Schizophrenia, Culture, and Subjectivity

The Edge of Experience

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CONTENTS

Contributors
Preface
ARTHUR KLEINMAN
Acknowledgments

Introduction
JANIS HUNTER JENKINS AND ROBERT JOHN BARRETT 1

Part I: Culture, Self, and Experience
1 Schizophrenia as a Paradigm Case for Understanding Fundamental Human Processes
JANIS HUNTER JENKINS 29

3 Interrogating the Meaning of "Culture" in the WHO International Studies of Schizophrenia
KIM HOPPER 62

3 Kurt Schneider in Borneo: Do First Rank Symptoms Apply to the Iban?
ROBERT JOHN BARRETT 87

4 Living Through a Staggering World: The Play of Signifiers in Early Psychosis in South India
ELLEN CORIN, RANGASWAMI THARA, AND RAMACHANDRAN PADMAVATI 110

5 In and Out of Culture: Ethnographic Means to Interpreting Schizophrenia
ROD LUCAS 146

vii
Part 2: Four Approaches for Investigating the Experience of Schizophrenia

6 Experiences of Psychosis in Javanese Culture: Reflections on a Case of Acute, Recurrent Psychosis in Contemporary Yogyakarta, Indonesia
BYRON J. GOOD AND M. A. SUBANDI 167

7 To "Speak Beautifully" in Bangladesh: Subjectivity as Págālāmi
JAMES M. WILCE, JR. 196

8 Innovative Care for the Homeless Mentally Ill in Bogota, Colombia
ESPÉRANZA DÍAZ, ALBERTO FERGUSSON, AND JOHN S. STRAUSS 219

9 Symptoms of Colonialism: Content and Context of Delusion in Southwest Nigeria, 1945-1960
JONATHAN SADOWSKY 238

Part 3: Subjectivity and Emotion

10 Madness in Zanzíbar: An Exploration of Lived Experience
JULI H. MGKRUDER 255

11 Subject/Subjectivities in Dispute: The Poetics, Politics, and Performance of First-Person Narratives of People with Schizophrenia
SUE E. ESTROFF 282

12 "Negative Symptoms," Commonsense, and Cultural Disembedding in the Modern Age
LOUIS A. SASS 303

13 Subjective Experience of Emotion in Schizophrenia
ANN M. KRING AND MARJA K. GERMANS 329

Index 349

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Experiences of Psychosis in Javanese Culture: Reflections on a Case of Acute, Recurrent Psychosis in Contemporary Yogyakarta, Indonesia

Byron J. Good and M. A. Subandi

It was nearly noon on a hot, sunny day in August, 1997, when Subandi and I went to visit Yani, a thirty-six-year-old Javanese woman who was participating in our study of mental illness in the old city of Yogyakarta in central Java.¹ We had first met her for an interview two months earlier, but now, because another young woman participating in the study had recently phoned to express her concern about how much she had told us in a similar interview, we approached Yani's house with a bit of anxiety. We walked down a narrow alleyway that wanders through one of Yogyakarta's poor kampungs, a crowded neighborhood that spills downward to one of the rivers running through the town, passing women, children, and young people sitting in open doorways and little shops, chatting in the heat of the day. We found Yani and her mother in their small house, which has one doorway opening onto a small sitting room and another doorway into a room serving as a kiosk from which they sell a handful of everyday food items in an attempt to supplement a small pension the older woman receives. The sitting room was opened for us, and we were relieved to be greeted warmly, to find Yani in apparent good health, and both she and her mother happy to see us. We chatted with the two of them, took out our tape recorder and picked up our interview. It was some time into our conversation before we learned that Yani had had another acute psychotic episode in the brief interval since we had last seen her. Her mother said that she had just begun to recognize the signs that Yani was getting sick when we were last there, signs she knew well from previous episodes. Together, Yani and her mother told us how she had become sick again, decided not to return to the private psychiatric hospital where she had been taken for treatment on several previous occasions, but elected to rely on the prayers given Yani by Pak Han, a kiyai, or Islamic teacher, whose group she had been attending for some time. Both Yani and her mother were delighted to tell us how they recited the prayers and how quickly and completely she had recovered this time.
Subandi and I were startled to hear of Yani’s illness because she had no apparent residual symptoms of the rather severe episode she described as having begun only two months earlier. Hearing her story, however, reminded us of several other patients we recently interviewed and realized our sense of a common pattern. These were persons with relatively brief, acute psychoses, some of whom suffered only one episode; of whom suffered regular recurrences. The symptoms often began suddenly—sometimes in a few days or even a few hours. They experienced classic auditory hallucinations and confusion, and in several cases also told stories of having gone off on a kind of trek—around the town, a nearby town, along the river, and into the countryside—remaining for some time before being returned home. The episodes tended to be rather short, not lasting long enough to meet DSM-IV’s six-mo- 
ration criterion for schizophrenia, and we met these patients when they were clearly intact—interestingly diverse people, both men and women, of often, who had no apparent residual symptoms of hallucinations or thought disorder. Some had enough depressive symptoms to confuse the diagnostic picture. As we heard the stories of the illness from these individuals and their families, classic themes from the cultural psychology emerged, reflecting a broadly shared framework of highly diverse but predominantly Javanese and Islamic old age. A general pattern of psychotic illness and psychotic experiences that we reflect on in this chapter, focusing primarily on a number of interactions conducted with Yani and her mother from 1997 through 1999.

These reflections represent an effort to make sense of such observa-
tions and still-vivid experiences, rather than a fully elaborated and theoretical analysis. I (BG) was a newcomer to Indonesian studies, having spent only sixteen months doing initial field research in Yogyakarta in 1999. When this case report was first formulated. With the support of Fulbright senior lectureship and an NSF grant, and with the initiative 
and assistance of Dr. Subandi, a member of the Faculty of Psychology in Gadjah Mada University, I developed a set of case studies of people suffering a mental illness or drug addiction, interviewing and observing the work of healers in various Javanese and Islamic traditions, inter-
ning psychiatrists and psychologists, and visiting mental health services. 
This research was aimed at exploring Javanese “cultural psychology” by examining the experiences of and response to major mental illnesses, and investigating the basic structures of formal and informal mental health services in Indonesia. With time, the research has increasingly focused on psychotic illness and has come to focus increasingly on cases with a rapid onset.
psychotic illness. It provides the context for questions we raise here about the nature of the experience of psychosis.

Reading through the literature on schizophrenia and other psychotic illnesses, it is remarkable how often "the experience of schizophrenia" is the focus of the chapters in this collection – is equated with psychotic experience. It is now well known that the course of schizophrenia varies greatly from case to case, as well as across social and cultural settings (for example, Lin and Kleinman 1988; McGlashan 1988; Hopper 1991; Good 1997), and that many persons suffering psychotic illness are symptom-free for large parts of their life – experiencing an illness course the DSM-IV labels "Episodic With No Interepisode Residual Symptoms" (APA 1994:279). Nonetheless, to the extent that illness experience enters the medical literature, the focus is almost exclusively on the classic psychotic symptoms and resulting disability. Researchers writing in the European phenomenological tradition often describe schizophrenia as a distinctive mode of being-in-the-world (see Corin and Lauzon 1994 for a review). Even anthropologists writing about the experience of schizophrenia tend to focus primarily on culturally distinctive aspects of psychotic experience, rather than on the diverse forms of social and psychological adaptation of persons who sometimes experience psychotic episodes. While our research in Indonesia includes individuals who are chronically psychotic, many of those we interviewed have suffered episodes of psychosis followed by complete remission or relatively long periods without psychotic symptoms. This suggests the importance of studying psychotic illness in broader, nonessentializing terms – that is, not focusing solely on particular characteristics of psychotic experience as the distinguishing features of the experiential world of persons suffering schizophrenia.

In what follows, we first present data from our interviews with the woman we call Yani, interviews conducted largely with both Yani and her mother participating. Second, we discuss the implications for research, as well as for diagnosis, of working with samples that include persons who suffer a single psychotic episode or relatively brief, recurrent episodes – forms of illness that epidemiological research (for example, Susser, Finnerty, and Sohler 1996) suggests are quite common in so-called developing or low-income societies. Third, we draw on our discussions with Yani and her mother to outline some dimensions of a cultural phenomenology of the experience of psychosis among Javanese. Finally, we conclude by raising questions about potential influences of Javanese culture and society on the course of psychotic illness. Throughout, we focus on how one might approach the study of culture and the experience of schizophrenia in cases where psychosis is episodic.

Experiences of Psychosis in Javanese Culture

The Case of Yani

We first met Yani and her mother for an interview in June 1997. We learned of her through a private psychiatric hospital in Yogyakarta where she had been a patient in 1996. We introduced ourselves, talked a bit about our research, and asked permission to interview her about her illness experience. Both Yani and her mother agreed, and both participated in our conversation.

We first talked briefly about her life history. Yani was born in 1961, the last of four siblings. Her father was a tailor in the university hospital, working personally for the prominent physician who was the hospital's first director. When Yani was six years old, her father died, leaving her to be raised by her mother and her mother's mother, who relied on a small pension left from her father's death. The family was poor and Yani is the only one of her siblings to have gone to the university. She entered the university in 1980 and graduated with a degree in agriculture in 1987. When we said to her mother that she must have been happy with what her daughter had achieved, she replied, "yes, very happy. But after she got sick, my feeling, I don't know... I don't know, it was like when you plant a tree and expect it to bear fruit, but in the end it does not bear fruit, like that..." And thus we began to talk about Yani's illness, with her mother's open, poignant acknowledgement about what a disappointment Yani had been.

Yani and her mother sat side by side, speaking in a kind of joint and overlapping voice, at times enacting an apparent long-standing conflict in a way that seemed unusually explicit for Javanese speaking with strangers, a conversation that was sometimes uncomfortable for us as well as for them. They described how Yani had become ill as a student, had been treated, and recovered so that she could complete her exams and graduate, but then had fallen ill and recovered over and over again, being hospitalized a number of times. They complained of the effects of the medications on her body – that they made her weak, that she would sleep all the time, that she became fat. And they told, with some anger, of one incident when the medicine prescribed was "too strong," when one of the physicians apparently failed to provide anti-Parkinsonian medications and her body had become so stiff that she could hardly move or turn her head until they returned to the hospital physician for the correct medications.

And how did she feel when she was sick? She would become irritated, mangetel, they said, using the Javanese term, kesetia, meaning frustrated or disappointed. And at whom was she irritated? It isn't necessary to say, since that was in the past. But yes, in the beginning she was irritated with one person, an acquaintance in the university, but as time went on and
the situation at home was difficult, it all piled up. And so she would get sick, then get better, then get sick again. “And when you were sick the first time, what did you feel?” Bandi asked Yani:

YANI: The first time, it was because of being jengkel, but the cause of the following times, sometimes it was because the attitude of my mother was not cocok [compatible], not compatible with me.

BANDI: So what were you feeling and experiencing at that time?

YANI: Yes, at that time, the feeling of my heart was not at peace. I didn't have [enough] religious knowledge (ilmu agama). Then I learned how to read the Qur'an, then I studied religious knowledge, so that I was not so easily jengkel, irritated, by other people. But when I studied religious knowledge, what happened to me was that I sometimes couldn't understand clearly, so that I questioned why what another person doing didn't fit with the religious knowledge that I was learning.

BANDI: So what did you do?

YANI: What I wanted, I wanted to have religious teaching. I wanted to have an Islam that is pure, murni, original. Therefore, I wanted to go out of the house.

BANDI: Oh, to go? To go where?

YANI: I wanted to have a pure Islam, for example like that in Saudi Arabia.

YANI'S MOTHER: At that time she left the house. She has already (run away from) the house two times. At that time when she was in Yogya she went and then returned home again, she turned herself in to the police, and asked the police to tell her mother, and then we picked her up in the police office. The second time, in Jakarta, at the place of her older sister, she also ran away. She was sick again at that time, she said that she was going to go to Saudi Arabia. But in reality, because she was sick, she was walking along the toll road. [When she was asked by the police where she was going, she said,] “I want to go home but I don't remember the way.”

Her mother completed the story of the Jakarta episode by telling how the police sent her home by a motorcycle taxi, in the care of a driver who took her home even though she had no money. Meanwhile, she – the mother – had spent the night worrying, saying in her heart, “Where has this child gone that she hasn't come home? What will happen to her in Jakarta? My thoughts were upset. That night it was raining, and she got drenched and was cold, all wet.” And then the door opened, and she walked in and said she had been off to Kampung Rambutan, a distant part of the city.

And thus, with these brief vignettes, the initial outlines of Yani's story emerged. She hinted at a relationship with someone she had known as a student that had gone away, leaving her disappointed, frustrated, and angry, but she refused to speak about it. Her mother later confirmed that he was a boyfriend, someone she had been close with. After graduating, she had gone to live and work in Jakarta. She found it hard to make friends, get sick, and after seven months returned home. She has continued to live at home since that time, remaining in the small house in which she grew up, locked into an intense relationship with her mother, who is primarily responsible for her whenever she is sick. She has been sick many times, and during one of her episodes, she left home, went off wandering along a river, and did not return for many days. It was this brief outline of a story that we attempted to make sense of, to explore during this visit.

From the beginning, while acknowledging that she is someone who becomes sick, Yani framed the story as an attempt to find a pure Islam, to escape from conflict with her mother and find a place that is pure. Her mother, by contrast, described her as sick (sakit) and described the episodes in which she went off as times in which she became sick and “ran away,” returning home in a state of confusion. These competing narratives continued throughout this interview, as we attempted to understand what we were being told.

We tried to ask a few simple questions about symptoms. Did she feel sad (sedih)? No, jengkel (annoyed, irritated). Feelings of guilt (rasa salah)? No, irritation. But she returned to her concern about practicing a true, deep, correct Islam, and the conflict with her mother that led to her feelings of irritation or anger:

YANI: ...as a Muslim I want to pray khasuk, with full involvement (deep absorption), I want to get the knowledge and study religious knowledge, but until now, I can't read the Qur'an, or if I read, not fluently ...I don't care how my mother practices, ...what I want is to practice my religious obligations (ibadah) correctly ...

SUBANDI: But in the past, did you try to force others to follow your opinion? Do you have this kind of tendency?

YANI: Yes, I have this desire, for example, but my mother forces me to do something different ...so I want to live my life one way, my mother, my grandmother another ...therefore jengkel. So now about what my mother and grandmother want me to think, to
be different, to burden me, I let it go, say I don't care, it's up to you, each one.

**BANDI:** So in the past you felt sick...

**YANI:** Actually, the feeling was jengkel, but my body was sick because of the drugs.

**MOTHER:** Because of jengkel, you feel stress, and then you get sick...

Her mother made it clear that this was not simply “irritation,” but much more serious episodes:

**MOTHER:** Yes, sometimes in the past she felt mangkel, then would become muni-muni (irritated and say whatever she felt like). She didn’t get along with me (tidak rukun - not harmonious). So then I know [that she is sick] and I put her in the hospital. When she was there, she was treated with ECT, given medicine, and after three days I visited her again and she had gotten better.

**BANDI:** So at that time of stress, what was felt by Yani?

**YANI:** I just wanted to be by myself, not to get into fights (tidah mengamuk - not to run amok), to lock myself in my room, just to be by myself.

**MOTHER:** Yes, for four days and four nights, she didn’t want to eat. So when you get sick, you usually lock the door.

As we read back through the interview, we see much of it was in this vein, with Yani talking about her desire for a proper Islam, suggesting that her mother and grandmother had different ideas about Islam, and that this made her jengkel, not sick. It was the medications that made her sick.

Her mother, on the other hand, described the difficulties of caring for a daughter who periodically becomes sick, becomes contentious, locks herself in her room, and at times runs away in a state of confusion:

**BANDI:** So according to Yani, is this really a sickness, or only jengkel?

**YANI:** According to me, I just wanted to be alone, but my mother could not accept this condition. Then I was brought to the hospital. It was my mother’s business, not mine.

**MOTHER:** Yes, if you lock yourself in the room for four days and don’t eat and don’t drink. Once she felt that wearing clothes is haram (religiously impure), so she didn’t wear anything in her room. Itu namanya sakit! ‘The name for that is sick.’ So when I approached her, she asked me to get away.

We asked about Yani’s relationships. Yes, she has had another jawa (boyfriend) but, for religious reasons, she keeps a distance and this may make others think that she doesn’t like him. Would she like to be married? Of course, as a human, she prays for that, but it would have to be someone willing to sacrifice themselves, given her physical condition. We asked about the possibility of black magic being involved. (Bandi: Did anyone do black magic to her? Yani: Actually, the cause is often from someone in the house, who has a different opinion, for example, one’s mother... Bandi: Do you feel there is jinn or shetan? Yani: No.) Did she go to alternative healers? My mother would know about that. Yes, she had taken her to a number of healers, but finally her family said she had spent enough money on that, and she hadn’t gotten better, so why not take her to the hospital.

We asked about the time that she had gone off, wandering along the river. “Do you remember?” we asked. “Yes, I walked to the east, I know...” “Do you remember...” “Yes, I went along the bank of the river.” “Weren’t you afraid of snakes?” “No, because I wasn’t really aware (tindari), so I wasn’t afraid.” “So you weren’t really aware, you just wanted to walk?” “Yes, basically at that time I considered food as haram (impure, forbidden), clothes also haram, my desire was to find a spring that was pure, clean, like that.” “Were you confused, bingung?” “Yes... it seemed, usually, because of the attitude of mother, so I felt that she was not really my mother.” “Yes, her mother interjected, “when she was like that, she would ask me to go away...”

We concluded with discussions of the kiyai, the Islamic leader whose services (pengajian) she has been attending, a suggestion that we might visit him, and a discussion of what she hopes will happen in the future.

We went to visit Yani again two months later. In the meantime, we had spent an afternoon with Pak Han, the kiyai whom Yani had been visiting as a form of religious treatment, discussing his religious services and healing activities. He knew Yani, but knew little of her story; he was clearly not involved in a psychotherapeutic relationship with her, in the usual sense of that word. In addition, Subandi had stopped by to bring Yani an Indonesian translation of the Qur’an, as a gift, and had been told by Yani’s mother that she was sick and could not see him at that time. We were thus concerned that Yani might be sick and feel that our discussion had been too stressful for her. When we arrived, we were relieved to find Yani well and both Yani and her mother happy to see us. We chatted comfortably with them for some time before moving more formally into an interview, which, this time, took place almost exclusively in Javanese with Subandi translating for me occasionally. Yani seemed in good spirits, showing no appearance of illness, and she and her mother seemed more at ease than the last time we were together.
Experiences of Psychosis in Javanese Culture

Subandi and I were thus surprised when Yani launched into the story of her most recent illness:

I've got the *doa* (an Islamic prayer), the *doa*, which should be recited when I get sick. So I have recovered (become aware, *sadar*) from the illness, because every time after practicing *sholat* (the formal ritual prayer, done five times per day), I recited this *doa*. When I was sick, my hand was involuntarily pinching myself, twisting the skin, and pulling my hair, twisting, pulling my ears. It could not be controlled. I continued this, pulling my hair, pulling my hair, and it hurt. My mother also knew. She held my hand, trying to stop me. Then every time after practicing *sholat*, I said this *doa*. Then, I told Pak Han, that the *doa*, which was taught by the Prophet was already proven. The *doa* was accepted.

Yani's mother elaborated the story, from her perspective. "So right after you left the house, she became sick. Then when you came here to give her the Qur'an, she could only sleep. I asked her to do some things. She didn't want to do anything, she didn't even want to eat." "When my feet were cold," Yani broke in, "my feet were rubbed with kerosene, and then my mother said *nemunimil* (mumbled a prayer or mantra to me)." "Her feet were so cold, I was so worried..." her mother responded. "Mother recited a mantra," Yani continued. "Why did you recite mantras? It isn't fitting *(woeok)* for me to be brought to a *drukun* (a traditional healer)." "It wasn't a mantra," her mother responded in good spirits. "It was a prayer from Islam. I recited whatever I could, like *astagfirullah alahazim*...*rugil* *thikalhailalalaahaas*...whatever I could do. But Yani was angry." "Why do you do that? Why do you like using mantras?" asked Yani. "This isn't a mantra, this is a prayer from Islam," I said like that. "When she got sick, I became like her enemy, so I had to be really patient (*sabar*). She recovered after I recited Sholawat nariah every night forty-one times, for almost one hour.

The illness began, they agreed, after Yani's feelings had been hurt by being teased by Pak Han. She had gone to his *pengajian*, his religious service, was given the role of greeting the guests, and was asked to help set up the chairs. When she refused, saying she was too weak, Pak Han teased her, saying "so you don't want to help with the *pengajian*." "Actually Pak Han wanted me to have an activity," Yani said. But she had already become very sensitive, they agreed. "I already knew she was *kogol*," her mother said, using a word used when a child longs for something, expects it, and is then disappointed. "I already knew. I recognized it...Actually, I was already treating her carefully, gently."

Although apparently triggered by this event, Yani's recent illness seemed to have little logical relation to this story. Perhaps because we were so close to her recovery, Yani provided vivid descriptions of what she had just been through. Unlike our previous meeting, when she seemed to blame her mother for her difficulties, she seemed to have a relatively clear sense of her experience as illness.

"When I was sick, it seemed as though there was a whisper (*biskan*) in my ear, my hand twisting my skin until I hurt..." "It was involuntary..." her mother interjected. "What was the whispering like?" Bandi asked. "The whispering was continuous... 'You are still small (*cilik*, a word used commonly for a small child), but you have to be responsible'-- many times, so my thought was pressed down, suppressed." She described how she avoided people, because her feelings would be hurt and she would get into quarrels. "That is why I stayed in my room. But when I didn't want to eat, my mother struggled to make me eat, so I have become small (*cilik*)," she said, suggesting an image of regression.

She returned several times to a description of the strange changes in her thinking:

It seemed that there was something pressing down, so my thoughts were not my own, the thoughts were pressing down, being pressed down continuously, the whispering overlapping, one coming before the other finished... It was not me. Why was I controlled by something bad? Even inside, there was a being inside me... Inside my body, there was a being that was not me myself, like that, like that... Or again, the thought was suppressed (*pikitan itu diekhan*) from the inside of my thought, as if continuously, the ears were whispered (into), as if my life was not my own. So I was like a robot. Why was I like a robot? Thoughts were not my own thoughts. Whispering. Hands were controlled... When I performed *sholat*, I had little consciousness. The rest, it was not my own consciousness (*keindaran pribadi*).

"According to Yani, who took control?" Bandi asked. "According to me, there was an attack from the outside. So there were other people who hate, then attack, with *kejataen* (Javanese)," she said, using a term that implied Javanese magic. "So 'black magic' (said in English) -- last time you asked me, and I said there was no one who attacked, that the problem was in the house," she said, drawing our previous interview into her story. "After I became aware of this, there was this attack from other people."

"By whom? Who might it be?" Bandi asked. "Yes, there was someone who was suspected," Yani replied. "My mother already knew... It was not his own hand," she said, suggesting that the perpetrator had hired a specialist to attack her.

Yani went on to tell a long story about the man she suspected of doing this. The man she suspected, it seems, was a friend of the man she had previously mentioned as her *pacar*, the boyfriend she had had since returning to Yogy. She told a rather vague story about knowing him since she was small, then rooming in the same house with his sister when she worked in Jakarta, and that he lived nearby. One night she woke to
find him standing near her bed. Though apparently nothing happened, she suspected he might want to do something "inappropriate." Another time she went to his house, was given something to drink, and became quite ill.

Yani then returned to the present and told an elaborate story about finding a fishhook in her prayer gown, thinking her mother had done something to her, then remembering that this man often talked about fishing and that she had found kejatuen books in his house. It is difficult to tell if this story represents paranoia, or simply has a "subjunctive" quality (Good 1994:ch. 6), a sense of the mysterious. Such stories are thoroughly reality based in the lifeworld of Yani and her mother, and it provided a reasonable interpretation of her strange experiences as resulting from a kind of possession - by thoughts not her own, by a power that was not herself.

Yani and her mother had noted at times that when Yani was sick, she would see her mother differently, as her "enemy." As we talked, she provided a vivid description of the perceptual changes that led her to suspect even those close to her. "It seemed that outside, there were different beings. It seemed if I met other people, I was not really a human being. "For example," she told us, "if I met my neighbor, her voice was changed, her face was changed, so how could I interact with others? "So how did you see them?" Bandi asked. "For example, I met Ningsih, like that, she changed and became Bu Jum. Bu Jum is the nurse at [the hospital]. The voice of Bu Jum... the face changed to be like Bu Jum, but only a little. Then, for example, there is someone who lives behind my house whose name is Arif, his voice changed, became the voice of someone... it turned out like that. So it was as if someone frightened me or there were voices, like 'dug-dug-dug'... it seemed to frighten me... People who usually help me became like my enemies when I was sick." And those who usually helped her, she said, were the same persons who took her to the hospital.

She went on to complain again about the hospital and about the doctor who had given her a mistaken prescription. Then she returned to her theme. "... people seemed like different beings, because of changes in faces, in voices. I even asked my mother, are you a spirit, or are you a human being?" "When she got sick, she thought I was a shatan," her mother interjected, "so we were in conflict. She thought I was her enemy." "Yes, because there was the fishhook like that, that is why I got angry," Yani agreed. "She thought I was the one who put the fish hook there," her mother told us. "I said, 'Am I crazy to put a fish hook there like that? I am a Muslim. I swear in the name of the truth, I swear I didn't put the fish hook there.'"

Finally, Yani returned to the story that she and her mother had mentioned earlier in the interview about how she had left the house, run away, and gone off to the river again. She had been bothered by sounds, she told us, for example, the noise of the small children playing outside her window, and she wanted to go to someplace quiet. So she had gone out to the river again, with a rice field beside it. A farmer found her lying beside the river, offered her lunch, and urged her to come to his house, to be with his wife, so that she would not be bothered by young people. And then suddenly her legs had begun carrying her home, beyond her control, simply moving as though they had their own will.

Yani returned to the story, "I just wanted to find a quiet place. I told my mother, basically, I want to clean my body... I just wanted to stay quietly in my room to clean my body. My body was a dirty thing. I told my mother I wanted to pray. Maybe it would take six months, but if I wasn't yet clean, I would not go out from the house. I ate, but I said if you disturb me, I will run away. So I cleaned myself by using prayers." "You cleaned yourself because..." Bandi asked. "There was whispering, the feeling of pressing, automatically, because it was not my own self, it was hard. So when I got sick, I often fought with my mother. She offered me medicine, but I wanted prayers. The medicine made my doa weak. And then we argued until I cried." And thus she returned to tell us about how she had used prayers, rather than medicine, to achieve her recovery.

We concluded this second interview by asking Yani to tell us about the initial relationship she had with her fellow student, the relationship that had been broken off leading to her first illness episode. She told the story in detail, without particular affect. We returned to talk a bit about her participation in Pak Han's religious group, promised to see her when we returned to Indonesia in June, and left.

We returned a year later, in August 1998, to visit Yani again. This time her mother greeted us, saying, "Oh, Yani remembered that you were supposed to return in June, and she was looking for you." She then went to call Yani. Though it was midday, we heard her asking Yani to get up, and we realized she must be sick again. Yani joined us, looking rather disheveled. Her hair was wet, from rinsing her face, and she wore an open dress, not appropriate for meeting guests. She spoke with us quite coherently, but in very abstract terms. She refused to be tape-recorded, and her conversation was so abstract it is difficult to reproduce. My notes read as follows:

It is difficult to remember what Yani said - because, with rare exceptions, she spoke quite abstractly and rather obsessively, not in a narrative style, talking about what life means, about Islam, about her disappointment in her environment, her
disappointment in Islamic values – and resisted talking about specifics or real events. Examples of her talk: With all of these conditions, who is responsible...for all of what happened to me. I feel that my life is not my own, not decided by myself. Someone always takes control of my life. So what is the meaning of this, of life. For example, she recalled asking her father for money, but her grandmother asked her to save money in a piggy bank. What does this mean, she asked Bandi. He laughed, and didn’t answer clearly, because there is no clear answer. I asked Bandi to ask her about her father, about her memory of her father. She said that her father died – he died in 1967, and she was born in 1961, and that was a very long time ago. She refused to speak any further about her memories of her father. Instead, she kept talking about the meaning of life, which she related to conditions in Indonesia.

Yani left, and her mother returned to talk with us. Yani had become sick again in June, when the sister of the man she spends time with told Yani that she is opposed to their relationship and tried to stop them from seeing each other. This hurt her feelings, made her feel _kagol_, and she became sick again. Yani’s mother was in despair. She had had a nurse coming by to give Yani injections, but the Indonesian economic crisis had left her without resources to buy any more medication. We have nothing left but prayer, she told us. After giving her a gift, which could be used to buy medicines, we left, promising to see her after a year. Subandi returned to visit Yani six months later, in February 1999, and found her to be quite well again. She had been hospitalized for eighteen days in October, treated with neuroleptics, and had finally recovered and returned home. She was continuing to take her medications, and had tried to make a small business selling fried food. She gave this up because the economic crisis continued to make any small business activities difficult. However, she was active and talked about finding work.

Our last visits with Yani to date were in July and November of 1999. She was still quite healthy at this time, although this time she had decided to continue taking antipsychotic medication, while complaining about how much weight she had gained. She was open and reflective and told us several additional stories related to her experiences. She described how, when she was sick, she felt the bed she was using was former President Sukarno’s bed. Since she understood that Sukarno had been killed by his own assistants, persons she said were members of the Indonesian Communist Party, she did not want to remain in her bed. She also told how when she felt sick that one her neighbors, a man who had once been jailed for being a member of the Communist Party, was able to divert to her the punishment that she should have received. This was the reason that she would shout out her neighbor’s name, calling him a genius.

Experiences of Psychosis in Javanese Culture

Yani also told us that when she was ill, she sometimes heard two groups of voices. One set of voices were bad voices, which she associated with the voice of one of her boyfriends. These voices sometimes urged her to kill herself. Another set of voices, good voices, she identified as voices of Pak Han and another religious leader. These would whisper prayers in her ears, and would tell her that she should not kill herself, that she should die as a good Muslim. She described how these voices helped her respond to the voices urging her to kill herself.

Finally, we learned from Yani’s mother that her husband, Yani’s father, had had an episode of paranoia not long before he had died from a heart attack. The father had secretly borrowed money and set up a small sewing business with another man in the neighborhood, refusing to tell his wife about the business. They were poor managers and the business was failing. About this time the father began acting strangely, staying awake at night and holding a weapon to protect himself. He began to feel that the Communists were threatening him, or that he might be accused of being a Communist, though he was not. This was 1967, a time when many members of the Indonesian Communist Party were killed throughout Indonesia, including in Yogyakarta, so fears of this kind were potentially realistic. However, Yani’s mother insisted that her husband had become sick and withdrawn, had dug a large hole in the ground in the neighborhood, which he said was for the Communists, had dropped out of work, and had finally been hospitalized. Unfortunately, while hospitalized for his psychiatric problems, he died quite suddenly of a heart attack.

Remitting Psychoses: Diagnosis, Course, Experience

Hospital records indicate minor disagreement about the diagnosis of Yani’s illness. The private psychiatric hospital, where Yani has been seen as both outpatient and inpatient for a number of episodes, records her diagnosis as Schizophrenia, Undifferentiated Type. The state hospital where she was seen in 1998 recorded her diagnosis as Schizoaffective Disorder, Manic Type, probably reflecting the prominence of positive symptoms, in particular the anger and agitation she displayed during the hospitalization. (On one occasion, Yani was angered when she was not given permission to perform prayers in the musholla, the prayer room of the hospital. She became violent, broke a window, and was placed in seclusion for one day.)

In our opinion, Yani meets DSM-IV criteria for Schizophrenia, Undifferentiated Type, with a longitudinal course classified as Episodic With No Interepisode Residual Symptoms. Positive symptoms are prominent during the acute episodes of her illness, and her levels of social
and occupational functioning have been adversely affected since the first episode of her illness. The primary diagnostic question relates to duration. Her psychotic episodes are usually of rapid onset, most episodes have been quite brief, often (though not always) remitting in response to neuroleptic medication and/or ECT, and there is some question whether signs of her illness have persisted for six months. (During the 1999 episode, when financial hardship delayed her entry into treatment, the illness apparently persisted long enough to meet that criterion—perhaps for the first time.) In our experience, she is without serious negative symptoms, and her positive symptoms do not persist, even in attenuated form. ("Beliefs" associated with her delusions that some might consider "substitute beliefs" when they persist—for example, that a neighbor is doing black magic to her—are normative in her cultural setting and shared in her family and neighborhood.) We find no evidence that she has met criteria for schizoaffective disorder.

It is particularly important to highlight the remitting course of Yani's illness, given the cross-cultural literature on the effects of social and cultural factors on the course of psychotic illness. Yani's illness displays many of the features noted in the DSM-IV (APA 1994:283) as associated with positive outcomes: good premorbid adjustment, acute or relatively rapid onset, female patient, presence of precipitating events (this is open to question, though she cites events in her narratives of episodes), brief duration of active-phase illness, good interepisode functioning, and minimal residual symptoms. She certainly experiences enduring disability. She is not married, she has never maintained a job appropriate to an Indonesian with a university degree. However, her personality—and personal resources—are intact, and during long periods between episodes of acute illness, she is able to interact socially and reflect on her illness experiences with insight.

The cross-cultural literature suggests that remitting psychoses are far more common in some social settings than others, particularly in "developing" countries in contrast with North America and Europe. The WHO studies on schizophrenia (including the IIPS and the Determinants of Outcomes Study—WHO 1973; Jablemsky, Farnicka, Emberg, Anker, Korsten, Cooper, Day, and Bertelsen 1992; Jablemsky, 1995) have consistently shown differences in overall outcomes between samples from nations classified as "developing" versus "developed" and "highly industrialized." Recent analyses suggest that part, though not all, of these differences are accounted for by the higher incidence of first onset, remitting psychoses in the developing country samples. Sussman and his colleagues have argued strongly that Non-affective, Acute, Remitting Psychoses (NARP) should be considered as distinct from schizophrenia proposing criteria to replace DSM-IV criteria for Brief Psychotic Disorder and ICD-10 criteria for the Acute and Transient Psychoses (Sussman, Farnicka, and Sohler 1996). NARP—psychoses (with psychosis broadly defined) that are nonaffective (not meeting criteria for a mood disorder), brief acute onset (less than two weeks from symptom onset to full-blown psychosis), and brief duration (less than six months to full recovery)—have distinct clinical and epidemiological characteristics, they argue. Based on a review of a number of recent epidemiological studies, Sussman and his colleagues suggest that incidence of NARP is as much as tenfold lower in developing countries than developed countries and twofold lower among women than among men, that the clinical presentation is often atypical for either schizophrenia or affective disorders, that the illness seldom becomes chronic, and that duration is typically four to six months (Sussman and Wandering 1994; Sussman et al. 1995a; Sussman, Farnicka, Jandorf, Amador, and Bromet 1995b; Sussman, Farnicka, and Jandorf 1996).

For purposes of the current discussion, it is enough to note that psychoses with rapid onset and remitting course may be quite common in some settings, including Indonesia, that classic discussions of "atypical psychoses" may be relevant even for samples that meet current criteria for schizophrenia, and that care should be taken to guard against assumptions of chronicity when writing about subjective and experiential dimensions of schizophrenia. Indeed, questions about how diverse features of psychotic illness are reflected in experience, as well as about how the psychosocial dimensions of experience may feed back to contribute to a more positive or adverse illness course, should be at the heart of the study of culture and schizophrenia.

In the Phenomenology of the Experience of Psychoses in Indonesian Cultural Background

Factual assumptions frame our reflections on Yani's experiences of psychosis and the implications of these for understanding subjective dimensions of psychotic illness in Java. First, we follow Fabrega in assuming that schizophrenia is first and foremost a cultural construction. The task of studying schizophrenia as a disease by focusing on "behavioral, neuropsychological, and psychophysiological" symptoms and processes, "psychotic disturbances can also be conceptualized in terms of transformation, architecture and temporal extension of the self in a social context" (1989:53–4). Fabrega argues that "in this spirit of conceptualization, one must take into account factors involving
system” (Fabrega 1989:54). Because “the unfolding of a psychotic illness in a particular setting involves a pattern of destruction of selves and subjectivities in that setting – selves and subjectivities constituted by distinctive cultural models and social-familial environments” (Fabrega 1989:57), investigations should explore social and cultural dimensions of the self. Our research thus focuses on dimensions of selfhood in Javanese cultural psychology.

Second, we assume that psychotic illness produces dramatic episodes of strange, disorienting experiences, experiences that occur in the midst of everyday worlds and often lead to distinctive forms of withdrawal. Lucas (1999) reports that although he would often interact “in perfectly ordinary ways in a range of everyday settings” with persons participating in his study of schizophrenia in community settings in Australia, there were times and places when these people were compelled to talk about the most remarkable, difficult and ineffable experiences as a way of disclosing what they insisted was ‘really’ real about themselves and their situations” (1999:2). He follows phenomenological writers such as Wulden Berg (1982) in observing the interpenetration of the extraordinary into everyday perceptual worlds, and pursues questions about how these experiential modalities were integrated into personal identity as well as social and institutional worlds. Corin and her colleagues have focused particular attention on distinctive modes of “withdrawal” characteristics of subgroups of persons suffering psychotic illness in Montreal and more recently in India (Corin 1990, 1998; Corin and Lauzon 1993, 1994; Corin, Thara, and Padmavati this volume). These forms of withdrawal appear closely linked to core experiences of psychosis – a feeling of self or terror, which derives from a perceived deep alteration of oneself and the world and the need to protect an “inner space” (this volume p. 118). They are then linked, Corin hypothesizes, to patterns of constructing and ritualizing responses to withdrawal and alterity particular to a given social and cultural. Our research is aimed at exploring the influence of culture and religion on the ineffable experiences of psychosis and their integration into everyday life in contemporary Java.

Third, we assume that the experience of psychosis is always a lived experience – at once social, psychological, and interpersonal. Experiences of psychosis are mediated by life history and psychological development, by interpersonal relations, particularly with intimates, systems of power and institutional structures, and patterns of cultural interpretation and affective responses to persons suffering psychotic episodes. In societies like Indonesia, attention to families is particularly crucial. Jenkins’ work (1991, 1997; Jenkins and Karna 1992) highlights the extraordinary import of emotional climate and affective dimunition in family relations for persons with psychotic illness, particularly relations with family members. Her work shows how cultural interpretations influence emotional responses within families, and how these, in turn, are integrated into self processes. In a similar vein, Corin and her colleagues argue that accounts of subjective experience require careful methodological attention to perspectives of both the sufferer and members of families (Thara, and Padmavati this volume). Our research thus focuses on families as the context for social experiences of psychosis.

Yani and her Javanese Lifeworld

Yani’s narrative points to several psychocultural domains relevant to our understanding of the experience of psychosis in Java. We briefly outline here, drawing on the analytic frames we have reviewed.

It is impossible to listen to Yani and her mother without sensing the significance of Javanese culture and Javanese Islam for efforts to understand Yani’s experience. Although medications, ECT, hospitalization, psychiatrists, and nurses have all been crucial in the treatment of Yani, psychiatric interpretations of her illness are far from hegemonic. Indeed, psychiatric conceptualizations of schizophrenia are almost absent from our conversations – there is no talk of chemical imbalances in the brain or the word “schizophrenia” is of little relevance. Instead, classic Hinduic and Islamic themes – sometimes in tension, sometimes seamlessly integrated – as well as echoes of Indonesian political memory_segments their accounts of Yani’s extraordinary experiences.

The Javanese lifeworld is deeply vitalistic, a world of powers and forces, of persons who have the ability to cause harm by destroying one’s vitality, and of spiritual practices aimed at enhancing one’s tanaga dalum (one’s inner powers). Underlying much reasoning and action in diverse Javanese realms are special practices, particularly those associated with Sufism – is what Benedict Anderson described as “the idea of power.”

Power is not a theoretical postulate but an existential reality. Power is that invisible, 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. This is the source of the entire cosmos being suffused by a formless, constantly creative power. It provides the basic link between the “animism” of Javanese villages, and the more metaphysical pantheism of the urban centers. (Anderson 1972:7)
concomitant refinement in language, sentiment and behavior that Javanese culture prizes in both men and women," which are, in turn, linked to one's position in the social hierarchy (Keeler 1990:130). There are two immediate implications of this conceptualization of the self for the understanding and experience of psychosis in Javanese culture. First, the break with decorum associated with psychosis is interpreted as a loss of ability to maintain a refined (or halus) self. It is thus deeply embarrassing, both to the sufferer and to his or her family members, threatening the place of the self in the status hierarchy of everyday life. The word mengamuk, "to run amok," is most typically used, not for a dissociative killing spree, the "amok" of the classic literature on culture-bound syndromes, but for outbursts of anger and violence that indicate an inability to maintain a restrained, refined self in interpersonal relations. Such outbursts are, of course, common during psychosis, and in the old urban neighborhoods of Yogya, the sounds of such an outburst intrude violently into the soundscape of the kampung, making psychosis a highly public affair. Second, experiences of black magic or spirits are by no means essentially pathological. The self is by nature permeable in the batin world, to "what is generally imperceptible, mysterious, and resistant to obvious explanation" (Keeler 1987:39). There is thus less of a disjuncture between the everyday world and the lifeworlds of those who are psychotic than in some societies. A sense of something being done to one, of harm sent one's way, belongs to both worlds, to that of Yani and her mother, though we do not know what others think of their hypothesis that a friend's black magic is causing her illness episode. Spirits, too, belong to both worlds. Yet, as persons with psychoses recover they may realize that the powerful feeling that there are spirits in the house, speaking with them, is part of their illness. On the other hand, a potent or powerful person is able to relate to the unseen world without being harmed, and madness may result from contact with spiritual forces by one without adequate preparation or potency.

Yani's experience is deeply influenced not only by Javanese kampung culture, but by Javanese Islam. Indeed, much of her talk about Islam is predicated on conflict between that which is Javanese, kejawen, and that which is Islamic, probably reflecting contacts she had as a student with "modernizing" forms of Islam (such as Mohamadiyah), which call specifically for purifying Islam by excluding syncretic practices. There is an obsessive quality to Yani's talk about religion. She wants to practice only what is true Islam, the practices that are correct. She talks about the rules on fasting, about replacing fasting days lost because of her menstrual period, or her illness. She complains that her mother's wish that she fast on certain calendar days is not true Islam. On the other hand, when asked if she has been praying regularly or routinely practicing dzikir (Sufi chanting) she says "no, she is too lazy (malas)," or that it is not necessary because she has been ill. When she becomes ill, she continues to talk about these themes, but now much more abstractly, in global terms, focusing on the lack of a true Islam in Indonesia.

Themes of Islamic purity and impurity, linked more generally to themes of purity in Javanese culture, are also important mediators of her experience. She begins to feel that the house is haram (defiled, forbidden) that the food, her clothing, and the neighborhood are all haram. Her body is a dirty thing. And so she goes on a quest for a place that is pure, holy, to find a spring. The category of purity is no cognitive abstraction, for Yani, but an embodied sense. In cases of depression in Java, feelings of the body being impure often play powerfully along with feelings of being sinful or guilty, of having disappointed God, of having lost his favor — in ways that are familiar to those who treat Christian and Jewish patients. Yani's discussion of the impure has a more obsessive, less depressive quality, and it provides a motive for her extraordinary periods of wandering.

Islam is also present in her discourse as a potent source of healing. The more she recites, along with her mother, offers the possibility of recovery. It has power, potency that is threatened by pharmaceuticals, Yani feels. The ritual practices - sholat in response to the call to prayer five times per day, repetition of various sura from the Qur'an, recitation of doa - organize her behavior and mark both her illness and recovery as she loses and regains her ability to concentrate.

Stories of withdrawal, mediated by both Islamic and Javanese forms, are explicit in Yani's narratives. When she has an episode, she withdraws into her own room, locks herself in, and seeks solitude. Indeed, after one of her episodes, she urged her mother to reorganize the space in the house, build rooms that could be rented out to students, and create a room that she could use as her own private space. She describes her desire to withdraw as growing out of a feeling that the house has become impure (haram). She also describes the need to withdraw from her mother, to withdraw from conflict, and be alone in a clean space. Her stories of running away also seem to be culturally distinctive narrative of withdrawal rather than simply stories of confusion and wandering. She flees her house and neighborhood and wanders explicitly into marginal spaces along the river. She seeks a source of purity like a pure spring. She confronts dangers and returns. There are echoes here of classical themes in Javanese literature of heroes who go off, wander in the forest, confront demons, and return empowered to everyday life, a theme that structures Javanese ascetic or mystical practices. It is unclear how these classical themes are related to Yani's wandering, but her stories are
consonant with Javanese themes, which organize a “culturally constituted space of illness.”

Finally, any discussion of Yani’s experience must include careful attention to her personal and family history and the dynamics of her relationship with her mother. Yani suffered the loss of her father at age six, and grew up in an intense relationship with her mother and grandmother. Clearly, her mother—a strong, intelligent woman—is deeply invested in Yani, but their relationship seems always to have been conflicted. They were not cocek, not compatible, Yani says, from the time she was small. It turns out that her mother grew up Christian, not Muslim, and she apparently remains committed to Javanese practices, though she is now Muslim. Thus, the problems between Yani and her mother have cultural and religious dimensions, even though Yani remembers their disagreements having gone on since her childhood. During our interview in 1998, though she was not well, Yani told us that her mother and mother’s mother used to argue with each other, and still do, and that she has long had to try to mediate between them. She said explicitly that when she got sick, they stopped arguing, suggesting a possible meaning of her sickness.

Yani’s relationship with her mother seems to become more difficult when she begins to become ill, and when she is sick, she sees her mother “as her enemy.” Indeed, her illness symptoms and her recovery are discussed by both mother and daughter through the medium of their relationship. Yani attempts to withdraw, while her mother actively resists her withdrawal. Yani’s mother sleeps with her when she is ill to make sure she doesn’t run away, or Yani resists sleeping with her, or the mother tells us that now that she is better Yani sleeps with her again. Similarly, her eating problems not only index her illness but do so via indexing their relationship. When Yani became sick, her mother told us, she ate almost nothing, one banana a day. Later she ate a bit of rice, then rice and vegetables. “Later she became bored with this kind of food, and wanted to eat what I ate. But she didn’t want to eat together with me. So I had to separate the food—her food from mine. Finally, she was able to eat together with me.” Their eating together is thus described as iconic of Yani’s return to the world of sociality.

Yani also seems quite sensitive to losses. She uses the word hagol, a word translated literally as “frustrated” but suggests the kind of feeling a child has when he or she does not receive something longed for and expected, to describe her feelings of loss when her relationship with the young man she hoped to marry was cut off. Her stories of her relationships with men since that time are colored by the fact that she has been ill, but they describe an ambivalence about how close to get to men, a longing for a relationship but the experience of relationships as dangerous. And ultimately a man she thought was a friend who appeared threateningly in her bedroom in Jakarta is now suspected of causing her most recent illnesses by doing black magic against her.

Although our data are limited, we are suggesting simply that the need to explore developmental issues and primary relationships is particularly important for individuals who suffer intermittent psychoses. It is necessary for understanding their strengths and vulnerabilities, the psychocultural themes that emerge in psychotic experience, as well as how psychotic experiences are later understood and integrated into experience. We cannot understand the “experience” of these individuals without exploring their subjective and intersubjective worlds, their psychological functioning and styles of interpersonal relating. Families are often at the center of their interpersonal worlds. We do not yet have enough data to map the range of family responses to a member with psychotic illness in Java, as Jenkins has developed for Mexican-American families, or the patterns of relating to their families by persons with psychotic illness, as Corin and her colleagues have developed for Montreal. But Yani’s case makes clear that Jenkins’ insistence that research should focus on families—on their interpretations of illness, the affective climates of families, and interventions by particular family members—is particularly important for this research.

Conclusions

We conclude by restating two sets of questions that inspired this chapter and seem to grow out of it. First, does the study of psychotic experience for persons suffering from acute, recurrent psychotic disorders require different questions and different approaches than the study of more chronic thought disorders? Do such disorders require more intensive psychological interpretations—a search for psychological dynamics to the onset of psychotic symptoms or to recovery? What is the experience of psychosis like for those who have intact personalities, who have been psychotic and worry they might be again, but are currently without thought disorders? Katharine Shaw and her colleagues (Shaw, McFarlane, and Bookless 1997) suggest that psychosis may be traumatizing, that PTSD may be an appropriate model for examining the effects of the trauma of psychosis and hospitalization. What are the continuities, as well as disjunctures, of experience across psychotic and nonpsychotic experience for such persons? Are some groups of intermittent psychotic disorders to be distinguished from schizophrenia? Do current diagnostic systems provide an adequate basis for making appropriate distinctions? Is it true that acute psychoses are more prevalent and unremitting psychoses
less frequent in some cultural and social environments? If so, how do we understand this? How can we close attention to the cultural phenomenology of the experience of such disorders help answer these questions?

Second, how can we better conceptualize the interactions between broad social and cultural processes and self-processes linked to psychosis? May it be that psychotic symptoms trigger a set of distinctive social and cultural responses, which influence self-processes of those who are ill, and these in turn interact with neurobiological processes to determine the course and prognosis of psychotic illness? Corin's suggestion that we focus on "withdrawal" provides one potential model for linking social and self-processes. Both Corin and Lucas found that many persons suffering schizophrenia in their samples (in Montreal and Adelaide) turned to marginalized religious groups or forms of parapsychology where they found some validation for their extraordinary experiences. In Java, by contrast, although psychotic experiences (of voices, spirits, and black magic) are also extraordinary and deeply troubling, they do not require resort to alternative psychologies. Indeed, those who seem most fascinated by parapsychology are Javanese academics, particularly psychologists, whose extraordinary experiences, highly valued among Javanese spiritual groups, can only be validated by parapsychology or psychologies alternative to Western academic psychologies. Corin's suggestion that we compare ritualized forms of withdrawal across cultures—for example, Hindu asceticism, African spirit possession, and North American retreat to marginalized religious groups—offers an important direction for continued research. Studies of families may provide a second model for linking social and self-processes. Examining the complex interactions among psychotic symptoms, responses by family members most deeply affected, interpretations of these responses by those who are ill, and course of illness may provide insights into how social and cultural processes influence course of psychotic illness.

Answers to the questions raised here will require detailed, longitudinal research that is cross-cultural and focused on diverse naturalistic settings, yet uses careful methodologies that make comparison possible. It is precisely such work that is required if cross-cultural studies of psychosis are to contribute to our understanding of schizophrenia as they should.

NOTES

1 When the first person is used in this chapter, reference is to the first author Byron Good. Good is responsible for the written text of this manuscript, while Subandi is a full collaborator, playing the primary role in conducting the interviews and participating in analysis of the data. This project was supported by a Senior Fulbright Lectureship in 1996 and an NSF Grant in 1997-98.

2 This story emerged in an interview carried out jointly with Dr. Rob Barrett, who was visiting Yogyakarta and accompanied us for a visit to Yani and her mother.

3 These findings, particularly the relevance of the distinction between "developing" and "developed" or "industrialized" societies, have been rounded debated (see particularly Cohen 1992, followed by responses and a debate in the same journal; cf. Kleinman 1988, Hopper 1991, Good 1997 for discussion).

4 Cross-cultural longitudinal studies of acute psychoses include the WHO Cross-Cultural Study of Acute Psychosis (Cooper, Jablensky, and Sartorius 1990), the Indian Council of Medical Research Collaborative Study of Acute Psychosis (1989), the WHO Determinants of Outcome Study (Jablensky et al. 1992), a series of studies in Chandigarh, India (for example, Susser, Varma, Malhotra, Conover, and Amador 1995; Varma, Wig, Phookun, Misra, Khare, Tripathi, Behere, Yoo, and Susser 1997; Malhotra, Varma, Misra, Das, Wig, and Santosh 1998), Egyptian research (Okasha, Dawla, Khalil, and Saad 1993), and recent Scandinavian research (Jorgensen, Bennedsen, Christensen, and Hylestved 1996, 1997).

5 We are currently carrying out an incidence study of psychotic illness in the Yogyakarta region, attempting to determine rates of rapid or acute onset illness.

6 These include classic writing on "reactive psychosis" (Jaspers 1913; confers Stromgren 1986; Munoz, Amado, and Hyatt 1987), "psychogenic psychosis" (Wimmer 1916), "schizophreniform psychosis" (Langfeldt 1939), "bouffe delirante" (see Pichot 1986 for a discussion), and "cycloid psychosis" (Leonhard 1961; Brockington, Perris, Kendall, Hillier, and Wainwright 1982; Brockington, Perris, and Melzer 1982; Lindvall, Hagnell, and Ohman 1990; confers Perris 1990), as well as more general reviews of "atypical psychoses" (Manschreck and Petri 1978; Wig and Parbee 1987; Menuck, Legault, Schmidt, and Remington 1989).

7 This formulation reflects Geertz's (1960) classic categorization of forms of Javanese religion and culture as prajap, abangan, and santri. These are reflected, respectively, in the elite, court-based practices of Javanese mysticism, village practices of ritual exchange (slamatan), and relations with the spirit world and Islamic practices.

8 "In Java, the self is defined most crucially in two ways: as placed in the social hierarchy, and as in possession of a particular concentration of power" (Keeler 1987:19). Keeler elaborates this formulation in his remarkable exegesis of the Javanese shadow plays. See also J. Errington 1984; Stange 1984; and S. Errington 1989 for relevant discussions.

9 Amok is also used to describe mass behavior by unruly, violent crowds (confers Good 2001).

10 I was made aware of the significance of this by reading Lucas's discussion of the organization of space and the special significance of their own bedroom for persons with schizophrenia, living in their own apartments, or with their family in the community sample he studied in Australia (Lucas 1999:153-70).

11 I am grateful to John MacDougall for suggesting this interpretation.

12 Rob Barrett suggested this term during a discussion of this chapter at the Russell Sage Foundation.
REFERENCES


