Near noon on a hot, sunny day in August 1997, Subandi and I [BG] went to visit a woman we will call 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. We had first met her for an interview two months earlier and were returning for a follow-up interview. We walked down a narrow alleyway that wanders through one of Yogya'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. The sitting room was opened for us, and we were relieved to be greeted warmly, to find Yani in apparent good health, and to see that both she and her mother appeared happy to see us. We chatted with the two of them, took out our tape recorder and picked up our interview. Not until some time into our conversation did we learn that Yani had had another acute psychotic episode in the two-month 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 how she had become sick again and had decided not to return to the private psychiatric hospital where she had been taken for treatment on several previous occasions; instead, she had elected to rely on the prayers she had received from 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 had 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 showed no apparent residual symptoms of the rather severe episode she described.

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Hearing her story, however, reminded us of several other patients we had recently interviewed and crystallized our sense of a common phenomenological pattern. These persons had had relatively brief, acute psychoses, some of them suffering only one episode and some of them suffering regular recurrences. They experienced classic auditory hallucinations and confusion, and several of them also told stories of going off on a kind of trek—around the city, to a nearby town, along the river and into the countryside—remaining lost for some time before being returned home. The episodes tended to be rather short, not lasting long enough to meet the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) six-month-duration criterion for schizophrenia, and we met these patients when they were clearly intact—interestingly diverse people, both men and women, often young, who had no apparent residual symptoms of hallucinations or thought disorder. Some had enough depressive symptoms to further confuse the diagnostic picture. As we heard stories of the illnesses from these individuals and their families, classic themes from Javanese cultural psychology emerged, reflecting a broadly shared lifeworld in this highly diverse but predominantly Javanese and Islamic old city.

We begin this paper by telling stories that Yani and her mother told us about their efforts to come to terms with Yani’s strange experiences. In the background are questions about the nature of this illness and similar illnesses, the cultural shaping of psychotic experience in Java, healing resources, and what these suggest about Javanese cultural psychology and subjectivity. Present also are questions about mental illness and biology and some thoughts on the “biologization” of those subjected to contemporary psychiatric practice. Present also are questions about meaning and violence that erupted during our stay in Yogya and during the subsequent years of political turmoil in Indonesia—the tale of an old village man who goes crazy, runs amok, and is tragically killed by a group of his fellow villagers; stories of violence during the 1997 political campaign, represented by Indonesian journalists as the masses going crazy or running amok; older stories of Malay madness told by colonial psychiatrists, which seem to reverberate through contemporary analyses; and more recent stories of strange killings of Islamic clergymen by ninjas, persons with miraculous powers later chased down by villagers and killed, some of whom turned out to be wandering madmen.

In the lovely paper “The Spirit of the Story,” Mary Steedly (1999) prefaced her recounting of a mythic tale from the Karo Batak highlands of Sumatra with a quote from Italo Calvino’s novel, If on a Winter’s Night a Traveler.
biologized subject, reducing health, illness, and treatment ultimately to brain states and neurochemistry. In the social sciences, a quite different set of debates has framed understandings of mental illness and subjectivity. For example, Foucault's work is representative of a broad body of scholarship that interprets the subject in relation to "subjection" and the mad as those subjected—to confinement and to knowledge practices and discipline. Even more, many poststructuralist accounts juxtapose the subject who is constituted through processes of power, hierarchy, and subjection with the humanist self critiqued as a figure of Romantic theorizing.

In the following pages, we examine madness and subjectivity in contemporary Java. We first describe in more detail Yani's experiences of psychotic illness, illustrating how interpretation of Yani's vivid stories requires an understanding of Javanese cultural psychology. We then describe how the figure of madness emerged in Indonesian public discourses on social and political violence in the late 1990s, providing a broader context for interpretations of madness in Javanese culture. Throughout, we attend explicitly to the theories of the subject assumed at each stage of the analysis. We conclude not with an argument for a single, coherent theory of the subject of madness but with recognition of the complementarity of these theoretical perspectives—and the limitations of each.

Our research is in Yogyakarta, a center of classic Javanese culture and the site of a still-functioning Javanese court. The city and the court have a special place in Javanese cosmology, mediating between the spiritually powerful Mount Merapi, an active volcano to the north of the city, and the Queen of the South Sea, a mighty spirit who inhabits the coastal waters to the south. The city, its sultan, and its population also have an important place in Indonesian nationalist history, having been active in the long independence struggle against the Dutch. The city was the site of Sukarno's first national assembly and more recently was the setting for massive demonstrations, led by the sultan himself, as part of the movement that gathered under the banner of reformasi and ultimately led to the ouster of President Suharto in 1998. Yogya is a city of universities and students; it is politically and intellectually progressive, an active center of modernist Islamic thought and political organization and a center of traditional arts and culture. It is religiously diverse, with a sizable Christian minority and numerous Islamic traditions and organizations. And it has a postmodern flavor, dotted with warung, tiny warungs or shops with computers linked into the World Wide Web; banners announcing lectures and seminars on diverse aspects of globalisasi, or globalization; and malls that were filled with international commodities before the disastrous krismon, or monetary crisis, began late in 1997. At the same time the city maintains a commitment to organized forms of Javanese spirituality, cultural performances, and aesthetic life.

In this context of Javanese modernity, Indonesians must craft and actively negotiate Subjectivity. And in this complex center of Javanese and Indonesian urban culture, along with its network of rural and periurban villages, we carry out our research. Our study of mental illness is classically anthropological; it is an attempt to explore dimensions of Indonesian and Javanese culture and society by focusing on the language and experience of illness, particularly forms of psychological distress and madness, and to gather data to test claims about the naturalness of categories of mental illness—such as schizophrenia—rooted in Euro-American cultural history and clinical experience. At the same time, our data include observations made "out of the corner of our eye" of events that thrust themselves upon us or that we stumble upon by accident. These observations allow us to extend our analysis of madness outward to that larger "space full of stories."

STORIES OF YANI

We first met Yani and her mother for an interview in June 1997. Yani was born in 1961, the last of four siblings. Her father had been 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 her daughter's achievements, 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 poignant acknowledgment of her disappointment in Yani.

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 who were speaking with strangers; as a result, the conversation 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.
And how did she feel when she was sick? She would become irritated, mangkel, they said, using the Javanese term kecewa, frustrated or disappointed. And with whom was she irritated? It isn't necessary to say, because 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 became difficult, everything piled up. And so she would get sick, then get better, then get sick again.

SUBANDI: And when you were sick the first time, what did you feel?
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, not compatible with me.

SUBANDI: 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 I saw another person doing didn't fit with the religious knowledge that I was learning.

SUBANDI: 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.

SUBANDI: 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.

And thus, with these brief vignettes, the initial outlines of Yani's life emerged. She hinted at a relationship with someone she had known as a student that had gone awry, 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 had had difficulty making friends, had gotten sick, and after seven months, had returned home. She has continued to live at home since that time, remaining in the small home 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, wandered off 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.

We went to visit Yani again two months later. In the meantime, we had spent an afternoon with Pak Han, a kiyai, or Islamic teacher, whom Yani had been visiting for religious treatment. 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 term. 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. We arrived, were relieved to find Yani well and both Yani and her mother happy to see us, and chatted comfortably with them for some time before moving more formally into an interview.

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. 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, conscious, 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 expanded on 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 ndremimi (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 proper (cocok) for me to be brought to a dukun (a traditional healer).” “It wasn’t a mantra,” her mother responded in good spirits.

“Why do you like using mantras? ’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.”

Yani provided vivid descriptions of the experience 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 (bisikan) 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 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 over-lapping, 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 (pikiran itu ditekan) 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 (kesadaran 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 attacked, with kejawen (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. He was a friend of the man she had previously described as her pacar, the boyfriend she had had since returning to Yogya. She told a rather vague story about rooming in the same house with his sister when she worked in Jakarta, while he lived nearby. One night she woke to find him standing near her bed. 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 kejawen books in his house. It is difficult to tell if this story represents paranoia and a fixed certainty or simply has a “subjunctive” quality (Good 1994: ch. 6), suggesting the indeterminate, mysterious, and potentially revealing dimensions of reality. Such stories are thoroughly reality based in the lifeworld of Yani and her mother, and this one provided a reasonable interpretation of her strange experiences as resulting from a kind of possession—by thoughts not her own and a power that was not herself.

Yani and her mother had noted that when Yani became sick, she would see her mother differently, as her “enemy.” As we talked, she vividly described 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 Min. Bu Min is the nurse at [the hospital]. The voice of Bu Min . . . the face changed to be like Bu Min, but only a little. Then, for example, there is someone who lives
behind my house whose name is Aziz, 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." She went on, "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 shetan," her mother interjected, "so we were in conflict. She thought I was her enemy."

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, gone off to the river again. She had been bothered by sounds, she told us, such as the noise of the small children playing outside her window, and she wanted to go somewhere quiet. So she went 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.

"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 body 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 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 realize 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 as to be difficult to reproduce: she talked about what life means, Islam, her disappointment in her environment, her disappointment in Islamic values.

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 opposed their relationship and tried to stop them from seeing each other. This behavior hurt her feelings, made her feel kagol, and she became sick again. Yani's mother was in despair. She had had a nurse coming 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 she could use 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 neuroleptic medications, 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 up this undertaking 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 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 about her experiences.

Yani said that when she was sick, she felt the bed she was using was for the Indonesian president Sukarno's bed. Because 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 the bed. She also told how when sick she felt that one of 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 he should have received. For this reason, she would shout out her neighbor's name, calling him a "genius."

Yani also told us that when she was ill, she sometimes heard two groups of voices. One set of voices was 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 ones, she identified as those of Pak Han and another religious leader. These voices whispered prayers in her ears and told 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 Yani’s father had had an episode of paranoia not long before he died of 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. The two men 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. At the time, in 1967, 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.

REFLECTIONS ON YANI:
CULTURE, BIOLOGY, AND SUBJECTIVITY

We turn now to brief reflections on Yani—on the stories she tells, as well as the stories we might tell through retelling her story, and the nature of subjectivity assumed by these. Yani’s experience might serve as an entrée to a cultural phenomenology of mental illness in Java. Javanese Islam and local debates about whether Islam should be purified of its abangan, or traditional Javanese elements, mediate her experience. Yani’s talk about Islam has an obsessive quality. She wants to practice only true, non-abangan, Islam. She talks about the rules for fasting and complains that her mother’s wish that she fast on certain calendar days is not in keeping with true Islam. However, when asked if she has been praying regularly, she says no, she is too lazy, malas, or that she doesn’t need to 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 to a similar dichotomy in classic 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, 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 not a cognitive abstraction but an embodied sense. In cases of depression in Java, feelings that the body is impure often play powerfully along with feelings of being sinful and guilty and of having disappointed God and lost his favor—familiar patterns to those who treat Christian and Jewish patients in Europe and North America. 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 doa she recites, along with her mother, offer the possibility of recovery. They have power, and their power is threatened by pharmaceuticals, Yani feels. The ritual practices—daily prayers, repetition of 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.

Themes of black magic figure in her discourse and experience, and powerful spirits and experiences of sorcery are often present in psychotic experience. The Javanese lifeworld is deeply vitalistic; it is a world of powers and forces and of persons who have the ability to cause harm by destroying one’s vitality; it is also a world of spiritual practices aimed at enhancing one’s tanaga dalam, or inner powers. There is thus less of a disjuncture between the everyday world and that of those who are psychotic than some societies have. A sense of something being done to one, of harm sent one’s way, is common in both worlds—for example, Yani’s world and that of her mother. Spirits belong to both worlds. As some persons who are psychotic recover, they begin to doubt the veracity of experiences they have had—of hearing or seeing threatening spirits in their houses or their neighborhoods, for example—acknowledging that these encounters may have been part of their illness. But this world of spiritual forces is widely shared across all social classes and religious groups in Yogy and is the source of endless storytelling. Kampung families and university professors, Javanese and Islamic healers and physicians alike, all tell stories about their encounters with powerful persons, spirits, and powerful sites or objects. Particularly common are experiences at graveyards or sites associated with the old Mataram Javanese kingdom, with power objects such as kris, and in attacks by outside forces and their efforts to strengthen themselves. (There are many stories we would have to relate to make this generalization meaningful—stories of physicians who experiment with using spiritual powers to stop bleeding during surgery, a professor who asks for help in writing grant applications to test whether Islamic or Christian healers are more powerful, a village kiai who reports spirits crying when they realize they will have to leave their homes as he begins to clear land for his Islamic school, and endless others.)

Finally, Yani’s stories of wandering bring to mind not simply clinical ex-
amples of psychosis-related confusion but also tales in the classic Javanese Hindu literature—in the Ramayana and many other collections—of the heroes who go off wandering (ngelelona) in the forest and meet up with demonic ogres. The heroes confront the evil forces, enter into battle, and return transformed, bearing enhanced power and status.

Conveying the texture of this lifeworld is essential to understanding the subjectivity of those suffering mental illness in Java. This lifeworld is constituted as fields of force, which impinge on and threaten persons, especially the vulnerable. Persons are understood and experienced as more or less powerful, more or less vulnerable, and nearly all Javanese engage in practices to enhance their inner power and protect themselves from those who would harm them. The terrors of psychosis are thus terrors specific to this lifeworld.

A more psychological story, rooted in Javanese cultural psychology, could also be told. Yani suffered the loss of her father at age six and grew up in an intense and conflicted relationship with her mother and grandmother. She seems quite sensitive to losses. For example, she uses the word kagol, which translates 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 reveal ambivalence about how close to get to men. And ultimately, a man she once thought was a friend, who later appeared threateningly in her bedroom in the forest and meet up with demonic ogres...

For Indonesian psychiatrists, these assumptions are not philosophical but quite practical. The critical issue for psychiatrists who treat patients like Yani is the psychosis—indicated by hallucinations and grossly disorganized behavior. And whatever the cause of psychoses, they suggest to psychiatrists the need for organic treatments. Given the historical influences of Dutch neuropsychiatry in Indonesia, the primacy of hospital-based services, and worldwide trends in biological psychiatry, responses are almost always to prescribe neuroleptic medications, often (in Yogya, at least) in combination with electroconvulsive therapies. Thus, we cannot be surprised that Yani was treated as she was.

But this observation leads immediately to consideration of psychiatry’s transnational project of “biologization” and “medicalization”—and in Indonesia, to stories of the pharmaceutical industry and psychiatric education. For example, I jotted the following note to myself when I attended the session “Treatment Resistant Schizophrenia” at the Indonesian Psychiatric Association Congress in 1996 in Surabaya:

No one is talking about the real world of psychiatric practice. This is a globalized language of neurotransmitters and drugs—and the implications are extremely important. Yesterday [in a session entitled “Schizophrenia: Toward the 21st Century,” sponsored by Janssen Pharmaceutica, distributors of Risperdal], we heard about the benefits of risperidone used at low levels (2–4 mg/day) and the terrible dangers of clozapine, especially of sudden withdrawal from clozapine treatment. Today [in “Treatment Resistant Schizophrenia,” sponsored by Novartis, distributors of Clozaril], only benefits of clozapine, and its usefulness for most patients, is discussed, arguing that risperidone produces EPS [extra-pyramidal symptoms]. . . . next panel, another drug, another set of claims.

After the panel, I asked a psychiatrist attending the session about these contradictory claims. “Oh,” he said, “it isn’t important. None of us here use . . .
either of these drugs. They are too expensive.” (By 2003, however, both
drugs were in much wider use.)

Although the sponsorship of academic sessions by pharmaceutical
firms—a widespread practice in much of the world—may or may not suc­ceed in selling new drugs for schizophrenia, it is part of a much larger proj­ect of transnational psychiatry. Massive technologies are employed in the
search for biological essences of mental illness—seeking syntagmatic chains
linking the genome to expression to protein synthesis to neurotransmission
to neuroendocrines to madness. This truth quest belongs to a massive in­
dustry of knowledge production—but also one that seeks to further the pro­duction, marketing, and consumption of pharmaceutical agents. Settings
such as Indonesia are peripheral sites—sites of incomplete but active pene­tration—for the marketing of drugs, teaching of diagnostic and therapeutic
practices, and development of mental health institutions. Meetings such as
the Indonesian Psychiatric Association congress belong to this expanding
“regime of truth.” They produce fantasies even in the absence of real ob­jects, and for the psychiatrists, they facilitate an experience of the scientific,
a sense of belonging to the cosmopolitan world of medical psychiatry, even
for a moment, and an opportunity to imagine a future. Such events are el­ementary sites of the production of modern biopractices of psychiatry.

Of course, a counternarrative—or perhaps a more dominant narrative—situates psychiatry amid an emergent modernity, which is experienced both
as a gap between the present and the ideal and as a nostalgic loss of the es­sentially Javanese. Psychiatry as practiced by most Indonesian physicians is
confounded by a lack of resources; it is experienced as a deeply inadequate medical practice, bedeviled by incompetence and limited by shortages of practitioners, new medications, laboratory facilities, and educated patients.
Many Indonesian psychiatrists feel as if they are practicing in psychiatry’s past, relying on drugs and procedures from the 1960s rather than those on
psychiatry’s cutting edge—prescribing haloperidol rather than the new anti­psychotics discussed at the congress. This gap, produced by a progressive modernity, lends a sense of tragedy, a sense of tragic inability to help those in
desperate need, simply because resources are lacking—a sense that we often share. It also produces feelings of inadequacy and shame among many physicians. Little wonder that participation in a scientific congress is a ready
relief from the daily world of practice.

The other face of modernity is nostalgia—a nostalgia for the Javanese or
Indonesian world that is giving way to industrialization and progressive rationalization and disenchantment. Some psychiatrists are deeply invested
in an older form of enchanted healing, reporting that they can sense when

an illness is biological and when it is caused by a spiritual force. Some of
them even practice as healers outside their medical clinics. Others point to
the breakdown of Indonesian values, particularly among the youth, as a
source of rising social problems and increased psychopathology, evincing
nostalgia for the cultural past.

Thus psychiatry’s “biosociality,” its reading of mental illnesses as bio­logical and as calling for a set of medical responses, belongs to an expanding
regime of biotechnical truths and pharmaceutical markets. But it also
belongs to an emerging world of increasingly effective medications, to a cos­mopolitan world of progressive medicine, and to one of Indonesia’s primary modernity projects. In a low-income society like Indonesia, participating in
this world, but doing so with deeply inadequate resources, creates for
thoughtful practitioners a sense of inadequacy associated with postcolonial
modernity. Medicine’s making of the psychiatric subject into a biological or
biosocial subject is thus a complex project, only partially achieved, and
Yani’s story belongs to this narrative as well.

MADNESS AND MAD VIOLENCE
IN PSYCHIATRIC AND POLITICAL DISCOURSE

We could reasonably stop at this point—to attempt to draw some conclu­sions from Yani’s case study and the analyses we have outlined. However,
at the risk of providing an incoherent narrative, we turn briefly to another
set of stories about madness and violence, a network of stories that sur­round, undergird, and frame the more clinical discourses we have been de­scribing. We do so in part to raise broader questions about the relation be­
tween notions of subjectivity in cultural phenomenology and in critical
theory.

As we were carrying out our interviews with Yani and others who suf­fered mental illnesses, we were unable to ignore the political campaign that
was under way. In April and May 1997, konvois of youth on motorcycles or
in trucks and automobiles, elaborately decorated in party colors and carry­
ing banners, took over the urban streets throughout Indonesia, as part of the
pemilu process, the final election of Suharto’s New Order. Although little
real expression of opposition was allowed, the konvois of kampung youth
represented a real form of protest and class resistance, and they occasion­ally turned violent. News reports of the campaign and of the rioting in sev­eral cities earlier in the year characterized the election as the most violent
in Indonesian history.

Near the end of the campaign, an American reporter, a Fulbright
The Subject of Mental Illness

scholar, was invited to Yogyakarta's Institute for Journalism to talk about news reporting in Indonesia. At the end of the talk, the journalists asked for my observations. I [BG] observed simply that I was surprised by the near-exclusive focus on campaign violence in the papers: I was surprised not that the violence was reported but that little was reported about the issues the candidates discussed and every event seemed to be judged solely on where it lay along a continuum from order to disorder. The re-scholar, was invited to Yogyakarta's Institute for Journalism to talk about a mentally ill man focused our attention on one aspect of this language.

archic.

order and thus disruptive of social and political order and potentially an-

diagnostic quality of naturalizing order and treating nearly all political action as disorder and thus disruptive of social and political order and potentially anarchic.

As I thought later about these comments, I began to reflect on the effects of characterizing political violence as a form of "madness"—and seeing its function as a means of pathologizing political protest. A tragedy involving a mentally ill man focused our attention on one aspect of this language.

We found a Javanese friend, a woman from a poor village outside Yogyakarta who worked on the university staff, in tears one afternoon. The story was not yet clear, but a man from her village had gone mad, had been attacked by a group of village men who attempted to subdue him, and had been killed. The police had taken members of her family for questioning. Over the next several days, the story began to emerge, as she and others in our neighborhood traveled back and forth to the village some two hours outside of Yogyakarta. The man who had been killed was a man we had seen and caught on video several months earlier when we had visited an annual slametan in our friend's village. He had inserted himself into the dances of the day in a way we later learned had been inappropriate. The whole village knew he had been mentally ill, though he was relatively well on that day.

The story emerged that he had been periodically mad since several years before, when he sold his house and land to the government as a site for a television relay station. As workers began preparing for the station, tearing his house down, he had begun to go crazy. People speculated about the cause. Perhaps the stress of selling his land and seeing his house torn down had been too much and he had become crazy. Perhaps the spirit of the land had been angered and had possessed him. Or perhaps the forty-five million rupiah he had received from selling his land had attracted jealousy and made him a target of black magic. Whatever the reason, this vigorous man in his fifties had begun, for the first time in his life, to suffer bouts of madness. He would become violent, threaten other villagers, chop down their trees and agricultural plants, and resist their efforts to stop him. His family had sent him to a mental hospital for treatment several times. Each time he would return, suffer relapses, and become violent again. Villagers were fed up; his family seemed helpless to control him, and the police had stopped responding to their complaints.

And then on a day in July he had become violent again, attacking a villager's crop with his scythe. When the owner tried to stop him, the old man threatened to hit him. The owner called a friend, but the two friends were unable to stop him. The two ran for help, found a group of forty village men working on a voluntary work project, repairing a road. The workers came running to stop him. When he threatened them, they picked up a stick and began beating him. When the incident was over, the old man was dead.

We were, of course, caught up in the affair, helping support our friends whose family members were being held for questioning. My attention was also drawn to the wording of the reports in the local newspapers. One report included the sentence, "At the culmination or peak of his emotional condition, Pawiro Rejo ngamuk—'ran amuk'—and threatened those who tried to approach him." ("Dalam keadaan emosiya menuncak itu Pawiro Rejo ngamuk dan mengancam penduduk yang berusaha mendekat.") Each report used the Javanese verbal form ngamuk or the Indonesian form mengamuk.

These terms, more commonly in the noun form amuk (or "amok"), are well-known to cultural psychiatrists (and have, of course, entered common parlance). Amuk is a classic in the literature on "culture-bound syndromes," denoting an individual—often from Malay culture—who suddenly goes berserk, becomes wild and dangerous, attacking others, until he is subdued or killed by those he is threatening. The psychiatric literature treats amuk as individual pathology, not as a form of mob violence by a group: the madness of the old man, not of the group who killed him. From this perspective, the case of this villager was interesting because it was an example of a much more chronic or persistent mental illness than this literature usually describes, for which the term amuk nonetheless was used.

However, when the case occurred, it also drew my attention to the use of the term mengamuk in the newspaper stories about campaign violence and riots that had been occurring earlier in 1997. "Kenapa Massa Campang Mengamuk?" (“Why do the masses so easily run amuk?”) reads the cover of a special issue of Gatra (May 31, 1997) devoted entirely to this topic. “Massa Mengamuk di Pekalongan”—"The Masses Run Amuk in Pekalongan"—reads a headline in Kompas. And so it goes: observers frame analyses of the violence as the masses running amuk, as kerusuhan or riots; as anarkis or kebrutalan,archy or brutality, of the masses. This conjunc-
tion set me to thinking and suggested the value of reading these two literatures—the historical writing on amuk (usually of individuals) and the news reports and analyses of mass political violence—against one another.

Here, we can provide only a few examples of the insights such a reading might yield. Amuk, in its restricted meaning as a psychiatric syndrome, was defined in 1951 by P. M. Yap as “an acute outburst of unrestrained violence, associated with homicidal attacks preceded by a period of brooding and ending with exhaustion and amnesia” (41). This view of amuk as a culturebound syndrome was based on reports by travelers, colonial administrators, judges, and colonial psychiatrists, as well as more recent anthropologists and psychologists, dating in particular from the nineteenth century. Case reports—from Malaysia, Singapore, Java, and Sumatra—of persons who “ran amuk”—becoming depressed, brooding, and suddenly going on a homicidal rampage, which ended only when they were subdued or killed—have long fascinated observers and led to speculations that ranged from accounts of Malay culture and personality to studies of the effects of infectious disease or the use of opium and attempts to understand these cases as a form of mental illness or a distinctive form of suicide. For example, D. J. Galloway, a psychiatrist who read a paper at the Fifth Congress of the Far Eastern Association of Tropical Medicine in Singapore in 1921, distinguished cases representing known forms of insanity from those he termed “true amuks.” These cases included individuals who were publicly shamed or humiliated, and after brooding, retaliated, until the incidents escalated to rampages that ended in the pengamuks’ deaths.

“The impress of the primitive mind lies brood over the whole series of events; the inflated self-esteem, the proportionate resentment at the wounding of it, the tendency of the resentment to pass uninhibited into action against the offender, the necessity of re-establishing his prestige . . . , the appeal to arms . . . thus explains the action” (Galloway 1923: 168, quoted in Winzeler 1990: 109).

Or, in another example, Van Loon, a Dutch psychiatrist in charge of the Batavia Hospital, writing in the British Journal of Medical Psychology in 1928, combined a cultural and developmental view: “In the malu feeling (unbearable shame and embarrassment, especially when made ridiculous in public), in mata gelap (blind rage) and in the binggung reaction (losing one’s head), etc., the Malay shows the same characteristic weakness, a lack of resistance against sudden emotion” (267).

Following this reading into the writing on political violence, we can find many similarities in the grammar of the discourse. Amuk, in colonial psy-

chiatry, is pathological, impulsive or instinctual, and developmentally primitive, a form of wild, uncontrolled—and exotic—antisocial behavior. And psychiatrists tended to see it as an overwhelming emotional response to frustration and humiliation. Analysis of the sources of mass violence in the news at that time often drew on a similar logic. Mass violence indexes a lack of social, political, and intellectual development, suggesting that the masses are not yet ready for democracy. It represents pathological, impulsive reactions to emotionally frustrating social conditions. The presence of the term amuk or mengamuk in the popular press reports on the campaign-related violence thus served to naturalize a reading of mass violence as pathology.

But although sufficient examples exist to support our hypothesis about the function of the term amuk in such reports, we would be wrong to end the analysis at this point. Our reading of the historical works shows that colonial writing about amuk is a complex resource for interpreting views of political violence in Indonesia.

The term amuk in the colonial literature does not begin as a psychiatric term. It apparently entered European languages in the mid-sixteenth century, referring to “groups of exceptionally courageous men who had taken a vow to sacrifice themselves in battle against an enemy” (Murphy 1973: 34). In the nineteenth century, use of the term amuk to refer to heroic acts of bravery on the part of warriors, kris (sacred dagger) in hand, was known but was said to be largely archaic; the term largely came to mean individual pathological violence. However, the attempt to define the “true amuk,” such as that by Galloway, was not simply an attempt to distinguish heroic acts from pathology. It was rooted in a set of debates in colonial Malaysia and the Dutch Indies. First, it had roots in legal debates about whether a person who committed murder while “running amuk” should be held legally responsible for his acts. In a widely quoted ruling in 1846, Judge William Norris ruled that a man in Penang who was captured after killing eight persons was guilty, despite the defense that he had been grieving for his child, who had died recently, had killed indiscriminately, and claimed he had no memory of killing anyone. Judge Norris found him guilty, sentenced him to hanging and then ordered that his body be “cut into pieces and cast into the sea or into a ditch or scattered upon the ground” (Norris 1849: 462–63; quoted in Winzeler 1990: 101–102). This incident contrasted with the case of a Bugis sailor on board a ship in Singapore who had “suddenly picked up a dagger and slain a relative who was visiting him, then rushed on deck and began attacking and killing everyone in his vicinity,” who was acquitted by reason of insanity (Earl 1837: 377–78, quoted in
Winzeler 1990:101). Psychiatrists' efforts to describe amuk as a culture-bound psychiatric disorder thus aimed less to portray the exotic than to defend the pengamuk on grounds of madness.

This debate opened onto a more general question of how the pengamuk, the person who runs amuk, should be punished and onto associated speculation on the cause of the phenomenon. As early as the end of the eighteenth century, William Marsden, in The History of Sumatra, rejected the notion that opium caused the behavior, reporting that it was more likely caused by colonialists' mistreatment of slaves or servants (1811:279-80). He reported a case he had personally observed of a slave, who, "being treated by his mistress with extreme severity, for a trifling offence, vowed he would have revenge if she attempted to strike him again; and ran down the steps of the house, with a knife in each hand." When she cried out "mengamok!" the civil guard came and fired upon him. Marsden reports that in Batavia, where such persons "are broken on the wheel, with every aggravation of punishment that the most rigorous justice can inflict, the mucks happen in great frequency," proving the inefficacy of harsh punishment, in contrast to the "influence that mild government has upon the manners of people." Thus, Marsden contrasted detrimental responses to Dutch rule with the beneficial effects of English rule.

We can see, then, that though people speculated about the causes of amuk—whether it reflected Malay or Javanese character, stemmed from Islamic fanaticism, reflected a constitution weakened by disease or opium use, or represented a culturally distinctive form of suicide—these debates took place within larger discussions of native violence in response to colonial rule. As with the colonial responses to cases of worker violence on the plantations of Sumatra, which Ann Stoler (1985, 1992) analyzes, discussions of amuk reflected concerns about order and disorder under the colonial regime and included clear examples of resistance to harsh rule; some even saw the use of amuk as an "instrument of social protest by individuals against rulers who abused their power" (Carr 1985:202).

And so it is in the contemporary reflections on violence by Indonesian intellectuals. Writings on outbreaks of violence during the run-up to the 1997 election often describe the violence as a result of frustration (frustrasi), "displaced aggression," "emotional illiteracy," "jealousy" associated with the gap between rich and poor, or the suggestability of the masses. However, in an often remarkably open critique of the growing gap between rich and poor, the corruption of the elite, and the arrogance of government officials, writers in the Indonesian press of the mid-1990s, still under the censorship of the Suharto regime, carved out a space for social reflection and social critique. The special issue of Gatra, entitled "Kenapa Massa Gampang Mengamuk," describes a poll they had undertaken of 787 university students and recent graduates; 57 percent of respondents agreed with the statement "riots can't be avoided in the process of democratization"; 49 percent agreed that "riots are important to stimulate change"; 93 percent agreed that violence reflects the growing social and economic gap; and 82 percent agreed that violence reflects the ineffectiveness of political channels.

Intellectuals were often asked to write commentaries on the sources of violence. Arief Budiman criticized the lack of a "culture of tolerance" and the increasing place of violence in the language of politics, particularly in response to the growing role of the military in politics. "People have learned that if you want to play politics," he wrote (Jakarta Post, May 15, 1997), "you have to use power and violence, not intellectual arguments." Berhanuddin, writing in Kompas (January 9, 1997), analyzed the growing differentiation of Indonesian society as a result of modernization, the loss of social and moral coherence, and the replacement of religious leaders with a background in the pesantren and a closeness to the people by kiyai who are part of the alienated political elite. Violence thus triggered a critical reading of Indonesian society and politics and became a site of at least covert contestation, and commentaries both ascribed rational motives to the actors and read violence as mad, mob action.

These reflections on the hegemonic uses of images of madness in public writings on violence and disorder share a markedly different understanding of the subject than writing within a cultural phenomenology of madness. The subject is decentered, the implied object of hegemonic discursive practices and of an oppressive social regime, as well as seen as the source of resistance to them. Subjection and resistance replace meaning and experience as central issues for analysis.

MAD VIOLENCE AND NINJA KILLERS

If the figure of madness—of the masses "running amuk" during the 1997 election campaign—moved from pathologizing political violence to opening a space for political critique, the figure of madness appeared in a more sinister way during the ethnic, religious, and political violence that erupted in various parts of Indonesia following the collapse of the economy and the fall of the Suharto regime. Many feared that the society was literally going mad.
and that ethnic/religious fighting in West Kalimantan and in previously peaceful Ambon was a sign of a general societal breakdown. In this setting, the mysterious and the mad emerged not as figures of language but as key actors. One final story illustrates this view: a journalist's report of ninja killers in East Java.10

As the sun sets in the towns and villages of East Java, men hurry home quicker than usual from their evening prayers. In some areas, a bell tolls to empty the streets of women and children. Windows will be shut and the doors bolted till the next morning. In the darkness, wary men with swords or sickles patrol deserted roads. They are searching for the black-clad, masked men whom residents believe are responsible for the killings of over 150 locals. Since early August, the night here has been haunted by mysterious murders. The government cannot solve the slayings or put a stop to them. They have sent shivers of fear throughout the nation.

The article reports that Banuywangi in East Java has a history of lynchings of suspected sorcerers—dukun santet, or practitioners of black magic.

But this season of bloodshed has been highly unusual, not only in the number of victims but in the apparently well-organized nature of the killings. Eyewitnesses report bands of well-trained and equipped killers, whom they call “ninjas.” They commit the murders themselves or incite neighbors to violence. Noha, 59, was one victim. About a month before his murder, his widow, Sa’adah, recalls, rumors of his dark powers started swirling. One evening as he was watching TV, the electricity went out. Noha then heard a harsh knock on the door. He answered it—and quickly succumbed to blows and knife thrusts from masked marauders. They left in a minivan and cars. “They never said a word,” says Sa’adah. “They did their job very quickly.” Noha’s throat was cut, his head nearly separated from his body.

News reported mobs gathering to kill suspected dukun santet or ninjas, though who was killing whom remained vague. Leaders of the political opposition at that time—Amien Rais and Abdurrahman Wahid (by 2000, head of the Parliament and president of the Republic, respectively)—speculated that the killings were part of a paramilitary conspiracy of followers of former president Suharto who were seeking to provoke chaos and a return to military rule. A November 7, 1998, story in the Sydney Morning Herald by Louise Williams (“Indonesia’s Black Death”) reported additional details.

The Commission for Victims of Violence, a human rights organization, found signs of organization: the assassins were outsiders who came with maps and appeared to be trained. So terrified were the people of the rural areas that vigilante squads were formed and the lynchings began. But locals say the victims of the mobs are not real “ninjas,” but lunatics mysteriously dumped on the streets. The man whose head was paraded through Malang was a drifter suffering from mental illness.

And so the circle closes. Madness is no longer a figure of speech but is embodied in lunatics, picked up and delivered mysteriously to rural areas, where they are suspected of being dukun santet or ninjas—a term taken from Japanese movies, popularized on Indonesian television—and killed in a continued circle of violence.

CONCLUDING THOUGHTS

We began with a rather conventional (American) anthropological account of psychosis in Java, juxtaposing a cultural and psychological subject with the biological subject of contemporary psychiatry. However, we proceeded to suggest a more critical or liberatory psychology, which asks how hegemonic images of order and disorder become embedded in ordinary subjectivity—a view of the subject as both subjected and resisting those constituting linguistic practices. And we concluded with images of the subject facing the terrors of social breakdown, an image that reveals the dependency of the subject upon ordered, hierarchical social relationships.

We have tried to join these perspectives using a sleight of hand—suggesting that they are a set of stories, narratives that presume one another, perhaps like A. L. Becker’s analysis of the classic Old Javanese collection of tales, the Tantri Kamandaka. Becker (1989: 290) writes, “Most of the stories have stories within them, and stories within the stories, each framing the other, so that the texture is thick and full of nice resonances, like gamelan music.” But in the end, the theories we have produced are hardly gamelan music. They are not coherent in this way simply because the theories are disjunct rather than coherent or neatly complementary. In a special issue of the journal Representations dedicated to reflections on Geertz’s concepts...
of culture, Sherry Ortner (1997) suggests that Geertz resurrected the centrality of meaning in an era of mechanistic functionalist analyses but did so by placing issues of power, domination, and social asymmetry on the side of mechanistic theorizing. She argues that the “Foucauldian/Saidian” shift in American anthropology, influenced by postcolonial and poststructural theorizing, has displaced meaning in the Geertzian sense, and along with it, the “subject” of interpretive anthropology. If Francois Dosse (in L’empire du sens, 1995) is correct, at the same moment many French culture theorists may be passing in the opposite direction, moving from poststructuralism to meaning-centered theories. Whatever valiant attempts Ortner and others have sought to acknowledge the resistances in the material, as well as our amnesia—not only of the primal events of 1965-66 but also of the corruption symptomatic of the ruling order—voicing the unspoken, unspeakable, the repressed in a language of hierarchy and respect, discipline, order, and consensus. A terror, a modest anxiety seeps into awareness that there might be a secret, but the guardians of this secret, the censors, ensure that the secret not be noticed, acknowledged, made real. But the terror appears as a moment of irrationality, for the dislodging of the father looses all forms of terrifying and destructive forces: the ninja killers and their killers, the masses and the protectors of primal order, the vengeance turned on the foreign, the overlords, the Christian, the Muslim. And the mad. The mad emerge as ninjas, the spiritual forms who can appear and disappear, draw cosmic energy, destroy, and protect themselves. And the mad are exploited as ninjas as well—sacrificed, dropped into the path of the pack, severed heads lifted on bamboos. And this madness is supplemented by the para-

of the Ending. Frank Kermode (1966: 129) quotes Ortega: “Reality has such a violent temper that it does not tolerate the ideal even when reality itself is idealized.” He argues that the simplicity inherent in narrative order is always, at least partly, an illusion, reminding the reader of the hero of Robert Musil’s The Man Without Qualities, who “lost this elementary narrative element” (127). We have tried here to “thicken the texture” and “highlight the resonances,” in Becker’s terms, rather than to create a single account. We have sought to acknowledge the resistances in the material, as well as our own inadequacies to theorize coherently. We are left with “plateaus,” using the image of Deleuze and Guattari.

And so we close with a final reflection, based on Deleuze and Guattari on secrecy (1987: 285–90). For a long time, Indonesians have accepted a certain amnesia—not only of the primal events of 1965–66 but also of the corruption symptomatic of the ruling order—voicing the unspoken, unspeakable, and the repressed in a language of hierarchy and respect, discipline, order, and consensus. A terror, a modest anxiety seeps into awareness that there might be a secret, but the guardians of this secret, the censors, ensure that the secret not be noticed, acknowledged, made real. But the terror appears as a moment of irrationality, for the dislodging of the father looses all forms of terrifying and destructive forces: the ninja killers and their killers, the masses and the protectors of primal order, the vengeance turned on the foreign, the overlords, the Christian, the Muslim. And the mad. The mad emerge as ninjas, the spiritual forms who can appear and disappear, draw cosmic energy, destroy, and protect themselves. And the mad are exploited as ninjas as well—sacrificed, dropped into the path of the pack, severed heads lifted on bamboos. And this madness is supplemented by the para-

noid, the hint of the completely ordered, the hidden hand. These are the phenomena we struggle to theorize.

NOTES


1. The first-person pronoun in this paper refers to the first author, Byron Good, who is responsible for the written text of this chapter. Subandi is a collaborator in this project, playing a major role in conducting interviews and participating in analysis of the data. Mary-Jo DelVecchio Good is a collaborator in the research in Indonesia, having a particular interest in representations of violence. This project was supported by Senior Fulbright Lectureships in 1996 and a National Science Foundation grant in 1997–98.

2. Judith Butler’s book, The Psychic Life of Power, explores this understanding of subjectivity. She poses the problem as follows:

We are used to thinking of power as what presses on the subject from the outside,... But if, following Foucault, we understand power as forming the subject as well, as providing the very condition of its existence and the trajectory of its desire, then power is not simply what we oppose but also, in a strong sense, what we depend on for our existence and what we harbor and preserve in the beings that we are. (Butler 1997: 2)

3. The name “Yani” is, of course, a pseudonym. Particular identifying features have been changed or omitted to hide her identity. A more detailed version of this case appears in Good and Subandi (2004).

4. For all interviews, Subandi, Byron Good, and Yani and/or her mother were present. Subandi led the interviews. When the interviews were in Indonesian, Good participated in the interviews. When the conversations shifted into Javanese, Subandi took over, translating occasionally for Good.

5. This story emerged in an interview we carried out jointly with Dr. Robert Barrett, who was visiting Yogyakarta and accompanied us on a visit to Yani and her mother.

6. The classic text outlining three streams of Javanese religion is Geertz’s The Religion of Java (1960). Geertz distinguishes among priyayi, classic Javanese practices of spirituality associated with the Javanese courts; abangan, village practices associated with exchange and spirit offerings; and santri, modernist Islam associated with a class of merchants. Woodward (1989) places Islam at the center of Javanese religious life, and Hefner and Horvatich (1997) have collected essays on contemporary Islam in Indonesia. Bowen (1993), although he focuses on a Muslim society in Sumatra, provides the best ethnographic description of Islamic religious practice in Indonesia. See also Subandi (1993) for an analysis of one Sufi group.

7. In commenting on a draft of this paper, John Bowen pointed out the importance of the trope of purity not only in Yani’s talk and experience but in social and political movements in Indonesia. The theme of “providing greater purity in
crowded and disorienting circumstances" is one that Islamic movements have played to the hilt, he notes. We appreciate his reflections.


9. Good and Subandi (2004) explore these issues in depth. The work referred to here addresses classic cross-cultural psychiatry questions about the influence of culture on the course and outcome of psychotic disorders (see Hopper 1991 and Good 1997 for reviews). It also examines nosological questions about the so-called atypical psychoses, which differ from both schizophrenia and manic-depressive disorder and have gone by such names as bouffée délirante, cycloid psychoses, reactive psychoses, and acute and transient psychoses (Leonhard 1961; Manschreck and Petri 1978; Menuck, Legault, Schmidt, and Remington 1989; Pichot 1986). Classic work by Susser and his colleagues suggests that "nonaffective acute remitting psychosis" is a distinctive disorder and is far more common in "developing" countries than in North America and Europe (Susser, Finnerty, and Soderh 1996; Susser et al. 1995a, 1995b).

10. This from an Asiaweek version of the story, November 6, 1998, entitled "Death's Long Shadow."

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9 The “Other” of Culture in Psychosis

The Ex-Centricity of the Subject

ELLEN CORIN

When asked to speak about their first psychotic experience, patients interviewed in Québec could hardly find the words to describe what had happened to them: “I was confused, I was losing memory, I was like in confusion.” “I was completely down, I couldn’t speak anymore, I was out of touch with reality, I was totally confused.” “Ah! It’s more than just sickness of the soul; it’s a huge rent. It’s . . . yes . . . it’s hell” (Rodriguez, Corin, and Guay 2000). Narratives collected in southern India illustrate the depth of the alteration of patients’ experiences: “I was frightened and did not understand what was happening . . . the confusion only increased and I couldn’t control it . . . the fear, only this fear, not anxiety, only some kind of fear.” “First, you are positive, you are confident, then suddenly some doubt comes into your mind, you can’t do this, you can’t do that, what is this, you get all confused, you are not sure about something and suddenly you feel you are not capable of doing things, feel afraid . . . so all these negative thoughts were coming and I had been imagining all sorts of things and I was not like a normal person.” “. . . a kind of fear within myself, a kind of fear which could not be disclosed to others . . . a kind of fear without understanding” (Corin, Thara, and Padmavati, in press).

Whatever the context, narratives suggest that something rises from within the subject’s experience and destabilizes it, shaking the lived world at its roots. Patients speak of a loss of vital energy that extends to the core of their being and attacks physiological functions; they say that this initial experience invades their entire lives, blocks their capacity to express emotions or relate to people, and leads progressively to isolation; it is a kind of “staggering” that undermines their ability to act and to relate to the world. Paradoxically, this “immobility” can manifest itself as jerky, excessive movement, as if the person were running on the spot. Wolfgang Blanken-