INDEGENOUS PROCESSES OF RECOVERY FROM PSYCHOSIS IN JAVA[1]

M.A. Subandi
Gadjah Mada University

The literature on recovery from psychosis is not limited to the study of schizophrenia. There is a growing literature on recovery from related condition such as Acute and Transient Psychotic Disorder (ATPD), Schizoaffective Disorder, and Non Affective Remitting Psychosis (NARP). Most studies in this area concentrate on outcome, with insufficient attention paid to the process of recovery. This paper presents the process of recovery from psychosis from a Javanese perspective. Nine psychotic patients who had first episode participated in this study. An ethnographic longitudinal study was applied where participants were followed for two years. A number of themes emerged from the data was discussed representing the indigenous processes of recovery from psychosis in Java.

Introduction

A number of literature have tried to map the phases of recovery from psychosis while emphasizing that recovery is not a linear process. Recovery begins when a person who is overwhelmed by mental illness develops an awareness of the very possibility of recovery. This awareness ignites the person's desire to change, to struggle and cope with the disability, to learn about mental illness, and become involved with groups and peers. This phase is variously referred to as the 'initial phase' (Young & Ensing, 1999), 'struggle with the disability' (Spaniol, *et al*., 2002), or the 'awareness and preparation phase' (Andersen *et al*., 2003). In the next step the individual begins to rebuild his or her sense of self, to manage the illness, and to take responsibility for his or her own life. This phase has been called the 'middle phase' (Young & Ensing, 1999), 'living with the disability' (Spaniol, *et al*., 2002), or the

[1] Paper presented in the Workshop onn Mental Health System Development for the Severe mental Illness in Asian Countries, Taipei Medical University, Taiwan, November 3 – 12, 2009

'rebuilding phase' (Andersen *et al*., 2003). Finally, the person grows to live beyond the disability, improving the quality and meaning of life despite the presence of ongoing symptoms. Terms for this include the 'later phase' (Young & Ensing, 1999), 'living beyond the disability' (Spaniol, *et al*., 2002), or the 'growth phase' (Andersen *et al*., 2003). All of these models emphasize that the process is not linear and the boundary between the several phases is not clear-cut. This non-linear characteristic has also been confirmed by Jenkins & Carpenter-Song (2006:28) whereby, following Hopper (2002) term, recovery is described as "complex and messy."

This research is complemented by the work of Davidson and his colleagues, who conducted a number of studies employing a phenomenological approach (Davidson & Strauss, 1992; Davidson, *et al.*, 2001). Importantly, they used the technique of 'follow-along' interviews in order to examine the unfolding process of recovery, as opposed to reliance on retrospective data. In summarizing his work, Davidson (2003) depicts a person with mental illness in metaphorical terms as falling into a deep hole. While the illness is described is living 'inside' the hole of schizophrenia, the recovery is described as living 'outside'. Within the framework of this metaphor, he provides the following 'map' of recovery.

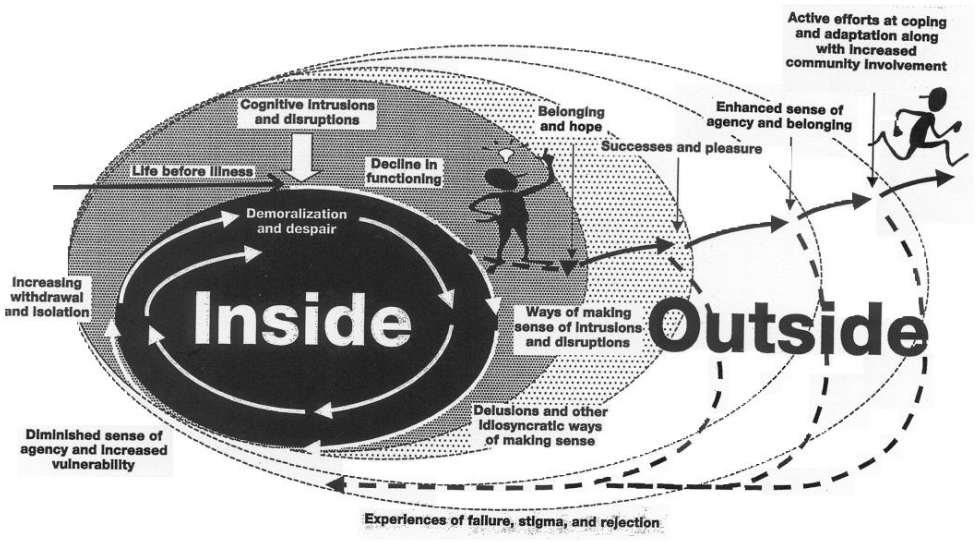

Figure 1.2. *Some paths to life outside schizophrenia (Davidson, 2003:200)*

Davidson conceptualizes recovery in terms of paths. The first path involves gaining a sense of 'belonging and hope'. Only once this is achieved can the person embark on the second path, which requires the achievement of a sense of 'success and pleasure.' At any point, a person can back track instead of progressing forward. The third path has as its objective to regain an 'enhanced sense of agency and belonging.' In the final path the person needs to accomplish 'active efforts at coping and adaptation along with increased community involvement.' Davidson suggests that most of the work of recovery takes place in natural community settings rather than in treatment relationships and settings.

With the exception of the consumer focus on family and peers, and Davidson's mention of community settings, most of the above literature focuses on the individual's struggle to achieve recovery. Little systematic attention has been paid to socio-cultural processes. Only recently has research looking at both individual and social processes begun to emerge. In their ongoing research project on 'Subjective Experience and the Culture of Recovery with Atypical Antipsychotics' (SEACORE), Jenkins *et al.* (2005:224) found that "improvement and recovery from persistent and severe mental disorders occur in the complex context of interlocking personal, cultural, social, economic, and pharmacological effects." Following these authors, I argue in this dissertation that in addition to psychological processes, socio-cultural processes are integral to recovery from psychosis.

Ethnography provides a means of exploring these socio-cultural processes. One example comes from Barrett's (1996) ethnographic study of a psychiatric hospital in Australia, which depicts the everyday practices of a 'psychiatric team' (psychiatrists, nurses and social workers) in treating mentally ill patients. There are major differences between the setting of Barrett's study and my study. Nevertheless it is germane to my research, particularly in its use of the concept of the 'trajectory'. This is a dynamic concept that refers to the patient's movement through time and space. Barrett shows how it was used by the psychiatric team to describe a patient's progress and recovery.

Within the temporal framework, recovery commenced when a patient first recognized his or her role as sick person. This is similar to the stage of 'awareness'

described by Andersen *et al*. (2003). In the process of adopting a sick role, patients began to comply with the staff and cooperate with the treatment regimen. Following that was a shift toward becoming a unified person, described by the team as 'reintegrating'. Here patients demonstrated increasing rationality, indicated by their ability to make rational choices or 'reality based decisions'. Assuming responsibility and control of their illness were other characteristics of recovering patients. "At the beginning, they were described using deterministic language, but as they progress along the trajectory they were increasing described using voluntaristic terminology" (Barrett, 1996:153).

The patients' progress was also described within a spatial framework. In a literal sense, patients moved through the physical spaces of the hospital. When acutely ill, they stayed in a 'closed' ward with intensive surveillance. As they began to recover, they moved to an 'open' ward, then to a half-way house, and finally to independent living in the community. Thus, the trajectory of recovery described the patients as moving from a locked to an open ward, from acute to sub-acute ward, and from hospital to home. Metaphorically, the trajectory of recovery was also described as a movement from 'elsewhere' to 'here'. The patients who were initially described as being 'off' were later depicted as being 'settled' as they began to recover. The patients who were settled might be described as "quiet, compliant, approachable, interacting well on the ward or comfortable...Thus, 'off' referred to madness, imbalance and explosiveness, 'settled' meant sanity, stability and calmness" (Barrett, 1996:151-152).

In the following section I describe the process of recovery from psychosis from Javanese perspective. First, I present a case to illustrate the process of recovery in everyday life, followed by discussion of themes emerged from the case of Joko (pseudo name). Other participants' narrative (all with pseudo names) will be discussed in relation to a specific theme.

Recovery Narrative of Joko

I met Joko for the first time when he was hospitalized in a psychiatric clinic in Yogyakarta. He no longer showed evidence of any positive symptoms, but had

developed negative symptoms such as a feeling of flatness, difficulty in focusing his attention, and slowness in responding to questions. However, he understood all my questions and had developed partial insight. I had some difficulty in establishing rapport with him at first because he remained reserved. It was only after several visits that I was able to establish any warmth of rapport.

My first impression was that he was an educated man and Joko confirmed this when he said he worked as the principal of a private secondary school. He had graduated with a teaching diploma from a Teachers' Training College in Bandung, West Java in 1983 and received a Bachelor of Education degree in 1995. He was married with three children. I did not acquire much information during this initial interview because Joko appeared, at first, somewhat reluctant to talk about himself. The most important issue for Joko was that before he fell ill there were financial problems at his school. These problems seemed to be connected in some ways to his illness but he did not enlarge on them at all.

I obtained further details about Joko's personal background and the history of his illness in the course of my subsequent visits to his house. He lived with his family in a small modern housing complex mainly occupied by middle-class people. In contrast to Joko's reserved attitude in the initial interview, Joko and his wife were very cooperative during these subsequent interviews, and related the story of his illness together.

Joko's wife said that her husband's illness began in mid-May 2002. One morning while he was praying he suddenly called out God's name in a loud voice and his body spun around. Joko added that he felt vibrations throughout his body and sensed the presence of a power, which he interpreted as coming from a spiritual being. "I was controlled by a spirit," Joko said. At that point, he could not control his behavior. He suddenly punched his wife and kicked his children. Then he called out to people passing by his house and lectured them. "It was totally outside my conscious awareness, like I was being controlled by someone, as if someone had occupied me," explained Joko. He also felt his heart had became hot and noticed he was sweating profusely. He could see images of people being tortured. He heard voices. Some of the voices sounded like thunder whereas others sounded like people whispering in his ears. He began to think people were chasing or following him and this made him feel

frightened, so he isolated himself in his room. “Sometimes he cried,” his wife remarked. His wife also recounted that Joko had tried to commit suicide by hanging himself.

Even after I had visited Joko several times it remained unclear to me exactly what he meant by financial problems at his school. My curiosity was rewarded later in the course of my fieldwork, after I had consolidated my relationship with Joko and his wife. One morning, while speaking to Joko’s wife on the phone in order to clarify a number of points, she seemed anxious to tell me about the financial issue that Joko had alluded to in the first interview. Her desire to talk about it then was because we were talking by phone and she was therefore able to express he opinion without her husband’s interference. Joko’s wife whispered when she told me, “He used the money for his own purposes.” She disclosed how shocked and angered she felt when she had received a telephone call from the school telling her that Joko had misappropriated money originally earmarked for a school project fund.

Not long after this was discovered by the school authorities, Joko fell ill and his wife took him to the home of a nurse in Magelang.[2] He was treated twice in Magelang with little success. He was then taken to a private mental hospital in Yogyakarta and then to a private clinic where I met him for the first time. After receiving medical treatment from several different hospitals for more than three months he began to recover. He was able to return to work and resumed his role as school principal. However, he soon relapsed and was hospitalized again in the same private clinic for a week in December 2002.

When I visited Joko in March 2003 I noted that his appearance and behavior had changed considerably. During previous visits he had looked tense and was unable to answer my questions spontaneously. Now, however, he looked much more relaxed, and he laughed openly and spontaneously. His wife’s opinion was that he began to improve, although she noted he was “still not one hundred percent.” His improvement was possibly related to the fact that Joko had transferred to another school. He explained that he had previously been a state school teacher prior to securing the

---

[2] Magelang is a neighboring city of Yogyakarta, where a colonial style mental hospital is located**.** Due to the policy of deinstitutionalisation, some nurses working at this hospital were asked by family members to take care of patients who had been discharged. Though this practice is illegal, it became a popular alternative to hospitalization.

position as the principal of a private school. Due to his illness, however, and the shadow of the financial scandal, he resigned from the private school and returned to a state school to work as an ordinary teacher. This change of employment and the new atmosphere of the state school gave him a renewed sense of optimism.

During this visit Joko told me that he had stopped taking his medication for a week after having taken it regularly for almost a year. I asked him whether he had consulted his doctor about this. He said that his doctor had continued prescribing the medication although the dosage had been decreased. The main reason Joko gave for stopping his medication was that he did not want to become addicted to drugs and he felt this was more likely to occur if he had to take them for a long time. Thus, he decided to stop the medication and replace it with what he called *terapi alami* (natural therapy). He explained the therapy to me. Every morning at 3.30 a.m. he got up, took a bath and then performed *shalat tahajut* (night prayer) at home, together with his wife. At 4 a.m. he walked to the mosque to perform morning congregational prayer, accompanied by a neighbor. The mosque was located approximately one kilometer from his house and the steep, uphill, village road from his house to the mosque provided Joko with the opportunity for regular physical exercise. Besides this, he could also mix with other people, not only with his neighbors from his housing complex, but also with people in the village. Joko told me that he started to give sermons during Friday congregational prayer in the mosque. "This is a natural therapy—to integrate with the community," Joko reflected.

Although Joko felt a sense of relief because he was able to leave the school environment and the financial scandal that had triggered his illness, his wife insisted that her husband had not completely recovered. "He still felt tense and *bingung* (confused)," she said. For example, one day he received a telephone call from the aforementioned private school and suddenly his body became hot as it had done during his illness. She also observed that he would often sit on a chair and quietly daydream. Joko disagreed, saying he did not daydream, contending instead that he was "thinking hard." He became preoccupied with his children's education since it was very expensive to fund a university education and his salary as a regular teacher was low. "What will be the future of my children?" he would murmur to himself. Besides worrying about the future, Joko was full of regrets about what had happened

in the past. “I often ask myself,” he said, “Why did I have to suffer from this illness that ended up with me losing my position as school principal?” Although Joko was sure that his new school provided a stimulating work atmosphere, he still felt *isin* (ashamed) because he often met the school principal, a man who used to be his colleague. “We used to go together to school principals’ meetings,” Joko remarked. The loss of his position was a heavy burden for him. He was immersed in regret for his prior unlawful behavior.

In May 2003 I visited Joko again. This time he told me, “I am making a strong *usaha* (effort) to return to my previous condition.” Regular exercise was a major component of his effort. Joko also strove to get closer to God by performing *shalat tahajut* in order to asked God’s forgiveness for his wrongdoings. He would also read psychology books and religious books, “as a form of self-therapy,” he said. However, he continued to experience the burden and shame of losing his position as a principal. “I try to stop thinking these thoughts for the sake of my family and children, but I find myself thinking about them all the time,” he said. Joko’s efforts to improve included making an effort to manage his emotions better. Joko’s wife related that sometimes he looked extremely tense, as if he was trying to control his anger, and then he would bang the walls with his fists to express this anger.

According to his wife, Joko’s problem at that time was that he was unable to accept the reality of the situation—that he was sick and had lost his status as a principal. “As well as that he is also always worrying about money,” she said. Joko concurred that “the illness has destroyed my self-esteem, self-confidence, and self-respect.”

During my last visit of the first year in July 2003 I found Joko had made a solid improvement. He spoke more openly and now responded to my questions spontaneously. Joko’s wife told me that they planned to open a small *wartel* (telecommunications café) in their house. I noted a telephone booth in his garage that was part of the plan. I also saw a mirror and some hairdressing equipment that they had bought for his wife to operate a small beauty salon. Joko remarked, “I tried to keep myself busy.” His routine activities included going to the mosque and doing physical exercise in the morning and reading the *Qur’an* in the afternoon. “I have no time to daydream,” he said. Joko’s wife confirmed her husband now had a strict

routine. More importantly, he did everything on his own. Joko's wife no longer had to remind him and direct him to do things as she previously had to.

When conversing with him I felt that Joko was now more open in talking about his previous illegal behaviour. "Through the illness I became aware of my faults. I now feel a deep sense of regret. In religious term, I have repented." Joko asserted that he was also able to accept the reality of his new situation and had begun to find a sense of self-confidence again. He emphasized that he had to *bangkit* (regain awareness, get up, revitalize himself): "I strive to *bangkit* because I am still young and my children are still small. I feel pity for my children. I really do try to *bangkit*. I make every *usaha* to overcome the previous wound I inflicted on myself, and I try to think positively." From his perspective it was a good thing that he had had this illness. It was a reminder from God of his wrongdoing. "If I had not been reminded, my sin would have become much greater."

At my follow-up visit a year later I met Joko together with his wife again. They both looked contented. His telecommunications business was doing well. As I interviewed them, I saw people coming in to make telephone calls from his garage. I could also see that he was adding a second floor onto his house. He disclosed that he had been able to completely eradicate all his old worries about material possessions. "God has arranged, but we have to make *usaha,*" he said. He had never thought that he would have the skill to run a telecommunications business and renovate his house. During this visit Joko talked about the happiness he now experienced: "Behind all of this is happiness." He called this happiness "a spiritual experience." Every morning, he said, when he got up early and walked to the mosque he was able to feel the fresh air and appreciate the beauty of nature: "It is deeply enjoyable, it is a happiness that cannot be measured in material terms, it is an inner contentment." He reinforced the point that his spiritual experience had had a significant impact on his own life, on his wife, children, and on the community.

***BANGKIT* : to regain awareness, to get up and to revitalize.**

The central theme of Joko's recovery is encapsulated in his statement: "*Saya harus bangkit* (I have to get up)." I use the term *bangkit* to indicate the core idea of

recovery in this thesis, since it underpins and embraces the entire process of recovery. In this section, my strategy is to carry out a semantic analysis of this term in order to facilitate our understanding of the layers of meanings that pervade the many different contexts of recovery from psychosis. I argue that *bangkit* carries meanings of such motivational force that it can exert a transformative effect on individuals faced with illness and seeking to recover.

Bangkit is used in a variety of personal and socio-political contexts, particularly in the period following a crisis, upheaval, or catastrophe. For example, the concept of *bangkit* was appropriated by Indonesians to their struggle for independence from Dutch colonial rule. The term was also repeatedly used during the period that Indonesia struggled to recover from the severe economic crisis which bedeviled its economy in 1997, and which ultimately led to the collapse of the Suharto regime. More recently the term found widespread use following the 2002 Bali bombings and again following the 2004 tsunami which devastated Aceh. On television one would hear the term repeated over and over as government officials, politicians, media personalities and others sought to motivate the populace to rise up and overcome the crisis. When I was finalizing this dissertation, a strong earthquake struck Yogyakarta on 27th of May 2006, the Bantul regency being the most seriously affected area. Shortly afterward, a leading religious figure in Bantul, Emha Ainun Nadjib, declared: *"Bantul Bangkit,"* to motivate people to struggle in the face of this very difficult situation.[3]

A core meaning of *bangkit* is that of regaining awareness. In this context Joko and other participants used the cognate term *sadar* (becoming aware) to indicate what, from a psychological perspective, might be called gaining insight. Most participants said that when they were ill they were *tidak sadar* (not aware), or half aware and half not. The initial process of recovery began only when they had become became *sada*r.

Participants invoked many different forms of awareness. First, awareness of the present referred to the awareness of what was going on around them. For example, When Wulan (participant no. 7) became *sadar,* she realized that her mother had accompanied her in the hospital, whereupon she asked her mother to take her home.

---

[3] http://www.padhangmbulan.com/index.php

When Wati regained her sense of awareness, the first thing she did was to look for her ten-month-old son. The second type of awareness was awareness of the past which participants were able to examine their life prior to the illness. Sri (participant no. 4), for example, reflected on her illness as the result of her tendency to *memendam*, burying many conflicts within herself. Third, there was awareness of the future, where participants looked at their future life after the illness. In Joko's case, this awareness sparked his motivation to perform *usaha*, to struggle to achieve recovery, not only for himself but more importantly for the future of his children. Finally, participants also referred to a further deep sense of self-awareness. Priyo (participant no. 6) provided a good example. It was only when he became *sadar* that he felt he had to *ngelakoni*, to enact his *takdir*, destiny, of the illness and of his whole life.

Gaining insight as the basic idea of recovery has been noted frequently in studies of recovery from schizophrenia (Young & Ensing, 1999). In a meta-analysis of the role of insight, Mintz (2003) found that insight was inversely related to psychopathology, meaning that the more severe the illness, the less insight. Translated to a Javanese context, this indicates that in the process of becoming ill individuals lose their sense of awareness and regaining awareness is the first sign that the recovery process has begun.

The second meaning of *bangkit* refers to change from a passive to a much more active disposition. This is captured in the idea of revitalizing one's self and coming alive again. In physical terms, the concept of *bangkit* indicates a change from a static posture to a more dynamic one, such as moving from lying down to standing up. At a more abstract level, the term implies that the person rediscovers his or her 'active sense of self' (Davidson & Strauss, 1992). Joko's narrative suggested that keeping active and busy was integral to the process of recovery. I refer here to his involvement in socio-political and religious interaction, as well as his regular physical exercise. He reasoned that by doing these activities he could dispel negative thoughts, fantasies and daydreaming. The latter, in particular, epitomizes inactivity, and it is widely regarded as a form of empty idleness that can predispose an individual to *kaget* (shock) and thence mental illness. As discussed in Chapter 7 other participants involved themselves in many different activities including performing religious practices, as their way of active coping. I emphasized there that they understood the

concept of *takdir* (destiny), *nrimo* (accepting destiny), and *sabar* (patience) in a highly active way to incorporate the idea of *usaha* (effort).

Most participants' narratives suggested that passivity was associated with illness, whereas activity was associated with recovery. Joko's narrative provides the best illustration. When ill, Joko led a passive life. At first he felt that he was under the influence of spirits. Although still aware of what was going on, he was not able to control his aggressive behavior. During this time it was his wife who played the more active role in seeking care and treatment. When he underwent medical treatment it was his doctor who took control of his life by virtue of the authority bestowed on the medical profession. When discharged, his wife took control of him again and directed him in what he could do and what he could not do. He exercised no sense of autonomy and independence. The first indication of his recovery occurred when he began to play an active role in his own life again.

The third meaning of *bangkit* is acquiring motivation to change. In their *Indonesia-English Dictionary*, Echols & Shadily (1995:49) write that the term *bangkit* also means "to generate motivating force or energy." This meaning was evident in Joko's narrative above. He invoked this term as a powerful metaphor for motivating himself to recover. I emphasized in my review of the literature in Chapter 1 that recovery is not a linear process. This was certainly the case for Joko. There was always something that seemed to hinder him in achieving his goal of returning to his previous state of health. For example, when he regained a sense of self-awareness, regret over losing his position as school principal immediately surfaced. This generated further worries concerning his children's future and their education. These feelings reactivated his previous symptoms, particularly daydreaming. Therefore, in order to continue the process of recovery in the face of such set backs Joko required constant motivation to reconstruct his sense of self. *Bangkit* motivated him to perform *usaha*, to struggle both in the *batin* realm, by reconstructing his sense of self, and in the *lahir*, by integrating with his community to achieve *rukun*, harmonious integration.

Thus, by conceptualizing the recovery process in terms of *bangkit*, Joko and other participants appropriated a powerful set of cultural meanings that exerted a transformative effect on their lives and their approach to their illnesses. *Bangkit*

embraced *sadar* or regaining awareness, changing to a more active orientation to the world, and self-motivation in initiating the recovery process. Pivotal to this was the performance of *usaha batin*.

Usaha Batin: The Inward Struggle for self awareness

A number of literature indicate that people who have achieved symptomatic recovery from psychosis often experience adverse effects of the illness such as low self-esteem and depression (Gureje *et al*., 2004). Essential components of recovery therefore include self-reconstruction (Davidson & Strauss, 1992), self-renewal and transformation (Mead & Copeland, 2000), and self-empowerment (Young & Ensing, 1999). Joko's narrative aptly illustrates the main feature I highlighted in the literature. He felt that the illness had destroyed his self-esteem, self-confidence, and self-respect. For Joko, the process of self-reconstruction was encapsulated in the concept of *usaha batin* (inner struggle).

Joko *usaha batin* included several tasks. Firstly, he strove to develop a sense of self-control, notably by especially controlling his anger. When he was ill Joko could not control his outbursts; he hit his wife and his children. His wife noticed, however, that in the process of recovery, Joko would often look tense, as if trying to control himself, and then express his anger by hitting a wall with his fists.

Secondly, Joko had to struggle hard to conquer negative thoughts and feelings, particularly those concerning the loss of his position. Regretful that he had lost his status, he described to me the power of being a school principal: "As a principal, I could give an order, set the direction and control or monitor the other teachers. A principal is an authoritative figure at a school." When he started working at the state school, a completely different environment, he was able at first to forget the past and build a new life. However, the sense of loss surfaced, particularly when he encountered the school principal who used to be his colleague on the school principals forum. Joko became *isin* (ashamed) that he was no longer a school principal. According to Joko's wife, her husband's feeling of *isin* indicated that he had not accepted this reality, and it became an obstacle for him in his pursuit of a better future. In fact Joko's wife was instrumental in helping him to accept the reality of the

situation that he was no longer a school principal. He also felt he learnt from psychology books he read to overcome his negative thoughts and feelings.

The third task for Joko in the process of self-reconstruction was to overcome his worry about his children's future. Since he and his wife had only one source of income, and since he was now an ordinary teacher on a relatively low salary, he would not have enough money to pay the expenses for his children's higher education. In order to come to terms with this, Joko strove to get closer to God by performing non-obligatory religious practices, particularly *shalat tahajud* (night prayer) and reading the *Qur'an*. It was the non-obligatory nature of these practices, I argued in the previous chapter that were so important, for they were a manifestation of the active effort he was making. It was through this active struggle, I would add, that he was able to adopt an attitude of *nrimo,* accepting his destiny.

Joko successfully accomplished the task of self-reconstruction. On the last visit of my fieldwork, he appeared as if a new person. He had become more positive in his thinking. There was no evidence I could elicit of his former negativity. Slowly, his sense of self-worth had consolidated. He said he felt more confidence, more accepting of his previous life, and also his current position. He also believed he could now control his worries about the future. My own observations suggested that Joko had changed from being closed-off to being more open with his emotions, attitudes and feelings. In particular, he openly admitted his guilt regarding the financial illegalities at his former school. By reconstructing himself, guided by the cultural principles of *usaha batin*, Joko was able to attain a deeper state of *sadar,* or self-awareness that was, it would be argued, more insightful than before he became ill.

Joko's *usaha batin* to reconstruct his sense of self can be located within the Javanese mystical idea of struggling to a find the true self. This has been depicted in the *wayang* (shadow play) performance regarding a well-known story called *Dewa Ruci* or *Bima Suci* (Clifford Geertz, 1960:273-274; Mulder, 1978:22; Woodward, 1989:193-194).[4] The hero of this story, *Bima,* is a larger than life character, an

[4] According to Woodward (1989:193) this story might have been written during the period of transition from Hinduism to Islam. The main character of this is *Bima*, one of the major heroes in the Mahabharata epic from India, but the core message is derived from Sufi theory about the mystical path. The story of *Dewa Ruci* occupies a prominent position in the court literature, and is very popular

enormous man of great strength and a famous warrior. In short, the story tells of *Bima*'s struggle to find his true self, metaphorically described as finding the 'water of life.' He is asked by his spiritual teacher to go to dangerous places to find the water. He has to go to a mountain where two giants live. *Bima* kills the giants but he finds no water there. Then he has to plunge into the ocean where he has to fight with a giant *naga* (a mythological dragon). Upon killing the *naga*, *Bima* encounters *Dewa Ruci*, a god who looks exactly like himself, but who is as small as his little finger. *Bima*, with his enormous size is asked to enter *Dewa Ruci*'s body. Inside the minuscule *Dewa Ruci*, *Bima* finds that *Dewa Ruci,* in fact, contains the entire world. *Bima* receives secret knowledge from him about the wisdom of life. Inside the body of *Dewa Ruci, Bima* feels immense joy and happiness. He does not want to leave but *Dewa Ruci* insists that he should return to the outside world and enact his duty of life in the world.

The inward and outward movement that I first described in Chapter 7 is rendered explicit in the story of *Bima Suci*, in fact exaggerated to magical proportions and laid out in an ordered processual sequence. *Bima* first struggles in the upper mountainous regions and fails to find his true self. Then he plunges down into the depths of the ocean, where he undergoes a life-or-death struggle, and finally encounters himself in the form of a tiny replica, *Dewa Ruci*. It is only when he makes the movement inward into that tiny self that he achieves full knowledge and awareness, and with these, happiness. And it is only then, as a new person, that he is ready to goes out again into the external world to fulfill his duty.

The sequence of Joko's recovery does not neatly fit the processual sequence outlined in this story, nor should it, because the story is an archetypal culturally available version in which all the elements are set out with exaggerated clarity. We can nonetheless see in his progress through some of the phases that *Bima* undergoes. We see Joko struggle with his guilt over the financial misappropriation, his uncontrolled anger that causes him to lash out at his family, and his shame at anticipated failure to educate his children. It is only when he goes into himself through *usaha batin* that he

---

among the *priyayi* elite as well as lay village people. The complete Javanese text with English translation is available from http://www.xs4all.nl/~wichm/dewaruci.html.

gains full awareness of himself and his illness. Here he finds his deeper self and is able to feel joy and happiness which he referred to as a spiritual experiences: "It is deeply enjoyable, a happiness, that cannot be measured in material terms, it is an inner contentment." It is after experiencing this contentment that Joko becomes able to open himself to the outer world to engage there in *usaha lahir*.

Usaha Lahir: The Outward Struggle

The concept *usaha lahir* is used in many different aspects of Javanese daily life. It can refer to the effort one might make in the world of business, politics, or education. It is especially applicable to matters of health, illness, and recovery. In this study, participants used many different activities to reflect the outer struggle, including the effort to seek treatment, achieving harmonious integration, increasing occupational engagement, and reconstructing physical space.

(1) The Effort to Seek Treatment

It was usually family members who initiated the process of seeking treatment for their ill family member (c.f. Janzen, 1978) and they characteristically demonstrated their *usaha lahir* by seeking treatment from several sources. The inherent pluralism of the health system in Yogyakarta, I would argue, facilitates the expression of *usaha lahir.*

In Joko's case, it was his wife who organized him first to see a nurse in a neighboring town, then to be admitted to a private hospital, and ultimately to be admitted to a private clinic. She also arranged for him to see a religious leader. This literally involved enormous effort, especially taking him to Magelang. Even when he was admitted to the private clinic in Yogyakarta, she had to make a one and a half hour journey by motorcycle to visit him several times a week. While all this was going on, she also had to take care of their three children, bring them to school and then pick them up in the afternoon. On top of this she had to find a way to return the money that her husband had stolen from the school project and spent on himself.

Although Joko and his wife did not seek help from traditional healers, all the other participants sought care from both the medical and the traditional or religious

sectors of the Javanese mental health care system. Generally speaking, they firstly sought care from the latter sources before seeking recourse to hospital. Even in cases of acute severe illness, for example the illnesses of Wati and Sri which lasted only a few days, their families sought help from traditional healers or took them to religious leaders for advice before presenting to hospital. However, the hospital was not always the final place from which care was sought. This has been confirmed by several hospital-based studies on care-seeking behavior (Bou-young, 1995; Subandi & Utami, 1995; Skeate, 2002). In my study participants' families commonly continued to seek care from healers after being discharged from hospital. Thus, they were able to switch with facility from modern medical health professionals to traditional healers and back again. In several cases both medical and traditional therapies are used at the same time. Both, in fact, are avenues through which *usaha lahir* can be expressed.

For the family, *usaha lahir* was not limited to taking an ill family member to a hospital. It extended to taking responsibility for monitoring the medication at home. Table 4.2 showed that most participants were not compliant with their medication, either stopping after less than one month, or taking medication on an irregular basis. Only one participant (Wulan) took the prescribed medication for a whole year. The principal reason for participants not continuing their medication was that they felt that they had already recovered. Some indicated that unwanted side effects influenced their decision to stop. These included dizziness (Sri), somnolence (Priyo), or irregular menstrual cycle (Wulan). Joko feared becoming dependent on his medication so he turned to what he called natural therapy. My ethnographic data, however, showed that most family members made a great *usaha* in encouraging participants to comply with their medication. For example, Rima's father stated that he used many different methods to get Rima to take her medication, such as putting it in her food or drinks. Priyo's father used a religious framework of authority to encourage his son to take his medicine.

The practices of traditional healers as discussed in this research varied considerably. They ranged from physical to spiritual treatments. Physical treatments included massage, the use of particular powders and herbal medicine (*jamu*). The spiritual treatments were more varied, including magical power to repel spirits (*jin*) and other unwanted objects from Budi's body (see Chapter 6, section 6.5.1.). One

healer suggested that Bambang's wife should walk in a circle around the house, akin to performing circumambulation at an Islamic religious ritual. Rima's father, who took Rima to twelve healers in all, talked of the various rituals performed by different healers. One performed a ritual to cleanse a family *keris* (dagger), because the healer believed that the *keris* had not been taken care of properly so that the spirit who dwelled inside it had possessed Rima. Another healer suggested that the family should perform a ritual offering at Rima's home for her spiritual sisters,[5] and again at the graveyard to ask forgiveness from Rima's ancestors. Another healer performed a ritual to remove spirits who lived in Rima's house, followed by a second ritual to protect the house with a magical power.

In summary, families' *usaha lahir* was evident in their effort to seek treatment from different sectors of the Javanese mental health care system**.** This is comparable with the study conducted by Halliburton (2004). In his research on psychiatric pluralism in southern India Halliburton found that participants who were treated with three forms of therapy for mental illness—ayuverdic (indigenous), allopathic (Western) and religious healing—showed improvement in the follow-up assessment. He argued that the availability of different forms of therapies provided more possibilities for participants to find a therapy which suited them. Halliburton (2004) hypothesized that using different models of therapy may contribute to recovery from psychotic illness in the developing world. This idea is interesting, but must be considered with caution in this research. Although the three models of therapies in India do exist in Java, it is too early to conclude that psychiatric pluralism is a factor associated with recovery for the participants in this study. Further research still needs to be done.

However, it is clear from my ethnographic data presented here that the search for multiple forms of therapy has a special set of meanings that give medical pluralism, so commonly found around the world, a special accent in the Javanese cultural setting. The variety of treatment options enables participants and families to demonstrate *usaha lahir* by utilizing many options, often simultaneously. This expression of *usaha lahir,* I would argue, is in itself therapeutic, in so far as it

---

[5] Traditional Javanese believe that when one is born, he or she is accompanied by four spiritual siblings (*sedulur*) who always take care of him or her in the spiritual world.

constitutes one of the chief ways in which they can *ngelakoni takdir* or enact their destiny.

(2). Achieving *Rukun,* or Harmonious Integration

The term *rukun* was frequently used by participants to indicate harmonious integration at a family level. As I will demonstrate, it also applies to harmonious integration at a broader social level.

Participants strove to achieve a state of *rukun* (harmonious integration) because it was regarded as an important factor to attain a *tentrem* (calm, peaceful) state and, thus, significant for recovery. Very often, to achieve *rukun* one needs to sacrifice one's interest to avoid conflict. This was best illustrated in Joko's narrative. As I have indicated, Joko became more involved with matters of everyday family life as he recovered. For example, he had to deal with finding a new middle school for his oldest daughter after she graduated from her primary school. At first Joko wanted her to go to a religious school, but his wife and daughter disagreed. Joko decided not to impose his own views on them so he arranged for his daughter to enter a state secondary school. Also, when his wife proposed the idea of opening a *wartel* (telecommunication café) at his house, Joko firstly disagreed because there was already a *wartel* near his house. After much discussion, he finally agreed and assisted his wife in operating this small home business, not only a *wartel* but also a beauty salon. This is indicative of his integration with his family in a way which shows a degree of maturity, vastly different from his prior approach.

The term *rukun* has also come to be been used much more widely in Java across a variety of social contexts. Clifford Geertz (1960:61) defined *rukun* as 'traditionalized cooperation' in the sphere of labor and capital exchange. Analyzing the concept at a more abstract level, Koentjaraningrat (1985:251) suggests that *rukun* represents 'harmonious integration,' a particularly important value among the *priyayi* elite, who invoke it to maintain a sense of in-group solidarity and to maintain their superior social status and identity. The term *rukun* has been applied to the modern Indonesian social system. It may designate neighborhood structure. The smallest neighborhood is called a *Rukun Tetangga* (RT), which, literally translated, means

harmonious integration with neighbors. One RT usually consists of around thirty households. Six to ten RTs make up a *Rukun Warga* (RW), literally, harmonious integration with all members of the community.

Participants in this research exerted much effort to achieve *rukun* at community level. In Joko's case, he strove hard to participate in social-religious activities. He told me that every morning he participated in congregational prayer at the mosque. In fact, he said to me that one reason for him going to the mosque was so that he could socialize with people in the housing complex and with people in the village. During the *idul adha*[6] celebration, Joko actively participated in the proceedings as a committee member and organized the sacrifice of animals. He also became involved in community social life such as attending a wedding ceremony and meeting in his RT group. These activities provided him with a feeling of being valued by the community, and a sense of reconnection because he had re-established a substantial role in the community. Further to this, Joko's reintegration into social life in Yogyakarta was evident in his involvement in political activities. During the 2004 Indonesian presidential election he organized supporters for Amin Rais,[7] one of the candidates. Although Amin Rais was not successful, Joko learnt much about party politics in Indonesia and, more importantly, he said he learnt from Amin Rais' example how he should lead his own life.

Increasing social engagement was also evident in other participants. In Wulan's case the progression toward increasing social engagement was quite obvious. When I met her for the first time, during the initial phase of recovery, she was able to help her mother make food that her father sold. Later she became involved in mosque activities where she taught village children to read the *Qur'an*. This not only gave her a sense of self-worth but it was also through this activity she struck up a personal relationship with a man with whom she was later married. Her marriage ultimately symbolized her reintegration into the community.

Part of the process of social engagement involved an effort to achieve reconciliation with members of the community and to rebuild social networks which

---

[6] *Idul adha* is the annual Moslem celebration during which goats or cows are sacrificed.
[7] A leading figure in the Muhammadiyah movement who had previously been the chief of the Indonesian Consultative Assembly *(Majelis Permusyawaratan Rakyat).*

had been fractured by illness. This was critical to the achievement of *rukun*. Wati and Bambang sought to improve their social relationships with their fellow workers, trying to convince them that nothing was wrong with them now as they had fully recovered. Rima's narrative provides a unique illustration of the achievement of community reconciliation leading to a state of *rukun*. Her father mentioned that, when ill, Rima often wandered around the village, and on one occasion drew the symbol of a political party and a political figure on the wall of her neighbor's house. When she recovered Rima felt ashamed about going out. Her father asked her brother to go to her neighbor's house to ask forgiveness for her inappropriate behavior. Her father also performed the ritual of *slametan,* whereby the neighbor was invited to pray and had meals together. He disclosed that the *slametan* was not only intended to achieve reconciliation with their neighbor, but also with the spirit who may have been offended by Rima's behavior.

Thus, participants moved from a focus on themselves to increasing involvement first with family members and then more broadly with members of their neighborhood and community, resolving their damaged relationships at each level, in pursuit of *rukun.*

(3). Increasing Occupational Engagement

Participants' integration with the community also occurred in their working life. In Joko's case this was evident when he move to the new school to take up duties as a regular teacher. The initial struggle to accept his altered circumstances, in the long run, proved psychologically beneficial because it opened the possibility of him developing a new life.

Just as Joko returned to his work as a teacher, other participants also engaged in productive occupations as they recovered. Two of them returned to their previous jobs. Wati recommenced her job in the glove-making factory without any difficulty. Her fellow workers provided support during her illness and when she returned to work. Similarly, Bambang returned to his previous work in the aluminium factory. I had an opportunity to visit this factory, located not far from his father's house. Although I was unable to meet with his supervisor, I was informed that Bambang had

done very well, notwithstanding the fact that he had been ill. His brother, who also worked in the same factory, assisted him in his negotiations with the factory owner. Bambang did not experience any discrimination even though his fellow workers were well aware of his illness.

Two other participants, Sri and Endang, returned to university and Priyo returned to school. Before graduating, Sri secured a temporary job at a kindergarten. In the second year of follow-up, Sri told me that she had graduated and now worked at another kindergarten in a more permanent position. Endang was still continuing her studies when I made the last visit. Priyo, who had also graduated from school, was able to get a job with a building contractor. He remarked that during his first month in the job, he still took his medication. By contrast, Wulan decided not to continue her schooling and instead took up sewing lessons and teaching children to read the *Qur'an* in the village mosque. Here she met a boy who later married her. After her marriage, Wulan worked in another city for three months and then returned to her village, where she took up work in a cigarette company located not far from her village home.

4. Reconstructing Physical Space

In an earlier section I discussed the transition from closed to open, and showed how this was effected not only in terms of the self, but also in terms of participants' physical space. Here I extend that discussion to demonstrate how at a later stage of recovery, some of the participants literally reconstructed their living space. Young & Ensing (1999) underline the importance of taking care of the living environment as an important part of recovery from mental illness. It provides evidence to others that the recovering patient is a capable human being who can survive and function in the world. In this research I was impressed by the extent to which participants expressed their recovery by reconfiguring their living space.

When I first visited Rima's house while she was still ill there were only two chairs in the living room. I could see a broken mirror in the dining room; she had smashed it. She had also bought some stickers and posters from the market and attached them on the wall more or less randomly, which gave the impression of a

disorganized and messy room. During the next visit I observed that Rima had scribbled on the front wall, although it had just been painted by her father to celebrate the annual *lebaran* festival. When Rima began to recover, the change in her house was noticeable. Rima's father had put new ceramic tiles over the old, bare, cement floor. New chairs in the room made it look tidier, and it now had a small television set in the corner and sewing machine against the window. Rima was making her own dresses using this machine.

For Sri, her recovery was marked by her re-arranging her living room. When I visited her for the first time the living room was partitioned with a large cupboard. She received guests in the front part while the back part was used as a dining room. During a later visit, after her mother died, I found the cupboard had been put back against one wall, which gave the living room more space. Sri told me that some children from the neighboring area often came to play and learned to read the *Qur'an*. The next time I visited I was surprised by how different her house looked. The living room had been transformed into a classroom for an informal kindergarten. With the help of her brother the wall was brightly painted in green, yellow and red, and Sri had drawn some pictures of flowers, and houses, as well as writing the names of angels. The room now exuded a sense of cheerfulness, order, and openness.

Some participants also reconstructed their living spaces by engaging in major building projects. In a follow-up visit I observed that Joko was building a second floor onto his house. This activity strengthened his self-confidence further enhancing the recovery process. He disclosed to me that he had never thought he would be able to renovate his house so soon, after being so ill and loosing his position. In January 2006 I visited him and he had finished building the second floor of his house, and he proudly showed me how he had successfully initiated the building of a new mosque near his house.

Bambang took a larger step. When I first met him Bambang lived in a small temporary bamboo house where his wife operated a small food stall. Once he began to recover he built a more permanent house behind the bamboo house. His brother-in-law helped him on this project. In my follow-up visit Bambang and his wife were clearly very happy because they had just moved into the new brick house. Wati had a similar story. When I visited her for the last time she told me that her husband was

building a house for them to live in independently. They would soon move in when the house was ready.

The arranging and reconstruction of living space was both a manifestation of recovery and a factor that further strengthened the recovery process. Building new houses, I would argue, represented participants' development of a new sense of self and purpose and confirmed their place in the community.

Conclusion

I have argued that *bangkit* conveys a strong sense of self-awareness. In the *batin* realm, this refers to an awareness of the inner self of thoughts and emotions, and even deeper than this, an existential awareness of one's *takdir* or destiny. But it also encompasses awareness in the *lahir* realm, where it means an awareness of self in relation to others, and this is primarily experienced through *isin* (or lack thereof). Secondly, I argued that *bangkit* implies a strong sense of active engagement. It relates closely to ideas of *ngelakoni* (enactment) and *usaha* (struggle). In this regard, too, *bangkit* is encompassing, for we see participants enacting their struggle on the inside and on the outside.

Most importantly *bangkit* conveys the idea of a spark, a force, or an energy that motivates change. I have previously emphasized the movement from *batin* to *lahir* and simultaneously from *lahir* to *batin*. It is possible, at this stage, to give ethnographic specificity to the term "movement." In the context of recovery, the notion of *bangkit* gives the idea of movement a sense of dynamism and force that involves a true transformation. With its encompassing, transformative force, the experience of *bangkit* is pivotal to the process of recovery—it is the engine of recovery.

In sum, most literature on the process of recovery that is derived from research conducted in Western settings focuses on individual psychological processes. My research gives equal weight to socio-cultural processes. In doing so it responds to the challenge laid down by Jenkins to give social and cultural specificity to the process of recovery.

REFERENCES

Andersen, R., Oades, L., & Caputi, P. (2003). The experience of recovery from schizophrenia: Toward empirically validated stage model. *Australian and New Zealand Journal of Psychiatry, 37,* 586-594.

Barrett, R. (1996). *The Psychiatric Team and the Social Definition of Schizophrenia*. Cambridge: Cambridge University Press.

Davidson, L. (2003). *Living Outside Mental Illness*. New York: New York University Press.

Davidson, L., Stayner, D., Nickou, C., Styron, T. H., Rowe, M., & Chinman, M. J. (2001). "Simply to be let in": Inclusion as a basis for recovery. *Psychiatric Rehabilitation Journal, 24*(4), 375-388

Davidson, L., & Strauss, J. (1992). Sense of self in recovery from severe mental illness. *British Journal of Medical Psychology, 65*, 131-145.

Jenkins, J. H., & Carpenter-Song, E. (2006). The new paradigm of recovery from schizophrenia: Cultural conundrums of improvement without cure. *Culture, Medicine and Psychiatry*.

Jenkins, J. H., Strauss, M.E., Carpenter, E. A., Miller, D., Floersch, J., Sajatovic, M. (2005). Subjective experience of recovery from schizophrenia-related disorders and atypical antipsychotics. *International Journal of Social Psychiatry*, *51*(3), 211-227

Spaniol, L., Wewiorski, N. J., Gagne, C., & Anthony, W. A. (2002). The process of recovery from schizophrenia. *International Review of Psychiatry, 14*, 327-336.

Young, S. L., & Ensing, D. S. (1999). Exploring recovery from the perspective of people with psychiatric disabilities. *Psychiatric Rehabilitation Journal, 22*, 219-621-622.