside of his household or family. The kyai's wife is also a respected person, addressed by the title *nyai*. She is in charge of domestic food production and the reception of guests, which also necessitates quite a bit of extra food production to properly host the flow of visitors.

A kyai's influence may be small and limited to his neighborhood or village, or he may gain national or even international acclaim.[21] Some kyai build *pondok pesantren*, literally the place of the *santri* or religious students. These Islamic boarding schools may be built on ancestral or donated land, and typically consist of a compound with offices, a mosque, dormitories, workshops, and classrooms.[22] The pesantren may house a small number of students, or

thousands, and the students may be all male or mixed male and female: the kyai might build a section for girl students if he has an "energetic and knowledgeable wife or close woman relative" (Mansurnoor 1990:245) who can run the women's section. Kyai generally design a curriculum that is meant to teach Islamic thought and practice, as well as practical skills. Religious learning takes up most of the curriculum.[23] But the modern kyai's curriculum embraces some non-religious subjects as well: reading and writing in Arabic and roman characters, languages, including Indonesian, arithmetic, geography, natural sciences (as documented by Rahardjo 1985:241). Although Noer tells us that the teaching and learning of these subjects will probably focus on memorization rather than critical or original thought, or even understanding (1973:301), some pesantren have moved beyond this kind of rote orthodoxy; for example, to facilitate language learning, Pondok Pesantren Nuril Jadid in Kraksan near Probolinggo, East Java, for junior high and high school students, has a schedule in which certain days of the week are set aside for teaching and learning and social interaction to take place in English or Arabic. They may provide vocational training: for girls sewing and cooking, for boys gardening, landscaping, or animal or bird husbandry. The kyai may teach his students to look after the pesantren's land, buildings, offices, produce, vehicles, or to collect contributions (Jordaan 1985:40). His pesantren will usually have a cooperative store, where daily sundries "from rice to

writing utensils and hair oil" (Rahardjo 1985:241) are available cheaply, and *santri* who work there can learn basic business and accounting skills. But above all, a kyai will try to teach the students mental strength and perseverance. They will have to "submit to the kyai and become disciplined in observing the rules of the pesantren" (Jordaan 1985:43). Living in crowded spartan dormitories, often doing their own laundry and cooking, the kyai expects his *santri* to follow a demanding schedule for work, study and prayer, which he feels will prepare students for life outside the pesantren by inculcating important values such as self-reliance, entrepreneurship and modesty (Dhofier 1980 and 1999; C. Geertz 1976; Mansurnoor 1990).

A kyai with an illustrious reputation or a reputedly excellent pesantren can draw students from far and wide: two pesantren that we visited regularly -- Pondok Pesantren An Nur in Pakisaji outside of Malang, and Pondok Pesantren Nurul Jadid, a large pesantren in Kraksan village outside of Probolinggo-- only housed a couple of hundred and a couple of thousand students respectively (in somewhat obscure locations), but over the years drew students from as far away as Malaysia, Singapore, Brunei and Saudi Arabia. For local students, the pesantren are important to help educate part of the school age population "which cannot be absorbed by ordinary schools" (Noer 1978:75). These can be students who are seeking more structure or a

more religious environment to help them concentrate on their studies, or come as day students simply seeking a less-crowded alternative to secular schools. In Malang, the number of elementary students has far exceeded the capacity of the infrastructure: most grade schools and junior high schools have resorted to dividing their student body into shifts that study in the morning and groups that go to school in the afternoon, with the same teachers working both shifts in order to accommodate the numbers of students. There are also some kyai who build pesantren specifically for the college-age post-secondary student: Pesantren Mahasiswa Al Hikam, in Malang, is one example, built by Kyai Haji Hasyim Mujadi who is the long-time head of N.U. Indonesia.

The kyai who owns a large pesantren occasionally personally teaches religious subjects, but usually is occupied with matters of business, supervision and public relations and delegates teaching to trusted assistants-- junior *ulama* (or junior *kyai*) and senior *santri* often called *usdatz*. (Jordaan 1985:40; Rahardjo 1985:240; Mansurnoor 1990:251). The running of a pesantren can be an expensive and time-consuming business. Some kyai manage to get government support for running their pesantren (Jordaan 1985:45), while others are supported through a required monthly tuition, donations and fund-raising. Even though the pesantren has no necessary direct function to perform for the surrounding society (Rahardjo 1985:243), the kyai usually

develops excellent relations with the people who live near the pesantren, and builds up a support network of patronage from individuals and nearby mosques that send regular donations of money, food, clothing, furniture, or other necessities. In fact, the existence and nature of the pesantren depends so heavily on the personality of the kyai, the death of the founding kyai often results in closure of pesantren (Noer 1973:301), or the passing on of the administration of the pesantren to his children who have been raised there (Rhardjo 1985:240), a son-in-law, or a favored junior kyai he has trained from an early age.

Kyai who do not run a pesantren, in order to support themselves and their families, usually have to seek other income, since their income from religious or religio-magical consultation is small and variable, as it is based on gifts (Jordaan 1985:267) from clients who seek them out in their home. They can have any kind of job, but most likely it will have something to do with religion or language: my husband Hadi's stepfather was a kyai who found steady income and another kind of prestige from teaching Arabic at an Islamic university in Malang. Nonetheless, whether or not they are obligated to pursue a secular career in addition to their religious calling, kyai derive a significant portion of their income from gifts and contributions from satisfied clientele or pious neighbors. "Visitors to a kyai almost never fail to submit

gifts...irrespective of whether they have come to solve personal problems, to get advice and medicine, or just to renew their ties with the kyai" (Mansurnoor 1990:262).

Kyai can be insular or can seek inspiration and integration through membership in the regional *Majlis Ulama* (Council of Ulama), or national Islamic organizations such *Dewan Da'wah Islamiyah Indonesia* (Council of Islamic Preachers) that might have relationships with international organizations, such as the World Muslim League or World Muslim Congress (Noer 1978:71). Kyai with pesantren can belong to the *Persatuan Pengasuh Pondok Pesantren Indonesia* (Union of Pesantren Administrators), organizations that meet fairly regularly regionally and nationally. A kyai generally does not participate in the administration of a mosque and has no official status in the national or local offices of the Ministry of Religious Affairs (C. Geertz 1976:202).

Before I came to Indonesia, after reading much on the subject, I was certain I would find the Javanese kyai to be a stern and rigid fellow. The first time I met a kyai, I was in the central Malang market with my friend and mentor, Pak Habib, who worked as the dean of social sciences at a large Islamic university in Malang. As we were winding through the narrow dark passages

between the innumerable stalls selling everything from gold to goat heads, we ran into an acquaintance of his, a well-known East Javanese kyai. An older gentleman dressed in unusual garments that appeared to be Arab robes and a turban, and with an aura of authority and dignity, he cut quite an impressive figure. I had only been in Indonesia a matter of weeks, and was very excited to meet a prominent kyai so soon. When Pak Habib introduced me, I stuck my hand out and uttered my name, in what I had been taught was proper greeting behavior for meeting a Javanese. After a brief hesitation so slight as to be almost imperceptible, he shook my hand, and smiled and pronounced his name as well. We had a brief but lively conversation, and parted with invitations to visit and wishes for a safe journey. Shortly thereafter, and to my utter horror, Pak Habib explained to me that women should *never* touch a kyai or truly pious young unmarried male *santri* student. Temptations can arise from the touch of a woman not of your family, and this particular kyai was so dedicated to purity of thought and deed he had not touched a woman except for his wife for the last twenty-five years or so. Pak Habib was from Banyuwangi, the far eastern coastal region of Java that houses an ethnic group that tends to express themselves more freely than the Javanese; I don't think that if I was with a Javanese that day, I ever would have been informed of my indiscretion. But the kyai was Javanese, and his consideration for the feelings of others and understanding of the ignorance of cultural norms evinced by

this foreign (and *kaffir*) visitor, led him to break a taboo he had observed for a quarter of a century rather than make me feel uncomfortable for a moment.

I typically wore very conservative clothing when I went out of the house in Malang, long-sleeved shirts which ended somewhere between the elbow and wrist, long pants, or skirts closer to the ankle than the knee (especially after my skirmish with Ibu and Bapak Masyuddin that I described in the first chapter of this dissertation). But when I went to Bali, I *would* wear my long shorts and t-shirts, and would wear short-sleeved tops in Yogjakarta as well; both places were so hot and so full of tourists that what I was wearing was still conservative by Western tourist standards and yet still polite by local cultural mores. However, once on the way back from nearly a month in Bali, for some reason (it may have been that I had run out of clean clothes) I happened to decide to wear shorts, a t-shirt, and a vest home on the plane. Of course, that would be when I would first meet Gus Dur, a *very* famous kyai, who, while he was not yet president of Indonesia, was still a very important political and religious leader.

I realized who I was standing next to while we were waiting for our luggage, but I was so completely ashamed of my quintessentially "ugly American" get up, that I just quietly tried to be as invisible as possible. But when he heard

me speaking Javanese to one of the baggage handlers, Gus Dur struck up a conversation with *me*. I managed to tell him that I respected his moderation, his modernistic outlook on international relations—he was promoting developing diplomatic relations with Israel—and his rational religious teachings...and we talked religion and politics for a bit while we waited for our things in the Surabaya airport. I could hardly concentrate on our conversation, and could feel that my face was burning bright red, and I knew I was sweating profusely, but didn't know that my discomfort was so discernible until he asked me if I was sick.

I decided to confess—and I stammered out my explanation that I was mortally embarrassed, that I *never* dressed like this in Java, and thought that I could just quickly pop in a cab and go straight home, and could get away with wearing "Bali clothes" just this once, anonymous in the crowd of white travelers, and of course *that* would have to be the one day I would meet *Gus Dur* of all people! He laughed until he had to take a handkerchief out to wipe the tears from his face, and once he could speak he said, "I am an old man, and if the sight of a young girl's knees could shake me, I would be a sorry excuse for a man—besides, you know I am almost blind, and I didn't even notice." I told him that his sight was good enough to notice my distress, and he replied, "That is *insight,* not sight, and thanks be to God *that* faculty is still intact. I

could see your heart, and you are a good person, and should remember that what is essential is what is inside, your *batin*; that other people can only see your outside, your *lahir*; and only you and God can know you truly, and that is all that matters. If people think they can judge you by your dress, they are too worried about the worldly, the physical, and they shouldn't be judging you anyway. Your body will fade and die, and is immaterial, but if you use it to help others in this life, the good works you do with it will live on...and that is what truly matters." I soon bid him a teary farewell, quickly recorded our conversation in the cab as it sped me home to Malang, and spent most of the two-hour ride contemplating the utter kindness, the sheer compassion of his response. He would have been perfectly correct to lecture me on the benefits of covering the body for women, repeating the standard Islamic rhetoric about the importance of protecting men (who can't control their impulses very well) from the temptation of a well-turned endearingly fragile (or excitingly strong) ankle, a dark and mysterious armpit, or a smooth and sensuous fall of perfumed hair by covering these parts of the seductive female body, and thus protecting oneself from unwanted harassment; and the importance of embodying humility and modesty. That is what I would have expected from a conservative, Islamic teacher, a kyai. But instead of criticizing me implicitly or explicitly, he chose instead to give me a lesson in self-esteem, and a tutorial in respecting difference.

Kyai Hamid was the general advisor for generations of my husband Hadi's family: his grandmother and her siblings, his mother and father, his brothers and sisters and nieces and nephews would go to Kyai Hamid to discuss problems and seek guidance. A portly older gentleman who always dressed in sarong, long-sleeved shirt and *kopiah* hat, Kyai Hamid was one of the most jovial, good-natured, and kindhearted people I have ever met. I heard him say on more than one occasion that he had been married for over thirty years, and that he and his wife had never had a fight...because she was always right. With his big loving family, and his big loving heart, Kyai Hamid was always a joy to visit. The first time I visited him was with my husband.

After some introductory small talk, we explained that under duress from Hadi's grandmother, we needed to come see the kyai to have him calculate—using his Javanese and Islamic ilmu (specialized power knowledge) --an auspicious day for our wedding. I assumed that what would transpire would be an examination of our birth dates, locations and times, moon phases, upcoming months in the Javanese and Muslim calendars, and so on, as described in traditional Javanese divination texts and descriptions of Javanese practice I had read. But instead, with a twinkle in his eye, he said he understood, and asked, "Tell me this: do you feel ready to get married?" We

answered yes. He then asked, "When do you think you could be ready to have the wedding?" Hadi and I looked at each other. This was in late April. "June?", Hadi said. Kyai Hamid looked at me and asked, "June?", and when I shrugged my shoulders and said the Javanese equivalent of "why not?", he nodded sagely, cleared his throat, adjusted his kopiah, and pronounced in stentorian tones: "Tell your grandmother that I insist that you be married on the sixth of June—this is the most fitting and best date for the two of you to start a new life together!" Then he chuckled. "How was that?" he said. "Just fine", we laughed.

Having known Hadi and his mother and brothers and sisters and their children all of their lives, and Hadi's grandmother for much of hers, Kyai Hamid was a great source of advice to me about how to integrate into this Javanese family, how to bring out the best in my husband, how to learn to live graciously with the gentle tyranny that is right of the Javanese matriarch. After he got to know me, he always managed to slip in a piece of advice every now and then to my husband on how to understand me. But the most startling advice from Kyai Hamid came on the event of the ritual feast after our formal wedding ceremony.[24] Kyai Hamid intoned blessings upon the food and those attending the feast; Hadi's stepfather, also a kyai, led prayers for our health, safety and an abundance of children, then asked Kyai Hamid to

give us the traditional lecture on how to have a good marriage. I gritted my teeth, tried to get comfortable (while sitting with my legs swaddled in a tight sarong, slipped demurely beneath me, on a thin swatch of carpet over a concrete floor), waiting for what I assumed would be a lengthy rendition of Islamic ideology on the duties of a wife to her husband, and a husband to God.

A marriage, he said, was not just the bringing together of two people, but also the bringing together of two families. We were now part of each other's families, and should love and respect the other's parents and grandparents as our own. He talked about how we might do that, living between two countries as we did. (Pretty standard stuff, I thought. This might not be too painful.) But, he said, a marriage is also between two people, turning two halves into one whole, uniting two souls through the union of bodies. (Oh no, I thought.) Sex, he said, is one of God's great gifts to human kind. Sex will be how we express our love to each other, and keep peace in the house. The wife, he said, is queen of the house. He pointed at my husband. You have to do what she says there. She is in charge. You can be king anywhere else, but what she wants to do in the house, happens. When you have sex with her, said Kyai Hamid, in front of a hundred giggling relatives and guests, all staring at us, and one sweating, grimacing foreign bride trying to pretend this

wasn't happening, you have to be nice, you can't be too hurried or harsh, take your time and enjoy it, and she will love you more. And don't make so much noise that you disturb the neighbors!

I honestly don't know how long his speech went on...my discomfiture made it feel like hours. All I know is he reminded us about patience, love and compassion for one another and our families, told my husband he better listen to me because I was smart and women should be in charge of money in particular and the domestic sphere in general...and kept all of our guests laughing uproariously with seemingly endless graphic advice and morality tales about sex. Not exactly what I had expected from the "learned Islamic scholars" in my academic texts.

Almost all of the kyai I met were kind and generous to a fault, smart, and anxious to discuss cross-cultural issues, Javanese cultural norms, and the interpretation of religious doctrine. I had heard and read about narrow minded, backward, insular kyai more likely to spend more energy on *wiritan*, telling their prayer beads, than on women's issues, set in their ways and as misogynistic as they were xenophobic. But for the most part, the kyai I met in Java were wonderful, wise people in the presence of whom I was sincerely humbled.

Training and qualification to practice

We think of religion as the symbolic expression of our highest moral ideals; we think of magic as a crude aggregate of superstitions. Religious belief seems to become mere superstitious credulity if we admit any relationship with magic. On the other hand our anthropological and ethnographical material makes it extremely difficult to separate the two fields.

-- Ernst Cassirer, *An Essay on Man*, Ch. 7, 1962

All of the kyai I interviewed had pursued education at a pesantren, seeking the required background or specialization in "Arabic literature...prophetic tradition and Al Qur'anic exegisis, Sufism or logic" (Mansurnoor 1990:242). When they enrolled in the pesantren, they didn't necessarily plan on becoming a kyai, or weren't even necessarily overly devout; as Geertz puts it in his inimitable style: "A santri is not an apprentice saint; he is merely a young man becoming adult in a religious environment, growing to maturity with the droning chants of Islam echoing in his ears" (C. Geertz 1976:179).

After years of study at a pesantren, certain santri will emerge as exceptionally gifted in a certain area of study, particularly suited to teaching, or remarkably pious. These students may be singled out to be sent to Saudi Arabia or Egypt for further education; they may be allowed to study intensively a body of esoteric knowledge or practice (such as *tasawuf*) that the kyai has mastered in one-on-one or small group instruction directly with the kyai. These outstanding santri become elevated to the status of *ustadz*, and are asked to

teach younger pupils. If an ustadz stays with the pesantren long enough, and proves himself to be worthy, the kyai instructs the other santri to begin to refer to him as a "junior kyai", and a new kyai is made.[25]

A kyai is not just someone who has knowledge about Islam, or the only form of religious teacher in Indonesia. To become a religion teacher in the 'secular' state schools (which also offer courses in the major religions of the areas they service), one must take and pass a government examination after a four to six year course at either the *Pendidikan Guru Agama* (School for Religious Teachers) or at the *SMI (Sekolah Menengah Islam*--Islamic Secondary School.) These schools are supervised by the Indonesian Ministry of Religion (*Departemen Agama*) (Wessing 1978:66). The teachers that come out of these schools teach more than just Islamic doctrine; my husband's oldest sister is a graduate of one of these schools and has worked as the principal of a middle school and now works as a member of the school board for her area; one of my husband's younger brothers is also the product of these schools, and teaches a number of subjects for his third grade class, and is the local Boy Scout Scoutmaster. So while a religious education is available outside of the pesantren, religious education in the secular schools can prepare someone for general teaching or an administrative position in an educational institution; but advanced education along the lines of an apprenticeship with an older

kyai is what is required to become a kyai. No certification is needed to become a kyai. According to one of Wessing's informants, "you become (a kyai) because people come to you for instruction when they feel you know enough to teach and advise" (Wessing 1978:67).

When trying to develop a comprehensive definition of kyai, it becomes difficult to differentiate between magic and religion. A kyai is seen as good at what he does because of extraordinary abilities he possesses in addition to possessing exceptional knowledge. His command of the Islamic texts is unquestioned, and unquestionably a valuable resource when struggling to solve a knotty interpersonal problem within a family or a neighborhood dispute, but a really potent kyai will also demonstrate a command of the vernacular of the mystical. Kyai are "expected to rise early, sleep little, and perform prayers rigorously" (Mansurnoor 1990:251), and different kyai are said to practice extreme asceticism, effortlessly. They know how to consult "esoteric or incomprehensible-looking divination manuals" (Jordaan 1985:41). And these obviously kejawen Javanist skills can produce quite an aura of power about them. The Javanese see the kyai exhibiting classic signs of the possession of power: self-control, asceticism, strength of lahir and batin, and of course the ability to draw clientele is itself a self-fulfilling demonstration of their power. And for the Javanese, any kind of power can be synonymous

with supernatural power; or to put it another way, the logical outcome of successful, intensive ascetic study and practice of any kind—even study of the Al Qu'ran, and extended practice of concentrated prayer—is the development of supernatural power of some kind. Some kyai are said to be able to make themselves invisible, or to be in two places at one time. Some kyai have relationships with djinn, or angels, who do their bidding. Some kyai have powerful pusaka power objects at their disposal. And some kyai harness the power of old Javanese or Arabic texts which, along with quotations from the Al Qu'ran, can create amulets that combine the potency of magic with the power of the word of God.

Islam does not acknowledge priestly offices and the kyai is not a priest or intermediary of any kind between the Muslim and God. He may be considered to continue to work of the prophets (Jordaan 1985:4), and as such he might be sought out by some solely for discussion of strictly orthodox doctrinal issues or for instruction through dogmatic lessons. For some he might be required only as a religious functionary, to perform a rite, or offer comfort or wise counsel. Some may seek his opinion on affairs of government, and in this capacity he can develop a powerful political presence. But the prominent Javanese kyai will also be consulted as a potent intermediary

between the natural and the supernatural world, and these are the kyai that can cure mental illness.

Perceived position in society

The kijajis—curers, counselors, teachers and scholars—were the men of top prestige within the *ummat* (religious community).

--Clifford Geertz, *The Religion of Java*, 1976:180

The kyai may not always be considered infallible (as reported by Noer 1973:301), but he certainly is given an enormous amount of respect and deference from his students and clients.

The scholarly consensus on this subject is obvious. Jordaan found that kyai have a very high position in Madurese society: "Village Madurese humbly respect and even revere kyai who own a pondok pesantren" (1985:40), and he tells us that stories of "feats of spiritual talents beyond common human understanding" such as telepathy, the ability to see the future, ability to heal or to command supernatural beings, often circulate about them (1985:41). Jay describes the kyai as a respected "learned man, equal to others who have important influence in the formation of values in the village society, such as the school teacher, or the local *dalang* (puppeteer)" (1969:273-274). Noer found that in both the society of the religious and the general society, the kyai were considered a traditional leader who, like other elders, "enjoyed in

general a position of power and authority until their death" (1973:311). And in every description of the great kyai of Java, Dhofier (1980 and 1999) provides a consistent picture of a universally respected individual. Of course, not all kyai are respected equally, and not all kyai are *sakti*, but the more kinds of power he has at his disposal, the more popular a kyai, the more clientele he is seen to amass, all will help to generate prestige.

Receiving visitors is central to the prestige of kyai (Mansurnoor 1990:251); the number and frequency of visitors a kyai receives is a direct algorithm of his perceived power. For the kyai with a pesantren, the size and beauty of the facility can generate a kind of prestige on its own, as a testament to the worldly success of the kyai and his business prowess. But the social class of the visitors, the size of the clientele, the sheer number of supplicants a kyai must service is its own indicator of power and efficacy. A successful kyai's pesantren will organize itself around the demand for the kyai's services from those outside of the pesantren community, with the santri believing that the work they perform in addition to their study should free the kyai to "concern himself with teaching, receiving supplicants and other pursuits higher than manual labor" (Mansurnoor 1990:254). To help with the burden of welcoming clients, the pesantren kyai often has a private aide (called *khadam*)

to serve coffee to visitors and to serve as his assistant (Mansurnoor 1990:251), and of course he always has his wife.

The nyai is an important part of the work and ritual of receiving visitors, and is respected commensurate with the position of her husband (Mansurnoor 1990:251). For the kyai without a pesantren who receives visitors in his home, although it is a less institutionalized setting, the institution of the ritual of welcoming of guests and the import placed upon the number and frequency of visitations is the same. The kyai who receives visitors at home also has his wife (called *nyai)*, may have daughters, or may employ house servants to serve coffee, tea and snacks to his honored guests...who of course, are honoring him (and adding to his prestige) by the very act of visiting.

The high status of the kyai is a manifestation of his knowledge and his ability to exhibit and impart it, and exhibition of his powers is required to maintain a clientele. Their "talents have to be demonstrated in successful healings and divinations," Jordaan tells us, and if they are, prestige or status will be accorded by the community; deference will be delivered (1985:44). Mansurnoor declares that although they can be considered a "dignified leader" (1990:241) their "popularity and position are unstable", since they are

dependent on continued appreciation of the quality of their teaching and other services to maintain their prestige (1990:220). A kyai may lose their status and their aura of potency for a number of reasons: if they should "fail to achieve solid scholarship, to dispense effective medication or to acquire wide recognition in magic", they may drop in public esteem and popularity (and their finances will suffer a corresponding decline) (Mansurnoor 1990:261). Wessing reminds us that respect must be won, not required, and that status is earned by those deemed to be worthy of merit, and declared by their constituency: it cannot be claimed. "People of a lower status *give* deference, it cannot be demanded...It is only when one's approximate equals, or those even higher, become deferential that one gains in status in the community" (Wessing 1978:72-73). Deference to kyai is shown in a variety of ways. Polite, high Javanese is used with the kyai. He is given a higher place in which to sit, or an otherwise marked position of authority in a room. People dip their heads or bow when he passes, and may not meet his gaze. He is given gifts of food, money, clothing, books, *tasbeh* prayer beads from trips abroad or semi-precious materials, or labor. And above all, reverence is shown by the preponderance of visitors who kiss his right hand as a deferential greeting and leave-taking gesture.

The clinical encounter and curing techniques

One of the reasons to consult a kiyai instead of a dukon is his halo of holiness; as ...pious men, kiyai are the obvious counterforce against sorcerers' intentions.

--Roy Jordaan, *Folk Medicine in Madura (Indonesia)*, 1985:175

For it is with the mysteries of our religion, as with wholesome pills for the sick, which swallowed whole, have the virtue to cure; but chewed, are for the most part cast up again without effect.

--Thomas Hobbes, *Leviathan*, pt. 3, ch. 32, 1651

The air of knowledge, religion and respect that surround the kyai create for a heady atmosphere for his clients. When consulting a kyai one is as polite as a Javanese guest can be, and one never questions his nuggets of wisdom, or the prescriptions he provides for prayer or ritual practice: they are often quite literally swallowed without being chewed.

The kyai seems to have been less accessible (or perhaps just less interesting) to foreign researchers who were taken with dukun. While the Italian anthropologist Sciortino (1995:237) and the Javanese anthropologist Saptandari (2001:5) both mention that Javanese paths of resort can include "Moslem healers" or kyai for treatment of physical disease or mental illness, neither one gives any kind of description of a curing session with or curing methods of a kyai. Ferzacca didn't discuss kyai, but he did note how "medical advice is embedded within Islamic religious doctrine" and notes as an example banners that read "fasting is healthy, faith and pious devotion

become strong", and notes several physicians who were also active in campaigns to link the Islamic fast with preventive medicine, especially during the fasting month of Ramadan (Ferzacca 1996:271). I had the good fortune to meet with many kyai, and was graciously granted permission from the kyai and their clients to watch them consult with patient after patient.

Setting

Like the dukun, the kyai serves the sick and the troubled, so not all of the people who consult with the kyai are ill. Large family groups often show up at the kyai's house, especially when they are seeking help for a mentally ill family member, but I also frequently saw individuals or couples come for consultation. While the house of a kyai may be no more opulent than the average Javanese home, it will look distinctly Islamic, with Muslim decorations and souvenirs from Mecca from their own visits or gifts of family members or grateful clients scattered about, and protective *jimat* or *rajah* written amulets with Arabic letters and numbers displayed above some doors. The living room, where most kyai without a pesantren will receive guests, will look very much like that of the dukun; the guest reception room for a pesantren kyai may be larger and fancier, with more couches and chairs to receive more guests at one time, or may have no furniture at all, just overlapping carpets on which everyone sits. In two East Javanese pesantren I

visited, the reception room included a single chair for the kyai, (and in one case, in the women's section, also for the nyai) so that he could sit above his guests in a manner befitting his status (although one of them apologized for taking the chair, and attributed its use to an arthritic stiffness that would not allow him to easily sit on or rise from the ground). The reception rooms at a pesantren often do not include an outer porch where people can wait to see the kyai; guests are staged in an office or other main reception room in another part of the pesantren, then brought to the kyai when it is deemed appropriate.

The kyai has three standard forms of dress: upwardly mobile kyai or kyai active in secular politics will sometimes don the safari suit which is the ubiquitous uniform of the middle-class Indonesian businessman or bureaucrat, with kopiah hat; more traditional kyai will wear the sarong and light-colored *taqwa* long-sleeved, collarless shirt with a kopiah or the small Muslim cap called a *peci* in Indonesia; and the very conservative N.U. kyai will often wear an Arabic-inspired full length robe called a *jubah*, and a *sorban*, a turban which covers the top of the head. People will usually don their best to visit the kyai, and East Javanese women will typically wear a headscarf of some kind, and dress conservatively, even if they do not typically do so on a daily basis. People may or may not bring the kyai a gift, but gifts of cookies,

cakes, fruit or fruit syrups are not unusual, and these may be handed over to a family member that seats the client and brings them tea or coffee, or to one of the many factotae that seem to always be hovering around the powerful periphery of a kyai. Whether at a kyai's home or at a pesantren, the clients come, stay for a while and go...or in some cases, stay for much longer.

An article entitled "East Java 'pesantren' treats the mentally ill", from the Jakarta Post newspaper, November 14, 1999 describes the setting of Pondok Pesantren An-Nawawi in Bojonegoro, East Java, owned by Kyai Haji Fachurrozi. "If you look at it from the outside, this three-floored building looks like other *pondok pesantren* (traditional Muslim boarding schools) as indicated on its name plate. But you will hear no *santri* (students of the school) chanting praises to God or reciting verses from the Koran. Instead, you will see a heart-rending sight before you: dozens of men and women standing with their legs shackled by iron chains. Laughter and singing in irregular melodies can be heard from the dark underground room."

Since 1987 this kyai has treated the mentally ill in his pesantren, as a manifestation of his religious beliefs and concern for the mentally ill who have been neglected by society or rejected because of the stigma attached to having a family member who is mad. "Honestly, I'm concerned over the fact that

more and more mentally disturbed people simply live on the streets. They have lost their human dignity because they have been abandoned by their own families, who usually feel embarrassed with the presence of such people," he said, quoted in the article.

Although it did (in 1999) cost 350,000 Indonesian rupiah to be admitted to the pesantren, the money is used for a *ruwatan*, an exorcism ritual that helps cast out evil spirits, dispel misfortune and purify the soul. Patients from very poor families who cannot afford this are exempt from the fee. At that time the pesantren had served over 760 patients, and had 20 women and 59 men patients in residence, mostly from Java, but also from Sumatra; by the time I visited two years later the tally of number of patients served had topped one thousand, the ratio of men to women patients was just a bit different (34 women and 68 men). The kyai says they have also received patients from Manila, the Philippines and Singapore. So although it is not cheap, and the setting sounds dreadful, the place draws patronage because the kyai's treatments seem to work. From the article, more detail on the setting:

> "In this "mad dorm" there are a number of special rooms. There is also an underground bunker, which inspires horror and is used as an isolation room. The bunker has no light and one can hear strange sounds or sobbing and laughter from inside it. It is occupied by acute patients, who can no longer communicate with other people and may harm other patients...This pesantren has three bunkers, each measuring about three meters by three meters. The walls and the

> cement floor are decorated with inscriptions of verses from the Koran, known as *rajah*, and are believed to have some magical power to dispel the demons or evil spirits disturbing the patients. According to Kyai Rozi, after staying in the bunker for a few days, a patient would undergo a change for the better in his attitude. It means that the patient, previously looking wild and uncontrollable and finding it difficult to communicate with other people, would gradually be able to communicate with others. If a patient showed a change for the better, he would be moved to an ordinary room."

The patients in the ordinary rooms (a large number of whom I saw still remained shackled) participate in music therapy during the day (dancing and singing karaoke to popular music and *qasidah*, religious chants in Arabic) and spiritual therapy in the evening (consisting of prayer led by the kyai and by some of the patients who have been cured). The therapy continues until the kyai determines that the patient is cured, and may necessitate a stay for as little as a week or as long as a year. What qualifies as recovery is a demonstrated ability to move from the setting of the pesantren into a normal social milieu. From the article:

> "When a patient is declared to have been cured, he is freed from the shackles of the iron chains on his legs. To speed up the recovery process, the patients are allowed to mix with the surrounding community. Their release into the community is a form of sanity test. First, they are asked to buy something at a street vendor. If they can purchase the items on the shopping list they will be considered as having regained their sanity."

A discussion of the meaning or genesis of symptoms was never a part of the therapeutic process; nor did a discussion of the readiness of the patient to

leave the institution address any feelings of anxiety about their ability to cope with the pressures of the outside world, fear of rejection or unpleasant reactions to the stigma of mental illness, or uncertainty about their ability to establish relationships, as far as I witnessed, with the patients in this particular setting. But other kyai adopt a different approach to helping their mentally ill patients cope with a world in which it is difficult for them to live.

Idiom of communication

Informality and open-door attitudes allow people to come see kyai whenever a problem arises. Visitors feel comfortable and at ease in communicating with kyai. Only after a long intimate conversation will a kyai ask his visitors about their primary concern.

-- Iik Arifin Mansurnoor, *Islam in an Indonesian World: Ulama of Madura*, 1990:221

A kyai is consulted for divination of auspicious dates and names, practical advice on family problems, spiritual solutions to troubling social and psychological conditions, as well as for cures for physical and mental illness. Because of the potentially embarrassing nature of the issues discussed with a kyai, one may seek a private consultation with him, or, in the case of very shy women, with the nyai, the kyai's wife. The kyai's wife may counsel women on her own: Mansurnoor found that in Madura women who visit the kyai with or without their husband usually will see the nyai, and if intervention by the kyai is required, the nyai will usually intercede (1990:245). A visitor who feels comfortable consulting publicly and/or has nothing requiring discretion

to discuss will talk to the kyai in front of other visitors. Most kyai are available for consultation throughout the day and into the late evening hours, with the exception of during the times set aside for the five daily prayers, and during the traditional afternoon rest period.

The kyai in East Java are typically from East Java, thus they have a tendency to use the less formal, more intimate lower levels of the Javanese language with their local clientele. While the client almost always begins by addressing the kyai in high Javanese as a sign of respect and deference, the conversation tends to drift into the lower register that the East Javanese use on a daily basis, especially when the client is discussing him- or herself and her family. However, the words used to express agreement with what the kyai says and to take leave are always from the high Javanese krama lexicon.

The kyai's word is treated as gospel; his interpretation of doctrine is considered unassailable; and his advice rarely elicits debate. The client may express doubt about whether or not they possess the strength of will or batin to perform what the kyai prescribes; they may discuss their inability to accept what the kyai assures them is God's will. But actual argument almost never erupts, as the kyai tells the Muslim client what she or he knows in their heart to be true, and reiterates reassuringly familiar doctrine in a powerfully

persuasive language. The style of the kyai varies, but a kind yet firm paternalism is the commonest tone, wherein the kyai can condemn the sins that may have led to (social and/or physical) disorder or disease and commend the client to a course of action—usually prayer and ritual seeking of forgiveness—that (God willing) will dispel dis-ease.

Clinical encounter: the sacred and the secular

> It is widespread practice among Madurese kiyai to write down texts on washable material to be rinsed out in water that is then administered to the patient as medicine. They will use text from the Koran, as they cite evidence from a Hadith that says that man was given the Koran as their medicine.
>
> --Roy Jordaan, *Folk Medicine in Madura (Indonesia)*, 1985:175-176

Jordaan quotes a joke he says is popular among doctors, about the ignorance of Madurese villagers: the villager goes to see a doctor, who gives him a prescription for some medicine. Several days later the man returns to the doctor, and says the prescription really worked...but the punch line comes when the doctor realizes that the man did not exchange the written prescription for medicine at a pharmacy, but instead soaked the paper in water and drank the water, a practice the doctor (and the modern interlocutor) sees as suspect, a superstitious, amusingly ignorant technique predicated on the power of suggestion (and frequently used by kyai).[26] I actually heard the same joke from a paranormal in East Java in 1997, when we were discussing

the use of suggestion in his clinical encounters. However, the clientele of the kyai is not limited to the isolated, uneducated villager, easily duped by anything that smells of the sacred. Those who resort to a kyai will also include many of the urban faithful who simply believe in the potency of prayer and the efficacy of the iconography of Islam.

As the clinical encounter begins, small talk with the kyai sets a relaxed tone, as the kyai is reassuringly welcoming, friendly and understanding. His manner is soothing, and even before treatment begins his clients are visibly less anxious. The move from the secular world of questions about relatives and jobs and residences, and what seems to be bothering the patient is gradually made when the kyai begins to comment on the problems and offer his advice, often based in sacred scripture.

Mansurnoor found that the main treatment offered by kyai on the island of Madura (just off the east coast of Java) are prayers and amulets (1990:222); Geertz reported that kyai in the area he studied cured people through the use of a combination of herbs and prayer (C. Geertz 1976: 179-180). I saw kyai forbid people certain foods or activities, and recommend certain kinds of food or drink, fasting, or ritual observance or sacrifice. I saw kyai give patients amulets to place in water to drink, to place on their body or to post on the

home.[27] But above all I saw them pray. The kyai may pray over the patient, and others may join him in that prayer. He occasionally might have to pray for a diagnosis, as described by C. Geertz (1976: 179-180). He may prescribe specific prayers to be performed at particular times of the day, or for a certain number of repetitions. It seemed to me that cures requiring prayer that involved the laying on of hands became less and less popular since the early 1990s, when a couple of kyai were accused of sexual harassment of young female clients. Thus unlike the dukun who frequently massages, pokes, grasps, even licks his or her patients, the curing techniques of a kyai rarely involve touch.

Sometimes the kyai will give extensive advice in addition to curative prayers, amulets and spiritual prescriptions. Whether he chooses to instruct through indirect anecdote or references stories from the Hadith or the Al Qur'an, the advice is often very practical, specific, and comprehensive, and can take quite a while to transmit. Thus, curing sessions with a kyai can be lengthy, requiring an hour or more with each client. Very popular kyai and ones that hold large-group consultations or curing sessions place more emphasis on serving clients more quickly.

I only heard of three kyai who specialize in mental illness (one in Banyuwangi, the easternmost culture area of Java; one in the west Javanese

city of Bandung, and the one in Bojonegoro described earlier in this chapter); however, I was fortunate to see on nineteen different occasions East Javanese kyai consult with families who came to them for help with mentally disturbed family members. While it is very difficult to identify an ideal type of curing encounter with a kyai since kyai vary greatly in their techniques and cases present a vast range of symptoms and presumed causes, certain similarities became obvious: the vast majority of kyai engaged in a significant amount of small talk when clients first arrive; all of them would pronounce "*bismillah*" ("in the name of Allah") before beginning any curing or diagnostic work; the process of diagnosis involved investigation into the possibility of transgression of norms or taboos, the intentional or inadvertent emotional or physical harm done to others, or emotional or physical over-indulgence in any number of forms: gluttony, greed, lust, envy, or anger, for example; and the verse "Al Fatihah" from the Al Qur'an was a central part of any curing. In addition to these universals, an analysis of recordings of three different kyai treating three people whose families felt had been acting abnormally, and were afraid were mentally ill, identified the following phrases as repeated by all three kyai (translated from the Arabic, Javanese or Indonesian):

- Everything is in the hands of God
- Give up your burden and turn it over to God
- Pray with me (by announcing "Al Fatihah")

- We are all just human, none of us is perfect
- We are all sinners, just human
- God is merciful and compassionate
- God does not give us any burdens that are too much for us to bear

In three cases as examples of the curing encounter, we can see that the patients present very different problems, and the kyai prescribes very different cures.

In the first case, a child was brought in who had been having bad dreams would awake shrieking, was losing weight and hair, had no desire to eat, and had developed red spots--hives or a rash--on her torso. After visiting with the parents for ten minutes or so in a mix of higher and low Javanese, the kyai began to speak with the child in low Javanese. He asked her what her dreams were about (she didn't remember, but they involved a tall thin dark figure with long hands and nails). He asked her about her bedroom (she slept with her parents) and about any conflicts that might have happened with anyone at her preschool. He asked if she had done anything bad, such as stealing anything, or hurting anyone. He asked if she had urinated anywhere in the house where people prayed, or in a mosque (somewhere other than the bathroom). He asked if she had cursed God, or her parents. The child was mostly quiet, and like Javanese parents

everywhere, the parents answered most of the questions put to the child, and answered them negatively. The kyai finally began to ask the parents questions about what had been done with the placenta when she was born, and what kinds of ritual obligations had been performed to appease the "siblings" that had been born with their daughter. This referred to the belief that a person is created in the womb with one or more (typically four) siblings, manifested in the physical world in the placenta, amniotic fluid, blood, vernix and/or umbilical cord. The placenta is buried by the entrance of the baby's home and covered with a basket, and some kind of lantern or electric bulb is rigged to light the area for forty days or so after it is buried, to alert someone if an animal attempts to dig it up. From conception until after death a person is believed to be in the company of these siblings or companions, and these siblings will protect if treated well; if not, they may create a variety of problems. The kyai determined that the parents had neglected the siblings of this little girl: the baby was born in the least expensive, most crowded ward of a large general hospital during one of the extremely busy "baby seasons" that follow nine months after the two auspicious months for marriage, and the placenta was misplaced. The siblings were angry, he said, and making the little girl sick. He laid his hands on the patient's head, praying to Allah to protect the girl from any further harm, gave the parents a rajah written amulet to hang in their

bedroom over the bed, and told them to ask forgiveness of the siblings, and ask them to be kind to the little girl. They must chant dzikir every night in their house with neighbors for one month, to pray for the siblings and the little girl, and must feed some orphans in the name of the siblings. They must also plant a black bamboo in the corner of the yard where the siblings could dwell happily outside the house, and to protect from further disturbance. The family left, still looking very serious, after the parents kissed the kyai's hand, and the patient appeared unchanged. This was one of the most kejawen prescriptions that I saw, seamlessly blending Islamic doctrine with Javanese traditional beliefs and practices in a session that lasted twenty minutes. The kyai was not paid at that time.

The next case involved a dirty, dishevelled, stinking patient in his early thirties who was silent, escorted by his distraught young wife. After some brief introductory small talk, the wife recounted the patient's three-month downward spiral of despair and physical deterioration. The man had stopped communicating with others and would not go back to work; he would cry, but would or could not explain to his wife why he was crying; he did not eat or sleep well, and would not bathe regularly as had been his custom. The kyai prayed over the patient immediately, and the man raised his head and began to cry. As the kyai asked him questions in low Javanese,

he would respond briefly, quietly, in the same. His wife looked on in fascination, and repeated several times to the kyai that she had not been able to elicit a verbal response from him for more than a week. She began to cry as well. The kyai coaxed from the man an explanation: on the construction site where he worked he and another worker had fallen from the bamboo scaffolding on the second story of the building they were plastering; his friend died, and he just had the wind knocked out of him. He felt an enormous sense of guilt and somehow felt responsible for the accident. He came home as quickly as possible from the other island where he was a contract worker, and was afraid and ashamed to return to work. The kyai assured the man that everything was in God's hands, that as humans we cannot understand the mystery of God's works, and it was a form of hubris to think that he was responsible when only God determines when we are born, when and who we marry, and when we die. The man cried harder, and said that his friend was drinking alcohol, and so was he-- in fact he encouraged his friend to drink, and he felt that the alcohol contributed to the fall that caused his death. The kyai asked if the bamboo broke. No, the patient said. How did he fall?, the kyai asked. He was handing his friend a bucket, and his friend's flip-flop broke when he leaned over to accept the bucket, and so he slipped, and the patient tried to catch him, grabbed him for a moment, and fell too. The kyai told him he was very brave, and that we

have to continue to be brave and go on, because God expects us to. That he needed to forgive himself, since God certainly forgave him. He explained to the wife that the patient had had a shock, but was just fine; he was just a quiet person like the kyai, and had become serious with the adult knowledge that comes with understanding of the world and the responsibility of being a good person. He told the man to try to find his friend's widow or parents, and tell them all the good things he could remember about his friend, see how they were accepting the death, and learn from their example. He told him to bathe and eat to keep up his strength and health, and to remember his responsibility to his own family. He should seek work closer to home, and return to work as soon as he could, and if he didn't want to do the same kind of work anymore, find some other honest work. And above all he should pray—for the strength to accept, for forgiveness, for the will to go on, to give thanks that he is alive and that he can keep his friend alive in his memory. The patient and the wife left. After only thirty-five minutes with the kyai, the patient looked visibly more animated, made eye contact, spoke and shook hands while taking leave, and even smiled. The wife kissed the kyai's hand, and gave him an envelope as she took her leave, which we later opened and found to contain 20,000 rupiah.

The third case was a woman who had recently lost her baby of just over seven months of age in a bus accident. She pulled at her clothes restlessly, smiled incessantly, and keened heartbreakingly when the subject of her baby was broached. After a couple minutes of small talk and fifteen minutes or so of intensive questioning of the patient and the family members who brought in the woman (sister, brother-in-law, husband, and mother) in various levels of Javanese, the kyai determined the patient was possessed since she had spent too long with her mind idle, daydreaming of the baby. Because of her obvious distress and unwillingness to let the baby go, the baby was still with her, trying to make her feel better, and not moving on as he should. He instructed the mother to burn all the baby's things--toys, bedding, clothing and feeding utensils—and then to bathe, while praying and ordering the baby to go with God. She needed to do good works, to keep her mind busy all the time, to pray extra prayers, in addition to performing her regular five daily prayers. She was instructed to make packets of five-colored *jenang* rice cakes, pray a particular prayer over them and distribute them to her friends and neighbours. The kyai also told her that after the selamatan ritual feast held forty days after the baby's death, she had to take food from that selamatan to the baby's grave, along with some water and dirt from her home to leave at baby's grave so baby would *kerasan*, or feel comfortable there...but at the same time he told her to keep telling the baby to move on,

to let him go, to help him give up this earthly existence. The woman grew increasingly agitated, until, despite the stern injunctions of her family members, she began to wail and tear at her hair. At this point the kyai stood over the woman, firmly grasped her right hand in his, and in loud, ringing tones cast out the spirits he felt were inside her. "No, no, no!," she screamed, in low Javanese, and thrashed in her chair. The kyai continued his imprecations, invoking the help and mercy of God. As he began loudly chanting prayers in Arabic from the Al Qur'an, the family members joined him; the noise drew some of the kyai's household, who drifted in from behind the living room, and some people waiting on the porch began peering through the windows, and soon all were praying in unison. The woman stiffened, fell to the floor, and exhibited pronounced trembling and jerking of the limbs, as her tongue lashed her lips and her teeth snapped. Everyone prayed on, and the kyai held fast. I asked her husband if she had ever had seizures before, and he shook his head no. He crouched beside her, and held her ankles, to keep her bare feet from drumming on the concrete floor. Suddenly she arched her back, stiffened all over, and then relaxed, sweating, into unconsciousness. For several minutes the kyai kneeled and prayed over her, as she lay apparently senseless. Then he stood, and asked someone to bring water and a cool cloth for the woman, and as her mother gently bathed her face and neck, he sat back in his chair and talked about

good mothers from the Al Qur'an and hadith, about how heaven is to be found at the feet of mothers, and how God is forgiving. The kyai declared her cured: the bad spirits were gone, he said, but he said she would be weak and vulnerable for a while and they must mind what he said about keeping her mind busy and helping her to dwell on restful good works.

He gave her some water in a plastic water bottle and a paper filled with Arabic characters (that I assumed was a rajah, but didn't ask), and he instructed her family to feed her the water in sips over the next two days and to post the paper above her bed. He asked the family to bring her back in three days, to let him see how she was doing. The woman eventually was helped to sit up, and slowly stand, and leave; she appeared dazed, and uncommunicative, but no longer smiling vacantly or pulling on her clothing, and she left behind the child's toy she had been clutching throughout the introductions and the first part of the interview. The kyai smiled, and picked it up when they were gone, and called his wife in, instructing her to burn it immediately in their garbage pile. The entire session lasted an hour and fifteen minutes, and the kyai was not paid, although everyone kissed his hand as they took his leave, and the husband apologised, saying he didn't know how they were ever going to repay him.

Therapeutic expectations

Religion differs from magic in that it is not concerned with control or manipulation of the powers confronted. Rather it means submission to, trust in, and adoration of, what is apprehended as the divine nature of ultimate reality.

--Joachim Wach, *The Comparative Study of Religions*, ch. 2, 1958

When being treated for mental illness by a kyai, the perceived locus of responsibility for the cure falls completely on the divine power of God. The kyai can create amulets or prescribe prayer or ritual, can cast out spirits that possess the patient, or can determine the transgression that needs to be rectified in order to enable the patient to return to normalcy. However, although the kyai is considered a fountain of strength, knowledge and purity, he is only the conduit—never the origin--of the divine power that can cure. Since the cure comes from God, the kyai is loath to charge for his services. Recompense to the kyai for any kind of consultation usually takes the form of gifts (Mansurnoor 1990:262), and gifts of money are usually discretely given in an envelope (as in the example above) or through a subterfuge known as *"salam tempel"*, wherein the client secrets a bill in their palm and slips it surreptitiously to the kyai as they are shaking hands upon their departure (as described in Mansurnoor 1990:222; also a common form of tipping or discretely passing bribes). Clearly the relationship with a kyai is more patriarchal or patronage rather than purely commercial.

Sometimes curing (especially in the case of physical or mental illness caused by black magic) is complete after one visit to the practitioner; a condition of selamet is swiftly secured. In other cases, repeated interventions with the kyai are sought or prescribed, and often are the continuations of a pattern of resort for many other forms of family problems. Kyai will refer mentally ill patients whom they are unable to help to mental hospitals; although I never heard a psychiatrist or doctor talk about referrals from dukun, I heard several speak about working with certain kyai or receiving patients from kyai. I believe that the emphasis on personal efficacy and individual potency that is key to building the reputation of the dukun makes it harder to admit that they are unable to help a family, and the lack of the kind of long-term ties with a family that often are developed with a kyai makes it easier for families to simply seek out another curer on their own if they do not find a good fit (and thus a cure) from a particular dukun. Thus a kyai is more likely to deal over a longer period of time with chronic patients, or patients who rapidly become more acute, and are more likely to have to help families decide what should be the next step in seeking treatment for these patients for whom he is unable to help facilitate a cure.

Like the dukun, many of the techniques of the kyai have much in common with Western psychotherapy, including discussion of causes of illness symptoms, encouraging expression of feelings, providing support, and discussing actions that would promote reconciliation. This therapeutic role seemed to me to be the key to the power of the kyai: accessible support and sympathetic advice, reassurance and pragmatic problem solving from a respected elder, in an Islamic idiom that is easily understood. Less holy than wise, more secular than sacred, the kyai can counsel and help inform the clients about the power of prayer, but his role as a mediator in the production of ritual and *rajah* amulets is not a mark of individual prowess or religious purity, but more a function of technical religious knowledge that he has absorbed, and life wisdom he has developed. Unlike the dukun who works to return order to the disorderly world of supernatural forces, the kyai will treat the lahir and the batin of the patient, the inner and outer person, as it exists within the social order, and will prescribe that which will return the mental patient or the otherwise-troubled patient or family to the orderly coexistence with their local community.

The kyai are masters of the sacred Islamic texts and traditions that are alive in the imagination of the Javanese, persuasively fluent in the production of semi-sacred Arabic amulets and in local languages, and instructors for those

searching for divine intervention. Kyai can cure, and are seen by their clients as mediators between the ordinary Javanese and Allah, conduits for a kind of sacred power. But unlike dukun, kyai do not try to control that power. Instead, they work to access it through the submission to God that is *the* central Islamic belief, and by requesting help through prescribed prayer, performed in the manner set forth by Muhammed (and perhaps colored a bit by Javanese tradition). Power is not theirs because they have attained it through personal practice or ownership of powerful pusaka power objects. It is the power of God and the majesty of morality, and it is universal, unassailable, "the divine nature of ultimate reality". Despite their obvious efficacy, the kyai will tell us he does not cure; the kyai will tell us everything comes from God, and health or illness, cure or disease, are all in God's hands.

Notes to Chapter Five

[1] Food prepared in accordance with Islamic dietary law.

[2] See Johns on Indonesian Islamic linguistic tropes (1987:224-225), and Federspiel 1994 on some of the popular Indonesian literature on the Al Qur'an that is one inspiration for the popularization of Islamic metaphor and language.

[3] Also written Qur'an, Quran or Koran; for most Arabic words I have adopted the common English gloss without diacritics.

[4] Also spelled Mohammad, Mohammed, Muhammad, etc., as vowels in Arabic are not strictly determined in written texts.

[5] For example, it establishes the right of a woman to act independently of her husband, to obtain divorce, and to hold property independently of her husband. For more on women's rights in Islam, see e.g. Noer 1973:302; specifically on women's rights in marriage and divorce in Indonesia see Jones 1994.

[6] I did hear of one small Shi'ite pesantren called Yayasan Pesantren Islam in Bangil, East Java, but never could find it; this may be an apocryphal story that anthropologists occasionally encounter, such as the story of the cannibal tribe that always lies just over the next hill.

[7] The *Ka'bah* is a bit of an enigma. It is a huge cubical stone building, approximately fifty feet high, thirty-five feet wide by forty feet long, draped in a beautiful black embroidered tapestry, situated almost in the middle of the immense courtyard of the Great Mosque of Mecca. It is believed to be the tenth such structure on the spot, the first built by angels when the world was created, the second built by Adam, the third by his son Seth, and the fourth by Abraham. The present Ka'bah is believed to have been built in 696 A.D. In one corner, about five feet above the ground, is imbedded in a silver frame the Black Stone, an object around seven inches in diameter that was already considered holy by Abraham and pre-Islamic Arabs, may have been a meteorite, and was cause for some of the pre-Islamic pilgrimages to Mecca. In the circumambulations around the Ka'bah required by the rules of the haj, many people try to draw near to the Ka'bah to touch this stone. It is

venerated, it is said, not because it is an object of worship itself or because it holds the status of an idol, but because it was touched by the hands of the Prophet himself.

[8] Ramadan is observed in the ninth month of the Hijrah calendar, a lunar calendar in which one year is approximately twelve days shorter than that of the Gregorian calendar.

[9] At some locations pilgrims are required to replicate some of the actions of their forebears, such as suffering on the Plain of Arafat, going back and forth on the path that Hagar, Abraham's wife, took when seeking help and water after she and her son had been left in the wilderness per God's command, drinking from the Zamzam well where God eventually directed Hagar to find water, or replicating the "stoning of satan" at Mina where each pilgrim throws small rocks at pillars of stone in the manner that Abraham stoned the devil as he tried to convince Abraham not to sacrifice his son, as was commanded by God.

[10] For more on the Indonesian government monopoly on the haj, see Beatty 1999:144-5, and Noer 1978:77.

[11] See, for example, Woodward 1989; and Koentjaraningrat 1985b:286-288, who claims that Islam has affected the heartland of the Javanese civilization only quite recently, not until the second half of the 18th century.

[12] A number of very small splinter groups exist that practice forms of Islam that may be following tradition or custom from another country, tend to be much more conservative, and are more active in missionizing. For example, *Ikwanul Mulsimin*, whose women wear full Arab *hijab* veils and black gloves; or *Al Irsyad*, which attracts mostly ethnic Arab Javanese. But for the most part, Indonesian and especially Javanese Muslims are presumed to be part of the tradition of either Muhammadiyah or N.U.

[13] For a detailed list of differences between the practices and beliefs of traditionalist Muslims and Muhammadiyah villagers in Madura see Jordaan 1985:328-331.

[14] From V.S Naipaul, *Among the Believers*, 1982:331-332; works by Federspiel 1970 and 1995, Fischer and Abedi 1990, Lippman 1990, and Hooker 1983,

among others, were helpful in developing my understanding of Islam in general and Indonesian Islam in particular; Tim Pembina 1990 and Peacock 1978 were helpful in understanding the Muhammadiyah movement.

[15] Babcock likens the Islamic notion of collecting *pahala* to the belief that some Catholics have about accumulating papal indulgences, or other acts that can be quantified and can lead to a speedy entrance to heaven (1989:133).

[16] One of my favorite cultural commentaries on the tolerant nature of Javanese Islam is to note the installation each Ramadan of floor to ceiling curtains over the glass walls of the Malang McDonald's, so customers could enjoy eating without the guilt of disturbing fasting passers-by.

[17] For more on these semi historical figures from Javanese folk belief which probably developed in the 17th century, see Koentjaraningrat 1985b:288.

[18] Variously spelled kiyai, kiai, kihaji, kijaji.

[19] As also noted by Babcock 1989:32 and Pemberton 1994 in his descriptions of palace regalia, for example.

[20] And/or helping to negotiate the wedding contract made in accordance with *shariah* between the bride's father or representative and the groom. For detail on this, see Johns 1987:218.

[21] For example, Abdurrahman Wahid, the fourth president of Indonesia familiarly known as "Gus Dur", is a kyai, and the nickname "Gus" prefacing his name, indicates that he is the son of a kyai.

[22] For a very nice description of an East Javanese pesantren environment, see Naipaul 1982:318-325.

[23] See Geertz 1976: 186 for a list of religious subjects taught in one very traditional pesantren, and Dhofier 1980 and 1999 on Islamic learning in the pesantren.

[24] I should have known what might be in store after the extremely serious functionary from the religious affairs office that officiated at our marriage concluded the formal ceremony by handing Hadi his copy of the two marriage

contract booklets we had signed, and said, grinning: "OK, here it is, your license to sleep with her!" (using a verb slightly less elliptical than "sleep"). Everyone in the mosque had a good chuckle.

[25] Geertz also says a kyai is usually a haji, someone who has performed the pilgrimage to Mecca (1976:177), but I found that roughly thirty percent of the kyai of my acquaintance had not yet made the haj.

[26] You can see his version of the joke in Jordaan 1985:175.

[27] In fact, one kyai gave me a written *rajah* amulet to dip in water for my husband when he was in the hospital in 1993. My husband eventually drank the amulet water, I think primarily to help ease my distress, since he didn't think too much of this particular kyai.

CHAPTER SIX
PSYCHIATRISTS: A DOSE OF MEDICINE

For a long time historians of imperialism...argued that tropical medicine was one obviously beneficial consequence of imperialism, rescuing indigenous peoples from witchcraft and superstition and bringing them effective medical care. More recently, historians have come to recognize what the colonial peoples had always experienced, namely, that Western medicine was not an undisguised blessing and that it was received as another form of domination.

> -- M. Worboys, "British colonial medicine and tropical imperialism: a comparative perspective" in *Dutch Medicine in the Malay Archipelago*, 1989:153

How mental patients were treated in the distant past is not known. We have heard that villagers were extremely tolerant, but only to a point. If a few of the ways the mentally ill are treated today can be considered to reflect a part of our heritage, we can deduce how they were treated in the past. Their hands and feet are bound, and they are isolated in the house or the forest. This practice is prevalent throughout all of Indonesia. This is of course called *pasung*, or *dibalok*: placing wooden stocks on the hands and/or feet, tying, or chaining the patient, if the patient is dangerous to those around him or to himself. If he is not dangerous, not unfrequently do we see a person with a mental disturbance wandering in the village or city, looking for food and becoming a spectacle or a laughingstock; sometimes people like this will be considered to be *sakti* (in possession of supernatural powers), "*mbah wali*" (an old saint), or a medium.

> -- W. F. Maramis, *Ilmu Kedokteran Jiwa*, 1988:9-10 (translated from the Indonesian)

The cultural context

Indonesia's formal, medical health care system has come a long way from the first institutions run by Dutch military doctors, "company-surgeons who had always been recruited from the ranks of barbers, tinkers and pig castrators

and, consequently, were often rather poorly qualified" (Kerkhoff 1989: 9). Government and private medical schools train physicians; specialists train abroad; medical facilities are spread throughout the archipelago; public health issues are addressed; current technology and medicine is produced or imported. However, the Indonesian government is challenged by an ever-increasing population, a reluctance of physicians to practice in remote areas, and a lack of funds to continue to modernize existing facilities or to build new medical facilities. As a result, the government hospitals are sometimes seen as overcrowded, terrifying places, where families are at the mercy of the stern staff, and from which patients beg to come home. While the hospital is not necessarily seen as a remnant of colonial domination, it is still an institution foreign to Javanese culture, and every attempt is made on the part of the families of the patients and even the staff to allow for elements that make care in the hospital more culturally acceptable. Lower-class families cowed by the impressively educated and imperious staff receive little information about the prognosis of their patient, but can busy themselves with helping keep their patient clean, calm and well fed, and with prayer: there are good-sized mosques at every government hospital and Christian chapels at some. Although family members with the resources can request a private (non-intensive care) room with an extra bed for a family member, and can also

choose to receive hospital meals, people will bring cooked food and snacks from home for the patient and their visitors. Outdoor open-air pavilions house the families of patients who do not have private rooms, but with untold people sleeping on mats one next to the other, using scant public bathrooms, and visiting patients with communicable diseases freely and with no attempt to control contagion, sanitation is suspect; conditions seem chaotic; and despair is seen on many faces. Even in the birthing wards, the most cheerful area of any hospital, in the "baby seasons" that follow like clockwork nine months after the two months of the Javanese year deemed particularly auspicious for weddings, beds are placed so closely together that they touch, and sometimes women are two to a bed.

The perception exists that while people do not die from treatment by a dukun or a kyai, people can be killed by the treatment they receive from the doctors and nurses at the hospital. The fact that the patients are brought in *in extremis*, as a last resort, does nothing to dispel this perception.

The mental hospitals inspire their own form of horror: a fundamental fear of human beings who have lost the control of themselves that defines them as human in Javanese culture. The government mental hospitals face even

greater funding constraints than the general hospitals, and despite very dedicated doctors, often staff are poorly trained and spread too thinly. These institutions are for the violent, the psychotic, those the families can no longer handle without tying them up or locking them in a shed or a bamboo cage. The option for free treatment for the impoverished inspires many families to bring in their patients; the shame that a mentally ill family member brings to a family also helps the institution become a viable option. The private mental hospitals, like private general or birthing hospitals, have a much more pleasant environment and cater to patients who check themselves in by choice, to partake in a kind of rest cure, but the truly economically and emotionally desperate usually end up housed in the government mental hospitals, helpless and hopeless.

The development of a formal health care system in Indonesia

In 1621 the *Verenigde Oost-Indische Compagnie* (the Dutch East Indies Company, commonly known as the VOC, or just "the Company"), built a fortress in Batavia (in the area of what is now Jakarta) as the local station for their lucrative trade between the Netherlands and the islands of Indonesia then known as the East Indies.[1] In 1626 they built the first hospital near the fort, to help heal the sick and wounded sailors and traders, in order that they could

more quickly return to making money for the VOC (Sciortino 1996:24-25). More hospitals eventually followed: in 1648 a small hospital was founded on the island of Ambon; in 1715 a small hospital was established on the island of Sulawesi at Makasar; another near the original fort in 1779; and a military hospital at Weltevreden in 1800. Small medical posts were set up over the same time period, scattered over the Dutch trade areas in the Indonesian archipelago on the island of Sumatra, in the Spice Islands and the Moluccas (Schoute 1937 quoted in Sciortino 1996:25).

The VOC went bankrupt and was formally dissolved in 1800, and its territorial possessions—including infrastructure and trade networks in Indonesia—became the property of the Dutch government. Many of the small medical posts closed, and the hospitals that were kept open "stagnated and deteriorated" (Schoute 1937 quoted in Sciortino 1996:27).

During the whole of the 19th century, medical care in what was then the Dutch East Indies was run by the military medical service, and was aimed at maintaining the health of armies, the civil administration, traders and planters, with little concern for the indigenous population (with the exception of the period of 1811-1816 when the English briefly ruled the area).[2] There were very few medical officers for such a large area: no more than 130-160

stationed there (mostly in Java) on the average over the 19th century (van Heteren 1996: 8). Although many of the medical officers only had honorary medical degrees, they gained important medical knowledge in the areas of epidemiology, parasitology, and bacteriology—especially with reference to tropical diseases such as typhoid, dysentery, cholera, malaria, and hookworm. While working to keep the troops healthy, they performed important research into nutrition and vitamins, hygiene and public health.[3] In 1820 the military underwent a major reorganization, and with the medical system under new management, a couple of new institutions were set up to serve the non-military European poor and the indigenous population, but they quickly became "neglected shelters for all kinds of marginal people, such as prostitutes, prisoners, the mentally ill, and mendicants" (Sciortino 1996:29). Also in this year, a small group of rural paramedical practitioners was developed to help distribute smallpox vaccine and carry out vaccinations (Sciortino 1996:33).

The Dutch did relatively little in the field of public health in Indonesia prior to 1910, with the exception of giving smallpox vaccinations.[4] Public health policy was non-existent under the colonial administration, except for a vaccination campaign in the early 1900s (Connor 1982:50). However, the obvious need for more medical aid led to the call for indigenous medical help,

which led the Dutch chief medical officer in 1851 to open the *Dokter Djawaschool* for Javanese noble-class men who could read and write Malay (cf. de Moulin 1989: 27), with the intention that they would learn some medical skills, and return to their area of origin to practice on their fellow Javanese, and so Javanese gentry were trained as doctors and nurses to serve the urban and village sick. In the 1890s, the official recognition of the natives as an important factor in economic development caused a shift in the focus of the training of the indigenous doctors (Worboys 1989: 153-155). Soon the school was reorganized and additional tutelage in the natural sciences, including anatomy and physiology (which required the dissection of corpses), physics, geology, and hygiene was offered, and an extended clinical residency was required in which students practiced pathology, surgery, and wound dressing.[5] In 1899 the school was renamed *School Tot Opleiding van Indische Artsen* (known as STOVIA, Training School for Indian Physicians).

In 1901 in Indonesia there was one doctor per 560,000 inhabitants, while in Europe the average ratio was one doctor for every 2000 people (Sciortino 1996:35). Despite the fact that the Western system of medicine was not totally accepted by the indigenous Indonesians (in fact they were suspicious of the motives for the inoculations, and found the hospitals to be quite unpleasantly foreign), political thinking in the Netherlands started to produce new colonial

policies that centered on the idea of the moral duty of the colonists to improve the life of the colonized—the so-called "ethical policy"--instituted in 1901. This policy led them to consider it no longer justifiable to reserve medical treatment for the wealthy few, or treat people only during epidemics. So a flurry of building ensued, with new hospitals built in major urban centers, and old hospitals refurbished (Sciortino 1996:32-43).

In 1913 the *Dokter Djawaschool* opened its doors to a variety of students, including women (de Moulin 1989: 32). In the same year the *Nederlandsh-Indische Artsen School* (NIAS--Dutch-Indies Doctors School) was established in Surabaya (Koentjaraningrat 1985:70). Graduates of both schools were directly admitted to doctoral examinations in the Netherlands should they wish to get an international university degree (de Moulin 1989: 32). In 1927 a medical school was founded in Batavia (now Jakarta) on a par with the medical facilities of the universities in Holland (de Moulin 1989: 33), which still exists as the University Of Indonesia. Six years later STOVIA was disbanded, but its sister institution in Surabaya continued to function until the Japanese occupation in 1941.

In 1925 the Public Health Service was formed; and the health system was decentralized, placing responsibility for running the health centers with local,

lower, administrations in provinces, regencies and districts (Sciortino 1996:42). An elaborate public health care infrastructure had developed by 1939, but this public health system collapsed after the Japanese invasion in 1942. The Japanese colonized Indonesia from March of 1942 to August of 1945. All over the archipelago, large buildings like schools and hospitals were taken over and used by the Japanese. During World War Two, mortality rose dramatically and the general health situation of the country deteriorated (Frederick and Worden 1993:131).

In the postwar period, a network of community health centers was established, but resources were still extremely limited. The network of medical institutions in Indonesia followed the Dutch colonial economic development: hospitals were set up in major urban areas only. In the 1950s and 1960s, birthing hospitals, anti-smallpox campaigns and other public health programs were developed.

In the 1970s, many community health centers (*Pusat Kesehatan Masyarakat*) were set up to help provide the low-cost, basic primary health care that was required by World Health Organization policy of that era (Connor: 1982:51). These *puskesmas*, as they are known, helped decentralize medical care...but rarely were any of them staffed by a psychiatrist.

Despite the fact that direct central government spending on health fell by 45 percent between 1982 and 1987 because of declining revenues from the oil industry (Frederick and Worden 1993:132), and that the country has been hard hit in the economic sector due to political upheaval, natural disasters, and the Asian monetary crisis of the 1990s, health in Indonesia has shown overall improvement: life expectancies have risen almost ten years since the 1970s, and infant mortality has declined (Frederick and Worden 1993:129; WHO Country Health Profile-Indonesia 2003). Health insurance is becoming increasingly common: a 1992 law required all employers with more than ten employees to provide health insurance; free health care for government employees has set the standard for corporate employers, who now generally provide a health insurance benefit for their employees; and factories have on-site private clinics. The numbers of available beds and medical personnel have increased as well, and the current national health care system has expanded to include general hospitals (public or private), public health centers (pusat kesehatan masyarakat, or puskesmas), smaller local heath centers (*puskesmas pembantu* or *pos pelayanan terpadu*, or *posyandu*), outpatient clinics (*polyklinik*), doctor's private practices, and mobile health units (*puskesmas keliling*).[6]

But the actual infrastructure has not been greatly enhanced; the Indonesian government has continued the Dutch colonial pattern of low investment in health care (c.f. Ferzacca 1996:227-233), not spending even as much as other Southeast Asian nations on supporting the health care system. The rural poor, especially those on islands other than Java, have much less access to cosmopolitan health care than their urban neighbors, and the ratio of hospital beds of 0.06 per 1000 population hasn't changed since the late 1980s and continues to be the lowest among Southeast Asian nations (Frederick and Worden 1993:129; WHO Country Health Profile-Indonesia 2003). In the following table we can see some of the pertinent health statistics for Indonesia culled from the most recent sources available: 1998 statistics from the Indonesian Ministry of Health Center for Health Data, Indonesia Health Profile 1999 Jakarta, February 2000, and from the World Health Organization Country Health Profile-Indonesia.[7] Although comparing statistics from a developing nation with a developed nation may have little instructive value, it serves to demonstrate the vast differences in resources that can be brought to bear in the health sector, and the concomitant effects on the health of a population.

Table 1 Health Statistics for Indonesia and the United States

Health statistic	Indonesia	United States
Number of hospital beds	123,168	976,000,000
Population per hospital bed	1,658	.33
Hospital bed per 10,000 population	6.03	33,896
Number of health centers	7,602; sub health centers: 21,8111; mobile health centers: 7,035	5,794,000
Physicians per 10,000 population	1.1	20.2
Nurses per 10,000 population	4	79.3
Total expenditure on health as % of GDP	2.7%	14.6%
Per capita total expenditure on health	$12 US	$5,274 US
Average life expectancy at birth	63.9	77
Under 5 mortality rate, per 1000 live births	59	8
Maternal mortality ratio, per 100,000 live birth	373	14

It is very difficult to get accurate statistics since there exists what seems to be a universal practice of fixing the statistics at a local level to conform to central government policy and goals. My students who chose health care as a research topic in Java, Bali, Sulawesi, and Madura regularly were offered or were shown when asked two sets of books that local clinics or birthing centers kept—one that listed the actual patients seen and medications dispensed, or the other that indicated compliance with national goals. This common practice is what Sciortino describes as "a socially accepted way of handling a situation wherein the health workers are unable to deal with all the tasks they are called upon to perform by a health policy defined according to international and national ideals, a policy which does not take into account the actual capacity of the health center and its staff" (Sciortino 1995:147). This makes it very difficult to extract accurate information, but nonetheless the general situation is obvious.

Government and private health care facilities, like many of the other resources in Indonesia, are most readily available and most developed in Java. The outer islands still continue to suffer a severe shortage of physicians and hospitals, despite the fact that they are the places often most hard hit by natural disasters, economic crises, political or ethnic conflict, and are all deeply impoverished.

The development of a formal mental health care system in Indonesia

For many years after the development of institutionalized health care in Indonesia had begun, severe cases of mental illness were placed in general hospitals. The result of a census of the hospitals in Java and Madura in 1862 found that there were about 600 mental patients in Java, Bali, and Madura, and approximately 200 in "other areas," and those numbers indicated a need for a dedicated mental hospital. The first mental hospital was built by the Dutch outside the Javanese city of Bogor not far from Jakarta in 1882 (Maramis 1998:10-14). There the patients were "caged and left to themselves" (Setyonegoro 1976a:75). This custodial care in an isolated place was meant to avoid the stigma that mental patients faced, patients who at that time were often tied up and left in the forest (Setyonegoro 1976a:75).

In 1902, the Dutch government added another mental hospital in East Java in the town of Lawang, but quickly realized that there were still far too many patients for beds. The hospital in Lawang was built with the capacity of 500 beds, but by 1909 they were housing 1171 patients, and by 1940 were treating around 3400 patients, and still more mental patients were being temporarily housed in police stations and jails (Setyonegoro 1976b:13). So they built another in Magelang in 1923, and another in Sabang in 1927 (Maramis

1998:14). During the 1920s they also built "*doorganghuis*", or places for the initial intake and preliminary treatment and diagnosis of the mentally ill in Jakarta, Semarang, Surabaya, Ujung Pandang, Palembang, Banli, Padang, Lubuk Pakam, Banjarmasin, Manado and Medan—large cities on the major islands; and in 1931 they expanded their facilities by building "annexes", mental hospitals in Semplak near Bogor and in 1932 in Pasuruan, East Java. The places they chose were isolated, again to help avoid the stigma attached to mental illness (Maramis 1998:14-15).

At this time they primarily used sedatives as an aid to provision of custodial care; for schizophrenics electrical or insulin-induced shock therapy was common. Sun or water bathing were typical treatments for the psychotic and neurotic patient, as were binding, and immersion or hosing down with water. The physicians frequently encountered patients who were diagnosed with "altered states of consciousness" or trance states, and possession (Setyonegoro 1976a:77; Maramis 1998:15).

The decades of the 1930s and 1940s saw the introduction of work therapy, and the "no restraint" movement amongst mental health professionals, where patients were allowed more freedom and were allowed to work in the fields or gardens surrounding the hospitals. This time period also saw the

emergence of government and privately run charitable "colonies," places where mental patients who were somewhat calm could be transferred, could work the land, and perform other duties that might help rehabilitate them and help them return to society (Maramis 1998:15).

During World War Two when the Japanese colonized Indonesia, many mental patients were sent home, or sent to other mental hospitals in Medan or Ipoh on the island of Sumatra in Indonesia, to Malaysia, and even to one near Manilla, in the Philippines. The mental hospital near Sabang was bombed, and was never built again. The Japanese left the psychiatry and neurology department intact at the main medical school they re-named the Idadaigaku, but separated the psychiatry from the neurology unit (Setyonegoro 1976a:80).

During the war for independence (1945-1949) the new Indonesian government developed the *Jawatan Urusan Penyakit Jiwa*, the Department of Mental Illness Administration. The new administrative body only started to become effective once the war was over and the new independent Indonesian government was fully functional, after the Dutch had left all areas of Indonesia. This department changed its name to *Bagian Penyakit Jiwa* (Division of Mental Illness) in 1959, *Bagian Kesehatan Jiwa* (Division of Mental

Health) in 1960, and then to *Directorat Kesehatan Jiwa* (Direktorat of Mental Health) in 1966 (Setyonegoro 1976a:81 & 83; Maramis 1998:17).

Since about 1950, there has been a struggle to determine which facilities should be under the control of the centralized government, and which should be under the control of local governments. Generally speaking, the local or regional governments preferred that the mental hospitals fall under the administration of the central government, since the local governments did not have the funds to run the hospitals properly, or restore them—since many were ruined and unusable after occupation by the Japanese. In 1954 one of the "colonies" was reopened near Jakarta, and they added a "Nerve Hospital" near Cianjur, both in West Java. One of the colonies in Kotabaru on Kalimantan island was burned as a result of mass violence in 1955, and all the patients (about 160) were moved to various mental hospitals in Pontianak and Banjarmasin (both on Kalimantan), and Jakarta.

In 1961 the first private mental hospital opened in Jakarta, followed by others (three more in Jakarta by 1971, and other private facilities in Yogjakarta and Surabaya in Java, and in Medan in Sumatra). These facilities, and the developing health department, began to focus on preventative measures, rehabilitation and paramedic education, rather than simply control of

"aggressive, impulsive and destructive" patients (Setyonegoro 1976a:83). They began work that included university researchers, mental health workers, and communities surrounding the mental hospitals, which was intended to help develop society's understanding and acceptance of mental illness.

In 1966 a major law was passed which legislated funding for the *Directorat Kesehatan Jiwa*, and established sub-directorates for promotion, prevention, service and curing, rehabilitation, research and data collection, and a position of the head of administration that would handle personnel, budgets, planning and supplies (Setyonegoro 1976a:84-85, 1976b:20-21). This law was seen as extremely progressive, in that it legislated non-custodial care and demanded the philosophic and organizational-structural inclusion of the non-medical community in caring for the mentally ill. And it explicitly identified problems of industrialization, urbanization and modern technology to be addressed by this directorate, along with other problems such as juvenile delinquency, mental retardation, narcotic addiction, individual or group panic, and mob violence (Setyonegoro 1976b:21; Maramis 1998:17-18).

In 1971 when Setyonegoro took over the directorship of the department of mental health, other new laws were instituted, which stated that if a psychotic individual was brought to or picked up by the police, the police were required

to bring the patient to the mental hospital, and the cost of their treatment would be paid by the *Dinas Social DKI Jaya* (a social welfare agency). The *Badan Koordinasi Rehabilitasi Penderita Patien Jiwa* (Coordinating Agency for the Rehabilitation of Mental Patients) was formed to come up with ways to speed up the return of mental patients to their homes, to help find them jobs where they would be "free or protected", and to determine how the institutions could follow up on released mental patients. This group included members from the departments of Social (Welfare), Labor, Transmigration, Industry, and members of the faculty of psychiatry from the University of Indonesia (Setyonegoro 1976b:10-11). This agency also started working directly with the University of Indonesia to help produce more clinical psychologists and psychiatrists in a short period of time: in 1971 there were five psychiatrists and about 25 doctors that worked in the *Directorat Kesehatan Jiwa.* By 1975 there were 40 psychiatrists and about 60 general doctors, some of whom were continuing their education at medical schools in Jakarta and Surabaya for psychiatry (Setyonegoro 1976a:87). The function of the mental hospitals underwent a radical change, from the Dutch model of simply custodial care to developing in the areas of mental health promotion, vocational rehabilitation, and "psychopharmaceutical, psycho-social, and psycho-cultural research" (Setyonegoro 1976a:89). Departments of psychiatry were developed in state

schools all over Indonesia, at universities in Bandung, Semarang, Yogjakara, Medan, Padang, Palembang, Denpasar, Ujung Pandang, and Manado as well as those in Jakarta and Surabaya (Setyonegoro 1976a:89). Also in 1971, working with an NGO from New York, Setyonegoro established the use of a standardized questionnaire to be used on admitting a mental patient in every mental hospital, to be compiled and the data analyzed by computer, to establish trends and get "mental, social, cultural and biologic" statistics to help them plan treatment, and allocate funds (Setyonegoro 1976a:90).[8] In 1974 the directorate started work to integrate the puskesmas local health clinics into the mental health services system, and published the first edition of the *Buku Pedoman Kesehatan Jiwa Untuk Puskesmas* (*Manual for Mental Health for the Puskesmas*) a kind of basic manual for identifying and treating the mentally ill for the doctors, nurses and social workers that staffed these small local health centers. The puskesmas staff were still, and continue to be, encouraged to consider themselves a back-up or resource facility, and to send any emergency cases of "adolescent crisis, family crises, psychotic episodes or suicide attempts, rapes, extreme anxiety or any other condition that requires a psychiatrist" to the nearest formal mental health facility, which had grown to include a mental health section of the Army hospital(s), and the private mental hospitals and clinics (Setyonegoro 1976a:92).

In an attempt to ensure consistent and uniform diagnoses, the Directorat held a *Seminar Kesehatan Nasional* (national health seminar) in 1973 to discuss diagnostic categories and methods of diagnosis, and the results of this seminar were sent to mental health facilities and educational institutions all over Indonesia. This developed into a *Buku Pedoman Gangguan Jiwa Indonesia* (*Guide to Mental Illnesses in Indonesia*) which was published in 1975 and continues to be used today, in an attempt to systematize and unify diagnosis and treatment country-wide (Setyonegoro 1976b:15). Various projects have been instituted to collect statistics on the epidemiology of mental illness, and to evaluate the efficacy of various facilities. Some of the more interesting of these projects were research into the social background of outpatients in Java and Bali, research into the marital conflicts that result in divorce in Medan, and the effects of tourism on the mental health of the Balinese (Setyonegoro 1976b:15-19).

The development of anti-anxiety medications, anti-depressants and anti-psychotic medications that began in the 1950s instigated a collaboration among psychiatrists, psychopharmacologists and biochemists, in an effort to treat patients more effectively and more humanely. However, the "Electro-convulsion Apparatus" was still considered vital to treat some patients (Setyonegoro1976a:94-95). The goal became not just to contain the patients

someplace where they would not present a danger to themselves or others, but to "send them home as quickly as possible so that they could return to being an active part of society's activities"; the statistics showed that approximately 40 percent of mental patients in government hospitals were staying there more than a year (Setyonegoro 1976b:13).

In the 1990s the Indonesian government developed various programs and projects designed to expand coverage of the mental health services and develop and revitalize mental health services and facilities. The enormity of this undertaking can be seen from the example of one educational program that delivered training for personnel from 661 health centers, 437 general hospitals, and almost 5000 various seminars or activities designed to provide guidance to health workers on how best to deal with the mentally ill (Setiawan 1999/2001:6-7). A 1992 law defining mental health (Setiawan undated paper circa 1999:1) also outlined the decentralization of the administration of mental health services, causing concern that the mental hospitals will be forced to provide more general health services in an attempt to help generate revenue for the area government services, according to psychiatrist Dr. Aminullah SpKJ, the head of the Union of Indonesian Mental Hospitals (*Ikatan Rumah Sakit Jiwa Indonesia*) (quoted in Dahuri 2002:1).

Mental health facilities continue to be few and far between. Currently, there are 34 government mental hospitals (including one hospital for drug dependence) in 24 provinces out of the 30 provinces of Indonesia, and less than 30 small private mental hospitals. Huge provinces that still do not have mental hospitals are Central Kalimantan (Borneo), East Nusa Tenggara (the many islands east of Bali), and East Timor. Out of 806 general hospitals, 50% or 403 have mental health professionals working there (Setiawan 1999/2001:4). Out of nearly 20,000 community health centers across the archipelago, only about 10% or 1852 health centers have any kind of mental health professional available to consult with them on a regular basis, or associated with them (Setiawan 1999/2001:4). Community health centers (puskesmas), with a physician as titular head but in effect run by nurses (see Sciortino 1995 and 1996), will refer psychiatric patients to the nearest government hospital, where they might find a bed.

The total number of beds available for mental patients as of 2000 was 8,150 beds (7600 of beds in government institutions and 550 in privately run institutions); this creates a bed ratio for mental patients per population of 1:23,200 (Setiawan 1999/2001:5). Currently, the bed occupancy rate averages 90% in government hospitals and 50% in private hospitals. The institutions are not filling because patients are staying longer: the average length of stay

dropped from 284 days in 1984 to 71 in 1991 at state hospitals; in 1999 the average stay at a state hospital was 81 days, at a private mental hospital 20 days (Setiawan 1999/2001:7). The number of mental patients are increasing: the average number of patients attending out-patient clinics increased from five patients per day in 1971 to 24 patients per day in 1999 (Setiawan 1999/2001:4). And the number of diagnosed and/or admitted patients is a small fraction of the estimated number of mentally ill in Indonesia.

The minister of Health and Welfare Dr. Achmad Sujudi, in an interview in Surabaya Post, 8 April 2001, stated that one out of five Indonesians suffers a "*gangguan jiwa dan mental*", a soul and mental disturbance. Dr. A.H. Hardiman, director of the Indonesian Health Ministry's mental health department, recently said that one out of six, or roughly 33 million Indonesians, currently suffer from minor mental illnesses such as "anxiety, psychosomatic problems and depression" (quoted in Browne 1999:18). Psychiatrist Dr. Aminullah SpKJ, the head of the Union of Indonesian Mental Hospitals (*Ikatan Rumah Sakit Jiwa Indonesia*) says that in 1993, research showed that one out of every five people were experiencing some form of mental illness, and that a 2002 study in Jakarta showed that out of 100 patients that came to one puskesmas, 24 of them were experiencing symptoms of

mental illness (quoted in Dahuri 2002:1)...and he feels those numbers are increasing. A 1995 survey of 65,664 families in Indonesia found that 264 out of 1000 adults (over the age of 15) suffer mental disorders: they found 153 were non-psychotic, 98 were children's disorders, four were cases of dementia, four were psychotic, three were mentally retarded and two expressed "other" disturbances (Setiawan 1999/2001:2; Azwar 2001:1; Walujani 2001:3). Out of children between the ages of five and 15 surveyed, 104 per 1000 were found to exhibit symptoms of mental illness (Walujani 2001:3). Overall, 185/1000 or 18.5% of all adults surveyed in major cities in 11 provinces had experienced mental disturbances (Maslim 2001: 22; Dachroni and Ismoyowati 2001:2; Walujani 2001:2). There is no epidemiological data available for people outside major centers.

A 1996 survey by the Directorate of Mental Health in ten large Indonesian cities reported that 344 out of 994 respondents were found to "suffer from mental disturbances" (Setiawan 1999/2001:2; Dachroni and Ismoyowati 2001:2). A 1996-2000 study by the Central Statistics Bureau of 1600 people in the general population found that 44% of the mentally ill were suffering from narcotic addiction, 34% were classified as mentally ill due to organic disease/or deficient mental capacity, 16.2% were non-psychotic but "dysfunctional" due to anxiety or depression, and 5.8% were psychotic

("exhibiting disintegration") (Maslim 2001: 14; Walujani 2001:3). In direct opposition to the kinds of cases classified as mental illness found in the general population, the majority of mental patients in the government mental hospitals are classified as psychotic. In the hospitals, 95% of the patients are psychotic, 3% are non-psychotic, 1.5% exhibit disturbances caused by organic disease, and 0.5% are classified as "other" (Setiawan 1999/2001:4). Based on this data, we can see that typically only the most severe cases of mental illness end up in hospital for treatment.

This data is substantiated by research into the diagnosis of mental illness at the local clinic level, which shows that only the most extreme cases of mental illness are recognized, treated and referred to government mental hospitals. According to Walujani, 28 percent of people visiting the puskesmas show symptoms of mental illness, but only 20% of those cases are detected, recognized as mentally ill, and treated as such by the puskesmas staff (2001:4).

The numbers of mentally ill in Indonesia are impressive; the number of mental health professionals is not. The overall staffing of the institutions is somewhat of a mystery. The statistics on the total number and kinds of personnel working at all government mental hospitals in 1999 raised more questions than answers: 130 psychiatrists, 129 physicians, 30 dentists, one radiologist,

one dermatologist, two neurologists, 2500 nurses, 17 midwives, 28 dentistry nurses, 38 pharmacists, 24 psychologists, seven masters in community mental health, 74 other health professions, 97 assistant pharmacists, 40 senior high school students, 103 social workers, 61 community health nurses, and 3016 "others" (Setiawan 1999/2001:7). But the statistics on the psychiatrists are clear...and shocking. In 1971 there were only six psychiatrists working at government mental hospitals. By 2000 there were one hundred and ten (Setiawan 1999/2001:5). Currently there are approximately 430 psychiatrists in government or private practice for the entire country of Indonesia (Setiawan 1999/2001:5; Wibisono 2001:3), which means that there is an estimated one psychiatrist for every 500,000 citizens (Saptandari 2001:1 and Maslim 2001:11) or one psychiatrist for every 800,000 citizens (Setiawan 1999/2001:5). This is compared with a ratio of one psychiatrist for every 10,000 people in America, Australia, a portion of European and South American countries (Walujani 2001:2). Maslim estimates there is one mental health nurse for every 114 psychotic patients (Maslim 2001:11).

A number of plans are in existence to increase the types and quality of mental health services and improve the knowledge base of practitioners over the next five years (see Direktorat 2000 a & b), but without a significant increase in government investment (which does not seem imminent since the government

is currently spending only a small percent of the amount of money required to get them to their current goals (c.f. Maslim 2001; Wibisono 2001)), these plans will not come to fruition. The head of the Bureau for Planning for the Department of Health says that from the year 2000 development funds for health in Indonesia that totaled 688 billion rupiah, the money that went to the Directorat of Mental Health only totaled 860 million rupiah (Walujani 2001:4). Despite previous attempts at centralization and standardization of mental health care and research, as of 2001 there were only four public mental hospitals that are still under the administration of the centralized government Department of Health, all in Java, and including one that specializes in narcotic addiction in Jakarta; the others have been handed over to the local provincial governments to run, and will have to be maintained without significant funding from the central government (Walujani 2001:4). This bodes ill for the future of a unified and developing mental health infrastructure in Indonesia, for the local governments are even more economically strapped than the central government.

However, despite the almost overwhelming challenges that the mental health professionals in Indonesia face, despite crumbling and inadequate infrastructure, lack of funds, a dearth of research, a population reluctant to accept or mental patients and a government unable to process data rigorously

collected, these professionals do not lose hope; they go about their work with enthusiasm and dedication. In 2001 I was privileged to attend the first national congress on mental health, a three-day conference in Batu-Malang that drew over 250 doctors, psychiatrists, neurologists, psychologists, sociologists, nurses, and social workers. Most of the attendees came using their own funds, to participate in the first formal national dialogue on the state of mental health services and issues surrounding mental illness in Indonesia. It was a rare and splendid opportunity to come together as a community of concerned professionals, to help plan how to guide the nation of Indonesia into the twenty-first century and bring the standards of mental health care into the modern era.

Through this experience and other opportunities to meet and form relationships with mental health professionals in the region, I developed an enormous respect for their capabilities and their dedication, and I believe that despite the lack of resources available to them and the overwhelming odds they will somehow continue to struggle to develop in their professions and come up with new strategies to provide the best services possible for their patients, and devote themselves to creating more awareness of and compassion for the plight of the mentally ill in Indonesia.

Training and qualifications to practice

Not all people are ready to accept psychiatry as a normal branch of medicine. The general impression, as I believe, is that a man who needs a psychiatrist must be crazy.

--Harry Segall, *Angel on My Shoulder*, 1946

For knowledge, too, is itself a power.

--Sir Francis Bacon, *Meditationes Sacrae*, 1597

In direct contrast to the informal educational path of the dukun or the kyai, for over 100 years in Indonesia there has been a formal, institutionalized process for the training and certification of medical doctors. From the brief history outlined in the previous section, we can see that around the turn of the century, the Dutch colonial government began training indigenous physicians, initially to work as public health officers. Dutch language texts and lectures, and curriculum culturally inspired by the Dutch, did not take into account the indigenous Javanese medical tradition (Koentjaraningrat 1985:74), and focused on Western medical theories and techniques, and tropical diseases.

As the system of medical schools developed and expanded, and Indonesian doctors became lecturers and administrators, the training for indigenous physicians was not significantly improved. Senior academics were not well trained; they had studied in Dutch, still relied on Dutch language texts, and thus their abilities to communicate technical information in the vernacular

were limited; many of them had their studies interrupted by the Japanese occupation and the war against the Dutch; and because they were overloaded with administrative tasks, their clinical skills "atrophied" (McLean 1982:16).

Even as recently as the 1980s, researchers found the resources and pedagogy of Indonesian medical schools sorely lacking. Teaching staff receive a nominal salary from the university, and thus by economic necessity run private practices in home offices or in nearby medical centers in the evening; therefore staff were only at the medical school from about 7:30 am to 1:00pm. Medical school libraries "contained many books, almost all out of date, and almost never opened. Reading skills in English are not good for most students and many graduate without serious study of a single textbook. They rely almost entirely on duplicated notes in Indonesian written by the professor and other senior staff...The examinations are based on these notes." (McLean 1982:15-16) These note-based classes apparently made no effort at integrating or mitigating the Western models with the culture of the patients and doctors, even in the fundamentally culturally-biased realm of psychiatry:

> Many Indonesian doctors who lack the sometimes doubtful benefits of overseas training, and who read English medical texts with difficulty are exposed to simplified versions of Western psychiatry which are conveyed to paramedical staff, patients and families who share even less in the cultural assumptions upon which these theories are

> premised. Culturally the therapeutic models currently utilized by medical practitioners are inappropriate and incomprehensible to the majority of clients and potential clients. Whilst funding, personnel and facilities are expanding at a formidable rate, there is a noticeable lack of any thoroughgoing attempt to accommodate the concepts and procedures of psychiatry to the cultural context of practitioners and patients (Connor 1982:53).

The Western theories they learn, of course, are based on the Descartesian premise that humans have a mind separate from the body but seated in the brain, which is the organ that controls intellect and emotion. In this particular explanatory model, the brain can become diseased; chemical imbalance can occur through natural disease or ingestion of "mind altering" legal or illegal chemicals. Vitamins and herbal supplements, among other comestibles, can also influence brain function and impair or enhance mood and mind function. While the heart is accepted as the metaphorical center of the emotions—as seen in the typical English expressions "her heart dropped", "with all my heart", "heartfelt thanks", "aching or broken heart", or a "hearty handshake", for example—portions of the brain are assumed to control the emotions, and various kinds of functions of the mind are assumed to be centered in particular, consistent places in the brain. For the Western psychiatrist there is no consistent belief about the soul; this varies according to the individual practitioner.

A great advance in the study of psychology and psychiatry in Indonesia came with the publication of books about mental illness in the Indonesian language. Books like *Apa Itu Kesehatan Jiwa? (What is Mental Health?)* (1987), *Kesehatan Mental (Mental Health)* (1995), and *Ilmu Kedokteran Jiwa (The Science of Psychiatry)* (1998) give the Indonesian student a fairly comprehensive overview of basic Western categories of mental illness, nosology and etiology. Attention is paid to issues of prevention, adjustment, repression, depression, defense mechanisms, anxiety and stress, as well as childhood development and developmental problems and juvenile delinquency; occasionally the texts will address typical mental problems of the geriatric, and psychoanalytic techniques and theories. A unique feature of these otherwise strictly secular and Western-based texts is the addition of recommendations for religious education or principles for ensuring mental health or treating mental illness. Some will also include a history of the treatment of mental illness in Indonesia, and a description of laws affecting the definition of mental health, treatment, and national policy for the development of mental health resources and standards of care.

In an effort to produce a work that gives consideration to the culture of the Indonesian psychiatrist and patient, Maramis in his *Ilmu Kedokteran Jiwa* textbook starts with the history of major historical figures in the advance of

treatments for the mentally ill, but quickly moves to Indonesia, and addresses one of the dark issues of mental health there: the practice of *pasung*, placing the mental patient in isolation in wooden stocks or chains, indefinitely. He follows his description of the prevalent practice of pasung with four pages of pictures of patients in pasung or in bamboo cages; one of them carries this caption: "The people use their own method of handling mental patients dangerous to others or themselves. The method of pasung is one effective method, but unfortunate, because afterwards there is little or no attempt to get treatment by a doctor, and the patient continues to be in pasung for years. The practice of pasung is found all over Indonesia; the prevalence depends on the area. Even if this is effective for safety, is this any way to humanely treat our fellow humans who are sick?" (Maramis 1998:10). He provides a short history of the mental hospitals built in Indonesia, laws that were passed that influenced the rights or the treatment of the mental patients, and a description of some important government offices and functionaries that legislate policy and funding for institutional treatment and research. He devotes about twenty pages to building a cultural context; in no way does the book continue to blend Western theory with Indonesian historical or cultural traditions. Like all the other authors of texts for the Indonesian student of psychology or psychiatry, he quickly goes on into neuroanatomy, neurophysiology, classic

psychological experiments, or other classically Western methods of dissecting mental disease.

There are currently 32 medical schools in Indonesia. 18 of those have one psychiatrist on the faculty. There are also ten education centers for advanced specialties in psychiatry, with less than seven psychiatrists per institution (Wibisono 2001:4). Students enter medical school directly after high school. Candidates must have majored in science in high school, must have received good grades, must have scored well on national college admittance tests (or unique tests for some private medical schools), and traditionally must be under a certain age (early twenties) and over a certain height, usually 160 centimeters.[9]

Once the students have finished their four or five years of study, the government requires two to five years of public service by all medical school graduates, public and private. In order to receive a license to practice or be admitted for specialist training, physicians first had to complete this service. Postings to Java, Bali or Sumatra islands are so desirable that additional cash incentives and a shortened period of service are offered to the few graduates willing to serve their public service terms in remote and understaffed regions on outer islands. Only two years of service are required for work in areas

remote from Java, whereas three to five years of service are required for a physician who receives a posting in Java, Bali or Sumatra (Frederick and Worden 1993:130). Once they have completed their community service posting, they must obtain permission from the government to practice. To establish a practice of their own, to obtain a position in a government or private hospital, or to teach at a medical school, the doctor is required to have a special permit (*Surat Izin Praktek: SIP*) obtainable if all governmental prerequisites are met.[10]

The total number of physicians in Indonesia in October 2004 was 34,347. Again, the total number of psychiatrists was less than 450. And this for a population quickly approaching 250,000,000.

Perceived position in society

The difference between psychiatrists and other mentally disturbed people is something like the relationship between concave and convex madness.

--Karl Kraus, *Half-Truths and One-and-a-Half Truths*, 1955

Higher education is a privilege that few Indonesians can afford, and a doctor commands a status and enjoys economic opportunity that few other careers offer. Physicians as an educated elite have higher status because of their

"association with languages and practices of science" (Ferzacca 1996:294); because they are fairly well off and may engage in international medical research their affiliations allow them to "traffic worlds beyond Indonesian borders, both literally and figuratively" (Ferzacca 1996:294). Not all doctors come from the upper echelons of society, but once they begin to practice medicine there is an automatic shift in their cultural capital that places them in a social position remote from the less- educated villager or the urban poor.

Doctors have always been outside of the mainstream of Indonesian society, but the medical professions did not always carry the cachet of success and import that they do today. Dutch medicine was delivered by practitioners of relatively low educational experience and low social status within the Dutch colonial society, but nonetheless they were still European and Europeans had social distance from the Indonesian people. The *dokter djawa,* the first indigenous doctors, were initially from elite families. This was recognized as an impediment to establishing rapport with many patients, to the point that early Dutch government planners determined the need for a more egalitarian selection of candidates for medical training: "The Javanese will be helped by members of their own race; by persons who do not have much higher status, as the *doctor djawa* have" (Kohlbrugge 1904 quoted in Sciortino 1996:236). But

despite their attempts to democratize the Indonesian medical practitioner, access to a private physician is still something that distinguishes the upper classes: "Minimal interaction with people, differences in social status, and higher fees often constitute insuperable barriers which keep villagers from consulting a physician's private practice. Usually only people from the upper middle class, who feel too *gengsi* (snobbish) to use the services of nurses, prefer and can afford doctor's services" (Sciortino 1996:123). For the most part, Indonesians seeking Western style medical care will resort to whatever staff is available at one of the medical institutions available to them, with varying degrees of apprehension and confidence in their efficacy--an attitude that seems to have deep historical roots.

In the 17th century when the Dutch first began to build in Indonesia, European hospitals were "viewed as a last resort for lower-class people" (Sciortino 1996:25), but in the colonies, where there were rarely family members to care for the European sick, hospitals were viewed in a more positive light. Nonetheless, medical staff were "persons with inferior social status: they ranked low in the company and were low-class local people" (Sciortino 1996:27). Cured patients were sometimes not released but were instead utilized as nurses, and patients were assigned "repulsive sanitary work" for disobeying hospital rules (Sciortino 1996:26 & 27). Hospitals became

"undifferentiated and neglected shelters for all kinds of marginal people, such as prostitutes, prisoners, the mentally ill, and mendicants" (Sciortino 1996:29), unpleasant, chaotic places to which Indonesians came reluctantly: "only if forced to, (indigenous people) let themselves be treated in those institutions...they rarely came voluntarily" (Sciortino 1996:34). The reputation of the hospital in Indonesia has not improved greatly over time. Browne describes one typical local clinic as sterile, dingy, with patients nervous "in the presence of high-status doctors", the doctors frustrated by limited resources, spotty compliance, and the assumption of lack of understanding of or even interest in psychiatry on the part of the patients and their families (Browne 1999:219). And an Indonesian anthropologist writes:

> As good as a hospital gets, rarely is there anyone who voluntarily goes into a hospital.[11] The negative perception is worse for mental hospitals. A feeling of fear or disgust frequently arises when one even mentions the mental hospital. The terrifying image of the mental hospital is based on the myths, stereotypes, and stigma that are attached to mental illness. (Saptandari 2001:8)

This theme of frustration and lack of resources is very clear in what Sciortino writes about doctors in Java. Doctors who work in government hospitals or clinics may also be teaching, doing research, consulting with colleagues, and performing a myriad of administrative tasks for departments of health and

welfare on the local or national level. As previously mentioned, most physicians active in the public sector are also employed in the private sector. The public sector provides a permanent job and social security, and their private practice provides them with earnings that usually exceed their regular salary (Sciortino 1995:200-201). The physician's private practice is open in the evening, after *magrib* (the evening Muslim prayer), from about six o'clock until all patients (on an average, between ten to 30 individuals and families) have been dealt with (about nine o'clock). Their services do not usually include home visits.

In their private practices, the doctors do have regular, intimate contact with their patients, but in the government institution, Sciortino found that doctors "do not have time to be concerned with patients. Their managerial tasks are superimposed on and edge out their curative ones." Busy attending administrative meetings, attending or teaching academic courses, and so on, the tasks of the doctor often keep them away from the institution. "Even if they are present in the health center, they are too busy with management, planning, finances and administration...Finally, they are not really interested in treating health centers' patients, since...it is not convenient for their private practice" (Sciortino 1995:147).

The doctors may come from average families, from fairly common means, but they distance themselves from the masses by virtue of their education, and by necessity if they are raised to the level of administration on any level of the government health care system.

> Why do doctors not dedicate themselves to treating their patients? The simple answer is that doctors act as the managers of the health centers and thus do not have time to be concerned with patients. As heads of the health centers, they are entrusted more with managerial activities than curative ones... Formally they have special consultation hours for patients once a week, and in principle their expertise should be available whenever the nurses are confronted with difficult diseases, but neither of these situations occurs very often. The doctors rarely become involved with patients... Even if they are present in the health center, they are busy with management, planning, finances and administration. As a consequence, their consultation hours are often cancelled, and both patients and nurses are not accustomed to asking the physician's opinion. Patients no longer ask to see the doctors, but put themselves totally in the hands of the nursing personnel. (Sciortino 1996:122)

Thus the doctor remains a remote, awe-inspiring figure that is not far from the European colonial surgeon. McLean felt that prestige "was a function of age, and that recent graduates (what I often heard referred to as *doctor mudah*, or young doctors) were at a disadvantage" (McLean 1982:16); it makes sense that age implies experience and greater knowledge, as culturally elders are respected as in most Asian countries. Psychiatrists are so few that it is hard to see where they fit in the hierarchy of respect. Their clientele varies greatly in

terms of class and status--they see the most impoverished and the elite, the most violent poor, and the most effete, well-educated clients that want to talk about their anxieties. When I asked people about psychiatrists, they seemed to be viewed as mysterious academics with arcane knowledge, with untold strength to withstand daily exposure to the (presumed) horrors of a mental hospital. Doctors were unfailingly described as friendly, helpful, smart, and good, but the image of the doctor as it played out in daily life was not so unambiguous. Countless times I heard nannies, mothers or older siblings scare the small children who were their charges with an ominous warning such as: "Come away from the road. The doctor will come and give you an injection." "Come inside, it is getting dark, and the crazy man will get you." "Don't go up the stairs, the Dutchman will give you an injection." Or my personal favorite, "Don't go down by the river. The crazy white man will give you a vaccine."

The Indonesian doctor may have great cultural capital, but with his or her status comes responsibility, a nearly overwhelming workload, and a wealth of historically-based fears associated with their position. Through their association with the historically suspect institution, prestige, power, pressure and prejudice seem to define the social role of the Indonesian psychiatrist.

The clinical encounter and curing techniques

We doctors know
a hopeless case if—listen: there's a hell
of a good universe next door; let's go

> --e.e. cummings, *"pity this busy monster, manunkind"* from *Complete Poems, 1913-1962,* 1992:554

When talking with the patients, their families, staff, and the anthropologist, I noticed that Indonesian psychiatrists seemed to favor binary oppositions in the images and language that informed their understanding and their practice: sane versus crazy; doctor versus patient; the world versus the hospital, or out versus in; healthy versus sick; the needs of society versus the desires of the individual; bad versus good behavior; and even nature versus culture were pairs of ideas that helped them order their sense of the world, and their attempts to bring order to disordered minds. The world of the dukun and the kyai require less formalized rigor, less black and white delineation of the role of the curer and the patient, less overt insistence on order and hierarchy. The consultation with the doctor even in his or her home office could not be more different than consulting with a kyai or a dukun. No causality of the disease is discussed, no diagnosis is given, pills (called vitamins in the mental hospital) are dispensed with no explanation of expected result and no discussion of possible side effects, and rarely are any foods forbidden. The patient is either

pronounced cured by the doctor or dismissed with medication, placed in an institution or left at large, praised for their good, culturally appropriate behavior or castigated for bad, selfish, out-of-control, naturalistic behavior, and the families are rarely given any kind of task like that which might be assigned by a dukun or kyai, that helps them feel like they have some measure of control, or can do something to help. The mental hospital is also a place to store anyone that is outside the common structures and categories of normalcy, and has no function in society: the mute, the deaf, the addicted, and those with Downs Syndrome, as well as the violent schizophrenic or psychotic. In this case, the Levi-Straussian binary structural-functionalism that dominates the thinking of the Indonesian psychiatrist and this clinical encounter makes sense: since the function of the mental institution is to house anyone who might threaten the social structure, and the session with the psychiatrist is designed to determine just what kind of threat the patient is to the *rukun* functioning of society.

Settings

When I visit the mental ward today the atmosphere is soporific. The walls are dirty, the nursing staff seems bored and unconcerned, and the patients tranquilized and desperate....many sleep constantly. There is nothing else to do. Some believe they will be cured. Families sometimes come to visit, the encounter often redolent with silence. These people are sedated, controlled, pacified, their "demons" are drugged too, unappreciated in the face of medical practice, convenience and despair.

> --Kevin Browne, *Landscapes of Desire and Violence: storied selves and mental affliction in Central Java, Indonesia,* 1999:173 from his 1998 fieldnotes

The puskesmas community health center

Sciortino draws us a gloomy picture of the puskesmas, the health center at the sub-district level, a picture of staff stretched too thin, pushed to the limits of their abilities:

> This description is somewhat different from the formal image of the health center as a tidy and smooth-functioning whole for the benefit of the community: official opening time is reduced by a flexible interpretation of it (*jam karet*: elastic hour, as the Indonesians say); personnel who is not deployed according to competency; activities carried out haphazardly as personnel is available; conflict between the health workers; a general unwillingness to become involved with community health care; physicians who are not available for their patients; shortage of drugs and equipment; huge paper work; arbitrarily increased fees; and villagers as objects of entertainment more than as partners in the health developing process" (Sciortino 1995:131).

These health centers are often the places of first resort for village and urban poor, and as we saw from the statistics in the previous section, only a small portion of those presenting symptoms of mental illness will be recognized by the staff at this level of the health care system.

Browne and Ferzacca describe offices and exam rooms filled with the signs of modern medical technology—privacy screens, carts carrying miscellaneous medical equipment, white coats, labs, and so on. Perhaps the Central Javanese puskesmas is better equipped than those in East Java, but most of the

puskesmas I visited in East Java had little medical technology at their disposal, and the staff was usually wearing the standard uniform of the civil servant: polyester safari suits, skirts for women, small gold pins of national symbols. Medicine was dispensed, babies weighed and inoculated, posters lined the walls extolling the virtues of mother's milk and vaccinations. Patients waited patiently inside and out, clutching envelopes of their x-rays or other medical records. Files were stacked in piles here and there, and file cabinets took up precious space. Small examination rooms held beds for the treatment of injuries or insertion of IUDs. But seldom was there a consultation room, where, in private, a person could speak with a doctor or even an admitting nurse without other waiting patients or other staff looking on. With the stigma that mental illness bears, it would not seem like an environment conducive to eliciting complaints or concerns about mental health. A ticket for the outpatient mental health clinic would only cost 1,000 rupiah, or about 15 cents U.S. (Setiawan 1999/2001:8).

Unlike the sacred strangeness of the dukun, and the sacredness of the encounter with the kyai, the familiar routine of the puskesmas is relentlessly secular and predictable. The hospital, on the other hand, continues to be an unsettling place where no one seems to know what will or should happen

next. The familiar sought-for uneventful condition of selamat has been shattered by disease or accident; the convention of *rukun* or social harmony is abrogated by surly staff; patients and families feel powerless and bereft; and whatever information is passed to them by the doctors carries an overwhelming authority but is in an unfamiliar language that leaves them uncertain how to respond.

The state hospitals

For years I tried to get into the state mental hospital near Malang for more than a brief look around and a short visit with the guards and bureaucrat on duty. I would bring this or that document, signed by one or another university official, be told to come back in a couple of months after central government approval had been sought, and would repeat this again with some new administrator a few months later. And again. And over and over again, all to no avail. After 1998's successful *Reformasi* movement was begun, the first democratic elections Indonesia had ever seen were held, and the restrictive Suharto-regime policies on access to government information were overturned, the attitude of the bureaucrats at even the state hospitals changed markedly, and it became possible for me to visit regularly. However, libraries were in shambles, statistics were casually kept if kept at all, suspicions were

still high about a foreigner that would want to look into government policy and practice, and for those doctors and administrators educated overseas, I think that shame came in to play—a sense of inferiority about their resources that I in no way tried to instill but that often came up when they would apologetically describe their institution.[12] Thus, I didn't get much out of the local hospital in the way of historical records or any access to patient records, but I did manage to get an overall gestalt of the place. Each time I left with the same feelings of despair I imagine the friends and families who do visit leave with, and that I know come over the doctors and nurses there from time to time.

At the state government hospitals, despite the whitewashed buildings and the carefully trimmed landscaping, lack of control is rampant. Patients with serious communicable diseases like tuberculosis are not isolated from other patients, but instead are crowded in huge wards with beds nearly touching, and visitors touch them freely with no warnings from hospital personnel about the possibility of carrying the disease to other patients or family members. Beds are not sterilized even after the death of a patient there from highly contagious diseases such as cholera, dysentery, typhus, dengue, or tuberculosis; a simple change of sheets readies the bed for the next patient,

who will use the same untreated pillow and blanket. In the emergency rooms, on an average night, often patients are placed on vinyl exam tables still dripping with the blood of the previous occupant. Filth appears to shatter the illusion of modern aseptic health care. Ferzacca pens a description of workers washing out syringes, needles, bottles, i.v. bags and tubes, and an "assortment of other used medical glass and plastic ware" at an outside spigot (1996:317). I saw this countless times. At one hospital I saw rubber gloves drying on a rack outside, with bits of industrial pollution and volcanic ash dotting their surface, clearly being readied to be used again, with urine sample basins, larger kidney-shaped basins for vomit, and bedpans drying on an adjacent rack. At the general hospital in Malang, the area where they store and wash medical waste is near the pavilions where the families stay, and so families of patients inevitably use the medical waste area to obtain water for drinking and cooking, to wash a few clothes and sometimes themselves. The disposal of medical waste is such a casual enterprise that it wasn't until a WHO representative noticed Javanese children playing with syringes in the late 1990s that any kind of inquiry was made into the systematic quarantine of potentially harmful medical items.

McLean draws a picture of technological ignorance and misuse, and ill trained and ill-informed personnel in medical schools and hospitals in Central Java (1982:15-19). I saw people trying to bring everything they could think of to bear on an untenable situation. At the state mental hospital in Lawang, in the main public space hangs a sign that lists the WHO's definition of mental health. Right beneath the sign, a woman sold jamu, traditional herbal medicine, for an hour or so at the same time every day. But if the official signs, the officious staff, the white coats, labs, and regulations that rule most of the hospital manage to give enough of a comforting sense of control and sanitation to the Javanese, the mental wards are still terrifying. At the general hospital chain link fences surround the mental wards. People pass quickly by and avert their eyes from patients clinging to the fence like pathetic prisoners, and never, never go in unless they absolutely have to. Visitors to the state general hospitals scuttle past the mental wards as quickly as possible, eager to be back with other families who are experiencing similar trauma, sharing stories, sharing food, praying together, sleeping together, waiting for a miracle to happen and their loved ones to be cured or to be released from their pain and delivered into the hands of God.

The state mental hospitals are warehouses. They are storage units for the troubled. They are troubling. People are very afraid of the patients and by extension the institution, and teach their children to be afraid. The nurses casually lounge around, sometimes without their shoes, while patients languish, humans crouching in cages like animals in rags, visible to any casual passer-by, with no one seeming interested in helping them. Some patients attended therapy, but most patients seemed to be offered no therapy beyond regular doses of drugs. And for the cost, it is unclear what the government can afford to offer the patients: the fee for in-patient treatment in government mental hospitals in 1998 ranged from 16,000 rupiah per day including medication (approximately $2 U.S.) to 2,000 rupiah, depending on the "class" of accommodation, which may include a better room (maybe even a private room) and "better food", creating a kind of sliding scale of services based on what families can afford.[13] This may not sound like the institutions are asking for much, but it is a great deal of money to the average Indonesian: in 1995 the GNP of Indonesian citizens was calculated to be only $978/year, the most recent year for which statistics are available (per WHO statistics online and Maslim 2001:4). Many of the staff I met were wonderful people who really would like to do good work, do good things for people, do good...but there

just are not enough of them or enough financial resources to offer even the semblance of treatment for the numbers of patients they need to manage.

The patients in the state mental hospital have no privacy, no entertainment, just three concrete walls and a wall of bars that closes them in and opens them up for scrutiny to whoever chooses to stare at them. The well-groomed expansive grounds look peaceful and welcoming to the Western eye (once one gets past the guard posts and the gates), but visitors are few and far between, and maybe it is just that openness that creates in the Javanese a sense of eerie aloneness or abandonment, in a culture where being alone is synonymous with loneliness. Tiny barred windows face the parking lots and the green expanses which surround the buildings; pristinely painted buildings echo the Dutch colonial influence, and in some cases actually are converted military or government buildings built in colonial times. Mental hospitals have a completely different feel from the hospitals that typically treat the physically ill: there home is brought to the patient in the hospital. Entire families camp out near the room of the patient or in the special family pavilions while they gather on their *tikar* rattan mats, cook their familiar food, and keep their vigil. Patients are fed and bathed by their own family members, with food, clothing, and bedding brought from their own home, and concern about disease vectors and community opinion seem to be non-existent. The patient with no family

to visit her or him, no one to sleep in the bed next to them, are very much pitied, but even here the mental wards are fenced no-man's-lands that are carefully avoided. Families of physically ill patients are anxious to bring their loved ones home as soon as possible, but families of the mentally ill seem only too glad to be rid of them. They are the willfully forgotten ones.

Over a number of years I collected about fifty articles from local and national newspapers pleading for citizens to bring out their mad, to take their confused, catatonic, or caterwauling family members to the state mental hospitals for free treatment rather than locking them up in stocks. The shame, the horror, the potential impact on mate selection and job possibilities and any kind of acceptance in the community for their (other) children make the families desperate to hide the stigma of madness. If the *"bobot, bibit, bebet"* of a potential mate for a son or a daughter includes the existence of mental illness or other inheritable diseases in the family, a marriage is out of the question. Madness in the family effectively negates the social future of a Javanese.

The state mental institutions "work" for the community and the family of the patient, in that they restore order to the community; they remove a blight from the family's existence; they erase a blot of shame from the family rolls (in fact the family no longer even has to list the institutionalized mentally ill on the

government census card that lists the members of their household); they eradicate a painful nuisance from the family compound; and they negate the possibility of exposure of a shameful family secret. But do they work for the patient? I suppose being locked up with others like yourself and receiving some medicine on a regular basis has something to be said for it, especially if the alternative is being constantly alone and bound hand or foot. The prognosis for these patients is not good...but it seems that the curing of these patients is not the point - control of the patients and a return of calm to their community seems to be the priority in most cases. In the large government mental institutions in Java they struggle with trying to get people to bring out their mad, and trying to house them in as clean and comfortable, as orderly, and yes, as secretive surroundings as is possible with the resources the central government has allotted them. It is a hard and thankless job that the doctors and other staff do at these state mental hospitals, but it is a harder and even more hopeless place for the patients.

The private mental hospital

Although there were around ten private mental hospitals operating at any one time in Indonesia over the last fifteen years, mostly in Java, the hospital run by Dr. Soeyono in a mountainous area outside of Malang was and continues to be

the pinnacle of the private institution. It is housed primarily in some buildings built by the Dutch early in this century. The classical architecture of the large main building (once a private home in this exclusive resort area) was copied, so that the large dormitories for patients and nurses mirror the white-pillared elegance of colonial days. The grounds are elegant and well tended, with many a sweeping pillared stairway and circular gazebo at strategic points to allow the wandering guest or patient to enjoy the stunning view. And for the price the view *should* be stunning: in the VIP section near the top of the hill the rooms command the price of an elegant room at the most expensive hotel in the area; medicine can cost up to hundreds of rupiah above and beyond that fee every day. The rooms in the VIP section at the top of the hilly grounds are semi-private and reify the existing social structure; accommodations in the general women's or men's dormitory down the hill are considerably less expensive, but still by no means cheap by Indonesian standards. One night in a bed in a room with 20-30 other patients costs more than the average Indonesian makes in a week. The nurses share all facilities with the patients, including bathrooms, kitchen and laundry and entertainment (television) facilities, as they also live on the premises. Several male nurses and male security guards are assigned to the VIP section; one male nurse has a room in the VIP dorm. Six female nurses share a room in the

general women's dormitory (with bunk beds); one nurse and one female worker in the pharmacy share a room in the VIP dorm; that is where I stayed, as the institution granted me unlimited, unprecedented access for weeks at a time. Eight male guards and nurses stay in a room in the general men's dormitory, including several who work the VIP section. All patients share therapy areas and eat the same food, so in effect the VIP section offers only a little more privacy for the increased cost.

Two psychiatrists run the hospital and are the only staff physicians. Twenty-two nurses, four therapists, ten guards, two 'pharmacists', four office workers and two cooks form the rest of the staff. The number of patients varies, but the average is around 50. People come from as far away as Jakarta; this clinic is very well known for its 'cure rate', although the education required to become a nurse, therapist or pharmacist is minimal: two years in a nursing school with a specialization in mental health, or one or two years of pharmacy school for the nurses and pharmacists. The staff was composed primarily of young men and women all below the age of 25 who came from East Javanese villages or small cities (such as Kediri). The therapists tended to have more education on the whole, but the music therapist only finished high school.

The patients have little in common save that somehow their families had enough money to permit them to stay in an institution as expensive as this one for a significant length of time. Also, many of them are ethnic Chinese, few of whom I saw in any state institution or puskesmas. Many patients placed themselves there for treatment, while others were placed there by their families. The length of time patients stay there varies widely. One man had been there since the clinic had opened in 1985; new patients were admitted daily. A quite common term of treatment there is four months, although people, once released, are frequently readmitted for another course of treatment-- or as they call it, some rest and refreshment. Like hospitals in the United States, medical institutions in Indonesia are required by the government to accept a certain percentage of 'charity' cases that cannot pay for treatment, so there were a couple of anomalous long-term patients, severely disturbed, who provided a vivid contrast to the other (relatively healthy and wealthy) patients.

The daily routine for the patients involves waking up for breakfast at 6:00 a.m., responding to the call to get their medication, bathe and dress, start their day's therapy at 8:00 - 9:00 a.m., finish therapy at about 12:00 p.m., eat lunch, *istirahat* or rest (which usually included naps and talking in small groups)

until 4:00 p.m., at which time they are given medicine a second time. Dinner is at about 5:00 or 5:30, and most patients are asleep by 7:00 p.m. The front doors to their rooms are locked after 1:00 a.m. so that they cannot leave their building (ostensibly), but the rear door of their rooms is left open so that they can enter the communal television viewing areas at any time, and the bathrooms as well. The television is turned off at 7:30 p.m., but frequently the nurses and some patients as well will begin watching again around 9:00 p.m., or they will begin the religious practice of dzikir that is encouraged at this institution.[14]

The daily routine of the nurses is as regular if not as controlled as the patients'. Three shifts of nurses and guards provide around-the-clock staffing, but the surveillance or service is casual at best, especially at night. The day begins with getting recalcitrant patients to bathe, then all floors are cleaned, and beds are made. After bathing, the nurses four days a week don 'nurses whites', classic institutional uniforms (and the other staff members also wear brown or blue uniforms according to their status as 'inside staff' or security guards). Three days a week, all personnel, with the exception of the guards, can wear 'street clothes' or 'free clothing'. At 7:00 a.m. all workers on day shift are summoned to the office by a bell, for the start of the day's work, including the

nurses from up the hill in the VIP section. The nurses then bring the patients their breakfasts from the central kitchen near the main office and therapy room. At this point medication is distributed by one of the two pharmacy workers. After the patients eat breakfast and go down to join therapy, the nurses take the dirty dishes back to the kitchen. Then one of the nurses writes in a large bound book their report for the morning, which usually includes one to two paragraphs on some of the patients, and no notes on others.

While the patients are in therapy, the nurses are free to rest on their (or others') beds, talk to each other or patients excused from therapy, watch television, wash their clothes, read a magazine, or otherwise entertain themselves. When the patients come back from therapy, once again the nurses retrieve food, and return the empty dishes to the kitchen once lunch is finished. From one to four or so the nurses are again free to rest, sleep, talk, and watch television or otherwise relax. (I never saw any one reading a book-- nurse or patient.) Quite often the nurses' rest is disturbed by a request from a patient-- someone sick to their stomach, seeking medicine, or wanting to ask a question about meetings with the doctor-- or a patient entering the nurses' room to search for food, money (always suspected, although I tend to think they were just snooping), or controlled objects such as a razors or fingernail

clippers. Although the back door to the nurses' room (that, like the patients' back doors, opened on the common areas) could be locked, it seldom was. The front door was always open too, so staff and patient alike were almost always free to enter the nurses' (and my) room. And they frequently did-- to take items they wanted to use, to use the only mirror in the building, or in the case of male nurses, to retrieve and change into their clean clothes that were stored in the freestanding closet the male and female nurses share. While the male nurses had a room with a single bed of their own in the VIP section, functionally they shared a room with the female nurse and pharmacy workers without any hint of romance or sexual play.

At 4:00 p.m. medicine is distributed again. This task is completed quickly, as the patients almost run when they hear the call "*obat*!" ("medicine!"). Usually all nurses and patients watch television until the nurses and occasionally one or more of the patients retrieve and distribute dinner food, and again return the dirty dishes to the kitchen. Staff and patients spend the evening hours watching television or visiting with each other (or while I was there, with the anthropologist). On their days off or when they are off-shift, the nurses are as likely to stay around the institution as they are to go into town or to the nearest village to get some different food, cigarettes, or do other shopping. All

the nurses, as I mentioned before, are very young and none of them are married or have children. Thus their existence is very centered on the institution. A long term of employment was three years, the shortest only one month.

The effects of this intimate living situation and the lack of distinction among the schedules, activities and dress of the nurses and the patients invite the relationship of patient to staff to be more like family than to distant figures of authority. The atmosphere is informal and relaxed, and while it seems to lack the discipline and rigor of an American institution, it is much more conducive to their goal of 'socialization' of the patients than the individual doctor-patient based therapy in the United States or the limited therapy in the sparsely-staffed state institution. The patients and nurses share food, cigarettes, lotion and grooming tools like combs and nail clippers, magazines, cards and sometimes clothing; they argue and tease and talk seriously as do friends or family. The patients and nurses develop healthy relationships-- nurse and patient, nurse and nurse, patient and patient-- that are based on trust, need and compassion. Where one patient is incapable, another is capable and steps in to help. When a nurse needs help in a private matter or on the job, a nurse (on or off shift) or a patient will offer to help. They frequently exchange

advice, and while patients will tease each other about being 'crazy', I never heard a nurse 'talk down to' or demean a patient here...where in the state institutions I heard quite a few disparaging remarks, and one nurse even told a patient to get away from me, calling them mad to their face in the coarsest of terms. Patients who become too aggressive or too disturbed to the point where they cause concern about their own or others safety are locked in isolation for several hours at the direction of the nurses. I saw one patient who had refused to bathe for several days, and when her stench (of urine and feces) became unbearable to nurse and patient alike, she was locked in a bathroom against her will. But if a person is interned in that hospital the staff never considers it a reason for disgust or disrespect. The nurses treat the patients almost casually, and the patients treat each other as family and most seem to enjoy each other's company.

This type of living situation and institutional atmosphere gives the patients a chance to rest and to develop caring, responsive relationships with their peers and those whom they respect. They seem to learn a lot about 'proper' social behavior from each other: the patients will tell one patient to stop her involuntary grimacing, tell another, gently, that she stinks and to take a bath, tell yet another to put her dress down so you cannot see her private parts.

This willingness to help and in some instances to take responsibility for the daily welfare of another patient, or of a patient by a nurse, is a reflection of the Javanese culture and socio-moral values that has been fully integrated into this particularly humanitarian institution that reflects the idiosyncrasies of the two doctors who run it.

Idiom of communication

In contrast to doctors in the West, doctors in Indonesia usually can be said to be very "quiet": if the patient does not ask, the doctor rarely give an explanation of his diagnosis. Usually information that is given to the patient is only the explanation that is necessary about medication (the dose of the medicine and so on). Unfortunately, this situation which is clearly less than good and that harms the patient is only once in a while critiqued in the literature (of Indonesia); on the contrary, usually the literature joins this kind of "secret conspiracy".

> -- Katrin Bandel, "*Dukun dan Dokter dalam Sastra Indonesia*", 10 Januari 2003, Harian KOMPAS (translated from the Indonesian)

Western medicine came to Indonesia as a part of the colonial enterprise; from early on it was presented as the best, the most correct, the most "modern" option for health care. In a developing nation wherein the rhetoric of the government and the mass media stresses modernization and encourages a movement from old, outdated ways, the Indonesian doctor and psychiatrist is an icon of modernity and educated, superior authority. This creates an expectation on the part of the doctor and the patient that the doctor must be directive and paternalistic with the patient and the patient's family, people

who are often considered by authorities to be "too ignorant to understand why they should change their ways. Educative efforts are rendered vain by the ignorance of the villagers...people are not *maju* (forward), are not modern, not sufficiently educated to share the benefits of 'modern' health care..." (Sciortino 1995:147).

Dr. Soeyono, a very distinguished psychiatrist who for many years ran the extremely humane *Rumah Sakit Wikarta Mandala* mental hospital in Pujon, just outside of Malang, described the function of paternalism within his relationships with patients and their families, and within his institution:

> For the person who is sick, we want to work on awareness, to make the patient aware of themselves and the world around them, the microcosm and the macrocosm. We do various therapies to help them get back in touch with reality. In order to develop this, to socialize patients, we use drugs, learning therapy, behavior modification -now those are all very typical. But we don't just use psychotherapeutic counseling, or Freudian psychotherapy, because Indonesians are not satisfied if we come to a counselor asking for help and we are just asked to talk...we don't want to say anything. The strategy that we use is that we have to instruct them: ok, this is what you have said, this is what your problem is, and this is what you have to do. If we give them non-directive measures, they don't understand why they are just ordered to tell a story, we have to give them instructions about how to behave and solve their problems, and that satisfies the Indonesian client... The nurses are also encouraged to develop their potential, so that we can trust them and be certain of their ability to deal with patients on a one-to-one basis in a way that is like family, like sisters and brothers, just as the doctors are very much like parents. The patients are treated with respect, so that they do not have to be restrained or tied up or isolated, which we do not practice. We train

> our nurses so that they do not have to be afraid of the patients, and can treat them with respect, and know that they can control them without restraints, with just their own knowledge and ability. We are confident enough to deal with the patients as family; we guard the hierarchical relationship within the idea of the family. We—doctors, patients and nurses--guard the feeling of family. This works well in Indonesia because the power and ideology (*of family*), the pattern of paternalism is very strong here in Indonesia.[15]

Universally paternalistic in nature, the tone of the communication a physician or psychiatrist selects to address his or her clients and their families depends on two things: the setting, and the social class of the client.

In the puskesmas community health center setting, where Browne tells us "(w)orkers treat the patients quickly, wanting to go home in the early afternoon, and the patients are treated with disrespect, as ignorant and non-compliant" (1999:236), Sciortino assures us that "(t)he physicians were a little more careful in their interaction with the patients and spent a little more time with them. The average consultation with the doctor was two minutes longer than with the nurse. Although the doctor provided no information to the patients either, he asked more questions about the symptoms and the history of the disease, his examination was more complete and he wrote his diagnosis on the patient's history card in complete biomedical terms. Physicians also used a greater variety of medications (1995:191).

Limited time and an unending stream of patients defined every puskesmas I visited. The setting demands rapid treatment and quick consultations with nurses or doctors on duty. I never saw a patient exhibiting obvious symptoms of mental illness treated in any other fashion than to be given enough tranquilizers for a three-day period, and sent home, or to be referred to the closest state mental hospital. Even the most desperately depressed and anxious patient I saw interviewed by a doctor at the puskesmas level was dismissed after about three minutes of questions for the family; no phone calls were placed to seek inpatient treatment at another facility; no search was made for available beds; no social workers were called in. The family was simply told to take them elsewhere, as the puskesmas facilities were inadequate.

Javanese are extremely sensitive to hierarchy, and class seems to enter into every exchange with medical personnel, as it does in most other linguistic exchanges. Physicians speak the egalitarian *Bahasa Indonesia*, with sprinklings of English and English medical terms, but some will speak Javanese with their patients, especially the elderly ones, and principally when important information is being expressed and the doctor wants to avoid misunderstanding (also noticed by Ferzacca 1996:319 and 348). Many patients

described their symptoms and selves using the humble ngoko language level when referring to themselves and their crass bodily functions. But the medical technology, some health problems and particular information is "*moderen*" and requires the use of Indonesian, in a situation that Ferzacca says is "a social context not easily traversed by the use of Javanese alone" (Ferzacca 1996:349). So it is not that doctors and psychiatrists in Java use a lower level of Javanese language to address their clients than other curers, or insist on being addressed in a higher level of Javanese that would highlight their higher social standing, it is that the style of communication that the physician uses is much more harsh and directive with clients of lower social status, as Kleinman and Sciortino both noted:

> "I observed that when patients with a higher socio-economic status asked questions, they received a polite, even if frequently incomplete answer. Lower-class patients asking questions were ignored or received only a short answer... They will not readily ask questions again. It takes them a lot of courage to pose these questions in the first place, which is a socially improper thing to do. Their proper behavior is to follow instructions and answer positively all the somewhat rhetorical questions... This acquiescent behavior is expected from them for two reasons. First, in the role of patients they are presumed to follow the instructions of the specialists. Second, as villagers with a low socio-economic status they are not expected to contradict or express doubts to a person of higher social status, like a health center nurse. The few rich patients are in a more privileged position. Even though in their patient role in the clinical setting they are inferior to the practitioner, outside the Puskesmas they are often the ones with a higher socio-economic status. For this reason it is considered proper

> for them to treat the nurses as their equals. Consequently, the nurses are more willing to give explanations in these cases. As Kleinman notes with regard to a similar situation in Taiwan: "Upper middle-class patients and patients who were professionals or students did get explanations; laborers and semiliterate or illiterate housewives got none (Kleinman 1980:289)" (Sciortino 1995:185-186).

The patients who can afford to see a doctor at their private practice will get a somewhat better reception. The evening private practice of the doctor who is harried and over-burdened in her days at the government or private hospital is a much more relaxed environment that offers the opportunity for a more thorough discussion with the patient, and possibly with the patient's family as well, but it is only a select percentage of the population that can afford the luxury of this sort of private consultation. Sciortino found that when doctors and patients talk in the setting of their evening private practice,

> "...communication between the two parties is lively. Personal and health information is exchanged. On the personal level, friendly conversation takes place in the physician's practice. Repeated visits to the physician's private practice constitute a basis for friendly contact. Moreover, the physician is polite, using 'please' whenever she has to ask the patient to do something, as if the patients in the private setting suddenly become worthy of respect. ..the physician seems eager to get information and generous in giving it...ask (ing) about previous treatment, about the patient's compliance with the directions previously given, and give preventive and curative indications...The patients feel free to ask all sorts of questions...the doctor did not seem embarrassed by these questions (questions about personal situation of doctor) and patiently answered them...Most of these patients are upper class and upper-middle class patients, who expect more information

> form their specialists...constituting the rural elite, they are entitled to more than people from lower classes...the physician, like the other biomedical entrepreneurs, cannot afford to displease his clients, since these are the source of his private income" (Sciortino 1995:205).

Dukun speak in tongues and with the voices of spirits that speak through them, and produce ritual and protective amulets; kyai speak in religious homilies and moral admonitions, and produce Islamic medicine and protective *rajah* mandalas; and psychiatrists speak the language of science, and produce academic papers and texts. In addition to speaking with their patients, they also communicate through seminars, lectures, journals and books with their fellow doctors and students of their discipline. In the following excerpt from a paper from around 2001 by Dr. Pandu Setiawan, a psychiatrist who not only is the head of the largest mental hospital in East Java (in Lawang), but is also highly placed in the Indonesian government department of health, illustrates the idiom of communication adopted by this educated elite, about mental illness, among themselves:

> Mental health is an integral part of individual and public health, that allows for optimal development of physical, intellectual, and emotional health. Behavior free from signs or symptoms of mental illness reflects mental health of an individual, as does his ability to withstand stress and to live harmoniously with his family and within his community. The struggle to develop mental health faces some difficulties. Development, which includes industrialization, modernization, and urbanization, along with globalization of information and

communication, creates social change that corrupts values. This creates psychosocial stress in the individual that cannot accept this well, and can cause disease created by lifestyle or personality, such as cardiovascular disturbance, accidents, and mental illness.... The process of development influences our lives as individuals, and members of families, community, and nations. The essence of development is growth and change. Every change, especially rapid social change, forces the individual to adapt. People become trapped in situations that are quickly changing, and whether they want to or not always have to continue the process of adaptation. The more social change in life, in marriage, work, faith, and social life, the stronger the psychosocial stressors.... Alongside of development, of modernization, arises the phenomena of social disorganization and disintegration. Both of these introduce lifestyles that are materialistic and individualistic: abandonment of religion, morals and values, and traditions, which create confusion and anomie, mental illnesses of the modern society. Many people are fooled into thinking that modernization will bring them more security; they do not understand that the opposite is true, it can cause them more suffering and stress. Symptoms of this will show in their daily lives, like feeling unsafe, suspicious (paranoia), threatened, worried, afraid, uncertain of values, loss of self identity, and so on, and indicate social pathology. Also problems arise like criminality, juvenile delinquency, narcotic, alcohol and addictive substance abuse, broken homes, and so on, as proof of this phenomenon.... This is linked to the change in the shape of our society. The population of Indonesia is tending to abandon their rural-agrarian-traditional attitudes, and becoming more urban-industrial-modern. This causes changes in values they hold, or shapes new values, that cause social pathologies such as addiction, alcoholism, criminality, juvenile delinquency, free sex, divorce, etc...We must come up with ways to address the most pressing social mental health issues: developmental delay in children, including mental retardation; street children and child neglect and abuse; juvenile delinquency; addictive substance abuse; dropping out of school and unemployment; problems of human resources and increase in productivity; broken homes; psychosexual problems and prostitution; suicide attempts; sadistic violence and criminality; other mental disturbances (psychosomatic, depression, and others); problems of the geriatric; epilepsy; and the psychotic who are wandering the streets or in *pasung* stocks (Setiawan undated paper circa 2001:2-8).

In this typical example of the academic literature we can see the Indonesian psychiatrist communicating frustration with the nearly overwhelming forces of globalization, modernization, social pressures and changes that they bring to a rapidly changing, and stressed, population. As much as they might understand their patients and what they need, the situation in Indonesia seems to be producing mental illness in such epidemic proportions that the departments of health, mental health and social welfare do not even really know where to begin to institute interventions or to communicate the value of their institutions to a sometimes less than receptive public.

Clinical encounter: the sacred and the secular

It makes all the difference whether the doctor sees himself as part of the drama, or cloaks himself in his authority.

--C.G. Jung

The nature of the clinical encounter with the psychiatrist is largely defined by the setting in which the consultation occurs. In the puskesmas and the state hospital, a narration of symptoms generates placement into a diagnostic category. Patients are asked about their current symptoms, and given a prescription. Low cost medication is often given for a limited period if they are diagnosed with a psychiatric disorder, usually for a course of three days

(Browne 1999:239 and 242 and Sciortino 1995:183). There is no discussion of the social conditions in which symptoms occur or the underlying causes of the distress ensues (Browne 1999:242). For a patient diagnosed with psychotic behavior, Browne found that the consultation is relatively brief, usually five to ten minutes. For patients suffering from anxiety and depression, on the average the sessions are a bit longer, the patients are encouraged to talk more, and "sometimes a little psychotherapy is provided" (Browne 1999:216); Sciortino found that for the mental patient "the time of the consultation is a little longer than the physician's average puskesmas consultation, namely five to seven minutes. During the diagnosis it is again the patients who tell the specialist what they are suffering from. The doctor writes down a complete diagnosis of the ailment, but does not communicate it to the patients" (Sciortino 1995:203-204). Sessions at the psychiatrists' private practices were much longer, but still focused on very practical questions, inquiries less about how the patients were feeling than about how well they were managing to control their anti-social behaviors. Physical examination of patients presenting emotional distress is minimal, and the only medical instruments I ever saw used during consultation were occasional use of the stethoscope or the blood pressure gauge. Where most medical records and x-rays are kept indefinitely by the patient or at least held by them during the waiting period

at the clinic or hospital, the charts of the mental patient were kept private by the doctors and nurses.

Under no circumstances that I witnessed or heard described were the meaningfulness of illness episodes in the life of the person discussed by the psychiatrist, or any kind of understanding of the illness addressed in any hospital, clinic, or private practice. This is distinctly different from curing sessions with the kyai or the dukun. Like Sciortino's descriptions of clinical encounters with nurses at the puskesmas, the patient of the psychiatrist asks no questions, requires no interpretation of symptoms, and is given very little information—they simply place their trust in the modern medical knowledge and medicine mastered by the psychiatrist:

> It is not relevant for the patients to question the nurse and search for knowledge as long as the cure is effective. What counts is that the technical means of biomedicine produce the 'miracle'. They seek the 'wonderful' effect of injections and drugs and do not care about its background. After all, biomedicine as a specific form of knowledge (*ilmu*) is not for all to understand. Only the specialists entrusted with this knowledge have access to it. The nurse, as a biomedical specialist, holds the means and the power and is supposed to know how to manage them. The patients have merely to receive them without asking questions (Sciortino 1995:186).

Also in direct contrast to the often hands-on curing sessions with kyai or dukun, I never saw a doctor touch a mental patient, with the exception of a couple of brief pats on the shoulder or arm.

Under the unquestioned authority of the psychiatrist, Western medical theories and medicine become sacred, or at least sacrosanct; all the rest of their treatment is unrelentingly secular, with the exception of the religious therapy offered at Dr. Soeyono's hospital, designed to make Western psychiatric treatment culturally acceptable to the Indonesian client and their family.

At the *Rumah Sakit Wikarta Mandala* in Pujon, all patients are expected to join in group therapy every day of the week. Occasionally dispensation is granted by the doctor, when requested by the patient, to be excused from therapy for one or more days. The therapy includes music therapy (singing individually and reading patient poetry with a band of two electric guitars and a drum set, and singing and dancing as a group), dance therapy (classic Indonesian as well as Western disco), group discussion, sports (including hikes, swimming, volleyball), crafts (such as sewing and sculpting) and cleaning therapy (where the patients are supervised and given lessons in how and why to keep themselves, their personal areas, and the hospital grounds clean and neat). In the drama therapy, small plays are memorized and performed from scripts written by the staff social worker and therapists, scripts that serve as moral

and practical object lessons in social conduct for the patients. The patients are engaged in role-play with the therapists to reinforce or relearn social integration. Various kinds of therapy encourage appropriate integration into social structure; performing in scripts featuring typical situations, patients are taught or retaught how to respond in a socially acceptable manner, that is how to have social intercourse in a way, the Javanese way, that never challenges the status quo, that is designed to maintain rukun with their family and community. Opportunities to observe and practice Javanese rules of etiquette--tata krama and sopan santun--are modeled and patients were coached in appropriate response to Javanese cues about hierarchy and social distance. But they are also given the opportunity to practice religious meditation of any kind, and are coached, if they have reached an appropriate state of awareness, in Javanese kebatinan practice. From the same initial interview with Dr. Soeyono:

> Many people who work in this institution have graduated from IKIP (the local teacher's training college), from the education department. We help with the social education of the patient. We also offer learning therapy in addition to the drugs and the other traditional nursing therapies; every person has the ability to learn, and they may have learned some bad habits. A lot of mental illness is just maladaptation, or an inability or lack of opportunity to learn a way to behave in a realistic, socialized manner. This is part of our reality therapy. Although this hospital has been built in a modern form, we also have a traditional *joglo* where people can gather and communicate, informally or formally; traditionally this is a place in the village where people solve problems communally, and socialize, harmonize, become *rukun*.

> So we offer this traditional place to help them to learn to be a social being within and outside the institution. This is a unique way we try to reflect Nusantara (*term for the Indonesian archipelago*) culture, and actively bring local culture into our practice.
>
> A cultural factor in relation to the traditional styles of service (*kebatinan*, and all that were described earlier), in this hospital we bring elements of practices of all the things associated with those traditional systems of curing, within the context of modern psychiatric care. That is to say we are not running a Sufi training center, or anything like that, inside the hospital. It is not that we are a hospital that practices *kebatinan*, or are a Sufi hospital, but elements of cultural belief are brought into our practice. If a person is trying to find himself, or if they perform mystical practice, we try to help them to try to improve themselves as spiritual beings. An example of this is that people all have potentials or strengths, but we also have weaknesses. Some people are very strong physically, and some are not. The kind of trust that people have in traditional teachers enhances the roles of the counselors. We use an exercise that the *kebatinan* groups often use, where one member is lifted up with just one finger of everyone in the group. We use these exercises to help people understand their potential, to experience their limits and learn to trust others. In this way principles from *kebatinan* or Sufism are integrated into our practices of psychiatric therapy, since people are familiar with these practices, and the family of the patient will feel that this is a spiritual place that has holistic care that they can understand. The families are very satisfied to see that their patients are receiving care that they approve of, whether it is traditional curing and spiritual beliefs or modern psychiatric care.

Like one of the patients there who was simply a deaf-mute, many patients present problems in terms of treatment. As far as I could see, no one is diagnosed with a Western psychological term such as 'schizophrenic' when they are admitted to the hospital, or after the two day observation period that the staff says goes on. There is no special place or procedure for that initial

observation period; the patients are immediately admitted to one of the (general or VIP) living accommodations and written reports about their behavior and mental state are produced by the nurses every morning. These reports are one or two paragraphs long, and are not written for every patient.

The patients said they saw the doctor for consultation perhaps once every two weeks, but the staff said that each patient sees the doctor twice a week. The patients can request consultations, and while I was there they usually were granted. The reasons for requesting consultations seemed to be generally to ask, "when can I go home?". Actual clinical encounters with the psychiatrist were rare. The doctors, nurses and therapists have a general meeting, I was told, once every two weeks to discuss patient progress and possible changes in therapy, treatment or medication. Although I did not see one of these meetings occur while I was there, I was told that the doctors are very open to suggestions from the nurses and therapists who have close contact with the patients every day.

It is unclear to me how, without a diagnosis of a classic Western mental illness, a Western or "modern", biomedical, psychological-theory-based psychoactive drug is selected as appropriate for each patient—especially when

spirit possession is indicated. However, each patient receives several different types of medication in the form of pills twice a day. The patients and the nurses were not sure what the medications were, or exactly why they were prescribed—or what result was expected of the various medications. The two young women who worked in the tiny pharmacy knew the names of the medication that had to be prepared each day for each patient, but they did not know for what 'illness' they were usually prescribed, what the expected results or possible side effects of each drug might be. This is very problematic for the Western observer.

Although the psychiatrists described the theory of treatment there as mostly received from the West, they don't seem to rely on judgments of efficacy of treatment that Western psychological treatment requires. One is given medicine by an expert, and one will get better, if not totally 'healthy'. As far as I can tell the efficacy of the medication is not only unquestioned, but rarely changed or altered-- although reduction of doses does occur. So somehow the doctor chooses a medication for the patient (who apparently does not receive a diagnostic label) and that decision is never questioned. The question of side effects of the medication prescribed was, when raised by this anthropologist, considered very odd.

Therapeutic expectations

Babylon in all its desolation is a sight not so awful as that of the human mind in ruins.

> -- Scrope Davies, *in a letter to Thomas Raikes,* May 25, 1835

Reason is not expected nor sought from the patient, and compliance from the family is expected. The expert system of psychiatric treatment...takes over the lives of patients, who spend the day sitting around the ward either withdrawn into themselves or trying to talk with staff. Some hope for a visit from their family.

> --Kevin Browne, *Landscapes of Desire and Violence: storied selves and mental affliction in Central Java, Indonesia,* 1999:215

The prognosis for most patients who are ill enough that they are brought to a psychiatrist or a mental hospital is poor. Doctors, like dukun, receive return patronage by clients who feel that they *cocok*, that they are a good fit, but I never heard anyone discuss whether or not a psychiatrist was a good fit with a mental patient. Families only expect that the patient will be taken off of their hands, and that the locus for handling a family member who is out of control, socially unacceptable and a cause for shame should be shifted to an institution. Even Dr. Soeyono, who seemed to have the most thorough and well-articulated plans for therapy for all his patients, decided that the only hope for some of his patients was a life integrated into the institution:

> ...there are different types or recovery and recovery rates. There's one that's total recovery, where people never need to come back. There's another that we call social recovery, where the people are just fine and they function well if the families continue taking care of them and follow the advice of the doctors. We have a third category, which we

> call institutional recovery - a group of people that we aren't able to send home to their families, that aren't going to be functional outside the rehabilitative institution. We call that institutional recovery, where they improve a lot but even with the institutional recovery they are kept in a long-term home. This institution also has a long-stay home.[16]

People were admitted to the mental institution by families who could not control their violent behavior, or felt they were victims of demonic possession, or admitted themselves for help with uncontrollable stress. While they were given medication, as far as I could determine there was no institutional labeling of an individual's condition, no focus on development or expression of self, or resolution of internal conflict, obsession or grief. If they were at an institution that actually performed regular, organized therapy with their patients, most were treated to an exploration of problems of assimilation. Patients were involved in integrative group therapy, focused on resocialization--and the provision of a space in which the individual can rest away from the society that so stigmatizes their condition. The physician's literature reflects this difference in the Indonesian style of treatment, with several doctors writing on the necessity of putting the person back in balance, and returning him to a harmonious relationship with the others around them. This echoes other writings on Javanese culture, from those of Anderson to Mulder, Keeler to Laksono, the Geertzes to Brenner, which describe the Javanese as holding to a sense of the universe as an ordered whole, the

importance of each individual occupying his or her place within that whole, and experiencing her or his body as a microcosm of that universe. The common conception is that Javanese believe that disorder creates (natural) disaster on the universal level, chaos and war on the social level, and disease on the level of the individual. The problem of mental illness, as Indonesian psychiatrists see it, is thus not disorder of the individual personality (although they use the term), but disorder within the particular brain chemistry or social situation or spiritual condition (ie spirit possession) of that individual. The majority of psychiatrists in Java are unwilling or unable to adress the socio-economic factors and spiritual factors that may hasten the onset of mental illness, and limit themselves to providing for their patients perscriptions that presumably will help balance their brain chemistry. They don't have the time or training to give patients much more than medicine. As a couple of doctors admitted, the rest is best left to psychologists. This is a subtle but very telling difference in the way Western psychiatric principles are interpreted, and the best example of the way culture influences the clinical practice of most Indonesian psychiatrists.

Notes to Chapter Six

[1] See Rickleffs 1993b for a detailed history of the VOC in the Dutch East Indies.

[2] See Kerkhoff 1989: 9-24; Worboys 1989: 154; and Sciortino 1996:28-29.

[3] For information on general advances through exposure to "tropical medicine", see de Knecht-van Eekelen 1989: 57-71; also see articles on malaria research and research into nutrition during the same time period in same volume; for information on the discourse of colonial medical writing see van Heteren 1996: 5-21.

[4] See Boomgaard 1989: 119-131 for a detailed article on the smallpox campaign.

[5] On *doktor djawa* see also de Moulin 1989: 25-33; Sciortino 1996; and see Lauw 1979 for additional broad detail on the training, the graduates, the scandal that caused reorganization in 1875, and even detail on the contents of their medical chests they were given when they were sent off to practice.

[6] For more detail on these and various other New Order health programs, see Ferzacca 1996:320-321 and 323.

[7] Although more recent census data was available, the figures used for calculating the statistics in this table for the United States were from 2002, since the most recent information on health facilities and staff was from 2002. The U.S. government census placed the U.S. population in 2002 at 287,941,220; the figure for number of nurses was 2,284,000; and 583,000 physicians.

[8] For a sample of a filled General Purpose Psychiatric Questionnaire, and interpretation of the data contained in it, see Maramis 1998:18-21.

[9] Although many medical schools have relaxed the height restriction, nursing schools still uniformly impose a minimum height requirement for applicants.

[10] See Soekanto and Herkutanto 1987:59 for details.

[11] Many people I knew in Java would under no circumstances go to the hospital even to visit a sick relative or friend.

[12] This was a frequent theme in my discussions with Javanese on any subject—many were shocked that I liked it there, had lived there so long, could fit in, since the west, especially America, despite its perceived moral bankruptcy, is so much more technologically advanced.

[13] See Browne 1999:171-172 on cost of mental hospitals in Yogjakarta; he reiterates that in 1999 the cost for being housed in the least expensive mental hospital in Yogyakara was 2000 rupiah per day (Browne 1999:4).

[14] For an explanation of how this and other spiritual practices, including kebatinan exercises, are used as therapy at this institution, please see the entire text of an interview with Dr. Soeyono in Appendix F.

[15] From a 1991 interview; see Appendix F for the entire text of this interview, which also includes some interesting information on his ideas about roles of the mother and the father of the patient in the development and treatment of mental illness.

[16] From 1991 interview with Dr. Soeyono.

CHAPTER SEVEN
CONCLUSION: PLACE, PRACTITIONERS, AND PATHS OF RESORT FOR THE MENTALLY ILL IN JAVA

I distrust summaries, any kind of gliding through time, any too great a claim that one is in control of what one recounts; I think someone who claims to understand but is obviously calm, someone who claims to write with emotion recollected in tranquility, is a fool and a liar. To understand is to tremble. To recollect is to re-enter and to be riven...I admire the authority of being on one's knees in front of the event.

--Harold Brodkey, "*Manipulations*"

We tell ourselves stories in order to live... We interpret what we see, select the most workable of the multiple choices. We live entirely, especially if we are writers, by the imposition of a narrative line on disparate images, by the "ideas" with which we have learned to freeze the shifting phantasmagoria which is our actual experience.

-- Joan Didion, *The White Album*, 1979:11

The Place

Medical anthropology is not only a way of viewing the status of health and disease, but a way of viewing society itself.

--R.W. Lieban, "Medical Anthropology" in *Handbook of Social and Cultural Anthropology*, 1973:1033

Patterns of Javanese culture and language

In my introduction to Javanese culture, I discussed the intricacies of Javanese language and behavior, and the social pressure to conform that is taught to

children as they learn the various vocabularies of Javanese speech. The rigors of *sopan santun* and *tata krama*, the strict and codified rules of social interaction, insure cooperative social behavior and attempt to instill the awareness of hierarchy and respect for relative status that is inherent in each language exchange in Java. For the Javanese, the import of politeness—*appropriateness*--of action, gesture and speech, of indirectness as a representation of respect, cannot be underestimated.

Javanese culture reifies and demands order, and disorder of any kind is a danger to individual health and the health of the social fabric. The condition of *selamat*—one of order, peace, harmony and safety—is that which is always sought through prayer, ritual action, and contemplation. A condition of *selamat* protects the individual and the society from the risk of shock, and insures that *rukun* can prevail—the harmonious integration of the local society, a social order unthreatened by the disorder of conflict.

In addition to privileging the concepts of order and disorder, the Javanese cosmology divides the world loosely into the observable and the invisible, the physical and the spiritual, the natural and the supernatural. The distinction of *lahir* (the physical body) and *batin* (the spiritual element of human existence) describes the two parts of the divided nature of man that are inextricably

linked. *Kebatinan* spiritual ascetic practices such as *tirakat* and *semedi* (which may involve various forms of fasting, meditation and prayer) can strengthen the physical and mental powers of the individual. The quintessential definition of power in Java is an ability to exercise control over one's self and one's environment, which can lead to influence over others. Powerful spiritual, political and military leaders inevitably are considered to possess *kesakten* power or *ngelmu*—spiritual power derived from intensive study with elders, from communing with spirits, from concentrated asceticism and mystical practices of tirakat and semedi, and/or from the possession of powerful *pusaka* power objects. Even those with political, governmental or institutional power are considered to have risen to their position through some exercise of kesakten power. Competition and conflict are resolved through the understanding that some individuals are simply *sakti*, filled with some sort of mystical power, and through the concrete algorithms of kesakten power as it is expressed in lahir and batin, it is only appropriate that their powers should bring them material gain and social position...and that once their spiritual powers of the batin begin to wane, that their earthly lahir fortunes will decline as well.

Through gradual mastery of Javanese language levels, practice in indirectness and learning to *ngalah*—to give in to others' wishes--and other social exercises,

Javanese learn to control or at the very least hide their emotions. To preserve inner order, social order, and produce or preserve and condition of selamat, the Javanese learn the self-control and emotional equanimity needed to perform properly according to the stringent rules of tata krama social etiquette. And there is no better way to learn self-control than through the various forms of Javanese asceticism. Self-control is not only rewarded through social reinforcement and praise, but is its own reward, since various kinds of power are the fruit of Javanese ascetic practice.

Through extensive research, Weiss lists these prominent themes in Javanese life, as frequently expressed and stressed by the kebatinan organizations:

1. maintenance of emotional control and equanimity at all times
2. engagement in behavior that is expressive of or conducive to social solidarity
3. strict adherence to the rules governing the formal aspects of social interaction (etiquette, etc.)
4. respect for and obedience to one's parents, and by extension civil authority, teacher, senior relatives, etc.
5. marriage and procreation
6. performance of activities calculated to develop one's spirituality and spiritual vigor
7. moderation in indulging one's appetites
8. providing material or spiritual assistance to others

(Weiss 1977:527-528)

We can see that even the organizations that are most dedicated to the growth of the individual potential and the development of individual physical and

mental powers also focus heavily on internalizing Javanese cultural norms: "a permanent disposition, a durable way of standing, speaking, walking and thereby feeling and thinking" (Bourdieu 1990:69-70).

Hollan and Wellenkamp found that unequivocally these social requirements of emotional and behavioral constraint influence mental health. These social and cultural factors have been noted by many anthropologists and other social scientists.[1]

The pressures of Javanese culture and the impact on mental health

The individual in Javanese society remains under continuous pressure to control his spontaneous impulses and adjust to heteronymous authority.

--Franz Magnis-Suseno, *Javanese Ethics and World View* 1997: 166

A neighborhood is an arena within which maximum pressures are exerted on individuals toward conformity with the values of rural society.

--Robert Jay, *Javanese Villagers: social relations in rural Modjokuto, 1969*: 235

The pressures of Javanese society are constant and myriad: pressure to avoid conflict, to habitually defer to others' opinions, wishes and status, to ngalah and maintain rukun or social harmony; pressure to always subsume the rights and needs and accomplishments of the individual to the collective good; pressure to maintain constant vigilance about relative social status and propriety and to use appropriate language and gesture that reflects the same;

pressure to exercise self-control and avoid expression of positive or negative emotions; and pressure to maintain tradition and at the same time participate in the modern. Javanese psychiatrist Dr. Inu Wicaksana writes about the psycho-social problems stemming from various kinds of pressure that constantly affect the Javanese in a lengthy article in Kompas in October 2001, and how the pressure to conform demands physical somatization as the only appropriate expression of mental problems.[2]

Training in how to be a proper Javanese begins early. Hildred Geertz found that "During the Javanese child's first years, even before he can comprehend in any coherent way such concepts as "respect" and "the maintenance of social harmony", the psychological preparations are made. Both of these values require the ability to sharply inhibit one's behavior, to choose inaction rather than action" (H. Geertz 1963: 150). So tightly bound to the concept of becoming Javanese is the idea of proper behavior, Weiss found that the Javanese concepts of "behavior" and "personality" lack "conceptual distinctness" (Weiss 1977:48). Developing as an individual means learning how to perform properly in society—how to avoid conflict, exhibit control and remain rukun. And the pressures that these traditional social expectations place on the individual psyche can cause intolerable stress that leads to mental illness. But is Javanese society in this modern age still so traditional, and

have the processes of modernization and globalization made the life of the mind and the emotions less complex for the Javanese?

The push for modernity, "progress", the politics of identity, and their impact on mental health

The ideology of modernization politicizes identity on several fronts. Its very terms are value-laden: in constructing 'the village' as a locus of backwardness it portrays local custom in a negative light.

> --Stacy Pigg, *Disenchanting shamans: Representations of modernity and the transformation of healing in Nepal*, 1990:444

Mulder (1996) spends several chapters analyzing the official Indonesian state propaganda that reinforces traditional Javanese values, and the styles of socialization that stress the model of the family as a model of society, reinforcing differences in gender roles and what he calls "moral value". This in turn leads to, he suggests, stunted development of the mature, independent ego, promoting the development of the identity of the individual solely in (hierarchical) relation to others.

The value of the traditional, hierarchical social structure is promoted in Indonesian state propaganda, but at the same time the "New Order" government adds the pressure of the expectation of the populace to participate in development and modernization.[3] Development programs, polices and promotions of "progress" have created some fundamental changes in the social fabric which are not conducive to maintaining the traditions which

uphold the traditional notions of order. Rukun and *gotong royong* or mutual support and help remain ideals that have become difficult to maintain because of changes in the economic climate and concomitant changes in family and village structure as more people leave their families and migrate to cities to work in factories or service jobs. The tenets of capitalism, the processes of urbanization, and the phenomenon of social mobility violate the ethics of social place and the hierarchical notions of traditional Javanese culture. The search for economic power eclipses the search for spiritual power; the needs of the lahir subsume the ideology of the development of the batin. And the idea of the village and the *kraton* courts of Central Java as the quintessential expressions of Javanese culture and tradition have been replaced and redefined with the juxtaposition of the urbanite vs the villager as metonyms for modernity and tradition. Stacy Pigg, when describing this tension in Nepalese culture, could have been discussing Java when she writes about this idiom of social difference:

> Views of the village crystallize out of impressions, habits of speech, stereotypes that are reinforced in the school curriculum, development programs, civil service and elite enclaves...They converge, constructing a composite image of the 'village' as a place that is circumscribed and parochial, simple and backwards...Cosmopolitanism, as the term itself implies, melds the parochial with the worldwide...The idioms of progress, enlightenment, and advancement in which this modernity is expounded transforms the class relations between elites and peasants into a difference in consciousness and understanding. But no matter how wide the gulf cosmopolitan urbanites put between themselves and

> imaginary 'villagers' the two remain interconnected. City folk have profound and longstanding connections to villages, and many rural inhabitants share a cosmopolitan outlook (Pigg 1990: 174).

The social identity of the Javanese is often defined by his or her origins in a rural village, or an urban village of a *kampung*, a word for village that is also used to describe inner city neighborhoods. Although many Javanese express pride at the grand achievements of the illustrious kraton palace cultures of Central Java, and consider the kraton-culture of Central Java to be the pinnacle of Javanese culture, most Javanese tend to identify not with that elite tradition, or even with a lineage or a clan, but with their own villages, home towns or kampungs.

Differences in social class are less pronounced in Javanese rural villages than in urban areas, in part because rural people share the basic patterns of life revolving around agriculture, and economic diversity may not be pronounced. But the social life of the many Javanese who move to the great urban centers has become centered around economic and social success in an urban environment, and their traffic with their village may be limited to a single yearly trip home on the major Islamic holiday of Idul Fitri.

This conflict between the identification with the village and the exposure to a national culture that denigrates the village and the villager, creates deep-seated internalized classism. The social goals which have been instilled in them since an early age --of getting along with others, maintaining rukun, subsuming one's desires to others', of maintaining emotional equilibrium—can come into direct conflict with the personal goals--of competition, winning praise and position for individual effort, accumulating prestige, and desiring economic advancement--that modern capitalism, the national ideology of development and modernism promote.

Even the language that they learned as a child has no place in modern Indonesian urban business life—the respect inherent in the intricacies of the Javanese language and the elaborate system of recognizing and reifying social status is replaced by the hierarchy-free Indonesian national language.[4] The ideals of Javanese extreme reticence and elaborate politeness have no place in the modern world of business, especially when dealing with the Chinese businessmen and -women that control most of the Indonesian economy.

The pressure of the maintenance of the social rules of rukun, social harmony, deference and hierarchy while developing skills required for urban success that deeply abrogate those rules produces copious internal conflict and

confusion about the nature of order. This fundamental conflict of the deeply ingrained social training and traditional values with the demands of the capitalist agenda inherent in development and the production of the modern creates social anxiety and stress, social distress at the individual and societal level. Add to this the very real economic distress and pressures that most Javanese face, and you get quite a bit of stress on the individual.

The anxiety caused by the breakdown of order, the clash of modernity and tradition, and economic distress, is reflected in the cautionary tone of discussions of urbanization and the idiom of stress in the national and local Indonesian media. Browne culled various current magazines and newspapers and found a theme of "warning about the consequences of a 'modern' lifestyle on the youth of the country, and the loss of 'traditional' values and lifestyles. As rates of urbanization continue to climb, so too do reports of 'hedonism' among Indonesian youth, and the 'erosion' of village life and the growing social stressors in these rural and quasi-urban areas" (Browne 1999:206). The concept of stress and the growing numbers of diseases that can be attributed to development and the stress of a "Western" life-style are enumerated in the press and public discourse (Ferzacca 1996:eg 2-10). Many people feel confronted by a social world in flux that can no longer be accommodated within the "traditional" Javanese worldview. The comfort of the orderly

Javanese traditional culture is perceived as descending quickly into dangerous disorder.

Order and harmony are still quintessential values in Javanese culture, and are essential to the definition of the sane, mature adult. "The mark of the adult is in his knowing order" (Mulder 1989: 50), and this includes being conscious of his or her place in society, respecting the position of others while living up to the expectations that surround his or her position. And of course, knowing how to avoid conflict. "The rukun principle contains an unconditional command to avoid interactive conflict" (Magnis-Suseno 1997:81). This does not demand a certain inner attitude, he argues, but requires certain forms and rigid norms of social conduct.

Javanese are trained in the proper social conduct required to be considered what Hildred Geertz calls "proper, sane and mature" in traditional Javanese society, but not necessarily schooled in how to deal with repressed or sublimated emotion and suppressed conflict that the pressures of Javanese social expectations and the processes of modernization present.

Personal relationships, private communication and their impact on mental health

The emotional side of respectful behavior is not merely *isin*, anxiety over not conforming, but *sungkan*, the feeling of embarrassed shrinking into the self, the graceful constraint of one's own personality out of deference to the other person. To "know" *isin, sungkan,* and *rukun* and to know when and how they are appropriate is to have attained the more general ideal of being *djawa*: being proper, sane, and mature, in short being fully Javanese.

-- Hildred Geertz, *The Javanese Family*, 1963: 152

While studying the dynamics of the Javanese family, Hildred Geertz was struck by the withholding of emotional commitment to marriage and the concomitant high divorce rate (1963:134). This has been a theme of many inquiries into the emotional life of the Javanese—uniquely distant personal relationships and a paucity of private (and public) communication of their innermost feelings.

Robert Jay was part of the anthropological team investigating village life in east-Central Java that included Hildred and Clifford Geertz. Jay described the avoidance of emotion-laden interpersonal relationships among villagers (1969:91). Jay noted that peasants did not have deep and lasting relationships with friends. Although they themselves were unable to explain why, Jay observed that the Javanese peasants did not extend themselves beyond superficial pleasantries—and he posited that even this shallow degree of

intimacy was selfishly motivated, extended as an effort to remain free from conflict (Jay 1969:202-6).

In *Harmony and Hierarchy in a Javanese Kampung,* Guinness described the system of social relations in an urban Jogjakarta kampung as characterized by the "impersonality of interpersonal relations" (1986:339). He also found a dearth of private, inter-personal communication and very few intimate personal relationships in his extended anthropological research.

Mulder in *Individual and Society in Java* (1989) notes the separation between polite presentation and personal opinion and feeling. According to several Javanese psychiatrists Mulder interviewed, many Javanese upper-class men suffer from "an incapacity of communicating with others to the point of remaining strangers to their wives and children at the same time that they are ridden by anxiety about their presentation. Seemingly they can never relax, suffering from strong social control and the pressure they put upon themselves to demonstrate their self-mastery." However, these psychiatrists and most of his informants emphasized the "deep satisfaction that the healthy person derives from living up to the cultural ideal of separating the social from the personal" (Mulder 1989: 59).

Are they really avoiding emotion, or just choosing to keep their deepest feelings inside what the Javanese call their *hati kecil*, their "little heart"? Are their feelings really as unfathomable as these Western anthropologists suggest? For the Javanese, does the maintenance of social harmony and the necessity for deference preclude expressing strong emotion? Do the Javanese learn to hide or to actually suppress their true feelings?

Browne talks about the importance of social hierarchy and deference, and finds that it is a public cultural ideal, but found that in private the Javanese of Central Java <u>do</u> express "feelings of longing, disappointment and distress" (Browne 1999:34). He posits that studies like those authored by C. Geertz, Keeler, and Siegel that focus on the public language exchange show a lack of understanding of the depth of feeling of the Javanese, and a lack of familiarity with the personal selves, that proves the poverty of their theories. He argues that their common assumption that the Javanese suppress emotion in deference to social hierarchy is more or less accurate, but he doesn't think they pay enough attention to the "ways and circumstances in which emotions are expressed" (Browne 1999:60). He agrees with Weiss who says that it is too simplistic to say the Javanese hide their feelings; Weiss argues that the Javanese are often adept at reading and interpreting emotional signs and states. He found more than fifty terms used in the Ponorogo area, not

including variants, that are names of "postures, movements, gestures and facial expressions that Javanese may use as signs of *nesu* anger and related states" (Weiss 1977:323). These are the emotions that according to other anthropologists the Javanese suppress; but Weiss thinks that the existence of so many cues to indicate anger suggests that "they are far more adept than Westerners in reading and interpreting signs of emotional states, so perhaps ultimately they do not really hide or suppress emotions any better than Westerners do" (Weiss 1977:323-324). "Perhaps", he speculates, "it is not really a hiding of feelings as much as a different way of expressing them" (Weiss 1977:324). This is a persistent idea, "the idea of the Javanese self as wholly sociocentric, deferent, and non-expressive of emotion" (Browne 1999:61). But I agree with Browne and Weiss and conclude that the Javanese are every bit as emotional as most Westerners, and run the gamut from the unflappable, serenely calm aesthete or ascetic to the hotheaded angry disenfranchised youth that could be found in any Western culture. Geertz once wrote that "(i)n general, polite Javanese avoid gratuitous truths" (C.Geertz 1976:246); and while I couldn't agree more that that is true, even in Java I believe that in most cases when it comes to deep-seated negative emotion somehow the truth will out. Occasionally in Java the truths of negative emotions, personal conflicts, societal pressure, economic distress, and individual frustration emerge without the somatization of mental illness.

Despite the fact that the Javanese are generally described as being reticent to the point of non-communication, in East Java I saw open interpersonal physical conflict several times (including Madurese women in one market in Malang having a knock-down drag-out physical fight) and Malang Arema soccer-fan mobs regularly left evidence of mass conflict in the turned-over cars and motorcycles from the rival city of Surabaya on game days.

I saw evidence of conflict in families, conflict of the type Jay describes in his ethnography of a Javanese village. In the nearby village of Gribig, for example, where my husband's extended family still lives, on the death of one of the elders a huge conflict developed over the nature of the burial rites that should be performed. Although the entire family is unquestioningly and devoutly Muslim, some of the family follows the teachings of N.U., and some of them are Muhammadiyah. The modernist principles of Muhammadiyah hold that dead is dead, and teach that while the body should be treated with respect, the need for any elaborate funeral rites or rituals, including the extended series of ritual selamatan feasts traditionally held 7, 40, 100, and 1000 days after a death with prayers for the dead, are unnecessary pre-Muslim holdovers from ancient Javanese culture, and while quaint, could be avoided (which also would remove a huge financial burden from the bereaved family).

N.U. hold with most Javanese tradition, and usually incorporate Javanese rites in their Muslim practice. Usually members of the two sects coexist perfectly peacefully, but when a family has to decide about something as profoundly moving as the correct way to bury someone in order to insure peace in the afterlife, if there is disagreement, tempers flare.

The language of the Malang and Surabaya area forms a very distinctive dialect (Koentjaraningrat 1985:20). East Javanese language behavior and even the arts (including dance) are far from the slow, measured cadences of Central Java. East Java's *Ludruk* folk theatre is a raucous, *ngoko* low Javanese experience. *Tayuban* overtly sexually-titillating dance ceremonies which involve rowdy audience participation are unique to East Java; even the wayang shadow theater puppet shows performed in East Java are more boisterous than in Central Java: even though the stories are the same, the jokes are cruder and the low Javanese spoken by the clown figures mirrors the rougher local dialect. It is as if the East Javanese are as Australians to the British royalty and London upper-crust of Central Javanese court society.

Although they speak the same language, the Malang and Surabaya variant fosters familiarity that is hard to win in Jogjakarta and Solo, and a fondness for joking and humor also promotes a kind of relaxed communication that

also invites intimacy. For example, in the special slang of Surabaya and Malang called *"boso walikan"* or "backwards language", men call each other *"sam"* instead of the polite "mas", or "older brother." In the generally democratic and low Javanese casual linguistic atmosphere of East Java, men will also address each other as *"rek"*, a derivative of *"arek"*, low Javanese for "kid"...or they will call each other "boss." Many young people in Malang and even Jogja do not know *krama*, the high levels of Javanese, and many young people Browne talked to said their parents don't know krama either, and moreover "seem to be happy to be free of its tyranny" (Browne 1999:66).

In spite of all this seeming egalitarianism and freedom of expression, it might seem odd that the East Javanese are still pressured to suppress at the very least the exhibition of negative emotions. But at the core, they are still Javanese, and the Javanese—regardless of their individual skill in the subtleties of the upper registers of the Javanese language--still value harmony and the self-control that helps maintain it.

The anthropologist as an outsider is often privy to confidences, and as an anthropologist, as a long-time neighbor, a friend, and a family member from outside of the local culture I heard many stories of grudges, of treatment deemed unfair, of silent family feuds, of occasions where justice was not only

not sought, but the interlocutor or perpetrator was not even confronted about their deeds. When I would hear a story of egregious wrongdoing, slights or trickery or un-neighborly conduct, I sometimes would ask about the possibility of bringing in a traditional third party mediator, perhaps an RT or an RW (local figures elected to ensure neighborhood harmony and cooperation), or a teacher or kyai to help settle the dispute. Open confrontation was not an option, I knew, but people often told their stories to someone who could intervene, let the other party know about the perceived wrongdoing, and offer a way to make amends. But often people would tell me things about the party with whom they were in conflict such as "Why bother? They are just Chinese" or "God will judge them," and refuse to seek redress or settle a disagreement. The institution of *satru* is a healthy reflection of this inability to let go of a conflict or to bring it out in the open and settle it, and the unwillingness to forget or to forgive: satru is a term for a relationship of two parties who (silently or very vocally) agree never to speak to one another again.

In East Java, in private emotion is expressed, the institution of *satru* is invoked, but the public exhibition of lack of emotional control that open conflict requires is seen as shameful. The pressure to control the emotions, to maintain emotional equilibrium and to uphold social harmony is still very

real. The ability to refrain from expression of public conflict or emotional upheaval is still an index of personal power in East Java.

Madness – succumbing to the pressures

There is a pleasure sure
In being mad, which none but madmen know.

--John Dryden, *The Spanish Friar*, II, i

Despite the pressure to conform, give in, and control the emotions, "Javanese have limits beyond which they may not be pushed. When these limits are exceeded, they react with highly emotional outbursts, out of proportion to the occasion. The most extreme form of this emotional break is called *amok*, a form of violent frenzy..." (Magnis-Suseno 1997:61). Magnis-Suseno considers this condition of amok to be the complete breakdown of the *rukun* principle of social harmony. Mulder describes with nice detail the tensions and frustrations of the Javanese, and argues that the fascination with hierarchy, power, gender differentiation and separation, rigid sex roles, and etiquette has helped create a culture so non-communicative that it's "self-repressive strategies may sometimes lead to typical, culturally induced psychopathology" (Mulder 1996: 105).

So can we conclude that it is the rigors of *rukun*, the rigidity of the rules of tata krama social etiquette and the Javanese language, the pressure to conform and to sublimate emotion in Javanese culture that makes people crazy in Java? Is it merely the internal demands of traditional culture that drive some Javanese past the limits of their tolerance and ability to cope, and that this in fact is the main cause of mental illness in Java?

Indonesian psychiatrist and director of mental health services Dr. Setiawan Pandu Setiawan writes that "the enormous human problem of mental health" in Indonesia is exacerbated by "daily pressing needs, the influence of industrialization, and urbanization" which tends to create "stress, neurosis and psychosis" (Pandu 1999/2001:4). Another Indonesian doctor, professor and public health specialist claims that "(t)he process of development and rapid socio-cultural change causes the number of sufferers and the kinds of mental illness to increase" (Azwar 2001:17).[5]

Nurrachman, a psychologist, writes about the horror of post traumatic stress in Indonesia, and the mental illness that can result from the social conflict around the archipelago (Nurrachman 2001); and Linus Sutanto, a doctor and mental health specialist writes about the lack of sense of fair play, justice or fairness to be found in the law and justice system, and posits that feelings of helplessness in the face of injustice cause many to suffer emotional collapse

(2001). Browne says that women develop mental illness through experiencing the terrors of domestic violence (1999:335-345) or state terrorism (1999:347-360).

Despite the fact that experts ascribe the causes of mental illness to social pressures, rapid social change, economic distress, political violence and government oppression--forces far beyond the control of the individual--the stigma of madness for the ill and their families is undeniable.

Shame and fear of the bad opinion of others are instilled in children at an early age and are encouraged throughout a Javanese life. The bad opinion of others will be provoked through actions that threaten social order and harmony. The main threats to social order and harmony are extreme emotion, selfish thought and action, non-conformist willful behavior, and of course all of these are evoked in outward expression of madness. The mentally ill abrogate all of the rules of Javanese culture and language. The mad embody disorder, generate shock and threaten rukun. They are beyond the bounds of normal communication; and in fact Weiss suggests that this loss of the ability to communicate is why many Javanese feel at a loss in knowing how to deal with the mentally ill (1977:434-436), and cause them to ignore or lock up the mad. Certainly unpredictable behavior feeds a latent fear that if one disturbs a

person who is crazy, he may become violent. Thus it is a fear of violence, intolerance of threats to social order and harmony, and discomfort with extreme emotion and unpredictable behavior that generate the stigma around mental illness in Java, and cause so many of the mad to be hidden and go untreated.

Many of the mental health professionals at the first conference on mental health in Indonesia[6] in 2001 submitted papers and delivered talks that addressed the strength of stigma in the Indonesian population towards mental illness and the strong divisions between classifications of normal and abnormality (e.g. Wibisono 2001:1). Many said or wrote things that in no uncertain terms described how in Indonesia, especially Java, "giving the label of "mental illness" to someone will append a moral stigmatization that is heavy and long lasting...The stigma that is connected with mental illness appears in the shape of a negative perspective on mental illness, that mental illness is a thing that is embarrassing, degrading, dangerous and to be avoided" (Hartanto 2001:2). Walujani (2001:5) also mentions shame as a reason that people do not seek help for the symptoms of mental illness, depression or stress.

However, it was the East Javanese anthropologist Pinky Saptandari who came up with what was in many opinions the most logical, most radical and yet most traditional way of helping to eradicate this stigma, a way that was widely praised and seriously considered by the hundreds of psychiatrists, psychologists and other mental health professionals who attended the conference and responded to her panel:

> "To change the stigma that is attached to the mentally ill, we need the participation of public figures that have influence and are revered, like dukun or kyai" (Saptandari 2001:9).

The forces of modernity, globalization and urbanization have not reduced the reverence for and the dependence on these traditional healers and holy men.

The Practitioners

Within a national medical culture, then, are included all the various medical systems and practices available to patients. These often quite distinct systems of medicine are competing for custom, for privileged access to government finance, for bureaucratic recognition of their certificates as competent to certify sickness or health; they are competing too for the "truth" of their particular understanding of the nature of life and how best to sustain it.

> --Murray Last, "The Professionalization of Indigenous Healers" in *Medical Anthropology: Contemporary Theory and Method*, 1996:379

Differences in modes of healing measure cultural differences, as approaches to healing symbolically reinforce socio-cultural orders.

> --Stacy Pigg, *Disenchanting shamans: Representations of modernity and the transformation of healing in Nepal* 1990:206

Dukun

He has the role of mediator or "instructor" (Turner 1974), helping initiates who are living in a liminal period or disorderly condition to enter an orderly state. He also mediates between the real and the supernatural worlds, for in his hands the differences are non-existent.

> --Parsudi Suparlan, "The Javanese Dukun" in *Masyarakat Indonesia,* Tahun Ke-V, No. 2, 1978:202

In the clinical encounter with the dukun the setting is casual, homey, filled with symbols of supernatural power, explicitly but never terrifyingly occult. He or she wears traditional clothing that is familiar and reassuring, or modern clothing so innocuous as to be non-threatening. He or she speaks low Javanese and occasionally high Javanese in intimate communication with the client and their family, and frequently draws on religious and symbolic imagery and metaphoric language. He may go into trance or act as a spirit medium. He may touch the patient with a part of his body or with his breath, and the touch of the dukun may be pleasant or unpleasant, intrusive or non-intrusive. Often he will send the patient home with medicine in the form of an amulet, water infused with a spell or prayer, paper inscribed with a magical formula, or herbal medicine mixed from roots, seeds or other natural substances mixed in traditional medicine fashion. Dukun can require *sarat,* conditions that one must meet before a cure can materialize or be effective. The dukun may require the patient to bring something to him before he or she may be able to help, or may require them to do something when they go home

before a cure can be effected. Although the clinical setting is familiar to most, the treatment by the dukun inevitably involves the supernatural or the sacred. He or she controls very potent supernatural power, brings order from disorder through words and action. "A '*dukon*'s (sic) approach is the promotion of harmony with the universe and the preservation of the environment. This can be seen in their basic assumption that man's problems are related to his own mistakes and faults in dealing with the supernatural; thus, he is in constant need of keeping in harmony with the unseen, including preserving the environment where the *se areksa* usually reside" (Mansurnoor 1990: 198).

The interpretation of symptoms often invokes some kind of supranatural cause that involves creatures or forces most of us are unable to perceive, and the perceived locus of responsibility for the cure is usually ritual activity performed by the patient's family which frequently requires the participation of the immediate community and the practitioner. Efficacy is not necessarily determined by the power of the healer, but is determined by the accuracy of the "fit" between the dukun and the patient. A dukun is paid through gifts or monetary offerings the value of which is determined by his patients.

The supernatural powers of the dukun are not acquired through formal education, but instead may be gained through inborn ability, meditation and ascetic practice, apprenticeship, sudden inspiration or revelation, or inheritance. There are few professional organizations to which he might belong. The skills and the specialties of the dukun reflect cultural and regional specificity. The dukun may possess some prestige in Javanese society, and may be suspect. They might become economically successful, but like the economically dominant Chinese in Java, may still not be respected as honorable participants in Javanese society. The more elegant and celebrated a clientele a dukun can claim, the more widespread the stories of his abilities to effect cures, the more recognition he gets from the national media, the more his or her status will increase. But dealers with the agents of disorder will always elicit a bit of discomfort with the religious Javanese, and dealers with the supernatural will usually cause a bit of skepticism in some.

Kyai

The more famous healers derive their popularity and status from popular beliefs and symbolic behavior.

> --Ina Slamet-Velsing, "Some reflections on the sense and nonsense of traditional health care" in *Health Care in Java: Past and Present*, 1996:77

While the setting of the clinical encounter with the kyai may be as comfortable and homey as that in which the dukun practices, a session with a kyai may

also take place in a very formal reception room at a *pesantren* (Islamic boarding school). In any case, consultation with a kyai will involve very little questioning of their interpretation and advice, as it will be familiar Islamic ideology couched in Javanese language and imagery sprinkled with quotes from the Al Q'uran in Arabic. He (kyai are always men) will be surrounded by images and symbols of Islamic religious devotion, wearing distinctly Islamic Arabic-inspired dress or formal Javanese business dress, with a Muslim hat.

The consultation with the kyai may be public or private, and his firm paternalistic manner will be soothing, probably peppered with jokes, and infinitely reassuring to the patient and their family. People find it easy to *cocok*, to find that ever-important fit, with a kyai, but the notion of cocok is still important in evaluating the efficacy of his prayers and other medicine.

The medicine received from the kyai will take the forms of amulets or prayers, advice and admonishment to observe the pillars of Islam—spiritual prescriptions that focus on the orderly coexistence with others in their community. The interpretation of symptoms often focuses on perceived transgressions of the patient—transgressions against man or against Allah—and the perceived locus of responsibility for a cure is always Allah. The kyai

as curer is only seen as a conduit of God's power to cure through prayer, ritual, exorcism or forgiveness. The kyai may be considered to have supranatural *kesakten* powers, but he will always be respected for his religious pesantren education and his mastery of Islamic law, history and texts, and his ability to submit to the power and word of Allah. He may belong to a number of regional or national professional organizations that reinforce his Islamic scholarship and reputation for devotion.

Some Javanese families develop longterm relationships of a kind of patronage with a kyai, a patriarchal figure that speaks in an idiom of Islam that is easily accepted and understood. The kyai is a universalist, someone who believes in the universality of his message, and acts as a general advisor and intercessionist. Resort to a kyai is not only respectable but can in some cases increase the cultural capital of a family. Some kyai are so respectable, to be seen as his follower can increase one's prestige.

The kyai is paid through generous gifts of his clients, food or other goods, or money slipped surreptitiously in an offered palm or envelope, careful not to offend or abrogate the air of knowledge, religious purity and respect the kyai inevitably engenders.

Psychiatrists

Over and over again I have been struck by the enormous power of the idea within medicine that disease is fundamentally, even exclusively, biological. Not that experiential or behavioral matters are ignored, certainly not by good clinicians, but these are matters separate from the real object of medical practice. The fundamental reality is human biology, real medicine, and the relevant knowledge is staggering in scope and complexity.

> --Byron J. Good, *Medicine, Rationality, and Experience: An Anthropological Perspective,* 1994:70

For each illness that doctors cure with medicine, they provoke ten in healthy people by inoculating them with the virus that is a thousand times more powerful than any microbe: the idea that one is ill.

> --Marcel Proust, *Remembrance of Things Past,* 1921: vol. 5, pt. 1, ch. 2

A psychiatrist may or may not be considered to have *kesakten* supranatural powers, but their primary power is attributable to their years of professional academic and clinical study, their panoply of medication, and their ability to confine the mentally ill in an institution for treatment and therapy.

Consultation with a psychiatrist, whether in a home office of a private practice or in a medical facility, is always private, stilted, formal, structured; and the symbols of modernity and medical power with which he surrounds himself evoke the secular mysteries of science and effectively silence the patient and the patient's family. He or she is a respected figure made distant by the education that raises him above most patient's class and social strata, and his power and knowledge make him a somewhat feared figure. Whether it is due

to his profession's roots in colonial military institutions or to the fact that he deals daily with the most stigmatized, dangerously disorderly, violent and frightening of people, the psychiatrist is unquestioningly part of a medical system that is often that of last resort, due to expense and the persistent idea that one goes to a hospital to die. Hospitals are loud, dirty, terrifying places where disorder reigns, and if someone is committed to a place such as this (after going through the shame of publicly having to select a "class" of care the family can afford), the doctor may be the one hope the family has ever to regain their beloved family member. His advice is usually not questioned, as he is the icon of modernity and educated authority, and the families are usually at wit's end when they get to the point of consulting or being referred to a psychiatrist. He inspires fear, not awe, as in the case of the kyai or dukun.

He is always directive and paternalistic with patients and their families, and no one questions his interpretations or prescriptions. He will be brusque and dictatorial, imparting little information or offering little explanation. His consultation will be most likely the most rushed of all the healers, and he is most likely to assume ignorance on the part of his clients, least likely to discuss a shared belief system. He will most likely "ignore much of what patients present and to select as meaningful a segment of their existence that is particularly diagnostic, that is, to ignore things that patients think are

important, to dismiss some (perhaps much) of their lives as unimportant; this is by its nature a dehumanizing process. ... This dehumanization can only be exacerbated by additional cultural differences in general education, class, ethnic origins, and so on" (Romanucci-Ross et al 1991:xiii). He is the most likely to be associated with the government. He may give a bit of an explanation of his diagnosis and the treatment he is prescribing if his patient is of sufficiently high social class, and is more likely to do so in his private practice, for which the patient is paying top dollar, right up front, in a rigid schedule of rupiah-per-hour that firmly cements the consultation as a commercial exchange antithetical to the relationship-building gift system with which the kyai and dukun are reimbursed for their time. He will speak in sterile, neutral Indonesian, except when he condescends to explain something in the vernacular Javanese to an obviously uneducated or elderly Javanese. He will ask questions about how well the patient is managing to control anti-social behavior, and will write it down without comment, the only one of these three healers to keep any kind of record of a visit. He will prescribe no tasks or rituals that will leave the patient with a sense of control; he will foster complete dependence on the himself as medical authority and the medicine he will prescribe. He will not interpret symptoms. He will never touch the patient. The perceived locus of responsibility for the cure of the patient will

lie strictly on patient compliance with the doctor's orders, and with the psychiatrist and/or the psychiatric institution.

The Javanese psychiatrist focuses on using Western methods of therapy, placing major emphasis on Western ideas about etiology and nosology, medication, types of training necessary for psychiatrists, and so on.[7] He will accede to and address disorder within the individual, but the Javanese psychiatrist will also focus on the disorder of the social situation of the individual. He will be aware of and feel helpless in the face of social, political and economic pressures that can cause enormous stress, but yet his training doesn't allow him to prescribe any kind of social action or ritual that can ameliorate that stress. While he feels that his training and methods should be universally efficacious, and he probably belongs to several national and international organizations that promote the universality of his knowledge, he will recognize that Javanese patients feel the need to cocok with their psychiatrist, and that there are some other kinds of knowledge that kyai and dukun may have that may be useful—for whatever reason—in the treatment of the Javanese mentally ill.

Contemporary Javanese psychiatrists are not willing to dismiss the validity and efficacy of treatment offered by traditional and religious healers. They

understand the deep cultural need for forms of diagnosis and medications that are effective in putting a person back in balance, and restoring harmonious relationships. Most contemporary writings by psychiatrists were very positive about and inclusive of dukun in their assaying of the state of the art of mental health services in Indonesia. They recognized that in many cases the dukun were effective in dealing with certain types of ailments, and suggested that perhaps the psychiatrists could learn at thing or two from the culture-sensitive care of the dukun.[8]

It was very interesting to read about explanatory models, semantic networks and the meaning of illness in Indonesian, with reference to traditional healers that many general practitioners in Indonesia seem to think are no better than witch doctors. It seems that Indonesian psychiatrists have been greatly influenced by transcultural psychiatry, socio-cultural anthropology and, explicitly, the ideas of Arthur Kleinman. This has produced a tendency towards syncretism in their practices and even within their institutions. Since the introduction of "modern" medicine by the Dutch colonial military, there has been a recognized distinction between "native" or traditional and "real" medicine in Indonesia.

This framing of the traditional in opposition to the modern and a valuing of the latter over the former is a direct reflection of trends in the rhetoric of the New Order government. While expressing a respect for diversity, and indulging in a sort of brokering of ethnicity, New Order politics promoted the new, espoused the progressive and disparaged things not yet modern. However, Indonesian doctors have assimilated Western psychiatric theory while still managing to retain their sense of the necessity for and efficacy of traditional healing techniques. These doctors have assimilated many Western concepts into their explanatory models and their semantic networks--even if some of the lexemes stay in English and are adopted without translation. They recognize the plurality of the medical system as it exists in Java; and in their writings and in discussions about the treatment of mental illness in Indonesia they validate the existence of different options for treatment. Perhaps this is because, as Romanucci-Ross claims:

> The intersection of cultural values with medicine is most pronounced in psychiatry. Other fields of medicine, such as internal medicine, rely on a relatively objective, statistically defined body of information for determining the difference between illness and health. Because it is concerned with disorders of mood, thought, and behavior, psychiatry must select from the panorama everyday life, including social interactions, patterns of behavior that reflect psychological disturbances. These disturbances are often not obvious, because they involve an infusion of the symbols, imageries, and metaphors of the culture into the content of the specific patterns...This examination is dependent on a focus on dialogue about medical beliefs as symbols

both within and between ethnic and class groups (Romanucci-Ross et al, 1991:259).

The practitioners and the power of language

All these relations between the three agents—spirit, victim, and wong tuwa—turn on changing relations to voices. Whereas spirits seek to acquire voices, a wong tuwa uses his voice to drive a spirit from its victim's body...The importance of voice is that it is the point of intersection between batin and the world.

--Ward Keeler, *Javanese Shadow Plays, Javanese Selves*, 1987 118-119

Dukun speak in tongues and with the voices of spirits that speak through them, and produce ritual the families can perform and protective amulets they can secret about their home or person to return balance and order to their social, supernatural and natural environment.

Kyai speak in familiar religious homilies and moral admonitions, and produce Islamic prayers and protective rajah mandalas that the family can display proudly in their home and use to return balance and order to their relationship with Allah.

Psychiatrists speak the arcane language of science, and produce expensive pills that may change the mental state and reduce or eliminate violent, anti-

social behavior of the patient, providing something to help balance the socio-political-economic stresses of life in Java that sometimes overwhelms. And the psychiatrist *may* lock the patient away in an institution for an unknown period of time, an effective way of returning harmony of a sort to a neighborhood or a family unable to tolerate the disorder of mental illness in their midst.

All of the curers in Java are likely to ascribe as causes for mental illness things outside the control of the patient: Supernatural causes. God. Stress. Socio-economic pressure. Dukun will search for spirit possession or black magic and will prescribe ritual. Kyai will search for a moral or social transgression and prescribe redress. The psychiatrist will search for symptoms, and prescribe medication. The dukun and kyai normalize the symptoms of mental illness; psychiatrists try to make people normal.

In effecting a cure, dukun use the power of symbols of the strange. Kyai use the power of the sacred, of God, and God's strength. Psychiatrists use the power of science, the potency of Western medication over the individual psyche. And whether practicing the paranormal, persuasion or paternalism, all use the power of words.

Paths of Resort: to become or not to become a patient

In an environment that is diverse in ethnicity and class, and is also medically pluralistic, people draw on multiple medical ideologies. As they do so, their medical dialogue reflects, involves, and contributes to the construction of political, economic, ideological, and social relations. Through medical dialogue, ethnic groups negotiate the meaning of the ethnic identity and affiliation, and therefore of interethnic relations.

> --Libbet Crandon-Malamud, "Phantoms and Physicians: Social Change Through Medical Pluralism" in *The Anthropology of Medicine: From Culture to Method*, 1991:87

Research on paths of resort in Java

People everywhere tend to face a crisis such as illness with all the cultural resources upon which they can call and to interpret what they are doing in terms of all the categories which they learned as children; and so the Javanese flails at his health difficulties with any stick his culture gives him and sees imported methods as but new elements in an age-old pattern.

> --Clifford Geertz, "Curing, sorcery and magic in a Javanese town" in *Culture, Disease and Healing*, 1977:152

Many authors have researched medical pluralism in Indonesia, what Kleinman calls "hierarchies of resort" or "structures of relevance" (e.g. 1980:107) and what Chrisman would call the health-seeking process (1977).[9] All of these researchers found that most families in Java, when faced with the urgencies of medical -especially mental--affliction will "engage in multiple treatment regimens" (Browne 1999:9).

Bambang Subroto, Chief of Directorate of Hospitals and Director General of Medical Care for the Ministry of Health of the Republic of Indonesia says that

the majority of Indonesians live in rural areas and are poor, and thus need health services that are "simple, inexpensive, effective" (1983:133). He provides a fairly comprehensive list of types of dukun, and suggests that their traditional techniques are so effective that "modern medical science is still not capable to replace it" (1983:135-138). Several articles in *Traditional Healing Practices* (Proceedings of the ASEAN Mental Health Teaching Seminar on Traditional Healing, 1983) show data that indicate that people in various places in Indonesia do tend to see dukun before going to a doctor and often continue going to dukun even if they are seeing a doctor.[10] Most of these medical practitioners seem to think the dukun are very efficacious, although one of them bemoans the fact that Javanese are still "stuck in traditional thinking" and do no good by opting for this manner of healing before the patient is passed on to a mental hospital. "After they have been roaming from one magician or "dukun" to another medicine man and come to no result, at last they come to an awareness that medical treatment is the best way of healing" (Hidayat 1983: 350). There may be some truth to this opinion: Connor (1982) found that 80% of the patients in a mental hospital in Bali had been to a traditional healer before being admitted. Thus we can see that traditional medicine is still a robust part of the health-seeking process in Indonesia, but may not produce universal, permanent cures.

The cost of seeing a dukun or a kyai can vary, and a course of traditional treatment is not necessarily cheaper than seeing a psychiatrist. "It is often assumed that people visit dukuns and orang pintar merely because of economic and educational factors...but this answer is too simple" (Boedhihartono 1982:29). He says the cost of doctors is about the same as the cost of going to a traditional healer, when you factor in herbal preparations, ritual food or offerings prescribed, or other things that are required by the dukun. The kyai, of course, is the cheapest curing option, with no set cost for a consultation and rarely a prescription to buy. But is cost and lack of information about biomedical options what determines the selection of a mode of healing? More and more villagers go to low-cost local pukesmas medical clinics for their medical needs, but for those who have gone to doctors and not been healed, or "those who have mentally disturbed relatives whom a regular doctor is unable to cure" traditional healers are still very popular (Koentjaraningrat 1985:416). For the social scientist, it is difficult to obtain statistical information on the rates of paths of resort today in Java, other than to determine that traditional medicine is still a valid option. Many people are embarrassed to confess their resort to kyai or dukun: "it is revealing that most families say they would take a relative who is *sakit jiwa* to a psychiatrist first, when in reality they first go to a paranormal; it provides commentary on the

public consumption of psychiatric/psychological discourse and a desire to seem 'modern'" (Browne 1999:186; 316).

Resorting to biomedicine

There are sharp contrasts among the different therapies...in terms of the patient's understanding and participation, the roles of the family members in the healing process, and the sophistication of the psychotherapeutic frameworks used. Patients and families understand the fundamentals of traditional therapies, and comprehend the significance of the major symbols invoked in healing rituals. This is not the case with hospital treatment, where the impoverished 'nerve-sickness concept, and the brandishing of psychiatric labels, could hardly be useful to a patient in any cultural context. The contrast then is between the sophisticated concepts deployed by (traditional) healers, and the simplistic models which psychiatrists communicate to their patients.

> --Linda Connor, "Psychiatry and traditional therapies in Bali, Complimentarity or collision?" in *Indonesian Medical Traditions: Bringing Together the Old and the New,* 1982:50

There is no doubt that the Western biomedical tradition, a paradigm based on molecular and cellular biology and the notion of pathology, is a major aspect of medical pluralism in Java. Sciortino found that the Javanese "have found a useful function for the biomedical tradition in their indigenous mode of thought, explaining this function by way of their own local cultural idioms. Somehow they have 'Javanized' biomedicine and incorporated it into the Javanese cultural system, in much the same way as centuries earlier they integrated the Moslem medical tradition into their emic view" (1995:236). But regardless of how integrated biomedicine has become into their emic system, an analysis of Indonesian census data from 1992 leads Ferzacca to conclude

that "scientific medicine should perhaps be considered an "alternative" or "complementary" health care approach in Indonesia, rather than a central one (1996:527) and cites as supporting evidence numerous articles in the popular media "documenting" -with statistical evidence--an increasing preference in Indonesia for *pengobatan tradstional* -medicines and medical practices regarded as traditional (1996:528).

Resorting to a medical doctor is a common option for individuals who seem to be suffering from physical disease, or who have been diagnosed with one of the many "Western" life-style diseases such as heart disease or diabetes. However, resort to a doctor or a psychiatrist by most of the population is unlikely in the event that someone is suffering from mental illness.

Sciortino claims that "what the patients want from a physician or a nurse are quick biomedical methods, namely pills and injections, not herbal remedies. Their preference for the biomedical specialists is inspired by their belief in the efficacy of technical means these specialists can offer. Therefore, they do not want cosmological or social explanations of their ailment—this is the province of the Javanese and Moslem healers" (1995:238). This may be true for what are considered simple physical diseases, but I think the opposite is true in the case of mental illness. Cosmological and social explanations from the kyai or the paranormal are precisely the most satisfying explanations for many cases of

mental illness, offer the most proactive solutions for all involved, and certainly carry the least stigma for the families of the afflicted. Sciortino mostly understands the dichotomy of the traditional and the modern medical systems: she says "biomedical options... are reputedly suitable only for treatment of diseases with a natural, visible or tangible cause (*penyakit lahir*), not for treatment of diseases with a 'supernatural', invisible or intangible cause (*penyakit batin*)" (1995:201), and this is undeniably true. However, I found that this simple dichotomy does not hold true for mental illness, since it crosses or explodes the boundaries between these things— diseases of lahir and of batin; tangible causes and intangible; natural and supernatural causes. Pigg found in Nepal that "(p)eople use cosmopolitan medicine. But though they assimilate cosmopolitan medicine into local patterns for understanding illness...the biomedical reasoning behind cosmopolitan medicine remains for the most part ignored" (Pigg 1990:274). Patients do not receive much in the way of explanation or reasoning from the biomedical practitioner in Java, nor do they expect it. They do expect pills and injections, as Sciortino tells us, and they expect to feel better soon after a visit—but they visit a doctor when they are experiencing physical symptoms that experience has taught them (or neighbors say) the doctor can alleviate.

Most everyone recognizes the efficacy of biomedicine: "even folk healers who daily enter into trance to query spirit beings, concoct all manner of magical potions, and construct curious looking protective talismans in ministering to their clients, have been quick to recognize the healing power of biomedicine and either attempt to usurp its imagery or refer patients to practitioners for supplemental treatment" (Singer and Baer 1995:3-4). But for the Javanese, there are some kinds of illnesses that require a different path of resort: "Javanese society still cannot dispense with the dukun; and even Javanese who are regular visitors of physicians still demand the services of the dukun healer when their sickness concerns certain types of diseases or when physicians fail to cure them" (Koentjaraningrat 1985:426).

Resorting to traditional religious or shamanic healers

Family members may come in conflict, to decide whether the doctor or the dukun should be consulted. Some illnesses, especially mental illness, have a shame value which will degrade the dignity of the family in the community. It is not surprising that the mentally ill patient will be brought to the dukun rather than to the doctor. The dukun will never use the term "insane" but rather use more socially acceptable terms such as: 'forgetting oneself', or not consider them ill at all but for example: becoming a victim of sorcery, or possessed by spirits especially ancestors in order not to be rejected by other family members.

> -- Bonokamsi Dipojono, "Javanese Traditional Medicine and Medical Care" in *Traditional Healing Practices*, 1983: 255

Kleinman argues that indigenous therapies are efficacious because they are integrated into local culture, and thus they are able to address psycho-social

dimensions of illness that cosmopolitan medicine ignores (e.g. 1980). While the traditional practitioners are more adept at addressing these issues, and their belief system may be more 'indigenous', even the biomedical specialists that deal with mental illness in Java do not ignore the psycho-social elements of mental health and illness. A. Y. S. Hamid, the head of the national union for nurses, defines mental health as "if a person feels comfortable functioning in their social environment and feels satisfied with what they have achieved" (2001:3). Professor and public health doctor Asrul Azwar defines mental health as "behavior that is free of signs or symptoms of mental illness, the condition of having immunity and strength to handle stress, and a life that is harmonious with the family and the community" (2001:2). But despite the acknowledgement of the psycho-social dimensions of mental illness, the cosmopolitan medical techniques for cure leave something to be desired when attempting to treat the disharmony, disequilibrium and demonic possession that define mental illness in Java.

Researchers from every discipline who explored health and illness in Java came to the conclusion that the ideas of balance and harmony are paramount in the traditional explanatory model. For example, Sciortino tells us "(d)isease is defined as a state of imbalance or disharmony of physical and spiritual elements; cure always involves the restoring of balance and harmony. For the

first category of diseases, the organs and natural elements within the body have to be put in order, whereas for the second category of disease the harmony with the patient's social and supernatural surroundings must be restored" (1995:230). And Slamet-Velsink writes that "traditional health care starts from the assumption that disease is caused by, among others, disturbances in the equilibrium of the elements that make up the human person, either through internal or external causes. So health care is directed at maintaining as well as restoring the balance" (1996:66).

Resort to a traditional healer - a dukun or a kyai - will ensure a clinical encounter that satisfies the need for balance and harmony, both in terms of the cure that is offered and the maintenance of good relations with the curer and the patient's community. They will treat all aspects of the person as equally important, whereas the psychiatrist will usually treat the individual mind or brain as separate from the body and the body politic. The reassuring ritual performed by the dukun and the religious sustenance offered by the kyai have a profoundly different effect on the family of a patient than the clinical encounter with the doctor. The dukun and the kyai are

> "much more interested in the patient as a person and in his or her unique individual circumstances than regular doctors. A dukun will try to find the appropriate (*cocok*) treatment for each client; in a crowded clinic or hospital a patient is a number, a case, at best an entry in a

> computerized file, and being a villager or *kampung* (popular quarter, ward) dweller, cannot even be sure of being politely treated. When the disease is mental or psychosomatic (with the exception of course of congenital psychoses) the positive effect of the traditional approach may even be much more forceful. The patient gets full attention and he or she may even become the focus of a ritual gathering and the battlefield where numerous and powerful spirits confront each other. In addition, in cases of presumed sorcery the patient is not blamed for his or her own confused condition, but the fault is placed on outside agents so that the patient's feeling of worth is preserved, and feelings of confidence and identity (a sense of belonging) may well be considerably enhanced" (Slamet-Velsink 1996:75).

The psychiatrist, overwhelmed with the demands of his or her medical responsibilities, does not have the time for lengthy interventions with family and community, and although they are acutely aware of the sociological pressures and need for harmony that affect their patients, healing rituals and spirit exorcism are not part of their professional practice or their biomedical training. The patient, by necessity, becomes defined as a unique case of a diseased individual brain or mind.

The spiritual and physical exercises offered by the *kebatinan* mystico-spiritual groups are designed to support the development of (and induce harmony and balance between) the lahir and batin. Recommendations to participate in a particular kebatinan sect frequently come from both dukun and kyai for patients experiencing what they diagnose as symptoms of mental weakness or an inability to cope with stress or life burdens. This kind of prescription

reflects their constant concern for balance within the individual psyche, and harmony of the individual within the community. Dipojono explains that "(k)ebatinan activities work to help cure mental illness, since the emotional support of the family-like group and the spiritual leader can be seen as a therapeutic milieu, and indeed one doctor posits that the stages of learning in kebatinan create an opportunity for textbook chance to get in touch with repressed guilt, shame and fear, and experience healing catharsis through approved and guided induced "crises" which are nothing more that acute psychotic reactions. Any magic they learn is just a bonus" (1983: 255-256).

I found that the cures of a dukun or a kyai can be lengthy, can take time to show results. Personal and social reintegration, relief from life's burdens, acceptance of a tragedy are not the kinds of things that are resolved or 'cured' instantaneously. The knowledge of a dukun or a kyai is seen as somehow more profound than that of a doctor; their knowledge and skills more arcane, and much harder to obtain than the 'book learning' that anyone with the resources to attend medical school could obtain, so the extended nature of their cures are to be expected. In addition to the presumption of possessing more subtle and deeper kinds of knowledge, the Javanese feel that the dukun and the kyai are somehow more altruistic than the doctors. Not only is their

manner less brusque and their consultation much more humane by Javanese communication standards, but they do not charge a set fee for their services and thus are available to families from every economic situation. Undeniably, a visit to a doctor will engender a quick fix for many kinds of purely physical simple ailments, but for the more complicated symptoms of mental illness or a more satisfying holistic cure for any ailment, the dukun or the kyai are the curers of choice for many Javanese. Sciortino came to the same conclusion: "In general it can be said that when they desire quick results they use one of the many public and private biomedical options...But when they desire a treatment that truly eliminates the causes of disease and does not merely suppress its symptoms, they prefer traditional remedies" (1995:237).

The temporary state of shock and the symptoms of mental illness as it is culturally constructed in Java are often relieved by a visit with a kyai or a dukun, who help the sufferer return to a stable state of self-control, reclaim their personal and social equilibrium, regain acceptance of fate or God's will, and reaffirm their religious or philosophical perspective. The breakdown of traditional social structure due to the forces of urbanization and modernization, the pressures of Javanese culture, and the creation of new kinds of socio-economic stress for the Javanese, have created a need for mental health services in ever greater numbers. But despite these moves toward

modernization, traditional animistic and Islamic religious beliefs are still very vital, and these belief systems support the use of traditional religious and ritual specialists.

"To help decipher symptoms, people call on individuals who have special kinds of knowledge or insight. Specialists "know', and this knowledge allows them to interpret signs that are confusing or unclear to ordinary people. Different specialists have their own means of discovery" (Pigg 1990:314). If cosmological and sociological explanations from the dukun or the kyai satisfy, and their treatments bring relief to the patient and the family of the patient, so be it. But if they do not, families may seek help from a psychiatrist and give themselves over to *his* arcane body of knowledge and medicine. Pigg points out that "explanations for illnesses form in this dialogue between sufferers who recount various aspects of their experience, and the specialists whose insight can reveal hidden forces and connections. People do not, however, rely entirely on the opinions of specialists to find ways of understanding their illness" (1990:318). In the world of Java as in Nepal, as will be explained later in this chapter, not everyone holds to the kind of belief system that makes both kyai and dukun an acceptable option. The kind of specialist they are likely to select will depend on both their understanding of their illness and

which kind of 'traditional' Javanese and/or Islamic belief system they most thoroughly espouse.

The Javanese reality incorporates and accepts the irrational and illogical since the world of the batin, the supranatural world has its own logic. There is no dissonance between the world of "madness" caused by a curse, spirit possession, black magic, or the breaking of a taboo and the "real world" for a dukun or a kyai. In many cultures, religio-magical shamanic healers like the dukun live on the boundaries of legitimacy between the core of society and the fringe or margin; but in Java the dukun or the kyai with supernatural powers are not of the fringe, but instead are very much an important part of the core of Javanese society. One should not assume that they are operating on the basis of any kind of quackery, fraud, or superstition, and most Javanese—even doctors, and especially psychiatrists—don't consider them quacks or frauds.

Resorting to *pasung*: hiding the shame and hindering violence

By presupposing the existence of a medical domain, as a delimitable 'part' of society (see Comaroff 1982), explanations of health-seeking behavior assume that the primary significance and only goal of people's interactions with different therapies is healing (Hepburn 1988; Young 1981). These explanations give scant attention to the symbolic and structural links between healing and particular socio-cultural formations.

--Stacy Pigg, *Disenchanting shamans: Representations of modernity and the transformation of healing in Nepal*, 1990: 204

When attempting to deal with madness in Java, some families of the severely afflicted will not turn to a kyai nor to a dukun nor to a psychiatrist, but will instead choose to hide their disturbed family member within or behind their home. Whether locked in wooden stocks, chained, tied up or simply locked in a room or shed, some of the mad in Java spend years without receiving any treatment at all, in the condition known as pasung. Quite often the families of these individuals have sought advice or treatment from different curers, but to no avail; and usually a combination of fruitless treatment and increasing violence or threats of violence are what finally drive them to pasung their family member. Behavior that can be considered mere eccentricity, depressed affect as a result of stress, or temporary lack of control of the emotions due to a sudden tragedy does not usually necessitate pasung. But if spirit possession is indicated and violence is threatened or actualized, "the patient is considered to be a threat to their community, and thus they need to protect their society from the dangers that could happen. This is what causes people to be harsh towards the sick, like *pasung*, locking them up, caging them, or ostracizing them" (Saptandari 2001:5). In his research in a mental hospital in Central Java, Browne found that most families he interviewed with a patient in the family had first consulted a traditional healer to treat the ill relative. The symptoms that led them to visit the mental hospital, though, were the threat of violent

behavior, or some kind of acute episode that involved violence (1999:187). As wretched as the conditions are in the state mental hospitals, these patients were the lucky ones.

The two stories that follow are taken verbatim (translated from the Indonesian) from a couple of popular magazines published in Java. These stories are legion; these were selected at random, mostly for their brevity. The stories explain how two women were put in pasung for most of their adult lives, why the families made that decision, and how the women came to be crazy. The stories are full of symbolism and 'socio-cultural formations', explanatory models and expository flourish, sympathy and sensationalism. They both were accompanied by pictures and precise locations and are probably true, but even if apocryphal (which we might suspect given the florid prose) these stories still present morality tales of how people can slip into despair, how excesses of stress and emotion cause the characteristic symptoms of mental illness in Java, and how some families come to the decision to hide their mad when they become a risk to rukun.

ISAH, 16 years "*dipasung*" ("locked") in a cow stable
Source: Liberty weekly magazine #1804, 1-10 June 1993

"Every human being always dreams of a happy life, alongside their beloved wife or husband and healthy, obedient children. So were the dreams of Isah Wuryati (32), from Kemiri village in Temanggung,

Central Java. At first, pretty Isah was a normal woman. She never showed any symptoms of mental abnormality. But since her husband Sudarmo turned to another woman and married her, Isah became unstable. She began to fly into rages and to leave the house for points unknown. Isah is a portrait of women who suffer because of the deeds of a man.

"When this tragedy befell this household, Isah was still nursing her second child, who was not yet one month old. Because they were afraid they would lose her, Isah's parents Marsudi (70) and Kamsiah (60) caged her in a tiny room. This room is next to the cow stables behind the house..."We once lost a child. So we were forced to cage her, because we do not want to lose another. We cannot afford to pay any more for treatment at the hospital. All of our belongings are gone—we have sold them to pay for her treatment, but there was no result," said Kamisah, and her husband confirmed.

"Like most village girls, Isah was underage when she married, only 13 while Sudarmo was 22 years old. At first the young couple was happy, seeming *rukun* (harmonious). Suddenly, a storm unsettled their family life. Isah began to be angry frequently, and would fly into rages. According to many people, she became possessed by a spirit. She no longer cared about her baby. She soon was brought to RSJ Magelang, a mental hospital. Not long after such medical treatment she regained her sanity and was sent home. She was normal again and able to take care her baby and family. But not long after, without warning, suddenly Sudarmo disclosed his wishes to marry again with another woman.

"Like lightning in the morning, Isah's body felt weak when she heard her husband's confession. Isah became even weaker when her husband announced he would sell their land behind their house to pay for the wedding. What woman's heart would not be crushed to hear that the husband they loved intended to marry again? But Isah just became quiet and sat staring blankly, daydreaming like a madwoman. Finally, she experienced stress so heavy that she rose to the level of depression. "Since that time Isah cries constantly and is silent. Finally she is like this, she has forgotten all her memory," said Kamisah. Her family has tried as hard as they could so she could be well again as before. "All of our fields dry and wet are gone, sold to pay for treatment from *orang pinter* (paranormal practioners) and hospitals, but there was no

improvement. Now all that is left is one tiny slice of wet rice field and this house," said Kamisah sadly.

"At first they put her into mental hospital but she didn't get better. Her doctors in that hospital gave up and allowed her to be brought home when her parents told them that they didn't have any more money to pay for medical costs. Her parents, however, still tried to treat Isah with help of an orang pinter at home. During this in house treatment, Isah did things that that were really upsetting, worrisome. She flew into rages without provocation that were presumed to endanger others. In addition, Isah often was found roaming around the village and became free entertainment for kids. "Because of this, we decided to cage her in a room, so that she could not wander and would not bother other people," said Marsudi. He confessed that their first son, Sudali, also suffered from mental illness like Isah. Because he was left alone to wander everywhere, finally he disappeared and has never come home.

"At first Isah was mad and kept struggling to get free when she was put into such small room, only two meters by two meters made of rattan tied with bands of bamboo. She tried to bring the rattan fence/wall down that encircled her. But eventually as she stated losing her energy she begun to give up and submit to her fate. Her daily activities are just sleeping, eating, sitting and staring dreamily. "She seldom eats, but we keep sending her food to eat every day so her body is healthy," said Kamisah. Marsudi and his wife frequently forbid other people who want to see her in her little cage. Her body is thin. Parts of her body, like her two feet, thighs, and arms are scarred, marked with the ravages of skin disease. It appears that Isah had a skin disease, because she rarely bathes and her cage is dirty."

(Isah has been locked up for 16 years. After Isah's case was "sniffed out" by a journalist, Indonesian government social welfare agencies have offered to help, and plan to send Isah back to a mental hospital. Her parents however, have objections with this plan as they afraid that Isah will escape from the hospital and because they don't have any more money for her treatment. They don't hold much hope for their daughter's recovery.)

ISTIKHANAH, 22 years "*dipasung*" ("locked up")
Source: Liberty weekly magazine #1812, 21-31 August 1993

"Istikhanah, from Susukan villiage, Salatiga, Central Java, has a terrible fate. Her two legs have been chained by her own mother, Kayatun (71), because Istikhanah suffers from a memory disease. She frequently flew into a rage, and carried a sharp weapon, until her fellow villagers became afraid. For 22 years she has spent her life "terpasung" ("pasung-ed") in a small shack with bamboo walls.

"When she was a young girl Istikhanah (41) was known as an innocent and beautiful girl. It would not be surprising to know that she was known as "the flower of her village". Many young men chased and wanted to win her. To avoid unwanted things, her parents soon married her to a young man she adored, Winardi. Man proposes, and God disposes. Their wedding was still fresh when Winardi died from a sickness. Istikhanah felt such a loss, she was struck, and fell. What's more, at that time she was in advanced pregnancy with her first child. Istikhanah tried to tolerate it, to be patient, to accept, and to trust in God. But the patience of the heart of man has its limits. Soon her suffering became unbearable, when her only child died and joined his father. The young widow eventually changed, lost her memory.

"In addition to being beautiful, she was also a smart girl and excellent in reciting the Al Qur'an. She was famous for her nice voice when she recited the Al Qur'an. Many boys in her village were interested in her and wanted to marry her. But all of her talents vanished. Istikhanah became a woman who had lost her memory, was silent, confused, dirty and weak after spending 22 years of her life in a cage in her own yard. She lives alone in a small room just a couple of meters square that is confined and stuffy. Her physical condition is pathetic. The once beautiful and graceful Istikhanah now has a face much older than her 41 years.

"The home life of Istikhanah was indeed tragic. Before she was satisfied building a family, her husband went home to the lap of God. Four months after her husband left the world, Istikhanah gave birth to her first child, a baby she named Ridwan. Baby Ridwan became the center of Istikhanah's world, her sun and moon, the apple of her eye, partly because Ridwan was the spitting image of his father, Winardi. With all of her heart Istikhanah loved and took care of her baby. But

her baby was constantly ill. Istikhanah tried to keep her faith and be patient in facing all these trials. Finally she lost all hope when Ridwan, the doll-like focus of all her hopes, was called by God to join his father.

"Like a boat without an oar, the body and soul of Istikhanah was without direction or strength. She began to frequently daydream alone. Wandering with blank mind and empty stare. Her face was blank. And Istikhanah, who was once clean and clever at taking care of herself, no longer cared about her well being and forgot to bathe. Eventually her body began to dry up, become thinner. She is no longer a patient woman. She is very sensitive and full of anger. She even frequently would kick or throw furniture, anything in the house that was near her, if she was angry. "She frequently would daydream, and talk to herself. And what she would say would be nonsense, there was no difference with a person who had lost their memory," said Kayatun.

"Seeing her daughter experience a disturbance of the soul, Kayatun tried to cure her through various ways. Among them were doctors and dukuns. But because of economic limitations, finally the attempts to cure her were limited to dukun that were in the area of her village. "We only took her to a psychiatrist once, and according to that doctor Istikhanah would soon be well," said Kayatun. This simple woman admitted she was incredibly confused seeing the attitude of her daughter, because of Istikhanah's frequent fits of anger, breaking things in the house and leaving the house. At first, Istikhanah only wandered around the village, but eventually Istikhana went far from the village and didn't return home for days. Not just that, but Istikhanah frequently frightened people with sharp weapons.

"According to a few neighbors, after the death of her husband and child, "Is" (as they call her) frequently went to the wet rice fields. There she would sit for hours in other peoples' fields. They didn't know what she was thinking. Usually after hours daydreaming, then she would return home in the evening. This caused her old mother to always be worried about her. Finally she felt so hopeless when she looked at the actions of her child, she decided just to pasung her with chains on her two feet. Even though Istikhanah's condition was pathetic, Kayatun still loved her. As a mother, Kayatun did not want Istikhanah to go from home and not return.

"Is's two feet have been chained since 1971. Every day Is just sits on a crumbling bamboo platform bed. She can no longer wander. She urinates and defecates there. According to Kayatun, Is bathes about four times a month. The other villagers know about the confinement of Is, but it is like they do not care; in fact they feel safer without the disturbance Is engendered. Is's condition is indeed pathetic. Her skin is dry and her face is pale and wrinkled.

"As time went on, the village seemed to forget about Is, until one day the media got ahold of her story. She began to receive special attention from the mental hospital RSJ Semarang. On 24 July 1993 some staff from that hospital came to Kayatun's home, to take her for treatment to RSJ Semarang hospital.

"With a happy heart Kayatun welcomed them to her very simple home. There was a saddening incident that happened when Istikhanah was helped to the ambulance to take her to the hospital. She appeared confused and acted like a sane person; she even said, "oh what has happened to me, what have I become?" These words shocked the people around her. They asked, doubting, is that woman really insane or has lost her memory? What is certain is that this poor widow is now receiving intensive therapy in Semarang mental hospital. "I can accept giving up Istikhanah to the doctors that are treating her. Hopefully her disease can be cured, so that she can return to normal, as before," said Kayatun optimistically. The hope of someone for their beloved child."

Reflections of social difference: cures as socio-cultural constructions of identity

People are simultaneously affected by all kinds of influences because they are at once subject to social, cosmic and material forces. Each kind of influence on a person is partial. None is considered by villagers to account for all illnesses. Illnesses must be explained so that an appropriate remedy can be found... Explanations of illness are linked, explicitly, to therapeutic choices. But these explanations have implications that extend beyond healing as well. The actions people take to understand and cure illness also assert visions of a social world. Explanations of illness refer not simply to 'what happened' to an afflicted person but serve, as well, to delineate a person's place in specific social relations.

--Stacy Pigg, *Disenchanting shamans: Representations of modernity and the transformation of healing in Nepal,* 1990:262-274

Defining disease and interpreting symptoms

Where people go for treatment of the symptoms of mental illness is influenced by a number of factors that determine how they define the disease or interpret symptoms; how they understand illness. When someone becomes ill, family and community members diagnose the illness episode, and determine which curer is appropriate. The perceived cause of the illness, availability of curers, social acceptability of curers, cost of treatment, success or failure of prior treatment or the comfort experienced in the clinical encounter with a type of curer, level of social disruption the patient is causing and the stigma of the particular disease—all will influence the choice of a curer. Many of these things are determined by the ethnic identity and affiliation of the particular family and community, and the kind of social relations that are familiar to them. Crandon-Malamud writes that "how people talk about illness is a means by which the symbolic content of ethnic identity is interpreted, and the nature of social relationships is defined" (1991:88); Pigg puts it "(h)ealing is an important site of a symbolic politics of identity" (1990:432). This is certainly true in Java, where the symbolic systems are rich and robust, and the world of social relationships is exquisitely orderly, yet elaborate. The cultural values that the Javanese have learned as children, the values expressed in their

home and neighborhood, their ethnic and religious identity and affiliation, all affect the interpretation of symptoms and the paths of resort to a curer.

Javanese feel responsible for one another; family ties and social obligations are extremely important since there is no national welfare system in place. Through primarily private religious institutions like mosques, orphanages, *pesantren* religious boarding schools and public schools, Javanese support the destitute and give generously, and directly, to those worse off than themselves. The philosophy and practice of *gotong royong* (mutual help) and *musyawarah* (consensus decision-making), cause the network of social relations and the ethics of civil society to be quite strong. As Javanese are involved in the community, so is the community often involved in the lives of each Javanese family. The poorer the neighborhood, the more likely it is to be ethnically, religiously and economically homogenous, and the more likely it becomes that family decision-making will be strongly influenced by community opinion. Thus for the Javanese, socio-cultural status often defines what kind of curer they will go to first, and the type and level of symptoms will determine if the patient ever sees the inside of a psychiatric hospital. The community may insist that their local elected leader, the RT or the RW may intervene and institute the instruments of social control if the symptoms of mental illness are violent or disturbing enough that community rukun is

repeatedly violated. At that point the decision is effectively made for the family, when the agent of disorder is removed to an institution. This path of resort is in many cases, a path of last resort, simply resorting to storage and containment of the disturbed individual with little or no hope for a cure.

Politics of identity

While illness clearly has an important semantic component (symptoms are culturally constructed in meaningful ways) and clinical interaction has an interpretive dimension (e.g., physicians fit self reported patient symptoms into a clinically meaningful diagnosis) it is necessary to analyze these processes in terms of the role of culture in sustaining power and privilege.

--Merrill Singer and Hans Baer, *Critical Medical Anthropology*, 1995:269

The Javanese show a highly developed consciousness of marked identities, and negotiate status in every encounter. While individual class and ethnic identity are unchanging markers, social status is context dependent. It can vary according to the class, age, gender, kinship relation, education or position of power of the individual with whom a Javanese relates. The language that one uses, the body posture, the gestures—indeed whether or not another might even be addressed—is dependent on the politics of identity, whom the Javanese must become in each encounter to conform to the unwritten laws of social relations. For the Javanese, their social identity is a major determinant of the paths of resort for medical treatment that they will pursue. This is not as simple as identifying as villager or urbanite, as a Muslim or non-Muslim, as

a member of a particular gender or ethnic group. Social differences among the variety of East Javanese Muslims I described are enormous, and have nothing to do with ethnicity or urban/rural residence. They have something to do with economics and education, but these are not the only determinants of difference. Very real social differences lie in the quality of their religious beliefs and practices, the nexus of custom and belief that is praxis. Different kinds of curers are associated with these degrees of social difference, and the varieties of the curers' beliefs and practices reflect the varieties of power recognized by the Javanese -- religious power, supranatural power, and institutional/governmental power or the power of position.

Unlike other studies which suggest that increased education, rise in income and/or ascending social status reduce the level of belief in mystical, magical or supernatural stuff, I find that in Java *everyone* believes in the super- or supranatural to some degree. Everyone would agree that there is a level of our world, or a world that coexists with the world of our perceptions that is beyond normal comprehension or even apprehension. However, the cosmology of their mystical world will differ depending on the level of their commitment to, internalization of and interpretation of Islam. And the likelihood that they will choose a particular kind of curer will be tied not to

their educational or economic situation, but instead be tied to their network of social relations.

Good and Good found that often anthropologists had presented Western medicine and traditional medicine in idealized contrasts (1993:81). The complexity of the Javanese cultural landscape offers us no such tidy dichotomies. Different kinds of power, of knowing and of healing are the result of religious faith, the study of science and the understanding of the supernatural...and all may be held in the same esteem.

In Java, the modern has not yet edged out the traditional. For example, in many countries, as Pigg found in Nepal, urbanites have problems accepting ghosts and spirits (Pigg 1990:452) but not in Java. Traditional Javanese ritual and fundamental Islamic belief are a large part of even the largest cities in Indonesia. In East Java Islam seems to have taken the strongest hold on the population, and more people are actually pious, practicing Muslims than elsewhere in Java, but the kind of Islam that was brought to Indonesia, with its solidly Sufistic mystical flavor, makes the kind of meditation, trance and ascetic exercises practiced by the dukun perfectly understandable, and makes the existence of kyai who have developed powers through participation in similar practices virtually guaranteed. For many East Javanese city dwellers,

there is no shame in seeking herbal medicine, amulets or ritual treatment from a dukun; the possibility of the association of the traditional healer with backward superstition is ameliorated by the techniques traditional healers have used to modernize themselves and their practice to show participation in modernity. The Indonesian language has become the leveler of class and class boundaries in the public arena; just so the invention and adoption of the term 'paranormal' creates a classification that subsumes all of the various types of inspiration and ascetic practices that may inform the final product.

East Javanese culture ultimately recognizes the possibility of power, focuses on the final product not the process, and respects the person who is able to control, utilize, tap into a power greater than that which the average person can access. The psychiatrist possesses the power of the 'moderen', of science, of the institution; is much more likely to be of a different social class and ethnicity from his client; and is the only curer whom the government would not question if he confined his patient. The kyai possesses the ability to channel the power of God. And the dukun with their paranormal powers, like the shaman described by Levi-Strauss, "provides language" (1967:198) and promotes reintegration for the patient, allowing mind, body, individual self and society the chance to express their shared symbolic system. The

individual East Javanese will *not* consider each of these types of power as equal, equally valid, or equally strong.

Geertz's characterization of the Javanese health-seeking process as "flailing" is mistaken: even if they are desperate, Javanese will not grab at any straw. For the lower socio-economic classes, hospitals are still where you go to die; they do not believe in the power of science to diagnose or cure the extremely ill, but they won't all go to just any kind of a traditional healer. Most Javanese have fairly convenient access to cosmopolitan medicine, but the question is always will they utilize it for things beyond birth control or government-required immunizations? What cultural or economic conditions would lead to different responses to mental illness?

I found that the socio-cultural orientations, the different forms of Islamic praxis as defined in chapter five of this dissertation best predict what path of resort will create the condition of *cocok*, or fit, that will insure a cure, what kind of symbolic and structural meaning would be sought when seeking a cure for mental illness. The religio-economic orientations of the various forms of Islamic religious life all evinced concern with the restoration of order. Patterns of resort ranged from attention to social order that required the mentally ill to be controlled or concealed, to attention to order within the

individual soul or psyche which required consultation with a healer of some kind. Fundamental Javanese conceptions about order in society and religious praxis inform reactions to and expressions of mental illness. How people choose to treat mental illness depends on how they define and diagnose the symptoms, and on the social milieu in which they live. Practices of concealment and control are important to some; consultation with a healer is important to others.

Control and/or concealment

The close-knit Javanese village or kampung neighborhood would easily accept eccentric behavior in its midst, but anything unusual would provoke endless gossip. Private homes in these areas are not very private - often an area will share a water source for cooking and drinking, share walls, and share bathing and laundry facilities in a nearby river or stream. So, concealing the onset or intensification of mental illness is very difficult. If a mentally ill family member were causing too much public trouble—vandalizing, stealing, appearing naked in public, threatening violence or otherwise frightening people--the local R.T. or R.W. might insist that they be taken to the nearest state mental or general hospital. Or the family at that point might choose to

lock up their mad, pasung them and hide them, since the family would always be actively seeking rukun with their neighbors.

Congenial praxis:

Congenial praxis is based on a concern with social conformity, and thus would indicate resort to a dukun or anyone friends or neighbors recommended who is reputed to have supranatural powers, since this orientation would lend credence to the theories that ascribe the symptoms of mental illness to a supernatural cause.

The socio-economic conditions in which this orientation most frequently emerges make the low cost and local convenience of a traditional healer very attractive, as would the respect with which the patient and the patient's family will be treated by him or her. While congenial praxis does not demand observation of the five pillars of Islam, resort to a kyai who lives nearby and who is also reputed to have supranatural powers would be a likely option. This form of praxis places great stock in amulets, religious *rajah* magical mandalas, and other *pusaka* power objects. The kyai and the dukun operate within the congenial context to give the patient and their family tools with which to help counterbalance the supernatural forces believed to be everywhere. The traditional healing methods relieve the family of the

responsibility for the disease when the victim is diagnosed as randomly afflicted by powerful external evil.

The need to maintain social harmony and order that is paramount within this form of praxis and the lack of economic resources needed to seek consultations with healers would lead to frequent application of the pasung to conceal the madness and control the mad. Congenial praxis would be most likely to ascribe the onset of mental disturbance to dark arts and disharmony, daydreaming, defilement or desecration, demonic disturbance or discomposure (shock).

Conscientious praxis:

As the central precept of this form of praxis is putative religious orthodoxy, under no circumstances would the resort to a dukun be acceptable, even though the symptoms of mental illness might be interpreted as signs of spirit possession. In this orientation, the kyai would always be the first resort for consultation on any disease, disorder or other unpleasantness that might arise, since the principles of faithfulness, commitment and consistent piety, a sense of religious duty and a fear of sin, the wages of sin, and the wrath of God must always be preserved. This fear of sin is what would preclude seeking help from a dukun—conscientious praxis would define dukun as *syiric*

(polytheistic or animistic), which is forbidden in Islam; and the dukun's *kejawen* rituals might call upon the dangerous powers of djinn or other *haram* (forbidden) creatures or powers. Resort to a kyai reinforces the centrality of religion to the conscientious life, the necessity to submit to the will of Allah which is the central tenet of Islam, and encourages the great Javanese virtue of ngalah, or submission, to others' wills or desires...or to fate. Resort to a kyai may confirm the religiosity of the conscientious praxis, and might raise the stature of the patient's family in their community. Adhering to this kind of praxis would be very likely to lead a family to keep an obviously deranged person in pasung, shut in the home, while they prayed regularly for them, trying to reinstate social order by concealing the mad while seeking a return of order and control to the individual psyche through the intervention of God. It could indicate resort to a state low-cost mental hospital at the recommendation of the kyai if the family had the means to own or hire private transport, which is unlikely. It would indicate consultation with a doctor as a last resort for rukun's sake, if the gossip in the neighborhood about the treatment of their mentally ill family member turned ugly. Conscientious praxis would be most likely to ascribe the onset of mental disturbance to debility, disequilibrium, daydreaming, defilement or desecration, demonic disturbance or discomposure (shock).

Consultation

Convivial and cerebral praxis typically emerge from socio-cultural conditions quite different than those that encourage congenial and conscientious praxis. These two varieties of Malang praxis arise within families and neighborhoods where economic and educational opportunities abound. These neighborhoods or family compounds within a poorer kampung have much more autonomy from their neighbors both architecturally and socially. The physical distance provides privacy; the cement walls and barbed wire or broken glass atop the walls, the enclosed courtyard spaces and the gated front yards both symbolize and actualize the personal privacy of the middle- and upper-middle class home. These are not the traditional Javanese close-knit neighborhoods that would cause the neighbors to be aware of what was happening in their home, hence families in this context would not be affected by a need to conform to public opinion about the proper treatment of their mentally ill family member; and the lack of community scrutiny would preclude any pressure to pasung. The ability to confine the mad within the personal compound effectively controls the madness behavior and ensures enough order that the pasung is not necessary in this environment. And the economic conditions of these areas insure that families have the means to seek a variety of options for treatment. Thus consultation becomes the main concern, seeking to return

order to and regain control of the disordered mind, and the concern for social order is secondary.

Convivial praxis:

Having the most conscientiously "moderen" orientation of East Javanese praxis, convivial praxis would necessitate seeing doctors regularly and/or having doctor acquaintances, and thus the observable or reported symptoms of mental illness would be likely generate a referral to a psychiatrist at a visit to a doctor, if the doctor were unafraid of giving offence. This form of praxis would encourage regular consultation with a kyai as well, so advice would be likely to come from this quarter too. Enlisting the help of the kebatinan spiritual group of which one of the family members is likely a member would be appropriate. In addition, convivial praxis would likely lead its practitioners to consult a dukun if the dukun was upscale enough to have had positive media exposure on television or in the newspaper or magazines, had been described as serving a celebrity clientele, or had been recommended by someone in their kebatinan group. As convivial praxis embraces middle-class active participation in the global consumer culture, it might suggest the opportunity to avoid the stigma of the diagnosis of mental disease by going overseas to seek medical treatment. Convivial praxis emerges primarily from urban suburbs with more physical separation between homes and an even

wider emotional separation between neighbors than is found in villages or urban kampung neighborhoods. Therefore, the amount of social outreach that convivial praxis will indicate when seeking a solution for their mental health problem would determine the size and kind of social network involved in decisions about their health-seeking process. Convivial praxis would be most likely to ascribe the onset of mental disturbance to degeneration, descent, or discomposure (shock).

Cerebral praxis:

This form of praxis would not immediately indicate a physical, neurological, psychological, or spiritual etiology of disease. It would be most likely to ascribe the onset of mental disturbance to defeat, degeneration, or discomposure (shock), if pressed, but would require consultation with medical professionals, probably a psychiatrist, immediately for a definitive, satisfying diagnosis. The kinds of socio-economic conditions which most typically give rise to this form of praxis would create a familiarity with exclusive practices like the expensive, discreet, private mental hospital in Pujon, and would probably also allow the ability to afford to place someone in treatment there. Cerebral praxis might involve regular dealings with dukun (especially for regular ritual bathing of inherited pusaka heirloom power objects); might entail regular visits with a kyai, and necessitate taking his

advice very seriously. However, cerebral praxis celebrates the intellectual, demands the most modern, cutting edge medical treatments available; thus therapy with a psychiatrist would conform to the ideal of cerebral praxis as participation in the cosmopolitan, even global culture of ideas. Cerebral praxis would require scientific explanations, and while it could easily accept prescriptions for prayer and/or meditation or consider an amulet or two helpful in the extreme, simple cosmological or social explanations for the onset of disease and ritual prescribed as an intervention would not satisfy.

Evaluating efficacy, addressing accuracy, and the nature of this work

Often quoted is Keesing's critique of interpretive anthropology: "cultures do not simply constitute webs of significance, systems of meaning that orient humans to one another and their world. They constitute ideologies, disguising human political and economic realities. ... Cultures are webs of mystification as well as significance" (Keesing 1987:161).

> --Byron J. Good, *Medicine, Rationality, and Experience: An Anthropological Perspective,* 1994:57

"'We Javanese are a closed (*ditutup*) people; we show and tell you one thing and hope that it pleases you, but we will never show our inside. Your impressions and interpretations are merely based on what you have been seen and been told, but you cannot look behind our posture. We open ourselves to the extent we want to, but you will never know what is inside us.'"

> --Niels Mulder quoting one of his informants in *Individual and Society in Java,* 1989: 58

When debating the question of efficacy, the nature of discussions about personal experience with mental illness affect the quality of any conclusions we can draw. The reticence of the Javanese makes dialogue difficult. The

stigma of the disease makes discussion difficult. The relative and perceived nature of improvement in mental illness makes determinations of efficacy difficult - a tumor is gone once it is removed, and a cure may be pronounced, but the nature of mental illness and a tendency of mental patients to require continued medication or to relapse makes the declaration of a 'cure' suspect.

The East Javanese are an intensely private people who probably won't ever tell you everything, but especially as a Westerner (and therefore associated with assumptions about modernity and secularism) and a Western social scientist at that, I found it difficult to get strangers to admit, in my written surveys, to using traditional healers. They gave me all kinds of information about trips to doctors, and shared their opinions about how one stays well and gets sick in Java. It was not so hard for them to admit to seeing kyai, but I was never sure why one kind of tradition was seen as probably less acceptable to my critical, scientific gaze. Perhaps it was because the Indonesian government and many other countries around the world promote Islam as a progressive, profound and important underpinning of the modern state. Nevertheless, despite what I thought I knew to be the truth would not be confirmed by actual admissions by informants who were suspicious of the motivation for and the eventual exposure of information from my academic enterprise.

Many times I found myself caught in what felt like an iron web of mystification.

In the end, there is no getting around "the un-get-roundable fact that all ethnographical descriptions are homemade, that they are the describer's descriptions, not those of the described" (C. Geertz 1988:144-145). In this dissertation, I tried to use the words of those described as often as possible, to try to offer a sense of the symbolic networks at work when defining, diagnosing and treating mental illness in Java. From these descriptions we can see that some of the paths of resort work for some people at some time, and the key to the efficacy of any type of treatment will be an appropriate fit with a particular curer. In Indonesia there is a saying: *"lain ladang, lain belalang"*, "other fields, other grasshoppers"...which means, essentially, to each his own. When determining the potential efficacy of any kind of cure, all will depend on if the curer cocoks—fits--with the individual patient. Without cocok, no cure will work no matter how famous or famously effective the dukun, kyai or doctor who delivers it.

Given the nature of the absolute need for individual satisfaction with a particular curer in effecting a cure, I am not sure of all the implications of this study for public health policy or the individual practitioner in Java. *"Lain*

ladang, lain belalang" also implies that different places harbor very different kinds of people, and I think it is safe to say that different eras also may create very different mindsets. This research was performed over the course of about ten years; the processes of modernization, urbanization and education through government propaganda in state schools and national media continue. However, I suspect for many years to come magic, morality and medicine will continue to be valid treatments for mental illness in Java.

The dukun still practices ancient arts, honed over epochs, and although his kind of belief system could be seen as backward and primitive and superstitious it is still respected in Java. For now the continuity of Javanese culture is there: kyai retain their charisma and status for many, using modern technology and communication to derive ever-larger groups of devotees; the art and science of the dukun mean something different now to a whole new set of clients, since they have redefined themselves as 'paranormal' and have translated themselves into the modern world of the new-age professional practitioner; the psychiatrist is no longer a reflection of the Dutch colonial military enterprise, but still carries a troubling association with the kind of total institutions Foucault made his life work. Java has been going through

great leaps of 'progress' and disjunctions of development, but the traditional healers continue to provide meaning and comfort for the Javanese.

I set out to paint a picture of the complicated landscape of the world of medical pluralism in Java, and knew that far from developing any cross-cultural diagnostic schema or producing any prescriptive maps for applied anthropological endeavors, I would be writing an idiosyncratic, wide-ranging work that provided insight into the cultural context of the curers and the cured. I think my explication of the varieties of Muslim religious life in East Java varies fundamentally from what Clifford Geertz posited in the 1960s, and that has remained inviolate (despite some criticism) since; and the projection of the kind of curers that the different religious orientations would be likely to indicate, as well as the kind of interpretation of symptoms in which they would likely indulge could be a very useful tool to help doctors design interventions that could encourage the resort to psychiatric professionals. But, again, that was not my goal. Byron and Mary Jo Good once wrote, "At this stage in the development of medical anthropology, little can be expected of studies of the nature of medical knowledge unless they are situated, contextualized and ethnographically rich" (1993:83). If the reader finds this work soundly situated, fully contextualized and ethnographically rich, I, too, will be satisfied.

Notes to Chapter Seven

[1] Hollan and Wellencamp document this in this exhaustive list:

> The commitment to and internalization of religious and cultural values that stress social harmony, cooperation, patience and acceptance (C. Geertz 1976; Bonokamsi 1972); the role of complex patterns of etiquette and respectful behavior...(C. Geertz 1976; H. Geertz 1961); childrearing and enculturative practices that lead to behavioral patterns of passive withdrawal or fearful avoidance, and fear of intense emotional arousal, rather than to patterns of active assertion and aggression (Bateson and Mead 1942; H. Geertz 1961; Denton 1978; Robarchedk 1977); illness beliefs that bind the experience and/or expression of disturbing emotions to serious physical and mental ailments (H. Geertz 1961); and the importance of dissociative mechanisms in splitting anger off from conscious awareness and limiting outwardly aggressive acts to circumscribed, well-controlled ritual or illness contexts (Bateson and Mead 1942; Connor 1979; Suryani 1984; Lee 1981; Hollan 1984) (Hollan and Wellenkamp 1994:291).

[2] "Lebih banyak yang Datang karena Keluhan Fisik" ("More come (to the psychiatrist) because of physical complaints") in *Kompas* newspaper, Sunday 14 October 2001, page 21.

[3] For interesting detail on how the medium of film was used to promote the New Order agenda, see Sen 1994 and Sen and Hill 2000.

[4] In contrast to the Javanese language, Indonesian is a created language that the government recently developed from a sort of trade patois used amongst the 360-plus language groups within Indonesia and the traders who did business with them. It is a fairly simple language that includes many loan words from Malay, Chinese, Dutch, French, Portuguese, Sanskrit, Arabic and even English. True to its origins, it is the language of business and commerce, and has become the language of administration and government.

[5] In her 1987 book *Spirits of Resistance and Capitalist Discipline: Factory Women in Malaysia*, anthropologist Aihwa Ong also argues that due to oppressive politico-social and economic conditions women in Malaysian factories exhibit the symptoms of demonic possession as an expression of the anomie of modern industrialized urban life and of resistance to dominant forces. Events

that almost exactly parallel the kind of mass possession that Ong describes have taken place in Javanese factories as well.

[6] Held in Batu, just outside of Malang. Over 250 psychiatrists, psychologists, general practitioner doctors, neurologists, nurses, sociologists, NGO members-- and 2 anthropologists attended. I will discuss this in greater detail in my chapter on psychiatrists in this dissertation.

[7] His or her training in the scientific discipline may be less than ideal, and competency may be even more suspect for his or or her staff:

> "Many Indonesian doctors who lack the sometimes doubtful benefits of overseas training, and who read English medical texts with difficulty, are exposed to simplified versions of Western psychiatry which are conveyed to paramedical staff, patients and families who share even less in the cultural assumptions upon which these theories are premised. Culturally, the therapeutic models currently utilized by medical practitioners are inappropriate and incomprehensible to the majority of clients and potential clients. Whilst funding, personnel and facilities are expanding at a formidable rate, there is a noticeable lack of any thoroughgoing attempt to accommodate the concepts and procedures of psychiatry to the cultural context of practitioners and patients" (Connor 1982:53).

[8] Sciortino would disagree. In her work in Central Java, she found disrespect for and dismissal of traditional healing (Sciortino 1995:esp 231-236), claiming that "physicians reject any cooperation with traditional healers, since they feel that these healers cannot be put on the same level with modern specialists" (Sciortino 1995:240) in terms of institutional and government legitimacy and education. But in my discussions with psychiatrists and psychologists and from close readings of their papers, I found just the opposite.

[9] In addition to Browne and Ferzacca who explicitly deal with mental health issues and paths of resort, Connor (1982) Clifford Geertz (1976) and Hildred Geertz (1963), Hugo et al (1987), Terrence Hull (in Owen 1987:210-234), Valerie Hull (1979 and 1986), Koentjaraningrat (1985a), many of the articles in Mitchell (1982, including Rienks and Iskandar), Owen (1987), Salan and Maretski (1983), and Setyonegoro (e.g. 1978) all address medical pluralism in Indonesia.

[10] See for example articles by Hidayat, Bahar et al, Rudyanto, Pariaman and Syiwu.

GLOSSARY

Indonesian, Javanese, Dutch or Arabic word or phrase	English translation of word or phrase*
Abangan	Nominally Muslim or irreligious
Adat	Custom or tradition
Alhamdulillah	"Thanks be to God" in Arabic
Amok, ngamuk	Out of control with anger
Angin	Wind
Angin duduk	A variation of masuk angin, or letting the wind in that is inevitably fatal
Angker	Creepy, spooky, scary – describes a place presumed to be haunted
Apa saja	Anything; whatever
Badui	Reclusive tribe living in the mountains of West Java
Bahasa	Language
Bahasa osin	Language of the culture area around Banywangi, in easternmost Java
Baju takwah	Long sleeved, collarless shirt; traditional Muslim wear for men
Bakat	Inborn talent or tendency
Balian	Balinese dukun
Balok, dibalok	Locked in stocks
Balsem	Camphor, menthol, eucalyptus,
Bapak	Lit. Father; term also denotes respect for older men
Batin	Inner self or spirit
Beras kencur	A type of jamu or standard base for jamu drinks made by infusing water with powdered rice and medicinal herbs
Bhineka tunggal ika	"Out of the many, one" or "Unity in Diversity" from the Sanskrit; the national motto of Indonesia
Bismillahirrohmanirrohim	"In the name of God, the most benevolent and merciful" in Arabic; this statement should preceed any good action undertaken by a Muslim

Blangkon	A central Javanese cap for men made from an artfully folded square of batik fabric
Bobot, bibit, bebet	Family wealth, ancestry and social rank
Boso walikan	Also spelled basa walikan; backwards slang language of the Malang/Surabaya area
Bule	Javanese term for white person, lit. albino
Bupati	Appointed regional political position similar to governor
Busana Muslim	Muslim-style clothing, Muslim fashion
Cara Jawa	The Javanese way (of doing something)
Cocok	To fit, to harmonize
Dalang	Puppeteer; also used as synonym for mastermind
Dhanyang	A village protective spirit, often seen as the protective ancestor of the village.
Dharma Wanita	Formal government organization for the wives of government officials or functionaries in any state institution
"Di mana anakku?"	"Where is my child?" Song sung by madwoman in popular children's television show
Diganggu	Lit. disturbed; indicating spirit possession or harassment by spirits
Djinn, jinn, jin	In Islamic doctrine, an invisible being created by God; not an angel or a devil, a kind of spirit or sprite. May be protective, controlled to do one's bidding if one is sufficiently powerful, or may be basically evil or become out of control and wreak havoc
Dokter djawa	The first Javanese medical practitioners trained by the Dutch in formal schools
Doorganghuis	places for the initial intake and preliminary treatment and diagnosis of the mentally ill
Drs.	Indicates completion of a bachelor's degree
Dukun bayi	Traditional midwife
Dukun pijet	Masseuse
Dukun santet	Black magic practitioner, sorcerer
Dukun ular	Curer that uses snake venom, blood, bile, and eggs to effect cures

Dukun, (also dhukun, dukon)	A magical specialist and/or curer, shaman
Dungu	Idiotic
Dzikir, zikir, dhikir	Chanting the name of God
Edan	Complete insanity, inability to observe the conventions of social interaction; deranged, berserk, and demented
Edan-edanan, also ugal-ugalan and gila-gilaan	(Participation in) dangerous activities such as crazy driving or motorcycle races; foolish, imprudent and absurd
Eyang	Kinship term for grandparent; used as an honorific for a respected person or thing (e.g. tree or rock) that is believed to house a powerful spirit, usually of an ancestor of a village or area
Frustrasi	Frustration, depression
Gaib	Mysterious, magical, supernatural
Gangguan Jiwa	Lit. soul disturbance; mentally disturbed
Gangguan Syaraf	Nerve disturbance, mental illness
Gedek	Woven split bamboo strips, used for interior or exterior walls in low-cost construction
Gela	Dissappointed
Gendam	A type of black magic used to trick people out of their money or valuables, usually practiced in a very public place
Gendeng	Descriptive term for bizarre or outrageous behavior (or events); if describing a person, someone who sometimes acts normal and sometimes does the inexplicable
Gila	Crazy. Also used as an exclamation or as a prefix to describe obsession or fanaticism. For example, *gila tahta* (power hungry) *gila hormat* (fanatic about obtaining respect) and *gila kedudukkan* (obsessed with promotion and advancement of professional or personal status/position)
Gotong royong	Cooperative collaboration, working together for mutual aid or collective good

Griya	House, home
Guna-guna	Black magic
Gunungan	Anything designed to resemble or symbolize a mountain
Gurah	To score the flesh with a knife to draw blood as a medical treatment
Gus	Common nickname/honorific for the son of a kyai
Hadith	Traditions, statements by or about the Prophet Muhammad
Hadjah or hajah	Title used before a woman's name after she has performed the haj
Hadji or haji	Title used before a man's name after he has performed the haj, also may be indicated by the capital letter H. preceding the written name
Haj	Pilgrimage to Mecca, at least part of which has to take place during the month of Ramadan
Halal	Food prepared in accordance with Islamic dietary law
Halal bil halal	The practice of visiting and asking forgiveness of friends and neighbors at the end of Ramadan
Halus, alus	Fine, refined, smooth
Haram	Islamic term for forbidden; similar to kosher
Hati, ati	Heart or liver
Hati kecil	Lit. small heart or liver; heart of hearts
Ibu	Lit. Mother; term also denotes respect for older women
Idul Fitri	The holy day/holiday that marks the end of Ramadan
Ihram	Simple white seamless garment worn during the hajj by both women and men
Ilmu	Lit. knowledge; often refers to Javanese mystical knowledge

Imam	One who leads group Friday prayer in the mosque; *imam masjid* is a permanent administrator of mosque business and leader of the local congregation
Isin	Feeling of embarrassment or awareness of lower status
Islam KTP	Nominal "identity card" Muslims; people who have indicated Islam as their religion on the required national identity card but do not practice many or any of the five pillars
Istighosah	Communal prayer involving thousands or tens of thousands, usually held in huge fields or stadiums
Istirahat	Noun or verb for a break, a rest
Jamu	Javanese traditional herbal medicine
Jaran kepang	Horse trance dance in which people use rattan puppets of horses to help them go into trance; lit. woven horse
Jatuh sakit	(To) fall sick
Jenang	A gummy, chewy, rice-based candy
Jeng	Javanese honorific for young woman
Jimat	Amulet; power object; charm
Jin	See djinn
Jubah	Arabic-style long robe usually worn by pious Muslim men
Ka'bah	Huge cubical stone edifice in the immense courtyard of the Great Mosque of Mecca.
K.H.	Kyai Haji
Kaffir	Beliefs or believers not in accordance with the teachings of Islam
Kaget	Startled
Kalah	To fail, to lose, or be defeated
Kampung	Lit. village; used as a descriptor for (usually low-income) neighbourhoods within cities
Kartu Tanda Penduduk (KTP)	Indonesian national identity card; lists name, gender, blood type, complete address, place of birth and birth date, religion, marital status, type of work a person does, and a recent photograph.

Kasar	Rough, crass, unrefined, crude
Kauman	The area near the central mosque of an Indonesian town
Kebatinan	Javanese ascetic group practices that works to develop "*tenaga dalam*" or inner power
Kedudukan	Lit. seat; rank or position in a hierarchy
Kejawen	Javanese way of mystical practice or philosophy; essential elements of Javanese culture; "Javanese-ish" or Javanese-ness"
Kembang telon	Term for a mix of flowers of three different colors, used as an offering or in various rituals
Kenceng	Straight or tight
Keramat	Holy or filled with spirit power; usually refers to a place
Kerasan	To feel comfortable somewhere, to adapt comfortably
Keris	A ceremonial dagger common to Indonesia and Malaysia, often assumed to hold a spirit or exhibit supernatural powers
Kerok, kerik, dikerok	Home remedy for masuk angin in which the human body (usually torso) is scraped with a coin to help the wind escape; leaves red welts
Kesakten	Supernatural powers, form of *sakti*
Kesenian	Art
Kesurupan	Spirit possession
Khadam	Aide to a kyai
Khotbah	Speech given at Friday prayers in the mosque by any of the faithful
Ki	Term of respect for a wise man
Kimbal	Adjective describing hair that is wild, matted, often in some form of dreadlocks
Kiyai (also kyai, kiai, kiyayi, kijahi)	Islamic leader or religious teacher/figure
Konslet	Lit. an electrical short; term used to describe something gone wrong in the brain that causes mental illness
Kopiah	A simple hat for men, traditional for Muslims in many countries

Koplak	Onomatopoeia that describes the sound of the brain rattling around in the head emptier than is normal; daft, shaken, confused.
Krama	One of the highest Javanese language levels
Kramat, keramat	Filled with power, usually used to describe grave sites of powerful ancestors or historical figures, but can also be applied to caves, mountaintops, or other places where one can obtain power
Kraton, keraton	Palace in Java or Madura
Kretek	Clove cigarettes, an onomatopoeia that describes the sound of the cloves exploding as they burn
Kuat, kuwat	Strong
Kurang ajar	Lit. uneducated; crude or rude
Kuwalat, kwalat	Divine retribution or just rewards
Lahir	The physical, apparent body, the outer man
Lailatul qodar	Tthe 17th night of Ramadan, traditionally celebrated as the night when the Al Qu'ran was first revealed
"Lain ladang, lain belalang"	Indonesian saying: 'Other fields, other grasshoppers'
Lara hati, sakit hati	Lit. heart-sick or liver-sick; The condition of jealousy, or having one's feelings hurt. This is often stated as a cause of mental illness
Latah	Startle disorder that causes sufferer to repeat obscene or nonsensical words and gestures when startled
Lelembut	Spirit or ghost
Lingga	An item of statuary symbolizing the male genitalia
Linglung	Senile or forgetful; cartoon character *Professor Linglung* local translation of the classic absent-minded "nutty professor"
Ludruk	Folk theatre of East Javanese origin
Ma lima	Javanese version of the five deadly sins
Mabuk	Drunk or otherwise intoxicated by some substance

Madat	Taking opium
Madon	Womanizing
Madura, Madurese	Island just off the northeast tip of Java; Madurese are the indigenous ethnic group with a distinct language, also called Madurese
Madya	A middle level of Javanese language
Magrib	The evening Muslim prayer
Main	Gambling
Mak	Lit. old lady; term of address for older women of lower social standing, similar to Mbok
Mangan	To eat, eating
Mas kawin	Brideprice or dowry
Masuk angin	An illness due to wind in the body; symptoms include aches and pains, headache, stomach ache, vomiting, diarrhea, cramps, etc.
Mbah	Kinship term for grandparent
Mbak	Lit. older sister
Mbok	Lit. old lady; term of address for older women of lower social standing
Minyak angina	Lit. wind oil; used to mitigate *masuk angin*
Miring	Lit. tilted, not straight; unhinged. Common Javanese gesture to indicate mental abnormality involves a forefinger held at an angle across the forehead to indicate brain is off-kilter
Moderen	Modern
Musyawarah	Public deliberation as a group until consensus is formed
Ngalah	To give in in a dispute; not considered really losing or losing face, but conquering one's baser impulses and proving moral superiority and superior emotional control when compared to the other party or parties in the dispute
Ngelmu	Seeking supernatural knowledge or *ilmu*

Ngengleng	Withdrawn, dazed, daydreaming, confused, catatonic
Nggak beres	Lit. not right, not correct, disorganized, not true; peculiar
Nggak bek	Lit. not full; means crazy or developmentally delayed, working with less than the full brain or a somewhat empty head; someone who exhibits behavior considered to be stupid, silly, ridiculous, or immature
Nggak genah	Lit. disorderly; abnormal; usually used to describe someone who seems to be behaving in an illogical, irrational manner or who is not conforming to social norms and rules; daft
Nggak waras	Lit. not healthy; odd, unusual or strange
Nglamun	To daydream, be blank of mind, distracted
Ngoko	Lowest Javanese language level
Nrimo	To accept or submit without rancor
Nusantara	Indonesian archipelago
Nyai	Honorary address for wife of a kyai
Nyuwun sewu	Javanese "excuse me"; lit. asking for a thousand (pardons)
Obat	Medicine
Oleh-oleh	A gift, from an event one attended or a place one visited, for friends and family at home
Orang alim	The faithful, good Muslims
Orang pinter, orang pintar	Lit. smart person, or wise person; term used for someone with extraordinary supernatural skill(s)
Orang tua	Lit. old person; colloquially used as term for parent, also "ortu"
Owah	(Possessing faculties which are) no longer intact; not senile, but something that was once whole is now less than whole
Pahala	Blessings from God
Pancasila	Five ideological principles of the Indonesian state; lit. five pillars
Paranormal	Dukun

Pasung	Wooden stocks; to place someone in wooden stocks (also dipasung, placed in stocks or chained)
Peci	Small cap that lies tight on the top of the head, similar to a yarmulka, worn by some male Muslims
Peksi	Bird
Pelet	Lit. glued; love magic
Pembantu	Lit. helper; when used alone (not before another position title) usually indicates domestic help
Pengobatan tradisional	Traditional medicine
Permisi	Indonesian "excuse me"; lit. permission
Pesantren, pondok pesantren	Islamic religious education center, usually a boarding school, providing standard primary and secondary education with extra classes in Islamic doctrine and Arabic language
Pikun	Senile
Poliklinik	Outpatient health care clinic
Posyandu	Pos pelayanan terpadu, or very small community health clinic
Prewangan	Spirit medium, usually female
Primbon	Javanese almanacs filled with traditional lore
Priyayi	Upper class, high level Javanese bureaucrat
Purdah	The Middle Eastern practice of seclusion of women in a household compound
Pusaka	Power objects, usually old, which have intrinsic value, e.g. keris. May have a spirit inhabiting them. Usually require ritual offerings and ritual cleansings. May disappear of their own accord if they do not *cocok* or are not appropriate for the owner.
Puskesmas	Pusat Kesehatan Masyarakat, or community health centers
Puskesmas keliling	Moblile community health care units
Quasidah	Islamic religious chants in Arabic
R.A.	Raden Ayu; honorific that indicates descent from the royal bloodlines of central Javanese sultans

Rajah	An elaborate mandala or other design with mystical properties drawn on a piece of paper or animal skin, usually including some Arabic script and may contain an entire Qur'anic verse
Ramadan	The Islamic fasting month
Reformasi	Reformation
Rek, arek	Form of address in east Java; derivative of the low Javanese "arek", "kid"
Rukun	Peaceful coexistence, harmonious
Rukun tetangga (R.T.)	Neighborhood association, lit. neighbor harmony
Rukun warga (R.W.)	Larger district association, lit. district harmony
Rupiah	Indonesian monetary unit
Ruwatan	An exorcism ritual that helps cast out evil spirits, dispel misfortune, and purify the soul
Sadar	Aware, conscious
Sadulur papat, kanda empat	The four siblings who accompany everyone at their birth
Sahadat, shahadah, syahadah	Formal Muslim profession of faith, from the Al Qur'an
Sajen, sesajen	Offerings
Sakit hati	See *lara hati*
Sakit jiwa	Sickness of the soul, to have a sick soul, mentally ill
Sakit syaraf	Lit. nerve sick; having a bad case of nerves; nervous break down; mentally ill
Sakti	In possession of supernatural (kesakten) powers
Salam tempel	An action wherein a person secrets a bill in their palm and slips it surreptitiously to the another as they are shaking hands
Sambal	Ground chilies mixed with a variety of other ingredients, may be cooked or uncooked
Santet	Black magic
Santri	Devout Muslims, students at pesantren
Satan	Evil spirit or demon

Satru	A refusal to speak to someone with whom one has had a conflict; can describe the action of ignoring the individual or the stance/relationship
Saur	Pre-dawn meal taken during the month of Ramadan, the last food and drink before fasting begins for the day
Sawah	Wet rice fields
Selamat, slamat	Safe, secure
Selamatan, slametan	Ritual feast held to insure or recover condition of selamat
Semedi	Meditation
Sempel	A synonym of insane; used to describe a person who is known to be insane or is exhibiting an odd, unusual manner or outrageous behavior
Setan, syaitan	Demon or devil
Shalawat	Islamic prayer for the prophet Mohammed
Shari'ah	
Sholat	Islamic daily prayers
Sholawat, sholawatan	Repeated, ritual chanting of a particular Islamic prayer or passage
Sihir	Black magic
Snewen (from the Dutch)	To have a nervous condition or disorder; used to describe the truly mentally ill
Sopan-santun	Rules of Javanese etiquette
Stres	Derivative of the English 'stress'
Sorban	Turban
Stmj	"Susu, telor, madu, jahe", a drink made with hot milk, raw egg, honey and ginger
Sungkan	Embarrassed, ashamed (i.e. showing proper respect)
Sunnah	The body of knowledge that allows for interpretation and generation of Muslim law and custom, drawn from exegesis of the Al Qur'an and the hadith.
Surat Izin Praktek: SIP	Medical license to practice

Susuk	Pieces of gold, diamonds or other precious metals and stones, inserted under the skin near the area to be enhanced in order to increase a person's charisma or strength. Example: susuk near the mouth make a person glib and more influential, persuasive, seductive in their speech.
Syarat, sarat	Requirement or deed that must be accomplished before something else can happen
Syirik	Polytheistic or animistic; beliefs not in accordance with the teachings of Islam
Tabib	Dukun influenced by Arabic or Indian teachings; prevalent in East Java
Tahlilan	Group chanting of Islamic prayers for the souls of the dead
Tasawuf	Islamic term for Sufistic practice that seeks oneness with God
Tasbeh	Islamic prayer beads
Tata krama	Rules of Javanese etiquette
Tayuban	East Javanese dance performed with traditional music; requires audience participation with female dancer(s)
Tenaga dalam	Inner power; can be developed (refined and increased) through kebatinan mystical practices or breathing/movement exercises developed by several groups such as Satria Nusantara
Tengger	Ethnic group, Hindu-Buddhist, living in the mountainous area around Mt. Bromo volcano in East Java
Tenung	Black magic
Tiang sepuh	Old person (in high Javanese); parent (s), elder, or wise person
Tikar	Mat woven from rattan, bamboo, reeds, tropical grasses, or plastic cording
Tirakat	Assorted ascetic practice
Traweh, teraweh, tarawih, etc	Nightly prayer during the month of Ramadan

Tukang jamu	Jamu (herbal medicine) seller
Tumbal	A power object planted on a property to protect it; usually near one corner of the property or one corner of the foundation of a building. May be the head or the entire corpus of a sacrificed animal. Still very common in Java.
Tumpeng	Cone of cooked rice, commonly infused with conconut mild and saffron, designed to resemble Mt. Meru from Hundu mythology, served at selamatan ritual feasts.
Turangga	Lit. horse; transportation
Tuyul	Small magical creatures that resemble human dwarves but are usually invisible, and always are incorrigible thieves
Ulama	Religiously educated member of the faithful Islamic community
Umroh	Performance of the pilgrimage to Mecca during a non-haj month; does not count as a haj
Unggah-ungguh	Rules of Javanese etiquette
Ustadz	Islamic religious scholar that has not been elevated to the status of kyai
Verenigde Oost Indische Compagnie	The Dutch East Indies Company, commonly known as the VOC, or just "the Company"
Wahyu	Revelation or inspiration from God
Wali songo, wali sanga	Nine semi-historical figures that are credited with the spreading of Islam in Java
Wanita	Woman
Warung	A small diner or open air restaurant or snack and drink stand
Wayang golek	Wooden puppet
Wayang kulit	Leather shadow puppet
Wayang wong	Classical Central Javanese dance theatre, featuring stories from the Mahabarata
Wirit, wiritan	Repeating of Islamic prayers, often while telling prayer beads in a tasbeh
Wingit	Creepy, spooky, scary - describes a place presumed to be haunted

Wong tuwo, wong tuwek	Old person (in low Javanese); parent (s), elder, or wise person
Yoni	An item of statuary symbolizing the female genitalia
Zakat	Religious tithe, paid twice a year to the poor directly, through a mosque, or via a kyai

*** translations are offered for the words or phrases in the sense they are used in the text; no unrelated alternate meanings are listed**

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APPENDIX A - DUKUN SPECIALTIES

No	Name	Gender	Curing	Business, Career or Finance	Protection of body or home	*Jimat* Amulets	Divination	Palm reading or Fortune telling	Susuk - implants	Exorcism	General "advisor"	*Jodoh* - Mate or love	Other
1	**Ir. RMH Gembong Danudiningrat**. Yogyakarta. Travels a lot. Consultant to large scale business using what he calls kejawen techniques.	M	X	X									
2	**Bos Edy**. Central Java. Expert in inserting susuk to increase sexual potency for men and expert in guiding/teaching others to become paranormals.	M	X						X				teacher
3	**H. Musyadad**. Central Java. Spiritual advisor, spiritual guide, and problem solver. Specializes in athletes.	M			X	X	X				X		
4	**Ki Lukman Juhara**. East Java. Long-distance treatment and reading of hands.	M	X					X					
5	**Eyang Banten**. East Java. Maker of charms to protect the body and to improve business.	M		X	X	X							
6	**Ki Sumarmo**. East Java. Preventer and healer of black magic and expert in blending traditional medicine, especially *jamu*.	M	X	X	X	X			X			X	
7	**Ki Edan Amongrogo** (Sutoyo). East Java. Expert in ilmu kebal (knowledge of invulnerability).	M	X	X	X		X					X	

No	Name	Gender	Curing	Business, Career or Finance	Protection of body or home	*Jimat* Amulets	Divination	Palm reading or Fortune telling	Susuk - implants	Exorcism	General "advisor"	*Jodoh* - Mate or love	Other
8	**Ki Umar Santoso**. Central Java. Travels a lot. Long-distance treatment, spiritual advisor tending toward the kejawen, acupuncturist, and blender of traditional medicine.	M	X	X							X	X	
9	**H. Ahmad Thohir**. Central Java. Expert at making the body invulnerable and expert in the knowledge of recitation of mantra.	M			X								
10	**Ki Imam Suroso**. Central Java. Expert at placing protective magical "fences" (like "force fields") around the house or farmyard and making amulets to muffle disturbances by spirits. Policeman; famous as POLKUN (Polisi-Dukun).	M			X	X			X				
11	**Mbak Har**. Central Java. Expert in inserting susuk for attracting love. She fasts, performs *tirakat* and chants her mantera 444 times at night.	F							X				
12	**Jeng Mira**. Yogyakarta. Healer of impotency and everything related to disturbances in the sexuality of men and women.	F	X										
13	**R.A. Triantini**. East Java. Maker of medicine for male potency, and also an expert in auspicious date forecasting. She comes from a family of paranormals.	F	X	X			X						

No	Name	Gender	Curing	Business, Career or Finance	Protection of body or home	*Jimat* Amulets	Divination	Palm reading or Fortune telling	Susuk - implants	Exorcism	General "advisor"	*Jodoh* - Mate or love	Other
14	**Ustadz Totok Harianto.** East Java. Consultant for various complicated problems.	M	X	X	X					X	X	X	
15	**Mbah Mari.** Central Java. Expert in calming (bringing back to normal consciousness) people who are hysterical or stressed.	M	X									X	teacher, tames wild animals
16	**Jaiman.** Central Java. Sucks out things that have gone into the body--usually things that have been put there through black magic. Deaf-mute.	M	X										finds lost things
17	**Untung Surendro.** Central Java. Expert in fortelling the future, in detecting the origin of disease, and changing people's negative thoughts to positive.	M	X		X		X				X		
18	**Muhammad Syaichi.** Central Java. Acupunturist that uses mystical energy, a medium that is able to communicate with the supernatural world, and maker of amulets from tiger skin.	M	X			X				X	X		finds water for wells
19	**Damianus Wera.** East Java. Expert at treatment of various diseases and marital problems.	M	X								X		
20	**Pardi.** Central Java. Alias "Superman"; strong enough to lift a car that has slid into the ditch with a single stalk of rice.	M											pulling cars

No	Name	Gender	Curing	Business, Career or Finance	Protection of body or home	*Jimat* Amulets	Divination	Palm reading or Fortune telling	Susuk - implants	Exorcism	General "advisor"	*Jodoh* - Mate or love	Other
21	**Mbok Ngat**. East Java. She uses *kembang telon* (three-colored flowers) and cigarettes that she smokes herself as offerings to her spirit guides. For those who have difficulties in finding a mate she will ask her/him to bathe using sewage water.	F									X	X	prevents rain
22	**Sri Mulyono**. East Java. Declines to be called a dukun; prefers to be referred to as a *dalang* (puppeteer, mastermind).	M								X			
23	**Makmun** and **Minan**-brothers. East Java. Known as Goat Dukun. The patients' illness is transferred to the corresponding organ or body part of a goat. The goat is then slaughtered, the diseased body part is excised and buried, and the meat can be eaten. The patient recovers.	M	X										
24	**Drs. Suwandi**. East Java. Practices nighttime until dawn. Uses massage only using rhemazon (an over the counter medication similar to Tiger Balm or Bengay) and pure water given with his right hand; the patient has to receive it with his left hand. He has healed thousands, including patients from Australia.	M	X										

No	Name	Gender	Curing	Business, Career or Finance	Protection of body or home	*Jimat* Amulets	Divination	Palm reading or Fortune telling	Susuk - implants	Exorcism	General "advisor"	*Jodoh* - Mate or love	Other
25	**Gus Muhammad Sutrisno**. East Java. Makes tumbal for shops, made from a piece of bamboo, wrapped in green fabric, to be placed precisely in the middle of the door frame above the door. Since he was a little boy, he has enjoyed *tirakat* and can find *pusaka* power objects through meditation.	M		X		X							
26	**Kyai Arjani**. East Java. He can heal epilepsy by using baby chicks. For mental illness he usually uses pure water in which he has immersed *rajah*. To help maintain or improve clients' status/rank, he uses a drum. He learned his ilmu from Kyai Yassin, the builder of a pesantren.	M	X	X									
27	**Mbak Aliyah**. East Java. Heals sick people by praying and massaging the sole of the patient's foot. According to her, there are 25 healing points in the sole of the human foot. She can cure fatigue quickly. She is blind.	F	X										
28	**Bambang Bejo**. East Java. Makes businesses successful, homes safe, and fills heirlooms with power. He once met the spirit of Prabu Brawijaya Pamungkas (the last ruler of Majapahit empire) when climbing Gunung Lawu.	M		X	X	X							

No	Name	Gender	Curing	Business, Career or Finance	Protection of body or home	*Jimat* Amulets	Divination	Palm reading or Fortune telling	Susuk - implants	Exorcism	General "advisor"	*Jodoh* - Mate or love	Other
29	**Darto**. East Java. Uses well water to heal mental illness, splashing the entire body of his male patients with water 35 times and 20 times for female. Darto got the Wijaya Kusuma flower in the Cilacap area (a mystical powerful legendary flower).	M	X										
30	**Herry Suwandi**. East Java. His specialties are forecasting the future, and to making houses and places of business safe from supernatural disturbances using prayers from his ancestors - Tiongkok (Chinese) and Kejawen. He doesn't receive guests or patients on Sunday, Wednesday Kliwon, Tuesday Legi and Friday Pahing. His students are scattered all over East Java.	M			X		X						teacher
31	**Kyai Munfaat**. East Java. Makes a point of handling cases of his patients without incense, but only by using prayers and mantera. He claims to be the 7th descendent of Sunan Panatagama (one of the nine prophets/saints who brought Islam to Java) and a good friend of Prophet Khaidir (a confederate of Moses). He once took Sukarno (Indonesia's 1st President) to meditate in seclusion at Loka Muksa Prabu Jayabaya in Pamenang village.	M	X										

No	Name	Gender	Curing	Business, Career or Finance	Protection of body or home	*Jimat* Amulets	Divination	Palm reading or Fortune telling	Susuk - implants	Exorcism	General "advisor"	*Jodoh* - Mate or love	Other
32	**Mbah Suharto**. East Java. Can quickly help clients get work, a mate, good fortune, safety on a trip, and so on; they are received in a special room. Uses spells blown on to his patient's forehead or any part of the head of the patient.	M	X	X	X							X	
33	**Mbah Pati**. East Java. Besides serving as a traditional midwife she also serves as a dukun who can heal impotent men and make infertile women fertile. She does not use traditional medicine from leaves, seeds or roots. She doesn't recieve visitors on Wage and Legi.	M	X										midwife
34	**Asfari Adiatmaja**. East Java. He writes *rajah* on sirih leaves, using the fingernail of a boy who hasn't undergone circumcision. He also can call back (return) a runaway wife, husband, or child by using a bumblebee, a nail, thread, and holy verses.	M			X	X							returns runaways
35	**Astro Ribut Rawit**. East Java. Uses pure water that has been infused with *rajah*. He doesn't use flowers or incense because his knowledge is derived from the Al Qur'an. Posesses knowledge of invulnerability and has walked a full day to Batu Ampar, Madura.	M	X		X								

No	Name	Gender	Curing	Business, Career or Finance	Protection of body or home	*Jimat* Amulets	Divination	Palm reading or Fortune telling	Susuk - implants	Exorcism	General "advisor"	*Jodoh* - Mate or love	Other
36	**Riani**. East Java. Her regular work is as a day laborer and firewood collector. She can exorcise people who are possessed by satan, jin, fairies, and other spirits. She claims that she is good at judging the magic power of heirlooms. She owns a *pusaka* keris Nogososro and has eleven spirit guides.	F	X		X	X				X			
37	**Sholeh Haji Achmad**. East Java. He doesn't want to give amulets because he afraid they will be misused. He says he has a Ontokusomo cloak, a Wesi Kuning weapon, and a small magical coal brazier he inherited from his ancestor, Kyai Nur Said.	M	X								X		
38	**Kasan**. East Java. He usually handles wedding party business, and makes homes and businesses safe from magical disturbances by using a *tumbal* of a chicken buried in the ground or under the floor. According to him spirits cannot be killed, only moved to another place.	M			X	X				X			weddings
39	**Kyai Anom Mohammad Brando**. East Java. Uses pure factory bottled mineral water that has been infused with a *rajah*. He does not want to give winning lottery numbers, or any other help with gambling. He has practiced *tirakat* since he was little.	M	X			X							

No	Name	Gender	Curing	Business, Career or Finance	Protection of body or home	*Jimat* Amulets	Divination	Palm reading or Fortune telling	Susuk - implants	Exorcism	General "advisor"	*Jodoh* - Mate or love	Other
40	**Gus Mik**. East Java. He is good at healing mentally ill patients. Commercial sex workers often come to him to seek help with their popularity; he gives them *rajah* to help them quickly wed. In order to get answers for his patients, he has special room to communicate with his "assistant" and to ask for guidance from Allah. He doesn't want to give winning lottery numbers even though he has a jin named Mbah Jenggot especially for that purpose.	M	X								X	X	
41	**Mak Sriatun**. East Java. She helps secure homes from disturbances by malevolent spirits, makes businesses profitable, and makes *rukun* (brings peace among) husband and wife with the help from her assistant spirit boy called Agus, whom she got when she was meditating on a mountain in the area of Gresik. To call the mystical boy she uses one sirih leaf.	F		X	X					X	X		
42	**Ki Karebet** (Bagong Budi Tikno Utomo). East Java. He is an all- purpose dukun from Madura who writes a column called "Klinik Ki Karebet" in Memorandum daily newspaper. He is also a teacher of a kebatinan group called "Sandi Cakra" that teaches body movement and breathing techniques to enhance power.	M	X	X	X							X	dream interpretation & feng shui

No	Name	Gender	Curing	Business, Career or Finance	Protection of body or home	*Jimat* Amulets	Divination	Palm reading or Fortune telling	Susuk - implants	Exorcism	General "advisor"	*Jodoh* - Mate or love	Other
43	**Drs. Afif Azhari.** East Java. Specializes in men's diseases. Only deals with men clients. Writes a regular column on an alternative medicines, and does radio and tv call-in programs.	M	X										
44	**Ki Pamungkas** (M. Donny Sugiarto). East Java. He uses inner power and Allah's power. Is impervious to cuts, beatings, car accidents, or fire.	M	X	X	X						X	X	
45	**Zainal A.B.** East Java. He is very muscular. Received his knowledge in a graveyard when he was in fifth grade. He does "express therapy" *lahir* and *batin.*	M	X		X								
46	**Eyang Sapu Jagat.** East Java. Specializes in astrology using several difference sources; also specializes in inserting *susuk* and neutralizing black magic.	M	X		X		X	shoe reading	X				
47	**Moch. Rifai** (Putera Tengger). East Java. Learned from his father how to manipulate "Jailangkung" dolls (a kind of Javanese vodoo doll that can be possessed by a spirit or spirits, and can be used for fortune telling).	M		X	X						X		returns stolen or lost objects
48	**KH M. Socheh Burhanuddin.** East Java. Has students help him with massive numbers of patients. Owns a *jamu* factory and is the head of Yayasan Pembinaan Tabib Indonesia (Society for the Develoment of the Indonesian Tabib).	M	X								X		teacher

No	Name	Gender	Curing	Business, Career or Finance	Protection of body or home	*Jimat* Amulets	Divination	Palm reading or Fortune telling	Susuk - implants	Exorcism	General "advisor"	*Jodoh* - Mate or love	Other
49	**Ki Ageng Brojo Kumolo** (R. Bambang Rekso Koesoemo). East Java. Heads the "Padepokan Daya Sakti" kebatinan school even though he is very young (32). Can find missing corpses.	M	X	X	X	X			X				feng shui; finds lost people or things; teacher
50	**Ki Noerhadi.** East Java. Wrote the book "Therapy Supra Natural" and is the spiritual advisor to the Indonesian Department of Education and Culture's Division of Development of Believers in One God (department for religious affairs).	M	X	X							X		feng shui
51	**Jeng Nanik** (Nanik Sri Sumarni Boeang). East Java. She also goes by Nyi Ayu Piningit or Si Jari Putih (The White Finger). Her gifts were obvious from a very early age and she started curing people in her teens.	F	X										
52	**Suhu Acai** (Yanto). East Java. Ethnic Chinese. Likes to meditate in *keramat* places like mountains. He gets possed by the Chinese god Kwan Kong who has sent him ilmu in his dreams. People says he is the reincarnation of a Chinese god.	M	X	X	X	X				X			feng shui
53	**Bink Salino.** East Java. Works with another paranormal from Bali, Andri. They charge their patients with *prana* (hot & cold energy).	M	X	X	X	X	X				X	X	

No	Name	Gender	Curing	Business, Career or Finance	Protection of body or home	*Jimat* Amulets	Divination	Palm reading or Fortune telling	Susuk - implants	Exorcism	General "advisor"	*Jodoh* - Mate or love	Other
54	**Eddy Sahadewa**. East Java. Received his ilmu from his grandfather, makes his own *jamu*.	M	X										
55	**Ki Soemarmo**. East Java. He says he only uses verses from the Qur'an, water, and *rajah* but he also sells *jamu* he makes.	M	X	X	X							X	
56	**Mbah Eddy** (Bambang Sriyanto). East Java. Only deals with men clients. Uses traditional recipes from China, Saudi Arabia, India, and Java to make *jamu* for male potency.	M	X										
57	**Ki Amangkurat** (Suhartono). East Java. He got his ilmu from his ancestors; his grandfather started to teach him telepathy, etc. at age six. Leads a group he calls "Magic Power"--his English.	M	X	X	X	X			X		X	X	
58	**Jeng Nunik**. East Java. Specializes in male impotency. Guards the privacy of her clients. If clients call in advance, they do not have to wait in line. Estimates 30% of her clientele are having impotency problems because of diabetes.	F	X										
59	**Gus Sofyan**. East Java. He got his knowledge from asceticsm that he has practiced since 1969 and from reading an ancient book or books from the Wali Songo.	M	X								X	X	

No	Name	Gender	Curing	Business, Career or Finance	Protection of body or home	*Jimat* Amulets	Divination	Palm reading or Fortune telling	Susuk - implants	Exorcism	General "advisor"	*Jodoh* - Mate or love	Other
60	**Abas Sugiono**. East Java. Developed "Padepokan Indrokilo" school for kejawen knowledge. He can find power objects, especially keris, in addition to healing.	M	X		X	X				X			
61	**Jangkung** (Si Jambrong). East Java. Has been a paranormal since age 7, is a famous *jamu* maker for women's beauty. Uses *gurah*--bloodletting-- to make clear, clean and penetrating the voices of singers.	M	X	X	X	X			X		X		
62	**Arief Tatang C**. East Java. He makes coffee for men and tea for women. Has students that can cure with *prana*, give Feng shui advice, and read palms.	M	X										
63	**Ki Ageng Lelono** (Ismail). East Java. In addition to curing, has the power to pull *pusaka* from alternate universe.	M	X	X	X	X	X				X	X	youthfulness
64	**Bambang Asma'**. Central Java. He went to many different areas in Indonesia to get his ilmu. Famous since the age of 10. Sucks some blood out of the patient to diagnose disease.	M	X		X						X	X	
65	**Ki Gunarko**. East Java. Uses *tenaga dalam;* has only been practicing for 5 years.	M	X	X	X		X	X	X		X	X	

No	Name	Gender	Curing	Business, Career or Finance	Protection of body or home	*Jimat* Amulets	Divination	Palm reading or Fortune telling	Susuk - implants	Exorcism	General "advisor"	*Jodoh* - Mate or love	Other
66	**Gus Edy Tjahyono**. East Java. A policeman who started practicing as a paranormal in 1985. He can cure AIDS even though he never has had a patient with AIDS. Still an active policeman.	M	X		X					X	X		
67	**Imam Husni**. East Java. Cures by a laying on of hands, and when he touches the patient, the patient feels an electrical current. Got his ilmu from ancestors, he calles this knowlege "Alisman Biro Elektrik". Frequently goes to Malaysia or other islands to cure patients.	M	X							X			
68	**Monalisa Syaroni**. East Java. Paranormal diviner who could always see spirits, ever since she was a small child.	F					X		X		X	X	uses cards for divination
69	**Mbah Macan Loreng** (Ki Hajar Kusumo Dewo). East Java. Can cure and can help find the best fit work for a person. Got his knowledge from his father, but added to it by ascetic practice of his own.	M	X	X	X		X	X			X	X	finds lost things & runaway people
70	**Gus Ramli** (Putra Madura). East Java. A specialist in making amulets, he can also can cure cataracts by letter.	M	X	X	X	X			X		X	X	
71	**Aries Demak**. East Java. Specializes in love and beauty magic.	M	X			X						X	makes children smart

No	Name	Gender	Curing	Business, Career or Finance	Protection of body or home	*Jimat* Amulets	Divination	Palm reading or Fortune telling	Susuk - implants	Exorcism	General "advisor"	*Jodoh* - Mate or love	Other
72	**Nyi Roro Kembang Sore**. East Java. Specializes in *susuk* for beauty, business & love. And says she is the adopted daughter of Nyi Roro Kidul, Goddess of the South Java Sea.	F		X					X			X	
73	**Ibu Rachmad Dachlan**. West Java. Uses spells to insure luck in love and any gambling, from lottery to cards.	F		X								X	winning gambling numbers
74	**Ustadz Bowo Sutikno**. East Java. Specializes in giving supernatural power through *rajah* in water; and can help educate anyone to be a curer.	M	X	X									teacher, finds pusaka
75	**Eyang Kamulyaning Jagad**. East Java. Claims the title "Presiden Lelembut Sejati" "the president of the authentic spirits". Wears traditional East Javanese clothing. Also practices in Thailand & Jakarta. Claims the nickname is "God of Gambler".	M	X	X	X							X	teacher, returns runaway spouses, helps prostitutes & gamblers
76	**Haji Aulia**. East Java. Specializes in *susuk*; uses *tirakat*, kebatinan, as well as Islamic magic.	M		X	X				X				beauty
77	**Gus Anang Arifin**. East Java. Has spells to separate a husband from the woman or women he is having affairs with, and spells to keep a wife or girlfriend from being attracted to other men.	M		X		X						X	tumbal

No	Name	Gender	Curing	Business, Career or Finance	Protection of body or home	*Jimat* Amulets	Divination	Palm reading or Fortune telling	Susuk - implants	Exorcism	General "advisor"	*Jodoh* - Mate or love	Other
78	**Eyang Nur**. East Java. Also practices in Surabaya. He talks loudly to balance his hearing loss. He can help people who have difficulties in having children.	M		X		X						X	tumbal, returns runaway people
79	**Bapak H. Moch. Abdullah**. East Java. Islam-inspired kebatinan helps this dukun produce all kind of magical things..	M		X	X	X			X			X	vests, tasbeh, oils, belts
80	**Ustadz Drs. Ridwan**. East Java. Uses inner power he calls "welut putih" (the white eel), and although he says he services many religions, many of the things he does or sells he gives Arabic names, and he sells *tasbeh*, Islamic prayer beads.	M	X	X	X	X						X	
81	**Jeng Hayati (Ninik Nurhayati)**. East Java. Specializes in helping women reach orgasm.	F	X									X	helps generate pregnancy, helps children develop their thinking
82	**Suhu Liem (Goenawan Samiadji)**. East Java. Ethnic Chinese. Will consult on unlucky homes that cause misfortune.	M		X	X							X	

No	Name	Gender	Curing	Business, Career or Finance	Protection of body or home	*Jimat* Amulets	Divination	Palm reading or Fortune telling	Susuk - implants	Exorcism	General "advisor"	*Jodoh* - Mate or love	Other
83	**Hajah Mak Erot**. East Java. Practices with her three grandsons. Old Muslim lady who specializes in lengthening the penis 2-5 cm, permanently and without side effects in just in one hour.	F	X										
84	**Moch Zaini**. East Java. A teacher of inner power through kebatinan.	M			X								teacher
85	**Ibu Rini Baduy**. East Java. Learned much of her ilmu from the isolated Badui tribe in West Java. Specializes in problems between men and women.	F	X									X	
86	**Anisa Dewi**. East Java. Uses ancient Egyptian knowledge in the form of oils and baths to slim women's bodies and enlarge the breasts.	F	X										
87	**Suhu Liong (alias Hokkian of Tibet)**. East Java. Ethnic Chinese; born in the mountains of Tibet. Has traveled to Japan, Thailand, Singapore & Malaysia. Uses Javanese beliefs and creates perfumes with power.	M		X		X		X					tumbal, handkerchiefs
88	**Mira Ong**. East Java. Ethnic Chinese. Offers "misty basic teraphy" (sic) in Indonesia, Hong Kong, and Singapore. Her "supra" natural ilmu comes from her famous dead grandfather. Sells face powder infused with magic for beauty.	F	X										beauty expert

No	Name	Gender	Curing	Business, Career or Finance	Protection of body or home	*Jimat* Amulets	Divination	Palm reading or Fortune telling	Susuk - implants	Exorcism	General "advisor"	*Jodoh* - Mate or love	Other
89	**E.R. Jainudin,** alias "**Agro Swiflet**". East Java. Specilizes in supernatural techniques to draw birds into empty houses or other empty buildings for the purpose of collecting birds' nests to sell to bird's nest soup makers. He will send spell packets long distance.	M		X									birds nests
90	**Mbah Glebak.** East Java. Received his ilmu in a dream when he was in his teens and is known as the "fire dukun". He has spirit guides. Specializes in treating burns with fire.	M	X										
91	**Eyang Suro Wiyono.** East Java. Has formal teaching studio "Padepokan Gunung Wilis"; wears traditional East Javanese clothing. Helps solve debt problems and gives winning lottery numbers for Singapore and Malaysia through prayer by appointment only.	M	X	X								X	tumbal, lottery numbers
92	**Ustadz Umarul Faruk.** East Java. His Islamic magical ilmu was inherited from kyais and Wali Songo. Can send magical spells and magic-infused objects through the mails, "secret & special express".	M	X	X	X	X						X	makes children smart
93	**Mas Nen** (Achmad Zulkarnain). East Java. Specializes in locating *pusaka,* especially keris, and pulling them into our universe.	M	X	X	X	X	X				X		prevents rain

No	Name	Gender	Curing	Business, Career or Finance	Protection of body or home	*Jimat* Amulets	Divination	Palm reading or Fortune telling	Susuk - implants	Exorcism	General "advisor"	*Jodoh* - Mate or love	Other
94	**Pak Sucipto** (Si Dukun Ular). East Java. Known as "the snake dukun", he cures using snake venom, blood, bile, and eggs. Prays over venom and a small banana, to be eaten after drinking venom mixed with bile and strong tea. Cobra blood considered particularly good for asthma sufferers.	M	X										
95	**Pak Bambang**. East Java. Village dukun, specialist in rituals for Hindu villagers, including yearly sacrifices to Mt. Bromo volcano.	M			X								rituals
96	**Pak Ali**. East Java. He is blind. He stays on the 2nd floor of his small home. He has a special consultation room. Received his ilmu from his father over 40 years ago.	M	X										
97	**Ibu Istirofah**. East Java. She runs a small store out of her cramped house. 30 years ago after sleeping at a *keramat* place, she dreamed of a deck of cards she was supposed to make and use to help people. She still uses the cards, and cannot explain the symbols, just knows what they mean.	F					X						
98	**Pak Marsono.** East Java. He is extremely poor; lives alone in one room in the back of an old decaying building. Has studied with many teachers in Java, and specializes in combating black magic.	M	X										

No	Name	Gender	Curing	Business, Career or Finance	Protection of body or home	*Jimat* Amulets	Divination	Palm reading or Fortune telling	Susuk - implants	Exorcism	General "advisor"	*Jodoh* - Mate or love	Other
99	**Ibu Asih**. East Java. In addition to being a *wong tuwo*, also works as a German langauge teacher. Claims her power comes from a clean heart because she has no children, fasts, never feels anger, and remains a virgin. The power of breathing the name of God gives her her powers, including the ability to levitate.	F									X		
100	**Mbah Yah**. East Java. Received her power after her husband died by sleeping on the graves of "*orang pintar*" (dukuns) for 40 nights.	F	X										
	TOTAL		71	41	43	27	13	5	13	10	27	33	35

APPENDIX B - DUKUN CURING TECHNIQUES

No	Name	Gender	physical ailments	mental ailments	impotency, fertility or improving genitals	uses water	uses prayer	uses massage	uses acupuncture	uses herbs or *jamu*	uses animal	uses *rajah*	uses spirit guides	uses other	cures long distance
1	**Ir. RMH Gembong Danudiningrat.** Yogyakarta. Travels a lot. Consultant to large scale business using what he calls kejawen techniques.	M	X							X				touch the finger tips of the patient	
2	**Bos Edy.** Central Java. Expert in inserting susuk to increase sexual potency for men and expert in guiding/teaching others to become paranormals.	M	X		X										X
3	**H. Musyadad.** Central Java. Spiritual advisor, spiritual guide, and problem solver. Specializes in athletes.	M													
4	**Ki Lukman Juhara.** East Java. Long-distance treatment and reading of hands.	M	X	X											X
5	**Eyang Banten.** East Java. Maker of charms to protect the body and to improve business.	M													
6	**Ki Sumarmo.** East Java. Preventer and healer of black magic and expert in blending traditional medicine, especially *jamu.*	M	X							X	X			Mantra	X

No	Name	Gender	physical ailments	mental ailments	impotency, fertility or improving genitals	uses water	uses prayer	uses massage	uses acupuncture	uses herbs or *jamu*	uses animal	uses *rajah*	uses spirit guides	uses other	cures long distance
7	**Ki Edan Amongrogo** (Sutoyo). East Java. Expert in ilmu kebal (knowledge of invulnerability).	M	X	X						X				Waskila flower	
8	**Ki Umar Santoso**. Central Java. Travels a lot. Long-distance treatment, spiritual advisor tending toward the kejawen, acupuncturist, and blender of traditional medicine.	M	X	X					accu-pressure with rice	X	X			ilmu leluhur, fasting, dreams	X
9	**H. Ahmad Thohir.** Central Java. Expert at making the body invulnerable and expert in the knowledge of recitation of mantra.	M													
10	**Ki Imam Suroso**. Central Java. Expert at placing protective magical "fences" (like "force fields") around the house or farmyard and making amulets to muffle disturbances by spirits. Policeman; famous as POLKUN (Polisi-Dukun).	M													
11	**Mbak Har**. Central Java. Expert in inserting susuk for attracting love. She fasts, performs *tirakat* and chants her mantera 444 times at night.	F													

No	Name	Gender	physical ailments	mental ailments	impotency, fertility or improving genitals	uses water	uses prayer	uses massage	uses acupuncture	uses herbs or *jamu*	uses animal	uses *rajah*	uses spirit guides	uses other	cures long distance
12	**Jeng Mira**. Yogyakarta. Healer of impotency and everything related to disturbances in the sexuality of men and women.	F	X		X			X		X				fasting	
13	**R.A. Triantini**. East Java. Maker of medicine for male potency, and also an expert in auspicious date forecasting. She comes from a family of paranormals.	F	X		X							X	X		X
14	**Ustadz Totok Harianto**. East Java. Consultant for various complicated problems.	M	X	X		X	X			X					
15	**Mbah Mari**. Central Java. Expert in calming (bringing back to normal consciousness) people who are hysterical or stressed.	M		X		X								fragant oil, flowers	
16	**Jaiman**. Central Java. Sucks out things that have gone into the body--usually things that have been put there through black magic. Deaf-mute.	M	X							X				sucking	
17	**Untung Surendro**. Central Java. Expert in fortelling the future, in detecting the origin of disease, and changing people's negative thoughts to positive.	M	X	X		X								energy	X

No	Name	Gender	physical ailments	mental ailments	impotency, fertility or improving genitals	uses water	uses prayer	uses massage	uses acupuncture	uses herbs or *jamu*	uses animal	uses *rajah*	uses spirit guides	uses other	cures long distance
18	**Muhammad Syaichi**. Central Java. Acupunturist that uses mystical energy, a medium that is able to communicate with the supernatural world, and maker of amulets from tiger skin.	M	X			X			X	X	deer		X	hidden energy	
19	**Damianus Wera**. East Java. Expert at treatment of various diseases and marital problems.	M	X	X										eggs, doll, knife, medallion	X
20	**Pardi**. Central Java. Alias "Superman"; strong enough to lift a car that has slid into the ditch with a single stalk of rice.	M													
21	**Mbok Ngat**. East Java. She uses *kembang telon* (three-colored flowers) and cigarettes that she smokes herself as offerings to her spirit guides. For those who have difficulties in finding a mate she will ask her/him to bathe using sewage water.	F													
22	**Sri Mulyono**. East Java. Declines to be called a dukun; prefers to be referred to as a *dalang* (puppeteer, mastermind).	M													

No	Name	Gender	physical ailments	mental ailments	impotency, fertility or improving genitals	uses water	uses prayer	uses massage	uses acupuncture	uses herbs or *jamu*	uses animal	uses *rajah*	uses spirit guides	uses other	cures long distance
23	**Makmun** and **Minan**-brothers. East Java. Known as Goat Dukun. The patients' illness is transferred to the corresponding organ or body part of a goat. The goat is then slaughtered, the diseased body part is excised and buried, and the meat can be eaten. The patient recovers.	M	X								goat				
24	**Drs. Suwandi**. East Java. Practices nighttime until dawn. Uses massage only using rhemazon (an over the counter medication similar to Tiger Balm or Bengay) and pure water given with his right hand; the patient has to receive it with his left hand. He has healed thousands, including patients from Australia.	M	X			X		X							X
25	**Gus Muhammad Sutrisno**. East Java. Makes tumbal for shops, made from a piece of bamboo, wrapped in green fabric, to be placed precisely in the middle of the door frame above the door. Since he was a little boy, he has enjoyed *tirakat* and can find *pusaka* power objects through meditation.	M													

No	Name	Gender	physical ailments	mental ailments	impotency, fertility or improving genitals	uses water	uses prayer	uses massage	uses acupuncture	uses herbs or *jamu*	uses animal	uses *rajah*	uses spirit guides	uses other	cures long distance
26	**Kyai Arjani**. East Java. He can heal epilepsy by using baby chicks. For mental illness he usually uses pure water in which he has immersed *rajah*. To help maintain or improve clients' status/rank, he uses a drum. He learned his ilmu from Kyai Yassin, the builder of a pesantren.	M	X	X		X	X				baby chicks			drum	
27	**Mbak Aliyah**. East Java. Heals sick people by praying and massaging the sole of the patient's foot. According to her, there are 25 healing points in the sole of the human foot. She can cure fatigue quickly. She is blind.	F	X				X	X							
28	**Bambang Bejo**. East Java. Makes businesses successful, homes safe, and fills heirlooms with power. He once met the spirit of Prabu Brawijaya Pamungkas (the last ruler of Majapahit empire) when climbing Gunung Lawu.	M													

No	Name	Gender	physical ailments	mental ailments	impotency, fertility or improving genitals	uses water	uses prayer	uses massage	uses acupuncture	uses herbs or *jamu*	uses animal	uses *rajah*	uses spirit guides	uses other	cures long distance
29	**Darto**. East Java. Uses well water to heal mental illness, splashing the entire body of his male patients with water 35 times and 20 times for female. Darto got the Wijaya Kusuma flower in the Cilacap area (a mystical powerful legendary flower).	M	X	X		X	X	X							
30	**Herry Suwandi**. East Java. His specialties are forecasting the future, and to making houses and places of business safe from supernatural disturbances using prayers from his ancestors - Tiongkok (Chinese) and Kejawen. He doesn't receive guests or patients on Sunday, Wednesday Kliwon, Tuesday Legi and Friday Pahing. His students are scattered all over East Java.	M													X

No	Name	Gender	physical ailments	mental ailments	impotency, fertility or improving genitals	uses water	uses prayer	uses massage	uses acupuncture	uses herbs or *jamu*	uses animal	uses *rajah*	uses spirit guides	uses other	cures long distance
31	**Kyai Munfaat**. East Java. Makes a point of handling cases of his patients without incense, but only by using prayers and mantera. He claims to be the 7th descendent of Sunan Panatagama (one of the nine prophets/saints who brought Islam to Java) and a good friend of Prophet Khaidir (a confederate of Moses). He once took Sukarno (Indonesia's 1st President) to meditate in seclusion at Loka Muksa Prabu Jayabaya in Pamenang village.	M	X	X			X							mantra	X
32	**Mbah Suharto**. East Java. Can quickly help clients get work, a mate, good fortune, safety on a trip, and so on; they are received in a special room. Uses spells blown on to his patient's forehead or any part of the head of the patient.	M	X	X										spells or mantra blown on to head	

No	Name	Gender	physical ailments	mental ailments	impotency, fertility or improving genitals	uses water	uses prayer	uses massage	uses acupuncture	uses herbs or *jamu*	uses animal	uses *rajah*	uses spirit guides	uses other	cures long distance
33	**Mbah Pati**. East Java. Besides serving as a traditional midwife she also serves as a dukun who can heal impotent men and make infertile women fertile. She does not use traditional medicine from leaves, seeds or roots. She doesn't recieve visitors on Wage and Legi.	M	X		X										
34	**Asfari Adiatmaja**. East Java. He writes *rajah* on sirih leaves, using the fingernail of a boy who hasn't undergone circumcision. He also can call back (return) a runaway wife, husband, or child by using a bumblebee, a nail, thread, and holy verses.	M													
35	**Astro Ribut Rawit**. East Java. Uses pure water that has been infused with *rajah*. He doesn't use flowers or incense because his knowledge is derived from the Al Qur'an. Posesses knowledge of invulnerability and has walked a full day to Batu Ampar, Madura.	M	X			X	X					X			X

No	Name	Gender	physical ailments	mental ailments	impotency, fertility or improving genitals	uses water	uses prayer	uses massage	uses acupuncture	uses herbs or *jamu*	uses animal	uses *rajah*	uses spirit guides	uses other	cures long distance
36	**Riani**. East Java. Her regular work is as a day laborer and firewood collector. She can exorcise people who are possessed by satan, jin, fairies, and other spirits. She claims that she is good at judging the magic power of heirlooms. She owns a *pusaka* keris Nogososro and has eleven spirit guides.	F	X	X									X	keris pusaka	
37	**Sholeh Haji Achmad**. East Java. He doesn't want to give amulets because he afraid they will be misused. He says he has a Ontokusomo cloak, a Wesi Kuning weapon, and a small magical coal brazier he inherited from his ancestor, Kyai Nur Said.	M	X				X							cloak, keris, brazier	
38	**Kasan**. East Java. He usually handles wedding party business, and makes homes and businesses safe from magical disturbances by using a *tumbal* of a chicken buried in the ground or under the floor. According to him spirits cannot be killed, only moved to another place.	M													

No	Name	Gender	physical ailments	mental ailments	impotency, fertility or improving genitals	uses water	uses prayer	uses massage	uses acupuncture	uses herbs or *jamu*	uses animal	uses *rajah*	uses spirit guides	uses other	cures long distance
39	**Kyai Anom Mohammad Brando.** East Java. Uses pure factory bottled mineral water that has been infused with a *rajah*. He does not want to give winning lottery numbers, or any other help with gambling. He has practiced *tirakat* since he was little.	M	X	X		X						X			
40	**Gus Mik.** East Java. He is good at healing mentally ill patients. Commercial sex workers often come to him to seek help with their popularity; he gives them *rajah* to help them quickly wed. In order to get answers for his patients, he has special room to communicate with his "assistant" and to ask for guidance from Allah. He doesn't want to give winning lottery numbers even though he has a jin named Mbah Jenggot especially for that purpose.	M		X			X						X		

No	Name	Gender	physical ailments	mental ailments	impotency, fertility or improving genitals	uses water	uses prayer	uses massage	uses acupuncture	uses herbs or *jamu*	uses animal	uses *rajah*	uses spirit guides	uses other	cures long distance
41	**Mak Sriatun**. East Java. She helps secure homes from disturbances by malevolent spirits, makes businesses profitable, and makes *rukun* (brings peace among) husband and wife with the help from her assistant spirit boy called Agus, whom she got when she was meditating on a mountain in the area of Gresik. To call the mystical boy she uses one sirih leaf.	F											X		
42	**Ki Karebet** (Bagong Budi Tikno Utomo). East Java. He is an all- purpose dukun from Madura who writes a column called "Klinik Ki Karebet" in Memorandum daily newspaper. He is also a teacher of a kebatinan group called "Sandi Cakra" that teaches body movement and breathing techniques to enhance power.	M	X	X											X
43	**Drs. Afif Azhari**. East Java. Specializes in men's diseases. Only deals with men clients. Writes a regular column on an alternative medicines, and does radio and tv call-in programs.	M	X					X							

No	Name	Gender	physical ailments	mental ailments	impotency, fertility or improving genitals	uses water	uses prayer	uses massage	uses acupuncture	uses herbs or *jamu*	uses animal	uses *rajah*	uses spirit guides	uses other	cures long distance
44	**Ki Pamungkas** (M. Donny Sugiarto). East Java. He uses inner power and Allah's power. Is impervious to cuts, beatings, car accidents, or fire.	M	X	X			X							special ilmu	
45	**Zainal A.B**. East Java. He is very muscular. Received his knowledge in a graveyard when he was in fifth grade. He does "express therapy" *lahir* and *batin*.	M	X	X	X									power object	
46	**Eyang Sapu Jagat**. East Java. Specializes in astrology using several difference sources; also specializes in inserting *susuk* and neutralizing black magic.	M	X		X		X							inner power	
47	**Moch. Rifai** (Putera Tengger). East Java. Learned from his father how to manipulate "Jailangkung" dolls (a kind of Javanese vodoo doll that can be possessed by a spirit or spirits, and can be used for fortune telling).	M													

No	Name	Gender	physical ailments	mental ailments	impotency, fertility or improving genitals	uses water	uses prayer	uses massage	uses acupuncture	uses herbs or *jamu*	uses animal	uses *rajah*	uses spirit guides	uses other	cures long distance
48	**KH M. Socheh Burhanuddin**. East Java. Has students help him with massive numbers of patients. Owns a *jamu* factory and is the head of Yayasan Pembinaan Tabib Indonesia (Society for the Develoment of the Indonesian Tabib).	M	X				X			X				visions	
49	**Ki Ageng Brojo Kumolo** (R. Bambang Rekso Koesoemo). East Java. Heads the "Padepokan Daya Sakti" kebatinan school even though he is very young (32). Can find missing corpses.	M	X	X			X							inner power	X
50	**Ki Noerhadi**. East Java. Wrote the book "Therapy Supra Natural" and is the spiritual advisor to the Indonesian Department of Education and Culture's Division of Development of Believers in One God (department for religious affairs).	M	X				X							vibration energy & pendulum	
51	**Jeng Nanik** (Nanik Sri Sumarni Boeang). East Java. She also goes by Nyi Ayu Piningit or Si Jari Putih (The White Finger). Her gifts were obvious from a very early age and she started curing people in her teens.	F	X		X	X								white finger inner power	X

No	Name	Gender	physical ailments	mental ailments	impotency, fertility or improving genitals	uses water	uses prayer	uses massage	uses acupuncture	uses herbs or *jamu*	uses animal	uses *rajah*	uses spirit guides	uses other	cures long distance
52	**Suhu Acai** (Yanto). East Java. Ethnic Chinese. Likes to meditate in *keramat* places like mountains. He gets possed by the Chinese god Kwan Kong who has sent him ilmu in his dreams. People says he is the reincarnation of a Chinese god.	M	X	X									X	his own blood & ilmu kebatinan	
53	**Bink Salino**. East Java. Works with another paranormal from Bali, Andri. They charge their patients with *prana* (hot & cold energy).	M	X	X				X	X					prana & hot-cold energy	
54	**Eddy Sahadewa**. East Java. Received his ilmu from his grandfather, makes his own *jamu*.	M	X	X			X			X				prana	X
55	**Ki Soemarmo**. East Java. He says he only uses verses from the Qur'an, water, and *rajah* but he also sells *jamu* he makes.	M	X			X	X			X		X		ilmu from his ancestor	
56	**Mbah Eddy** (Bambang Sriyanto). East Java. Only deals with men clients. Uses traditional recipes from China, Saudi Arabia, India, and Java to make *jamu* for male potency.	M	X		X					X					X

No	Name	Gender	physical ailments	mental ailments	impotency, fertility or improving genitals	uses water	uses prayer	uses massage	uses acupuncture	uses herbs or *jamu*	uses animal	uses *rajah*	uses spirit guides	uses other	cures long distance
57	**Ki Amangkurat** (Suhartono). East Java. He got his ilmu from his ancestors; his grandfather started to teach him telepathy, etc. at age six. Leads a group he calls "Magic Power"--his English.	M	X	X	X									keris & ilmu from his ancestor	
58	**Jeng Nunik**. East Java. Specializes in male impotency. Guards the privacy of her clients. If clients call in advance, they do not have to wait in line. Estimates 30% of her clientele are having impotency problems because of diabetes.	F	X	X	X					X				talk therapy	
59	**Gus Sofyan**. East Java. He got his knowledge from asceticsm that he has practiced since 1969 and from reading an ancient book or books from the Wali Songo.	M	X		X		X	X							
60	**Abas Sugiono**. East Java. Developed "Padepokan Indrokilo" school for kejawen knowledge. He can find power objects, especially keris, in addition to healing.	M	X	X										power objects	

No	Name	Gender	physical ailments	mental ailments	impotency, fertility or improving genitals	uses water	uses prayer	uses massage	uses acupuncture	uses herbs or *jamu*	uses animal	uses *rajah*	uses spirit guides	uses other	cures long distance
61	**Jangkung** (Si Jambrong). East Java. Has been a paranormal since age 7, is a famous *jamu* maker for women's beauty. Uses *gurah*-- bloodletting-- to make clear, clean and penetrating the voices of singers.	M	X							X					
62	**Arief Tatang C.** East Java. He makes coffee for men and tea for women. Has students that can cure with *prana*, give Feng shui advice, and read palms.	M	X		X					X				special coffee and tea	X
63	**Ki Ageng Lelono** (Ismail). East Java. In addition to curing, has the power to pull *pusaka* from alternate universe.	M	X	X									X	ilmu from his father & power object	
64	**Bambang Asma'**. Central Java. He went to many different areas in Indonesia to get his ilmu. Famous since the age of 10. Sucks some blood out of the patient to diagnose disease.	M	X	X										blood of patients	X
65	**Ki Gunarko**. East Java. Uses *tenaga dalam;* has only been practicing for 5 years.	M	X				X		X					ilmu & keris from his father	

No	Name	Gender	physical ailments	mental ailments	impotency, fertility or improving genitals	uses water	uses prayer	uses massage	uses acupuncture	uses herbs or *jamu*	uses animal	uses *rajah*	uses spirit guides	uses other	cures long distance
66	**Gus Edy Tjahyono**. East Java. A policeman who started practicing as a paranormal in 1985. He can cure AIDS even though he never has had a patient with AIDS. Still an active policeman.	M	X	X			X			X				asma'(a 100 names of God)	
67	**Imam Husni**. East Java. Cures by a laying on of hands, and when he touches the patient, the patient feels an electrical current. Got his ilmu from ancestors, he calles this knowlege "Alisman Biro Elektrik". Frequently goes to Malaysia or other islands to cure patients.	M	X	X	X		X	X						his own electrical massage	
68	**Monalisa Syaroni**. East Java. Paranormal diviner who could always see spirits, ever since she was a small child.	F													
69	**Mbah Macan Loreng** (Ki Hajar Kusumo Dewo). East Java. Can cure and can help find the best fit work for a person. Got his knowledge from his father, but added to it by ascetic practice of his own.	M	X	X										keris and matra	X

No	Name	Gender	physical ailments	mental ailments	impotency, fertility or improving genitals	uses water	uses prayer	uses massage	uses acupuncture	uses herbs or *jamu*	uses animal	uses *rajah*	uses spirit guides	uses other	cures long distance
70	**Gus Ramli** (Putra Madura). East Java. A specialist in making amulets, he can also can cure cataracts by letter.	M	X	X								X		ilmu gaib and tumbal	X
71	**Aries Demak**. East Java. Specializes in love and beauty magic.	M	X		X									spells, oils	X
72	**Nyi Roro Kembang Sore**. East Java. Specializes in *susuk* for beauty, business & love. And says she is the adopted daughter of Nyi Roro Kidul, Goddess of the South Java Sea.	F													
73	**Ibu Rachmad Dachlan**. West Java. Uses spells to insure luck in love and any gambling, from lottery to cards.	F													
74	**Ustadz Bowo Sutikno**. East Java. Specializes in giving supernatural power through *rajah* in water; and can help educate anyone to be a curer.	M	X		X	X						X		oils, pills, spells	X

No	Name	Gender	physical ailments	mental ailments	impotency, fertility or improving genitals	uses water	uses prayer	uses massage	uses acupuncture	uses herbs or *jamu*	uses animal	uses *rajah*	uses spirit guides	uses other	cures long distance
75	**Eyang Kamulyaning Jagad.** East Java. Claims the title "Presiden Lelembut Sejati" "the president of the authentic spirits". Wears traditional East Javanese clothing. Also practices in Thailand & Jakarta. Claims the nickname is "God of Gambler".	M	X	X	X									spells, pusaka	
76	**Haji Aulia.** East Java. Specializes in *susuk;* uses *tirakat*, kebatinan, as well as Islamic magic.	M													
77	**Gus Anang Arifin.** East Java. Has spells to separate a husband from the woman or women he is having affairs with, and spells to keep a wife or girlfriend from being attracted to other men.	M													
78	**Eyang Nur.** East Java. Also practices in Surabaya. He talks loudly to balance his hearing loss. He can help people who have difficulties in having children.	M													
79	**Bapak H. Moch. Abdullah.** East Java. Islam-inspired kebatinan helps this dukun produce all kind of magical things.	M													X

No	Name	Gender	physical ailments	mental ailments	impotency, fertility or improving genitals	uses water	uses prayer	uses massage	uses acupuncture	uses herbs or *jamu*	uses animal	uses *rajah*	uses spirit guides	uses other	cures long distance
80	**Ustadz Drs. Ridwan**. East Java. Uses inner power he calls "welut putih" (the white eel), and although he says he services many religions, many of the things he does or sells he gives Arabic names, and he sells *tasbeh*, Islamic prayer beads.	M	X		X						deer skin amulets, animal oils	X		oils	X
81	**Jeng Hayati (Ninik Nurhayati)**. East Java. Specializes in helping women reach orgasm.	F	X		X									"gurah" or vaginal blood letting	
82	**Suhu Liem (Goenawan Samiadji)**. East Java. Ethnic Chinese. Will consult on unlucky homes that cause misfortune.	M													
83	**Hajah Mak Erot**. East Java. Practices with her three grandsons. Old Muslim lady who specializes in lengthening the penis 2-5 cm, permanently and without side effects in just in one hour.	F			X		X	X							
84	**Moch Zaini**. East Java. A teacher of inner power through kebatinan.	M													

No	Name	Gender	physical ailments	mental ailments	impotency, fertility or improving genitals	uses water	uses prayer	uses massage	uses acupuncture	uses herbs or *jamu*	uses animal	uses *rajah*	uses spirit guides	uses other	cures long distance
85	**Ibu Rini Baduy**. East Java. Learned much of her ilmu from the isolated Badui tribe in West Java. Specializes in problems between men and women.	F			X					X				mantra, "therapy"	
86	**Anisa Dewi**. East Java. Uses ancient Egyptian knowledge in the form of oils and baths to slim women's bodies and enlarge the breasts.	F	X		X			X						oils, bathing, vaginal blood letting	X
87	**Suhu Liong (alias Hokkian of Tibet)**. East Java. Ethnic Chinese; born in the mountains of Tibet. Has traveled to Japan, Thailand, Singapore & Malaysia. Uses Javanese beliefs and creates perfumes with power.	M													
88	**Mira Ong**. East Java. Ethnic Chinese. Offers "misty basic teraphy" (sic) in Indonesia, Hong Kong, and Singapore. Her "supra" natural ilmu comes from her famous dead grandfather. Sells face powder infused with magic for beauty.	F	X		X			X		X				mantra, vaginal blood letting	

No	Name	Gender	physical ailments	mental ailments	impotency, fertility or improving genitals	uses water	uses prayer	uses massage	uses acupuncture	uses herbs or *jamu*	uses animal	uses *rajah*	uses spirit guides	uses other	cures long distance
89	**E.R. Jainudin,** alias "**Agro Swiflet**". East Java. Specilizes in supernatural techniques to draw birds into empty houses or other empty buildings for the purpose of collecting birds' nests to sell to bird's nest soup makers. He will send spell packets long distance.	M													
90	**Mbah Glebak**. East Java. Received his ilmu in a dream when he was in his teens and is known as the "fire dukun". He has spirit guides. Specializes in treating burns with fire.	M	X				X						X	fire	
91	**Eyang Suro Wiyono**. East Java. Has formal teaching studio "Padepokan Gunung Wilis"; wears traditional East Javanese clothing. Helps solve debt problems and gives winning lottery numbers for Singapore and Malaysia through prayer by appointment only.	M	X						accu-pressure with fingers						
92	**Ustadz Umarul Faruk**. East Java. His Islamic magical ilmu was inherited from kyais and Wali Songo. Can send magical spells and magic-infused objects through the mails, "secret & special express".	M	X		X					X	animal oils			oils	

No	Name	Gender	physical ailments	mental ailments	impotency, fertility or improving genitals	uses water	uses prayer	uses massage	uses acupuncture	uses herbs or *jamu*	uses animal	uses *najah*	uses spirit guides	uses other	cures long distance
93	**Mas Nen** (Achmad Zulkarnain). East Java. Specializes in locating *pusaka*, especially keris, and pulling them into our universe.	M	X				X							eggs	
94	**Pak Sucipto** (Si Dukun Ular). East Java. Known as "the snake dukun", he cures using snake venom, blood, bile, and eggs. Prays over venom and a small banana, to be eaten after drinking venom mixed with bile and strong tea. Cobra blood considered particularly good for asthma sufferers.	M	X	X			X				snake				
95	**Pak Bambang**. East Java. Village dukun, specialist in rituals for Hindu villagers, including yearly sacrifices to Mt. Bromo volcano.	M													
96	**Pak Ali**. East Java. He is blind. He stays on the 2nd floor of his small home. He has a special consultation room. Received his ilmu from his father over 40 years ago.	M	X			X	X	X							

No	Name	Gender	physical ailments	mental ailments	impotency, fertility or improving genitals	uses water	uses prayer	uses massage	uses acupuncture	uses herbs or *jamu*	uses animal	uses *rajah*	uses spirit guides	uses other	cures long distance
97	**Ibu Istirofah.** East Java. She runs a small store out of her cramped house. 30 years ago after sleeping at a *keramat* place, she dreamed of a deck of cards she was supposed to make and use to help people. She still uses the cards, and cannot explain the symbols, just knows what they mean.	F													
98	**Pak Marsono.** East Java. He is extremely poor; lives alone in one room in the back of an old decaying building. Has studied with many teachers in Java, and specializes in combating black magic.	M	X	X			X							fasting	
99	**Ibu Asih.** East Java. In addition to being a *wong tuwo*, also works as a German langauge teacher. Claims her power comes from a clean heart because she has no children, fasts, never feels anger, and remains a virgin. The power of breathing the name of God gives her her powers, including the ability to levitate.	F													

No	Name	Gender	physical ailments	mental ailments	impotency, fertility or improving genitals	uses water	uses prayer	uses massage	uses acupuncture	uses herbs or *jamu*	uses animal	uses *rajah*	uses spirit guides	uses other	cures long distance
100	**Mbah Yah.** East Java. Received her power after her husband died by sleeping on the graves of "*orang pintar*" (dukuns) for 40 nights.	F	X			X								eggs	
	TOTAL		65	33	22	14	25	12	5	18	8	7	8	49	24

APPENDIX C
THE STUFF OF MAGIC

After much reading and research about dukun, I became very interested in the tools of their trade, the things that they used to work their magic. I watched them all use or recommend their clients to use different things, sacred and profane, to cure, predict, and protect, and read a few tantalizing tidbits on the same. But despite all the writing that has been done on dukun in Indonesia, I never found anyone who attempted to address this issue in any kind of a systematic way.

Through extensive interviewing of dukun and with the help of the The Universal Parapsychology Foundation (*Yayasan Parapsykologi Semesta*) of Surabaya, I was able to compile what I believe is a unique list of some of the things that dukun, paranormals, orang pinter, or the Javanese with a bit of traditional use today to prescribe, perform magic or provide protection. What follows is that list, in no particular order.

Of course, dukun are not the only practitioners of magic in Java. Practical household magic is a regular part of many lives. The Javanese *Primbon* books are full of ancient Javanese cultural lore about how to act in the most

auspicious fashion and provide extensive tutelage from various central Javanese elder adepts on the predictive nature of all kinds of natural phenomena, from moles on a woman to noises made by geckoes or birds. For example, where a woman has a mole on her leg will indicate what kind of sexual partner she will be. If the *tokek* gecko makes noise between midnight and three a.m. you can use it to make love predictions, in the 'she loves me, she loves me not' model. Good fortune is indicated by hearing a *prenjak* bird before midnight; after that time, it predicts bad fortune. And so on. However, the lore of *primbon* and the wealth of practical magic they preserve are beyond the scope of this particular project.

1. Rotten trunk of banana plant: to cure a child from being naughty, or prevent heavy daydreaming, cut off a bit of their hair and put it inside.

2. Rice-stalk broom that is so old it is nearly worn out: Put it straight in front of door to scare away thieves.

3. Twig broom (used to clean yard): rub with red chilies to prevent rain.

4. Hair and nail cuttings: material for love spells.

5. Turmeric root:
   a. to protect against bad spirits and evil magic, wear, place under pillow, set about or bury.
   b. to prepare traditional bamboo blade used to cut umbilical cord, rub this on the blade as a natural antiseptic.

6. *Susuk*: slivers of precious stones or metals inserted under the skin to make women more beautiful, fascinating, youthful, etc.

7. *Kelor* leaves: to eliminate or expel susuk or other inanimate objects from the body, or to remove spells of invulnerability from an enemy or thief.

8. *Delingu* root, garlic, scissor, safety pin, needle: placed beneath a pillow or mattress to protect baby from evil spirits.

9. Powdered chicken claw: to help find good fortune and increase sexual power.

10. Horse shoe: place in a place of prominence for safety and fortune. It is most powerful if it is found after it has come off of a horse on it's own, not purchased or new.

11. A Javanese dove or pigeon (*puyuh, tekukur* (*tumpang sari) or puter*): kept as a pet for safety of the home.

12. A black *Jalak* bird with red eyes and white claws: keep or eat to build masculinity and male sexual prowess.

13. The *Platuk Bawang* bird can be used for many things:
    a. The breast can be used to clean and add power to a keris heirloom dagger.
    b. Eat the head to give one charisma and honor.
    c. Eat the brain to be loved by many people.
    d. Right wing: bury it in the south and east side of the home to protect the yard.
    e. Bury the legs to make the land fertile.
    f. Tail: eaten by women to increase their husband's love for them.
    g. Tail: women can burn the tail and feathers of the tail and eat the ashes to become more beautiful.
    h. Liver: rub it on the penis to increase sexual power.

14. Turtle:
    a. put it under the bed of a newly married couple for the success of the first night.
    b. turtle fat: rubbed on will firm the skin.
    c. flesh or meat: eaten will enhance masculinity, make the body slender, and the breasts more firm.

15. A double-joint of rattan or bamboo: will bring charisma and make it easier to be able to find things.

16. Fossilized clam: will make you able to be silent, almost invisible, and protect you.

17. *Tumpeng* (mountain shaped pile of rice): to unite family, make it easy to find a mate, and for ritual protective ceremony.

18. Lizard with a naturally split tail: to protect from danger and to defend from accusations.

19. Dirt from a grave less than 3 days old: can be used to induce sleep in another person.

20. Skeleton of the hand of a *tukang* monkey: allows the owner to steal and embezzle without being found out.

21. Underwear or colorful strands of *lawe* grass: tied to legs of a bed will bring back a runaway wife or prevent her from adultery. Tied to any kind of pole in front of the house will bring home any other kind of runaway.

22. Bud and flower of the banana fruit: can be used to bring lovers together or break them apart, respectively.

23. Crocodile penis: dissolve in hot water and drink to cure impotency or venereal disease.

24. Crocodile teeth: keep as amulet to assure safety when traveling by water.

25. Stolen electricity card (used to document the monthly electricity usage of a household): used to tell the future, or to assure customers for a business (usually for prostitutes).

26. Cup/glass cover: if placed on the glass or cup upside down will scramble the thoughts of whoever drinks from that glass or cup.

27. Stone spice grinder pestle: wave towards their seats or where they are standing to get rid of unwanted guests.

28. Tin alloy: a piece carried with you or nailed to the house will expel bad influences; wires braided with colorful thread or grass as a bracelet will add charisma or authority and protect from black magic influences.

29. *Cangkring* (dry bamboo twig) from bamboo that lives in a limestone area: protects from black magic influences when carried on person or put away in house or traveling bag.

30. Used *kendi* (ceramic water jar) filled *by* ground water can be tied up and used as a pendulum in attempts to communicate with spirits. Medium must be young children of approximately 6 to 8 years.

31. *Nini Towok*: a spiritual game in which a figure is built by prepubescent girls out of a *siwur* (dipper made of coconut shell) and scraps of cloth. The doll can then be used to act as a medium for possessing spirits.

32. *Klokkenspel*: a kind of Ouija board made from a round piece of wood on which are written numbers and letters. A large button with a pointer in the middle will spell out answers when directed by a spirit by pointing to numbers or letters.

33. *Sembaga* fascinating beautifying powder: usually used by dancers or singers: a combination of rice powder, powdered *pandan* leaves, *salam* leaves and powdered mating geckoes.

34. Deer horn (preferably from a white deer): powdered and consumed to unite determination; hollowed and used as a tobacco pipe to remove disease in the chest that was caused by black magic.

35. *Rajah-rajah* or drawn amulets such as *kalacakra, kalabungkem, ca-pepet* and *mandala*: to protect from black magic spells.

36. *Keris* heirloom daggers with particular designs worked into their blades promise their owners magical powers. Some examples of popular *pamor* or blade designs are:
    a. *Brojol*: to give birth easily.
    b. *Udan mas* (rain of gold): fortune.
    c. *Manggada*: charisma, ease of promotion.
    d. *Ilining warih*: invulnerability to fire.
    e. *Jangkung*: general protection.

f. *Carita*: ability to win arguments or to speak persuasively (good for diplomats, teachers).
g. *Singabarong*: charisma.
h. *Nagaraja/nagasasra*: charisma and fortune.
i. *Kebolajer*: rich and successful farming.
j. *Pasopati*: love.
k. *Sabuk inten*: fortune and safety.
l. *Sengkelat*: happiness and attractiveness.
m. *Bethok*: wisdom and peace of mind.
n. *Teja kinurung*: strengthening of position or political power.

37. Gravel: to prevent or delay incipient rain, throw a handful to the north.

38. Underwear: remove and throw onto the roof of the home to prevent incipient rain. Also used like photographs and body effluvia as an essential part of a black magic spell against a particular individual.

39. *Kereweng* (a piece of broken roof tile): Place this inside right pocket to stifle the urge to defecate.

40. *Kendi* ceramic water jug filled with water, banana, assorted flower blooms commonly used in spirit offerings (jasmine, frangipangi, etc.) bamboo *kinang*, and and incense placed under the bed will help money to come into the household.

41. *Telasih* flower: spread on top of dry rice in storage to prevent it from rotting. Must first be treated with this spell: *"Hong marcat macaru, hong sri mandel magurem matslaha"*.

42. *Belut* (eel): to cause a baby to walk, whip his legs with this.

43. Egg of an indigenous chicken (*ayam kampung*): used to detect possessed people or to remove objects that have been inserted into the body through black magic.

44. Used *Nyiru* (flat basket for winnowing rice)
    a. to return a person who has run away from home, write his name on it then twirl it around.
    b. to find lost kids, strike a *nyiru* while walking around the yard holding a torch.

APPENDIX D
INTERVIEW WITH A DUKUN

Interview with Mas Ahmad Zulkarnain, paranormal.

This interview was held on September 3, 2005 at Samsul Arief's house on Jl. Majen Panjahitan 2D in Malang, East Java, Indonesia. Zulkarnain is Javanese, Muslim, and is in his forties.

Before we start, I want to say thank you for your time, and collaboration in this interview as a part of my dissertation. Let's start with a few questions about mental illness and the difference between mental illness and possession.

In your opinion, what does the term mental illness mean?

Mental illness, if you look at it from the perspective of *rohani (the soul)*, or spiritualism, is the disturbance of a soul that is not stable. So, because of pressure, because of various problems, the soul of the sufferer can become disturbed.

And in your opinion, how can you determine a person is mentally healthy?

Physically, you cannot tell; the signs of mental illness are not obvious. But we can tell if we invite them to communicate, to think about something--their answers are odd; they don't fit with what was asked, if they were asked a question. If you invite them to think, their thoughts float about, and they are not able to focus on the topic of the conversation.

Forgive me if I ask this again, but what does it mean to say someone is in good mental health?

Healthy means the physical is in balance with the spiritual. They are physically healthy, and can engage in normal mental activity, thinking and working, and so on, and their mental state is in balance with their physical state of health. Then that can be called mentally healthy.

In your opinion, are mental illness and spirit possession the same?

The difference is very great. A person who is mentally ill is experiencing a type of disturbance of the soul, is unstable. He is unaware that he is suffering a kind of illness, an abnormality. For the person who is possessed, there are two sides. One side usually understands that he has been entered by a spirit which he cannot reject, or cannot resist, so he acts without being conscious. As for mental illness, the patient is not aware that he is sick, and therein lies the problem.

You said that when someone is possessed there are two sides. You talked about the first side. What is the second?

The second side is a person who is possessed intentionally. The term is *dukun prewangan.* You could say they can allow a spirit to enter them to help them in their paranormal activities, or help them be a dukun who helps all sorts of problems. But the for the one who on one hand is not conscious, is not aware at all that he is sick, that is mental illness, like I said before. Total.

So, let me try to sum up. The possessed are of two types, one who is possessed by a spirit which he cannot control or unintentionally possessed; and the second type is one who can control the spirit or is intentionally possessed, maybe the Arabic term for this kind is khodam, or (in Javanese) prewangan, a spirit medium. Is that right?

Yes.

In your opinion, what causes mental illness?

Here it can be anything -stress and possession. They can happen simultaneously: because a person is under stress, they can be possessed. Or they might be weak, and thus prone to possession.

How does a person look who is mentally ill and what are the physical signs of possession?

Mental illness is very clear. The person is not conscious/aware, continuously. If you invite them to talk, to work, invite them to participate in other activities, it is very difficult, very difficult, because their soul is empty. They control themselves like a robot. If we try to guide them to do something, to not act like that, it is very difficult, since they cannot connect with whatever we say or tell them to do. Now possession, that usually happens regularly. If a person has a tendency or a gift for possession, it is usually on a particular day, or when they are in a particular condition...if it were an illness, we would say

that it would relapse. And then they usually recover. But after that, normal again, healthy.

So a person who is possessed loses consciousness briefly, but after that returns to normal, to normal awareness, and the mentally ill are continually in a state of unawareness.

Yes, that is right. Or at least not aware for a long period of time.

In your opinion, what kind of classifications or stages are there for the mentally ill?

To use some kind of a measurement or scale is very hard. Usually we consult with his family. If he has been sick for years, for example, we say that that is *parah*, advanced, and know that it will also take a long time to cure them too. But if it has been only a few weeks or a few months, God willing it will not take too long to help them back to health. So, there are really only two levels: the regular/light and the advanced.

So, are there classifications for the possessed?

Wah, there are many kinds of spirit possession, and many kinds of spirits that can possess. There are children, old people, men or women... many kinds.

Is there a classification like with mental illness, light or advanced possession?

That can be seen from the spirit that possesses. Does it control or dominate the spirit of the sick, or is it there only to go in or out.

So we must look at the spirit that possesses, and it depends on how long it stays with the patient?

That is correct.

Which kind of patient is easier to cure?

The kind who only is possessed as a coincidence. Like if we have a headache or a cough, once we take medicine, they are gone. It is like a physical illness. Give it medicine and it will be cured.

And conversely, which is hardest to cure?

Usually if the spirit has been invited or sent to enter, or if it really likes to reside in the patient. That is really difficult to cure. Especially if the patient does not want to be cured. If he likes it. That is hard. That, or if the spirit really likes it there.

You just said, if the client does not want to be cured. Can you explain that?

So, if it has been too long, they feel pessimistic about being healthy again. So if we give them therapy, tell them it has to be like this, like that, and they don't want to listen, can't feel it, that impedes the cure. So the curing process becomes lengthy.

Is the patient aware/conscious or unconscious when he is entered by a spirit?

Unconscious. Unconscious. Truly, truly his awareness or consciousness is lost.

Is his consciousness lost forever, or just when he is entered by the spirit?

Just when he is entered by the spirit. It is only during the period of possession.

You said earlier that the patient can be unwilling to be cured, can be pessimistic about the possibility of a return to health. Doesn't that mean he is conscious, or aware?

So, the process of rejection of treatment by the patient is shaped by the reaction of what is inside of them. Not because of their own desire, but because of the desires of the thing that has possessed them, if there is something that has possessed them. If there is a spirit. It does not want to be treated, it doesn't want a cure. The patient is not physically conscious---you can't say Agup or Anya does not want to be cured—it is the element of the thing inside.

Element inside of them?

Yes.

That means the spirit?

Yes.

Not the client?

Yes.

Oh I see. All right, next question. In your opinion, what is more effective in curing mental illness, medicine or medical treatment or supernatural treatment?

In my opinion, it has to be a collaborative treatment. We have to synchronize the treatment. If it is long term, chronic (mental) illness, it may physically or medically have disturbed the nerves of the patient. Certainly with long term mental illness, they will have to be treated medically, by doctors, to treat the nerves and organs of the body that are not healthy. Because in that (long-term mental illness) condition, his life is very, very dirty, maybe his food is dirty, his body is dirty, and that can influence the body, and can influence the organs of the body. Therefore we have to synchronize the treatment. That means we have to consider the soul spiritually and medically. We have to consider it holistically.

Maybe you can explain again, in this type of treatment, supernaturally what is cured and medically what is cured?

Usually we (paranormals) handle the non-medical side, for example if his consciousness begins to return, if he can begin to be invited to communicate; this becomes small, clear signs that his consciousness is returning. At that point we can have them consult with a psychiatrist or a psychologist that can medically know about the soul of a person.

Is there a possibility that someone who is cured can relapse?

Yes, just like if we are physically sick, with any other kind of illness, if the therapy given by a doctor is avoided or abrogated, automatically we will become sick again.

What is this caused by?

With mental illness, let's say it is caused by depression. Because, for example, a person is perhaps not able to withstand burdens that are too heavy, so his soul becomes disturbed. At any given time, if he is well again, and then he encounters a similar situation, it is not unlikely he will relapse.

What can they do to insure they will not relapse?

We have to give him exercises, practice so that, for example, if he has a family, his family supports him. They help him come in for treatment if he begins acting strange, or if he starts experiencing things that cause him distress, or might cause him to relapse, these things are avoided.

What steps need to be observed by the people in the community of the patient so that they can avoid a relapse?

Actually the family of the patient has a very significant role because they know they have a family member who is suffering from illness like this, thus things that can make the patient relapse as quickly as possible should be removed or avoided.

Can the signs of spirit possession be detected by a medical doctor?

Physically, the medical professionals know about abnormalities that can change the soul of a person. But because the results of a medical exam that takes blood pressure, heart rate, and other things, can be normal, and maybe because it is not within their field, they would ascribe any abnormality to stress, depression, or the like.

Can anyone learn to cure supernaturally, especially anyone of a religion other than Islam?

Actually, they can. The supernatural spans all religions. The only important thing for a paranormal is to guard their own stability so that they can give therapy, give help those who are sick in the ways we have discussed. The ways people do this are very different. From every person or individual who practices in this field there are different techniques to guard their stability.

Maybe you could explain about this a little?

Generally for a paranormal, mentally and spiritually they have to be clean, clean of emotions that are upsetting, from actions that do not please people--those are some factors that will affect their work. Their emotions must really be controlled.

So anyone theoretically can learn the discipline to do this, and help cure people, no matter what religion they embrace?

That is correct.

Ok, next question. At what age do people most often become mentally ill?

Well, I can't say exactly. It depends on their individual personality. Personalities always change, too, depending on their level of maturity. So, the stronger a person is, the less frequently they can be possessed. If a person has a personality that is easily swayed, it is much easier for them to be possessed or to become mentally ill.

I'm sorry, I also meant to ask at what age is a person most susceptible to possession as well.

Well, that is hard. Sometimes there are children who are possessed, who have an abnormality of the soul. Sometimes there is someone who has been perfectly normal, who at a certain age becomes very prone to possession or mental illness. Their background makes them so.

So, I can conclude people at any age could be equally prone to possession or mental illness, depending on their personality and their background.

Yes.

What things seem to trigger someone to become mentally ill or possessed?

It depends on the person. If he finds it hard to accept things that are difficult, for example, thinking about things that are too heavy, personal problems that are too hard, things like that; this might trigger mental illness or possession.

So, basically, the kind of problems that might cause someone to become mentally ill or possessed are the same?

The same. They are the same.

So let me try to draw a conclusion. Arising from problems in life that are too heavy, and a personality that is prone, this can cause mental illness, and once mentally ill they would be more prone to possession. Is that right?

Yes!

Ok, next question. How can we anticipate the onset of mental illness?

Generally speaking, usually we can see from the stability of the family, and our belief. At least it can help us face our problems if we internalize some form of religion, if we can hold to a belief that everything in the world is arranged by someone, and so forth. With those sorts of beliefs, eventually a person builds a strong faith and a strong personality that, when faced with a problem, can return to their beliefs. That is one therapy that is the easiest to use when helping people avoid mental illness.

How long and since what year have you been practicing as a paranormal?

Actually, there was no beginning that is really clear. My goal was never to become a paranormal. No. It was the condition, if my perspective is not too religious, when I was still in junior high school, my neighborhood was, how should I say it, it was very, very ruined; the people liked to drink, to gamble, there were gangsters. So that I felt a fear arise in myself, because I was a boy, and frequently liked to go out, go outside at night, I was afraid of becoming a victim, of targeted for violence, so I started studying kebatinan self-defense. I started in junior high. In junior high. The community of the people I was studying self-defense with was religious, so I increased my religious activities as well. There was my uncle, who understood the theory of things supernatural. So little by little I internalized things that influenced what I am today. I never thought I wanted to be a paranormal. Until now—I still think of myself as just a normal person, not something special. What I can do...it is something that can be achieved by anyone else who wants to learn and has a bit of talent.

What kinds of things does someone need to study to be a paranormal?

Well, I think that isn't too hard. Me, myself, I started from studying religion. The longer I studied, the more intensive I studied, then I got involved in a community that was studying Islamic spirituality, *tasawuf* it is called now. There we were trained in ways to control your emotions, ways to control aspects of your nature that are not good. From there, eventually, you could feel it, the powers beneath the conscious aspects of mankind could begin to appear, through activities that are good, like these.

You mentioned tasawuf. Could you explain a little more about tasawuf?

Tasawuf is a method, primarily in the Islamic religion, which is a way of exercising the spiritual side of mankind, so that what we study, we practice, eventually the subconscious powers of man can emerge. It is exercise like in school: we start when we are little, and we begin studying something when we are small until eventually, if we continue, we have internalized great knowledge. There are elements of our nature that can remain buried, are unfelt. But they sometimes emerge, at certain times, unconsciously.

What about those who are not Muslim? What would they study to enter the world of the paranormal?

I think the same thing. They have similar methods to, what is it called, purify the soul in other religions too. I don't know what the methods are, but in the end it can also develop their paranormal skills, cause them to emerge.

Can a person who is not a Muslim study the Islamic teachings/methods to enter the world of the paranormal?

Maybe here it would be difficult. Studying without accepting is difficult. For example, giving a picture of how delicious coffee is to someone who does not like to drink coffee would be difficult. It would be difficult. As a theory, information about how coffee is a mix of ground coffee and water and sugar that becomes coffee, only that could we explain, but the actual experience of drinking coffee would be hard to express to someone "outside" that experience. Theory does not enter a person fully. So unless he accepts, I think it would be too hard for them to understand.

So, you feel that the methods that are linked to a religion have to be studied by someone who embraces that religion in order to be fully understood, that unless they are of that religion they might understand the theory but not really comprehend.

That is right.

Generally speaking, who comes to you for advice or curing?

Usually friends, friends of friends, close family, and close friends.

What is usually their problem?

Most of them have life problems. These problems may trigger a mental illness or possession.

In terms of your skills, are you better at curing mental illness or possession?

Actually, right now most of my clients are experiencing a mental disturbance--I don't have courage to call them sick, because, the condition is still new and they are not yet really advanced or chronic. Like that.

So you can handle "light" cases of mental illness?

God willing, yes.

Actually, I have read that the mentally ill, the government strongly encourages that they be brought to a psychiatrist or a psychologist. Do you take them there, or do you handle them yourself?

Maybe there was something that was missed. Mental illness stems from a nerve sickness. If it is mental, it is the soul that is sick. If it is extreme, call it insanity, it is the nerves that are not right; maybe there is one that broke, or the flow of chemicals in the brain is wrong, or so on. If the cases are like that usually I advise them to go to the hospital, because it is not the soul that is sick, maybe there is a nerve that is abnormal or not healthy.

What kind of steps do you go through to find a solution to the problems of your clients?

They are very simple. First, if it is the soul that is sick, I would give general therapy. There are methods to calm the soul. If the person is a Muslim, I bring the family in to tell the family to be regular in their religious duties. To bring themselves closer to god, to come to Allah, so that they can find peace in themselves. That is it.

Are your clients mostly Muslim, or do you also have clients who are non-Muslim?

Actually there are Muslims, and there are non-Muslims. As long as they all trust in my ability to heal, even though we may not be of the same faith, I will try and, God willing, it will be healed.

So, if the client is non-Muslim, do you give them the same therapy you would a client who is a Muslim?

In terms of specific content it is not the same, but religious therapy that is general, we give it to them. For example men are limited in their abilities; usually we give them solutions that are like that--for example, help give them self-esteem.

So the steps that you go through in therapy, generally speaking, is the same whether the client is Muslim or non-Muslim; and therapy that is more specific is made to fit their religion?

Yes.

You said that the problems you most frequently see are life problems. Can you tell me anything more specific about life problems or burdens that they face?

From the people in the community around us, the most common problems are economic. They feel fear from living in an uncertain economy with a very high cost of living, with no certainty about where they will find money for their daily needs. They are worried, worried that they will not be able to feed their children, will not be able to get their children the education they deserve, and these fears haunt their feelings. This is the source of illnesses like that. To avoid the illness, we motivate them to, for example, believe in themselves. To return to how they were originally.

What kind of media do you use in the various steps of your therapy?

Usually, if it is the first time that they have come, and they are still in such a condition that it is hard for us to communicate, I usually give them "pure water" therapy. I prepare it...there are some spiritual elements...and then I give it to them to drink, and to their family, or to others, if there are any....After there is a reaction to that water, if they improve or if they worsen, there are further steps that need to be taken.

From where did you learn your treatment techniques?

Well, early on there was studying about these kinds of things: pure water therapy, how to activate the patient's self esteem, and support from the family; the family has to give support for the patients recovery. Just that, no special therapy like this or that. That's really rare.

Was there anything that you learned through revelation (from God), through meditation or other forms of introspection?

If you call it revelation, that is too lofty! *(Laughing.)* Let's call it inspiration, that is not too....Every once in a while after I handle a patient I do indeed have a session, a spiritual session, to detect where the condition of the patient is. I do some other spiritual activities so that I can get some further inspiration about his condition and more, his illness, is it normal, light, or heavy, that usually comes up, and the therapy that should be used; is there something special we need to do with this particular patient, just that.

Do you often give advice about how to solve the problems of your clients?

Of course, automatically we are asked to give guidance in how to solve their problems.

What kind of advice do you usually give to your patients?

All this time, I have only given general advice, like from the perspective of, the perspective of life, generally about what they are facing. If it is an economic problem they are facing, how to handle it through economics; if it is a family problem, then we talk about the family.

In your opinion, what is the most important part of the consultation for your clients?

The long story is so the client might be well. Maybe they won't get well all at once, but what is most important to them is to see the steps that can be taken to make progress at getting well, a reaction that shows them that they can become well.

What is the most important part of the consultation for you?

For me, it is purifying that soul, all of it.

Generally, how often or how many times must a client come back to you before they are cured?

Generally, between two or three times. Not two or three times in a week. Maybe one week, then the next month they might come back and could be said to be better, or well. Others may have to come every week for a while; it depends on their progression. We have to check out what kind of progress they are making. Or maybe there is none. In that case, I would have to hand them over to someone to treat them medically.

Have you always made a connection with the patient's family?

Yes, I always have included the family. The family always knows the condition of the patient. The patient cannot always come by themselves, seek treatment by themselves, maybe if they are only partially ill, but there comes a point, they have to have someone at their side. Even if it has just come on, I like to invite the family to the consultation.

What kind of qualifications do you have to fulfill to become a paranormal, especially with reference to handling the mentally ill?

As for me, there is no target, for how far....to exist in the world of the paranormal, for me there is no target. The important thing for me is that I try as hard as I can to help people with things like those illnesses, mental illness and possession.

So you just proceed naturally?

Yeah.

Are you using the same methods you started out using, or have your methods changed over time?

Generally yes, but there are some specific things that...it depends on the problems. There are some illnesses that are common now, like problems with narcotic addiction. That is not a normal illness, it has something to do with will, and we don't know what they want, and it has to be handled differently that possession and mental illness so on. There has to be a different kind of therapy.

From your explanation earlier, it seems that there are often clients with life problems, problems with economy, and problems with narcotic addition. Have you handled clients with narcotic addiction?

Yes, I have, but this is something very specific that has to do with chemical substances, and there are people who specialize in this. So I help them deal with the spiritual, mental side of things only.

So you don't help them heal from the physical narcotics addiction, but you help him heal his psyche.

Yes, help him figure out why he likes the drugs, comes back to the drugs and help him figure out how not to return.

What kind of method could be used to improve the practice of paranormals who heal the mentally ill and the possessed?

I think that as long as they exist, and as long as they can guard their knowledge, if they are paranormals or anything else, I think that over time through their experiences they will automatically improve their skills. They will continue to learn in a regular way through inspiration, spiritual activity like fasting or *tirakat*, these will help improve their skills.

Are there any particular skills or other things that have to be accomplished to be called a paranormal?

Well, that is hard, because in this world, for those of us that study the paranormal, there is no particular curriculum! *(Laughs.)* There isn't any, right? But from the individual, you can see from the teachings of his master, the master may say that the student is at a certain level, a low level or a high level, but there is no outside measure.

Can you explain the signs of a paranormal that is at a low level or a high level of skill development?

I think that, we can't, I can't really, I mean there are ethical...

Oh, a code of ethics?

Yes it wouldn't be ethical. Not good. Me myself, I don't know what level I would feel myself, is the problem, and if I start talking about other people and saying that he is at high level, or he is at that level, what a hassle. How do you measure, that is the problem.

In your opinion, is the title paranormal an honor or just a job?

Yeah, I think it is a title given to us by the community. Because they think someone is capable, so they easily call him a paranormal. But if we look deeper there must be a lot of criteria (fulfilled) to become a paranormal. If it is

only to cure people, dukun prewangan can heal people without learning through any kind of intensive course of study.

Why did you decide to get involved and become a paranormal?

Well, I wasn't really getting involved or intensely studying to become a paranormal, and I'm not really intensely in that world. This comes back to the people, they started calling me that, the people around me, who started to say, yes, his skill is in that field, but actually I didn't really feel...*(Laughs.)*

Do you help people as a kind of social duty or as a work duty?

Mainly as a social duty. As a member of society, as part of mankind, we have to understand and involve ourselves with our community—that is one of the requirements of being a paranormal that is general: we have to be responsive to our environment that needs our help; being asked or not, we will give help with a pure heart.

So you do it as both, mainly as part of a social consciousness but it is also as your life work?

Yes.

What kind of changes have you seen in the paranormal world?

Well, nowadays paranormals have become a visible community that is very, we could say exclusive, inclusive. If there is something, it must be that. If it is me, that is what I would say that is what conditions are now. If we look a little deeper, maybe the public opinion is in a state of uncertainty, discomfort, so they are attracted to the world of the supernatural.

What do you mean by saying that the community of paranormals is now exclusive? What do you mean by exclusive?

Yeah, the general public feels that the paranormal can solve all kinds of problems. That's all.

Have you ever been a member of any kind of association of paranormals?

Well, actually I have not. I have had many offers, but I don't want to join. I mean, I want to do whatever I feel is right. If you join an organization or

association, if you want to or if you don't want to, you have to follow whatever their rules are.

Do you know what kinds of activities take place in an association of paranormals?

Generally social work of some kind, mass healings. That is one side of it, to help society and the second is to build experience and to see if they can solve the problems that people face.

What in your opinion is the best or the most exciting part of the world of the paranormal?

What is the most interesting....well, for myself, I look for what is the most satisfying. If we are successful in curing someone, if after we treat them they can be said to be free of some disease, we can feel satisfaction that we can help.

What is the hardest or least pleasant part of the world of the paranormal, in your experience?

Because we are also part of the people, part of mankind, and paranormals too....There are special rules about what we have to do to guard our knowledge to make sure that it doesn't fade, isn't lost or reduced. What we want it to do is increase our skills, right? So we have to put time aside to perform rituals, like *tirakat*.

With the situation like it is now, sometimes if we can't... if our families don't understand that we need to have the time to do this, you can have arguments. One side of us has to be responsible to our families, and we also need some time for our other responsibilities, and sometimes we can't always do all the family activities if we have to do our other activities. That is where it gets hard. And if we have conflict in our families, it will influence our other activities, it makes it hard to concentrate on our other responsibilities, other than our families.

What triggers the conflict in your family?

Usually in a family there are lots of responsibilities, lots of needs: physical needs and psychological needs. If we cannot make our family understand our other responsibilities, that is where the problems begin.

Do I understand that your absence and your time, other demands on your time, are what cause conflict in your family?

Yes, that is true.

All right, the next question. Excuse me, but I want to ask how much do clients usually pay you every time they come?

(Laughs. A lot.) As for me, I don't have a target, money is not a motivation, or anything. I do what I do for the benefit of others, and I have to come back to myself and hope that everything that I have I hope can be of benefit to others. I never have asked for a return of favors, or established a tariff or anything like that! *(Laughs.)*

So you just want to help, you don't look at what that person has, or anything.

That is right.

Do you know anything about any regional or national associations of paranormals?

I have seen a lot of them in the media. They make their own communities. So, there is Paguyuban Paranormal Indonesia (Paranormal Association of Indonesia). Many different kinds. Many I don't know. There are a lot of them, indeed. There are some that are by the individual, there are some that are focused around curing a particular kind of disease...

Do you know the names of any of these organizations?

Yeah, I only follow them in the mass media.

Can you tell me the name of one of them?

Well...one of them is Paguyuban Paranormal Indonesia. The head of it is named Eddy, who is it? Pak Eddy something. You know.

Is that organization national or regional?

At a glance, I think that it is national, with a regional chapter or chapters as well.

Is there any kind of formal training at all to become a paranormal working at this level?

The method depends, it depends on the teacher or the organization they follow. There are usually only three levels, the basic level, the middle level, and the high level. The basic level is just to entertain, just the basics, so that later someone could become a paranormal.

Maybe you could explain more about the basic level, the middle and high levels.

Usually, at the basic level, the method, if we use... like a person in school or as an athlete, we practice, we exercise the potential that is in all mankind. Like by fasting, by going without sleep, by avoiding pleasure, things like that. That is the basic level. After that, they can begin to do...minimally, can begin to enter that world. After that, only at the middle level, they begin to develop a specialization.

And at the highest level?

If they are at a high level, usually they can function as a paranormal or as a trainer of others.

What kind of involvement does the government have in this world?

Yeah, from what I see, and because I am not active in any kind of organization like that, the government only gives room to move, to hold social activities, to hold mass healings... Actually the government gives support, but it doesn't give anything more formal, more intensive than that, not yet.

What kind of things do they do to promote themselves?

That comes back to the kind of organization. The promotion depends on the kind of attraction they are holding. Whatever way they can quickly attract the people. Usually unusual attractions, for healings, and others such as *debus* (invulnerability), and so on.

What media do they use?

For healings, it is clear—therapy and cures that they usually do. For other attractions, they do something amazing, something...different things that are out of the ordinary, things that easily draw people's attention.

Do they promote their activities directly or indirectly?

Usually directly. That is usual.

What would be considered indirect?

Well, their students, their followers, would be ordered to draw in people; their family, their friends, they are ordered to invite, to bring to watch. Invited to get their illnesses healed: that would be an indirect method.

Are there any kinds of government rules or laws that apply to these kind activities?

As far as I know, there is, but the government really supports the existence of paranormals. Now. Because now they have to get the permission of the government to hold these sort of things, local and maybe national. I don't really know about the legalities of it all.

So, there is a legal process for obtaining a license to practice as a paranormal?

Yes, there is.

Just like there is to open a practice as a psychiatrist, for example?

Yes.

Do you think there is anything that these national or regional organizations could do to improve the general practice of paranormals?

Yes, it is possible.

How, do you think?

I think through all of their personal experiences we will all develop, and develop new methods of treatment. Just like medical knowledge. The illnesses are all actually the same, but the methods of handling them are different.

So I can conclude that the methods of treatment will improve as the experience of paranormals increases?

Yes.

Hmm. (Pause. Long silence.) Well, is there anything else you would like to say?

Maybe we can explain that there are two types of spiritual illness—one is an illness of the nerves, and one is an illness of the soul. I explained in great detail earlier about the soul sickness, but about the nerves. If the nerves are diseased I send them to contact a medical professional. Maybe there are other factors that disturb the nerves, and make that person sick, or not healthy, and this can influence the soul of a person. That is what I think needs to be stressed.

To go back to an earlier question, what kind of opportunities or support does the government offer?

As far as I know, the government is very supportive in actuality, in helping the people become more healthy physically and mentally, more fit. I think very supportive, because until now there has never been a paranormal that is acting correctly that has been closed for, what shall we call it, malpractice. I have never heard of this.

But, actually, there can be such a thing as malpractice for a paranormal?

Yes, sure. We have to look at it from those two sides I talked about earlier. If the illness has to do with nerves, say at the extreme, someone is crazy, or if they are mentally ill, sick from stress, sometimes the therapies contradict each other. If we are not clear which kind of therapy we should give them, it could come into conflict with the medical therapy they are experiencing, and the effect could be extraordinary.... It could possibly even cause them to die, or something. That is indeed the risk. Maybe it could.

I saw on television like on the program Patrol there was a man who claimed he could heal all kinds of disease; he claimed medical diseases as well as supernatural diseases. There were a lot of people that he scammed. You said that you had never heard of any paranormals being shut down for malpractice. Would a person like this be considered to have committed malpractice in the world of the paranormal or the world of medicine?

We have to look at the type of scam he was doing. If his scam involved fake healing of disease then it would be that type of malpractice. If his scam

involved something like, say, what is trendy now, the creation of money-doubling, then the malpractice would be in that field.

Paranormal?

Yeah. Because if a person has come under (a bad paranormal's) influence, his rationality is gone, is not working. Whatever the paranormal says, he won't want to think about it in any more detail. Whatever the paranormal says, he'll just be quiet. Now this makes a lot of problems. Even though we have contact with paranormals and lots of other folks, we have to use our logic always, so that what we do does not cause worse problems or make things worse.

Now a scam artist like that one, what level would you guess he was at in the world of the paranormal?

From my experience, these people are still at the most basic level. Their knowledge is still minimal, but because they have already started being called a paranormal, sometimes they are too proud to admit they cannot do something. So to cover up their inability to do something, sometimes they do some tricks or make up something that leads to failure which eventually, causes disadvantage to others. Actually, even though someone is a paranormal, they have limits too. They cannot solve everything they face. Sometimes they can fail. Normal, right? They are human too.

Is there an effect on a paranormal if he does negative things like this, like scams or other...is there an effect on his ilmu--?

YES! Clearly! Clearly there is! The misuse of his *ilmu* can influence the development of his *ilmu*, it will stop right there, because the use of his ilmu does not fit with the guiding principles of the *ilmu*. And secondly, at some point, what he is doing will come back on him. It will be disclosed. So that from being considered an *orang pinter* that is honored, he will become known as a scam artist, and so on.

Can a person who does not have good intentions rise in the levels of the world of the paranormal?

I think that, well, it is an unwritten law that they cannot. Because there are rules that are very strict, so that if a person violates the existing code of ethics,

it will affect them and their *ilmu* will degrade/decline. If they don't act according to the principles that guide us.

So, if a person wants to be higher or more powerful in the world of the paranormal, the most important thing is to be pure, pure in your spirit and pure in your actions. If a person is not pure of negative things, he will not advance in knowledge or power?

That is right.

Well, thank you very much. Thank you for your information. I am very grateful because you have helped a lot and given me a great deal of your time for this interview. Later, if I find there are things I missed, may I contact you, and I beg that you will give me a little more time later if I need it.

Of course. Thank you for your time as well.

Let me close this interview. Assalamu'alaikum warohmatullahi wabarokatuh.

Wa'alaikumussalam.

APPENDIX E
INTERVIEW WITH A KYAI

Interview with Bapak Drs. Syamsuddin, kyai.

This interview was held in June 2002 at Pak Syamsuddin's house in Betek, Malang, East Java, Indonesia. Pak Syamsuddin is Javanese, Muslim, and in his late fifties.

Why do people come to you and why do they go to a dukun?

....Sometimes people go to dukun. These can sometimes be *dukun prewangan.* Wah... they will be crushed, destroyed later. For example, they will get instructions about money-doubling, *gendam* (black magic), and so on ... this will damage them even more. Usually I give people advice. Lots of prayer (*sholat*) at night, and their heart becomes calm. Thanks be to God, out of one hundred people I handle, minimally seventy-five out of them will be cured, or even more than that will be successful treatment.

What are the most common problems of the people who come to you?

Economic and family problems, the majority of them.

Do you make predictions for clients?

I don't understand the question.

For example, diagnosing a problem.

I am not a doctor, I don't make experiments. I use *petunjuk* (signs/revelation). I use *dzikir* and then see what comes up. For example, a man comes to me and says, Pak, I'm really upset. I say: please chant this: "Allohumma solli ala Muhammad" *(Arabic phrase called sholawat which means "Oh Allah, let your blessing come upon Prophet Muhammad!");* I give him water in which I soaked a written *sholawat,* to get a sign. The sign glows: drink young coconut milk. In that way, thanks be to God, a person who is experiencing stress and so on, many will get well. There is another: water from a mosque. I don't know why it is so. But it can cure people. There was a person who lost something.

Then there was a sign: please look for it in a certain place—and thanks be to God, they find it.

So, the sign is not from my thoughts or my reason, but from reading that prayer, there is a sign. The sign always has to be followed. That is so for a person that came to seek a mate, confused between three choices, for example. There is a sign too: just this one is the good one. God willing, that is a good choice. But if you do not follow the sign, chaos follows: everything is ruined.

What media do you use to find a sign for them?

My experience is finding signs through reciting *sholawat*. I invite them to chant "*Allohumma solli ala Muhammad*" at least seven times, usually seven times seven. Seven times chanting of *sholawat* and then "Give us peace, oh Allah", for example, seven times, and seven times more like that. After that 1000 times. Besides that, *rajah* water of *sholawat (the paper on which sholawat is written soaked in water and consumed)* will give peace. In other words, we will get the blessings of *sholawat*.

So, media that bapak uses... is sholawat for media?

Yes, but not only *sholawat*, but also if the person is a Muslim, *sholat* has to be regular, often to pray in *jamaah* (in a group with others), bathe—and for bathing there are rules, that is *mandi thobat* (*a redemption bath*). And then *tahajud* (praying at midnight), fasting, lots .... Give lots of charity. So not just *sholawat*. Many more. For example, *wirit*, chanting *sholawat* by counting green (mung) beans. Maybe you can count about half a kilo or a kilogram, and then you can make a *kolak* (sweet bean and coconut milk desert) with those green beans. Then you eat it together, with ice or whatever. It becomes meat and blood, flesh *sholawat*, blood *sholawat*, creates calmness. It is not easy, stress, or possession--can return to health body and soul.

Do you speak about the signs to the client or the family of the client?

Yes. I even make sure they are certain, that they believe or trust the signs; if they are not certain, I throw up my hands, ok, sure. If they believe in me, then there it is, the right way. I don't have the nerve to disregard the signs. If they are sure and I am sure then it will work; if they are not certain, forget it; uncertainty will make it fail eventually.

Where do the signs come from?

They come through the route of prayer, chanting the *sholawat* that I explained before. Allah will give us signs that we have to follow if we pray, fully believing.

So the signs can show how to solve the client's problems?

According to me, yes. So, I am nothing. I am not capable. If I say it is me doing it, it is my skills that find the signs, eventually I will become far from God, from Allah. Better if I just think in my heart, feel in my soul, I am not capable of doing anything special--everything is from Allah. So what is in Arabic called *ananiyah* or egoistic...I throw those things far from me. In this case, the name Samsyuddin doesn't mean anything, the signs just come from Allah. This is different than the dukun prewangan I mentioned before, they get information from spirits, spirits that come. Mine is a sign, from faith, from belief.

So you frequently prescribe sholawat to solve the problems of your clients?

Yes, frequently, so that anywhere, any time, in any condition, you can read it in your heart.....continuously.

What part of a session with you is most important to a client?

Most importantly, they have to become aware of themselves and understand what they have to do. If the person is on the wrong road, I straighten them out. "Oh, you are mistaken." For example, if a person chants the *sholawat* to get rich, it will backfire: they will become poor. The more they do it with that intention, the poorer they will become. If the purpose is to increase their faith or to correctly perform Islamic religious duties, then it will return to good.

What part of a session is most important to you?

To me, helping someone to find the help of God. According to the teachings of religion that I follow, I help them figure out how to think more, how to write more *sholawat*, to pray more, how to communicate and coexist with others better, so that they don't dwell on the past; the religious language says don't dwell on difference. I have a belief—doing good to others will cause Allah to do good to us. My principle is that I have to give the best, so that, God willing, if we do good, from that goodness others can find a kind of

happiness. From that happiness, God willing, there will be some improvement, maybe a quarter, maybe a third, in their soul. For example, if a friend comes to visit a sick person, the person will feel better: "oh, here is my friend, thanks be to God"; but if someone he hates shows up, he will get worse, "oh no, here is someone I hate". *(Laughs.)*

How many times do clients come back to you, or how long is your usual process of treatment?

Well, from my experience it depends. If they follow the *resep* (prescription/instructions) I give, once is enough; it is good. And if they know how to follow it, in the future they can treat themselves. For example, bathing: if you bathe, *taubat* (for redemption), wash your hair, read *sholawat*, *tahajud* (pray at midnight), then read *sholawat* again later, and so on, you don't need to come and see me. If they come to my house, I will ask them, did you follow your *resep* (instructions) or not yet? If they say not yet, well of course, *kumat*...it has reocurred. If they follow the *resep*, even though they are in their own home, it will work well. Once even, they can be cured.

Do you have contact with your client's families?

Usually when someone comes to the house, I ask them, among other things, what is the cause, how could things get like this, what is the cause of their problems. Among other things, I ask them about their connection with their family, how it is, good or not. Sometimes there is a problem and the family doesn't know. It is not possible there is no problem. But sometimes the client will only speak of it in front of me. They find that speaking of their problems at home sometimes will cause their problems or illness to worsen or become more complicated, rather than helping them get better. There are many people who are silent about their problems with their families, in Javanese "gak iso ngudari" *(can't analyze or solve)* problems, and they just become sick, uncontrollably angry: that is their answer, anger. After they are in front of me, that is the first time; and I make sure that from there the family understands the client's problems, so his burden becomes lighter and from there he can heal.

What kind of training or practice or do you do or have you done to fulfill the qualifications as a kyai, especially with reference to handling cases of mental illness?

As for both me and my students, it is important for patients and for our own selves to always be trying to increase our closeness to Allah. The way:

writing, based on the *dzikir*, at night, 1:30 am, 2:00 am; sholat at night, the essence of which is *taqorruban....taqorrub*, is the term, becoming closer to Allah. The second thing, in addition to *muqorrubah* or *taqorrub* as I just mentioned is *muroqobah*...which means personal feelings are always watched by Allah, so you always do good. Then you always try to become closer to Allah, which is called *muqorrubah*. Now, the term *muroqubah* means always being watched, so that if you do something bad, you are embarrassed. So you have to do a lot of *dzikir*, and that makes you closer to God; and because you feel watched, you do more and more good works, and that adds *yoni* or *mukjizat*--increases the strength of whatever you do--I call it *mukjizat* sholawat: it grows by itself, it makes it stronger so it becomes easier to cure people.

What early training did you have, and do you continue it now, or is your training now different?

Yeah, the same: study religion, and it still continues. From a long time ago, the same thing has been generally done by the Islamic saints, by the prophets, by kyai, the ones that want to be *ma'rifat*...towards Allah, which means people who want to be always close with Allah.

In your opinion what kind of training would be useful for a kyai that would like to handle clients who are mentally ill or possessed?

I guess what I said earlier, bringing oneself closer to Allah, and see what sort of signs appear. Usually you cannot do this in a day or two. You have to be calm, you have to be close, you have to really really hope for a sign. If your soul is clean, precisely! But if I am not calm, I have lots of problems, or if the ones that I pray for, they do not follow their prescriptions—tell them to sholat at night, dzikir, and they do not do it--it takes a lot of time.

How do you feel about your role as kyai?

For me, it really doesn't matter. If they want to call me a *kyai*, or an *ustadz*, it is up to them. I am actually embarrassed to be called a *kyai*....but it is a sign of respect from a lot of people. It cannot be sought, and in fact there are no *kyai* schools, none. I actually prefer to be called *ustadz*, because it means teacher. All teachers are actually called *ustadz*. *Kyai* is different. Actually in Islam there is no such thing as a *kyai*. *Kyai* means a person who is a very educated teacher, owns a pesantren, and so on, and the term is not even from religious language. So, in my opinion, a title like that can create good, but can also destroy someone, since it can cause him to have too much pride. Instead,

according to what I practice, that sholawat, you have to try and distance yourself from *ananiah*...the ego. If you want to want to be praised by others, ruined, your sholawat will be ruined. It won't be heading anywhere; the important thing is I have to perform/give my sholawat only in the hopes of *ridho* (approval from) Allah. If I pray for a client and they are successful, it is not my doing...it is their prayers, not me, I just help. Help pray for them. There are those that are successful and those that are not. But it is not me, but Allah that can solve problems... and that is not my goal. When I read *sholawat* I don't seek to cure, only probably as a ..what?...prayer that their request is heard, that it is successful because they are drawn closer to Allah. It is called *li ma'rifatillah*...but it is not a goal. I don't read the sholawat because I want to be kalled kyai, or ustadz--no, I read the sholawat because I want to be close to Allah.... And I want to get *ridho* (approval from) Allah.

So you do curing and counseling as a religious obligation, not as a job responsibility?

It is the principle of religion "ta'awanu alal birri wa taqwa wa la ta'awanu alal ihnu wa al-udwan"; that means you have to help other people do good works and *taqwa*...and don't help people in the cause of working against their enemies, or in the cause of sin. This is a religious responsibility: to help anyone in the cause of good, but not in something like seeking riches, or, uh, fame...like that.

Do you belong to any kyai organizations or associations?

I don't...when you talk about these organizations, it is not a problem of unwillingless to perform religious obligation, no. But in my religion, it says join groups for *tahlilan, diba'an, sholawatan* (various forms of group prayer, involving chanting or singing, for different purposes). But this is not an association of people who are seeking careers as kyai, or something. It is a religious obligation. There are many kinds of obligation. Not just prayer. Sholawat is one among many ways of fulfilling your responsibilities in a religion that tells us: "Enjoy! Enjoy prayer!" But not just sholawat. No. Lots of things. *Tahlil* (group prayer chanting for the dead) and the like.

Are the organizations national or local?

As I said, national or international organizations that concern themselves with *ibadah* (religious obligation)....are not necessary. Routine religious practice: *sholat, dzikir, tahlil, wirit,* just that. If you want to call all Muslims all over the world an international religious organization, well, just so. But we don't need

to try to organize them into some kind of simultaneous religious observance; if you wanted to, go ahead, every time you sholawat in the mosque, in the neighborhood, consider yourselves part of an international organization. Sholawat anywhere: it is all the same. By yourself is great; community prayer is better; even more the *istighosah* (communal prayer involving thousands or tens of thousands, usually held in huge fields or stadiums) which has a national intention, that is even better, that is sholawat too. But I am not like that. Enough for me to have us each read individually the sholawat, and sholat together if we can. I can't say it is national or international, no.

Is there an organization of kyai that focuses on the healing of mentally ill patients or patients who are possessed?

Oh, I've seen lots of them. People who specialize in that, there are lots of them, not including me. My goals aren't curing, or trying to be professional. Sometimes I feel I am strange...do only that and people are cured, just do this and they can pay their debt... because I don't have a goal like really professional kyai, who promote themselves as alternative healers. I don't have a desire to be a kyai or tabib. Nahh...that would be great, lots of sick people come to me, I massage them a bit, lots of money! No. I don't know why I am like this, I don't know. I apologize for saying this, but it is really not my goal to look for notoriety. So I don't need to join an organization for curers. Just let everyone take their own way, and eventually those who come to my house can cure themselves, with prayers, water that you pray over, drink it, and they are well. That lightens my burden. Wow, if everyone I know who was sick always came to me...well, I guess I am not really a kyai...

According to you, what is the definition of mental illness?

Mental illness is when the soul is sick or abnormal.

How, in your opinion, can you define mental health?

Their soul is healthy and normal; the brain is normal. If you try to communicate with someone (healthy), their answers are normal.

Is mental illness the same as possession?

Not the same! People who are possessed are entered by a *satan* (evil spirit or demon) because their souls are empty.

How are the mentally ill different than those who are possessed?

The difference is that the mentally ill, their soul is sick or not normal. The possessed are basically normal, but because their soul is empty the satan, djinn or *prewangan* (spirit) can enter them, and then their speech is not from them, but their words are spoken by the spirit-being that entered them.

Could you please explain what you mean by prewangan*?*

Prewangan is from the Javanese word *rewang*, help, it means a helper, being helped or aided by the spirit, not just by oneself. So that if we are possessed, and become unconscious, and talk, and that speech usually is from the *penjarahan* satan or *prewangan*, the helper itself. For example, it says: I am a princess from Bagdad, or Pakistan, if it is from Arab, smart in Arabic language... I am from Egypt, in Arabic, or I am from Australia, America, then English, even though the person doesn't actually know Arabic or English, but when they are possessed they are facile in that language. It is the one that goes into that person that is speaking.

What causes a person to become mentally ill? Is it because of depression, or stress, or something like that, or is it because of possession?

In my experience and opinion, in the cases I have treated, it is because of pressure on their *batin*, pressure on their soul, depression, stress, and so on.

What is the difference in the appearance of someone who is considered mentally ill and one who is considered possessed?

The appearance of the mentally ill person is their brain is not well, their soul is not well, so that when you talk with them their responses go everywhere; maybe at first they are good, but two or three times--not good. In Javanese, *ngglambyar*. Now the person who is possessed is different. They are unconscious. Their soul doesn't go, it is the satan who is there, or the djinn that is there.

Are there classifications of the mentally ill and of possession?

Actually if we want to do research on this, it only takes once, but in principle there is obvious difference or classes that indicate difference. The first is, if the soul is pressured. The second is that there is something that influences the personality of the patient, especially the brain, thinking and so on. That is

principally it. So there are two possibilities. Probably because of sadness the soul becomes empty, so satan and djinn can come in, and can because of stress become crazy because of soul sickness (mental illness). So, a person who is possessed by a djinn, if not quickly treated can become crazy, can become mentally ill.

So, if I understand correctly, basically the there are two classifications of people who are mentally ill or possessed and they are the same?

Yeah, the important thing, the difference that is important, fundamental, is that, above all if a person is possessed, is unconscious; but the mentally ill person is actually conscious, it is just that their brain nerves are weak and actually can break or come undone. That is the difference. It means not empty. But the person who is possessed or gets one of those helpers I mentioned earlier, are empty. That is the fundamental difference.

According to you, which of these classifications tends to be easier to cure?

That actually depends on the person. If the djinn or satan, for example, wants to compromise, which means if the possessing demon has a weakness, is afraid of dzikir, reading the Al Qur'an, Ayat Kursi, Yasin (verses from the Al Qur'an) works, and so on. But if, for example, the djinn or satan does not want to, has no fear or weakness, if you read the ayats and pray and it has no effect because the spirit doesn't want to (leave), then the longer it goes on the stronger that spirit gets. If it asks for incense and you give it, it gets stronger. If it asks for flowers, or drink, and you give it to them, follow their wishes, they get more settled in, and they will even ask their friends in. They will fill the body, the soul, the entire body. But if, for example wirit, sholawat, read the ayat kursi, the Al Qur'an and so on: eventually it can make them uncomfortable and eventually they will leave, the djinn or satan.

Do these classifications have anything to do with the mentally ill?

People who are mentally ill need peace. The prayers I mentioned earlier also can help, because they can also bring peace to those who read them, so their state of mind will return to normal. Only the way is different. The mentally ill want to be peaceful, but the person who is possessed by satan or djinn, the satan or djinn has to go. So the person is not empty again. That is the only difference. In Javanese, so that the spirits "minggat" ("run away from home"). To make them they leave, you read those prayers, and dzikir like I explained,

so that the person is filled again, so that they are no longer empty. That fits with *dalil*, in which Rosulullah (Mohammad, the prophet) said " inna syaitona yajri min ibni adama madrodan, fadhoyiku majariyahu bi katri dzikri wa shoum" (Arabic) that means truly satans can go in to the veins, run from here to there, in the bloodstream of the sons and grandsons of Adam, so close tightly those roads where satan can run freely by much dzikir and fasting. What is clear is that someone who dzikirs a lot, reads and chants the sholawat, Allohumma sholli ala Muhammad...and so on, chants.....continuously, satan and djinn cannot enter them. And second, fast frequently!

Which is easier to cure, the mentally ill or the possessed?

I feel it is about the same. If you can calm the mentally ill individual with prayer, with medicine, so that they become calm, they will be quickly cured. The same goes for the possessed. If that person can be calmed, and returned to his humanity, calmed with the prayers I mentioned before, the djinn or satan will disappear so that the person regains consciousness/awareness. Once the person becomes conscious again, ask them about the djinn and they won't know anything. Sometimes they will ask, "Why am I here?" "Why am I being treated?" and so on. With that return of consciousness, they are cured. But it is different for the mentally ill. Mental illness, if they are returned to calmness, and full health body and soul, only then is it good. It is not spontaneously cured like someone who is possessed by satan and djinn. If a person is possessed by satan and djinn, if the spirits leave, then it is over: they are cured.

Which do you think is more effective in curing mental illness, medical techniques and medicine or supernatural techniques, and why?

For me, you have to use both. With prayers, wirit, dzikir, and with medical techniques...because a person who is mentally ill it is because they need peace, and this influences their soul. If their body is weak, they need to be helped medically. If their soul is weak, they need spiritual treatment with prayer and dzikir and so on. The soul cannot be treated with medicine from a doctor. It can't. Things connected with the body have to be (cured) with a doctor's medicine. But someone who is possessed, automatically their body is weak. Because they are empty, they are filled with satan and djinn. Their body is weak. And once they are cured, they need vitamins, injections, and so on. If a person wants to be calm, if they take too many tranquilizers, they will be ruined. They will sleep continuously, and eventually die.

Is there a possibility that someone who is cured can have a relapse?

Yes, they can be healthy for an hour, and have a relapse, because they are not yet stable. Once they are really stable—dzikir, memory and awareness, so that the emptiness is gone, they will not relapse. But if they face another problem, so that they daydream and their thoughts become empty again, they can have a relapse. The same holds for mental illness. If pressure on their batin comes again, wah, uncontrollable anger. The same goes for those possessed. If the satan or djinn that possesses them is funny, their speech is funny. If they like to dzikir, that is what will come out—dzikir, wirit, prayer. If for example, the problem is wealth or possessions, jealousy, and so on...uncontrollable anger. Because the satan that possesses them is crude. Usually it is an influence from outside them. That means, before this happened, what was he thinking of? If it was wealth, enemies, revenge, that is crude, he will (be possessed by a) crude satan later.

Is there anything you can do to help prevent a relapse of mental illness?

So that they do not have a relapse, the people that are aware—the family—have to be very vigilant, have to remind the patient, have to entertain them, and so on. This takes a lot of time. They have to talk and joke with them. This joking can occasionally upset them. It can cause them to relapse. The person has to be told by the family not to be upset. Usually they are really easily upset, and easily relapse.

As for the patient, what should he do to prevent a relapse?

From my experience in curing them, they have to understand their weakness. There are special signs. Before it happens, they can treat themselves. For example if their body is weak, that can precipitate a relapse. So, they need to know if they are feeling weak, they need to quickly bathe and wash their hair with salt (*garam deringu*). Their health returns, and the satan goes away. After they are healthy again, if they start thinking about things that influenced their health, the previous causes of their illness; for example if they were thinking about vengeance or revenge (before they got sick), and the person they wanted to revenge themselves against comes to their home, it is better if that person is ordered to go. So that he doesn't relapse. Usually it is really fast—meet that person, remember the things in the past, and they instantly become uncontrollably angry. That is it. That is the answer. Better to let those who

are healthy and aware of the previous causes of the disease guard against any kind of relapse.

Can medical personnel detect when someone is mentally ill because they are possessed?

In my opinion, if the cause is from influence of the soul, and the soul is empty, they can. But they should, from my experience, have to go to both. They need spiritual help. They need spiritual advice. Take the spiritual road. Like someone who likes to chant the Al Qur'an--yes, chant the Al Qur'an with them. They are already calm. The doctor will treat them with injections and so on. But both, together, are better.

Can the supernaturalistic curing of mental illness caused by possession be taught to anyone, including people of another religion?

Yes. If you have certainty. I mean, the religion that they embrace, are they certain or not, that there are satan and djinn? If not, if they think it is caused by depression or stress, and don't believe in them, reject the notion of spirits, then they cannot learn. There has to be a belief that the one that is speaking is a spirit, a satan or a djinn. They have to be able to accept that usually the person's voice isn't always like this, that maybe this is a little voice, wow, a woman's voice. It depends on whether the person treating them believes or doesn't. If they believe, from there is the road to learning to cure. It's up to the person's belief in that other religion.

Are there methods of supernatural curing in other religions, or just in Islam?

No, there are in the other religions. They fit with their religious teachings.

Can someone from another religion use Islamic techniques and methods, teachings, to cure someone?

In my experience, one example: my friend's daughter is Catholic. She would cry continuously, night and day. She was very confused and upset. Her father brought her to me. I wrote a sholawat (in Arabic letters) for her, even though she was catholic. That was it, she read: "Allahumma sholli ala Muhammad". Dipped it in water, gave her the water to drink, and it turned out that sholawat read by a non-Muslim also was successful. The girl did not cry anymore. The cause of her crying, in Javanese term is *ketempelan* (something stuck to her). There was a spirit there. After she read the

sholawat, healthy. That means it can also work (for a Catholic), although they might not have a sholawat in the Catholic religion. When she read ours it worked.

At what age do you think people are most at risk for mental illness?

From what I know, it is hard to pinpoint. Because now at what age do people develop the ability to think normally? At what age can you invite them to converse with you normally? According to my experience, it can happen to little children even, it is called *mengong* in Javanese. It doesn't have to just happen to adults, there are children who are mengong. You ask them a question, their answers make no sense...so I think that it can't be determined precisely. Call it stress, depression, mental illness, happens only to people over 15 years of age, you can't say that, it happens to little children too. The same with possession. Even babies can be possessed too. What we called loved and entertained by fairies (*disenangi* and *dikudang peri*). Fairies love them. It is even more frequent with little children. So you put salt, garlic, shallots: the fairies run. Not just little children; babies too.

Approximately what age have most of your mentally ill patients been?

Well, the ones that come to my house are primarily college students, people that already have a family, and usually people, teenagers, who are looking for a life mate. Sometimes they have had a boyfriend or girlfriend who left them. That is the majority of them. For people that are married, usually something like the husband is having an affair, she can't handle it; the husband left, or the reverse. The wife goes out frequently with other men. People with these kinds of problems get confused, empty, upset and so on...and many run to my house, and ask for treatment. And they are cured.

So they are mostly adults.

Yes, just so. Those are the ones that come to the house. They are adults, with problems, family problems, love problems, failure in school, which they say is caused by problematic faculty but may be because they are stupid.

How can you anticipate the onset of mental illness?

In my opinion, you have to be careful, you have to try. Don't...especially ourselves...Why do we have to get sad? If a person is close to God, they do not have to be sad. No matter what happens, accept it —we return it back to

God, "inna lillahi wa inna ilaihi rojiun" ("truly everything is from God and to God shall all return"; popular quotation from the Al Qur'an) and *pasrah* (submit). From there, we can anticipate it. It will not arise, that which we call mental illness, stress...it is up to the person. That is the way to anticipate it.

Generally who comes to you as a client or a patient?

People who come to me, besides general people from normal society, are many highly placed people, mayor, regional administrators/governors, legislators, because they have a lot of problems. The way I treat them is the same as I said before. I tell them try to get closer to God. To remember to sholat, sholawat, dzikir and so on. Also, from the general population, they experience things...or people that are lost, people who have run away, too much debt, want to quickly pay back their debt, and so on, so I give them dzikir and prayer, and tell them not to forget that they have to work hard. But because here there is a connection with their mental health and soul, and feelings, to calm them and inspire them in their work I give them dzikir and prayers that will calm them and help them feel close to God.

Is there anything similar in your clients' backgrounds?

What do you mean?

Well, what kind of problems are most common?

Yes, what I said before. Personal problems, like boyfriend or girlfriend, those are really frequent. For married people, it is usually economic problems, economic ruin.

Do kyai have to have a special gift to be able to cure people?

Some say they have gifts. I don't want to do that. If I had to group them, I would say like other people, they are just looking for a profession. I just give sholawat--that is the charity, the religious duty that I like best. Like the people that people want to do the prayers I told you about, and then there is an improvement in their situation, it is not because of me, but because of the prayers that they give. Not because of Syamsuddin, not because of me. I feel that I have many weaknesses, much is lacking. I don't feel I can cure, no. There is no feeling that I can do it. I plant the feeling inside myself that I am nothing, I can do nothing. Everything is Allah. So that with that as our basis

maybe God will give to us. So with those prayers, God will hear that person, and give him success.

Is there any kind of regional or national organization that help train kyai to cure mental illness or possession?

I'm sorry, I have just heard about that and seen it on the television. There are a few ustadzs or kyais -I don't know, in fact one that I saw on television was a woman. It is, for example, after an examination, the patient saw one kyai, then was ordered to go see another, but within the same house, from one room to another. Then at the end, they were given medicine, herbal medicine. It was like a person was a victim of black magic (*santet), tenung, guna-guna, sihir* (all terms for black magic) and so on. Three or four people handled them. But I have not been involved in anything like that. I like the fact that there are people who can handle this, though, who have that kind of ilmu. I don't have that kind of goal. I see that from different places, people do not come together. Three people from this area, another place another group...there isn't anything like this, one organization.

Could you give me any information about what the government provides to the kyai?

Well, in my opinion, this also helps the government. I mean, we help eradicate poverty. I give out one sholawat - "li tausi ila razk". This sholawat is specifically for the purpose of asking for good fortune, making it easier to obtain and .... it turns out that many people are successful, with reciting this prayer good fortune is easier to obtain from Allah. Work goes well. That is it. Other kyai give other sholawat, and they are successful. That is it. So there is no special organization to handle and help the government erase poverty. You have to read the prayers, and so on. I am surprised to see that what has developed, what is spread by Gus Dur, is Istighosah. But istighosah is not the only thing that people do, it is many sholawat, like the one I told you about before.

Are there any laws in Indonesia that address the practice of kyai healing mentally ill patients?

As far as I know, well, I don't know of any. I don't know of any. But you see the government actually offers protection, if it is acting correctly, in the correctness of religion. If you act incorrectly, the government forbids it. For example, there was one sect, when they did dzikir, men and women were naked! Now *this* the government disbanded. That is called heresy. As long as

what the person who calls himself kyai is doing can be considered correct, according to his religion, the government will protect him and even push (him). But if what they are doing is wrong, the government will disband the sect ...and there have been many kyai are arrested.

So there are laws in Indonesia that govern the practice of kyai?

Well, I don't know of any. If you talk about Islam, as long as it follows Islam, it works. Or Hinduism...if something really follows the religion, fine. What the government looks for is heresy. If it is heretical, we call it 'lost religion' or a 'lost sect'. That is what the government looks for—don't just use the trappings of Islam, but follow the intentions and spread the teachings of Islam.

How does a kyai promote the fact that he can handle clients who are mentally ill or possessed?

In my opinion, it does not need to be promoted. Because something like this actually has to be handled with introspection. Why is this family like this? That has to be asked to oneself. As Muslims, for example. They need to ask themselves, why can't they follow the teachings of Islam. Why has their house become...the term is *gersang* (dry/infertile). Maybe this is a reminder from Allah to come back to the teachings of Allah. So, actually, for the kyai, the job is actually to return the non-practicing Muslim family to a state of practicing Islam, to a state of being a true Muslim again. This is actually the order of God, of his prophet. That is a Muslim, who does not act as a Muslim, is straightened out by a kyai. That is actually it. If we Muslims--not only Muslims actually but other religions too--if we have returned to the right way, to the truth, we become calm. We are made weak so that we can achieve the truth and the right way. The truth comes from Allah, from God. We want to become good people. Well, follow what God ordered, stay away from what he forbids. That in Islamic terms is *taqwa*. "Ittaqulloha haqqo tuqotih wa la tamutunna ila wa antum muslimun".....that is in Islam: "Follow Allah faithfully, with sincere and pure taqwa, and don't die except as a good Muslim." That means as a clear, bright person, that loves peace, that is what is meant by the Arabic "wa antum muslimun".

You talked about a woman who could cure mentally ill clients. What kind of media did she use?

I only saw her on the TV. If you want a direct example, I have a nephew. His name is Sanusi. He is in Singosari. He, as I observed, actually has a gift. We all know that everyone has strengths and weaknesses. Both of these are gifts from Allah. There are those who can cure directly, there are those that have to use tirakat, which means they have to fast, prayer, and so on. Well, I figure, whatever. It is up to us who are trying. According to Islam, Allah orders us to pray. "Udu-uni astajib lakum" (Arabic), which means "Pray to me, I will fulfill your prayers." That is why we pray so hard, work so hard: so we will achieve our wishes. Between the one that is curing and the one that is cured, it is the same prayer, but if one prays alone, perhaps it won't work. But if many pray together, hopefully one among them who is praying will have his prayers answered.

How do new clients hear about your powers, or about other kyai who can cure?

What I know, and I usually ask new clients: How could you know about me? Who told you? I have never told people, and I have never made advertisements, tried to be famous. I am afraid. I am afraid. What am I afraid of? Afraid of *riyak* (pride). (An attitude like) "I am the most..."; wanting to be praised. And I am afraid of Allah. It belongs to God, not to me. Usually, the ones who come say that somebody told them, "I was told by ustadz so-and-so, about this writing, this sholawat, was told to drink it..." I was not the one who told them when I gave them the sholawat, here, tell everyone. Or for example, put up fliers at intersections. I have never done that. I am afraid. Yes, what am I afraid of? What I said before. A desire to be praised by people, afraid that later I will be egoistic. Who am I? My ego. That is what I am afraid of. So, most of the people come to my house, if I ask them, someone has told them about me. Sometimes it feels strange. One example: there was someone who developed kidney stones. I invited them to read the sholawat, I gave them a copy of the written sholawat (in water), they drank it; I told them to eat barbecued eggplant with rice. The stones came out! Like that! But others given that as a cure will not become healthy. It depends on the sign I receive. I have never made a general announcement: "Be happy! Be happy! Big Kyai! Whoever is sick, come! Come! Guaranteed healthy! Guaranteed health!" I am afraid of that sort of thing. Never.

If I understand correctly, there are some kyai who advertise, on television for example, but your clients find you strictly through word of mouth, from clients whom you have treated.

That is what I know. I have never wanted to appear on the television screen, so that I could become famous, never ever. I am afraid. I feel I have many faults. Once again, it is not my goal. My goal is only to get *ridlo* (approval) of God.

Thank you so much. I think that does it. Thank you again for all your help and information. Assalumualaikum wa rohmatullahi wa barokatuh.

Wa alaikumussalam wa rohmatullahi wa barokatuh.

APPENDIX F
INTERVIEWS WITH TWO PSYCHIATRISTS

Interview with psychiatrist Dr. Suparno.

This interview was held on September 6, 2005 at Dr. Suparno's home clinic on Jl. Ciliwung, Malang, East Java, Indonesia.

I would like to record your data first before asking more questions. What is your full name?

My full name is Dr. Suparno SPKJ, MM.

Your age?

My age is 56 years.

Your last education?

My last education is currently I am working on my Ph.D. in biomedicine at the postgraduate studies of Universitas Brawijaya.

What is your work?

I work as a doctor, and as a psychiatrist, and am retired from the Supraoen Military hospital, mental department.

What is your religion?

Islam.

Ethnicity?

Java, Indonesia.

Ok, lets begin. In your opinion, what does mental illness mean?

Mental illness is a disturbance, a disturbance of behavior caused by a disturbance or change to some areas of the brain, primarily in the limbic system or in the frontal area, and a few other areas that are involved.

How can a person be called mentally healthy?

There are a few criteria. I like to use the criteria defined by the WHO. Let me grab my book. In terms of my practice, mental health is when one can observe normal behavior or lack of strange behavior in a person. So, like the majority of people, they can socialize well, they can work with many people, they prefer to give rather than only receive, that is what we would call healthy. So, if we see not a little or a lot of strange behavior, disturbing behavior, but they behave in a way that is identical with or the same as the majority of our people here, that is what we call normal, in my opinion.

In your opinion, are mental illness and spirit possession the same thing?

This is case by case. There are some that are different, and some that are the same. I mean, they are the same in the sense that their actions or behavior can both be strange, that is the same. There are some differences. I mean, a person who is possessed, the time period, or the attack might only be once or twice, but a person who is mentally disturbed, that can last longer, it last longer...it is a question of time.

What causes a person to become mentally ill?

Principally there are internal factors and external factors. First, there is a stressor from outside. This stressor is received by the brain, and the brain reacts. So there is a change in the brain. Usually that is so. But there are those who, we can say, since they were born they have a genetic talent, a tendency towards mental illness. So the causes can be stressors, external stressors that cause an abnormality in the brain, in a few areas of the brain, or those areas in the brain could have a disturbance since (the person was) in the womb.

Is this what you would call a genetic factor, an inherited factor?

Yes, indeed. Like I said, sometimes there are cases that carry this tendency, this seed from the womb. There are those cases which, from external stressors, go to the brain and cause an abnormality in the brain. But there are also those actually that carry that change in the brain from the womb. That would be genetic. But there are others that actually have been proven from

cases that actually show a connection between parent and child or from siblings. That is so from research.

In your opinion, what causes someone to become possessed?

Possession is, what we see, a person who is psychologically fragile. So, psychologically he is prone to worry to a high degree, also prone to other mental disturbances, depression for example, perhaps, but here in Indonesia there are also people who are born with the ability of easily understanding the occult world *(lit. world of the refined creatures)* in Indonesia. There are a few people who are like that. Talented at being able to see something. Sometimes those people can get possessed, that's what we observed in some cases.

What are the signs of someone who is mentally ill?

The signs are many. Usually a disturbance to the process of thought—the process, including the shape, the direction, the content. Then also it can be their desires change. Also their perception can change. Also their psychomotor skills can change. Also their emotional affect can change. Do I need to explain? I think you understand what I mean.

What kind of changes do you see?

For example, emotional affect, it usually changes to be sad or worried or anxious or fearful, or if they are psychotic, a heavy mental illness like that, sometimes they will not respond to humor, jokes. Inadequate, that is called. Everyone laughs, for example, and he will just sit, stonily. That is an emotional affect that changes. Then, in terms of change to the process of thinking, the shape, for example, could be unrealistic. Thoughts or speech could be very strange. This is strange. A light thing could be inappropriate association or incoherency; this could be a change to the shape of thought. Now the flow of thought—their speech can be very rapid, could be repetitive, could go around in circles, and this repetitive, cyclical thought has no point. Then the content—there could be a delusion, delusion of grandeur, for example. He could feel, for example, that he is the descendant of the Sultan of Delhi, or maybe a descendent of Sultan Pakubuwono or Hamengkubuwono *(note: names of sultans of central Javanese kingdom)*, even though there is no family connection. It can be like that. Yes, lots of different kinds of delusions. Now, perception—if their perception changes, frequently they experience hallucinations. Hallucinations are like a child in front of them appears to be a goat, so they slaughter it. It is slaughtered. That was a case in Probolinggo.

Then there can be illusions—illusions because of fear. For example, in the night, a banana tree can move and they can be convinced it was a thief or a ghost or whatever. Like that. What we see is probably just a blurry banana tree, but they are not like that, they will see a banana leaf move and think it is a real person. Like so. Something that is not as it is. Their psychomotor skills can also change, and that means they might become agitated, there are types of agitation, there are types of schizophrenia in which they are easily agitated, can pace back and forth, and there are some that are still, like wax, flexibility reaction, if you place them just so they stay there, there are those that are afraid, just strange, their actions or behavior. Then their desires, their desires can change so they can become reluctant to eat, reluctant to bathe, reluctant to dress, reluctant to work. Many blocks, their desires become blocked, retarded in a way.

You gave an example of a mentally ill person who saw a banana tree move and thought it was a ghost. Do you think if a person is afraid of ghosts they are mentally ill?

If it is an unreasonable fear, if the fear is too great, and it is accompanied by other strange behavior, then yes, it is a mental illness. But if for example this person is really a coward, even though the majority of people are not afraid to go out at night, but he is really scared, this also is a type of mental illness. But a really light one. Because there are light, medium, and heavy disturbances. The really light ones are quickly healed, sometimes they don't even need medicine, sometimes with just counseling, letting them know that actually there is no thief, or ghost, there is nothing, tell them that what is important is that if we are afraid of a ghost, recite a passage from the Al Qu'ran, and when we are through certainly we will not be disturbed, and he understands (becomes aware). Now, this is really light. It can be like that. But this includes, this is also an anxiety reaction, which is also type of mental illness, but light. Because there is no clear delineation between, this is sick, and this is healthy. So sometimes there are those that are borderline, those that are between sick and healthy, in a gray area. They are on the line. They can sway to one side or the other, but there is no clear dichotomy, like between green and red; these are clearly defined, but there is nothing like that with mental illness.

If you know, what are the symptoms of spirit possession?

The signs of this are different from case to case. Perhaps he can speak, but the speech, the volume and the type of speech is different from his usual speech.

There are cases like that. There are also cases of extreme confusion. It depends on the case. He can also scream, scream; the sufferer can cry out, something that he does not normally do. The actions, the strangeness, are more or less the same, more or less the same. And so it is difficult to differentiate between possession and real mental illness. Here in Indonesia the conditions are thus, that we cannot with any certainty determine the symptoms of mental illness from possession, we really can't...we have to look at a case by case basis. Because the varieties of mental illness are many, so this means, like I said, they can be depressed, they can be fearful, and there are those every once in a while that are in the middle, so mental illness is uncertain, depending on the area of the brain that is affected, and the same with possession. It is not certain. It depends on the type of spirit that possesses, if it is a *djinn* or if it is *ilmu* from a paranormal, these are not the same. Like a patient we received in the Supraoen Hospital, he had been sent to Ambon Island (by the military), and he became close to a woman who he did not want to marry. Finally, he was black magicked by the people there, he became like that, a mess, confused, frightened, then he acted very strange as I described before.

Do you think mental illness comes from the conscious world or the unconscious world, and what about spirits?

Well, in the case of mental illness it can be said that consciousness changes. Changes because of area of the brain, especially the centers of integration of emotion are disturbed. So if you say he is conscious, yes, as quantitatively he is conscious, in terms of the definition of neurology. There are those who are really conscious, and this can be contrasted to fainting, or coma. He is actually conscious. Quantitative. But qualitatively, his consciousness has changed, if he is mentally ill. For possession, they actually quantitatively are also conscious, since they can go around, they are not passed out, like in *jaran kepang (horse trance dance)* right? And qualitatively they also experience a change, they sometimes don't know what they do, after the jaran kepang they forget what they did. That is it.

Like someone who has passed out.

That is right. Even though we saw them, and they did not pass out. Quantitatively they did not change, did not pass out or anything, but qualitatively, wow, their behavior-- the people doing jaran kepang can eat glass, can eat light bulbs, can eat all kinds of things, without bleeding, without pain, without being conscious of it later. This is one phenomenon in

Indonesia, people that are frequently possessed. But this is an extreme example, an intentional possession, which is arranged. But every once in a while, if people are not careful they can be possessed any time, become unconscious, scream, their speech changes or behavior becomes strange. There are many different cases and kinds of possession, and trance.

When they are in trance do you think they are unconscious?

His thinking is unconscious, yes. But even in heavy mental illness, it is like their thinking is like they are unconscious. But if we look, we can see that they are fully conscious. If they recover, they are fully purely conscious again, qualitatively and quantitatively, they move towards consciousness, it does not change. So these types of cases are almost the same if we look at their behavior, their thinking, it could be considered unconscious, but how deep they go depends on the case. There are those that are very deep, there are those that go in and out. It depends on the mental illness. It could be light, could be medium, could be heavy, how deep they go.

From the information I know, mental illness can affect the brain physically, affect the neurology. Can possession do the same? Kyai say that if a person is possessed for a long time it can affect their neurology can ruin the nerves of the brain. Do you think that is true and can you treat someone who has been possessed for a long time?

Which should I answer, about the effects of possession or about the treatment by a doctor?

Both if possible.

I would say I agree with the kyai, I agree. Possession for a long time, eventually, will ruin that system. Because after a while, that person, from the orders from the brain to the physical body and back, there is a feedback mechanism. That is what will also become ruined. I agree. So, if for example, in real mental illness there is damage to various parts of the brain. In possession, just like what we just described, if it suddenly happens, they could just become confused. We hope nothing will be ruined. But sometimes, it continues. So that the balance and transmission of messages from the brain to the body and back. So the brain is disturbed, the physical body is disturbed, the physical disturbance returns to the brain, and it goes back around again, in a vicious circle that ruins the brain. But sometimes every once in a while we see a mental illness that we consider light or medium, and we assume it is possession, especially in a village, and then they are taken to a *pondok (a*

religious boarding school run by a kyai). I just got a case from the general hospital. These two people were thought to be possessed, and were brought to a pondok. There they were put in stocks because they were so naughty, put in stocks. Two boys, brothers. One of them was left there until he passed out, unconscious, a neurological disturbance, until he was so weak he was nearly crippled. Because of the stocks. It was...in the pondok, maybe ten years. His little brother, we were successful in curing. But the other brother had neurological damage, so that we were not capable. His parents were not capable of paying for a neurologist, so there he is, crippled and with a mental illness, and the other, half-crippled, but beginning to study, and is improving. So sometimes it is like that. Sometimes people are assumed to be possessed, brought to a pondok, and by the time we get receive at the mental hospital, they are really in terrible condition. It was the father that put them in the pondok, and the mother understood a little more, and she is the one that brought them to the hospital where they were treated. This is a case that demonstrates the lack of success of using that kind of device like at the pondok. Now, about the damage. Principally, if the possession is light, the damage is light. If it is heavy, the damage is heavy. That is what we observe.

In your opinion, if a person has been possessed for a long time and neurological damage is probable, is it better for them to be treated using supernatural methods or medical methods?

I am not a fanatic, so I look at the position of the sufferer. This means, if that client shows paralysis and neurological damage, I think he should be treated medically. I also feel that he needs psychiatric treatment, and maybe psychiatric medicines. But if they are resistant, I think they need dual treatment, collaboration. So with the supernatural, I don't think that they can't do anything to help, I do not feel that way. I believe that at times they can; their influence, in my opinion, is at the level of molecular biology. Like the old Javanese medicine, it is the same as Chinese medicine. Right? They use energy. Like this. Our ancestors, such as Ustadz Hariyono or Gus Mohammad, use the medium of water. First they ask He who is in power *(God),* ask for positive energy, and put it in the water, the excess of positive energy is then drunk by the person, and it neutralizes negative energy. I actually believe that that positive energy is identical to medicine and identical to good luck/good fortune. The negative energy that is in the body of men is identical to disease or bad luck. The traditional system is like that in the medicine of Java. So while there are ten kinds of disease, but the medicine is just water. We can accept that now if we use the paradigm of molecular biology. So the positive energy influences the immune system, the immune

response systems, the first messengers and the second messengers, and so on, and finally goes to the cytokine, and influences the condition of the brain. It can. From the paradigm of molecular biology that we study.

How many classifications of mental illness are there?

A lot. If we look at the heaviness of the illness, we have light, medium and heavy. Also, if we look from the, in Indonesia, *Penggolongan Diagnosis Gangguan Jiwa.* In here there are many. Like organic psychosis. There is a cause for that, like narcotic addiction. Then there is functional psychosis. For that we don't know what the causes are, just suddenly there is a disturbance. Then there are neuroses...neuroses can be anxiety, depression, sadness, can be mixed, both; there can be those that feel sick to their stomach continuously, but the pain moves. Mental illness can be like that too. There are also those who are mentally retarded, who are also included. People with low IQ are also included. There are also those who have a mental disturbance, a behavioral disturbance when they are children. There are a lot of those. Then there is also pedophile. It is a problem. Problem in the family, problem at work--sometimes that is also considered a mental illness. But that is a unique category. So, generally there are six classifications. I can give you a list of these if you want. I think this is the same as the DSM in America. In Indonesia, it is called the PPDGJ, for short. *Pedoman Penggolongan dan Diagnosis Gangguan Jiwa.*

In your opinion, which classification has the greatest rate of cure?

Like I said earlier, the percentage of cases of psychotic, organic psychosis or functional psychosis, these are harder to cure. But not impossible. But neuroses -sadness, or anxiety, sometimes it can be cured, but sometimes there are those who are never cured. We don't know why. Sometimes it is because someone who was really loved died, and every time they remember them, they relapse. Can feel pain in their stomach, like an ulcer. Every time they remember...for example, if you had a boyfriend who died, each time you think about him, if you think about him continuously, wanted to marry but it didn't happen, you could develop a stomach ulcer or other stomach complaint. These kinds of things are sometimes resistant, sometimes it is handled by an internist, but the internist doesn't really understand psychiatric disturbances like this, so his treatment can make it chronic or worsen the condition...

Doctor, would you include these kinds of things in disturbance of the affect?

Well, neurosis like this, they are a somatic disturbance. In the case of neurosis there can be affect disturbance, but there are also often physical symptoms. If they are sad, frequently (they will experience) ulcer, gastritis, or with anxiety, the heart pounds, frequently pounds in the left side of the chest. There is a connection with the physical when you talk about neurosis. But with neurosis, their process of thinking is still realistic. Psychosis, the heavy one we talked about earlier, their thinking is non-realistic. But neurosis like this, their thinking is still realistic.

Do neurotic patients always experience somatic symptoms?

Indeed there is a connection between emotion and the physical, the soul and the body have a connection through the axis of the hypothalamus, pituitary and the adrenal. This HPA axis provides a connection between the mental and the physical. So this by itself can arise. A person who is prone to anxiety can develop a coronary, a coronary heart disease. Sometimes, if it continues, they can have a heart attack. It can be like that.

So you think that is a natural reaction from the body's metabolic system?

Yes, a natural reaction connected to the body's system's working together, with hormones, with mental, with immunology, with those. They are connected, it has really now been proven that they are truly connected.

Ok, next, which classification proves hardest to cure?

Like I said, the heavy mental disturbances, including organic psychoses, functional psychosis, or schizophrenia. Those are the classifications that are really, the majority of them are hard to cure. The ones that can be fully cured are only 20-25%. At the most 30%. Then there are those that find a partial cure, have relapses now and then, or are better most of the time, which is about 30%. Then those who continue mostly sick but may be a bit cured - this is also about 30%. Those are the heavy illnesses, psychoses and schizophrenia. Could be because of narcotics and other things, could be because of typhus, and could be functional psychoses. These are hard to cure. Now neuroses, not, only certain cases are hard to cure. But the heavy ones, that we try many different kinds of medicine, changing medicine but don't see any improvement, try first generation anti-psychotic medication, change to the

second, change to the third--these really stubborn illnesses are usually psychoses or schizophrenia.

The classifications that are easiest to cure are the ones that are connected to the emotions, in practice or in terms of applications, easiest to handle. Give them medicine, that works, or sometimes counseling, or sometimes just giving them advice, from someone older, someone experienced, someone senior, they can improve. Many, in Indonesia like that. That is for the neuroses, depression or anxiety.

The ones that are known for being difficult to heal are the schizophrenia and psychosis. Those are very difficult. Very difficult—often you treat them and they still are sick or relapse. I have a patient that is a young woman. I put her in the hospital for two months. Only then did she get better. Once she started to get better, (we) added in readings from the Al Qur'an. Then she was good for a year. She didn't even have to take medicine for a while. Then she married. Marriage is a stressor. Now she is in relapse. Like that. For a year she was free of attack. Really excellent. Now she has relapsed because of a stressor. That is what we call having a family, sometimes the husband is harsh, sometimes...yeah, that is the way of men, right? If they ask for something, you have to comply. What is more, at night they order (their women) to comply directly, without politeness or sweet talk, without pleasant persuasion, suddenly they just get on top of them, so the woman is upset, women are frequently like that, right? That is just men's behavior and that is a stressor (for the woman), asking why are things like this, why is he rude, saying impolite things, not very refined, as for women they value that. Eventually, this becomes a stressor. And that is not even crass, harsh actions. Men, you know, have a tendency to be crass. As for women, they tend to be refined, indeed. That is a stressor. Comes up again. It happens frequently. It is frequently difficult. But there is another, also a young woman. That one, until now, we put her in the hospital, doesn't recognize her friends at all, her speech was completely garbled, and a bit...her libido was a bit elevated too. Finally, recently, she improved, was really good, she has been cured for about four years. She comes here frequently. *(Smiles.)* Actually she brings in someone else who is ill. Her aunt is lightly mentally ill, with neuroses like we talked about, she brings her in! *(Laughs.)* That is funny, she used to be a patient, now she can escorts a patient in! Now she is in Jakarta, she can work, too. She hasn't yet relapsed, again.

Could you explain the difference between psychosis and schizophrenia?

There is a clear demarcation between psychosis and schizophrenia. Here is a (looking in his book)...so, indeed....uh...schizophrenia....uh, can you turn the tape off for a second? *(Finds his place in his book.)* Uh, about psychosis and schizophrenia. The old grouping...there is organic psychosis and functional psychosis. In functional psychosis, there is schizophrenia. Schizophrenia, the demarcation, the signs are, *(reads)* "generally is indicated by fundamental deviation/divergence and characteristic disturbances of thought and perception." This is the process of thinking we talked about earlier. "It is accompanied by unusual or abnormal affect." That is what I mentioned about changes to emotional affect. "This unusual affect is called 'inappropriate' or dullness; consciousness is still fully intact, clear." Actually, I am really not clear on this. Consciousness...in schizophrenia, frequently changes, from what I see, but here it says that they have clear consciousness—is this consciousness in terms of quantitative, yes, indeed. But qualitatively, the schizophrenic changes, it should be like that. But here it says "still clear, and the intellectual abilities are maintained." Yes, indeed. Yes, I agree with that, that their cognitive functions are still good. "Even though weakness in certain cognitive abilities can be developed later." Yes, that. Then, so the term schizophrenia can be defined as "a description of a syndrome with various causes," and this is in parentheses, "(many that are still unknown) and the process of disease, which is not always chronic or deteriorating." That means ruining. So the course of the disease expands, not always. "It depends on the influence of the genetic, physical and cultural conditions pertaining." *(Phone rings.)* Maybe you could shut it off for a second? *(Indicates tape recorder. Interview begins after conversation with a patient.)*

So, schizophrenia, maybe I could repeat a bit, is a syndrome with ...*(Repeats reading of passages above.)* It continues, the diagnostic categories we follow, "There has to be at least one of the following symptoms that is very clear, and usually two symptoms at least if the symptoms are not sharp or not clear. A. Thought-echo, so that their thinking cycles around in their head (not hard), and the contents of the thoughts are the same, even though the quality is different. Or, thought-insertion or withdrawal, strange things enter into their thoughts from outside, or their thoughts are drawn outside of them (withdrawal) or thought-broadcasting, where the contents of their thoughts are sent outside, so that other people can know them or they are generally known." That is group A. That is for schizophrenia. Then for group B: "Delusions of control or delusions about themselves being controlled by something, some power, outside of themselves, or delusions of influence, delusions that they are influenced by something outside of themselves; or

delusions of passivity, delusions that they have no power, and that they give themselves over to some power outside of themselves. (These can influence the organs of the body, their actions, or their senses.) This group also includes delusions of perception. "Perceptional experience that is not normal. This is often unique to the individual, and tends to be mystical or miraculous." This mystical one has a connection to possession that we were talking about earlier. Therein lies the problem. Then group C. This one "has auditory hallucinations. This group experiences hallucinatory sound as a running commentary on their behavior, or voices, discussing him amongst themselves." Between various voices they can hear speaking, many voices speaking, they can hear them continuously. "Other types of hallucination may be generated by a part of the body," sometimes in the stomach, peristaltic action can be taken as an abnormality, like that. Then, in this group there are delusions. "Other continuous delusions, which are considered by the local culture to be abnormal and something that is impossible. For example, certain religious beliefs or certain political beliefs, or superhuman strengths or abilities (for example controlling the weather)" he believes he can bring down the rain, something like that, he feels like that, "or ability to communicate with alien creatures from another world." Now this, again, is kind of mixed up with possession that we talked earlier. So that is group D. So, I repeat. There has to be at least one symptom, or two symptoms like it said, thought-echo, delusion of control, auditory hallucination, and the delusions have to be on-going. That, there had to be one of those. For schizophrenia, there has to be one of those. Then, another group: "Or there have to be clearly at least two of the following symptoms: For example, on-going sensory hallucinations with delusions that come and go, or half-formed delusions without clear origin, or accompanied by ideas that are over the top. These can be continuous or come every day for weeks or months. There has to be evidence of broken thought, interception, that causes incoherency or inappropriate, unconnected speech." This neologism...this means strange words, new words, his own terms or words. "They can also be catatonic." Like the condition of anxiety, position that circles in a certain way, or strange way, waxy catatonia, negativism, mutism and stupor, like being still, like that. "These negative symptoms like apathy, infrequent speech, and unusual or repressed emotional response usually causes them to run from social interaction, so that they do not want to socialize, isolate themselves, and lose their social ability". So they don't want to work. "But it has to be clear that these symptoms are not caused by depression or neuroleptic medicine" the effects of other medicine, or neurological disturbance like depression. So those first two groups, those have to be those things. Hallucinations. Always. Have to have disturbance to the process of thought. Their psychomotor has to change, like I said before.

Then there are the negative symptoms, don't want to socialize. Then there is another thing. "These symptoms have to be in evidence for more than one month." So, if it has been a month or more, it is schizophrenia. But if it less than a month, maybe it could be considered possession. Maybe. In psychiatry, that is the opinion. Then, "there has to be a change that is consistent and that negatively affects the whole, from several aspects of personal behavior: loss of motivation, no point to life, not doing things, lack of self esteem, and avoiding socialization." So what I read, those are the symptoms of schizophrenia.

All right. Now how about psychosis?

Yeah, well, it is not clear... *(Flipping through the book.)* It is not clear like schizophrenia. So, it is not set. The symptoms are there is something strange. Just a second...*(Flips through book.)*

Maybe you could draw me a big picture about the definition of psychosis.

Just a minute. So psychosis, it can be organic or functional. So organic and non-organic, or functional. The organic can be caused by narcotic or alcohol. The functional, the cause is unclear.

Can you think of a person, or an example?

Well, (for) the functional, schizophrenia is included in here. There are paranoid and hebephrenic schizophrenia. In the paranoid, the symptoms I just read plus their suspicion is very large. In the hebephrenic, what I just read, and including childish behavior. Principally, in psychosis there is a change that is clear in the emotional effect, in the thinking process, in their perception, or in their psychomotor skills. That is principally it.

Then, in your opinion, which is more effective, medical treatment, supernatural treatment, or a combination of both for a person experiencing mental illness?

I feel that in Indonesia, a combination is the most effective, that is most likely to be effective. From what I know, medical treatment cures many, statistically. There is no data on supernatural treatment, concrete statistical data.

Are there data or statistics on methods that combine the two?

Well, not yet. Because there is not yet any formal collaboration between medicine and the supernatural. This is, the experience of Dr. Professor, Suryani in Bali, actually she collaborates with the *balian* or dukun. She says that she has good data, and that it works better than pure medical treatment. If we quote from her, that is. But the actual numbers, I don't really know, or haven't read yet.

Maybe you know why this combined method is more effective?

Actually I think the reason is simple. Because combining two capabilities—the strength of medicine that influences the limbic system, that has been researched, and second, the ability or strength of the supernatural, that can influence systems, areas of the brain that are affected is also huge. So two strengths are used. So it is like being forced by medicine and forced by the power of energy, natural energy. I think better a doctor like that, because in Indonesia sometimes we cannot be free of the influence of, maybe it is spirits. In Indonesia we still believe in this. The enemies of those (spirits) of course are those who have supernatural strength, those are the ones that can...doctors cannot. So there are two factors, the factors that are considered to be real in the world of the doctor, call them organic, I think that doctors would call them organic. And non-organic, call them mystic. Now non-organic, the doctor clearly can't. The ones that can, they are from the supernatural, ones that have supernatural power, both paranormals and kyai.

Can someone who is healed relapse?

Do you mean healed by a doctor or by a paranormal?

By a psychiatrist.

Yes, there is a possibility to relapse. The ones that are fully cured, that would be only between twenty and twenty-five percent . But the ones that are not cured are between seventy and eighty percent. *(Laughs.)* There are those whose disturbances become more infrequent, or lessen, but both of these, you know, are relapses...this can include from seventy five to eighty percent.

What causes relapse?

Stressors. Stressors like loss of a husband, loss of a wife, or natural disaster, loss of a home, like in a tsunami, like that. Or sometimes from the womb,

genetic, you don't know why sometimes suddenly they are like that again. Like that.

What can be done to avoid relapse?

So there is not a relapse, of course in the field of medicine, there is medicine for the rest of their life. It is called "life long control" or often consultation (with the doctor) for the rest of their life. That is what guards against relapse. But if you are late in treatment, like that person that called, that just called. He is late for treatment by a year. A little bit lax, then he relapsed. Well, that is that. Relapse.

What kinds of steps need to be taken by the community of the person who is mentally ill so that they do not relapse?

The community has to be very supportive, which means understand their strange behavior, consider that normal for that person and not oppose them, or make fun of the sufferer. Then, those close to them need to bring them frequently to the doctor for consultation or for treatment, of course. Then, principally, their community must in quotes, chill the atmosphere, or create a conducive environment. Principally, in a few words, provide a conducive environment or full support. Because, indeed this is a sick person. The healthy person must give in, say the people of Jogja, right?

In your opinion, can possession be detected by a medical professional?

Yes, maybe, the way they can detect it, maybe they can detect it through something strange, being very resistant to some kind of therapy they are being given, that could be a marker, a way of detecting. So a tool of detection, among others, could be noticing they are not getting well despite treatment. That could be. Although we would expect that with neuroleptic medicine, after a couple of weeks, usually a patient should be getting better, but this one is showing no improvement. Or even, there are elements that are different. With possession, those things can change, like their voice becomes strange, becomes higher pitched or lower pitched (than normal), or they say things about spirits. Usually like that. Like, "take me back to that tree", something like that. Often it is something like that. Asking to be returned. Or there is a story. Ah, this is also a detection tool. There is a story from the family, such as after a training exercise, in the military, a training exercise in the forest, at a particular old tree he sat, or rested there. There he was struck. That is your tool of detection, right there, just that. So to make a dichotomy between actual

mental illness from organic causes, from their own body, or from spirits, we cannot make that kind of dichotomy, we cannot differentiate.

For that patient, did you use supernatural therapy or medical therapy?

As for me, I didn't use it. I stayed in the field of medicine, and still gave therapy in the medical way -gave him neuroleptics, psycho-pharmaceutical medicines, and counseling. But if those involved request permission, during treatment, request permission to go to a paranormal or a kyai, I usually give them permission. So, I don't do combined therapy like that, because I can't give the treatment a paranormal or a kyai can. But I don't drag them to it. If they ask me, "Sir, can I go to an *orang pinter*?", I say, oh, you are welcome to. So I am flexible. Yeah, take medicine, and go to them. And in some cases the result was good. But, to say they were fully cured, I am not sure. So, probably they would still be included in that seventy five to eighty percent. *(Laughs.)* Some other cases I had before...there was one that was groveling, afraid, afraid to be fired from the military, was taken to a kyai, but when he came back (to me), and I see he is still the same.

So, basically in your opinion someone who is possessed can be cured through medical treatment?

Yes, they can, but the capability of medical therapy is limited by the percentages of cures that are typical - that twenty to twenty-five percent good cure rate we talked about. Just about twenty to twenty-five percent. Oh, do you mean compared to supernatural?

Sure.

Oh, well, if compared to the supernatural, I don't have any statistical data.

How about just from your experience?

Well, combined therapy. That seems to work really well. But the people that I take care of, most of them are only treated medically. They sometimes without us noticing it can change, too, sometimes. If I think about it, the combination therapy, that must be what they did. They go to the doctor regularly, but also regularly seek other alternatives. In my opinion, based on my observation, that is it. It is just an overview, but I don't have any authentic evidence; that is just my experience or what I observed, the biggest likelihood of success is with a combination.

So it can be cured with medicine, only the likelihood of a complete cure is small, only about twenty percent.

That is right; those that are fully cured are around that. And those that use combined therapy, sort of a lot. So, if we include...I would say about sixty percent. Yes, about sixty percent. Around there, if they use a combination.

Do you think that supernatural curing techniques can be learned by a medical professional?

This kind of training, there is no example of this. Just research on stress disturbances by IAIN has just been done. But to be trained in this, this is not happening yet in Indonesia. Because research in mental health or mental illness in Indonesia, especially with connection to these kind of things, is still lacking. That means, if this was taught scientifically, it would have to be via molecular biology. So my research would be connected to a lot of other things, serotonin transporters, interleukin-6, cortisone, a lot of that ...and then brain derivates, neurotropic factors, lots of things, you would have to use those, and in Indonesia none of this research has been done. But I have just started with interleukin-6, serotonin transporters, I have started with that. But probably for the brain and mental disturbance, I have just started, and there really isn't any yet in Indonesia.

So basically, in Indonesia this cannot yet be made into a scientific issue?

Yes, it can't yet be made into a science, because of lack of funds, or lack of instruments/facilities. The instrument that is really good right now is using radioactive, especially bonding *(?)* radiology. In Indonesia we can't yet do that kind of thing. The serotonin transporters also use radioactive technology. I asked at Gajah Mada, UI, Airlangga, UNPAD *(note: these are names of several major universities in Indonesia)*, and they can't (do this) yet.

But what about studying, can a doctor study how to cure a person who is possessed by supernatural techniques?

I think that would be hard, because that is a talent, a gift. Sometimes there is a talent. Paranormals cannot be copied. Because there is, like a talent, like an inherited gift, like that; and the ascetic practice, that we cannot do, we are not able.

Because there is a particular ritual?

Yes, there are rituals, those ascetic practices they do, like staying in a cave for forty days and forty nights, without eating or drinking...we aren't able to do that. Much less copy a kyai. Kyai, you know, get up at what time, and they read passages from the Al Qur'an how many hundred thousand times, right? How many millions of times? We are not capable of that. I think that a psychiatrist couldn't do it. Professor Dadang couldn't even do it. He can only suggest certain readings (from passages of the Al Qur'an). He does not have the ability to directly influence with the power of energy that is held by Islam then use it to treat someone, to force someone to become healthy. He can't do that. But it is different with kyai. Kyai can force sufferers to become healthy. A psychiatrist can force sufferers with psychopharmaceuticals, medicine. They can. Because that is their expertise/knowledge *(ilmu)*. So they each have their own *ilmu;* it seems it cannot be mixed. Well, every once in a while there are one or two doctors who are able, but these doctors may have a special talent. But until now, what we have observed, the thing that can be made a scientific issue, that is talked about at national congresses and conferences, no. We didn't see that yet. Even Professor Dadang who is famous *(for doing combined therapies)*, can't even do that, all he can say is recite this, recite that--suggest, not force. Now, a kyai has a certain power. Power so that the one who is sick is influenced with the power of his energy, and is healed. But Professor Dadang is not like that. He still uses psychotropic pharmaceutical medicine, and also says you are welcome to recite these passages from the Al Qur'an, you are welcome to have faith...like that.

So that shows an application of combination therapy, this Professor Dadang.

Yes, combination therapy. He uses that paradigm.

Next, what age is most common for people to experience or be susceptible to mental illness, and which gender?

Mental disturbance can come throughout life. Susceptible? Everyone is susceptible. Well, especially as one's age advances they can become more susceptible as it is natural human degeneration, their body degenerates. They become more easily disturbed mentally, like paranoia. There are...in old women, they have paranoid disturbance, suspicion, that suspicion, because there is degeneration of the brain. So, susceptible to mental illness...without specifying the type of disturbance, the older one gets the more susceptible one becomes. But if we talk about schizophrenia, it most frequently shows up in

the young. We talked about a lot of kinds of mental illness. Which ones? If we look at schizophrenia or psychoses, they most frequently first appear in the young.

But paranoia happens in the old?

Yes, in the old. Ulcer, sadness, heart disease...these are found in the old. Because as you know, as man gets older, we degenerate, things get ruined, and diseases come, you know, and later we fulfill the *inna lillahi wa ina ilaihi rojiun ('Truly everything is from God and to God everything returns; common Arabic phrase from the Al Qur'an recited immediately when one hears the news of a death.) (Laughs.)*

As for gender, are men or women more susceptible to mental illness?

From my clinical experience, about the same. The susceptibility is the same. In my clinical experience, in my practice, it is about the same. Stressors can strike anyone. The probability is more or less the same.

How can we anticipate the onset of mental illness?

Living a life based on healthy principles. What does that mean? Say, having balance between brain activity and physical activity. Also, having balance religious and worldly life. Say for example we are hit with a tsunami. If we don't have a strong religious belief, we will certainly be struck (by mental illness). If we can accept it, yes...indeed God must have willed this, I might have sinned, I will improve in the future. If we can accept, that is a healthy person. This is my own assumption, my own assumption as I get older, so...a healthy person...I have always ascribed to the saying that inside a strong, healthy body is a healthy mind. That is the same is as activity of the brain, activity of the body. Mankind, you know, is like that. Activity of the mind; activity of the body. If someone exercises well, then it is good; but if he never exercises and thinks all the time, "oh, why don't I ever get good fortune, how can I get good fortune", that, you know, is stress. It causes stress, and can become a disturbance. Now, if you have balance, it will not likely be like that. If we take a lot of exercise, we can...I used to play water polo a lot, and if I was swimming a lot, I would not think about other things. I would be continuously healthy. That is my experience. Balance. That is connected to what I also said earlier about the balance in the molecular biological level. I proved it myself, back when I swam and played water polo, it was great. And

secondly, worldly and religious thinking. I think those two. Because we embrace a holistic view in the field of psychiatry.

Do you view seeing patients for medical treatment or just consultation social work or just a part of your work?

If we come to this, everything is included. We all need some kind of reward. But a reward like a patient being healed, that makes us very happy. Like that. I think we are being hypocritical if we say we just want to heal, say it is just for the good of mankind, with conditions as we are today, in our situation, I think it is dishonest. So, both I think. What is the evidence of this? The financial reward, yes, if I have a practice like this, I get a financial reward. That is the proof. I have a business. But this research? I have spent how many hundred millions of rupiah? I am losing money. For what? For the good of man, so that I leave a mark in this world, for the social good, or more specifically because God has told us to do good. So, God willing, I will leave my research, which I pay for myself, and have spent, oh, hundreds of million. That is, you, you know, yes, I know that probably materially I have been left behind by my friends. Their cars change; mine doesn't. But instead I buy those markers from America that are expensive. Later, I hope that my work will benefit a lot of people.

And also to help develop the profession?

Yes, it is also for the knowledge (*ilmu*) in my profession. So, I dedicate myself, to God, right, then to *ilmu*, then to the society around me. I offer it all there. My research is connected with learning how to diagnose mental illness more accurately, so that we can select more accurate/specific medicine. That is my research. Many laugh, and many argue (regarding my topic). That is the academic journey. I have experienced through all of that. And my losses because of this, I become anxious, it consumes my time, you know, beside the material loss. I don't have regrets. Because they say, according to Islam, your pension, what you can take with you (when you die), one of them is our work, what we sacrifice, or another is a son that prays for you. And, knowledge that you pass on to others is one of them. That is where I am. Oh, about my research, if a patient gets stress then the damage to the brain can be observed, so these are the results of my research (flipping through documents). We can see this with markers that we buy from overseas in the form of dollars, really high (expensive), much less our money that was sucked away when we had to pay for college, special courses, buying books, the internet, because there really isn't any in Indonesia yet, anyone who is doing that kind of research.

This is to develop better therapies for your clients?

Yes. What I mean is this. Go back to what we were talking about earlier. Why are so many people resistant? Why do so many people relapse? During medication, why do so often relapses happen? This means that our diagnosis may not be precise. So how can we make our diagnoses be more accurate? We can use some markers. Markers like serotonin transporter, interleukin-6, or cortisol, can be combined into an index. Then if the index is like this, we can conclude the medicine should be like this. That is what I mean. Later we can offer this to the patient, precision of medicine.

Since what year, or for how long, have you practiced as a doctor? Or psychiatrist?

In this profession, well, I started when I was in PPDS (*Program Pendidikan Dokter Spesialis*), since I started my specialization...that would be in 1985. Until now.

As a psychiatrist?

In practice as psychiatrist? Since 1991.

So if you calculate, that would make how many years?

About ...twenty one years.

Starting from 1985 until now.

Yes.

Why did you choose the field of psychiatry?

Well, it actually was sort of a coincidence. I chose it coincidentally. Actually, I was intending to become a surgeon. But, there was an order from my superior to go into psychiatry. I could not avoid that order, so I followed it. I saw in psychiatry that the development was not fast enough, in my opinion, and didn't follow the paradigm of medicine fully, sort of ran towards psychology, that wasn't very, that caused conflict in the field, so I moved into biological psychiatry. So, I focused on medicine and what happens or changes in the brain. What has been very popular into the present is psychotherapy, conventional psychiatry. Psychiatry that promotes counseling,

psychotherapy. Because my wife is a psychologist, she is an actual counselor, I hand over the counseling, the psychotherapy to her, and I handle the medicine, the biological psychiatry. In Indonesia this biological psychiatry is still neglected. And this research, in the field of pure biology, with a very strict medical doctor method, I have asked all my friends, and I am the only one we know of that is doing it. I have looked at new Ph.D. work from U.I., I ask, and it is only biology, or medicine. It is not deep enough. As for me, I am including these things, such as interleukin-6 and serotonin transporter that are included in the second messengers, so it really delves into the pure medical discipline.

So there is a frequent kind of blurring between the psychologist and the psychiatrist doing psychotherapy?

Yes, a competition develops. Competition in the field. Because the knowledge, the *ilmu* is almost the same. That is to say, the psychiatrist says that he is doing psychotherapy. The psychologist says they are doing counseling. But concepts and techniques they follow/apply are the same. So, then they are overlapping. Thus, competition between psychologists and the psychiatrists. I am in the field of biological psychiatrist. I still consider myself a doctor, right? So I think I have to think like a doctor, generally. And the newest paradigm in medical thought is molecular biology.

Do you mean in terms of developing psychopharmaceuticals for better therapy?

Yes, psychotropic drugs that are precise, that fit with the abnormality in the brain, that those are what are affected. So I am using fewer words, I use less psychotherapy, I usually just use it to support. If it needs to be longer, an exploration into whatever, I hand them over to my wife, to the field of psychology.

So basically the psychologist's area of influence is in counseling…?

Counseling, uh huh.

And the psychiatrists' sphere of influence is in prescribing medicine…?

Yes, medicine and psychotherapy. Because of this, if you put medicine and psychotherapy in a dichotomy, the ones that do medicine are biological psychiatrists and the other a conventional psychiatrist. But these frequently overlap.

Do these overlap in Indonesia as well as overseas?

I think so. The same. Yes.

What kind of training or education does someone have to complete to qualify to practice in your profession?

First you have to complete PPDS-1, or a specialization training. I did it in the psychiatric department at the Universitas Airlangga. That is what has to be done to get a certification to accept private patients. Then for the development of psychiatric skills, I studied biomedicine post graduate at the medical school in Brawijaya. It is there I hope I can develop, to improve in the psychiatric discipline.

About how long did it take you to finish all your education?

Well, let me add a bit. To become a psychiatrist, you first have to become a general medical doctor. After you are a doctor, only then you can develop a specialty as a psychiatrist. I started my specialty in 1985, then I was sick. I was sick so I was on leave from school for two years, then I started again a few years later and finished in 1991. So how long is that? Kind of long, indeed, because I was sick. I had a stroke, as a complication of malaria I picked up in East Timor. I was sent to East Timor, and got malaria seven times, until I was passing blood in my urine. Until I got polycythemia vera *(note: a rare blood disorder in which the bone marrow makes too many red blood cells)*. Then while working on my specialty, traveling back and forth from here to Surabaya for classes all the time, my red blood cells got too high. So I had different problems, developed different diseases.

(Tape ends.)

About how long did it take to finish, to become a psychiatrist?

So, it was seven years to become a general doctor. Then, four years in specialty to become a psychiatrist, to get a certificate *(brevet)* to practice as a psychiatrist. Then, there is PKB (*Pendidikan Kedokteran Berkelanjutan = Continuing medical educatio)*, which we get by attending or being involved in seminars, symposiums, conferences, trainings, etc. And if we want, of course we can continue by attending postgraduate education to become a Ph.D.

So, let me repeat our conversation since the tape stopped. You practice at home and at the hospital, specifically the military hospital Supraoen in Malang.

Yes.

At home you said you practice as a general doctor as well, but mostly encounter patients with neuroses, depression, anxiety and panic.

Yes.

And you said that on average their age is from forty to sixty years.

Yes.

Most of them are from the middle and lower classes?

Yes.

Most of them live in the city, and most are women?

Yes.

The cost of each time they see you is about 75,000 rupiah, and that is counted per session...

Yes, one session is one hour.

Then, in the hospital you practice solely as a psychiatrist. There most of your patients are facing mental illness in the form of medium-level psychosis tending toward heavy, or schizophrenia.

Yes, psychosis, including schizophrenia.

Ok. Then, their median age is about twenty to forty years old.

Yes. They are young, in productive age.

They are from the middle to lower classes of society.

Yes.

They live in the city, and most of them are men, from the military.

Yes.

Because you work in the military hospital.

Yes.

And in terms of cost, they do not need to pay, because it is part of their benefits.

Yes, I don't charge them.

Now, what kinds of problems or complaints are most common in your patients?

This depends, on whether it is at home or in the hospital.

(Phone rings. We turn off the tape.)

In the hospital, the problems or causes, what are the most common causes are stressors from the military environment. When they are training, that is heavy stress—they face physical violence, mental violence. Also it can come from the stress of an assignment; for example they are given a very long assignment, then it turns out when they come home their wife is with another man. Then, he is stressed, and tries to commit suicide. Eventually there are those that kill themselves. He killed himself. In his cell in the military hospital. Really. Then, it could be a problem, such as well, back to that other case. A young man that seduced a young woman, then leaved her just like that, and then the young woman used black magic. Black magic, there are also cases of that.

What do you mean by black magic (guna guna)*?*

Well, because this young man, or this soldier, was considered not to be fulfilling his responsibilities, he was made to be confused, crazy.

Made to be confused?

Yes, his mental disturbance was created. It was made. With mystical power.

With the help of a dukun?

A dukun, yes, it appears so. In Ambon, you know, they are like that, that is what we have observed.

Then, in connection with treating patients in my individual practice at my home, there are lots of problems involved, could be family problems, problems at work, usually those are the ones--easy to stress, easily pressured. Because of work, because of marriage, because of a romantic relationship...yes, usually that is it.

You just spoke about a case where the patient encountered stress when he was black-magicked by his girlfriend. This has a connection with the mystical, right? For a case like that would you handle the case, or would you refer it to a paranormal or kyai?

Well, in the paradigm of doctors, whatever the cause, we would define it as a mental disturbance and treat it with psychotropic drugs. Then, about referrals, there is no protocol for referrals to paranormals or kyai. There is none. A type of contra-indication or a sort of forbidden thing, that is. Uh huh. So we still use psychopharmaceuticals because that is the thing for which we are responsible for, if our superiors question us later. If later they are taken to a kyai as well, or a paranormal, that is a personal matter. A private issue for the patient, their family, their unit or their commander. We never have referred to a paranormal or kyai. We are actually not allowed, you know. That is the rule of ethics of a doctor.

So, I can conclude you look just at what is within your area of influence, his stressors, the way he is exhibiting an abnormality, and don't look into the mystical things?

What we look at are the symptoms, the symptoms and the signs. Symptoms and signs. If the symptoms and signs fulfill the classifications of mental disturbance, we handle them with psychopharmaceuticals. And psychotherapy. Whatever the cause, if they have been hospitalized, we consider them mentally disturbed.

You always give them psychopharmaceuticals and psychotherapy?

Yes. Those are how we handle it in that field.

They are never separated, they are always...?

Yes, always together. Yes always side by side, however the percentages are different. So there are some for whom the drugs are a lot, seventy five percent (of their treatment), and the psychotherapy is only twenty five percent. There are others who occasionally will have the reverse, their psychotherapy sixty percent (of their treatment), psychopharmaceuticals forty percent. There are some like that. It depends of the type of the case.

Usually, if you look at the diseases, what kind of cases require more psychotherapy, for those who...?

For those whose consciousness/awareness is good. The ones whose process of thinking is realistic, and whose consciousness/awareness is good or normal. So it does not change. Frequently for cases of neurosis.

So, still in the light stages, is that right, doctor?

Well, actually it could be light, it could be heavy. Diseases you know can always be light, medium or heavy. Neuroses are like that. Heart disease is like that. Even with an ulcer, there can be light, medium and heavy.

So the ones that have more pharmaceuticals...?

Primarily the patients whose process of thinking is unrealistic, and whose consciousness/awareness changes. The heavy ones, like schizophrenia, psychosis, both organic and functional, and schizophrenia.

Have you always made a diagnosis for each patient?

Oh, yes. I always write down a diagnosis that fits with the PPDGJ *(Pedoman Penggolongan & Diagnosa Gangguan Jiwa)*. I always make a diagnosis that fits with the PPDGJ. I am very disciplined about that. What are the symptoms, what is the diagnosis, what is the therapy?

You said that the reference or guide in Indonesia is the PPDGJ, while overseas, especially in America, they use ...

DSM. All over the world.

Oh, all over the world uses...

Uses the DSM. Yes.

So, why here we do not use the same reference guide-- in Indonesia, doctor, why isn't the DSM also used?

Ahhh, actually, the PPDGJ is a descendant of the DSM, which has been adapted to Indonesia. It is the same, actually. We still refer to the PPDGJ and the DSM, but because the DSM uses English, PPDGJ uses Indonesian and has also been adapted to Indonesia, therefore we use the PPDGJ. Except for academic discussions or conversations, we use the DSM. Especially overseas. Or at the national level, it also could be DSM.

So is what is adapted only the language, or also the classifications, doctor?

The classifications, for the most part, principally, the majority are the same in the PPDGJ and the DSM, only the PPDGJ is adapted to the condition in Indonesia. That is to say, for example, clothing. Clothing can all be brown, but the size in the west is different than the size in Indonesia, right? A jacket is a jacket, the same in America as here, but the jacket in Indonesia would be smaller. Like that. Uh huh.

Next, what do you use to diagnose patients?

What is used to diagnose, one: interview, the interview we talked about; second, symptoms and signs, and the third, we use the diagnostic criteria of PPDGJ as our guidance. That is what we use.

Do you discuss the diagnosis you have made with the patient or the patient's family?

Usually I discuss it both with the patient and the family, but it depends on the situation. Case by case, but usually I discuss it, so that (everything is) transparent, what is the diagnosis, whatever is the plan for treatment, yes, usually I discuss it with the patient in a transparent manner. That patient that just called? Wanted to ask all kinds of things. Their family. They were in the step of diagnosis and therapy. So they were still, "he is in Surabaya, he is like this with me," like that.

Do you frequently give, make or write prescriptions for your patients?

Yes, I am primarily, as I said earlier, I tend toward biological psychiatry. So I rely more on medication. As for psychotherapy, I do about twenty-five

percent. Thus, about seventy-five percent, I rely on psychopharmacology, and about twenty-five percent of the time I rely on psychotherapy, counseling.

What perscription do you most commonly give to your patients?

Now, this depends. If for example, they are in the military hospital, more frequently neuroleptics. Neuroleptics. That is if they are in the military hospital. Now at home, frequently I use anti-depressants, or anxiolytics. Anti-depressants or anxiolytics. Those are the ones I use most frequently in my practice at home. Those are the most frequent. But at home I also use neuroleptics, and in the military hospital I also use those two, anxiolytic and anti-depressants. But the percentages are different, as I said.

Now, earlier you said that the steps in treatment were three-fold: interview, diagnosis, and healing, or treatment with medication. And you are a bit more focused towards medicine. Now...uh...

About the interview?

Yes. Do you do the interviews and the diagnosis yourself or do you have a staff member do it?

Oh, me myself. I am a single fighter. Thus, even in the military hospital I do it myself, since at the hospital I have now been placed in the position of a consultant. Here I handle my own patients myself, so I do everything, without help of others. Because I have a certificate, so I am trusted to do everything, for interview, diagnosis, therapy, all of it. If you have a *brevet* (certification to practice) then you are considered to be capable of doing all this.

Let me see if I can express my opinion. I have gathered this: you are more focused on psycopharmaceutical therapy. That means that your treatment, your healing process, focuses on using pharmaceuticals. To my knowledge, there are those that focus more on counseling, on talk therapy, on how the patient is feeling, like that. But you focus more on medicine, on healing through chemicals.

Yes. Uh-huh. *(Longish silence.)*

Ok, next question. What in your opinion is the most important part of a session for the client?

The most important part is of course the medicine. If there is a correct fit *(cocok)* with the medicine, the patient quickly returns to health, the patient is happy, so that is the most important thing for the patient. For the doctor, discovering the disease, in the process of diagnosis, in the interview, that is the most important thing, right? So that he can have a precise diagnosis...the right medicine will just follow.

That is what is most important for the doctor?

Yes. For us.

Generally speaking, how many times does a patient have to consult with you or have therapy sessions before they are cured?

The majority, you know, are not cured. They frequently come back again and again. There are many kinds. Sometimes there are those who come every couple of months, those that come twice a year, there are those, I think there are those from Sumatra, South Sumatra who can only come once a year, or once every two years. Repeat, repeat their prescriptions. Then there are those in Kalimantan, in Samarinda, I can send them their prescriptions from here. There are many of those, as it turns out. Also there are those patients that come here from Irian Jaya. So...they are really spread out...what was the question?

How many times your patients, generally speaking...

Oh, usually they come...it isn't actually regular here. Not regular. Most of them, more than two months. Two months, or three months, or more.

So that is duration?

Yes, that the span of time when they will visit again.

Approximately, how many times do you see them, maybe not until they are cured, but until they do not have to routinely come back here...about how many times approximately do you meet with them?

Yeah...usually meet with them three times, there are some who are good, there are those who repeat their prescriptions...like that. Usually like that.

For those that approach the condition of being fully healed, about how many times would you meet with them?

Healthy?

Yeah...almost healthy. If there has never been a patient that was fully healed?

To improve, about four or five times. If I meet with them four or five times, they are usually pretty good.

Over how long a time period?

About two or three months. After about three months, after that they will say they are fine, say they are fine for a year, but I have seen for myself there are those that are fine for four years, say, even though they do not take any medicine at all. So that means they are healthy.

Can you detect the condition of patients without always meeting with them directly? Say, for example, using the telephone or other media like ...?

Yes, exactly. There are those who report by telephone. That one just now used the telephone. Often there are those that telephone, and report, this is what is happening, like the mother of the one in Kalimantan; the one in Sumatra, his child is the one that calls, or comes here directly. The ones that are far away call. The ones that are close, sometimes it is family that comes.

For the ones that telephone...at first they came here in person, then they moved, far away from the doctor? So now the consultation is just via telephone. Can they be cured, without meeting directly with the doctor, if they are only meeting via telephone, through their family?

That depends on the prescribing of medicine. We can continue their medication. Change their medicine. Add this to the medicine. So, for a cure it is not too effective. Certainly they will continue to have disturbance. But, the character of this kind of disease is that is really hard to cure in the majority of cases.

So is the efficacious part is the counseling session itself, doctor?

Yes, well, there are different things. First, we do not know precisely the condition of the patient at that moment, his symptoms and signs and all, so

we can miss the mark. And second, we cannot give psychotherapy or counseling unless the patient can accept it. Because of those things, our measures are not perfect. If that is not perfect, than of course the patient cannot become perfectly healed.

So you have these patients who are so far away and are trying to be treated via telephone. Why don't you refer them to other doctors who are closer to them, in the areas where they live?

It is connected with the happiness of the patient. Patients of a psychiatrist are often fanatical about that doctor, or fit well *(cocok)* with that doctor. If they cocok with that doctor...I have patients who have been sent by other doctors, who did not cocok with another doctor, and ran to me. There was another doctor at the hospital, a woman, but mean, mean to patients. Eventually, nurses from that hospital always referred patients to me. So, even though I might refer them to someone else, they wouldn't be happy, and then wouldn't be happy to me. So it is up to them. If they want to go to someone else, they can go on their own. Here, even though they are far away, they like it because they can, you know, an interview via telephone is free.

Which must feel that they cocok with the doctor, the patient's family or the patient?

Both of them. It can be the patient's family in the case of heavy mental disturbance. Or the patient themselves if the mental disturbance is not too heavy, is light or medium. Sitting together like this, it is a matter of personal preference. So it is up to the patient. If they prefer to be with me, or prefer to go to another doctor, it is up to them. That is their right. *(Laughs.)* We cannot force them to go there for treatment, move there.

But long distance treatment is less effective?

Yes, indeed less effective. But if they feel like they enjoy it, feel happy, then there is really no problem. I don't feel that are necessarily at a great disadvantage; they can still get a consultation, get a prescription, or get medicine. They are fine with that, they say. I ask them. They are happy with that, I think.

So I can sum up that it is the family of the patients with heavy mental disturbance that decides whether a doctor fits or not, and the patient with light or medium mental disturbance decides for himself whether or not a particular doctor is a good fit?

That is correct.

Ok, do your patients more frequently come to you for a consultation by themselves or are they brought here by their family?

At the military hospital they are most often with by their families. Here, it is about fifty-fifty. Fifty percent come here with family, fifty percent come here on their own. At the military hospital, it is almost certain that they will come with their family.

Is there any difference between therapy that is given or how you deal with a patient who comes on their own versus one that comes here with their family?

Difference...? What do you mean?

Maybe...do you do things differently if a patient is alone because he can speak freely, or if they are here with there family?

Oh, the same. I do the same thing. The same, the same, the same. Because my point is how can we cure this disease, and give an explanation of the disease to the patient or also their family about this particular disease is like this, this is what we can do, and this is how we can help. I am not bothered by... we can all be happy. If the patient can accept it, straight to him alone; if he wants privacy, I will do it with him alone. But if he is having a bit of a hard time accepting (understanding), actually I call his family here. I give them an explanation: Here now, this is the disease, the condition, this is the cause, these are the therapeutic steps that should be taken, these are obstacles, so we hope you will support, support the patient in this matter. Like that.

So that is the kind of mood, the kind of breadth of connection you have with a patient, that kind of openness, it would be the same with someone who came by themselves or came with their family?

Yes, more or less the same. The majority is more or less the same. But there are those certain cases that are private. Cases like young women, private problems, they are late. She has already had sexual relations...

Late how?

Late with her menstruation.

Oh, yes.

Then she would, if she wants to tell me about it, of course that would be private. How would she face her parents? What if they are so angry with her, or she became condemned by her neighborhood/community? That is private. As for that situation, what I would do, I would not have the nerve to include her family, her parents. Later I could call them one by one...

In a case like that would you also use pharmaceutical therapy?

(Gently.) Now, if her period is late, she is not married, now, and kids these days can test themselves, and if the test is positive, they are pregnant, wouldn't she be anxious? Wouldn't she be sad? She also might possibly want to kill herself. There are those.

Maybe in this case, the medicine would be something to help her with depression, or something to help her with an abortion?

As for an abortion, I don't have the courage. Medicine to support her so that she is not sad, doesn't kill herself, isn't anxious, isn't so nervous that she gets into an accident, how she can face her parents--that I can help with. I have the courage to do that. As for abortion, I don't have the nerve. I don't have the courage to do that.

That is not your field.

That is not my area of authority. So I am not allowed to intervene like that.

So the medicine you would give her would be to calm her, tranquilizers?

Well, if we just call it tranquilizers, medicine so that a person becomes calm, that wouldn't really be accurate, or detailed enough. What we would give would actually be an anxiolytic, anxiolytic, so that a person would not be anxious, would not worry. If we say, so they are calm, there is some truth to that. But we also might give an antidepressant. So she is not sad, so she doesn't brood, doesn't regret, isn't disappointed, symptoms like that. With an anxiolytic, the person may be sleepy, may be calm. But this also might call for an antidepressant. These are quite different. Makes a person happy, happy. For an antidepressant, this is quite different from a tranquilizer, especially sleep medication. Often people will say, "Oh, is that sleep medication?" Wrong. Because sleeping pills, you know, put people to sleep. Medicine to

make people sleep, you know, is usually for anesthetic for an operation. They are medicated with sleep medication, pre-medicated with sleep medication so they are not afraid—so they don't know what is going on, and then they can be injected with medicine to make them not feel anything. Become calm, like that. So they are different.

Have you worked in a mental hospital as well as a general hospital?

I have worked in a general hospital. The military hospital takes all kinds of patients, with both physical diseases and mental diseases. It accepts everyone. So it's character is general. In the RST, military hospital Supraoen, the organic is there, but also I practice in several other private hospitals: Erkazet, Panti Nirmala, RSI, Marsudi Waluyo. At those hospitals, too, there are patients with physical disease and with mental disease, or mental disturbance.

But you practice more intensively at the military hospital?

Not necessarily. Actually, usually in the mornings I am at the military hospital, in the afternoon I am frequently at the private hospitals.

What is the approximate percent of patients who are confined for mental illness, and the percent of patients who are seen on an outpatient basis, of the total number of patients at the hospitals where you have worked?

Well, totals, do you mean per day? Per month?

Maybe you could explain both, or either?

Well...the percentage is very small, usually mental disturbance is one in a thousand. So, about seventy percent of people are treated on an outpatient basis, and about thirty percent are treated in the hospital.

How many beds are there for mental patients in the hospital where you work?

As for beds...*(longish silence)*...it could be ten patients.

Ten patients.

Yes, ten patients for in-hospital treatment. But as for outpatients, many, actually.

Very many, right?

Well, not very many. Every day, could be around thirty-five or forty.

A day?

Uh huh.

As for those that are hospitalized?

Well, the capacity is about ten, only about four of them are filled, or five patients.

Four or five patients...

Yes, one of them might go home, and then there is four, then someone new comes, five...so every day we see about four or five there.

Daily?

Yeah, about that.

What do you think the total number of patients is who do not have their mental illness cured?

Yeah, like I said those that are difficult to be cured make up about seventy five percent of patients. Those are the ones that are difficult to be cured.

If you had to make a calculation of a total?

I guess about twenty-five to thirty of those who are treated on an outpatient basis, daily, and two or three people out of those in the hospital.

What kinds of mental illnesses are most commonly found in the mental hospital where you work?

Mostly functional psychosis or schizophrenia. Mostly. Also, many neuroses and psychosomatic, and other disturbances, depression or anxiety.

Or panic, like you said before?

Yes, panic, that would be included in anxiety.

(Tea is served.)

Have you ever been to a kyai for some kind of problem?

Yes, for myself, for example advice from the kyai, to get advice, once or twice. His advice was religious, re-li-gious. *(Laughs.)* Yes, I have.

How about for advice about anything in your practice?

My practice? Medical treatment? No, never, I have myself never done anything like that.

But for your personal business?

Yes, for personal business, once or twice, for advice, how should I proceed, or this is what I did wrong, how can I make up for it, that, you know, that is our religious priorities. You know. But in connection with my patients, no, never.

Have you ever been to a paranormal?

Yes, for a problem, to an *orang tua*, yes, I have if I was involved in problems that were particularly complicated. But still just for myself. I mean, once or twice there were problems that were particularly complicated, we can ask them for help. But for patients, again, no. The same thing. No.

Do you know or know of any a kyai or paranormal that can cure patients with mental illness?

No, I don't know any. I don't know any. But I have heard in the newspaper, or on the television. That I have. But, I never have known for sure much less had contact with them. In a professional capacity, or in psychiatric activities.

As far as you know, who goes to a kyai for healing rather than going to a psychiatrist?

That...about sixty percent of patients go by themselves to a kyai or a paranormal.

From which class or section of society?

Oh, they could be from all classes, from what I have observed. All classes could do that. Not middle class only, not lower class only.

From any environment?

What do you mean by environment?

From say, urban or village...?

Oh, village, that is even thicker (more likely; their belief is stronger)!

So there are more in the village...

In the village more of them sway towards the ustadz, the kyai or even the paranormal, of course. As for the city, many go to a psychiatrist, but even there it is still possible that they will seek out (paranormals or kyai) themselves, go there themselves.

So it is about the same percentage in both places that go to a kyai or paranormal rather than go to a psychiatrist?

Totals huh?

Yes.

Well, I would say more or less the same. Or probably what I said earlier, about sixty percent of all our patients go also to kyai or to paranormals. So if to us, about one hundred percent, maybe to a psychiatrist still a hundred percent. But who then actually eventually go to a kyai or a paranormal, maybe could be actually as high as seventy five or eighty percent. The ones who continue on to them, about seventy to eighty percent.

Excuse me if I repeat again, who do you think goes to a kyai to be healed rather than to a psychiatrist?

People who live in the village, the village, with little education, from lower class, socially and economically lower class.

Most of them are from the village?

Yes.

Why is that, doctor?

They, like I said, their education is low, first of all, and secondly, their location is closer to the kyai or paranormal. And they are more fanatical, more likely to comply, simply obey if they are ordered by an *orang tua*. They believe even more if the *orang tua* has super/extra-knowledge, seems like he can know everything, see the future-ish. As compared to doctors, they think doctors don't know. Also there are factors—the expense of medicine, like we talked about. As for the psychiatrist, he is cheap—only one time, or twice, three times, but the medicine, how much is that? Have to take it continuously for years. That is expensive, you know.

So primarily a factor of economy?

Yes, the economic factor plays a role, education plays a role...yeah...(under his breath), education, economy ...

And environment too?

Yes, environment. Yes, the factor of environment. That too.

What about the factor of a stereotype? Or a perspective that causes them to be more likely to believe in the... ?

That is connected to their education, right? Their education, because those who are raised in a *pondok*, are more familiar with, know better, are closer to, are more attached to a kyai. As for them, they are frequently in the rice paddy, or doing village activities like rituals to break new fields, places that are scary and haunted, and so they are probably closer to dukun. That is the connection - education and environment.

Next question: who chooses to go to a paranormal rather than to a psychiatrist?

To the paranormal, yeah, the villager, people in the village area, from a lower class, located far from a doctor. That is it. Going back again to economics and social class.

Why, doctor?

I think because of their attachment to, closeness to a dukun. Closeness in terms of location and emotion. Because they are both village people, they can explain something easily. And they are cheap. Sometimes you only have to bring flowers, bring eggs, the payment is sometimes only five thousand, ten thousand, whatever the patient wants, it is not set, you know.

Do you have any idea whether the greater percentage of people go to a kyai or a dukun?

Wow, this I have no idea; I have never read any statistical data on that. But, my impression is that they are both equally great number.

Equally large?

Yes, because if you compare more city people go to the doctor, more village people go to the kyai, ustadz, like that. Yeah, maybe sixty percent go to the dukun, forty percent to the kyai, on the balance either fifty-fifty or sixty-forty.

So I can conclude that you think the number of people who go to a kyai or to a paranormal is probably about the same?

Yes, more or less the same. Maybe a little more. If we look at the mental hospital in Lawang, those patients go to the doctor, but how many patients do they have capacity for there? Maybe five hundred or more. But those who go to an ustadz or the other, many. Indeed many. What's more, those that have never been reported. If we try to count, and from stories I have heard, I would say at least sixty five or seventy five percent never are reported and go to them.

So a much smaller percent go to a psychiatrist?

Yes. Yes. Indeed, even though it looks like a lot, it is a small percentage. Except if a person is really pinched, cornered and pressured by their neighbors, only then will they go to a doctor, a psychiatrist.

Next, do you own a jimat (amulet) or pusaka (power object) or something that was given to you by a kyai?

No, I don't ...not specifically something like that.

Never?

No. No kind of jimat. Just readings I was ordered to recite. Verses I was ordered to recite.

But you got something, right, like a special prayer from a kyai, here, recite this, or something...

Yes, oh, yes, like that, but you know, not too often. Once or twice I went to him, then I was told that, then given that, then we recited. That was it.

So you got something from a kyai in the form of amalan (note: readings from passage of Al Qur'an and the procedures how to recite is, such as at night, hundred times, etc), *is that right, doctor?*

Yes.

But in the form of an amulet or a power object, never.

No.

The next question is almost the same. Do you own a jimat or pusaka that you received from a paranormal?

No, because we, if we go to a paranormal, he can...ask us to bring an egg, for an example, and then you are ordered to eat the egg later...it is just like that, right? Just to there. Or flowers that you are told to throw somewhere, like that right? That is it, is all.

That you get from a paranormal?

Usually that, what they give you is that kind of thing. As for other things, I don't know what else they give. What they give, it could be keris, or other things.

Have you yourself never received an amulet or a power object from a paranormal?

No. No. When I went to East Timor, even, everyone used a *jimat*, and I just used the *amalan* from PAROIS. PAROIS is (abbreviation of) Perwira Rohani Islam (*Officer of Islamic Spiritual Education*). That ...I was ordered to

chant...Bismillahilladzi la yaduhu...*(unintelligible Arabic)*. That is it, you know. If you pass through any area, a dangerous area, Fretilin Area, a haunted area, that is all you need. There is that. That prayer.

So, I can say that you have received something from a paranormal in the form of eggs or flowers, but in terms of a thing jimat or pusaka, you never have.

No. Yes, I never did that or continue it that far.

Ok, so that is it. I want to say thank you so much for all of your time, and I apologize if I did anything to bother you. That is about it, Wassalamualaikum warohmatullahi wabarokatuh.

Wa-alaikumussalam warohmatullahi wabarokatuh .

(Taped interview ends.)

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Interview with psychiatrist Dr. Soeyono.

This interview was held in September 1993 at the mental hospital Rumah Sakit Jiwa Wikarta Mandala on Jl. Raya Sebaluh, Pujon, Malang Province, East Java, Indonesia. Dr. Soeyono is the founder of this private mental hospital, and Dr. Iwan is his son in law and partner. Both are Javanese and Muslim; Dr. Iwan is in his sixties and Dr. Iwan in his thirties. Although they were both present, Dr. Soeyono is answering my questions.

Please tell me about your institution.

The task given this institution by society is to look for a modern model of psychiatric treatment that fits *(cocok)* with Indonesia. One of the basic principles of the institution is the development and advancement of psychiatry in Indonesia. The early development of psychiatry in Indonesia was based on the European model of the Dutch, which was centered on custodial care. After Indonesian doctors began to study in America after WWII, we became changed, and started thinking about behavioral treatment and research. We brought back information and knowledge and techniques for doing research and started doing our own research on Indonesia, especially at the University of Indonesia *(in Jakarta)*. Research began in the

biological and mental sciences. A group of us are also interested in developing a humanistic philosophy of psychiatry that is based on the idea that humans have basic potential that can be developed to the best of their ability, and that idea fits very much with Indonesian culture. It is cultural psychiatry; it has run into some problems. It is only 20 or 30 years old and we are finding trouble putting it into practice. From the development of my thinking especially with reference to Javanese culture and the importance of Sufism and religious sects, we psychiatrists are starting to think that we will have to come up with something more than psychiatry, something outside of psychiatry, a kind of meta-psychiatry. From a meeting I had recently with some other psychiatrist friends, a new group, our meta-psychiatry wants to go beyond the Western biological traditional psychiatric practice. We also want to add many other practices that reflect cultural influences like religion, and traditional healing practices.

Why, even though so many Indonesian people are modern intellectuals, why would we go to a traditional healer when we have emotional crises? One clearly recognized variant, one of the obvious ways of dealing with mental illness is with *kebatinan*, the science of the inner, which includes a number of aspects: spiritual and moral practices that cultivate spirituality and morality, beliefs and practices that center around the idea that there is a higher form of life, a level deeply unknown, an essence of life within a person. It includes occultism in the sense that there are practices that relate to invulnerability, special supernatural powers, and a more purely mystical aspect which relates to efforts to come face to face with God. These are different balances in different *kebatinan* groups, usually under the guidance of a guide or a teacher or a guru that will be training and guiding the development of the individual within the group. It is very clear in the case of Subud, one of the larger national organizations; there are almost 400 kinds of these groups registered in Indonesia. And groups like Subud are very active in helping people deal with mental disorder. Whereas the kebatinan groups don't necessarily imply a connection with religion, Sufism is a major part of Indonesian Islam, and is a major network of ideas or set of spiritual and mystical practices that influence spiritual healing practice of Indonesia.

It is important to understand the four levels of spiritual knowledge within Sufism: *syareat, sarekat, hakekat* and *ma'refat*. These four levels are a standard frame within Indonesian Islam and everyone knows—*syareat* is the most basic level, which means an adherence to the law; *tarekat* is the path of purification and perfection; it is also a name for spiritual movements; *hakekat* is a level where people can become connected to the truth or embody the truth of the

universe; and *ma'refat* means achieving oneness with God, the union of self with God. *Tarekat* movements involve prayer (*sholat*); we also practice *dzikir*, (a mantra like interiorization or outward chanting of the word of God). We also, like the *kebatinan* groups, have a teacher called a *murshid*. Kyai Anom, a very famous kyai with a pesantren in West Java, is a *murshid* who is particularly helpful in dealing with psychic disorders, and he sends some of the people who come to him to this hospital, and there is a cooperative relationship between the two institutions, where a person who has come into my care and Dr. Iwan's care, after a critical phase has passed perhaps will go back to the guidance of Kyai Anom, inside the *tarekat*. Yet another kind of spiritual and religious healing comes through spiritual healing through prayer, in many religious communities including Islam, but also including Catholic or Protestant Christianity. An *ulama* or Islamic religious teacher, a priest, or a leader of an independent group will pray, sometimes using a laying on of hands, praying for God's power to cure. There is one healer in particular, a Catholic priest in Tumpang, whose specialty is psychic disorders, whom we have brought to meet with my staff here and describe his practice of spiritual healing. There are also people who go to dukun, or maybe they don't want to be called dukun, but prefer to be called *orang pinter* (*people with special knowledge*); their techniques are very different. They use mantra, magic and give *jimats*; many use suggestion and hypnosis and they are still extremely popular especially in East Java and the island of Madura. Finally, recently there have developed a group known as paranormals based on principles of occultism, which include the notion that a possessing spirit can be removed by using special powers or mantra to expel it, and they also might use power objects and jimat.

One of the interesting things about this institution is that we are trying to compile information on the epidemiology of mental illness in Indonesia. The epidemiology or social distribution of these disorders is interesting. They are all over Indonesia. The concentration of problems seems to occur in the middle class, in younger, productive people. When we go around here, you will see what you think.

Do the mentally ill always have jobs? It sounds like you are describing yuppies!

No, not always.

This institution wants to consider all these factors, in order to find a system of service that fits with a population that holds all these different beliefs. Although we adopt, fundamentally use the principles of Western society, we

try to take into account the existential religious philosophy of our clients, epidemiology in Indonesia, the pattern of development of mental hospitals in Indonesia, the traditional accommodations in treatment, the different kinds of culture that are found in different parts of Indonesia, and also what people are expecting, what kind of treatment that they are seeking when they come to a psychiatrist—all this we are adding to the methods for treatment we have inherited from the West.

There are different models of psychiatric care. In Central Java it is particularly common to operate with a single doctor to take care of many patients in residence, with nurses in residence to help them. This hospital is an example of integrative care, where the one doctor runs an actual hospital with other mental health staff with specific functions, all experts in mental health, who you will meet later. The last model is the interdisciplinary and auxiliary services, where the mental health doctor also has on staff other doctors like pediatricians and surgeons, so if patients are having hallucinations, for example, biomedical specialists can examine them. So now we can talk about what we do in this hospital. We have integrative services, and we give the patients "total reality therapy". For the person who is sick, we want to work on awareness, to make the patient aware of themselves and the world around them, the microcosm and the macrocosm. We do various therapies to help them get back in touch with reality. In order to develop this, to socialize patients, we use drugs, learning therapy, behavior modification -now those are all very typical. But we don't just use psychotherapeutic counseling, or Freudian psychotherapy, because Indonesians are not satisfied if we come to a counselor asking for help and we are just asked to talk...we don't want to say anything. The strategy that we use is that we have to instruct them: ok, this is what you have said, this is what your problem is, and this is what you have to do. If we give them non-directive measures, they don't understand why they are just ordered to tell a story, we have to give them instructions about how to behave and solve their problems, and that satisfies the Indonesian client.

Many people who work in this institution have graduated from IKIP (*the local teacher's training college*), from the education department. We help with the social education of the patient. We also offer learning therapy in addition to the drugs and the other traditional nursing therapies; every person has the ability to learn, and they may have learned some bad habits. A lot of mental illness is just maladaptation, or an inability or lack of opportunity to learn a way to behave in a realistic, socialized manner. This is part of our reality therapy. Although this hospital has been built in a modern form, we also have a traditional *joglo (a Javanese open air gazebo)* where people can gather and

communicate, informally or formally; traditionally this is a place in the village where people solve problems communally, and socialize, harmonize, become *rukun*. So we offer this traditional place to help them to learn to be a social being within and outside the institution. This is a unique way we try to reflect Nusantara (*term for the Indonesian archipelago*) culture, and actively bring local culture into our practice.

A cultural factor in relation to the traditional styles of service (*kebatinan*, and all that were described earlier), in this hospital we bring elements of practices of all the things associated with those traditional systems of curing, within the context of modern psychiatric care. That is to say we are not running a Sufi training center, or anything like that, inside the hospital. It is not that we are a hospital that practices *kebatinan*, or are a Sufi hospital, but elements of cultural belief are brought into our practice. If a person is trying to find himself, or they perform mystical practice, we try to help them to try to improve themselves as spiritual beings. An example of this is that all people have potentials or strengths, but we also have weaknesses. Some people are very strong physically, and some are not. The kind of trust that people have in traditional teachers enhances the roles of the counselors. We use an exercise that the *kebatinan* groups often use, where one member is lifted up with just one finger of everyone in the group. We use these exercises to help people understand their potential, to experience their limits and learn to trust others. In this way principles from *kebatinan* or Sufism are integrated into our practices of psychiatric therapy, since people are familiar with these practices, and the family of the patient will feel that this is a spiritual place that has holistic care that they can understand. The families are very satisfied to see that their patients are receiving care that they approve of, whether it is traditional curing and spiritual beliefs or modern psychiatric care.

The nurses are also encouraged to develop their potential, so that we can trust them and be certain of their ability to deal with patients on a one-to-one basis in a way that is like family, like sisters and brothers, just as the doctors are very much like parents. The patients are treated with respect, so that they do not have to be restrained or tied up or isolated, which we do not practice. We train our nurses so that they do not have to be afraid of the patients, and can treat them with respect, and know that they can control them without restraints, with just their own knowledge and ability. We are confident enough to deal with the patients as family; we guard the hierarchical relationship within the idea of the family. We—doctors, patients and nurses--guard the feeling of family. This works well in Indonesia because the power

and ideology (of family), the pattern of paternalism is very strong here in Indonesia.

Are patients only sent here from Java, or do patients come from all over Indonesia? I am curious, since your therapy techniques seem distinctly Javanese?

Patients come from all over Indonesia: from Sumatra, from Sulawesi, from Ambon, from Manado, even there has been one from Abu Dhabi...and one from America. (*We laugh, since I referred that patient.*)

Is it really hard to serve these patients from all these different culture areas, and religious backgrounds? It must be hard, I think.

Yes, they can come from anywhere. Adaptation to our therapy is possible, since our staff is from many different ethnicities and religions: for example there are some Christians and some Muslims. So if there are any problems, we can help each other. All of them can adapt here.

Are there any Buddhist staff members?

Yes, I think that there are many spiritual religions and sects all over Indonesia. Even though we see in an expression of Javanese culture the *kebatinan* sects mostly in Java and Sunda (*west Javanese area the inhabitants of which are a different ethnic group than the Javanese*). If we look at the mystical aspects of our practice, almost every ethnicity and religion in Indonesia has mystical practice and beliefs, so there is no problem.

Is this institution unique in this way, or there others that try to integrate these kinds of cultural ideas and practices into their systems of therapy?

As far as I know, just this one. In other places we still use pure modern psychiatry.

Is this because of the doctors' personal views, or is it because of government regulations, or is it because not many people know about it, because this is the first I have heard of it, it is really interesting! Are there others that share your interests?

There was a meeting of all the psychiatrists who have private mental hospitals here in our institution, and we came to a conclusion about the Indonesian term "*terkun*". In Indonesia there is the idea of the "*terkun*", that is a doctor

that is at the same time a dukun (*amalgamation of the words doc-ter and du-kun*). We think that this indicates a need on the part of the community, to be treated in a modern medical fashion without forgetting or leaving behind the elements of the traditional healer. So we developed the idea that Indonesia could develop the image of the psychiatrist to be one that the community thinks really well of, one that can be seen to be able to combine the skills of modern medicine and metaphysical skills of *kebatinan*, religion, without being seen as being dukun. So people can come to trust and want to go to the psychiatrist. So many patients are here because they come from religious backgrounds; there are some that read the Bible, some that read the Al Qur'an and practice *dzikir*, and we encourage prayer, like *dzikir* for all religions, whereas in other institutions this is not allowed. We guide them, and teach them that various prayers have various good effects; this is the particular benefit and use to their practice. At other institutions nine o'clock means patients have to go to sleep, but here *dzikir* starts at 9:00, right? The patients are allowed, encouraged to do this according to their own beliefs, under our supervision. We are not spiritual guides, but try to help the patients see that we can accommodate their beliefs into our therapy of personal development.

Who serves as the leader for the spiritual activities at the joglo, *and other spiritual activities?*

There is a trainer there, a counselor who can evaluate the condition of the patients. If a patient were too severely disturbed or too unbalanced to participate in a group session like that, they would just take medicine, probably. Then once they have become more aware and have improved, have begun to communicate, they would be included in the most simple of these activities. They go through phases. For example when they first get here the nurses cut their hair, but once their awareness is high enough and their ability to communicate socially has come back and they start to get better, they will be gradually encouraged to go to Pujon, or Batu, or Malang to get their hair cut. We adapt the strategy to foster initiative; sometimes they will go in small groups. One of the points of this group socialization that it is an intermediate point in their group socialization, resocialization, and it is also an opportunity for the counselors to evaluate the stage of the patient's awareness. As their awareness increases, their capacity to harmonize and participate in a group shows what the patients are capable of doing. When a patient is first admitted and is very anxious and agitated, they probably cannot join in spiritual activities, but once they start to get calmer, they can join in, and return to their social functioning. We look at their awareness level and what it will allow. If they are still experiencing depression, great fear, or are suicidal, we do not let

them dwell on religious matters, or do any religious therapy or kebatinan practice, because this might focus their thoughts too much on ideas about sin, asking forgiveness of God and whatnot, that might make them more depressed. So if they have reached what we call awareness level four, they can participate in their religious therapy. (*I am invited to drink my tea.)*

Other than patients being mostly young urban professionals, are there any other similarities in your patients?

Most of them are almost the same, they experience paranoid psychosis. Paranoid psychosis, more men than women, and their background is that they usually are from a family that is a little fractured during their period of development. About their educational background, it is usually good; most of them on the average have gone to college.

Why do your patients get mentally ill, or what is the most common reason your patients find themselves here? And how can you evaluate the success of your treatment?

They have ideals that are not realistic and often they are in conflict with those of their parents. For example, they want a motorcycle; their parents won't buy it for them or can't buy it for them. That's very upsetting.

Also love is a big one. The person that they have chosen for their boyfriend/girlfriend or that they want to marry, the families don't approve of. There are many people here like that.

Also school. Stress from school and exams--there's not enough guidance. The families don't or can't pay enough attention or they (*the patients*) are not directed correctly. They have no guidance or they are directed wrong.

About success...there are three different criteria for returned health and...there are different types or recovery and recovery rates. There's one that's total recovery, where people never need to come back. There's another that we call social recovery, where the people are just fine and they function well if the families continue taking care of them and follow the advice of the doctors.

We have a third category, which we call institutional recovery - a group of people that we aren't able to send home to their families, that aren't going to be functional outside the rehabilitative institution. We call that institutional

recovery, where they improve a lot but even with the institutional recovery they are kept in a long-term home. This institution also has a long-stay home.

We had a patient who was a student from a private institution in Malang that was in the last stages of law school. That student came here. He went through therapy in the morning, went to school in Malang in the afternoon and stayed here overnight and eventually he was totally recovered. And now he is graduated and has returned to Banjarmasin (*large city in South Kalimantan*); sometimes he just comes back because he just feels nostalgic, visits every one in a while. He's a practicing lawyer now. Another example of social recovery is one of the patients (*who was there when I stayed there*) who stays here occasionally. He is from Jakarta, but at one time he studied in America. He fell, was in a car wreck, and experienced trauma to the brain. Then he experienced psychosis. Now he is fine. He still keeps a room here. He goes home to Jakarta for a month and acts in Cinetron (*movies for TV*), and then he comes back, stays here for a month for practice here, and then goes back. That's an example of social recovery. At first we sent him home with a nurse, and she stayed with the family and administered medication. But after a while, we tried letting him go home on his own, and come back when he wanted to, of course, and educated his family about how to give him his medication.

The cure rate here is so well known and it's such a unique facility, its reputation is so good that if people can afford to send people here they will. And they will send people from that far away. There really isn't another that's so humane. The humane element makes people feel really good, and part of the reputation is that the practices here are so humane. So you would want to come. He liked living here. (This is an ethical thing, that we can talk about the patients like this. It's ok to talk about patient this way here; it's not ok in America or Australia). The example of the man who was brain damaged, that had an accident in America: this man had been to school in America and was brain damaged and goes back and forth to Jakarta. His medication -. At first we had to control that, but then after a while we ... just gave instructions and explanations to him and his family and that was fine.

In general about medications...we keep medications at a minimal dose, even if the people are a bit restless. It's not like it used to be, where we would give the patients very heavy doses, so that they would just sleep, so they were easy to take care of and control. We give them minimal doses of the drugs so that they can join in classes and therapy and get the most out of it. We want them to go to the different therapies, like the music therapy, dance therapy, art therapy,

where they can make things; drama therapy, psychodrama therapy, where they are taught how to behave in real life situations. When there is an example of someone who's having a problem with X there's a script, and you actually go through it. They have a conflict with somebody, we have social workers, staff members that teach people how to deal with conflict. Or, if they have a stress situation, we teach people not to come undone if they run into a problem.

Who are your patients? Are there patients or illness that you don't treat?

We take everybody, drug abusers...right now we have a drug abuser here. As long as there's a psychiatric disturbance. It's not a dry-out center, but as long as there is a psychiatric disturbance...that's the thing - it's not a dry-out center. But if it's somebody who is a drug abuser who is having psychosis ...

Are there other psychiatrists that are educated or trained here?

Other doctors are only involved with this hospital if they are committed to working within the framework of our philosophy and system of practice. In contrast, within most public hospitals the system is that the institutions house patients who the doctors treat according to their own philosophies. There is no hegemonic or consistent philosophy. We train psychology students and social workers. I have a lot of friends who have the same philosophy. I don't think we're actively trying to convert anyone.

B*ut in the seminar on psychiatry held here...did you try to influence or develop other psychiatrists' style?*

In the context of the seminar that I was talking about as an example, we talked about the philosophy of practice in wider circles of psychiatrists.

Have you had any complaints or conflict from people who don't approve of your style of treatment, especially kebatinan*-style therapy?*

We've experienced no problems or complaints of that type and no special pressures from anyone. Even in exchanges with groups of psychology students and faculty from psychiatry or psychology departments of Islamic and Christian universities known for conservatism in their religions circles; the discussions and exchanges with students at Islamic and Christian universities were quite relaxing. I find that there is never any special problem. Our practice is not secular in the normal understanding of that term, but

eclectic. So it's neither secular nor strict. Nor is it religiously based in the way some religious hospitals might be, but it's open. And this in my experience doesn't seem to cause any problems for people who are strongly religious, and for the non-religious, people usually feel like they would be getting a good, bonus lesson. One of our staff had studied in the United States and worked in an area of psychiatry, which he was able to open up in a way that it contributed something to their facilities there, and our facility here. So it is generally acceptable to everyone.

Are nurses required to subscribe to your philosophy? Are they trained in it? Do they have to work under certain terms?

They are usually here for four months for sure. Patients are here for four months at a time, then they are evaluated at certain intervals, and we talk to the families at certain points. We talk about their... (*Dr Iwan whispers to him.*) ...Oh, nurses.

The nurses are given a six-month contract that may be extended indefinitely. They are not given any specific training. They are evaluated after two months. They do get some training sessions to get them used to the philosophy, but not an intensive training course. We are working towards a training course because there are twenty-three private mental institutions in Indonesia that all need to be staffed, so we're starting to collaborate to try to develop a one-year training course for people who are already practicing or training in social work to become psychiatric technicians.

Also nurses that are graduating are required to work for the government for a while, and a lot of times people want to continue with government work because the hours and pension are excellent, so we can't get them right out of nursing school. Then it's hard to get them away from the government. There is a training program for nurses here and they have refresher courses regularly for nurses at this institution. Nursing school in Indonesia is three years after high school and a psychiatric internship for nurses is another year.

What in your opinion is the most common cause of or reason for developing mental illness?

Pressure or stress, mostly felt by first children, because of their responsibility to the family. Also first children are ... but there's not a clear explanation. For some of the cases, we've had, we can see that men tend to be more competitive. Also first children have a tendency to have too high hopes and

they also don't want to fail and don't want to be wrong. Competitiveness is the general idea in their mind, but there are a lot of cases where it was clear that expectations were falling completely on the first child and they were responsible to be an example for the following children. The first child feels a sense of injustice from the pressures from the adults on him in contrast to the younger siblings. They feel the parents were much more lax with the siblings.

Isn't it true that the oldest child--especially if it's a son-- is responsible financially for their parents and also for their younger siblings?

Yes, absolutely. I remember one patient, their family's house burned down and he didn't have work and couldn't help. He just felt that there was something he was supposed to take over and help but he couldn't do anything and he was here.

How are the patient's relationships with their families?

Communication isn't a problem, it is totally free here because we (*Javanese or Indonesians*) use a mediator, so the males can say anything they want to their mothers. The mother then takes it to the father and expresses whatever, the way he did when he was little: he would go to his mom and say "tell dad this about school." So there's no problem with communication and it's equal for males and females in this respect. Mothers are very important and it only becomes a problem if the mother can't do it, she can't stand up to the father or can't express herself to the father either. It there's some reason why she's not capable, it becomes a burden on the children and that's a hard thing.

What if the person's already married, what if they are not still living in the nuclear family, or already have their own family?

We do still use the mother as the intermediary, because that's still the goal here. In relation to development and for health as well as other psychological issues, the significance of the role of the mother in the family is important, such that any effort at family therapy and practices, we have to work thru the government-sponsored network for education and family welfare. You can see that (*PKK*) stenciled on the roofs of houses along the road. Everyone's a part of the PKK network (*Pendidikan Kesehatan Keluarga – Family Health Education*)--that is the woman's network, and women go to PKK meetings regularly. It's a huge network and any promotion of new ideas for therapy, any health measure must go through that. We have weekly meetings in some areas where

anybody can come and get information or training... or whatever. Anytime there's a divergence of ideas it best goes through the mother...

There is a new syndrome related to this in Indonesia. We have for long enough now been practicing family planning, so that the widely extended traditional family is becoming less common and much more of a nuclear family has been established, definitely in the social circles that are mainly involved in these cases (*here at his hospital*). The flip side of the role of the mother as a mediator and the excuse for the father for not dealing with issues between the father and children, male or female, is that the mother still remains in the position of power, tends to carry that assumption of her role over into the period after her kids are already married and off on their own families. This is not an entirely disappearing cultural feature...Mothers-in-law are frequently around the house of their children. Not the fathers but the mothers.

Can you tell me more about the therapy the patients receive here? How do you decide in detail who participates in what kind of therapy?

It goes back to the question of awareness: the microcosm and macrocosm awareness. There are seven levels of awareness that we try to help people attain. The first is awareness of the self. Second is the awareness of environment. The third is the awareness of the other people around them. The fourth is the awareness of the world and of their role in the institution. The fifth is awareness of their role in the world of social affairs, relationships outside the hospital. The sixth is awareness of their role within their families. The seventh is awareness of responsibilities in their life in terms of work, and education, acceptance of the fact that these things aren't just given without our doing anything. But in order to sustain our existence, the highest point we're working for with the seventh level is that we try to educate people with the self-consciousness of the fact that we have to take responsibility in the role of maintaining things and making them work. And the garden (*on the grounds of the hospital*) fits in there, in the sense that the garden provides something primary that we need. It serves in helping them become aware of their environment at that lower level of the sequence that we are guiding people through. But it relates to the highest level of awareness too: we are trying to guide people to the sense of responsibility involved because through the way the garden is being cared for, we are educating people about the need to care in order to protect and to sustain the physical environment as it is. You can have responsibility and not ruin it, and keeping it nice helps them with

everything from enjoying life in this world to also taking responsibility for themselves.

It's only in terms of these seven levels, it's only when people are at the stage of level four that they are conscious of their social environment and the rules outside the institution. Trying to force them upward through the levels too quickly could be counter-productive because it could be just plunging in deeper when their awareness is already imbalanced in the sense that there's too much on one side and not enough awareness of the environment. If we're too introverted some of the therapy can be counter-productive, driving them farther into introversion, rather than helping balance them.

As in the religious therapy or prayer, for example the dzikir, where they might dwell at length on their sins, alone?

A *dzikir* is either communal or private. In this context it would be private. It's like praying for forgiveness for your sins. *Dzikir* is just remembering the name of God. The *dzikir* does not involve prayer; it is just chanting and the repetition of the name of God so that with each breath consciousness is consumed by awareness of God. That's all *dzikir* is. It doesn't involve anything that Christians understand as prayer, in the sense of supplication. The basic *dzikir* is that, what you do with it is something else, but *dzikir* really just means remembering the name and presence of God.

Shall we walk around a bit, meet some staff and patients? You can see better what I mean.

(Taped interview ends.)

VITA

Teresa Woods earned a Bachelor of Arts degree with Honors in English, a Master of Arts and a Doctor of Philosophy degree in Anthropology from the University of Washington. She studied Indonesian and Javanese languages at various Southeast Asian Summer Studies Institutes (at Cornell University and the University of Washington), and at the Council on International Educational Exchange's Cooperative Southeast Asian Study Center in Indonesia. She was resident director of that program for over seven years. She appreciates the awards and fellowships she received that recognized her academic enterprise and helped her accomplish her educational goals. She has published on the expressive culture of and travel in various culture areas of Indonesia. Currently she works at The Evergreen State College.