

ELEMENTAL PRODUCTIONS

"AFFLICTIONS: CULTURE & MENTAL ILLNESS IN INDONESIA" SERIES



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MEMORY OF MY FACE

FILM GUIDE



ELEMENTAL PRODUCTIONS presents MEMORY OF MY FACE a film by ROBERT LEMELSON
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BAMBANG RUJITO
Exploring Madness in a Globalizing World

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INTRODUCTION



Bambang Rujito is an intelligent and educated man living in the outskirts of Jakarta, Indonesia's largest metropolis. He attended the prestigious University of Indonesia and has worked a variety of high-status jobs, including in the Indonesian stock market and for the Unilever Corporation. He is a soft spoken but humorous conversationalist, his earnest reflections often punctuated with a joke and a gentle self-deprecating laugh. He works part time teaching English to neighborhood children and spends the rest of his days caring for his young son, doing household chores, and attending neighborhood prayer groups.

Now in his mid-thirties, Bambang has had episodes of mental illness since he was a sophomore in high school, primarily characterized by the euphoric feelings and excessive energy of mania. This mania is often combined with delusions and hallucinations inspired by current events: wars in distant nations seem to be enacted before Bambang's eyes on the streets of his city, he believes himself to have befriended celebrities, declares his own political parties, and feels he has assumed the identities of esteemed religious leaders. Concern for Bambang's well being during these bouts has led friends and family members to hospitalize him numerous times throughout his adult life.

The globalized features of Bambang's experience are quite influential to his illness and recovery narrative. Western psychiatric diagnostics, institutionalized care and pharmaceuticals, work opportunities in a rapidly changing urban environment, participation in an interfaith religious community, and his family's understanding and acceptance of what Bambang describes as a "mental disability," all effect the trajectory of his illness.

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Meanwhile the complex historically and politically shaded layers of his manic verbal expression give a deeper substance to Bambang's disorder. Through puns, word play influenced by Javanese vernacular joking style, and swift unexpected associations, Bambang vibrantly weaves together such various threads as lyrics from eighties pop songs, Qur'anic verse, and allusions to Dutch colonial rule, into a lexical fabric of sometimes absurdist and sometimes strikingly insightful commentary.

The content and course of Bambang's schizoaffective disorder suggests that globalized popular culture does indeed pervade people's consciousness and the ways they understand and interpret their worlds. Meanwhile it illustrates how the residues of colonialism, experienced as the lingering effects of subjugation or subjection, remain a significant part of those worlds.

LIFE HISTORY



Bambang was born in 1969 and grew up in Borobudur, an area in Central Java home to the world-famous temple of the same name. He lived surrounded by his sisters and a warm extended family with relatives living close together in a number of neighboring villages. His Grandfather worked for the prestigious national railway, his mother sold traditional health tonics known as *jamu*, and his father was a sailor often leaving home to travel the trade route from Jakarta to Japan.

Bambang's father passed away suddenly when his son was only four, dying in a port hospital from injuries sustained in a fight on board his ship. Bambang's mother moved to Jakarta to make her living selling coconut rice from a food stall while Bambang stayed behind with his Aunt until he finished elementary school. He was by all accounts a funny and clever child, all the more doted on by the community because of his unfortunate family circumstances. For middle school Bambang went to live with his mother in a suburb of Jakarta. He worked hard, earned a reputation for being something of a perfectionist, rose to the top of his class, and was accepted into a prestigious local high school.

When he was a sophomore in 1986, Bambang began to struggle. He was dedicated to his studies in addition to participating in sports, and was often tired. Religion fascinated him but also led to disturbing thoughts, as he vividly imagined characters from Islamic cosmology and worried that theological doctrine didn't always match up with everyday reality. Then his girlfriend broke up with him and he was devastated. The pop wisdom that "first love never dies" echoed in his mind, and he feared that since it had died he too was truly finished.

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One night, in the midst of his sadness, exhaustion, and frustration, he decided to pray. He lost consciousness and awoke into a world of hallucinations, feeling that his sins had come to life to pursue him. He was taken to the doctor, who first diagnosed him with a fever and thyroid problems. However, as the psychiatric elements of his illness became more apparent, his school suggested he take a year off to rest. He was hospitalized in a psychiatric facility in Bogor for a month, and after the prescribed period he resumed his academic life.

Bambang began his studies at the University of Indonesia in Jakarta, but relapsed frequently. His friends often knew when he was becoming unwell because they would notice he wasn't sleeping. When encouraged to sleep Bambang would reply that God doesn't sleep. He would feel smart and strong and perfectly devout, like he could become the next president or the next great Imam. These feelings of power were sometimes countered by splitting headaches and bouts of weeping. Bambang would board a train for a long-distance trip only to impulsively get off before he reached his intended destination. He frequently got in trouble for shoplifting or bothering strangers, and was occasionally beaten by passersby angered by his misbehavior. He again was hospitalized in Bogor but unhappy there, he escaped. After about a month he returned to a stable condition.

Bambang took a higher paying job working in the stock market to support his family. He was often asked to work nights, reading the news feed from Reuters. He developed the habit of taking energy supplements and drinking cups of coffee to stay awake. In 1999 the mounting stress of his work caused him to resign. He went home, and hallucinating that it was Independence Day, he took his young toddler on a marathon walk to join in the celebration. The two wandered the malls and streets of South Jakarta for a full twenty-four hours, until Bambang decided to visit his sister's house. His child was taken away from him, and his mother decided to bring Bambang back to Central Java with her for treatment.

This period became Bambang's longest and most severe episode of mental illness. His family first tried to care for him at home, but they were unable to handle his behavior and committed him to psychiatric ward in Magelang in 2000. Bambang was briefly released to tend to his ailing mother. She ultimately passed away and he was re-hospitalized in 2002, at which point he met the film crew.

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Bambang returned home in 2003 and until 2011 has not experienced any major relapses that have required hospitalization, although he continues to struggle with erratic moods. He maintains his religious and official social life, attending neighborhood events and Koran recitation, but he has withdrawn from more casual friendships. While Bambang feels that his wife and family do not view him any differently because of his illness, they have moved five or six times to avoid neighbors who have witnessed his uncontrolled and disruptive behavior. Yatmi continues to support the family by working at a garment factory, where she has risen to a management position in storage and quality control.



Bambang is ambivalent about his current situation. He wants to be an advocate for those with mental illness, asserting that it is just like any other illness and should not be stigmatized. He believes that with continued support he will continue to get better, yet he is often frustrated and feels that he is “mentally handicapped.” He is alternately grateful for his family’s financial assistance and emotional support and resentful that he is rarely consulted on major household decisions. He wants to re-enter the work force, but he has low self-confidence and is worried about future relapses. Once bright with so much

promise, on his bad days Bambang fears his life has been reduced to a boring routine of meaningless chores. Yet he also is quite proud of the English lessons he has begun to teach part time to neighborhood children, remains dedicated to developing his son’s intellect and planning for his future education, and derives sustenance and encouragement from his Islamic faith and his religious community.

PSYCHIATRIC CARE IN INDONESIA

Throughout the course of his illness Bambang has received different kinds of therapeutic interventions, including being cared for in the home by his family members, receiving institutional treatment at facilities in Bogor and Magelang, and managing his illness through ongoing outpatient pharmacological therapy and occasional counseling. His story indicates a process of change regarding how mental illness is treated in Indonesia, and suggests some of the strengths and challenges of shifting strategies.

Indigenous approaches to mental illness in Indonesia have been historically tolerant, with traditional healing being the primary recourse. The Dutch colonists established the first psychiatric institutions in Indonesia with a primarily custodial function.

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The 1960's-1980's saw the development of modern psychiatry in Indonesia and the national Directorate of Mental Health's establishment of *Tri Upaya Bina Jiwa*, or the Three Pillars of Mental Health: prevention, treatment, and rehabilitation. However, the economic crises of the nineties saw a decline in care, which is now variable depending on individual institutional funding and capacity.

Bambang received long-term care at a psychiatric facility in Magelang that is part of a larger comprehensive general clinic. Under the leadership of psychiatrist Dr. Haryono, the facility provides integrated treatment, which includes pharmaceutical medications, electroconvulsant therapy (ECT) when needed, individual and group psychotherapy, and recreational, work, and art therapies. Patients are encouraged to interact with their families and with one another as an integral part of treatment.

Despite their efforts to provide the best possible care, doctors and nurses acknowledge that institutionalization still carries a significant

amount of stigma for Indonesian families. Therefore, many prefer to try other kinds of treatment first, such as home care, traditional healing, or boarding at local clinics or religious foundations. This preference is compounded by the fact that hospitalization and medications are very expensive. Many families, including Bambang's, must go into debt in order to provide institutionalized care for their relatives.

There are some benefits in being treated by family members. Not least of which, home placement avoids the feelings of isolation or loneliness that often accompany being in the hospital; Bambang abandoned institutional care numerous times because he was so miserable there. Additionally, family treatment harmonizes with traditional Indonesian folk models of wellbeing and communal approaches to illness. Bambang's mother-in-law explained to the filmmakers, "I guess when he gets ill, as Indonesians, we can't let him suffer by himself." As Bambang's primary caretaker for a number of months, his Uncle Mugo frequently chatted with Bambang and tried to lighten his mood and minister to his needs. He tried to keep his nephew's self-esteem high and life balanced by providing him with basic chores that he could handle and bringing him on excursions. This

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Furthermore, the home environment, particularly if it is in a small town where people know a patient's history and therefore might be more tolerant, might prove more supportive or safe for someone with mental illness than an anonymous urban center. Bambang's aunt explained,

"He was taken back to the family community in Central Java because he was ill, suffering from stress. How could he live in Jakarta, if he suffered from stress it would be hard to live there. He wandered around a lot, his family was afraid that people would beat him up, the poor guy... But in Java, in this region, Magelang, most people still have pity on a

person who suffers from stress, that's the point. "

However, there are significant challenges to this kind of home care, which is also illustrated by Bambang's case. When Bambang was in the throes of mania he often wouldn't sleep for days at a time. He would wander away from the house and disrupt neighbors with trickster-like behavior, for example switching off neighbors' electricity in an ironic scheme to save them from the rising energy costs. Sometimes his behavior could deeply disturb others, such as when he urinated in a mosque or made an obscene gesture at schoolchildren, for which he was beaten harshly and had his teeth knocked out. Others did not believe Bambang is legitimately "sick" because he did not fit the local conceptualizations of mental illness, which are characterized by a loss of conscious awareness; indeed Bambang acknowledges that he has always been aware of his actions, although because of his mania he was not always in control of them. When Bambang became too disruptive, his family would resort to locking him up in a room of their house. While they continued to treat him kindly and feed and bathe him regularly, surely such confinement is not ideal.



Many Indonesian mental health professionals are promoting new supportive models of outpatient treatment, where families are given specific training in how to care for their ill family member, utilizing community placement as an integral part of psychiatric care alongside ongoing therapy and pharmacological treatment. Through outreach campaigns psychiatric professionals hope to educate general practitioners about mental illness. They also hope to promote early intervention and different kinds of treatment with complementary programming that educates families about the causes of mental illness, seeking to dispel the idea that it is the result of black magic, and to promote the use of state mental health institutions instead of traditional healers.

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FAMILY ACCOMODATION AND THE NEGOTIATION OF GENDER ROLES



While the symptoms of Bambang's illness are often disturbing to others, his manic episodes can be filled with a real sense of pleasure for Bambang himself. As is typical of mania, he classifies his feelings as "euphoric." His doctor believes that a majority, perhaps 70-80% of Bambang's mental illness, involves this euphoria while the minority of his schizoaffective disorder experience involves feelings of depression.

What is categorically distressing for Bambang, however, are the long-term ramifications of his illness, in particular the way its recurrence prevents him from consistently and adequately performing his role as a husband. He frequently voices the tensions and discomforts that emerge around this issue. One primary aspect of this perceived failure of his performance as a husband is economic. Bambang says,

"Bill Gates himself started in his garage, but he's been able to take over the world... What makes me feel a bit negative is that I just stay at home, my income is just a fraction of what my wife makes. That sometimes becomes a problem. Why, as a husband, can I not meet the needs of my family?"

Due to Bambang's history of mental illness, it is challenging for him to perform fitting jobs that might be more lucrative. His manic behavior, when it surfaces, is unacceptable in an office environment. Furthermore, the tasks required to fulfill the role obligations of an educated upper-middle class Indonesian man, such as working long hours in an office, working in high-pressure situations, or following current events, are often a trigger for his illness episodes. Therefore, the family has successfully adjusted to Bambang's difficulties by allowing him to stay at home and care for his son while his wife works in a factory to financially support them. While the tasks that Bambang engages in at home—cooking, laundry, childcare—are certainly integral to the functioning of the family, they make him feel "useless" because they are not the normative tasks for a married Javanese man. For Bambang, doing "women's work" feels ill fitting, demeaning, and boring.

Due to earning disparity with his wife and his lack of participation in activities befitting his role, Bambang feels like he is no longer treated like how the man of the house should be treated, as a decision maker and "head of the household." Therefore, beyond a sense of economic failure, Bambang also laments the fact that his wife's opinion towards him has changed.

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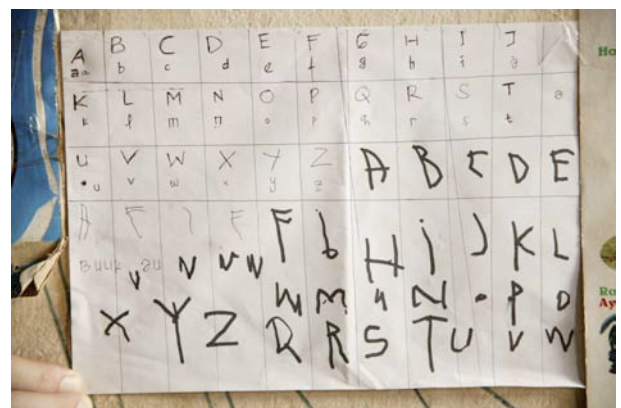
"She used to think I was smart ... Now, she doesn't include me in making decisions... she thinks that it's useless even if she tries, I won't understand her anyway. ... I keep silent. I realize that I have handicaps. I'm mentally handicapped."



For her part, Yatmi says that she doesn't necessarily mind his mental illness episodes per se, because her father experienced similar episodes. While she would prefer Bambang earned more, neither does she seem overly concerned with their arrangement of herself as primary breadwinner in the family. Indeed, there is a body of persuasive literature on Javanese families that suggests in many instances the model of Javanese husband as head of household or primary wage earner is more ideological than realistic. Many women, due to skill or necessity, often become the earners in the family while their husbands remain at home.

Instead, what bothers Yatmi is how Bambang seems to forget other crucial aspects of his role and responsibilities as a husband, to be gentle and understanding. The Javanese ideological model of gendered power and leadership, commonly held by both Javanese and scholars of Java, is one of persuasion; a powerful man should inspire others, not make overt demands on them, and exhibit his prowess through self-mastery and the modeling of moral and refined behavior, a civilized gentleness. An alternate take on this hegemonic view suggests that while lauded for their leadership in public situations, in private Javanese husbands should meekly defer to their wives in the matters of the household out of reference to the women's greater skill at economic management and worldly matters. In times of frustration or mood instability, Bambang does not fit either of these models of Javanese masculinity; instead he often becomes angry, moved to yell or say harsh things to his wife and child.

Bambang's return in 2006 to English teaching seems to have eased some of these tensions. While this job is not full time nor particularly lucrative, because it is prestigious work (and perhaps because it reminds Yatmi of what first attracted her to Bambang), it allows Bambang to feel like his wife "has a husband" again. While not "curing" Bambang's illness, this part-time work is therefore therapeutic to Bambang in addressing his major worries about gender and role performance; it allows him to feel like "a man," both actively as a provider for his family, and as a recipient of the respect and consideration he feels he deserves.



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ECONOMIC AND URBAN STRESSORS

In Bambang's case, and perhaps in many contemporary Indonesian families, gender ideologies and normative marital roles may be further complicated by the harsh realities of a global economy. Bambang's Uncle Mugo sees a real economic basis for Bambang's mental health issues. He says,

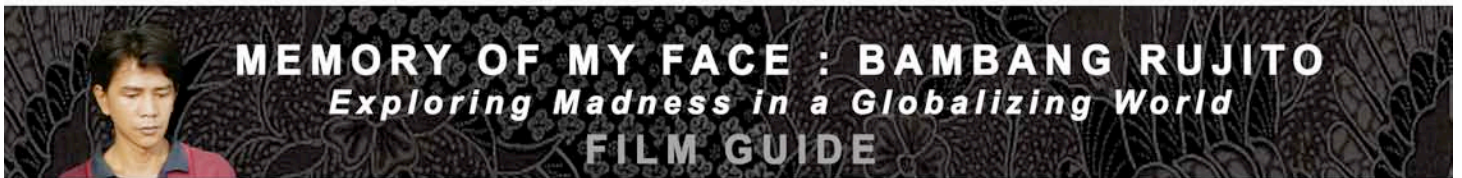
"In my opinion, I can say that if Bambang can get a job, a routine one, with God's blessing he will recover. The problem is, what he always has in his mind is (he) wants, really wants to be responsible for his family. 'What should I do so that I can feed my wife and child?' that's the only thing Bambang has in his mind."

While Bambang's economic struggles are compounded by his episodes of mental illness, he is not the only man struggling with lack of work opportunities and the corollary ambivalence about proper role performance. Many other men in Bambang's neighborhood are also helping out at home due to chronic unemployment or temporary joblessness due to the fluctuations of contract work.



Bambang's episode of mental illness in 1999 corresponded with a time of pan-Asian economic crisis and national political transition. Yet as Indonesia has regained its footing over the last decade, the urban upper-middle class in Indonesia has grown exponentially. The ideal of the married man as breadwinner and consumer with a car, new house, and television, is now heavily promoted in the media and popular culture, but this ideal may not be equally

accessible to all. While Bambang was from an average background, due to his hard work he was able to succeed at school and get accepted into a prestigious college. At the University of Indonesia, however, Bambang's Uncle Mugo says that many of his other friends were much more affluent which may have led Bambang to feel inferior. After graduation, many of them were offered prestigious jobs at Indonesian organizations, like the national television station Televisi Republik Indonesia (TVRI), but Bambang was not.

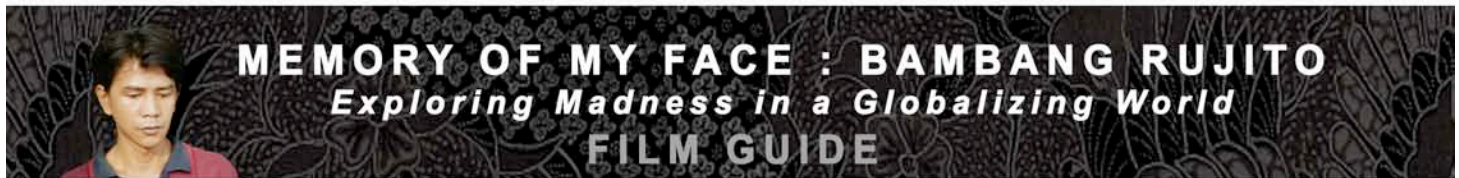


Interestingly, wage economies have been associated with poorer prognoses among those with major mental illness. This may partly be due to the more stringent requirements and definitions of successful employment and family contribution, which may in turn lead to more intense feelings of stress or failure. Contemporary structures of neoliberal global economics hold out the tantalizing promise of a Bill Gatesian rise to success while such factors as upward credentialing (increasingly higher degrees required to get the same job), and uneven economic development or even economic downturn, make the actual achievement of this success unlikely. It is worth noting that Bambang worked at the stock market when Indonesian markets were starting to “collapse” and everything was “going crazy.” All over the country, people’s efforts towards making a better life for themselves were frustrated. Perhaps this in part contributed to Bambang’s feeling that a factor in his mental illness is that in the past he has been “too ambitious” and needs to develop strategies to balance his talents and dreams with economic realities and the reality of his own psychological vulnerabilities.



Further research on major mental illness suggests that these economic realities and personal vulnerabilities may be compounded by the stressful context of urbanization. The World Health Organization’s study on schizophrenia has demonstrated a link between urban living, particularly urban poverty, and mental illness prevalence. This may be because of increased stress due to such things as higher cost of living, sensory overstimulation, or social isolation resulting from moving far away from supportive kin and friend networks.

It is interesting to compare Bambang’s narrative to that of Yani, a woman of similar age to Bambang who has experienced recurring acute psychotic episodes. In the chapter “The Subject Of Mental Illness: Psychosis, Mad Violence, and Subjectivity in Indonesia” in their edited compilation *Subjectivity: Ethnographic Investigations* (2007), medical anthropologists Byron Good and Mary-Jo DelVecchio Good along with Yogyakarta psychiatrist Subandi, get to know Yani over a series of interviews. The story she tells about her own illness echoes some of the elements and issues of Bambang’s story; romantic disappointment, religious preoccupation, and in particular, a move from Central Java to Jakarta in the hopes of professional success. Instead of finding this success, Yani instead experienced feelings of alienation and frustration that seemed to trigger her first major psychotic episode and led her to return home.



The role that urbanization and urban living may play in the onset of mental illness may also have implications for recovery. As mentioned above, home or village communities who have known people their whole lives may be more understanding, forgiving, or accommodating of mental illness episodes if and when they do occur. Furthermore, the social support that may be lost in migration to cities may be instrumental in a return to stability. When Bambang was hospitalized, it seemed that being treated closer to home was better for him, because much of his family was concentrated there, so there were many different relatives available to come visit. This was in contrast to the hospital in Bogor, where Bambang had been unhappily hospitalized before, partially because fewer family members lived close by. In this case, Bambang's loneliness made him less likely to pursue the full course of psychiatric treatment.

POSTCOLONIALITY, GLOBALIZATION, AND THE SUBJECTIVE EXPERIENCE OF MENTAL ILLNESS

When Bambang is having a schizoaffective episode, the flamboyant genius of his mania often manifests in free associations and verbal play that artfully rearrange aspects of local histories and globalized popular culture. Bambang can quote both Sukarno's nationalist maxims and the movie "Ghost," rapturously sing Genesis songs or retell tragic events culled from the local news, postulate on the ancient Mataram kingdom and the value of the Australian dollar, and all in one breath reference Indonesian soccer, Islamic prayer, and the tobacco trade. He also evokes Indonesia's colonial past, calling Indonesia the Dutch territory, referencing the history of plantation agriculture and export, ironically claiming "the Dutch occupied us in order to teach us," and criticizing ex-president Suharto's development plans and mottos.



Are these loquacious interludes merely the incoherent speech typical of schizoaffective disorder, or could they be a response to the overwhelming information stream of globalization that seems to offer infinite possibilities for both meaning and absurdity? Can Bambang's commentary on Indonesian nationalism and geopolitical history, performed in the voice of an unhinged Javanese linguistic virtuosity, be heard as a poetic critique on the lingering madness of subjection and the maddening promises of globalization?

Numerous post-colonial scholars have articulated the idea that colonialist and imperialist policies have a detrimental effect on the psyches of those subjugated. Famously, Franz Fanon, a Martinique-born and French-educated psychiatrist stationed in French-colonized Algeria, provided illustrative case studies from his patients to argue that a "constant and considerable stream of mental symptoms are direct sequels of this oppression." Some of these symptoms include hypervigilance, a painful inferiority complex and self-consciousness with regards to image and position, and the sense of an unstable identity. Fanon states, "Because it is a systematized negation of the other [...] colonialism forces the colonized to constantly ask the question: 'Who am I in reality?'"

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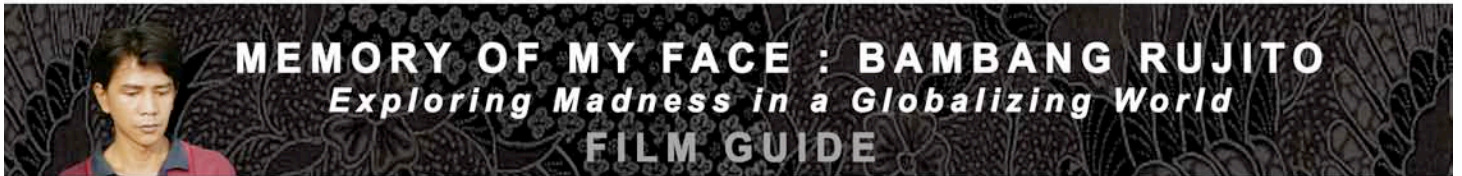
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The Dutch colonized what is now Indonesia for over 300 years, although their influence was felt in varying degrees in different areas. Some territories, such as Aceh and Bali, had to be taken by martial force and locals fought back bravely. Where they did have solid control the Dutch instituted apartheid, deplorable plantation conditions, and the exploitation of resources that kept many Indonesians impoverished while supporting the industrialization and development of the Netherlands. The Dutch were forced out of Indonesia during World War II during the Japanese occupation and lost the war for independence, which was fought after Indonesia's declaration in 1945. Indonesia as a self-governing country is not even a century old.

Bambang directly references the history of Dutch colonialism in the speech of his manic episodes. Yet he simultaneously references a history of resistance. He calls himself a “crazy Dutchman” in Javanese (*londo edan*) and claims, “I am the Commander and Prince of Jayakarta which was known as Batavia. I am the thirteenth grandson of Prince Diponegoro,” assuming the identity of a Mataram Prince who fought against Dutch colonization from 1825 – 1830, was arrested, and put in exile. When Bambang meets Robert Lemelson, the film’s director—an psychological anthropologist and a Caucasian American—Bambang teases, “You want to invade my country!”

Through these discourses of imprisonment, invasion, and insanity, Bambang makes explicit the connection between mental illness and subjugation that has been theorized by contemporary psychological anthropologists and post-colonial scholars who insist that investigation into the subjective experience of mental disorder must take into account the political histories of the construction of ideas about both “subjects” and “disorder.” The colonial view position disorder within the person of the native, who as Fanon stated it, was seen as part of a landscape of a “hostile, ungovernable, and fundamentally rebellious Nature.” According to colonialist rhetoric it was up to the occupying powers to impose “order;” and yet of course this pretext of “order” was used to carry out all kinds of violence. Those who protested this order—such as domestic servants who rebelled against their masters or plantation workers who organized—were labeled as violently or madly “running amok.” In this milieu of oppression, some registered their discontent through passive resistance and verbal rebellion. In listening to Bambang, Indonesian historians might be reminded of the Samins, 19th century Indonesian plantation workers who wore down the resolve of their Dutch overseers through implicitly disrespectful or evasive double entendres, cryptic puns, and confounding responses to orders. For example, if ordered to work a Samin might not outright refuse but rather reply, “Sorry, I am already in service, my work is to sleep with my wife.”



These references to colonial domination and Indonesian resistance in Bambang's manic monologues indicate that colonial histories continue to shape post-colonial realities and affect the subjective worlds of citizens who did not directly experience colonial rule. While the residues of colonialism might not be immediately apparent in contemporary Indonesia, they linger through what anthropologist Byron Good calls the "haunting presence of the colonial." These hauntings are multiple. As indicated above, the presence of the mental institution within which Bambang finds himself can be traced to histories of Dutch health intervention, encompassing both genuine efforts to reduce infectious disease and self-serving framings of the local mind as primitive or childlike. There is also the oblique inheritance of what has been called "generational trauma," as children register the effects of being raised by parents who themselves still struggle with their own experiences of war or violence. For Indonesians of Bambang's age, these generational traumas include not only Dutch colonial rule, but also the Japanese occupation, the difficult transition to independence, the killings of 1965 that occurred during the nationwide purge of suspected communists, and the autocratic rule of Suharto, which many critics have compared to colonialism due to the way his regime exploited and sometimes terrorized his subjects.

These traumas are woven into Bambang's story; while Yatmi did not know that Bambang had a history of mental illness when she married him, she was not exceedingly troubled by it, because she believes her father had a similar condition. As she tells it, Yatmi's father's illness consisted mainly of discomfort around strangers, reluctance to leave the house, and a persistent fear that he was going to be taken away or imprisoned. Yatmi suggests that this illness may have stemmed from the violence and upheaval of the 1965 purge of communists that happened in Indonesia, where many of her father's friends were in fact imprisoned or killed. Bambang also thinks his father, of the same age as Yatmi's father, may have suffered from a similar mental illness, perhaps even schizoaffective disorder. Bambang believes the fight that cost his father his life was perhaps typical of recurring manic outbursts, although Bambang does not explicitly cite the events of 1965 as a possible cause of his father's instability.



In 21st century urban Indonesia, these persistent haunting colonial presences and generational traumas, perhaps in themselves overwhelming, collide with the manic excesses of globalized culture, including reference and access to alternate narratives of development, possibility, and self-expression. Especially since the fall of Suharto in the late nineties when censorship loosened and a sense of liberatory, international and cosmopolitan polyvocality bloomed, Indonesian citizens have enthusiastically participated in global media and global discourses of identity politics, religious expression, and popular culture.

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Yet increased media access and far-reaching global networks also implicate everyday citizens in global struggles, stoking fear and worry with unrelenting representations of the new forms of enduring violence and inequality. As Homi Bhabha, another influential post-colonial scholar puts it, the “colonial shadow falls across the successes of globalization” as economic policies create (or perpetuate) divided worlds; even accelerated and comparatively successful development cannot mask underlying problems such as enduring poverty, class

and racial injustice, exploitation, and victimization. The consumer of global media reads, sees, hears about all this with increasing immediacy and detail, but may have limited tools to make sense of it or feel helpless to intervene. Bambang tells how many of his hallucinations were based on what he heard and read, as he projected global struggles onto his immediate surroundings, or introjected and internalized the characters of influential public figures. Traditional healers initially named Bambang’s illness as being the result of “too many thoughts;” indeed his voracious reading worried the boundaries of his own personal experience and blurred distinctions between media and autobiography.

In thinking through the subjective experience of mental illness or mental distress Byron Good suggests, “whether read as pathologies, modes of suffering, the domain of the imaginary, or as forms of repression, disordered subjectivity provides entrée to exploring dimensions of contemporary social life as lived experience.” Or as anthropologist Douglas Hollan states more plainly, explorations of mental illness can illustrate “how directly and deeply an organization of self and identity can be affected by differentials in social, economic, and political resources.”



A final area where the reach of globalization penetrates deeply into the biology of subjects is in the domain of the psychopharmacological trade. The last number of statements Bambang makes in the film, where he discusses that one must take the medication as ordered by the doctors; admit to oneself that one is ill and will not fully recover; and that the family must support the patient, are phrases common to psychopharmacological hegemony and discourse. These are stressed and repeated in multiple contexts- in advertising for medications, in sales pitches by pharmacology “reps”, at

research and training conferences paid for by pharmacological industry, and in the treatment milieus of hospitals and clinics where the medical staff have been trained in Western biomedical treatment modalities. Indeed Lemelson has found that Bambang, alone among the 6 subjects in the “Afflictions” film series, speaks of himself and his treatment and its progress in these globalized discourses and phraseology. It is significant that he is, out of all the subjects in Afflictions, the most versed in and exposed to these frameworks which so shape his illness experience and interpretation of his self.

MEMORY OF MY FACE : BAMBANG RUJITO

Exploring Madness in a Globalizing World

FILM GUIDE



Ambivalence about colonialism, globalization, and his own subject position seems to trigger interpenetrating affects that cycle quickly for Bambang. On the one hand he enacts a fascinating metonymic transfer of mental illness, saying to anthropologist, psychologist, and Caucasian filmmaker Robert Lemelson “bye-bye Schizophrenia,” symbolically relocating pathology onto the surrogate colonizing body in order to banish it. Yet at the same time Bambang gleefully welcomes the opportunity to practice his English and engage in the exchange, performing his broad

cosmopolitan knowledge that just might have the power to change him from being “schizoaffective” to being “effective.” In his rapidly shifting thoughts, that dart from memory to media story and back again, Bambang negotiates the euphoria and grief of a globalized subjectivity, diagnosing this condition with yet another poignant pun: “The most disturbed patient, his name is “The World.”

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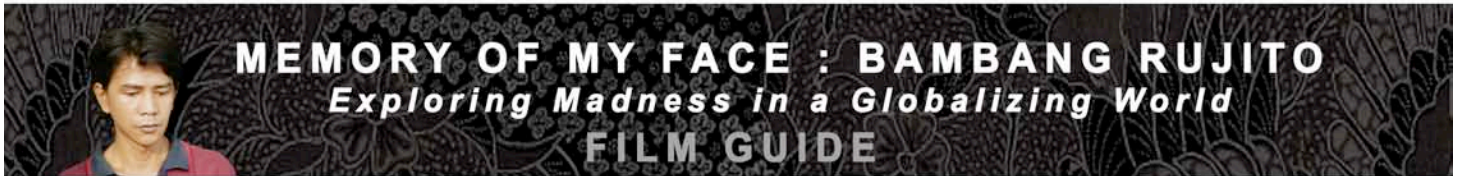
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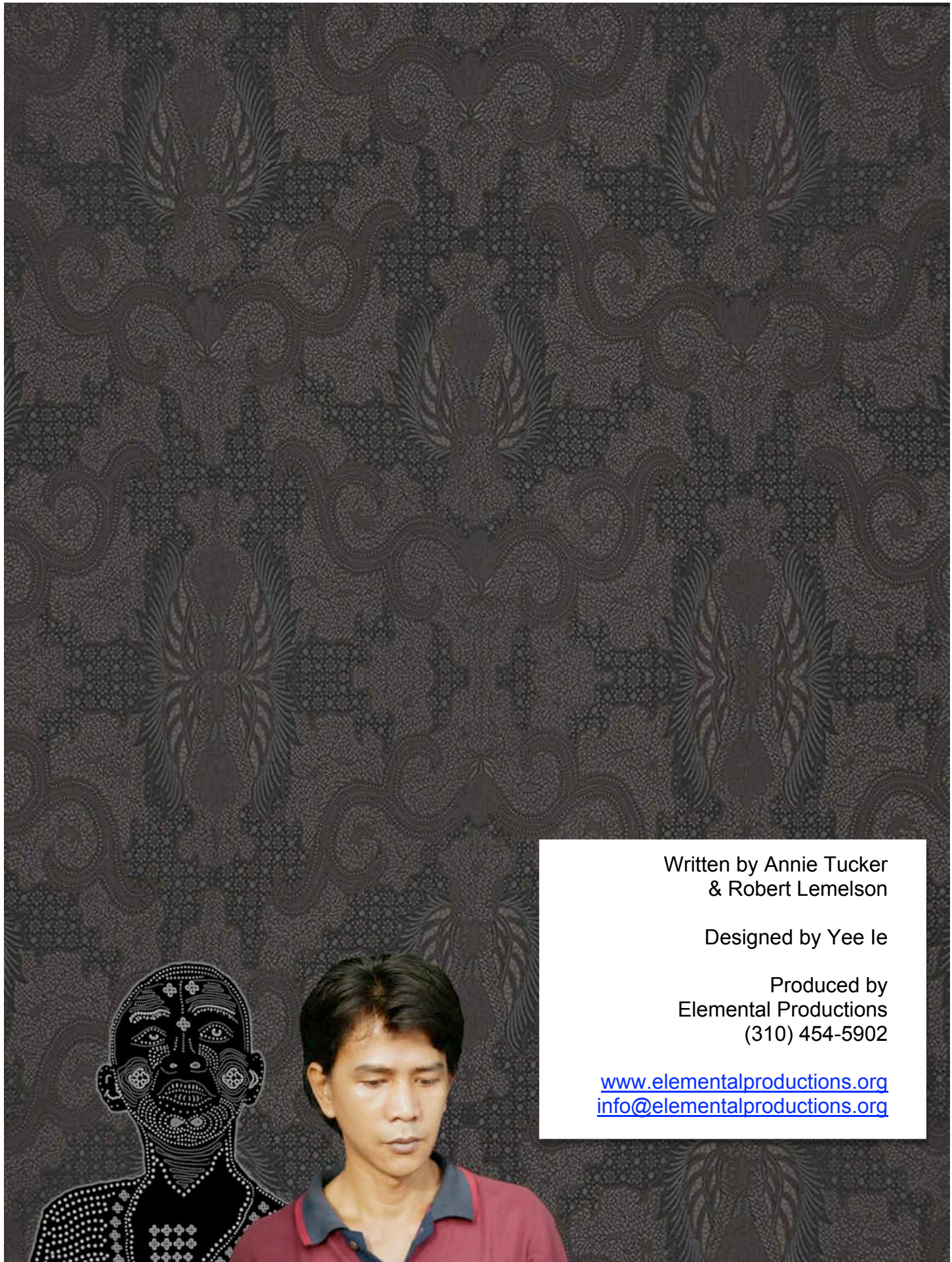
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