

ELEMENTAL PRODUCTIONS

"AFFLICTIONS: CULTURE & MENTAL ILLNESS IN INDONESIA" SERIES

RITUAL BURDENS

FILM GUIDE

www.afflictionsfilmseries.com



ELEMENTAL PRODUCTIONS presents RITUAL BURDENS a film by ROBERT LEMELSON
director of photography WING KO assistant camera DAG YNGVESSON consulting editor PIETRO SCALIA
editors HERBERT BENNETT MIKE MALLIN original music score by MALCOLM CROSS
producer ALESSANDRA PASQUINO produced and directed by ROBERT LEMELSON

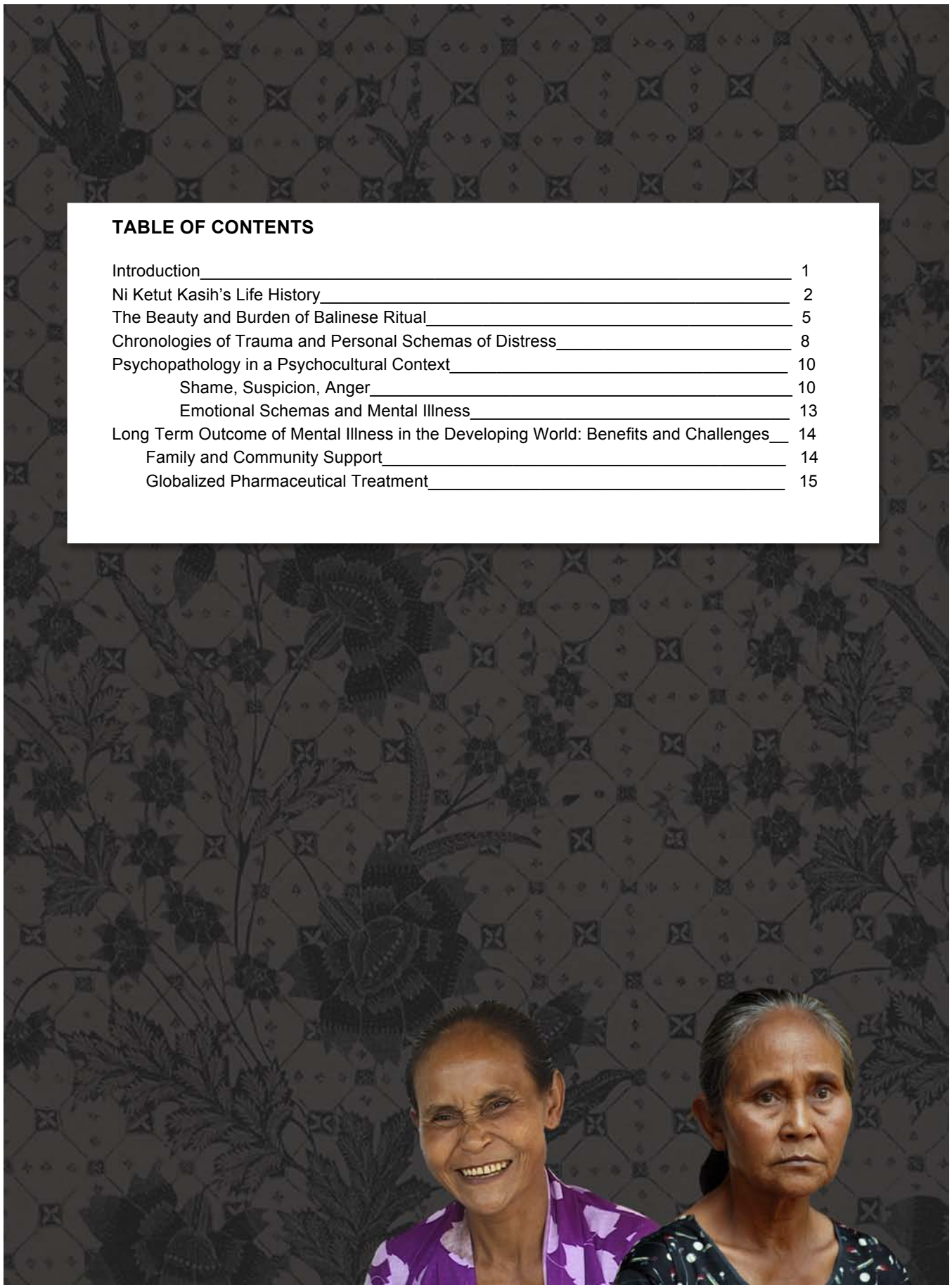
NI KETUT KASIH

Religious Responsibilities as a Trigger for Mental Illness

info@elementalproductions.org (310) 454-5902 www.elementalproductions.org

TABLE OF CONTENTS

| | |
|--|----|
| Introduction_____ | 1 |
| Ni Ketut Kasih's Life History_____ | 2 |
| The Beauty and Burden of Balinese Ritual_____ | 5 |
| Chronologies of Trauma and Personal Schemas of Distress_____ | 8 |
| Psychopathology in a Psychocultural Context_____ | 10 |
| Shame, Suspicion, Anger_____ | 10 |
| Emotional Schemas and Mental Illness_____ | 13 |
| Long Term Outcome of Mental Illness in the Developing World: Benefits and Challenges__ | 14 |
| Family and Community Support_____ | 14 |
| Globalized Pharmaceutical Treatment_____ | 15 |





INTRODUCTION



Ni Ketut Kasih is an elderly widow with a kind face who lives in a small village in Central Bali. She is the proud mother of four children, and the beloved grandmother of twelve grandchildren. When she is not helping her family around the house with chores such as sweeping and cooking she may be socializing with other women down by the river, meditating, or reading.

Ketut has lived her whole life surrounded by the complex rhythms and requirements of the Balinese ritual calendar, with temple observances, holy days, and village and regional festivals occurring on a weekly or, at times even daily, basis. Tourists flock from all over the world to witness these Balinese ceremonies lush with sensory delights—filled with the fragrant smoke of incense, the colorful offerings of fruit and flowers, often with artful gamelan music and temple dances performed amongst ornately carved architecture and a crowd dressed in their golden-threaded best. However, for the Balinese themselves, these rituals are much more than spectacle; they are a spiritual mandate and social requirement, which demand a great amount of labor and sacrifice on the part of those who practice them. A large portion of ritual duties and responsibilities fall particularly heavily upon Balinese women who not only often contribute financially, but also must spend countless hours crafting offerings by hand.



For many decades now, Ni Ketut Kasih has had particular difficulty with the stress surrounding ritual obligations. She anticipates ceremonies far in advance of their coming, repeatedly questioning family members about the state of their preparations. Ketut has been renowned in her village for the speed and mastery with which she can prepare offerings, and this has contributed to her status as a ritual specialist and ceremonial leader. However, in her worry that her family will not be able to fulfill their ritual obligations, Ketut will be unable to sleep. She finds her mind crowded with thoughts as she remembers the stresses of her childhood, when her father was taken as a prisoner of war and she was forced to abandon school to help support her family. Sometimes the worries get to be too much and Ketut will have a “fit.” She might disappear, leaving her family to wander to distant places, or act out in strange and disturbing ways such as disrobing in the market or challenging others to a fight. When her family feels that Ketut requires assistance beyond what they can provide, they take her to the state mental hospital in Bangli or they provide her with medications prescribed for these manic-depressive episodes. Ketut usually recovers quickly and experiences long stretches of peace before another ritual or financial obligation evokes more worry and another episode of illness.



Ketut's reaction to family obligation stressors and ritual requirements raises questions about the purpose ritual serves and the cost that it carries for the individuals that prepare for and perform them. Her case provides an example of one unique schema of stress wherein cultural obligations, traumatic historical events, biography, and neurobiology overlap to trigger cyclical episodes of mental illness. In doing so it illuminates personal constructs of distress and the binding associations that make certain burdens unbearable.

LIFE HISTORY

Ni Ketut Kasih was born the eighth child in a family of twelve. Her father was a weapons specialist who had fought the Japanese during World War II. Then 1947, when Ketut was still a little girl, he defended his people against the Dutch in Indonesia's struggle for independence. He was captured during a mission and interred in a camp for prisoners of war, apart from the family for months until he was finally able to escape. Ketut's mother was sick at the time, and there was no money for school fees. Ketut was forced to postpone her hopes for education in order to care and provide for her family. She worked as a seamstress and a peddler, selling small items to help raise money for her family's food and ritual needs. After her father was reunited with the family, Ketut was able to attend elementary school. She happily remembers these carefree days when her only obligation was to study. However, because of ongoing financial difficulties she was forced to abandon her education after completing the sixth grade.

Over the years, Ketut instead became a successful small businesswoman, selling fish that she herself would transport to market from coastal Jimbaran in a big battered Colt truck. In 1965 there was a crisis in the fish market and Ketut was left with significant debts. Her family couldn't help her because they themselves were struggling due to the violent upheavals of 1965; a purported communist coup had led to a takeover by Suharto's New Order regime, and thousands of people were slaughtered in the process. Ketut's uncle and cousin were killed, she witnessed massacres of fellow villagers, and hunger and stress led many of her family members to fall ill. After this difficult time, Ketut's family arranged a marriage for her with a distant relative. Ketut felt upset that she didn't get to pick her own husband, but she didn't dare resist; soon after the feelings of anger diminished and she settled into a companionable and loving relationship with her husband, Pak Mangku.



Ketut gave birth to the couple's first child, Wayan, in 1969 three days after a ritual ceremony. This precipitated the first of many episodes of "inner sickness" or manic-depression that Ketut would experience over her life course. She didn't want to claim her son, refused to breastfeed, and exhibited symptoms of disassociation and disorientation, acting as if she couldn't remember who she was. She was ill for about three and a half months, during which time her family sought a variety of treatments. Her father searched all over south Bali for a traditional healer who could provide relief. He found one who said that the problem stemmed from a crack Ketut suffered to her skull as a child, and prescribed a mix of sticky rice and betel leaves to be applied to the damaged areas.



The family also sought treatment from their spiritual advisor, I Gusti Ngurah Jelantik, who conducted a religious healing. He recited prayers, and gave Ketut oil to drink after which mucous came pouring out of her mouth and nose, a commonly recognized sign of recovery in Indonesia. Ketut returned to her normal self within a month of this treatment.

From a psychiatric perspective, Ketut lived her life fairly free of incident after this episode for over fifteen years. She gave birth to three more children and took care of the household while also selling staples at a small food stall in nearby Mambal market.

Then in 1986, Ni Ketut Kasih attended a large-scale family ritual marking both the wedding of her brother-in-law and a tooth filing ceremony, a Balinese rite of passage. She arrived at the ritual and suddenly began to weep, felt weak, and was unable to greet her relatives until she finally collapsed. She was taken to see psychiatrist Dr. I Gusti Putu Pantri, was prescribed Thorazine, and recovered within eleven days. She soon relapsed again, however, at which point her family brought her to the psychiatric ward at the public hospital in Bangli.



Over the following decades, Ketut would relapse and be hospitalized more than 35 times, sometimes briefly, sometimes for a month or more. When she recovers she can be without incident for years, but her relapses can be severe. She and her family both believe that in every case the triggers for her episodes are the emotional burdens posed by ritual events and family obligations. Ketut says their onset is marked by a feeling that her family is facing a challenge or event that they will not be able to handle. Her husband says that at these times, especially when the family is in fact unable to contribute financially to village or temple rituals and therefore unable to fulfill their ritual obligations, Ketut feels “*kecewa*,” or disappointed.

Ketut says she can often tell when a relapse is coming. She is often unable to sleep a day or two before she gets sick and will be sensitive to the sound of the wind or the rain falling on leaves. She may be bothered by physical symptoms, feeling like there is a hole in her head that is filled with rice and sand or that she has been stabbed in the chest with a bamboo stake. Alternatively she may feel empty as if she has already fainted. She will become unable to see her own shadow or imagine her own face when she was young, unable to remember a time when she was happy. She feels afraid of her husband and worries about making mistakes, and at the same time she feels suspicious of friends and neighbors thinking that they may secretly want to do her harm.

Once her “fit” is in full effect Ketut has a lot of energy. She wakes up very early in the morning or the middle of the night and will disappear, wandering far from the house. Sometimes her energy takes the form of industrious spiritual labor where she makes many offerings for the Gods—even more than usual—and talks a lot about the invisible world. At times she may disrobe in public, evoking the Balinese style from a previous era where women wore only a sarong with their breasts exposed. Ketut may also express feelings of anger or aggression, occasionally throwing things, striking out at family members or challenging them to a physical fight. There have been a number of occasions where Ketut has experienced epileptic seizures during these periods of extra energy and unusual behavior.

Ketut and her family find pharmaceuticals to be effective in responding to her symptoms and restoring her usual calm demeanor. She has been prescribed Kopromasin (Thorazine) in the past, and up until the present takes two antipsychotic medications including daily Stelazine tablets and a monthly Prolixin injection. She also has prescription for another tranquilizing injection, Cepezet or Haloperidol, which her family administers if her symptoms start to flare up, and takes Artane to counteract side effects of the other medications. In accordance with the Balinese conceptualization of health, Ketut and her family also continue to attend to the spiritual as well as the biological aspects of her wellbeing.



After years of struggle, Ketut's family has relieved her of the burden of preparing offerings. Her children and grandchildren assume the responsibility for the family's ritual requirements, sometimes even receiving help from other villagers, in an attempt to protect Ketut's peace of mind. From time to time Ketut will still experience an episode of mental illness but taking the empathetic view that anyone can become overly stressed, the family actively rejects any stigmatization of her symptoms, instead calmly taking each episode as it comes.

THE BEAUTY AND BURDEN OF BALINESE RITUAL



Rituals are set actions that may mark various occasions, such as life cycle developments, calendrical events, or rites of communion with revered deities. Ritual practice of some kind can be found in all human societies across culture and throughout history. This may be because ritual plays an integral role in religious expression and belief, social organization, and cultural communication, both shaped by and shaping people's realities and identities. Various approaches towards ritual highlight its various aspects: a functionalist approach suggests that rituals accomplish important things for those that perform them, such as providing rules of conduct, strengthening the bonds between individual and society, and providing a regulated symbolic

system to express shared emotional states and maintain societal equilibrium. Psychoanalytic approaches underscore the focusing and ordering elements of ritual but occasionally pathologize it; Freud once called religious ritual a "universal neurosis" used to repress and displace a given society's antisocial impulses and taboo desires. An ecological perspective to ritual analysis broadens the concept and context of ritual to include not just discrete events and offerings but their historical development, a whole system of goods and resources that are exchanged in familial and mercantile relationships, the schedules and customs of preparation that influence day-to-day routines, and the aftermath and effects of the ritual.

The term "ritual density" has been coined to indicate the frequency of rituals within any particular culture. Bali is known as one of the most ritually dense cultures in the world. The Balinese ritual calendar is 210 days long and full of cyclical events. The ritual year is marked by the twin rituals of *Galungan*, when departed souls are invited back to earth to be honored, and *Kuningan* 10 days later, when they return to heaven. There are temple ceremonies every full moon (*purnama*) and every fifteen days (*kajeng kliwon*) as well as annual temple anniversaries known as *odalan*, which must be held both for village temples and private family temples. In addition, every thirty-five days there are honor days, such as *Tumpek Landep*, the day where all metal goods are blessed and offerings are made for kitchen implements, garden tools, metallic parts of machinery, and vehicles. There are also other holy days, such as *Nyepi*, the day of silence, *Hari Raya Saraswati* honoring the goddess of knowledge, and *Waisak*, honoring the birth of Siddhartha. Of course, there are also large-scale rituals to mark important life cycle events, which in Bali include: a series of ceremonies for newborns including the 42-day ceremony to ensure safe development, the three-month ceremony where the baby touches ground for the first time, and the hair-cutting ceremony; puberty rituals; the tooth filing ceremony at adolescence to extinguish "animalistic" tendencies such as lust and greed; the wedding ceremony; and series of funerary rituals including the *ngaben*, or cremation.

RITUAL BURDENS : NI KETUT KASIH

Religious Responsibilities as a Trigger for Mental Illness

FILM GUIDE



An integral element of Balinese ritual is the *sesajen*, or offerings. In the film, Ketut and her family refer to the practice of *ngayah*, “committing oneself to god through making ritual offerings.” This concept suggests that the emphasis in preparing offerings is not solely the tangible end result, but the devotional process manifested in the finished product. This devotion is expressed and displayed not only through offerings made at special occasions, which include towers of arranged fruit and baskets of flowers, but also through *canang*, the daily offerings that women craft and leave at important areas in the house and local environment, such as at

doorways or intersections. These offerings made from leaves, flowers, sliced fruit or pieces of rice, coins, and incense, are rich with symbolic meaning referencing Hindu deities, the life cycle, and philosophical theories of value and balance.



Different Indonesianists have interpreted the aesthetic excess of *canang* and *sesajen* differently. Jane Belo believed they were part of the sensory excitement of ritual that provided relief from the boredom of everyday life. Gregory Bateson felt that the exquisite bundles served no direct purpose other than providing the people who made them with the pleasure of doing a required service to the utmost of their ability. In contrast, Hildred Geertz felt that the offerings were expressly task and result-oriented, “pragmatic interventions which aim to change the state of affairs in this world, to bring about material well-being and prevent suffering.”



This pragmatic approach to ritual offerings is supported by local beliefs about the high cost of making a ritual mistake. In traditional Balinese logics of illness and healing a wide variety of personal and family ills—from a headache to a slowly healing broken leg to an argumentative husband to a meager harvest—are frequently interpreted as having their source or etiology in forgotten or improperly performed rituals. Those suffering will often consult with *balian*, traditional healers and ritual experts, to determine what has gone wrong and which corrective rituals are required to effect cure. Many families go into debt to ensure a ceremony is performed in a timely and appropriately appointed manner in order to prevent such disruptions.



Therefore, in making offerings and performing rituals properly, individual Balinese women take responsibility for the well being of themselves, their families, and their communities. The many tasks of plaiting leaves, cutting fruit, and cooking molding rice, can therefore be interpreted positively, as selflessly performed “community help.” The extensive female networks of labor and communication and the female leadership in organizing sometimes hundreds of family members involved in ritual preparations may speak to the valued and important role women play in Balinese spiritual life. However, knowing that the Herculean task of making *canang* and *sesajan* is always and only relegated to women, it may also be

interpreted negatively as one anthropologist and native Balinese Degung Santikarma chooses to call it, “ritual slavery.”

While this may seem extreme, understanding the required physical labor, time, spiritual and emotional investment, and monetary resources required to make offerings and fulfill family obligations combined with the overdetermined significance of ritual in Balinese family and community life, makes it clearer how ceremonies may become not just culturally elaborated festivities, but also culturally marked stressors that might strain pre-existing vulnerabilities or precipitate an illness episode. As Uni Wikan poignantly wrote in her ethnography of North Balinese,

“For every elaborate offering, there are countless others scraped together from the meager elements at hand. For every splendid ceremony there are numerous inconspicuous ones where people had to make do with what they had, straining hearts and family relations in the process...”

It becomes a complicated and ironic fact of Balinese life that ritual activity, which is intended to promote and protect the purity and balance of the community, can also cause significant psychological pressure for an individual. It seems that the health of the collective may sometimes come at a very high personal cost.

Further Resources:

Bateson, G. (1972). Style, grace, and information in primitive art. In *Steps to an Ecology of Mind*. New York: Ballantine Books; 128-152.

Bell, C. (1997). *Ritual: Perspectives and Dimensions*. New York and Oxford: Oxford University Press.

Nakatani, A. (1997). Private or Public? Defining Female Roles in the Balinese Ritual Domain. *Southeast Asian Studies* 34(4); 722-740.

Wikan, U. (1990). *Managing Turbulent Hearts: A Formula for Living*. Chicago and London: University of Chicago Press.



CHRONOLOGIES OF TRAUMA AND PERSONAL SCHEMAS OF STRESS

As detailed above, rituals may be significant universal stressors. But in Ketut's illness narrative, they become causal factors for mental illness particularly because they also evoke a formative episode in Ketut's childhood wherein she was dealing with a combination of pressures that were truly overwhelming. This originary experience was shaped by cultural, historical, and personal circumstances.

Ketut remembers being forced into a role of premature responsibility because her father was absent from the household and her mother was sick. Ketut suggests that the help she was expected to provide was too advanced for her age, saying:

"At home, I shouldered the burdens. The burdens of my parents, I took them on."

Ketut's childhood experience differs from the cultural ideal: for the Balinese, childhood is supposed to be a carefree time. In Bali, children are considered both precious and vulnerable to spirit attack, and therefore must be protected and indulged. Children may make demands on their parents and are humored by their siblings. Furthermore, because they are not yet "aware" the way adults are, children are not held to the same strict rules of conduct, free from the many social and financial duties shouldered by adults. Ketut still identifies with and longs for the carefree time of being in school. She envisions a happy face and reminds herself,

"That's your face from when you were young, that's what you were like when you were young,' because in Bali when you're young you're happy."



The loss of her father put an end to this culturally designated period of relative ease. This was a time of personal difficulty for Ketut, where she was certainly experiencing a cluster of emotions including confusion, feelings of sadness and pity for her suffering father, and anxiety to know that he was gone and not knowing when he was going to come back.

However, it cannot be forgotten that Ketut's father was imprisoned and taken from the family in the process of fighting for Indonesian independence. Therefore Ketut's story cannot be separated from Indonesia's history of colonialism and national development. When Ketut was a child the Dutch had

colonized parts of Indonesia for centuries, although the Balinese had successfully resisted Dutch rule until 1908. As a revolutionary Indonesian nationalist movement was growing, the country was swept into World War II. The Japanese invaded and defeated the Dutch in 1942. They were at first welcomed as liberators who would unite Indonesia with the rest of Asia. Indonesia officially declared independence in 1945, but the country remained under Japanese rule and conditions rapidly deteriorated. Many people died of starvation due to extreme shortages of food and many Indonesians were mistreated as laborers and comfort women. When Allied forces defeated the Japanese they agreed to return Indonesia to Dutch rule. In 1946, the Dutch took Bali and other outer islands and the war for independence lasted until 1949. The entire nation was affected by these political struggles; Ketut's immediate and extended family network of support were among the hundreds of thousands strained because of these conditions.



Increasing interest in the neurobiology of stress has provided insight into the seemingly atypical chronology of trauma, where past and present distresses are folded into one another and certain memories repeat with a perpetual sense of urgency. Culturally, personally, and historically determined frameworks of interpretation intertwine and interact with emerging sensations, thoughts, or emotions, in a complex loop that creates meaning for the person experiencing them.

There are a number of processes that shape emotion and sensation as they occur. These processes can amplify, mute, or generate new sensations. One is the loop of anxiety and attention; certain feelings or sensations are unpleasant and cause high alert, yet constantly scanning for, thinking about, or attending to such feelings may cause them to intensify. Significant factors determine what feelings or sensations deserve such close attention, including ethno-psychology, traumatic memory, and self-image. Different emotions and sensations have different saliency for different cultures, and cultural context will determine the comparative normativity or pathology of certain sensations or emotions. As we will see below, feelings of shame or embarrassment are particularly laden feelings in Balinese culture; therefore the presence or threat of shame is likely to lead to heightened attention. A self-image built from such cultural frameworks, past events, perceived innate qualities, and interpersonal relationships, will further affect how an individual interprets his or her own sensations or emotions.



Past experience, which may re-emerge as flashbacks, re-experiencing events, or traumatic memory, may link physical sensations with distressing emotions. For example, for a survivor, a fleeting sensation of dizziness may recall the dizziness of malnutrition she experienced during wartime, and thus simultaneously evoke emotions of terror or grief. In a correlative process known as “kindling,” if a physical sensation is repeatedly experienced in the context of distress, then future distress will become likely to evoke these sensations as a stress response. So if this same survivor feels sad, she may also soon start to feel dizzy.

In Ketut's case, present family obligation stressors are amplified by Ketut's personal history of trauma and responsibility. Each newly emerging stressor recalls her past formative experiences of stress, confounding present anxiety with the past anxieties of worrying about her father and having to assume responsibility for her family. Furthermore, the ritual and economic burdens Ketut was forced to take on in the household were folded into the emotional and physical stressors of war: both the socio-historical milieu of anxiety and violence, and the physiological responses to hunger and starvation may have amplified her stress at that time.



Further Resources:

Hinton, D., D. Howes, and L. J. Kirmayer. (2008). Toward a Medical Anthropology of Sensations: Definitions and Research Agenda. *Transcultural Psychiatry* 45 (2): 142-162.

Lemelson, R., L. J. Kirmayer, and M. Barad. (2007). Trauma in Context: Integrating Biological, Clinical, and Cultural Perspectives. In L. Kirmayer, R. Lemelson, M. Barad (Eds.) *Understanding Trauma: Integrating Biological, Clinical, and Cultural Perspectives*. Cambridge: Cambridge University Press; 451-475.

40 Years of Silence. (2009). DVD. Dir. Robert Lemelson. Elemental Productions. Available via www.40YearsofSilence.com.

PSYCHOPATHOLOGY IN A PSYCHOCULTURAL CONTEXT

Many of the emotions that become disturbing to Ni Ketut Kasih when she is having an episode are very common idioms of personal and interpersonal distress salient to Indonesian cultures in general and many Balinese people in particular. In a psycho-cultural context that prizes harmonious interpersonal relations and a smooth personal demeanor, these emotions not only articulate distress, but also evoke distress. Particularly upsetting are feelings of shame or embarrassment, feelings of suspicion, and feelings of anger.

Shame

Ni Ketut Kasih clearly associates feelings of shame (in Indonesian, *malu*) as a significant stressor for her as when she says,

“If I have too much shame I go crazy.”

Emotions are not the same in every culture, and many scholars have commented on the significance, depth, and nuance of *malu* in Indonesian cultures. *Malu* may in some contexts be similar to the Western understanding of shame, a sense of losing face when unable to uphold norms or requirements or unfavorably compared to others, etc. So in this way shame is a result or a reaction, a negative state associated with embarrassment and guilt. But *malu* may also connote an active preventative process of managing emotions internally to prevent one from becoming ashamed. To know a sense of shame is to acknowledge the capacity of your behavior to offend or destabilize others, and therefore knowing and displaying proper “shame,” which in this context may mean deference or a regulatory self-consciousness, may become a sign of maturity or a sense of pride. Clifford Geertz, the famous Indonesianist and anthropologist, interpreted the Balinese sense of shame as a kind of stage fright, an anxiety over the possibility of social awkwardness, insult, or poor role performance in the constant negotiation and renegotiation of status. Following anthropologists have disagreed with this interpretation but at the very least the ongoing debate signals the complex emotional and mental labor associated with “shame” in Balinese culture.



Suspicion

Another mental state associated with Ketut's episodes is suspicion. When she is starting to feel unwell, it is stated that Ketut starts to feel that "this world is a world of treachery," questions the seemingly innocuous motivations of guests who come to the house, and feels afraid that people outside of her immediate family plan to harm her. These feelings are somewhat corroborated by her family, who suggest Ketut may have fallen ill because other people were jealous of her.



Whether or not we can say that Balinese culture is governed by a "paranoid ethos," as Theodore Schwartz and Ruth Benedict have classified Melanesian cultures, it is clear that there is a pervasive belief in black magic and a corollary sense of fear or suspicion that arises particularly in the contexts of illness or misfortune. It is often the onset of illness or otherwise abnormal behavior that indicates a person has been the victim of black magic or witchcraft. Black magic can come in many forms, sent through telepathy, poisoned food served by a

family member, the touch of a witch, or in the form of projectile needles, bullets, pins, or other implements. The person struck by black magic may indeed be the intended target, or they may have inadvertently gotten in the way of black magic on a trajectory towards someone else. Black magic, along with ritual error, may be one of the most commonly diagnosed causes of illness in Bali. The reason for use of black magic is usually revenge against a direct offense or jealousy of others' good fortune, and extended kin are the most frequently accused.

There have been a number of theories as to why beliefs about black magic persist or develop in certain cultures and not in others: some have suggested that a competition for scarce resources and a history of high mortality rates leads to the psycho-cultural development of a paranoid worldview. Alternatively, magical illness may provide an explanation for occurrences that seem to have no other clear cause. Regardless of why beliefs about black magic persist in Bali and Indonesia, they do remain operant in people's thoughts and emotions, often with those who have previous experience getting struck with black magic the most wary of others. This vernacular understanding of black magic as a causal factor for symptoms of mental and other illness provides a clear explanation for why Ketut would feel suspicious when she starts to feel ill, and why rituals, involving meeting with the aunts, uncles, and in-laws, who might harbor secret mal intent against her, would be cause for fear or worry.



Anger

Finally, the expression of anger is also seen as being in direct relationship to mental illness. Ketut's family often feels she needs to be medicated at times when she expresses anger and aggression. Certainly while aggression can be upsetting in many cultures, it may be even more so in Bali. Early anthropologists were surprised to report they never saw children or adolescents fight with one another. Margaret Mead, who had a particular interest in childhood, even analyzed childrearing tactics she felt specifically trained against the expression of anger. It has been suggested in close-knit agricultural societies like Bali, anger can disrupt a complex web of interpersonal relationships and thus social norms stringently require poise and composure in the face of provocation or frustration.



The prohibition against anger is active for all members of Balinese culture, but may particularly apply to women who are supposed to be deliberate, decorous, graceful, and deferent. Because of these restrictions on behavior, if and when someone does reach the point of noticeably expressing anger it signals that something has really gone wrong. While the correlation may not be as direct as equating being visibly angry and being crazy, the embodied loss of control and detachment from social norms that expressions of anger display may be a very powerful indicator for the Balinese that a person's emotional states are unmanageable or that he or she has lost touch with the Balinese reality.



Ketut Kasih herself says problems arise "when I want to go to the mountain and my family wants me to go to the sea." This metaphor, when unpacked, provides a window into the disorienting power of conflict and anger. The directions of *kaja*, which is towards the holy mountain of *Gunung Agung* located inland, and *kelod*, which is outward toward the water, are potent organizers of physical, social, and spiritual space and act as embodied guides for behavior, determining the alignment and placing of everything from seating at a ritual to architecture to where a sleeping person must place her head. There is a culturally

specific discomfort known as *paling*, which is a sense of vertigo and terror when one is unsure of their position with regards to *kaja* and *kelod*. Ketut's words suggest that having different stated motivations or tensions can be as upsetting as not knowing which direction you are facing. In a further subtlety, since Ketut is the one going towards the mountains, her phrasing may suggest the pleasurable feelings of exaltation that sometimes emerge in a manic state.



Emotional Schemas and Mental Illness

Considering the interaction of experiencing, expressing, and interpreting negative feelings raises the interesting question: do these negative feelings trigger the onset mental illness because they are so upsetting to the person having them, are they interpreted as mental illness because they are so outside the idealized norm, or does the complex interplay of personal subjectivity and cultural context construct the phenomenology of mental illness? Or we might ask, in Ketut's case, does the socio-cultural demand for smooth demeanor during times of stress add additional pressure to an already high-pressure situation?

Perhaps not surprising in light of the previous discussion, ritual obligations are a common stressor not just in Bali but throughout Indonesia, certainly in part because they put one in danger of experiencing these very powerful and aversive culturally over-determined feelings. Hollan and Wellenkamp, anthropologists who worked on another island of Indonesia called Sulawesi, singled out ritual "one of the most significant and emotionally charged" aspects of adult life because there is often so much at stake personally and communally. The many things that need to be taken into consideration to make a ritual run smoothly, combined with the many feelings and memories and associations rituals evoke, is commonly understood throughout the archipelago to lead to "too many thoughts." It is also commonly understood if these thoughts become too overwhelming or the stress of them goes unmanaged, mental illness may result.

Further Resources:

Belo, J. The Balinese Temper. (1970). In Belo (ed.) *Traditional Balinese Culture*. New York and London: Columbia University Press, 85-110.

Collins, Elizabeth & Ernaldi Bahar. 2000. To Know Shame: Malu and Its Uses in Malay Society. *Crossroads: An Interdisciplinary Journal of Southeast Asian Studies* 14(1): 35-69

Geertz, C. (1973). Person, Time, and Conduct in Bali. In *The Interpretation of Cultures*. New York: Basic Books, 360-411.

Hollan, D. W. and J. Wellenkamp. (1994). *Contentment and Suffering: Culture and Experience in Toraja*. New York: Columbia University Press.

Heider, K. (1991). *Landscapes of Emotion: Mapping Three Cultures of Emotion in Indonesia*. Cambridge: Cambridge University Press.

Keeler, W. (1983) Shame and Stage Fright in Java. *Ethos* 11(3); 152-165.

Mead, M. (1970). Children and Ritual in Bali. In J. Belo (ed.) *Traditional Balinese Culture*. New York and London: Columbia University Press, 198-211.

Wikan, U. (1990). *Managing Turbulent Hearts: A Balinese Formula for Living*. Chicago: University Of Chicago Press.



LONG-TERM OUTCOME OF MENTAL ILLNESS: BENEFITS AND CHALLENGES

Family and Community Support



Ni Ketut Kasih's decades-long experience of mental illness provides a longitudinal perspective on mental health within the family system. In a complex but compelling interaction, Ketut's family is both stressor and strength through her life course. It is clear that extended family relationships can act as stressor in a socio-cultural context like Ketut's. Contact with this extended family elicits feelings of responsibility to adequately represent and support family members and ancestors, shame if rituals are improperly carried out or cannot be afforded, and anger or jealousy over economic differences amongst the kin network that then must be suppressed. However, perhaps more significantly, Ketut's immediate family provides a buffer of support.

They do this primarily by actively resisting labeling Ketut or defining her by any stigmatizing diagnosis. While she herself at times describes herself as *sakit jiwa*, or mentally ill, her family adamantly does not call her *gila*, or crazy. Despite the fact that she has been institutionalized many times, the family chooses to normalize Ketut's experiences of disregulation. They say,

“Crazy, in Indonesian it’s “crazy.” In Bali it’s “crazy.” But we don’t make assumptions like that. We see our mother as having too many burdens on her thoughts, and anyone can experience that. Relatives of my mother still say, ‘This woman is sick like this because she indeed has many burdens.’ There isn’t a problem.”

In avoiding conflating Ketut's symptoms with her self, her family emphasizes the temporary or transient quality to her illness, leaving plenty of room for her many periods of stability and lucidity and underscoring a sense of continuity to Ketut's daily life. While she does periodically spend time in psychiatric care, the family doesn't stigmatize the kind of illness she suffers from, instead treating her mental illness like any other illness. Therefore she is not institutionalized indefinitely nor identified as ill when she is in fact feeling better. The family doesn't focus on their mother's diagnosis but rather her observable condition—if she is doing well she is treated as such, if she is not doing well they take her to the hospital for care, and the moment she seems recovered they bring her home.

Furthermore, the family shares responsibility for her care. In collectivist and interdependent societies, such as those found in Indonesia and Bali, the kin network and environment is considered profoundly significant in determining the behavior or outcome of any individual. Therefore if one person's well being is threatened, responsibility is shared in terms of both etiology and cure. Therefore, Ketut's son says “we make efforts for her to recover,” emphasizing the collective investment and effort of the family unit. This effort is visible in actions like staying awake to guard or monitor Ketut if she is having a spell of energetic sleeplessness during the night. The family also engages in a kind of collective prevention, protecting their mother from potential triggers and searching for ways to keep Ketut in a balanced state. Even extended family and non-kin villagers who know Ketut sometimes provide assistance. For example, if she has wandered away or gone to the market during an episode, they help bring her home.



The family also shares responsibility for Ketut's tasks when she is unable to carry them out. For example when Ketut's first son was young and she was dealing with her illness, he lived with and was cared for by his grandfather. Kin and villagers adapt to Ketut's shifting needs and capabilities, affording her duties when she can handle them and easing such expectations when she cannot. Illustratively, Ketut was still given important ritual responsibilities, such as being a counselor for village religious issues and being a temple priest, even after episodes of illness. However, now her son has taken over these duties because he feels more capable.

"I have a wife, there is already someone to help me, and I advised her so that my mother doesn't take on those burdens again... so that we young people take that responsibility, that it's now our burden. Mother should just be calm, like that. That's what I told her to do. The important thing is that my mother is healthy."

It may be that in the interdependent family structure that is prevalent in much of the developing world, this approach of communal responsibility and collective care may seem less out of the ordinary than for families in the West, who for example for reasons of increased mobility may live far away from their networks of support. Indeed, in an oft-cited research project the World Health Organization conducted a 30-year longitudinal comparative study on the outcome of major mental illness, starting in the 1970s. The study found that those in developing countries actually fared better than those in Western industrialized environments. As in Ketut's case this is often due to shared care, and a separation between symptoms and identity due to such things as spiritual attribution. Further cause may be because such communities have more flexible or accommodating expectations for their members, and more opportunities for ill people to actively contribute and feel productive.

Globalized Pharmaceutical Treatment

In addition to these strengths however, there are complications to providing appropriate care to those with major mental illness living in developing countries. A psychiatric perspective on Ketut's case emphasizes some of the challenges of globalized psychiatric treatment that might not be immediately evident to an uninitiated viewer.



Ketut is being treated with long-term antipsychotic medication of Thorazine, which is most useful in treating schizophrenia. Ketut does have some symptoms that overlap with schizophrenia, in particular feelings of paranoia; however, as explained above these feelings may be culturally more normative rather than a clinical symptom. Furthermore, schizophrenia is usually characterized by many symptoms Ketut doesn't exhibit, such as incoherent speech, disorganized thinking, hallucinations, and delusions or beliefs that seem bizarre in cultural context. The diagnosis of bi-polar disorder may more accurately reflect Ketut's condition. Bi-polar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood, energy, sleep patterns, and the ability to carry out day-to-day tasks. Those with bi-polar disorder will experience unusually intense emotional states that occur in distinct periods called "mood episodes;" a euphoric or overexcited state is called a manic episode, and an extremely sad or inactive state is called a depressive episode. Sometimes, a mood episode includes symptoms of both, hence known as a mixed state. People with bipolar disorder also may be explosive and irritable during a mood episode.



Bi-polar is usually treated with a mood-stabilizer, such as lithium. However, lithium treatment is more difficult to implement than Thorazine because its dosage and prescription require the monitoring of lithium carbonate blood levels. Currently, the only laboratory in Indonesia available for these blood tests is in Jakarta, making such monitoring expensive and inconvenient. The Thorazine, as with the other antipsychotic medication Ketut is taking, is effective in its tranquilizing effect, but doesn't necessarily ameliorate the core causes or symptoms of bi-polar disorder. Meanwhile, Thorazine itself causes side effects that lithium does not, including that of tardive dyskinesia, which leads to uncontrollable twitching of the mouth and eyebrows. These side effects suffered by Ketut are visible throughout the film, and unfortunately not only are they stigmatizing in her community, we can see that they have also led to long-term physical effects of stiffness and pain in her jaw.

Other challenges to globalized pharmaceutical care, according to Dr. Mahar Agusno, a practicing psychiatrist and professor of psychology at Gadjah Mada University in Yogyakarta, is that there may be issues of overmedication in the Indonesian context. Mahar says out of a desire to avoid a potential relapse, many families and doctors will endorse continuous medication for an indeterminate amount of time, even when recovery or extended remission is likely. There also might be an inclination towards frequent hospitalization; if the family tends towards over-attentiveness, even the exhibit of a minor symptom may send the family member directly to the hospital or lead their relatives to request hospitalization even if the doctor believes it is not necessary. Dr. Mahar believes this may in part explain the high number of Ketut's hospitalizations.

In conclusion, family support may in many cases reinforce or promote a better long-term prognosis for those with major mental illness in the developing world. However, logistical and other challenges remain to combining local systems of care with additional biomedical interventions that might be additionally helpful.

Further Resources:

Afflictions: Culture and Mental Illness in Indonesia. (2010). DVD. Dir. Robert Lemelson. Elemental Productions. Available via Documentary Educational Resources, <http://www.der.org/films/afflictions.html>

Lemelson, R. and L.K. Suryani. (2006). The Spirits, Ngeb, and the Social Suppression of Memory: A Complex Clinical Case from Bali. *Culture, Medicine, and Psychiatry* 30; 389-413.

Watters, E. (2010). *Crazy Like Us: The Globalization of the American Psyche*. New York, London, Tokyo, Sydney: The Free Press.

Jenkins, J.H and R.J Barrett. (2004). *Schizophrenia, Culture, and Subjectivity: The Edge of Experience* (Cambridge Studies in Medical Anthropology). Cambridge: Cambridge University Press.



Written by Annie Tucker
Edited by Robert Lemelson
Designed by Yee le

Produced by Elemental Productions
725 El Medio Ave
Pacific Palisades, CA 90272

(310) 454-5902

www.elementalproductions.org
info@elementalproductions.org