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**ACTS OF INTEGRATION, EXPRESSIONS OF FAITH**

**Madness, Death and Ritual in Melanau Ontology**

A thesis presented in partial fulfilment of the requirements  
for the degree of Doctor of Philosophy  
in Social Anthropology  
at Massey University

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# ACTS OF INTEGRATION, EXPRESSIONS OF FAITH

## Madness, death and ritual in Melanau ontology

### Abstract

Longitudinal medical research studies undertaken on an international scale by the World Health Organisation continue to confirm a better prognosis for mental illness in traditional societies than in more technologically developed societies.

While various associations have been drawn or hypothesised between specific cultural factors and a more favourable outcome, attention has also frequently been drawn to the methodological, analytic and diagnostic inadequacies of these studies.

The work for this thesis was undertaken with these criticisms in mind and also in part as a counter to the perceived inadequacies of a solely bio-medical approach to psychopathology. The specific purpose of the research was to assess the role that culture plays in the construction and experience of both psychological well-being and psychopathology in a “traditional” society in Sarawak, Malaysia. There was an equal concern to ascertain and examine the ways in which explanations and understandings about identity, illness and wellness differ from current western models and approaches and how they are realised and lived out in the experience of individuals.

The ethnographic data was collected during intensive participant-observation conducted over two years in the Mukah District of Sarawak, Malaysia, a region which has a long association with the Melanau ethnic group.

Drawing on the ethnographic evidence, this thesis argues that psychopathological experiences (as psychological phenomena) embody characteristics that make it possible to identify them as culturally constructed artifacts. A theory is advanced which locates the source of psychopathology within the context of human being-in-the-world and which suggests that features of the mental illness experience such as chronicity and stigma are historically and culturally constructed within the illness concept itself.

The argument draws on the theory and insights of existentialism, phenomenology, Turner’s ritual theory, and Jung’s concept of the shadow, extended to include a concept of the cultural shadow. It concludes that a failure to take account of the cultural dimensions of mental illness may also result in a failure to perceive not only the source of our psychopathologies but also a solution.

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## Introduction

This project had its origins in a paradox, happened upon several years ago when I was carrying out research for my Honours Dissertation (Appleton 2000), into the social experience of mental illness in a New Zealand provincial city. Given the formidable collective artillery of scientific research, pharmacological breakthroughs and public health funding currently ranged against mental illness in modern western societies, it came as a surprise to learn that one's chances of a favourable outcome for mental illness (and especially for the major disorders such as the psychoses), were rather better if one lived in a "developing" country where such resources are scarce or even unavailable. In fact, the evidence for a better prognosis in "developing" rather than "developed" societies has become more compelling and resilient over time.

The research findings of international long term surveys conducted by the World Health Organisation (W.H.O. 1973; 1979) and of more recent transcultural psychiatric research, (e.g. Waxler 1979; Kleinman 1988; Warner 1994; Jilek 1998; Hopper 2004), intrigued me. What was the connection between the incidence of particular categories of mental illness and the critical issues in a culture? Why did psychosis in traditional societies take an acute and transitory form rather than the chronic form commonly found in western contexts? Did the maintenance of traditional cultural phenomena such as ritual, somehow act as a protective factor against specific types of psychosocial pathology?

It was equally thought provoking to find that firstly, this information is muted in both everyday and professional discourse about mental illness and in the media, and secondly, that relatively little research funding is presently going into projects aimed at ascertaining why this discrepancy exists and whether we might benefit from the knowledge obtained. An idea began to take form.

I had lived and worked in Brunei in the early 1990s and spent time in both Sabah and Sarawak; I had some familiarity with and a lasting affection for the region. Making my project a reality was surprisingly straightforward. I contacted Dr George Appell of the Borneo Research Council. He put me in touch with Dr Robert Barrett, who has carried out extensive ethno-psychiatric research in Sarawak (e.g. Barrett 1993; 1997a). Dr Barrett put me in contact with members of the Mental Health Association in Kuching, Sarawak. In October 1999, I made an initial two-week visit to Sarawak.

By the time I returned to New Zealand, fieldwork arrangements were already underway. With the advice and assistance of Jayl Langub and Bonaventure Hamdan Buyun from the Majlis Adat Istiadat Sarawak, I had selected and carried out an initial reconnoitre of a possible fieldwork site and prepared an application to the Sarawak State Planning Unit. Three months later, in January 2000, I left New Zealand to begin fieldwork in Sarawak. I would make my home in Mukah – the heartland of the Melanau.

## **The Contribution of this Thesis**

This thesis is situated within the broad genre of humanistic anthropology. However, it also falls within the boundaries of both psychological anthropology and ethnography. As globalisation and development proceed in Sarawak it is likely that many of the traditions and practices I have documented and described will further weaken and disappear; there is a sense therefore in which the research may also be framed as salvage anthropology.

The contribution of this thesis is threefold. Firstly, it makes a contribution to the ethnography of the region of East Malaysia, in particular as a record of Melanau culture at the close of the twentieth century. Secondly, as a study of psychopathology and healing practices located within the wider context of an ethnographic analysis it makes a contribution to the cross-cultural literature in the field of mental health. Finally it makes a theoretical contribution which not only provides a necessary complement to biomedical understandings about mental illness but by revealing the connections between cultural context and psychopathology opens the way to new understandings about the illness experience.

## **Themes and Building Blocks**

This thesis is an argument for an ethnographic perspective on mental illness. It is not intended as an alternative to the bio-medical perspective, nor does it claim that one viewpoint is more or less “true” than another. It is intended as a complementary approach whose primary contribution is the meaning and understanding it brings to the experience of the illness, and I use “the experience” here to include the entire social,

therapeutic and cultural context. It might therefore be framed as an attempt to “broaden the discussion” (Peacock 1986:113). “Anthropology is what anthropologists do – what they discover, write, teach, practise – as well as what they see and think” (ibid). There is something of all those elements in this thesis.

The argument that is set out in the following pages developed in three identifiable stages. These stages broadly correlate with the temporal process of completing this project as well as with the spatial locations I was in at the time. My thesis is not grounded in grand theory; rather, I drew in theoretical threads as I needed them to make connections and to facilitate the continuing development of my argument as it was worked out in practice. But there were also times when theory made it possible to take the ethnographic analysis into new, previously unexplored areas and expand the argument. Theory should enable; not confine. Theory and practice belong together.

### **The contribution of Stephen Morris**

South East Asia and the island of Borneo in particular have provided fertile grounds for writing ethnography. Stephen Morris first came to Sarawak to do anthropological fieldwork in 1948, “under the auspices of the British Colonial Social Science Research Council and the Government of Sarawak” (Morris 1991:vii). His purpose was to examine the sago industry and he settled for the two years this took in the Melanau village of Medong, on the River Oya.

He was sent on this project by Raymond Firth; his supervisor was Edmund Leach. Morris made subsequent visits through the 1960s, 1970s and early 1980s, when his focus was on the beliefs and practices of the Melanau. Besides his initial report on the sago industry, two further major works have been published. “The Oya Melanau” (Morris 1991) is an ethnography; the second work “The Oya Melanau: Traditional Ritual and Belief” was published posthumously as a special monograph by the Sarawak Museum and consists of a collection of papers and manuscripts edited by Beatrice Clayre. A number of other papers and articles have been published in collections relating to the region (e.g. Morris 1993; 1994; 1998).

Morris’s work provided the bedrock and an ongoing resource for my own research. He was as meticulous and thorough in the records he kept as he was an observer and his affection for the Melanau people shines through his writing. I have found no fault with his documentation and descriptions and it is to his credit as an

ethnographer that those Melanau I spoke to who are acquainted with his work found no fault with it either. Although the process of development has brought significant change to the region – the ritual practices and traditions associated with the old Melanau animist religion in particular have eroded - much of what he wrote still pertains today. The section on the history of the Mukah District in my thesis relies significantly on Morris's own documentation.

The most significant difference between Morris's experience in his initial period of research in the early 1950s and mine at the beginning of the 21<sup>st</sup> century is in the role of anthropologist. I was told that Morris employed two people when he lived in Medong; one as a research assistant, another to keep house and cook for him. The status of the anthropologist in the world and anthropology itself has changed. A European in Sarawak in 1950 had significantly higher status than he/she has today; the District Officers at the time were also European. A third difference has to do with our different gender and the way it impacted on access to particular niches of culture; for example women in Mukah rarely go out alone in the evening, and men's and women's worlds are relatively segregated for many social activities. That has probably advantaged and disadvantaged us equally.

### **The primacy of relationship**

My thesis begins with the primacy of relationship; this continues as an overarching theme throughout my argument. It framed the questions I started out with, my methodological approach, and is a vital element of my argument. It contributed to a successful conclusion of the research project and shaped my own experience of it. It was by way of relationship and connections - the way one association led to another - that the epistemological field opened up and provided a pathway through.

Two closely related theoretical positions come together in the theme of relationship and thus were also there from the beginning. The construction and experience of personhood is a fundamental analytical element of my hypothesis. I have argued that personhood is constructed with reference to what is at stake in being-in-the-world.

My view of the person is grounded in existentialist theory. Being is understood as being-in-the-world (Heidegger 1962; Merleau-Ponty 1968), which includes the understanding that we are always being-in-the-world-with-others and world as the structure of meaningful relationships within which we live our lives. Relationship is

therefore a fundamental element of our experience as persons. From this perspective both psychopathology and mental well-being are shaped as we engage with and negotiate the existential conflicts and contradictions inherent in being-in-the-world. I have argued in this thesis that being-in-the-world is the basis of ontological security, or the way through which we generate meaning and purpose in our lives.

In existentialist terms, the anthropological project becomes not a matter of bringing back answers from other cultures, but of utilizing what we find as avenues to further our understanding of our own world and to “find the solutions to our problems in direct relation to the historical and cultural crises which gave the problems birth” (May 1958:19).

Phenomenology provides a second thread in the theme of relationship and contributed the methodological foundation for my ethnographic research. Thus my argument is grounded in lived experience. “Mind” is not conceived in opposition to “body” but as embodied mind (Merleau-Ponty 1962), and the focus of the ethnographic description is on process rather than the end product. Knowledge and identity are viewed as emergent and continually evolving through intersubjective engagement with others.

From a phenomenological perspective the anthropological project is an intersubjective encounter; knowledge and understanding are realized and embodied in participation with others in the activities of everyday life. A phenomenological approach also brings a moral dimension to the research process because it has the ability to encompass and include ways-of-knowing which push against and transcend the limits and authority of scientific language concerning human being-in-the-world. Hence my argument that enhanced insight and amelioration of suffering requires the contribution of both bio-medical *and* ethnographic understandings.

The primacy of relationship was also a theme that connected me to my fieldwork context, for the central theme which underpins all Melanau practices and belief is an acknowledgment of the interconnectedness of man/woman with his/her environment and the influence of one on the other. Melanau ontology is framed within a reality whereby person and world exist in a reciprocal relationship, not only with other persons but with all the other elements and processes which make up their world. Thus an imbalance in one is reflected in the other.

From this perspective, illness or suffering is not just a sign of disorder and

imbalance in the individual; it is also an indication of disorder and imbalance in the world and a sign of a breakdown in the relationships between a person and his/her world.

Through the ethnographic description and analysis I have argued that concepts of normality and abnormality are constructed, challenged, negotiated and reconstructed as people engage with and relate to their world. Thus categories of psychopathology - and wellbeing - are culturally and historically constructed categories with demonstrable connections to the world which shaped them, and they reveal the nature of what is at stake in the relationship between the person and his/her world. Diagnostic categories of psychopathology are culture carriers, just as definitions of normality and abnormality are bound up with notions of personhood in a particular cultural context. Both dimensions of the illness experience - the medical and the cultural - need to be addressed if we are to further our understanding.

There is also an important moral argument to be made for a cultural approach to psychopathology. Elicitation and analyses of cultural meaning of illness bring an added dimension of awareness to the illness experience in that they “shape suffering as a distinctive moral and spiritual form of distress” (Kleinman 1988: 26). It is this dimension which traditional clinical explanations have been epistemologically unable to address. Medical categorisation alone tends to mask the diversity of experience between individuals, which might affect outcomes and even diagnoses. Life-as-lived can seldom be reduced to linear explanations.

In the ethnographic description and analysis in this thesis I have made an effort to address some of these criticisms as well as examine the ways in which explanations and understandings about identity, illness and wellness differ from current western models and approaches and how these are lived out in the experience of individuals diagnosed with a mental illness. I have addressed three questions in particular: to what extent are chronicity and stigma historically and culturally constructed within the concept of an illness itself? Can the experiences I describe be directly compared with western categories of psychopathology or labeled as such? Finally, what is at stake when we do this?

### **The traditional healer**

The traditional healer occupies a central place in this thesis and since anthropology first came into being has been a focus for research and speculation. Much

has already been written drawing attention to the similarities between the initiation sickness of the shaman and the experience of psychosis. (E.g. Devereux 1956; Smith 1997).

I have argued that the Melanau healer plays a pivotal role in the Melanau healing system as a mediating agency between the person who presents with a problem and the forces which have caused the problem to occur. His initial experience may constitute a break with reality but with the help of others experienced in this process he is enabled to integrate the experience and learn to control his/her access to other dimensions of reality such that he can use this ability in his role as healer. However, he does not work in isolation; his role is facilitated through his being part of a wider system of cultural elements – such as concepts of personhood and beliefs about illness and wellness - where each component relies on and is mutually reinforced by the presence of the others.

Smith (1997) and Grof & Grof (1990) have portrayed the shaman's initiation as a liminal experience which leads to a "profound restructuring of personality" (Grof & Grof 1990:120). From another perspective, Barrett (1998:491) has drawn attention to the "liminal" aspects of "delusional and hallucinatory experience", and suggested these experiences may be potentially analyzed within a framework of liminality. Turner suggests that when liminality is suppressed it surfaces as psychopathology (Turner 1974:266). The theoretical signposts all seemed to indicate a particular direction. Via this route I came to consider the potential of ritual to mediate experiences that we might associate with psychopathology.

### **Ritual**

The theoretical ground of this thesis and my experience in the fieldwork context first began to connect and coalesce in ritual. It therefore assumes a significant place in my argument; arguably the most significant role. Although my initial research had given me cause to think that ritual might play a role in the prognosis of mental illness in traditional societies I did not know before I went to Sarawak, the extent of the role it played in Melanau ontology, not only in the context of healing but in other areas of everyday life. For this reason I have argued for the importance of ritual, not only because of its association with traditional healing but as a phenomenon which is also an agency for maintaining wellbeing in Melanau ontology. Ritual plays a significant role in maintaining community health and balance and integrating individuals into community,

as well as mitigating the effects of factors which are often associated with mental distress. It achieves this through its ability to mediate the existential gap; it provides a mechanism for holding the opposing tensions of the contradictions in a state of balance and thereby maintaining a state of equilibrium. That brings ritual into a position of significance in an existential sense. Ritual events also provide an opportunity for reaffirming social relationships and a place for both formal and informal transmission of traditional knowledge and practice.

My main reference point concerning ritual is Turner's theory of ritual (1969) and to a lesser extent the theoretical argument made by Rappaport (1999). My hypothesis draws on two aspects of Turner's theoretical argument in particular; the concepts of liminality and *communitas* as he developed them and his contention that ritual has both an expressive and an instrumental dimension. Turner's ritual theory has also provided the analytical framework for my analyses of therapeutic practice in the Melanau traditional healing context. I have also turned to Turner (1982; 1987) for his theory and analysis of "play" as a liminal phenomenon.

### **Death and continuity**

Ritual assumes a further significant role in my hypothesis, for a number of people have argued that ritual is fundamentally concerned with death and rebirth and that ritual is also a model of life as transition (e.g. Peters 1998:99). Thus ritual has psychological value (ibid).

[Ritual] is forged to safeguard crossings and in ritual, life rehearses for death. Faith in the preservation of ritual expresses trust in process and reinforces an intuition that in endings there are also beginnings. It expresses a deep-seated human longing for continuity and significance to outlive that which must die, give way in preparation for what is waiting to become (Shorter 1996:121).

A meaningful coincidence of themes converge at this point because death and dying both present as a significant theme in mental illness. Secondly, the same associations and metaphors concerning death vary cross-culturally (Gire 2002:¶1). And thirdly, "death anxiety is not present to the same degree across cultures" (ibid). What was most significant was that no other occurrence caused so much energy and collective ritual effort to be spent than was spent in addressing a death in the Melanau community.

Death, especially in societies where personhood is primarily constructed in terms of collective identity, presents problems for maintaining a sense of continuity. I have argued that ritual plays a fundamental role in mediating the problem that death poses for Melanau ontology. On the surface the extended ritual activity that takes place after a death is concerned with ensuring the soul of the deceased reaches the afterworld safely. I have argued that these rituals are also concerned with addressing the implications death has for the individual and community as a whole. In other words, ritual has an important auto-communicative aspect (Rappaport 1999:51). This feature of ritual becomes especially salient in the annual calendrical rituals the Melanau perform when they collectively visit the graveyard to pay respect to their dead relatives. I have argued that these annual rituals in particular are involved with generating meaning and continuity by providing access to the experience of eternal time (Rappaport 1999:197). It is the performance itself of these rituals that make this possible (ibid:122).

### **A Jungian approach**

The final link in my argument was developed to its current form only after I had left the fieldwork context, though the idea was taking form before that point. I think perhaps I needed to create some distance – both spatially and temporally – between the fieldwork process and myself before the ideas gelled.

The final theme in my hypothesis - and the synthesizing allegory which brought the thesis to a theoretically satisfying conclusion - is drawn from Jungian and post-Jungian ideas and insights. It relies on two ideas in particular. The first is Jung's concept of the "shadow" (Jung CW 9 i & ii), which I have adapted and applied in terms of the cultural shadow to argue that psychopathological phenomena can be conceived as metaphorical manifestations of the cultural shadow. The second is the concept of the "image" as an expressive and communicative phenomenon and - in the context of ritual - a "shape shifter" (Jung 1965:177; Jung CW 12 & 14). Johnson's small but powerful book *Owning Your Own Shadow* (1991) has provided a rich source of ideas for thinking about the cultural shadow. The edited collection, *The Cambridge Companion to Jung* (Eds. Young-Eisendrath & Dawson 1997), has helped to provide me with a foundation on which to site my own theoretical argument, as has Rowland's *Jung: a Feminist Revision* (2002). Jung's autobiography *Memories, Dreams, Reflections* (1965), has been a primary source of reference.

In a series of analyses of ritual and psychopathological phenomena such as “black magic”, I illustrate how Jung’s concepts facilitate a means of understanding how these phenomena are constructed in social practice and how in the process of ritual, via the generation of a reconciliatory image, they are transformed and resolved.

I conclude by proposing that these two concepts, the shadow and the image, might offer a means of re-visioning the way we conceive and perceive mental illness, in ways that have potential to change the way it is experienced by everyone.

## **A brief synopsis of chapter topics**

Chapter one begins by reviewing and considering the evidence that there is a better prognosis for mental illness, particularly the major disorders, in “traditional” societies than in technically advanced societies. An argument is made for an ethnographic understanding of psychopathology on this basis.

Chapter two briefly outlines the theoretical and methodological parameters of my hypothesis and introduces some key concepts preliminary to their subsequent implementation, development and synthesis in the context of the ethnographic description that follows. It has been a deliberate strategy to allow much of the theory to unfold in tandem with practice during the course of the narrative.

There is a change in tone in the writing at this point which demarcates the earlier more theoretical chapters from the ethnographic material and its analysis presented in the rest of the thesis

In chapter three, I introduce the ethnographic context, beginning with an overview of the history of the area followed by a general description of the social and physical environment in the present day. The historical account draws considerably on the work of Stephen Morris (1991 & 1997).

Chapter four explores the experience of personhood in my fieldwork context, beginning from the premise that personhood is primarily realized within the context of relationship. Through a series of vignettes, an argument is made that notions of normality and abnormality are culturally constructed categories and that the concept of madness is similarly a cultural construction.

Chapters five and six explore cultural theories and concepts about health and illness, their connections to everyday social practice and concepts of personhood, and

their articulation within local systems of healing in Mukah District. The chapters are divided according to perspective. Chapter five draws on the narratives and experiences of several traditional healers and examines how these have influenced and been incorporated into their healing practice and their understandings about illness. The therapeutic principles of traditional healing and the possible implications these have for therapeutic effectiveness are also discussed.

Chapter six explores the way that local understandings about illness and suffering are realized in the experience of individuals and the process by which they are rendered culturally meaningful. These examples are framed within the context of several hypothetical questions: to what extent can these experiences be compared with western categories of psychopathology; what role does response play in a person's experience of illness; what difference does it make to move the boundary between an experience as an illness or a social problem; how do explanations and understandings about the source of illness impact on the experience of individuals?

The focus in chapter seven is on the process of dying and death. Through a series of ritual analyses I explore the way that Melanau eschatology shapes the experience of death and the importance that this process assumes for the continuity of being-in-the-world. Comparisons are made with contemporary western attitudes and practices concerning death.

Chapters eight and nine are presented as a unity. Chapter eight is theoretically weighted, while chapter nine is an applied exegesis. In these two chapters I set out a cultural theory of psychopathology. The hypothesis draws on Jung's concepts of the shadow and the image, in association with an ethnographic analysis, as a means of making the connections between culture and psychopathology explicit.

The thesis concludes, as it began, in a paradox; that a failure to take account of the cultural dimensions of mental illness may also be a failure to perceive not only the source of our psychopathologies but also a solution.

*N.B. Some names and details of people and places have been changed in the ethnographic material presented in this thesis; however I have tried to remain faithful to experience.*

# Chapter One: The genesis of an idea

*...truth happens to an idea. It becomes true, is made true by events.*

- Jackson 1996:4.

## Introduction

Since Mead and Bateson first drew attention to a connection between mental states and cultural context in *Balinese Character* (1942), there has been a continuing thread of cross-cultural anthropological research into varieties of sickness and suffering. Much of this research has focussed on the processes by which these experiences are rendered as distinct social phenomena and organised in local cultural systems.

My Honours Dissertation, based on intensive fieldwork at a local Schizophrenia Fellowship Drop-In-Centre in New Zealand, grew out of this tradition (Appleton 2000). The insights generated, from an analysis of first-person subjective accounts, pointed to a causal link between cultural context and chronicity. It was also evident that the illness experience had both an expressive and an instrumental dimension, despite the fact that mental illness is conceived in biomedical terms as individual pathology and an essentially irrational state.

I came to three conclusions as a result of this venture. Firstly, in my assessment a solely bio-medical approach was inadequate to address the diffusive nature of the suffering involved in the mental illness experience. Secondly, I concluded that in the New Zealand context, the dualistic mind/body model of the person negatively influenced social perception of both mental illness and the person who was ill, such that their identity became essentialised. Finally, I was convinced that full recovery, social reintegration and the overcoming of social stigma, depended on finding a means of reducing and dissolving the boundaries between self and other, of normalising both the experience and those who experienced it, in ways which would allow us to relate to them as like ourselves. In view of these conclusions, the epidemiological evidence relating to more “traditional” contexts was intriguing.

## Epidemiology

Longitudinal medical research studies undertaken on an international scale by the World Health Organisation (WHO) have now confirmed what was suggested by smaller scale studies previously - that though the psychobiological aspects of the major mental disorders can be shown to be fairly uniform cross-culturally, there is a better prognosis (for schizophrenia and related disorders), in “traditional” societies than in technologically advanced societies (Kleinman 1988; Waxler 1979, 1981; WHO 1973, 1979; Warner 1994). Support for this viewpoint, as well as records of cultural differences in the features and presentation of psychopathology, have a considerable history in the literature. Kraepelin, for example, noted as early as 1904 that mental illness as it occurred in Java had a different quality - manic-depression took a less extreme form while for “dementia praecox “ (schizophrenia), the symptoms “were less florid, less distinctively marked...it was rare for illness to progress to those very severe forms...which fill our asylums at home” (Kraepelin 1904:40).

Varma (2000:¶ 1- 48), in a transcultural survey of perspectives on schizophrenia in the psychiatric literature (including the WHO studies), cites further examples, including Eaton’s and Weil’s (1955) study of the Hutterites in the United States of America which concluded that case histories did not show “severe regression, excitement or any extreme antisocial acts”(quoted in Varma 2000:¶ 13).<sup>1</sup>

However it was not until the 1960s that cross-cultural comparative research was carried out on a large scale, under rigorously controlled conditions; i.e. The World Health Organisation’s International Pilot Study of Schizophrenia (IPPS).<sup>2</sup> This study, (begun in 1967), and successive follow up studies, concluded that “schizophrenic patients in developing countries tend to have less severe course and outcome than patients in the developed countries, with comparable initial pictures” (Varma 2000:¶ 24).

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<sup>1</sup> The validity of some early assertions has since been questioned: eg. “Seligman’s assertion that serious mental illness was unknown in Papua-Melanesia has often been referred to as the ‘Seligman error’, mental illness being incorporated into institutions such as spirit possession, and hence not perceived; nevertheless it seems unlikely that Seligman, as a doctor, missed actual psychosis” (Littlewood & Dein 2000:109).

<sup>2</sup> Nine countries were surveyed, involving a total of 1200 patients (Varma 2000:¶ 21). Follow up and subsequent collaborative studies under the auspices of WHO has involved “nearly thirty research sites, spanning nineteen countries” (Hopper 2004:62).

Subsequently, in 1978 WHO began work on a further series of studies, the Determinants of Outcome of Severe Mental Disorder (DOSMeD), in an attempt to identify reasons to account for the cultural discrepancies. The original findings were reconfirmed, along with confirmation of differences in “onset, manifestations and subtypes” for schizophrenia and related disorders depending on cultural context, though core similarities were also noted (Varma 2000:¶49). However the specific reasons for the better outcome remained elusive and a continuing subject of speculation (Hopper 2004:62).

The most recently completed WHO study, the International Study of Schizophrenia (ISoS), was undertaken with the purpose of assessing to what extent the “better outcome” has held up over time (Hopper 2004:63). Data collection was completed in 1997 (ibid). This latest project surveyed participants from the earlier studies, some of them up to “twenty four years after the episode of inclusion” as well as additional sets of subjects who had been monitored for a lesser time (ibid). In an interpretation of the results of all three “WHO-Collaborative projects” Hopper (2004:71) concludes:

[T]he finding of a consistent outcome differential favouring the “developing” centres is remarkably robust. It extends across all three WHO-Collaborative projects. It holds for brief and long-term follow-up periods, for various diagnostic groupings...and for different country groupings.

Further, “(t)he differential holds for a variety of course and outcome indicators in the ISoS”, such as “symptomatology...disability... and social functioning” (Hopper 2004:72). Finally, “potential sources of bias and confounding” (such as “diagnostic ambiguities” or “gender”) “can’t explain the ISoS findings” (ibid).

The ongoing evidence from the WHO studies for a better prognosis for the major mental illness disorders in “developing” rather than “developed” societies continues to become more compelling and resilient over time.

## **The Argument for Ethnography**

While various associations have been hypothesised between specific cultural factors and a more favourable outcome for the major mental illnesses, attention has also

frequently been drawn to various methodological, analytic and diagnostic inadequacies of the WHO studies.(E.g. see Varma 2000). Some of these criticisms relate to the sheer number of people needed to carry out the research process over extended periods of time and the inevitable assortment of disciplinary and theoretical backgrounds they bring with them (Gureje 1996:62, cited in Hopper 2004:62). Hopper notes that criticism has also been leveled at the “analytic inadequacy...of such labels as ‘developed’ and ‘developing’” (Hopper 2004:62). The concept of “culture” itself has also been a continuing subject of debate; not only does it appear to mean different things to different groups of people, but the problem of how “culture” can or should be measured remains a contentious topic (Hopper 2004:64). In fact, Hopper observes: “Traces of recent anthropological rethinking of the question of culture are strikingly absent from most of the contemporary psychiatric epidemiology literature” (ibid:65). It is in connection with this last issue that I wish to enter the debate.

Part of the problem here seems to relate to the differences between anthropological and psychiatric discourses, each with its own historical origins and ideological and political connections. For example, the World Health Organisation’s international studies of schizophrenia and depression conclude that better prognosis “may be attributable to local categorisation and a less stigmatising response” (Littlewood 1986:200). While I consider, as a result of my findings in the New Zealand context, that this particular hypothesis has some validity, it is couched in terms patterned on medical/scientific discourse whereby causality is related to effect in a simple step-by step linear fashion. If factors such as categorisation and stigma are significant, we need to understand how and why; medical representations and categories as a descriptive and explanatory genre are simply not designed to address these questions. Seldom do they include or allow for any differences in the subjective “illness” experience which might be significant; i.e. there is an apparent contradiction between the way mental illness is conceived in biomedical terms as individual pathology (and an essentially irrational state), and the way it is experienced at the subjective level. How often in biomedical texts, for instance, do we hear the patient’s own voice?

If explanations are to be meaningful in everyday humanly relevant terms we need to extend the investigation beyond individual symptomology to the wider cultural and social context, and understand the life world within which experience arises, is

categorised and processed, because... “[i]llness soaks up personal and social significance from the life world of the sick person” (Kleinman 1988:31). Furthermore, life-as-lived can seldom be reduced to linear explanations; instead, a multitude of factors and relationships (e.g. historical, cultural, political, even climatic), as well as human sentiment, biology, and pragmatics, together compete and contribute in variable quantities, to weave the specific “webs of significance” (Geertz 1973:5), which define and bound our lived reality and experience.

Katz & Sanborn, for example, note that even in a Western context “there are different qualities to the psychosis when one looks at it in the community - and then in the hospital” (Katz & Sanborn 1976:54-55). Barrett’s ethnography “The Psychiatric Team and the Social Definition of Schizophrenia” (1996), adds support for this idea; in the interaction between patient and staff on the psychiatric ward, Barrett describes how certain accounts and experiences were co-opted and shaped to conform with particular symptomologies and theories of schizophrenia (Barrett 1996:255-271). The suffering component was emphasised and the “positive” facets (even enjoyable by some accounts), of delusional experiences, were downplayed or even ignored in these encounters (ibid).

There is a further issue involved here, for: “Representations (of persons, illnesses or cultures) are not mere images; they are also acts with [sic] can have material consequences... [I]ssues of representation are simultaneously issues of power” (Lucas & Barrett 1995:317). When behaviour or thoughts are classified as “irrational” the validity of personal experience is negated. Not only does this deny any possibility that the behaviour or thinking may be considered a logical response to a situation; a potential opportunity for empathy may also be lost.

Jason - one of the participants in my study of the social experience of mental illness in New Zealand, justified cutting himself seriously with a knife in these terms:

People wouldn’t listen to me and I wanted them to listen to me, so I cut myself with a knife to get attention. Like - if you’re not going to listen to me, you’ll listen to this, won’t you! And I did, and they listened to me, and they’ll still listen to me, so it worked - it wasn’t such a bad idea! (Appleton 2000:37).

While Jason was considered “recovered” when he told me about this incident and realised, in retrospect, that what he had done was also “quite a bad idea”, he did not

consider that what he had done was “irrational” (ibid). Rather, he still construed his “action” as “purposeful” (c.f.Kaplan 1964:x); as an attempt to reinstate communication between himself and his world (Appleton 2000:37).

In a discussion of the way “psychiatric primitivism” has historically characterised attempts to explain the cultural “other” where mental illness is concerned, Lucas and Barrett (1995:314), suggest that we also need to break free of the “limited and familiar” categories and concepts available within our western theoretical background. Instead:

attention (should) be shifted to issues of interpretation, the identification of taken-for-granted knowledge, and the development of ethnographic techniques for the study of people living their everyday lives with a psychiatric illness...How much more penetrating the interpretation of epidemiological data would be if it were grounded in an ethnographic understanding of the experience of psychosis (ibid).

An approach such as they suggest would necessarily include an awareness of the “health care system” as a map that has social and cultural origins; i.e. it is not the territory. It is on this basis that I believe “What is at stake?” should be the pivotal question to be asked in the ethnographic context of illness - with regard to explanations, process, resolution, and including the person, their connections and the wider society.<sup>3</sup>

There is an argument to be made here not only for an ethnographic understanding of psychopathology, but for a *reflexive* ethnography; for making it a moral imperative that we address the origins and location of our “knowing” when we view, categorise and represent the world. Nor should the reflexive turn be directed only towards the theoretical origins of knowing, for “our understanding of others can *only* proceed from within our own experience, and this experience involves our personalities and histories as much as our field research” (Jackson 1989:17). These embodied aspects-of-being affect not only the way we see the world, they mediate our access to the world and both the nature and meaning of our relationships in the world.

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<sup>3</sup> Jackson (1996:6) cautions that it is not what beliefs ... “mean”, but “what they are made to mean, and what they accomplish for those who invoke and use them”.

## The meaning of illness

*...the cultural meanings associated with madness are central to the problem of madness.*

– Castillo (1998:xiii).

One of the most salient features of the mental illness experience is a sense of meaninglessness. It is a theme which pervades first person experiential accounts, it is apparent in the stories told by families and carers and it is one of the characteristics taken into account in making a medical diagnosis. It is ironic then, that one of the significant components of the illness experience that is lost in biomedical accounts is meaning.

Kleinman (1988:10-55) proposes four pathways through which illness acquires meaning. Firstly, an experience only becomes a symptom when it is recognised as such - this depends on the “shared understandings of particular cultures” or groups (ibid: 10-18). Secondly, particular historical or cultural contexts impose a particular subjective experience on symptoms and illness categories - “often of a stigmatising kind” (ibid: 18-30). Thirdly, personal and social relationships “transfer vital significance” from the life world of the person to the “illness experience” (ibid:31-43). Finally, through the “explanatory model”; this affects understandings about cause, course and outcome, as well as the subjective experience (ibid:43-55). These meanings all hark back to an image of the person suspended within a web of relationships. In western societies, where the “individual’s personal identity is considered to be centred in the self” (Castillo 1998:207), these meanings often go unattended and unacknowledged.

Scheper-Hughes (1998:248 -260) provides an example of the consequences which can result from a failure to take account of these meanings and the way this impacts on medical practice. In the course of research into psychotic experience in a Catholic community in Boston, she notes that: “[t]hemes of sin, guilt, atonement and redemption predominated...in hospital patients” (ibid). She goes on to comment:

*...it struck me as patently absurd that so few staff members knew anything about Roman Catholicism or Easter orthodoxy, which led them to frequently mistake religious beliefs for delusions, and to not recognise when religious beliefs had taken on a delusional quality” (ibid:257).*

There is surely an ethical dimension involved here which is also unattended and unacknowledged.

Ackerknecht (2000 [1943]) was aware of the same potential for misrepresentation in cross-cultural accounts, arguing that we need to acknowledge the difference between phenomena which are regarded locally as abnormal and those which are abnormal under medical criteria. He cites the examples of “the Medicine Man” (historically “characterised as a kind of madman”) and “primitive religion” (as “organised schizophrenia”) - a tendency he ascribes to a progression from moral judgement to clinical diagnosis as a result of coming into contact with European culture (ibid:132-133).

As societies become increasingly “medicalised” as a result of development, this tendency presents as a reoccurring theme in the literature. “Meaning” becomes restricted to the presenting symptoms seen in the clinical context; a professionally imposed process which deflects attention from any sense in which the experience can be seen as culturally meaningful, except as a way of emphasising the normalcy of others (Scheper-Hughes 1979:13). It is an act which delegitimises access to traditional, culturally-prescribed means of agency and rehabilitation as it simultaneously delegitimises any claim to empathy or mutuality based on shared experience. Connectedness is exchanged for alienation in this transaction; meaning is forfeited to meaninglessness.

### **Westernisation and sociocultural change**

*Every change is a menace to stability.*

- Aldous Huxley: Brave New World (1932:153).

A connection between western civilization and increased incidence of mental illness has been alluded to in the literature, sometimes explicitly, since the studies of early last century. Based on his fieldwork in Papua-Melanesia, Seligman ([1929] 2000:109) was of the opinion that mental illness did not occur, except among those “submitted to rather intense forms of European influence”. Ackerknecht ([1943] 2000:144) also drew a connection between acculturation situations and increased disease rates, “especially mental disease”.

More recent research also supports the more benign character of schizophrenia in less developed societies. Warner (1994) refers to numerous papers which indicate that the psychoses have a briefer duration in the Third World and, taking a materialist theoretical approach, goes on to hypothesise a connection between poorer outcome and involvement in a wage economy. In support of this he refers to a follow up study of patients with a diagnosis of schizophrenia in India which demonstrates a high (66%) favourable outcome and also reveals that “patients from rural areas did better than those from...cities” (Warner 1994:154).<sup>4</sup>

In an analysis of transcultural research to date, Jilek (1998:¶2) identifies the maintenance of “traditional culture” as a protective factor and “rapid sociocultural change under Westernisation” as a precipitating factor for specific types of psychosocial pathology in small scale societies. He suggests, further to the conclusions of the WHO surveys (1973 & 1979), that the difference may relate not so much to the presence of western technology (because follow up research indicates that technically advanced countries such as Japan, Singapore and Hong Kong also share the “more favourable prognosis” for schizophrenia of developing countries), but to the ability of societies to “preserve important elements of their traditional culture” (Jilek 1998:¶2). On this basis, Jilek predicts that “transient psychotic reactions will evolve toward chronic psychotic symptom formation once the process of Westernising acculturation-deculturation has become irreversible” (ibid).

One of the topics that have been much discussed in the cross-cultural literature is the therapeutic effectiveness of traditional healing; for example, see Laderman (1991), Turner (1964). Evidence suggests that while “modern psychotropic medication” is more effective in schizophrenic psychosis and bi-polar disorder, traditional healing is as, or more, effective in neurosis and the psychosomatic conditions, and in some cases of acute psychotic disorder (Jilek 1997:9). Jilek (1997:11) identifies three therapeutic principles of traditional healing which he credits with contributing to a positive response. The first is the “culture congeniality” of the diagnosis and healing process;

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<sup>4</sup> A paper by Lewis et al. (1992:137-140) carried out with 49,191 male cohorts in Sweden also found that the chances of developing schizophrenia are higher for persons raised in cities than those raised in rural areas even when adjustments are made for other contributing factors such as drug use, parental divorce, and family history of psychiatric disorder. They conclude that some undetermined environmental factor(s) in city environments increases the risk of schizophrenia.

the patient does not have to venture outside the familiar everyday cultural construct system (in both a physical and an ideological sense) as, for example, happens when a layperson consults a western doctor. Secondly, the personality of the healer appears to play an important role. Finally, traditional healers make much use of therapeutic suggestion. In Jilek's assessment, these principles are either disregarded or actively eschewed in western psychiatric theory and practice; were they acknowledged and implemented, psychiatric effectiveness might be considerably enhanced (*ibid.*)<sup>5</sup>

The lack of differentiation between psychiatric and non-psychiatric illness, common to many traditional constructions of illness, may also be significant. Corrigan and Watson (2002:17) believe this factor may have implications for reducing the impact of stigma in some societies and note in particular that "stigma seems almost nonexistent in Islamic societies".

Trance, possession states and "mystical experiences" are phenomena which feature frequently in ethnographic descriptions of illness and healing rituals in traditional contexts; for example, see Laderman (1991), Gell (1980), Littlewood (1986; 1998). These phenomena have sometimes been associated with categories of western psychopathology, perhaps most vocally by Devereux ([1956] 2000:226): "Briefly stated, my position is that the shaman is mentally deranged". While a convincing correlation can be demonstrated between examples of "possession" and "schizophrenia" – as in Barrett's (1997a) case study of Sakit Gila in an Iban Longhouse, there is also strong and well supported evidence of the beneficial and/or transformatory potential of these experiences in particular contexts and under certain conditions. For example, Jilek (1976:206) refers to a paper by Wittkower (1970) based on the latter's personal observations of trance and possession states in "non-Western societies":

Trance and possession states have undoubtedly an adaptive function culturally as well as individually. Their individual psychological effects consist of drive release, ego support, problem solution, relief from superego pressures and atonement...There can be no doubt in anybody's mind that trance and possession states in the countries in which

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<sup>5</sup> There are exceptions to Jilek's representation of western psychiatric practice. For example, Barrett's (1997b) "Clinical Case Study" concerning the illness and treatment of a Vietnamese refugee immigrant, describes how he actively encouraged the use of traditional healing therapy alongside conventional psychiatric therapy and the positive effects this appeared to have both in enhancing the relationship between psychiatrist and patient and in restoring the patient to health. Possibly all three principles were operating in this context.

they play part of religious rituals have an important distress relieving, integrative, adaptive function. As far as mental illness is concerned, they may be of prophylactic value (Wittkower 1970, cited in Jilek 1976:206).

While Wittkower predicts that: “[a]n increase in mental illness may have to be expected when as a result of culture change” these experiences cease to exist (ibid), I feel it might be more correct to say that these *experiences* will not cease to exist, rather that they will be reclaimed, recategorised and reconstituted as experiences of mental illness.

A further factor may come into play when possession states, for example, evolve into or are reconstituted as mental illness. In many traditional healing systems, the source and cause of (psycho)pathology is located outside the affected individual, within a context of social relationships. When psychopathology is categorised as “mental illness”, the source and cause of illness is located *within* the individual; social influences are considered secondary – either precipitating or aggravating factors. When psychopathology is imagined to be a personal defect, identity may become essentialised such that the person and the illness become synonymous; i.e. the “schizophrenic” comes to stand (in public perception) for schizophrenia.

While anti-stigma programmes are aimed at breaking down these public perceptions and prejudices the greatest stigma to overcome may be that internalized by the sufferer him/herself. Tony, one of the contributors to my research in New Zealand, associated his inability to maintain stable employment with a feeling of failure “as a person”. Speaking about his failed relationships with women, he explained:

...and it was often because of my illness...my lack of money, or the fact that I didn't have a really good job, or stability...I was probably seen as a person who didn't have a very great future, or wasn't going to be much of an achiever (Appleton 2000:36).

One might observe that Tony is speaking here about social relationships and a particular set of social values, yet even he seems to have gotten or been given the impression that they are somehow core symptoms of the illness experience which he “wears” on his body like stigmata.

This leads me to make an observation concerning the thematic content of psychosis. While the content of psychosis is considered to be irrelevant to

understanding or treating the illness when psychosis is deemed to be indicative of individual pathology, transcultural psychiatric research suggests that there is a correlation between the content of psychotic symptoms and the critical issues in a culture (Jilek 1998: ¶2). This implies that at some level, psychosis mirrors the evolution of cultural ideology - in parallel with the modernization process, in its thematic content. There is certainly evidence to support this hypothesis in a western context. Perry, postulating a correlation between the “prevailing idiom of the decade” and the ideation content of paranoid delusions cites examples from his practice as a Jungian psychiatrist: “For many Americans” during the 1950’s, these (paranoid delusions) were:

symbolically expressed in terms of America versus Russia, and a big showdown between the forces of liberty and oppression. A little later on that content tapered off, and the moral values and the issues of war and peace that typified the Sixties came to the fore. In the Seventies, I saw a lot of concern with global concerns like preserving the planet and paying attention to nature.

(from an interview with John Weir Perry, in O’Callaghan 1992:¶ 39).

These themes also hark back to particular social and cultural relationships; not only do they suggest that psychosis is somehow an embodiment of a cultural situation, they also suggest that psychosis may be in part, a form of response to, or commentary on, that situation.

### **Consciousness, Emotion and Cognition**

*So much of mental illness is based in emotional distress that understanding emotions in their cognitive, interpersonal, and cultural contexts is crucial to comprehensive assessment and optimal treatment.* - Castillo 1998:59

One of the assumptions of the earlier psychiatric literature describing psychopathology in traditional cultures was that human thought is underpinned by the same basic processes. Later ethnographies, such as “Managing Turbulent Hearts: A Balinese Formula for Living” (Wikan 1990), have demonstrated that this is a misconception. Not all cultures for example, associate rationality with thought processes carried out in the brain; “the Balinese perception (is) that feeling is as rational

and conscious as thought...” (ibid:138). Hochschild (1983:204) expands on the implications of this issue for Western society, claiming that:

one of the ideas that impedes our understanding of emotion is that the inner state of emotion is always associated with outer action that is irrational...we tend to associate the idea of emotion more with irrational or unwise actions than with rational or wise actions.

Differences in cultural values also confuse the issue. For example, “Many cultures around the world do not share the conviction that abstract, hypothetical thought processes are the ultimate or desired end point in the cognitive development process” (Matsumoto1996:83). Cultures may experience emotions differently, depending on what is at stake; the value of emotion is in “orienting us towards things that matter rather than things which simply make sense” (Lutz 1988:5).

While western, individualistic societies commonly conceive emotions as located internally, within the individual - in line with a concept of the person as a unified, autonomous entity, many traditional societies locate emotions externally, within relationships. Individuals in such cultures “are more inclined to explain another’s behaviour in terms of the situational forces impinging on the person rather than internal disposition” (Matsumoto 1996:43). External attribution of cause may also be implicated in greater social support in some societies because the emotions experienced by one person have implications for the whole community and therefore must be controlled.<sup>6</sup>

Recent research by a team of American psychologists adds further support to the argument for a cultural conception of cognitive processes. The outcomes from a series of studies carried out in US, Japan, China and Korea, showed that: “Easterners appear to think more holistically, paying greater attention to context and relationship, relying more on experience-based knowledge than abstract logic and showing more tolerance for contradiction” (Goode 2000:¶11). In the context of mental illness, a more tolerant

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<sup>6</sup> In Bali, for instance, “...sanctions against expressing sadness and the affirmation of laughter as positive proceed from a view of humans as in touch; whose souls...may reach out and literally connect with one another in sympathy; and who are easily swayed by one another’s emotions” (Wikan 1990:125.)

attitude towards contradiction and ambiguous identity may well affect issues to do with stigma; it may also give people more room to manoeuvre.

Cultural differences in cognition and emotion make assessment of abnormality/normality using traditional assessment methods problematic in cross cultural studies (Matsumoto 2000:269-270). The picture is further confounded by the “culture-bound syndromes”, (such as *latah* and *amok* amongst the Malays), which have been well documented in the literature over many years (e.g. Murphy 1971; Winzeler 1991; Yap 1951). While, on the one hand, the existence of these syndromes argues the need for ethnographic analysis, Littlewood & Dein (2000:27) see this as also problematic: “Restricting ourselves to the local ethnography may allow us to avoid categorization but it hardly facilitates cross-cultural comparison: surely one of medicine’s imperatives, as well as anthropology’s”.

Lidz (1998:4-6), in drawing attention to the importance of the cultural contribution by way of what is essentially a “scientific” argument, makes a very powerful claim for the inclusion of an ethnographic approach to mental illness in terms which cannot readily be denied, at the same time as he demonstrates the inadequacy of genetic determinism alone. Introducing a new slant on an old debate, he takes up the nature/nurture issue in the context of mental illness. He begins by pointing out that over the historical course of human being-in-the-world “the human as a biological organism has changed little....but humans *as persons* have changed enormously” (ibid). This circumstance he attributes to the phenomenon of speech and the human “capacity for foresight” (ibid). Together, these permit the experience and learning of an individual to be assimilated as “cultural endowment” and transmitted across generations (ibid). The ramifications of Lidz’s argument are summarised by Castillo:

Homo Sapiens adapt to changing environments not so much by changing their genes as by changing their patterns of thought and behaviour...Cultures provide not only customs of thought and behaviour but also patterns for how to experience and understand life in the world...all humans have both a genetic and a cultural inheritance (Castillo 1998:2).

Genetic endowment, which changes via mutation, is not only a much slower process, but because two contributing parents are involved, the outcome is always less predictable (Lidz 1998:5).

Sperry (1998:261) also argues that there is scientific justification for including cultural meanings and social environment in understanding brain function; “the concept of *downward causation* from consciousness to brain is now accepted in neuroscience”; hence, “... a person’s habitual patterns of thought, experience and behaviour alter the brain”.<sup>7</sup> Subjective experience can therefore no longer be ignored because the subjective dimension is directly implicated as “functional, interactional, or causative” in brain processing (ibid:262). There is no intention here to entirely displace upward causation as a contributing factor; Sperry simply argues for “macrodeterminism rather than microdeterminism” as being nearer the reality of the way the brain functions (ibid).

In view of the foregoing support for the implication of cultural factors one has to question the apparent historical neglect to include a consideration of these factors in the psychiatric canon. This is an issue which has become increasingly relevant as scientific advances in the development of pharmaceutical therapies have failed to halt the long term social costs of mental illness to the extent first promised.

### **Science and religion as ways of knowing**

*The intuitive mind is a sacred gift and the rational mind is a faithful servant. We have created a society that honors the servant and has forgotten the gift.* – Einstein (n.d.)

To understand why cultural factors have been excluded from the psychiatric canon until the most recent editions of the diagnostic and categorisation manuals requires an appreciation of the historical and cultural circumstances in which western medicine as a scientific pursuit and an agent of science came into being.

Science, in its origins, “was made by marginal men” who wished to challenge the power of the medieval church to define reality and ways of knowing (Mendelsohn 1978:443). It was created in opposition to, and as a means of control over, religious and political power. This opposition was encoded in the ideational structure of science - as relational concepts and value judgements such as rational/irrational and objective/subjective which denied the efficacy, truth and authority of religious ways of knowing. As a result of this process:

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<sup>7</sup> Castillo (1998:2) writes: “...we now know that neural structures in the brain are altered by adaptations to emotional stress and trauma, medications, psychotherapy, personal experience and cultural learning. All of these can affect the neural networks of the brain and therefore the aetiology, structure and outcome of mental disorders.”

Science replaced religion as pre-eminent intellectual authority, as definer, judge, and guardian of the cultural world view. Human reason and empirical observation replaced theological doctrine and scriptural revelation as the principle means for comprehending the universe... Faith and reason were now definitively severed (Tamas 1996:286).

To some extent these ideological origins and historical objectives have filtered through to present day contexts into assumptions that “scientific” and “religious” ways of knowing are diametrically opposed pursuits.<sup>8</sup>

This contradiction has had repercussions at the level of social practice and experience, particularly in the psychiatric context where sanity-as-rationality often seems to be directly opposed to ideas and practices we associate with religious belief. For example:

[t]he DSM-III declared magical thinking - defined as a belief that thoughts, words or actions might cause or prevent a specific outcome in ways which defy normal laws of cause and effect - to be present in “children, in people in primitive societies, and in Schizotypal Personality Disorder, Schizophrenia, and Obsessive-Compulsive Disorder” (Lucas & Barrett 1995:297-298).<sup>9</sup>

It is perhaps no coincidence that this definition also corresponds with commonly held beliefs about the purpose and function of “prayer”, a correspondence which has not gone unnoticed within theoretical psychiatry. History also records that innovators and leaders of new political and religious movements are frequently dismissed as mad.

Persaud (1997:415) attributes a scarcity of psychiatric research on “the protective aspects of religious beliefs” to the same associations, regardless of the fact that there is abundant evidence which attests to the psychological (and physical) benefits of prayer and religious faith. As further evidence of the endemic nature of this “anti-doctrine” within psychiatry, he quotes an American survey (APA 1975), which

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<sup>8</sup> However it should also be noted that some institutionalised religions and religious philosophies do not concede any contradiction or conflict between “science” and “religion”; e.g. Islam, Taoism.

<sup>9</sup> DSM-III = Diagnostic and Statistical Manual of Mental Disorders III; the official diagnostic manual of American Psychiatry (The American Psychiatric Association [APA] 1980). This version has since been superseded by DSM-IV 1994 and DSM-IV-TR (Text Revision) 2000.

found that “56 percent of psychiatrists are agnostic or atheist, as opposed to only 5 percent of the general public”(Persaud 1997:416).<sup>10</sup>

Despite the figures quoted by Persaud, there has been a peripheral but increasingly vocal movement within psychiatry and psychology in recent years which has focussed attention on the connections between mental illness (particularly psychosis), spiritual experience, and the potential for transformation; for example, Laing (1976), Maslow (1970), Grof (1989), Peters (1998), Clarke (2001).<sup>11</sup> These writers have also drawn attention to the commonly perceived contradictions between scientific and religious explanations in the way we view the world and how we think about and classify human experience.

Despite the apparent impasse, I believe an argument can be made for the efficacy and authority of both science and religion; that they are *complementary* rather than contradictory ways of seeing and being-in-the-world. It has also been argued that in practice there is not necessarily a conflict between scientific and religious ways of being-in-the-world; even that they draw their inspiration from an identical source. For example, Bateson (1972:139-142) argued that what science calls discovery is in fact “invention”; that science depends on “primary process” - the prelogical, visionary way of seeing and being, on imagination and intuition. Just as we block out that which makes us feel uncomfortable, so science denies the origins of its discoveries and “breakthroughs”.<sup>12</sup>

Bateson’s argument makes a challenge to our taken-for-granted assumptions about medicine and medical practice being constant and objective, suggesting that western medicine is an “ethno”science and that science itself is a cultural artefact. And despite the fact that we pay tribute to the notion that science can provide answers about

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<sup>10</sup> Hochschild (1983:49) suggests that science has now been co-opted as a means of “institutional control over feeling”, citing the use by scientific writers of language “conventions that inhibit emotional involvement...Scientific writing, like scientific talk, has a function similar to that of covering the face and genitalia...the overuse of passive verb forms, the avoidance of ‘I’, the preference for latinized nouns, and for the abstract over the concrete, are customs that distance the reader from the topic and limit emotionality”.

<sup>11</sup> These ideas can be traced back to eastern philosophies, and also appear in the work of William James and Carl Jung.

<sup>12</sup> Grof’s (1985:19) observation that: “For both Newton and Descartes, the concept of God was an essential element in their philosophies and worldviews”, supports this. These facts have been edited out of scientific views (ibid).

how and why, in reality we don't *have* to know how or why something works for it to be useful. Medicine makes use of many drugs without knowing precisely how they work, especially in psychiatric contexts. In fact, since Bateson's time, the theory of quantum physics, (e.g. see Capra 1975), has been increasingly moving towards a reconciliation of scientific and metaphysical explanations about the nature of reality.

If science communicates mixed messages, religion is no less exempt in western society. Regular churchgoing is commonly promoted as a positive moral attribute in political and community leaders. God is appealed to in our National Anthems; religious values are paid tribute to in political speeches; our judicial systems require witnesses to swear on their Holy Books. Yet, "[i]f a member of a typical congregation were to have a profound religious experience, its minister would very likely send him or her to a psychiatrist for medical treatment" (Grof 1985:335). The scientific worldview continues to impose the circumstances of its origins on the interpretation of experience; "[o]ur culture is unique in its...outlawing of the irrational, the emotional, the ecstatic" (Ackerknecht ([1943] 2000:131).

### **The problem of Suffering**

*The etymology of pathology suggests a view in which pathology is the science of 'pathos', or suffering. This vision is obscured in contemporary Biomedicine.*

- Hahn 1995:39

It is in the experience of human suffering within the western context that the duality of scientific and religious interpretations and explanations are perhaps most polarised. The critical question for us becomes whether, or to what extent, a focus on one and an exclusion of the other precludes possible explanations, sources of support and solutions. How is this dealt with in other cultural contexts? How has it been dealt with historically?

These questions have particular relevance to suffering-as-mental-illness because of the proclivity of western models to privilege the mind over the body. This leads to a position where personhood is defined in terms of the mind only; hence someone who is "out of his/her mind" is assumed to be incapable of functioning as a normal person. The internalisation of this dualistic mind/body model so often determines the social attitudes and practices with which we "imagine" we can deal with the substance of mental

illness, despite the fact that this denies the lived reality of mind as part of “embodied everyday experience” (Varela & Thompson & Rosch 1991:22).

Shorter writes: “We do not merely accept life as it is; we make demands of it and *in extremis* we move towards a power complementary to our human condition that indicates it has meaning” (Shorter 1996:22). It is here, I suggest, that the specific history of western man prompts the reach for science as a means to control, as the solid ground on which to stand, for rationality as an answer to the experience of chaos. Science is being asked to fill the role of modern cosmology. However, there is an immediate problem apparent. Whereas religion as cosmology is rooted in the world of everyday accessible human experience, “scientific cosmology” (Tarnas 1996:354), is increasingly beyond the reach of the layperson and scientific technology increasingly in the control of an intellectual elite.

Philosophy and history inform us that the idea of order evolving out of chaos is a reoccurring theme in all cultures. Yet we in the west talk about identity as being “grounded”, and refer to “groundlessness” as a negative state, as deviance, as the antithesis of rational, civilised man. When we speak of “fear” and “anxiety” and “uncertainty” as being “groundless” it is as if to deny they have substance, validity or value; they exist “in the mind”, they are unconnected with “reality as the mechanistic world-view”.

In non-western cultures and traditions, philosophy/mind has never been separated from experience; groundlessness has both substance and value within the context of human experience. Buddhism, for example, teaches that:

when groundlessness is embraced and followed through to its ultimate conclusions, the outcome is an unconditional sense of inherent goodness that manifests itself in the world as spontaneous compassion” (Varela, Thompson & Rosch 1991:253).

Commenting on the situation in modern western society, these writers conclude:

We feel...that the solution for the sense of nihilistic alienation in our culture is not to try to find a new ground; it is to find a disciplined and genuine means to pursue groundlessness...This is not a merely philosophical dilemma; it is also ethical, religious, and political” (ibid).

Suffering, more than any other human experience sets us on a search for meaning and reassuring response. It raises existential questions such as “Why me?” to which there are often no easy or *rational* answers. We seek a solution where there may be none readily available.<sup>13</sup>

Historically, in western culture, shared religious and spiritual orientation has provided the necessary response by providing a culturally appropriate interpretation and meaning, strong moral support, and perhaps most importantly, by providing hope. It is of interest in this context that Persaud, reviewing the positive effect of religious or spiritual beliefs on mental health in various locations around the world, notes that these have the highest protective value against mental illness and suicide when they are shared by the whole community; where a community has a plurality of different faiths, the protective factor is reduced (Persaud 1997:428-432). The implication of our western experience of the body/self dichotomy on the subject of suffering is summed up by Kleinman: “When we meet up with the resistance offered by profound life experience...we are shocked out of our common-sensical perspective...into a transitional situation in which we must adopt some other perspective on our experience” (Kleinman 1988:27-28). Whereas traditional societies provide for shared moral and religious perspectives which anchor or ground the anxiety produced in established social institutions, in western societies, increasingly lacking a shared moral or religious perspective, we “turn to the authority of the health professionals and science for an answer” (ibid). But a bio-medical perspective is orientated towards the therapeutic treatment of suffering as mechanical breakdown; it cannot readily provide a meaningful moral or spiritual response. On the subject of personal and social suffering it is silent. Whether an individual practitioner can make a meaningful response depends more on his/her personal qualities and ability to establish empathy with the individual patient. Kleinman concludes: “Suffering is...a core tension in clinical care” (ibid:30).

Jean Jackson expands on the nature of this conundrum. Writing about chronic pain, she points out that “There simply is no pain that is strictly biological; pain always has meaning” (Jean Jackson 1994:211). Yet “suffering” in this sense cannot be measured, and nor can it readily be expressed in language, “because the mind-body

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<sup>13</sup> Littlewood and Dein (2000:23-24) comment: “In the case of severe mental illness we might note that Western psychiatry remains unable to offer its own patients any understanding, technical or moral, in terms of everyday knowledge (or, indeed, even of biology).”

distinction requires that pain be spoken as only sensation”, with “overlays” of meaning (ibid:210-213). Jackson also refers to the “invisibility” of pain; like the suffering of mental illness - “it cannot be ascertained apart from the sufferer’s affirmation of its presence” (ibid). The tension this generates relates to a problem of “facilitating mutual understanding” about the experience of suffering; pain and suffering “resist everyday-world language” (ibid:213). Jackson goes on to propose that *metaphor* is the only language “adequate to the task” (ibid:214), adding: “We might call this ‘anti-language,’ in that it is antithetical to ordinary natural language; but it is a code, and it communicates something”(ibid).

This situation poses a specific question with regard to the phenomenon of suffering in the context of mental illness. Assuming that the alienation, chronicity, and stigma of mental illness is to a large degree culturally constructed and imposed, and that this is connected with a failure to realise mutuality, (i.e. because “messages cease to be messages when nobody can read them” Bateson [1979:46]), is there any explanatory framework that might be used as a bridge to link the apparent “meaninglessness” of mental illness/psychosis to everyday experience; a framework that can bridge rational and “irrational” worlds, as well as conscious and unconscious content of the mind? Is there a framework which can succeed where science is now recognised to have failed; a framework which can reconnect the Western mind with a responsive universe - “with the ground of its own being”? (Tarnas 1996:443). Does such a framework exist in other societies in their conception of psychopathology and suffering? If it does, might this framework be useful as a means of explaining the anomaly between “developed” and “developing” societies with regard to both the suffering and outcome of the mental illness experience?

A reading of the literature suggests a possible starting point, a context where significant aspects and themes begin to converge – the phenomenon of ritual. Shorter’s comment serves to reinforce the sense of potential: “ritual happens at a meeting point of worlds, the sacred or unconscious and the secular or conscious. To understand it we must explore nothing less than the dynamics of that confrontation” (Shorter1996:109). I did not know at the time I first read those words, the extent of the role that ritual would come to play in my fieldwork experience.

In the following chapter, I turn to a consideration of ritual and explore its potential – as practice, to mediate between self and world, between sacred and secular, rational and irrational aspects of existence, and between inner and outer realities. In the process I consider the usefulness of ritual as an explanatory concept in describing madness and its ability to resolve the apparent contradictions between clinical and popular explanations of psychopathology. This investigation and discussion will prepare the theoretical ground for the ethnographic chapters which follow after.

## Chapter Two: Pointing at the Moon

*I remember a curious incident that happened once, when I was a very small child and staying with my grandmother. That particular evening she announced that it was the night of the new moon. Forbidding me to look out the window to see for myself, she went out the front door onto the porch in the darkness. I watched from the doorway as she bowed three times towards the new moon and turned over on the back of her hand a silver "half crown" coin. "Now you may look at the moon" she said. And I looked and saw a thin sliver of light in the darkness.*

*Many years later, in another time and place, I looked up at the new moon again and reflected on the end of Ramadan – the Muslim fasting month, and the beginning of Hari Raya.*

### Introduction

I have introduced this chapter with the recall of two experiences of the same phenomenon, widely separated in space and time. Yet there was more than time and space separating these two sightings for me. Perhaps on the earlier occasion I saw more clearly the real thing, relatively un-adult-erated. Or did I? The mask of innocence obscures too.<sup>1</sup> The second occasion seemed to hold much more meaning and significance for me at the time – precisely *because* of its adult-erated connections; the anticipatory and reflective qualities related to experiences which had been before and which promised to become. Yet the images of my grandmother conjured up by the first memory are as real and as precious as I write, it seems, as when the event happened. I cannot think, or speak, or write of the one, without the experience of the other. Then, as now, the *intersubjective* nature of each experience was fundamental to my knowing, inescapable, paradoxically enriching on the one hand even as it obscured on the other.

These two memories epitomize, for me, some of the methodological issues and difficulties involved in undertaking cross cultural research into areas such as illness and suffering. Many of these issues centre on the concept of experience. How can we really know or understand the lived experience of another and hence their "Gestalt of mental

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<sup>1</sup> The act of perception obscures at two levels: firstly, it filters out particular aspects of the thing perceived - what we see, feel, touch, hear, smell – is necessarily only a partial experience of the whole. Secondly, it obscures that it does this from our consciousness.

life” or consciousness? (Dilthey 1957:220). Hence, to what extent do people in different societies with what looks like the same illness encounter similar experiences? For as is apparent in these two experiences, “[N]o methodological approach to experience is neutral...The hermeneutical dimension of the process is inescapable: every examination is an interpretation, and all interpretation reveals and hides away at the same time” (Varela & Shear 1999:¶56). I shall take up this problem during the course of this chapter because it is bound up with something further that connects these two experiences; each is associated with a *ritualised* way of knowing.

Ritual assumes a central place in this thesis on three grounds. Firstly, I will argue that ritual as a theoretical concept has explanatory potential for thinking about and understanding madness. Secondly, I will argue that the concept of ritual provides a means of resolving and reconciling the apparent contradictions between clinical and popular explanations of madness. Finally, I will argue for the potential of ritual – as both practice and way of knowing, to mediate the subject/object divide. It is by way of this last attribute that ritual becomes significant in relation to psychopathology. This chapter retraces the theoretical pathways by which ritual came to play a critical role in my argument.

## **Turner’s Ritual Process**

For an insight into the process of ritual I have relied in particular on the work of Victor Turner and the two most significant contributions he made to the theory of ritual relevant to my hypothesis; his assertion that ritual has a transformative as well as an expressive aspect, and his development and elucidation of the concept of liminality. In doing so, it is my intention to draw attention to significant and substantial commonalities between the experiences of liminality and mental illness, particularly psychosis.

I mentioned at the end of the previous chapter that significant themes in the literature on mental illness seemed to be replicated in the literature on ritual. That these correlations exist has also been noted by others. Barrett for example, writing about schizophrenia, specifically proposes that:

...liminality may be a useful framework in which to examine the basic phenomenological parameters of delusional and hallucinatory experience. Delusional reality...is commonly located outside mundane time and space. Delusions take you to other planes, other worlds, other planets, other eras. The indeterminate spatial location of the source of 'voices', the notions of extraordinary power deriving from god, the bizarre imagery of schizophrenic symptoms, the combination of male and female gender identity that sometimes occurs: all these features are potentially amenable to analysis within the framework of liminality. Such an approach would move beyond the conventional view of culture as pathoplastic (merely shaping psychotic experiences and giving them content) to a view of culture as playing a role in the very structure of psychotic experience itself" (Barrett 1998:491).

In attributing ritual a central role in my hypothesis, I am taking a slightly different perspective. This is partly to reflect the reality that the significance and centrality of ritual was something that emerged gradually as a result of my own engagement in everyday life in the field, and not merely as a phenomenon encountered in the context of illness and healing. By exploring the role that ritual plays in maintaining and generating mental health and wellbeing, I am beginning from the viewpoint of health rather than illness and normality rather than abnormality, while still allowing for an exploration of the relationship between culture and psychopathology. Moreover, the concept of liminality can still provide a framework for the analysis of this relationship, as Barrett (1998:491) suggests.

In formulating his theory of ritual, Turner drew on Van Gennep's "Rites of Passage" (1960).<sup>2</sup> Van Gennep divided this process into three phases. The first phase involved separation from social structure into a zone outside secular and profane time and space (Turner 1969:94). "Symbolic behaviour - especially symbols of reversal or inversion", reinforced the detachment from normal status roles and contributed to feelings of uncertainty and fear of the unknown (ibid).

The second, or liminal phase, Turner describes as "a sort of social limbo", a realm of ambiguity; the old identity left behind, the new indeterminable, not yet formed (Turner 1967:94; 1982:24).

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<sup>2</sup> Rites of passage, as defined by Van Gennep (1960) are "rites which accompany every change of place, state, social position and age" (Van Gennep, cited in Turner 1969:94).

In the final stage - “reaggregation or incorporation”, the subject, transformed, returns to and is reintegrated with community in a new social role and status (Turner 1969:95). This takes on the nature of a “symbolic rebirth” (Turner 1974:273).

It was the second, or liminal phase of Van Gennep’s model which Turner developed and elaborated in his concept of *liminality* and which he regarded as critical to ritual’s creative potential. Turner (1974:273) used the term “anti-structure” to describe this transition phase, emphasising that this did not imply “structural reversal”. Rather:

The attributes of liminality or of liminal personae...are necessarily ambiguous, since this condition and these people elude or slip through the network of classifications that normally locate states and positions in cultural space. Liminal entities are neither here nor there; they are betwixt and between the positions assigned and arrayed by law, custom, convention and ceremonial...their ambiguous and indeterminate attributes are expressed by a rich variety of symbols” (Turner 1969:95).

Turner (1974:273) considered anti-structure to be a “generative centre”, a time and space of deconstructing and restructuring. Two concepts were inextricably connected in this phase; the experience of *liminality* invariably generated the experience of *communitas* - what Turner refers to variously as “sentiment for humanity”, “the whole man in his relation to other whole men”, “the ‘quick’ of human interrelatedness” and “a primordial mode of human interlinkage” (Turner 1969:127; 1974:266; 1967:127).

(Communitas)...depending as it does neither on conventions nor sanctions...is often religiously equated with love - both the love of man and the love of God. The principle is simple: cease to have and you are... (Turner 1974:266).

Yet Turner also makes it clear that *communitas* and structure are two sides of the same coin - “both social modalities are indispensable for human social continuity, neither can exist for long without the other” (Turner 1974:268). Each leads, taken to extremes, to its opposite - the former to totalitarianism, the latter to revolution or apathy (ibid). Human existence, in this scenario, involves an ongoing balancing act between the two, experienced as a succession of alternating progressions between structure and *communitas* (Turner 1969:97). Turner further suggests that when there is no structural provision for the expression of liminality as *communitas*, or when liminality is

repressed, it surfaces as psychopathology; i.e. “People can go crazy because of *communitas* repression” (Turner 1974:266).

Accounts of the experience of mental illness, particularly psychosis (e.g. Kaplan 1964; Laing 1976; Grof & Grof 1989), reveal that many aspects of the “illness experience” are also characteristic of the liminal stage of ritual, as described by Turner (1969; 1982; 1986). These include the connotation of danger, unpredictability, alienation (both physical and psychological), distortions of time and space, social disorientation, fear and anxiety, the symbolic experience of dissolution and death, sleep deprivation, suffering and emotional stress. Some of these themes and symbols call for a more detailed consideration, for they seem to suggest that the stigma, alienation and chronicity associated with mental illness in modern western societies may in part be the result of unconscious associations.

### **The experience of liminality**

Liminality might be described as a “dangerous opportunity” (cf. Beddington-Behrens 2002). Firstly, liminality is dangerous because it comprises “a realm of pure possibility” (Turner 1967:7); it is “essentially unstructured” (Turner 1964:8). In these circumstances, unpredictability and uncertainty prevail.

Liminality is a realm of “fructile chaos”, characterised by symbols expressive of “ambiguous ideas, monstrous images, sacred symbols, ordeals, humiliations, esoteric and paradoxical instruction” (Turner 1986:41).<sup>3</sup> Shorter recognises the danger inherent in these ambiguous possibilities when she alludes to the capacity of ritual process to “produce dislocation, restlessness and disorientation in the individual” (Shorter 1996:79). Turner also observes, with reference to Mary Douglas (1966:109):

that which cannot be clearly classified in terms of traditional criteria of classification, or falls between classificatory boundaries, is almost everywhere regarded as ‘polluting’ and ‘dangerous’.

Secondly, liminality is dangerous because “anti-structure” is a source of unbridled power; of energies that are both creative and destructive. Hence ritual process

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<sup>3</sup> Similar images and themes frequently arise in the experience of psychosis and in mystical and religious experience. (E.g. see *Psychosis and Spirituality: Exploring the New Frontier*. Clarke [Ed.] 2001a).

is “soul-shattering...Personhood and its meaning are altered” (Shorter 1996:111).

Liminality involves “taking-apart customary order” (Handelman 1990:65). “Should the liminal condition shatter its cultural buffers...then its impact is searing and destructive” (ibid:66).

Seen in this context, the perception of “danger” which frequently adheres to the condition of mental illness - and often to those who are experiencing it, becomes perhaps more understandable; at a deeper level, it may well resonate with unconscious fears related to primordial survival issues. If this is the case, then it would be reasonable to assume that the more mental illness becomes a chronic condition, then the more potential it has to be perceived as a “dangerous” condition to be in and the more fear it will generate. Since mental illness is neither contagious nor fatal, I am suggesting that there must be other associations in the human psyche through which it exerts this effect.

The ambiguity inherent in liminality relates partly to it being a context of unlimited possibilities. However, the symbols associated with ritual are also inherently ambiguous; this allows ritual symbols to be read differently, depending on world view, and ritual process to be modified, i.e. different interpretations imply different outcomes.

Barrett (1998:477) makes reference to this same defining characteristic of ambiguity in the context of schizophrenia:

So pronounced is the ambiguity and contradiction with which the category (schizophrenia) is invested, that descriptions of ‘schizophrenics’ characteristically proceed by statement and counterstatement, thesis and antithesis.

Barrett’s description is in line with Turner’s (1982:44) portrayal of anti-structure as “liberation” from the constraints of structure. This is a significant point because an argument has often been made for mental illness as social deviance, most notably by those associated with the anti-psychiatry movement, such as Thomas Scheff (1999).<sup>4</sup>

The ineffable nature of liminal experiences relates, in part, to fundamental differences between language and experience. Jackson (1995:160) sums up the nature of this difference in his observation that: “Words do not mirror the world”. Language is linear, whilst experience is multi-dimensional and essentially open-ended. Secondly,

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<sup>4</sup> Scher (1994:14) is also emphatic that schizophrenia is *outside* social structure because it appears to not relate to anything within; i.e. it is *not deviance* - which is within social structure.

many experiences are essentially non-linguistic. For example Kleinman & Kleinman (1996:146), writing about the pain and suffering of illness, caution that for both “anthropologists of pain” and “clinicians there may come a time when they need to admit, ‘there are no words!’”

To extend this idea further, I believe we must also accept that some experiences pass beyond human understanding or logic. And it is at this juncture that “experience” is at odds with the western conception of being-in-the-world, for western mind cannot easily concede of a world which is beyond the scope of its ability to render as either language or rational thought. The importance of this argument has particular relevance for increasing understanding of mental illness because of the historical and cultural privileging, in western thought, of language/rationality over embodiment/emotion/feeling. The mind/body dualism of Cartesian thought frames the very discourse of psychiatry.

When an experience must be communicated or expressed for which there are no words, Bateson (1972:140) claimed we revert to metaphoric or “iconic communication... In iconic communication, there is no tense, no simple negative, no modal marker”. Bateson associated this form of communication with the discourse of primary process, a “prelogical” form of apprehension associated with the childlike functioning of the mind “before discrete, logical, critical consciousness developed” (May 1978:92).<sup>5</sup> Bateson drew attention to two other features of primary process. Firstly, “the subject matter of primary-process discourse is different from the subject matter of language and consciousness”; typically it involves the “algorithms of the heart”, the feelings, instincts, desires and “inchoate forces” of the whole person (Bateson 1972:138-9). Secondly, “in primary process the things or persons are usually not identified, and the focus of the discourse is upon the *relationships* which are asserted to obtain between them” (ibid:139). The emphasis in primary process is therefore on form rather than substance. In a world where secondary process - the rational, conscious mode of apprehension is given precedence, the form of primary process is often misperceived as substance.

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<sup>5</sup> Freud (1938:525ff) used the term “primary process” to describe the way that dreams and the operations of the unconscious were structured, compared with conscious thoughts or verbalized thoughts which he called “secondary process”.

## Ritual time and space

Turner emphasised the importance of ritual time and space, and the non-ordinary reality of the ritual dimension. While the ritual performance may be planned beforehand...often “the process begins with a sharp, surprising summons from which one instinctively withdraws” (Shorter 1996:45). Similarly, the acute psychotic break happens suddenly, and often appears to take the nature of a “summons”.

There is also an aura of *timelessness* associated with ritual, the sense that “this has happened many times before”. Joan Halifax, for example, describes “the initiation of the shaman” as “an ahistorical event, transcending the confines of culture and bringing into focus ontological concerns that have existed within the human mind for aeons...” (Halifax 1994:17). This ability of ritual to collapse or transcend the normal boundaries of time and space is significant for my argument in the chapters which follow.

Who or what determines when ritual and the liminal experience will occur? Shorter (1996:115) draws a connection with existential life crises, i.e. “our human condition has a fundamental need to be expressed in rites...at crossroads and in the face of the incomprehensible when we seek reassurance and guidance as to our values and direction”.<sup>6</sup>

Jung associated two life periods with particular liability to threat by crises of transformation. The first was between puberty and adulthood, when the release of sexual and physical energy, particularly as experienced by young males, can pose a threat to the psyche and society unless it is subordinated to the social good (Smith 1996:¶51-59). Jason, one of the participants in my study of mental illness in New Zealand, expressed the nature of this predicament in these terms:

I’m thinking about my future...I’ve questioned my motives. Are they for material gain or am I motivated by a sense of goodwill to the community? Perhaps I should forget about financial gain and focus on happiness and contentment by serving the community (Appleton 2000:33).

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<sup>6</sup> Grof & Grof (1990:121) also note that non-ordinary states of consciousness may occur spontaneously, as in the shaman’s calling.

Jung identified mid-life as a second period of vulnerability. The mid-life crisis heralded a release of energy, a search for depth – often spiritual depth, and an encounter with “the dark night of the soul” (Smith 1996:¶57). Jung emphasised the need for support, guidance and information during these periods, both the “paradigmatic form” and as “containment” (ibid:¶53-59).

This last point is consistent with Peters’ hypothesis (1998:94-108) that a lack of initiation rituals and a highly egocentric culture, lead to high Borderline Personality Disorder (BPD) rates for adolescents in Western society, due to “the failure of Western culture to provide context and myth for meaningful rites of passage” (Peters 1998:94. See Appendix 1). This happens to also be a high risk period for suicide.<sup>7</sup>

Peters (1998:94) goes on to suggest that the symptoms of Borderline Personality Disorder “may actually be attempts at self-healing gone astray in a culture bereft of an integrative spiritual and ritualistic context, and therefore without an education for transcendent states of consciousness”.

[T]he borderline syndrome...like most other chronic and severe psychiatric disorders, is less prevalent in cultural contexts with meaningful rites of passage that aid individuals, by evoking *communitas* and other transpersonal experiences, to traverse life’s critical transitional periods (ibid:103).

In support of this argument he points out that “fasting, body mutilation, and/or the use of psychoactive drugs” which are “often parts of rites of passage” are also “all highly implicated in BPD” (ibid:99). Yet when these behaviours are strongly bounded, as in ritual or rites of passage, they do not become either problematic or chronic (ibid).

It is of interest to note here that Turner (1982:52) made a distinction between liminal and liminoid phenomena, based on the “totality and comprehensiveness of ritual involvement in the social system”. He associated liminoid phenomena with complex, individualised societies, where cultural domains – for example religion, politics and economics, have split off and become independent of each other (ibid). Turner

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<sup>7</sup> Provisional New Zealand figures for 2001 indicate that the total rate of youth suicide (those aged 15-24 years) was 20.0 deaths per 100,000 population. The suicide rate for Māori youth in 2001 was 28.0 deaths per 100,000 population, compared with the non-Māori rate of 18.1 per 100,000 population. This compares with an age-standardised suicide rate for the total population of 11.7 per 100,000 population in 2001 (New Zealand Health Information Service, New Zealand Government 2004, April).

associated liminal phenomena, on the other hand, with tribal societies, where collective experience and collective liminal symbols were predominant (Turner 1982:52). Only religious rituals in modern industrial societies were deemed liminal by Turner, because the “great historical religions have, in the course of time, learned how to incorporate enclaves of *communitas* within their institutionalised structures – and to oxygenate...the ‘mystical body’” (Turner 1974:267). Turner is associating liminal phenomena and *communitas* in this statement with religion, and there is some ambiguity surrounding his use of the terms liminal and liminoid throughout his writing. Deflem (1991:¶49-50), for instance, notes that Turner’s work contains contradictory statements concerning the relationship between ritual and religion and the division between liminal and liminoid phenomena; he suggests that Turner’s “personal convictions” concerning religion (Turner converted to Roman Catholicism) influenced his anthropological analysis (ibid).

Robert Moore has drawn on Jungian theory in his research into ritual, spiritual traditions and sacred space. In a paper which discusses Turner’s definition of liminal and liminoid space, Moore (1984:133-137) suggests that by restricting his concept of liminal phenomena to mainly tribal societies, where ritual practice was “society-wide”, Turner severely limited the application of his theory. Instead, Moore believes, distinctions between “liminal” and “liminoid” should focus on “the nature and permeability of the boundaries of the space involved and on the relative importance of the leadership of ritual elders or ‘technicians of the sacred’ in making judgements as to the appropriate utilisation of the space”(1984:136).

“Ritual leadership”, declares Moore, is the “key variable” which Turner omitted to emphasize; “while liminal space requires ritual leadership, liminoid space does not” (Moore 1984:136). This, in Moore’s view, is what accounts for the difference in transformative potential between the two phenomena; “the unsteered boundaries of liminoid space are permeable and hence cannot sustain or “hold” the intensity of transformative potential characteristic of liminal states (ibid).

Not only does the boundary serve notice that entry into a radically different mode of human existence is near, but the recognition of and proper respect for the boundary is the *sine qua non* for a proper relationship to sacred space and the primary condition for being benefited and not harmed by it (Moore 1984:130).

Moore's theory is not incompatible with Turner's viewpoint on liminal and liminoid phenomena as developed towards the end of his life, when he was becoming interested in Jungian theory and depth psychology in connection with ritual and the possibility that ritual had an evolutionary function for consciousness (e.g. Turner 1987). By this time Turner's division between liminal and liminoid phenomena was blurred to the extent that he was able to write: "[P]lay is, for me, a liminal or liminoid mode, essentially interstitial, betwixt-and-between all standard taxonomic nodes, essentially 'elusive'" (Turner 1987:168); on the following page he writes "[P]lay, like other liminal phenomena..." (ibid:169).

Regarding the spatial context of ritual, Grimes suggests it is as much a psychic/mental as a physical context; "founding a space...occurs with the establishment of perspectival boundaries" (Grimes 1995:72). This too is significant in relation to Peters' hypothesis about Borderline Personality Disorder.

Some clarification of what is meant by "ritual" is in order at this point because ritual theorists have sometimes used different terms to indicate essentially the same phenomenon. While Turner defined ritual as "formal behaviour" (Turner 1967:19), in this context I prefer the word "formative", used by Grimes (1995:60). Ritual can be both informal and unconscious conduct, evident in mankind's propensity to relationship. Sharing a meal together, for instance, or attending a book group can be classed as "rituals of communion" (cf. Barnard 2003:204-236). Hence, "ritually crucial times involve both...once-in-a-lifetime-times and here-we-go-again times" (Grimes 1995:91).

Grimes informs us that "Rites are events...structurings", rather than structures; "they surge and subside, ebb and flow...they occur...depending on cultural context" (Grimes 1995:62-63). Therefore, he argues, it is the formative nature of ritual which we must attend to first", because "the ritualizing moment...is a non-discursive, bodily way of knowing" (Grimes 1995:66-69).

I concur with Grimes, who prefers to use the word "ritualising" in preference to "ritual" because of this same "formative" characteristic (Grimes 1995:60).

But there are other aspects that define my own understanding of ritual. Ritual is performed, by participants. It has a form which is recognizable by those participating – in the repetitions and sequences of the ritual action. Something is being communicated in ritual, not just between persons but between parts of the self; something that cannot be expressed in any other way. But when I think of ritual as a phenomenon in its entirety, it is as a process and expression of "at-one-ment" - as a representation of

“world”. In the “coming together” of ritual we acknowledge our separation from that which sustains us, our human need to reaffirm this relationship, and we reassert our connection to it. This is the most salient and abiding impression I retain of the rituals I observed or participated in during fieldwork in Sarawak. It is also the reason I am particularly drawn to Rappaport’s perspective on ritual which I will discuss in the following sub-section.

To avoid any confusion, and because different people have used different terms to indicate similar processes, throughout the rest of this thesis I shall use the terms ritual, rites and ritualizing interchangeably to mean the same process.

### **Ritual as primordial drive**

An increasing number of theorists and researchers, across all disciplines, are arguing that ritual and its capacity for transformation is associated with a primordial human drive and need, even that it has evolutionary and ecological implications. This hypothesis is explored in depth by Rappaport (1999) in “Ritual and Religion in the Making of Humanity”. Rappaport argues for access to ritual as a means of accessing meaning in a primordial sense, a means of addressing the separateness engendered by our everyday existence, and as a means of experiencing and reaffirming wholeness - as individuals, collectively, and as part of the cosmos. He proposes three levels of meaning which we can access and through which we relate to the world. Each stands in relation to and is interdependent with the others.

First order meaning is “meaning in its ordinary everyday semantic sense” such as information, texts, and messages. This form of meaning is based on binary distinctions; it is discursive and objective, and its effect is to reduce uncertainties. Its paradigmatic form is taxonomies (ibid:392-395).

Second order meaning is based on similarities; it reduces distinctions by either discovering or inventing similarities, in particular through metaphor. Its paradigmatic form is the icon (ibid).

Third order meaning is “grounded in unity, in the radical identification of self with other...Meaning becomes a state of being” (ibid:393). All distinctions disappear, the meaning signifies only itself. This is the state of absolute subjectivity; the dancer is the dance. Ritual, in Rappaport’s estimation, is the most common means of accessing third order meaning (ibid:392-395).

The fact that ritualising or ritualised behaviour is considered characteristic of a number of mental disorders (DSM-IV 1994) is interesting in light of Rappaport's argument because it suggests - as Peters proposes in relation to Borderline Personality Disorder, that there is something purposive in such behaviour which is overlooked in bio-medical accounts.

The crux of Rappaport's argument is that science and secular understanding alone are unable to generate the kind of non-discursive understanding we need to maintain a meaningful existence in the face of an increasingly fragmented world. We need knowledge, but we need *adaptive* knowledge most of all; at stake is no less than our continuing existence. It follows that there is a sense in which "empirical accuracy" may on occasion be mal-adaptive and even irrational.

As evidence, he points to the increasing practice of subordinating biological considerations to economic considerations, citing the health care industry as an example, where "successful operation is assessed on the basis of an economic 'bottom line' rather than in terms of the health of the clientele" (Rappaport 1999:454).

Rappaport compares the experience of third order meaning at the centre of ritual to the "I-Thou" experience described by Buber; as a reflection of the human meeting with God, "the eternal thou", entered into with the wholeness of being (Buber 1970:54). This experience, Rappaport proposes, "is in fact an *adaptive imperative*" (1999:403 italics added). The argument he makes is compelling; our need for ritual as a means of accessing the intuitive, irrational, sacred dimension of existence, is a primordial need. This suggests that ritual also has an existentially integrative function which is prior and pre-eminent to its function as a control mechanism in any other sphere of social life (cf. Jackson 1998:21).<sup>8</sup>

It is for this reason that I have extended my exploration and analysis of ritual beyond the context of psychopathology to the realm of everyday experience. It is part of my hypothesis that repeated participation in collective ritual - whether it is for the purpose of healing, mourning, commemoration, celebration, worship or conflict resolution – generates a particular kind of meaning that has been associated with

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<sup>8</sup> I fully agree with Jackson's argument (1998:21) that: "power must *first* be understood in precisely this existential sense of empowerment, and that we need to move away from a preoccupation with political control, and control over resources and capital, in order to understand the *modus vivendi* that is strived for in all contexts of human endeavour – imaginary or material – namely, a balance between what is given and what is chosen such that a person comes to experience the world as a subject and not solely as a contingent predicate".

*ontological security* or a sense of being-in-the-world.<sup>9</sup> These terms are associated with an existential phenomenological perspective and require some elaboration.

## **Situating the self**

*It is alienation from the existential gap that produces the fugitive state; rejection or non-admission of the longing for unity makes us refugees, psychologically.*

- Shorter (1996:106).

## **The primacy of relationship**

I have drawn on the insights of existential-phenomenology in forming my hypotheses and in my methodology. It was the existential gap between experiential reality and cognitive reality and the association of this with modern man's sense of isolation and alienation (experienced as anxiety and despair) that led to the emergence of existentialism in the late 19<sup>th</sup> and early 20<sup>th</sup> century.

Existentialism is concerned with the notion of the person as being-in-the-world (Heidegger 1962; Merleau-Ponty 1968). Relationship is fundamental to being-in-the-world; we are together in the same world with others and “*knowing* means knowing in the context of the same world” (May 1958:55-56). Self and world in this definition are dialectically related, two poles of a single whole, i.e. “World is the structure of meaningful relationships in which a person exists and in the design of which he participates” (May 1958:59). In this scenario, mental health and well-being depend on the ability to negotiate and navigate the contradictions and paradoxes inherent in being-in-the world.

Every human encounter entails ontological risk. But from an existential point of view, what is at issue is not so much the integrity of the self but a *balance* between the world one calls one's own and a world one deems to be not-self or other. This balance is a matter of control. And it is the struggle for this control that is the driving force of

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<sup>9</sup> Laing (1965:39) used the expression *ontological security* in connection with a mental state of *normality*, or having a solid sense of self, as opposed to *ontological insecurity* – a state of *abnormality* characterised by an inner feeling of alienation, discontinuity and fragmentation. The term derives from *ontology*, meaning *the study of being*.

intersubjective life...Existentially...equilibrium is a matter of striking a balance between the countervailing needs of self and other (Jackson 1998:18 -19).

I am proposing that ritual assumes significance because of its potential capacity to mediate in this situation - between self and world, sacred and secular, inner and outer realities, rational and irrational dimensions of consciousness. In other words it provides a mechanism for holding the opposing tensions of the contradictions in a state of balance and thereby maintaining a state of equilibrium. That brings ritual into a position of significance in an existential sense.

Ritual is a phenomenon which is performed as well as a forum where symbols are manipulated. It is a context and a process where thinking or theorising is yoked to experience, where reflection takes place not *on* experience but *as* experience. It is a non-dual way of being in the world. Ritual has the potential and the capacity to mediate the existential gap. Further, I propose that it is this existential quality of ritual that makes it possible to bring “the particular” into a relationship with “the universal” (Jackson 1998:2-3).

This throws into question the whole idea of perception as separable from experience – the basis for the claim to objectivity of the scientific worldview, and brings me back to the point at which this chapter began. This insight – that perception and experience are mutually enabling, was the thrust of Merleau-Ponty’s (1962) argument in giving subjectivity and embodiment (or the notion of embodied mind) fundamental importance in the way we perceive the world, and the basis of his phenomenological method.<sup>10</sup>

The phenomenological approach begins with lived experience. Central to this perspective is an emphasis on life-as-lived and an understanding of knowledge, identity and experience as continually evolving and emergent. That the concept of subjectivity is epistemologically problematic has long been recognised, both by those who have taken up a phenomenological perspective and their detractors, the central problem being that because the communication of experience is always self-referential, we can never fully experience what another experiences. Hence, knowledge gained can only be an interpretation. However I believe there are compelling reasons for arguing for the

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<sup>10</sup> “For Merleau-Ponty...embodiment has this double sense: it encompasses both the body as a lived, experiential structure and the body as the context or milieu of cognitive mechanisms” (Varela, Thompson & Rosch 1991:xvi).

phenomenological priority of the body in the way we perceive the world. If we were exploring new territory with the aid of a map, and came upon a mountain, uncharted on the map, what would we believe - the map or our experience of the territory? The argument I make here departs from the claim to objectivity of the scientific worldview on a further count; there are processual intervals between reality, experience and expression, similar to the intervals between body, embodied mind and the word. The nature of those "spaces" is crucial to understanding the situatedness of meaning making; the scientific or "objective" perspective is no exception to this universal principle.

"Tellings", whether they are considered subjective *or* objective, are *always* interpretations and the product of transformation processes. If a phenomenological approach is unable to escape this problem of representation, it at least acknowledges and attempts to take account of these processes.

Taking a subjective stance, then, is not to deny the possibility of truths. "The highest value for any perspective is its capacity to be temporarily useful or edifying, emancipatory or creative" (Tarnas 1996:400). By acting as a bridge between the scientific/rational and the intuitive, emotional, "irrational" dimensions of existence, phenomenology provides for a notion of "truth" which is grounded in experience, where both ways-of-seeing and ways-of-being proceed only in as much as they are proved to be pragmatic, and are able to be directed to a practical end.

However, perhaps the most compelling grounds for a phenomenological perspective have to do with the moral argument for "in the modern world, knowledge exists in a nexus with power, discipline, and authority, and the importance of that nexus cannot be ignored" (Mizrach 1997:¶7). Alternative worldviews and accounts of experience are often not heard, not because they are considered irrational, or are uninteresting, or have no truth to contribute, but simply because they have no socially or politically sanctioned authority. And as Kleinman & Kleinman remark: "We each of us, injure the humanity of our fellow sufferers each time we fail to privilege their voice, their experience" (1996:187).

This poses a particular problem for western categories of psychopathology which in their very structure of categorisation have tended to make all descriptions of subjective experience suspect. For this reason Csordas (1994:269-288) argues for the irreducibility of embodied experience in representations of illness:

What is absent from (either biological or cultural) accounts is the analysis of the embodied, speaking person taking up an existential position in the world. Without this, we risk a battle of causal arrows flying in both directions...with no analytical space between (ibid).

Citing Heidegger (1977), who claimed that biologism muted the experiencing body by representing it as “objective biological substrate upon which meaning is superimposed” and Merleau-Ponty (1962), who criticised sociology for objectifying social facts “instead of recognising that our bodies carry the social about inseparably with us before any objectification”, Csordas (1994:287) proposes a phenomenological approach as a means of “suspending our reliance on both”.

Furthermore, our being-in-the-world involves relating which draws on an assumption of shared meaning and experience. For this reason, experience, or embodied mind, is the dimension which can provide the most fertile area for generating knowledge and mobility, for this is where intersubjectivity takes place, and this is where theory is negotiated in everyday life.<sup>11</sup> A phenomenological approach in addition can provide the necessary complement to mechanistic scientific explanations of processes, cause and effect, and move us towards wholeness of meaning.

Science, as a way of knowing, has traditionally been a “third-person” perspective; in this way we create “separation between observer and observed”, stepping back from personal interaction into the objective position (de Quincy 1998:¶23). On the other hand, intuitive or religious knowing involves introspection or contemplation; we “withdraw from the normal world” into a totally subjective position. In everyday living, the usual medium for consciousness and knowing is “interacting and encountering other people”; this “second-person perspective” - or intersubjectivity, can provide us with a form of inquiry and understanding which is grounded within the world of lived experience, in the shared participation and experience “of things and their

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<sup>11</sup> Toren, in asserting that mind is an embodied phenomenon, argues that: “Only if we ignore the fact that the brain and nervous system of which it is part are literally *embodied*, can we separate the cognitive from the social”. Hence, “for humans, living and knowing are the same thing” and “from an analytical perspective, the biological, the cognitive, the affective and the social are aspects of one another rather than separable and dialectically related processes” (1993:467). This stands in contrast to the dualism of the Cartesian mind/body split which informs the scientific approach, and sanctions its claim to objectivity. Although the French existentialist and psychologist, Merleau-Ponty (1962), was the first theorist to give subjectivity and embodiment fundamental importance, as an antecedent to the anthropology of experience the concept is also incorporated in the work of Dewey (1934), Dilthey (1976[1914]), and James (1890).

relationships”(ibid:¶24). This is an epistemological stance congruent with William James’ (1976) notion of *radical empiricism*.<sup>12</sup>

Anthropological fieldwork in these terms is an intersubjective engagement in which the roles of detached observer and involved participant fluctuate, merge and interchange and a focus on the process by which knowledge is produced rather than the end product. It is through participation with others in negotiating the tasks and activities of everyday existence, that the anthropologist gains an embodied understanding of the other and his/her world, and begins to see the social origins of knowledge - the way that cognition is shaped in social praxis.

In the circumstances of my fieldwork context, this was a method which exactly mirrored my own experience and socialisation for I entered in many ways as a small child, not knowing how to speak the language, unfamiliar with the social environment as well as the natural environment, often not knowing how to go about the simplest tasks. Despite what Jackson (1998:97) says – that “ethnographic empathy is a mode of embodied, intersubjectively negotiated understanding that comes of coexistence and coordination in common tasks”, I struggled - often, just to have the courage to be. It was at the beginning, an intense experience of existential dislocation and estrangement. It was only as time went on that I realised the ideal outcome of intersubjectivity - relationship.

There was also a theoretical dislocation, as will become apparent in the ethnographic chapters. The laws of cause and effect had different parameters; experiences were not as I expected them to be as a result. These changed my own relation to the ethnographic data as well as the theoretical assumptions I brought to the field. Fieldwork involved setting aside questions concerning the rational, ontological, or objective status of ideas and beliefs in order to fully describe and do justice to the ways in which people actually live, experience, and use them (Jackson 1996:10). Above all, this involved being open to the experience. My account is unashamedly subjective as a result.

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<sup>12</sup> Also see *Paths Toward a Clearing: radical empiricism and ethnographic inquiry* (Jackson 1989: 2-6).

## **On Entering the Between**

In her introduction to “Natural Symbols”, Mary Douglas writes: “...if we cannot bring the argument back from tribal ethnography to ourselves, there is little point in starting it at all” (1996:xxxv). At the same time Douglas acknowledges the pitfalls of comparisons which assume universals and present hypotheses based on generalizations (ibid). Confining oneself to specificities through a focus on lived experience within a particular social environment goes some way to avoiding this (ibid). Yet the basic problem remains – how does one make comparisons or draw analogies between what are not merely different points of view, but different life worlds. All this appears to place a great responsibility on the ethnographer.

There is a further impediment to the simple accomplishment of Douglas’ project, to do with the nature of fieldwork in places very different to our own. The anthropologist in the field leaves the safety net of her familiar construct system and moves into the unknown, without a map. In the inevitable meltdown process which follows she makes contact with unknown and unfamiliar parts of herself. Emotions spill forth at unexpected moments with sometimes frightening intensity. She finds familiar things are invested with unfamiliar meanings, the ordinary takes on extraordinary significance. Thrown back on herself, thoughts turn inwards and the basis of the cultural truths on which identity rests lose their solidity. The house appears to have been built on shifting sand after all.

I wonder how many others have returned from fieldwork less sure (than when they went), that there are any truths and certainties, more conscious of one’s shortcomings and the deficits in one’s knowledge, increasingly reluctant to wear the cloak of ethnographic authority. In the end it may be that the best the ethnographer can achieve is to make “the other” imaginable and leave the reader to do the rest. Ethnography, in this construct, occupies the space between; it becomes another way of “pointing at the moon”. The truth - if there is truth, is not to be found in the written word but is created in the relationship between the reader and the written word and the meaning and connections that are created out of that interaction.

Hence my interpretations in the chapters which follow should be considered more in the nature of T. S. Eliot’s “hints and guesses” (1968:44), than a package of neatly-wrapped-up conclusions; more invitation - to reflect, than proclamation.

I leave the final word to Stein (1990:90), who more fittingly than I, extends his own invitation to reflect.

Psychopathology, no less than any other facet of human culture, is a symbol and symptom of the universal conflict and compromise between impulse and defence. Our capacity to understand culturally alien pathological forms, if not the capacity to treat them as well, requires a degree of identification whereby one says from the conviction of experience: "That could be me".



Map 1 SARAWAK



**Map 2 MELANAU POPULATED AREAS**

(Adapted from Morris 1991, facing page 1)



## Chapter Three: In Sight of a River

### Introduction

In this chapter I describe the ethnographic context - Mukah town and the surrounding Mukah District, on the northwest coast of Sarawak, Malaysia. This region is widely identified as the homeland of the Melanau ethnic group. The three maps immediately preceding this chapter indicate the geographical location of the ethnographic context in Sarawak, the major settlement areas of Melanau population, and the town of Mukah and surrounding Melanau *ka'pongs* (villages).

I lived for the first four months of the fieldwork period at *Lamin Dana*, a newly built Melanau tallhouse situated in Kpg Tellian Tengah. This tallhouse, constructed in traditional style though on a much smaller scale, was built as a “living museum” with two purposes in mind: as a centre for the ongoing nurture of traditional Melanau culture and as a tourist attraction where visitors might stay overnight and experience Melanau culture for themselves. When I first arrived I was the only resident, apart from a Melanau couple who were involved in completion of the outside buildings, decks and walkways. However, the tallhouse was in daily use by the local villagers, in particular by a cultural group comprised mainly of local Melanau youth in their teens and early twenties who used *Lamin Dana* as a regular meeting place, as well as for dancing and music practices.

During those four months, overnight as well as daytime visits by tourists began to increase as word spread about the project and a restaurant alongside the tallhouse was built to provide meals for these guests. The cultural group began to give occasional evening performances, local tours around the *ka'pong* were set up and opportunities provided for tourists to experience cultural activities such as sago processing and weaving.

Tourists, however, were not visiting Mukah in significant numbers during the time I was there, except at *Kaul*, the annual Melanau festival at the end of the rainy season. (Historically, *Kaul* was a week long period of cleansing and thanksgiving held in each village to appease the sea spirits). Occasionally I saw Europeans in town who were passing through and sometimes a Sarawak local tour guide would accompany a

small group of tourists to the area. There were significant numbers of Europeans living in Bintulu and Miri, employed in the oil and petroleum industry; these people sometimes made day trips to Mukah.

After living for four months at *Lamin Dana*, I decided to move to an old *ka'pong* house nearer Mukah town, in order to have more space. This house was situated in Kpg Kuala Lama, on the seaward side of the town; I spent the remaining eighteen months of the fieldwork period there. My description begins from this location which is marked on Map three.



**Fig. 1** My house in Kpg Kuala Lama

### **Ka'pong Kuala Lama: June 2001**

Just after 5 a.m., the first call to prayer of the day is heard across *Ka'pong Kuala Lama*. This is the coolest time of the day, the hour before dawn. It rained heavily during the night and the humidity has dropped for the moment. Through the darkness, human shapes can be made out moving along the side of the road towards the local *surau* (minor mosque); the majority of the people in this *ka'pong* are Muslim. The *surau* in Kuala Lama is the centre of this *ka'pong* community. Later in the morning, young children will begin to arrive at the kindergarten, situated in the grounds of the *surau*. A newly developed playground for their use borders the roadside.



**Fig. 2** The Kpg Kuala Lama hadrah group.

In the evenings, after the last prayer of the day, the boys and young men of the *ka'pong* often gather at the *surau* to practice the *Hadrah*, filling the air with their

drumming and chanting until late.<sup>1</sup> Haji Jun, the *Tua Ka'pong*,<sup>2</sup> worries about their disturbing those early risers who have already gone to bed, or those who might be ill. But the people of Kuala Lama take pride in having their own *hadrah* group to announce the presence of someone important within the *ka'pong*, or to proclaim an auspicious event; the familiar sound can often be heard at weekends announcing and welcoming the arrival of bride and groom to waiting wedding guests somewhere within the *ka'pong*.

The Mukah River used to flow through here on its way to the sea, less than a kilometre away; hence the name *Ka'pong Kuala Lama*.<sup>3</sup> Sometime last century the river changed course and today it enters the sea further east. The small stream at the back of Rohani's house, across the road from where I live, is a reminder of its former route. You can see the stones and mud of the old river bed exposed on the beach at certain tides. Now the main road out of Mukah passes through Kuala Lama on its way to Oya and Dalat; heavy trucks rumble by and shake the wooden houses, standing on stilts, as they pass.

On the outskirts of the *ka'pong*, in the direction of the sea, is the Mukah Hospital, which serves the population of the town and wider surrounding district, totaling around 60,000 persons. Melanau and Iban make up the majority of this population base in approximately equal numbers but with major differences in population distribution. The majority of the population living in the vicinity of the town of Mukah and the surrounding *ka'pongs* are Melanau; Mukah has always been synonymous with Melanau. The Iban, who began migrating into the area in the 19th century, live mainly in longhouses in the rural areas around Selangau and Ulu Balingian.

Directly opposite the hospital gates is Three Rivers School, the main secondary school in the area. A large boarding establishment is attached for the students who live in the outlying *ka'pongs* and longhouses; many of them return home at the weekends. Continue on a little further and the airport comes into view, walking distance really if it weren't so hot and humid. The climate dominates everything here, one of the reasons

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<sup>1</sup> *Hadrah*: a type of Islamic drum ensemble with a specific repertoire of rhythmic patterns and accompanied by the singing of texts. *Hadrah* groups are usually made up of youths but young women are also members of some *hadrah* groups.

<sup>2</sup> *Tua Kampong*: village headman.

<sup>3</sup> *Kuala* means river mouth, *lama* means old or ancient. Hence, Kuala Lama = old river mouth.

the day begins at dawn for most people, before the heavy, muggy heat of midday overwhelms with lethargy and the desire for sleep.

Most people arriving at Mukah from distant places fly in on the small Twin Otter plane which services the town several times a day, flying a variable circuit which takes in Bintulu, Sibul and Kuching. The direct flight from Kuching takes around an hour, crossing thick rain forest and mangroves laced through with meandering waterways which flow towards the South China Sea. Flying



**Fig.3 Mukah aerial view**

over the Rajang, the longest river in Sarawak and a major highway into the interior of Sarawak, you can see ships of all sizes on the water below – tankers, container ships, barges laden with timber, express boats. The largest ships are enroute to or from Sibul, a city some two and a half hour's drive inland from Mukah, where there are shipyards and a large port. The express boats carry passengers and goods to and from the smaller towns and tiny settlements dotted sparsely throughout the region. Here and there, on the dozens of lesser waterways, tinier boats are just visible, dwarfed by the surrounding vegetation so that they seem to hardly move. The tannin stained water of the smaller streams is the colour of strong black tea, in stark contrast to the muddy waters of the Rajang. Small clearings in the vegetation mark past or present areas of cultivation. Between the Rajang and Mukah Rivers, much larger tracts of jungle have been cleared for commercial sago and palm oil plantations; the trees, in varying stages of growth, are laid out in endless neat rows like chequerboards in between dark drainage channels and access ways.

The Melanau settlements of Matu, Daro, Igan, Dalat, and Oya can all be reached by boat from Sibul, via the network of tributaries and canals which connect the Rajang with the other main rivers draining this low lying swampy peat land that reaches inland for thirty kilometers in parts. Fifty years ago, boats also brought passengers to and from Mukah, though this meant crossing the bar at the mouth of the Mukah River and traveling by open sea as far as the mouth of the River Oya before reaching the safer inland waters. When the first buses were shipped to Mukah, the section of the journey between Mukah and Oya was made along the coastline, via metal road and beach - the timetable changing to accommodate the tides. Today, a sealed highway links Mukah

with the other Melanau settlements as far as Matu and Daro, though you have to use vehicular ferries to cross the Oya and Igan rivers on the way.

John Ley, now retired and living in England, worked as a seismologist for Shell in this region in the mid 1950's, when Sarawak was still a British colony, and spent several months in Mukah, establishing an office above one of the shop houses. In a letter he describes how he "shared a glass of scotch" with the three elderly priests at the Roman Catholic Mission (J. Ley, personal communication, December 21, 1999). One of them had come out to Sarawak prior to 1900 and went back to Europe for a visit in 1927 – "having seen the impact of the motor car he resolved never to return" (ibid). One presumes the said priest never had to face the advent of the automobile in significant numbers in Mukah, for he must have been an old man in 1956 when John met him.

I have digressed from where I began, but perhaps only because the rivers and the sea dominate so many facets of life here that they are never far from consciousness. As fate would have it, it would seem that the first plane that landed in Mukah was a flying boat which taxied in onto the river some time after the end of World War II.<sup>4</sup> Emus, an old man from Ka'pong Tellian Ulu, told me he remembered the day well and the fact that the plane had to be crank-started.<sup>5</sup>



**Fig.4 `Flying boat landing on Mukah River, 1956. Photo courtesy of John Ley, U.K.**

However it was not until the late 1950's that regular air transport into Mukah was established with the building of a grass runway airstrip running alongside and parallel with the beach near the river mouth. Nowadays the planes land on sealed tarmac and the original wooden airport building, still standing, has been replaced by a much larger modern terminal some distance away, surrounded by well tended gardens and a car park. It is wise to allow a day in reserve if you have to connect with other flights or get to Mukah for a special occasion; the weather here can be unpredictable. Electrical storms can build up rapidly in the high humidity, bringing strong turbulence and

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<sup>4</sup> Jamba, a former Sarawak Administrative Officer in Mukah writes of British pilots landing "on the sea close to Kuala Mukah" at the end of World War Two, after a group of Melanau erected a big poster requesting them to land and alerting them to the fact that there were now only a few Japanese left in Mukah (1993:21).

<sup>5</sup> J. Ley (personal communication, December 21, 1999) writes: "We did have a 'Sealand'- a 6-seater - land at Mukah once only, on an emergency when one of our staff had appendicitis in October 1956. It was an unusual event".

torrential rain with them; smoke haze also disrupts schedules occasionally between August and November.

The other way into Mukah is by road, crossing the river on the vehicular ferry which operated from 6.30a.m. until 10 p.m. during my time in Mukah. Many people cross daily from the *ka'pongs* up and down the far side of the river, to get to their jobs in the town or to shop at the market. Buses also cross at regular intervals – this is the route to Balingian, Sibul and Bintulu, passing many Iban longhouses along the way. The foundation stone has already been laid for a bridge and new road which will make access much easier and save a long wait at certain times of the day. Small ferry boats also operate between the *ka'pongs* directly opposite Mukah town and the market area alongside the river, bringing foot passengers and bicycles across the river.

## The past

No one can say for sure where the Melanau came from to settle in this region, or when, though speculation has linked the Melanau to cultural remains found in the Niah caves (between present day Bintulu and Miri) dating back to 40,000 years ago.<sup>6</sup> Other theories suggest the Melanau migrated at some time from the upper Rajang region, moving downriver towards the coast and settling finally in communities on the Igan, Oya, Mukah and Balingian rivers and their tributaries (Aseng 1998:1-2; Morris 1991:9-14).<sup>7</sup> The myths and legends of other ethnic groups further inland share common elements and heroic characters (such as the legendary warrior Tugau), with the legends of the Melanau, and there are certain similarities in language, social organisation and cultural practices, lending support to this view.

However, a map published in Florence in 1595 has the name “Malano...written along the coast roughly where the rivers Oya, Mukah, and Balingian run” (Morris 1991:1), suggesting the Melanau were well established in the region at this time, and probably already engaged in trade with outsiders. Morris describes the Melanau

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<sup>6</sup> Morris cautions against making such inferences, pointing out that the archaeological evidence could equally be applied to other ethnic groups in Sarawak (Morris 1991:10).

<sup>7</sup> Both writers link the Melanau historically with the Kajang people of the upper Rajang. Morris could find no evidence of any Melanau myth of origin during his extensive fieldwork with the Melanau over several decades.

traditional economy as “halfway between... sedentary farmers and swidden cultivators”, based as much on hunting, gathering and fishing as it was on cultivating the sago palm, the only staple food plant which flourished in the swampy and flood-prone environment (Morris 1994:49-50). Sago provided a subsistence lifestyle only; the natural environment lacked basic necessities such as salt and iron and meant that individual villages would always have been reliant on trade as a resource, both with other villages within their own and neighbouring river system(s) and with outsiders beyond the region (Morris 1991:223; Abdullah 1998:274).

Melanau legends tell of an ancestral warrior ruler named Tugau who established a kingdom on the River Igan. At a later stage, the stories tell, Tugau was defeated in battle by the ruler of Brunei, Alak Batata, who then established Bruneian sovereignty over the Melanau territories.<sup>8</sup> As a consequence, Bruneian noblemen (*Pengiran*) were sent to the region to collect taxes and tribute on the Sultan’s behalf, and established themselves at the mouths of the major rivers where they could control trade and access to the villages further upstream.

The traditional Melanau village was a politically independent community consisting of two or three tallhouses, and generally “situated at the confluence of a strategically important tributary stream and the main river” (Morris 1991:42). Production of sago flour required a plentiful supply of fresh clean water. These tallhouses, built on massive *belian* posts up to thirty feet above the ground for security, housed up to several hundred inhabitants, related by blood or marriage, though the village was regarded as a territorial unit rather than kinship based (Morris 1994:54). Each tallhouse was divided into a longitudinal series of family based separate apartments, either side of an internal communal area - the layout of the apartments reflecting the hierarchical structure of the Melanau social system (Morris 1991:76-78). The central apartments housed the aristocratic leaders of the community (ibid). On either side of these were the apartments of the “freemen” or middle ranks and at the outer ends were the apartments of those of slave rank (ibid).<sup>9</sup>

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<sup>8</sup> Morris puts the date of these events prior to the 15<sup>th</sup> century, based on stories obtained from “the natives of Mukah” and published by the then District Officer of Mukah, Mr. Lawrence, in 1912 (Morris 1991:13-14).

<sup>9</sup> Morris (1991:136- 201) provides a full explanation of the Melanau rank system. Slavery was officially abolished in Sarawak in 1888.

Each Melanau community, living in relative isolation from the others, was characterized by distinct linguistic, cultural and political differences (ibid:2).<sup>10</sup> These differences were particularly apparent between communities situated on the different rivers of the region (ibid). Today language, especially, persists as a means of differentiation, not only in the different dialects existing between the different river systems, some of which are not mutually comprehensible, but, for example, in the particular “tune” of speech by which a “Petanak man” can be differentiated from a “Tellian man”, although both villages are situated on the outskirts of Mukah town.<sup>11</sup>

Control of each tallhouse community was in the hands of a group of aristocratic elders (*a-nyat*) who administered the local *Adet* (traditional code of law and ethics) pertaining to their village and also had power to grant membership of their community to outsiders. Hostilities between different communities on the same river over territory sometimes occurred; less frequently raids were made on tallhouses further afield on the other rivers. The “group consensus” basis of the political organization meant that the timing and success of such raids depended more on the availability of a talented member of the community rather than a political leader; hence Morris suggests that at any one time “the actual balance of power...varied with the local situation and the personalities of those involved” (Morris 1991:37).

Over the course of the next several centuries, the Bruneian Pengirans adopted the language and lifestyle of the Melanau, intermarrying with the local populace and establishing their own tallhouses and independent spheres of political and economic power as Bruneian political power within the South East Asia region waned. However, the more isolated upriver Melanau villages were always less influenced by, and less concerned to follow, the dictates of the Pengirans (Morris 1991:31).

A number of changes and innovations to Melanau culture stem from this period of Bruneian colonisation. A regular trade route for sago and forest products (e.g.

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<sup>10</sup> There has also been debate about whether the term Melanau can be applied to the people of this region as a unified group. Morris (1953:2) feels the term should be used with some qualifications, citing differences in language, primary occupation, and customs between the different settlements, and noting that the name Melanau was originally given by the Brunei Malays to describe the people of the region. However, I agree with Abdullah that “today, the ethnic label – Melanau, is generally accepted” (Abdullah 1998:268).

<sup>11</sup> There is as yet no Melanau dictionary and therefore no standardized spelling. No doubt this has helped in retaining the use and sanction of the different dialects as well as maintaining the unique identities of each community. A retired Melanau schoolteacher was working on a Melanau – Malay dictionary when I was in Mukah.

camphor, resin, basket and cane ware) in exchange for manufactured goods such as cloth, iron and brassware, and porcelain was established, under the control of the Bruneian Pengirans. Islam (along with Malay culture) was introduced and disseminated, though this was mainly as a result of intermarriage. There was little attempt at this time to proselytize to the Melanau villagers who continued to follow the traditional animist religion they had always practiced.<sup>12</sup> A new status rank – *Bangsa Pengiran* – was added to the traditional Melanau social hierarchy, taking precedence over all other ranks in the downriver communities under control of the Bruneian Pengirans and their descendants (Morris 1953:59).<sup>13</sup>

In 1819 developments outside Sarawak precipitated the beginning of radical changes in the sago trade and the Melanau village economy. The growing British and American textile industry required a reliable source of starch; the establishment of Singapore as an international trading port provided the necessary import/export link between the European market and the sago producing region of Sarawak (Abdullah 1998:268; Morris 1991:16-17). Prior to these developments, sago production and export had been in the form of sago biscuits, produced within the *ka'pong*. However, now the demand was for industrial starch rather than baked biscuit and the refining process necessary was carried out under the control of merchants in Brunei and Kuching who competed with each other to buy sago flour from the Melanau villagers, effectively excluding the local aristocracy from their former role as exporters and importers (Morris 1991:16-17).<sup>14</sup> To meet the growing demand, the Melanau began to turn increasingly to the production of sago flour as their sole economic activity. At the same time they became increasingly dependent economically on market forces beyond their control (ibid).

This was the situation when James Brooke, an English adventurer and entrepreneur of independent means, arrived in Sarawak in 1839. Although Sarawak was a dependency of Brunei at this time, the region was beset with instability. The Malay

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<sup>12</sup> Extensive Islamization of the Melanau followed the establishment of the Roman Catholic mission in the area in the early C20th (Morris 1953:5).

<sup>13</sup> *bangsa* = rank. *Bangsa Pengiran* is the highest rank in the Melanau (Muslim) community but it is not a traditional rank category and it is not found in the pagan or Christian Melanau groups (Morris 1953:59). N.B. Morris uses the word *Basa* for rank, but my informants in Mukah were adamant that the correct term (and the term they had grown up with), was *bangsa*.

<sup>14</sup> The sago flour produced in the Melanau villages was not of high enough quality for the world market – it needed further refining (Morris 1991:17).

aristocracy settled on the Sarawak coast in the vicinity of what is now Kuching were involved in ongoing hostilities with Bruneian forces. Brooke, having an interest in furthering British trade and political interests, lent his support to the Bruneian forces and was rewarded with sovereignty over what is now the Sarawak 1<sup>st</sup> Division, establishing his headquarters and centre of government at Kuching in 1841. By 1853, after continuing expansion and colonization at the expense of a rebel Malay power base, Brooke had increased his territory eastwards as far as the lower reaches of the River Rajang.<sup>15</sup>

However, the Brooke regime was facing additional problems at this time. While James Brooke had been able to rely on military support from the British Navy when he needed it in the past, his methods and tactics had come under increasing criticism in Britain; as a consequence, British support was withdrawn. His personal fortune used up, Brooke was in trouble. Sarawak needed sago revenue to survive.

The sago-producing region at this time was threatened by problems of its own which were disrupting the smooth flow of trade. Since early in the nineteenth century, groups of Iban had been migrating downriver from the interior and colonizing the Rajang delta region (Morris 1991:7). Hostilities against Melanau longhouses and retaliation in return ensued and continued to threaten stability of production (ibid:18-31).<sup>16</sup> At Mukah, rival Pengirans were engaged in fighting amongst themselves for political and economic advantage, and disrupting the access of the Kuching Malay traders as well as sago revenue to Brunei (ibid). Off the coast, piracy was rife and threatening the safety of the trading ships (ibid). Peace was essential if the sago trade was to flourish.

In 1861, after negotiations with Brunei, and supported by the British government, the area from the Rajang to the Baram – the sago producing territory - was ceded to Brooke control (Morris 1991:18-31). A European resident was installed at Mukah with a Native Officer (one of the Pengirans) under him (ibid:30).<sup>17</sup> A new

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<sup>15</sup> Morris explains the ongoing conflict as partly due to a basic ideological conflict between how Brooke and the Borneo Malays conceived governance: Brooke's concept was based on the notions of free trade and control of territory, while the Malays favoured a trade monopoly where governments controlled people rather than territory (Morris 1991:19 with ref. to Pringle 1970:71).

<sup>16</sup> In 1960, there was "virtually no intermarriage" between the two groups (Morris 1991:8). Even today, Melanau-Iban marriages are relatively infrequent.

<sup>17</sup> Morris mentions that the Resident at Mukah in the early days had great difficulty finding an elder who would accept the position (Morris 1991:272). Brooke's choice was limited by the fact that "the official

political office was created in the villages at this time for the convenience of the Brooke administrative system – the *Tua Ka'pong*, designated as a tax collector and local officer responsible to the new regime (ibid:272-274). This marked a departure from the former traditional control by the councils of village elders.<sup>18</sup>

As peace settled on the region other newcomers began to arrive. The sago factories which had formerly operated in Kuching were relocated to the Melanau areas (Morris 1991:242-243).<sup>19</sup> The Malay traders from Kuching also relocated and settled in new villages downstream of the Melanau settlements, intermarrying with the local Melanau (ibid:98-99). By the late nineteenth century, Chinese traders were arriving in large numbers to set up in commerce. Revenue from the sago trade was ensuring the financial stability of Sarawak, and the political situation continued stable until 1941, under the rule of three successive Rajah Brookes.<sup>20</sup>

After Brooke stabilized the region politically, the Melanau began to move into separate Malay-style houses on stilts, spread out in clusters along the riverbanks in the vicinity of their former tallhouse to form a village or *ka'pong*, each *ka'pong* retaining the cultural and social characteristics of its former community (Morris 1991:105 -107).<sup>21</sup> Today, these settlement patterns persist, with relatives tending to live in close proximity, though the younger adult population increasingly migrates to other areas and the larger towns to work.

Stability in the region was disrupted by the arrival of Japanese forces in 1941, who occupied Mukah until the end of the war. This was a time of extreme hardship for

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language of the new government was Malay written in Jawi” which few people understood or spoke in the upriver villages (ibid:269). In addition “not many of the English officers appointed to the coastal district ever learnt the Melanau language” (ibid).

<sup>18</sup> Not only had there never existed any Melanau word for headman (Morris 1953:83), the Melanau ideal model encouraged submissiveness when young, soft-spokenness and humility - “the training of the Melanau was specifically designed not to produce a leader of this kind” (Morris 1953:85).

<sup>19</sup> These factories were almost entirely Chinese owned, though the British Borneo Company also operated factories at Mukah and Oya for a short time (Morris 1991:242-243).

<sup>20</sup> James Brooke was succeeded by his nephew Charles, in 1868. In turn, Charles was succeeded by Charles Vyner Brooke in 1917.

<sup>21</sup> Some of these houses were very large and catered for extended family groups. Rasima, a woman in her thirties, showed me the framework remains of the house she grew up in, in Kpg Téh, directly in front of where her sister and brother-in-law now live. Up to eighty persons, all relatives, lived there at any one time, comprising members of six families. Morris notes that by 1950, the originally separate villages along the Tellian River had been joined together by a ribbon development of houses (Morris 1991:112). He also mentions that slaves often settled in a separate village, downstream - a less socially desirable area (ibid:99).

the Melanau; the old people in Mukah still speak of having to survive on *limut* during these years – a thick glutinous mixture made from sago flour and boiling water, because the Japanese commandeered their food supplies.

With the end of the war, Charles Vyner Brooke ceded Sarawak to British control and a colonial government administered the country until 1963 when Sarawak became one of the states of the new Malaysia. This was a period of further economic decline for the Melanau villagers. The introduction of mechanical rasping meant the sago factories and their Chinese owners were now capable of assuming control over the entire production process (Abdullah 1998:277). For some years, the Melanau villagers resisted selling the sago palm logs direct to the factories, but by the end of the 1950s “the proletarianization of the Melanau villagers” was complete (ibid:278). Sago had become a cash crop; the Melanau role reduced to cultivators of sago only. In the meantime, the price of sago flour on the world market slumped and the Sarawak sago industry with it.

Numbers of Melanau sold up their land and migrated in search of work in the following years. The timber industry in Sarawak was expanding in the 1960s and provided logging work, but mainly for young men – many others were excluded from their former economic roles (ibid).

Sago, and the people associated with it, has often been negatively portrayed in the literature.<sup>22</sup> However, sago was to provide an impetus for change again and a promise of economic recovery for the region. In the late 1980s, the State Government embarked on an ongoing program of sago and oil palm plantation development for the region, in anticipation of an increased demand for sago on the world market - for manufactured products such as low calorie sugar, cosmetic and pharmaceutical products and biodegradable plastics. In the words of The Chief Minister of Sarawak, Datuk Patinggi Tan Sri Haji Abdul Taib Mahmud: “Sago is the gold mine of the 21<sup>st</sup> century...our objective is to make sago one of our economic mainstays, capable of earning RM1 billion annually for the state” (Kassim 1994:25).

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<sup>22</sup> For example: “By and large, sago carries a mildly discreditable social significance...to eat sago as a necessity instead of rice as staple food is shameful” (Harrison 1970:298).

## And the present

Six a.m. and as, almost imperceptibly, the shadows lighten, dawn is preparing to break in Mukah town. The roads still glisten from the overnight rain. Across the road from the shops, the river is already coming alive as the first fishing boats begin to arrive at the wharf. Other boats pull out and head downriver towards the sea, disappearing into the shadows between the town and the twinkling lights from the *ka'pong* on the far side of *Batang Mukah*.<sup>23</sup>

At the canteen on the waterfront, a couple of dozen men are already sitting in groups at tables drinking coffee and eating snacks while they chat after early morning prayers at the Mosque. More continue to arrive. Some sit at tables outside the building; the *Tua Kampong* of Kuala Lama is among them. Later, most of them will depart to home, some to change clothes for their regular jobs or occupations. For now, this is their time to exchange news and socialize. Inside the building women and a few men are busy making cups of tea or coffee and bringing freshly made *kuih* (small sweet cakes) and buns and hard boiled eggs to the tables for the customers to select. They talk and joke among each other and with their customers, catching up on events of the past twenty four hours.

The cafes in the shop houses across the road will not begin to open for another half an hour and that side of the street is still dark and deserted; except for the open wooden shutters at an upstairs window which frame flickering candles illuminating the offerings on a Chinese altar. Shadowy figures, discernable only by their movement, are unloading dark bundles from a couple of vans in the distance, further along the street – probably Ibans from the outlying longhouses bringing produce to sell at the *tamu* (open market selling local produce), along the waterfront. The fruit and vegetable covered market next to the canteen is still in darkness, but always accessible. “If you ever need something desperately after closing time,” I’m told, “you can always leave money for goods taken on the counter, for the stallholder to collect next morning.” Around the corner from the market, two women are waiting at the bus depot, perhaps for the first bus to Sibu, departing at 6.30 a.m.

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<sup>23</sup> *batang* = main river; e.g. *Batang Mukah*

Dawn comes suddenly, and with it a new flurry of activity. Like actors coming on stage as the curtain goes up, schoolgirls come into view with the light, cycling by in twos and threes on their way to school. People appear to materialize from nowhere and begin to trickle across the road towards the riverfront and the market. The little flat-bottomed ferry boats ply back and forth across the river and disembark their passengers right in front of the *tamu*; students with bicycles, men and women coming to the market, others on their way to work in Mukah town. The food stalls selling *kuih* and *cucuor* (cakes and fritters), at the far end of the waterfront, are doing a roaring trade...cheap at five pieces for RM1.<sup>24</sup>

With the daylight comes more rain, though hardly heavy enough to deter anyone. At the *tamu*, everyone has set out their produce, some on stalls, others squatting on the ground under umbrellas with their fruit and vegetables displayed alongside. It's 7 a.m. and the sellers still outnumber the buyers.

Back along the riverfront, a few figures are visible at the wharf alongside the fish floor, looking to see what the early boats have brought in. Most people will wait and take their chances when the bulk of the fishing boats arrive back in a couple of hours. Until then there's time to sit and socialize over breakfast at the canteen on the waterfront, at one of the upstairs cafés above the dry market building, or in one of the many coffee shops, now open, across the street.

The buses and minibuses crowded with shoppers from the surrounding *ka'pongs* begin to arrive at increasingly frequent intervals at the bus depot, the women heading for the market to buy daily provisions, the men heading for the coffee shops or fish floor to meet old friends and discuss today's catch and prices, seek advice and help with administrative transactions from those experienced in such matters, and catch up on the latest news.



**Fig. 5** A typical morning at the *tamu* (market)

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<sup>24</sup> RM: Malaysian Ringgit, Malaysian currency unit. During the time I was in Mukah the rate was around RM1.00: NZ\$ 0.70. The Malaysian Ringgit is pegged to the American Dollar; US\$ 1.00: RM 3.80.

Fishing is a man's business and by 10am the men on the fish floor in front of the covered market outnumber the women by twenty to one. Business is brisk and there's standing room only around the sellers squatting on the tiles displaying their catch. A few metres away, under the cover of the market building, small yellow fish are being filleted and sliced up finely on tiled worktops to make *umai*, the marinated raw fish dish for which the Melanau are famous.<sup>25</sup>



**Fig. 6 The fish market on the waterfront**

Along the main street the footpaths are crowded and it's difficult to get by as people stop to greet each other and chat. Cars drive slowly by, and a few minutes later slowly by again along the one way stretch of the main street – there's not enough parking this time of day. Pedestrians cross from the markets on the riverfront to the shops across the street in a steady flow back and forth, holding up the traffic. Scooters and motorbikes and the occasional bicycle weave in and out. Minivans double park and passengers spill out. All are moving as in a dance, choreographed in slow motion.

The familiar greeting in Melanau, "*Ngak keman?*" (Have you eaten?) is heard frequently, the excuse to take a break and retire to a coffee shop for a drink and snack before thinking about heading for the bus depot and returning home. The temperature and humidity are rising fast; vegetables and especially fish don't stay fresh for long out in this heat.

Soon after 11 a.m. it begins to spit with rain again. The fishermen begin to do a quick sell off to finish their catch as people drift in looking for bargains. Some of them have been up since 3 a.m. and the fishing nets have still to be washed out, cleaned and mended before they head homewards, across or upriver to their *ka'pongs*. The keen

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<sup>25</sup> The Melanau calendar is structured around the fishing season; i.e. "The names of the various months describe fishing activities... the state of the sea, or the fish caught, or the technology used". Thus the month of *Pengejin*, which correlates with the beginning of the Melanau year in Mukah, is "a word conveying the sense of a fisherman's hands being slippery from all the fish being landed and cleaned with the return of calm seas" (Buyun 2000b:2). The Melanau calendar comprises 12 or 13 months; variations exist between individual communities and informants. Finding at least 6 different variations of both names and sequence in written references, I decided to ask a local Melanau, a retired teacher who was also a fisherman, for his opinion – he gave me a seventh version!

ones will go out for a second time and hopefully return later in the afternoon with freshly caught fish and prawns.

At the *tamu*, many of the sellers have already packed up and gone; others are in the process of doing so. Few people are buying now though many people continue to pass through on their way from the fish floor to the bus depot. The waterfront canteen closes for the day; the workers there have also been up since the early hours preparing food for their early morning customers.

Buses and minibuses laden with people, fish and produce pull out of town in quick succession, returning people home to the *ka'pong*; the last buses depart at midday and will not resume till after 2 p.m. No one wants to linger in town unnecessarily during the hottest and most tiring time of the day. Even the cafés in the main street are not doing any business; just one or two people are sitting at empty tables, staring into space. It's as if all energy has been spent for the moment – time to catch a breath, and wait for a second wind.

There is a seeming timelessness about this daily ebb and flow from the *ka'pong* into town and home again, like a tandem activity with the tide which twice a day spills in and out of the river alongside. Food and produce from both land and sea are redistributed, local news and gossip circulated, friendships and social allegiances reaffirmed. But above all what takes place is an affirmation and renewal of community and identity, embodied in the process and carried back to the *ka'pong* to be shared and distributed among others. Even those who are not major players in this interaction draw sustenance from simply being present, the anthropologist included.

On the odd occasion I share a cup of coffee at the market with Paul, an elderly man in his mid seventies. He is often alone and, I sense, lonely – perhaps I recognize something of myself. He has spent most of his working life away from Mukah, working as a clerk for companies in the bigger towns and seems to enjoy the opportunity to speak English. I wonder if this is something of what sets him apart, for though many of the older people were schooled in English, they are reluctant to use it; “*telabau Melanau*” (speaking Melanau) is a defining aspect of identity for the members of this community.

Paul's conversation betrays a certain disillusionment which I find rare here; he expresses regret about his working life – that he changed jobs so often, that he didn't achieve what he could have. He draws my attention to the details of a murder trial on the front page of the paper, his expression and comment implying that society is

deteriorating. He seldom mentions family. I ask him if he's going to Frederick's wedding in Tellian at the weekend and he says no, he doesn't like going to weddings. He talks about death, his own death, which he thinks may come soon – "My father died at my age". Just before *Kaul*, I ask him if he will be attending the picnic on the beach on Sunday morning, a traditional shared ritual still observed by many of the Tellian Melanau. His reply is a vehement "No! I'm going to church. It's more important." I change the subject quickly, feeling chastised, ashamed to admit my own intentions to take part. Yet Paul also tells me that every morning without fail he catches the bus and comes to the market; it is a habit which binds him to this community even as it reassures him of his inclusion in it. And in a sense it is his contribution to its continuity.

An old brick chimney dominates the skyline on the edge of the river in Mukah town, between the Chinese temple and the river side cafés. A garden has been planted at the base. No one seems to know exactly when it dates from – any evidence associated with its original function or incorporation has long since disappeared, but general consensus associates it with one of the sago factories built when the sago trade became commercialized during the Brooke era. A more imaginative informant, from a family of local commercial fishermen, suggested that it was lit and used as a beacon for the fishing boats in days gone by



Fig. 7 The chimney

- to guide them toward the river mouth from the sea. Mention Mukah to anyone who has visited there in the past fifty years and the chimney is sure to be recalled, looking just as it does now. For most people, the chimney is simply synonymous with Mukah, in living memory it's always been there.

Beyond Mukah town, the road continues inland running parallel to the river and passing through a ribbon development of *ka'pong* houses on both sides of the road, towards Tellian. There used to be another section of village and a road here nearer the water, now succumbed to the encroaching course of the river over the years. People in their forties and fifties can remember what these houses looked like – some of them grew up there. You can see the stumps and mounds of earth in the water where houses and coconut trees once stood on dry land. The remains of a restaurant, visible from the main road, leans at odd angles, half fallen into the water. Some fifty yards out into the river, wooden *belian* poles reach skywards into nowhere; the remains of an earlier

bridge across the mouth of *Sungai Tellian*.<sup>26</sup> The road to the ferry which gives vehicle access to the *ka'pong* and the road to Sibu on the other side of the Mukah River, now crosses a wooden one way bridge further upstream.

Passing through *Ka'pong Penakub*, the old wooden Mosque on the right and still in use portrays an architecture of earlier times; now a magnificent new mosque has been built away from the *ka'pong* at the gateway of the new town - with parking space for vehicles. Few people walk here anymore beyond the town or their immediate *ka'pongs*. *Suraus*, the local Muslim places of worship resembling a small mosque, are visible on both sides of the road for the next couple of kilometers – these *ka'pongs* nearest the town are almost totally Muslim, though not entirely.

*Ka'pong Tellian* is considered to be the heartland of the old Mukah Melanau settlement.<sup>27</sup> Since the Roman Catholic Mission came to Mukah early last century, most of the Melanau in Kpg Tellian Tengah and further upriver have converted to Christianity. A small number remain unconverted still, described by one of my Christian informants as “the free thinkers”.

It is many years since the last remaining tallhouse in Kpg Tellian burned to the ground. Now a modern version - *Lamin Dana* - stands in its place, promoted as a living museum of Melanau culture and aimed at the growing tourist market. Round the back of the new buildings at *Lamin Dana*, the remains of a couple of raised grave platforms, the now empty hand-hewn *belian* coffins defying the elements for over than a century or more, keep silent watch over the new development. Only those of aristocratic rank were buried above the ground in this fashion behind the tallhouse, preliminary to secondary burial some time later; for the rest, the earth sufficed - as it does these days for all without differentiation.

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<sup>26</sup> *Sungai*: a tributary of a major river.

<sup>27</sup> Dr Wong To Hoo, a doctor who worked in the Mukah district from 1961 to 1965, refers to Kpg Tellian as “the biggest and reputedly the oldest of the Melanau villages in the Mukah district” (1982:11).

At the back of Uncle Stephen's house in another part of the *ka'pong*, an imposing example of a *jerunei* or burial pole stands near the riverbank, erected for the purpose of secondary burial of one of the "royal and famous" in times past. Uncle Stephen is unable to provide any details of its origins and seems rather bemused by my keen interest.<sup>28</sup> Like the other voyeurs who come seeking out these monuments of the past, I have read and heard about the more gruesome circumstances surrounding them; how slaves were sacrificed to accompany the dead person on the journey



Fig. 8 Jerunei. Kpg Tellian

to the Land of the Dead – one buried live in the hole beneath the *jerunei* as it was erected, and another, usually a young girl, tied to the top of the post and left to die a slow death. The anguished lament these slaves chanted as they awaited death survives today as part of the Melanau oral tradition, like an echo reaching across the boundaries of time into the present.<sup>29</sup>

This is only one of a number of these carved and hollowed out "tombs", which stand like lonely sentinels around the village of Tellian Tengah, in amongst the present day houses. No one remembers anymore whose bones they held or when they date from – *belian* wood can last for centuries, one of the reasons it was so sought after for building purposes in the past and is so scarce today. Few people locally want to discuss or be reminded of the circumstances surrounding them. Yet as disembodied symbols these *jerunei* continue to speak the name "*Melanau*" plainly; an iconic replica stands in the grounds of the *Dewan Suarah Mesra Mukah* (the community centre in town).

The road through Tellian narrows between grassed verges boundaried by deep drains, crossing over several little humpbacked wooden bridges along the way. The surrounding land area is low lying and tidal, crisscrossed by winding tributaries the colour of strong tea, which feed eventually into *Sungai Tellian*. At especially high tides and in the rainy season, water floods the land around and under the houses, and sometimes the road.

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<sup>28</sup> See Morris (1997:129-131), for a fuller description of *jerunei*, or *kilideng* as they are known by the Oya Melanau. I only ever heard the term *jerunei* used in the Mukah district.

<sup>29</sup> See "Jerunei and the Slaves' Lament" (Brodie 1955:561-562).

The oldest houses, some still with their thatched roofs made from sago palm, are nearest the river, the main thoroughfare before the road was sealed. The call of the *sayuor* (vegetable) seller can still be heard plying her trade from her *salui* (canoe) in *Sungai* Tellian. Travel by boat via the river and tributaries is still a popular mode of transport, especially to and from houses located some distance from the road or between different sections of the *ka'pong*. Many of the sago gardens can only be reached via the network of waterways which disappear into the thick undergrowth and overhanging jungle which begins immediately where the houses end. Private cars are still a luxury and the buses only run between 7.30 a.m. and 4 p.m. with a break in the hottest part of the day.

On the roadside at Kpg Tellian Tengah, a painted sign indicates the way to *Lamin Dana* on the edge of *Sungai* Tellian, about 300 meters away across the boardwalk and a footbridge to the other side of the river. Settlement is dense here, with houses raised on stilts lining both sides of the walkway and further walkways leading off to both sides and more houses. Green plants and brightly coloured flowers such as hibiscus and French marigolds grow in front of some houses. Chickens run about under the houses looking for crabs and insects in the mud. Here and there a tall coconut palm reaches above the roofs. A couple of middle aged women sitting cross legged on the veranda in front of a house call out to someone passing by – “*Mapun aan ka 'au?*” (Where are you going?). Everyone out walking is intent on going somewhere for a reason – no one goes walking in this heat for pleasure, not even the dogs.

Hau and James live two houses in from the road. Their house is joined by an internal passageway with the one in front, facing the road – where Hau’s parents live. In a small wooden building, built out over one of the many side streams which run into *Sungai* Tellian, Hau and James are busy making *tebaloi*, the flat sweet biscuit made from sago flour, coconut, eggs and sugar.



**Fig. 9 Making tebaloi. James and Aunt Nancy**

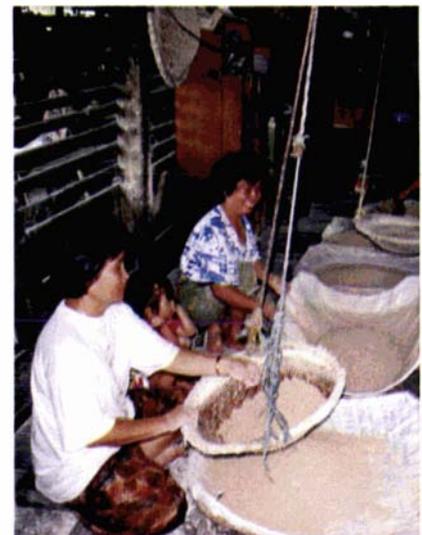
Aunt Nancy sits at the side of the room; she has come to lend a hand and chat. This is one of the many local cottage industries based around the production of sago.

Twice a week, early in the morning, James lights the fire, underneath the large flat metal oven, about six feet long. Hau has made the dough the previous day – a

mixture which includes 30 coconuts and 40 eggs, along with sugar and sago flour. In all, this mixture makes 100 packets of biscuits, which Hau and James send to the local market and Sibul to be sold. The cooking process is labour intensive and very hot work in the small area, especially with an open fire burning – sweat runs in rivulets from Hau’s hair and down her face and neck; she wipes it away constantly.

Further down the walkway, on the edge of the *Sungai Tellian*, a sago platform a couple of metres off the ground, is built out over the water alongside the footbridge which crosses the river and leads to *Lamin Dana*. On the riverbank below is a sago trough. Though the sago logs are now floated downriver to be processed at factories elsewhere, this platform still operates for the tourists.<sup>30</sup> All along the edges of the *sungai*, abandoned sago troughs sit beached in the mud, giant hollowed out tree trunks looking like enormous flat ended canoes; once depositories for the sago flour. Old sago platforms, now in various states of disrepair, line the riverbank of the lesser *sungais*. Once, every household along the river had its own sago processing platform.

In another part of the *ka'pong*, down a raised wooden walkway which runs alongside the school playing field, a small wooden building on the edge of a *sungai* is filled with the sounds of activity and women’s voices. Another sago-related cottage industry is in progress; producing the small round sago pellets/biscuits for which the Melanau are famous and which are eaten at almost every meal. A low clay dish- shaped *belanga* (oven) fills the centre of the room, heated by a semi enclosed wood fire burning underneath. Again, the heat in the small space is overwhelming. The flat surface of the oven is covered with tiny sago biscuits, in the process of baking. A woman stands over them sweeping them back and forth with a brush made from sago or coconut fronds so that they cook evenly.



**Fig. 10 Making sago biscuits. Kpg Tellian**

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<sup>30</sup> The sago pith is rasped mechanically, then mixed to sludge with river water and tramped, in much the same way grapes are stamped. The milky water produced runs through the wooden platform floor and collects as a fine sediment in the bottom of the trough where it is dried out.

To one side of the room four other women sit cross legged opposite each other with large flat woven baskets suspended from the roof on a fabric sling between them. They rock the baskets back and forth, a movement which forms the soft dough mixture of sago flour and coconut into evenly sized and shaped balls (about the size of a tapioca pearl), ready for the oven. In a



**Fig. 11** Sungei Tellian by salui

corner of the room several large oblong shaped tins are filled with freshly baked sago biscuits, ready to take to the market to sell. A *salui* is moored at the bottom of the steps by the far door which leads out to the river. Two of the women present paddle down the Tellian every morning and into this side stream where their workplace is situated, their brightly coloured conical *terendak* (Melanau hat) protecting them from the sun and heat outdoors. Just outside the other door, near the walkway, is another *jerunei*, surrounded by the houses of the village. The chatter is non-stop, fast, with lots of joking and gossip. A couple of other women poke their heads around the doorway and join in the conversation for a few minutes, before leaving.

## The New Town

There is another commercial centre in Mukah, commonly referred to as the “New Town” to differentiate it from the original town on the banks of the river. Leading inland, away from the old town, is a modern four lane boulevard divided by a wide central strip of lawn and gardens, and bordered by footpaths and shady trees. At its zenith stands the new Mosque, its multicoloured dome painted to resemble the Melanau *terendak* (hat). It is only as you reach the large roundabout in front of the mosque that the new town comes into view.<sup>31</sup> In 1994 work was begun on developing a new government complex, shopping centre and Mosque inland from the old town, as part of a major development program for the wider region with Mukah as the nucleus; a new town came into being.

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<sup>31</sup> I had been in Mukah almost a week before I became aware that there was another “town” so close by; no one had mentioned it.

At the time I arrived in Mukah, early in 2000, work on the administrative buildings and the surrounding new housing subdivisions and streets had temporarily halted, victims of the world financial downturn of the late nineties. An already completed, modern, two storied market building had been virtually abandoned, most of the businesses having relocated back to the original market area near the river in the old town. The bus terminal alongside was no longer in service. While a number of businesses were operating in the new shopping blocks - hardware and furniture stores, a bakery, offices and cafes among them - many of the new concrete shop houses remained empty. At this time, the character of the two “towns” differed quite markedly. The two largest banks were situated in the new town, along with a thriving branch of Nguikee - a modern supermarket. Sugarbun, a Malaysian fast food chain, operated an outlet alongside Nguikee. Parking spaces for cars were plentiful. Nevertheless, the business of making community remained firmly anchored in the old town, where the buses stopped.

By the time I left, at the end of 2001, building of the administrative offices and facilities behind the commercial area had recommenced in earnest, along with work on the surrounding road network. The foundation stone for a bridge (which would replace the vehicular ferry) across the river had been laid; improved access to Mukah town and the Melanau settlements and *ka'pongs* west of the Mukah River would result. A large modern secondary school on the outskirts of the new town was nearing completion. New businesses were opening up to fill the empty shops. In the evenings the cafés and restaurants were beginning to do good business; the pavement outside many of the shops in the evenings was becoming a meeting place rather than simply a passageway, almost as if the social life of the old town migrated to the new town when the sun went down. New patterns were emerging; there was a distinct sense of new community evolving, albeit a community which marched more in rhythm with a global beat, than one embedded in the rhythms of traditional *ka'pong* life.

Mukah could be described as a community in transition. At my time of leaving, the wider Mukah region was poised to become the 10<sup>th</sup> Division of Sarawak State; recognition of its contribution and importance as a regional growth centre.<sup>32</sup> A new coastal highway was well on the way to completion. Large scale sago plantation development on a commercial scale, already underway for the past decade, was continuing. There was talk of building new modern hotels to accommodate expected

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<sup>32</sup> In March 2002, the wider Mukah region was declared the 10<sup>th</sup> Division of Sarawak.

tourists to the region and a polytechnic which would provide tertiary education for local students after they finished their schooling.

Most comments I heard concerning the proposed changes were positive, particularly the possibility of a polytechnic. Parents saw tertiary education as an opportunity for their children to have a stake and share in the prospects of a developing world. Teenage family members would not have to leave the *ka'pong* and the district to seek education elsewhere.

The process of modernization is bound to raise conflicts with traditional cultural values; compromises will have to be made. In recorded history, the Melanau appear to have been always exposed and vulnerable to the influences of outside forces. Except when under direct physical threat, they have generally avoided confrontation, making adaptations when necessary and preferring to use passive avoidance strategies.<sup>33</sup> As a tactic, it has been successful; the balance has always been made.

Mukah is a place of many paradoxes, where Christian, Muslim and *a-Likou* Melanau coexist together (sometimes living in the same family household), in a way which is unique in Sarawak and Malaysia; where old ways and new ways, old ideas and new ideas, have so far managed to be accommodated comfortably alongside each other.

Challenges to security come in many forms, both external and internal, and must always be managed if suffering is to be minimized. In this process, continuity of certain aspects of culture can play a significant role in mitigating the effects of change. How I see these aspects being negotiated and lived out in everyday practice is central to the rest of my argument.

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<sup>33</sup> Morris gives a number of examples. Concerning the early years of the Brooke administration he writes: "The Resident and his officers seldom met open resistance to their demands, but to enforce compliance with them was often another matter" (Morris 1991:275).

## Chapter Four: Something Words Cannot Catch

*...to understand another's speech, it is not sufficient to understand his words – we must understand his thought. But even that is not enough – we must also understand his motivation.* - Vygotsky (1986:252-253).

### Introduction

This chapter is primarily about personhood – glimpsed through a series of snapshots which reflect my own intersubjective engagement with persons in the ethnographic context. It argues that *knowing* is not an event but a process of exchange and negotiation which takes place in the space between persons as experiencing subjects. In that exchange between self and other, opportunities are created for awareness of difference as well as realizations about self. Nor is it a simple exchange, for in the words themselves and the silences between the words are unspoken and often unconscious assumptions and expectations which shape our way of seeing and hearing and knowing of the other, as well as our own self awareness. Relations of power also enter into this exchange.

This chapter is also framed within the context of a broader argument; that notions of normality and abnormality are *culturally* constructed categories. Words, as categories and concepts about illness, are embedded in a particular social life world; they have embedded within them the history of their origins as well as the history of their ongoing existence in social practice. These factors have shaped and continue to shape the way illness is perceived, the treatment measures deemed appropriate, and ideas about the likely course and outcome of an illness. Diagnostic categories of psychopathology, in all cultures, are culture carriers, just as definitions of normality and abnormality are inextricably bound up with notions of what it means to be a person-in-the-world in a particular cultural context. The extent to which these connections are excluded, masked or revealed in social practice depends on what is at stake in the context in which they are invoked. The nature of that stake begins to emerge from the moment a person first enters the world.

## Becoming and belonging

*...our awareness of the other is primordial to and the basis of our awareness of our own being...relationship is not something added to our being. We are primordially in-the-midst-of-the-world-with-others.* - Steger (1998:26).

### A new baby

I was in the front room of my house in Kpg Kuala Lama one morning when a van I recognised pulled up at the roadside. Someone called out... “Ann, come with us to the hospital – Kamal’s wife gave birth this morning!” Kamal (the new father), and Bet (his brother’s wife) - both friends of mine, were in the van. As I climbed into the back of the van, Bet told me her sister-in-law had had a tough delivery and wasn’t too well. Kamal provided a taxi service around the villages and town in his van and his wife was a school teacher; this was their first child.

The new mother was on a bed in the small recovery ward and seemed very tired and weak. Kamal’s two sisters were already there, as well as his mother-in-law and another older woman; all were sitting on the floor chatting. The baby, wrapped in a blanket and sleeping peacefully in a hospital crib at the end of the bed, looked fine. He had lots of black hair and a card attached to the crib indicated his birth weight was 3.1kg.

There was an animated discussion going on amongst the women as Bet and I joined them; it seemed the baby hadn’t taken any milk yet and the mother was not producing any. The women didn’t want the baby given a bottle and feared that this might happen if the situation continued. Both of Kamal’s sisters declared that they had plenty of breast milk. The mother hadn’t passed any urine yet and the women appeared to be worried about that too.

The new mother attempted to get out of bed – the women wanted to take her and wash her. She stood up and took a few steps before appearing to almost collapse and sat down on a chair. One of the women gave her some milk to drink. She seemed exhausted. Her mother (the baby’s grandmother), went over and whispered something into her left

ear, then blew strongly into it twice. This was repeated with the other ear. Someone had brought some betel nut along and the women sitting on the floor were chewing it; a piece was passed to the new mother which she ate. One of the women got up, went to the



**Fig.12 Kamal's new baby**

locker beside the bed and got some biscuits out – I smiled as I saw a plastic bag of *pusu*’ (tiny dried & salted fish, similar to anchovies) in the locker and thought what a cross cultural survey of hospital lockers might reveal about local tastes. The women decided to get the new mother back onto the bed and drawing the curtains, changed her there. Immediately after the curtains were drawn back, and without a word being said, one of the sisters-in-law of the new mother picked up the baby, sat down on the next bed, and commenced to breast feed him. Both Kamal and his wife seemed to totally approve of this and so did everyone else, gathering round and making remarks about how well the baby was sucking. I was aware of my own feeling of slight discomfort at the “peremptory” nature of the action; a sharp reminder of my “otherness” in this situation.

While I was there, two nurses came and went unobtrusively to the two other new mothers and their babies in the ward; they seemed content to leave Kamal’s wife and baby in the care of their relatives for the moment. Lunch was wheeled into the room and Kamal distributed the trays to the other patients. The new mother ate a little rice and fish, but didn’t seem to have much appetite. One of Kamal’s sisters ate the piece of watermelon from the lunch tray; someone commented that watermelon was not good for new mothers.

From my role as an observer, it was as if only seeing through a wide angle lens could do justice to the scene; individual identity was elusive, it did not draw the eye. I saw a new baby who already had an identity constructed in terms of his social relationships, and the focus of the action, the decisions being made, concerned the

collective interests of those relationships. The world he would join as he grew to adulthood was a changing world; he would both partake of and contribute to it. But in other ways it was a world which remained as it was fifty years ago, as Morris described it in his ethnography “The Oya Melanau” (1991).

### **Becoming a member of a community**

Morris (1991:105), writing about the Melanau villages in the 1950s, noted that the people in a cluster of neighbouring houses would refer to themselves as *a-sega'* which means “close relatives”. He goes on to point out that:

the central meaning of the word *sega'* is proximity, and people seldom bothered to sort out whether their relationships with one another in these neighbourhood groups were those of kinship or neighbourhood....They valued the *sega'* relationships highly; for the people in them were those whom they worked with, whom most frequently they married, and who supported them in many other ways” (ibid:105).

Within the Melanau villages today, kinship support networks remain strong and relatives still tend to live in fairly close proximity to one another. The familial social structure which pertained in the tall houses a century and more ago continues to be replicated, albeit progressively more loosely, in the *ka'pongs* of the 21st century.

A longhouse was constructed as a set of adjacent, socially independent households... not unlike a row of houses in a terrace.... In ideal circumstances...each household was made up of one family (*tagan*), consisting of a married couple and their unmarried children. The numbers might be augmented by the father or the mother of the husband or wife, and a married child and grandchildren....As a rule the youngest child stayed with the parents and inherited the apartment, which could normally be owned only by a single individual” (Morris 1991:78-80)

Births, marriages and deaths, Hari Raya and Christmas, are occasions for reaffirming kinship as well as membership of a particular village. In this way, family and community bonds are renewed and cemented at regular intervals in the natural flow of things. Marriage to someone within the same (or nearby), *ka'pong* still appears to occur relatively frequently, though probably less frequently than in Morris' time due to the increasing mobility of young people. It is still common practice for a newly married

couple to remain in the household of either family for some time after marriage. Consequently an individual is seldom alone for any length of time, nor are individuals confined within a single relationship. There is constant coming and going of friends and relatives at any time of day; from time to time some of these persons might join as members of the household for an extended period.

Although it is possible for a person to withdraw mentally, physical and social withdrawal is difficult if not impossible in such circumstances as I have described. Besides, I was told, to be alone for more than a few hours is “the worst nightmare”, something to be avoided. Why anyone should want to be alone or worse, to live alone, was almost a question beyond asking - something abnormal. The normal state of existence was to be surrounded by family and friends; the preferred mode of relating and communicating was face to face, a view of normality that was sometimes at odds with my own acculturated desire and need for regular periods of privacy and solitude.

When I first arrived in Sarawak and was living in *Lamin Dana*, the newly built tallhouse in Kpg Tellian Tengah, I was aware that whenever I went to sit outside on my own, (my preferred habit and habitat for indulging in solitary thought), within a few minutes one or more persons would appear to keep me company. I subsequently adapted my behaviour and circumvented the problem by choosing to sit outside at night, long after most of the people in the village had gone to bed, knowing that I was unlikely to be interrupted. If the Melanau villagers eschewed being alone, then being alone at night was especially to be avoided.<sup>1</sup>

Besides an identity as a member of an extended family, people also thought of themselves as associated with a particular *ka'pong*, even those people who now lived outside the village. However, identification with a particular territory and group was also expressed in terms of antagonism towards another group. Someone in one village might comment that the people in another village (generally a village some distance away), “think themselves better than us” or are “difficult to negotiate with”. In cases of illness or misfortune where black magic was thought to be involved, the blame would

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<sup>1</sup> Many people suffered from *mangaeng gak padem* (fear of the dark), and in the *ka'pongs* a light was left burning all night in most houses. When Rohani had to go to Kuching for a few days she asked me if I would spend the nights at her house with her elderly mother and the Indonesian “helper” who looked after her. They retired to bed quite early in the same bedroom, locking the door behind them. During the night I woke to see Rohani’s mother standing at my half open bedroom door. The next morning she told me she had got up in the night and seeing my door ajar, thought I must have gone home and left them on their own. She had been relieved to see me still there, sleeping.

often be located in another village with a comment such as: “A lot of that sort of thing goes on in Kpg X!”

There were many opportunities for inter-village rivalry to be given benign expression during the course of a year, such as the *Hadrah* competition which took place outside the Mosque on the birthday of the Prophet, the annual *Koran* reading and *Nashid* competitions, the longboat races during *Kaul*, cultural dance and music group competitions – also held during *Kaul*.<sup>2</sup> The annual football championship final was perhaps the zenith of inter *ka'pong* rivalry; huge crowds would turn out to support their team and the roads at the side of and behind the *padaeng* would be blocked with vehicles – cars, scooters and bicycles.

Hereditary rank, which Morris (1994:52) singles out as a third aspect of identity (along with kinship and membership of a village), was so muted that the only time I heard it mentioned or acknowledged was at weddings and funerals. While the titles *Pengiran* and *Dayang* survived as honorifics for the Muslim descendants of the aristocratic representatives of the Brunei Sultan in times past, they conferred no special political or economic privilege within the community.

According to Morris (1991:130-131), when he lived in the area in the early 1950s persons up to and including fifth cousins were counted as relatives, making for a very thick and complex web of interrelationships. My own observations in 2000/2001 suggest that the same parameters apply today, and in fact this was confirmed by people I asked. In all spheres of social interaction, relationship seems to be constantly reaffirmed and underlined. An exploration of possible kinship links is frequently one of the first topics of conversation when two or more Melanau meet for the first time, and also often referred to in conversation at social gatherings. Once kinship links have been established, there always seems to be a visible relaxing of social atmosphere, as if one has suddenly found a comfortable place to sit after a long period of standing.

The route to becoming an adult member of a *ka'pong* community was a recognizable, well maintained and communally monitored path. While there are no pre- or post puberty rituals specifically performed for either sex to mark their transition to adulthood, there is an agreed-on point about when a boy becomes a man - “When he has his first child.” A girl becomes a woman, I was told, “on the day she marries.” As far

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<sup>2</sup> *Nashid*: Muslim devotional songs, often with an up market beat and rhythm and very popular.

as I could tell, no one ever chooses to remain childless; a childless couple might adopt a baby – sometimes a relative.

While no particular shame appeared to be attached to having a child born outside marriage - relatives and neighbours assist with the child's upbringing, there is a concern to see that the child's rights and welfare are taken care of and that the father (if he is not living with the mother) accepts some of the financial responsibility.

A special ceremony was carried out one afternoon in Tellian with this in mind, invoking the *Adet Melanau* (customary law). A mother had two young children, but she and the father had not married and were living apart. In front of the *Penghulu* (Headman) and a group of witnesses – family and villagers, the young man acknowledged that he was indeed the father of the children, giving them the right to use his name and in the eyes of those present thereby accepting some financial liability for the children's upbringing. According to someone who had been stopped as he was bicycling past and called as an independent witness: "It saves dragging it through the courts." On asking further I was assured that this was not considered in anyway unfair to either party and more in the nature of setting a seal of approval on a state of affairs than a "kangaroo court" forcing them to a decision. The atmosphere was therefore one of celebration amidst the feeling that a precedent already existed and had been upheld.

This example seems to suggest that inclusiveness and integration is considered a more appropriate and practical way of dealing with minor breaches of or threats to the integrity of social relations than social exclusion and isolation; a model which is built around a notion of rehabilitation and reintegration (rather than punishment) and which simultaneously reinforces the integrity and standards of the cultural group. It also suggests that there was a sense in which the kinship network (and also the community), were prepared to share some of the moral responsibility for every person that belonged to it.

The *Adet Melanau* (1998) specifies more than three hundred different codes of practice concerning how one should conduct oneself as a member of a Melanau *ka'pong*, along with penalties to be imposed for transgressing them. With the exception of those regulations concerning a person who arrives uninvited to reside in the *ka'pong* (i.e. without the approval of the entire *ka'pong*), who "shall be advised to return to his kampung", none of the penalties prescribed involves isolating, socially excluding or confining the offender. The majority involve fines, including money, goods, services or restitution - or some combination of the four.

The prescribed penalty or solution might, in some cases, appear to “lack teeth” to someone living in a western urban community, but it also made apparent the things that were considered of most value to an individual. *Adet Melanau* (1998) Code 99, No. 3 states:

Whoever obstructs a footpath leading to a farm or garden of another person by any means shall remove or dismantle any obstacles and he shall not be compensated for his labour. If he refuses to comply, moral or public pressure shall be brought to bear upon him.

Two of the most precious assets a person possesses are at stake in this example; the value of his labour and the validation of his worth as a member of a close-knit community. The specific form this censure should take is not specified but there was no doubt that it took place and that it was an effective and expeditious solution. On one occasion I heard of the case of a young unmarried mother who had a child of about seven. Both lived with family in the mother’s village. The father of the child was known and lived in another village; he had a good job and was reasonably well off. Although he did not make regular payments toward the child’s upbringing, the male relatives and men from the mother’s village took it upon themselves to “remind” the father of his responsibilities from time to time so that the mother and child were never left destitute.

If marrying and raising a family are the route to becoming an adult, they are important for another reason besides. As mentioned already, it is common practice for a newly married son or daughter to remain with their spouse in the household of either of their families for some time after marriage. One of these couples, often the youngest of a number of siblings and their spouse, might join the household permanently or build their own house in the close vicinity. The benefits are mutual; a young mother has the benefit of practical help and advice when raising her children, especially if (as often happens), her husband has to go away from the area to find work. The grandparents also have a valued economic and social role as well as security in their old age. That the arrangement and relationship are life-enhancing and recognized as such is suggested by phrases in common use. Thus a mother or father might say: “*Apah itou lah nyawa kou*” “My life relies on.... (a particular son or daughter).” Likewise, someone in the village might comment: “*Nyawa a tina/tama*” “(that person) is the life of his or her father or mother.” That was the reason a childless couple adopted, a woman told me - so that

there will be someone to look after them, and keep them company, in their old age. Without family to care for and be cared by, an old person might soon lose the reason to go on living.

In many practical ways everyday life, as well as individual security, is constructed around and depends on the existence of an extended family household in which each member contributes something necessary and vital to its ongoing functioning and viability.<sup>3</sup> Many household tasks are time consuming and labour intensive (such as doing laundry when a household does not own a washing machine, or cooking over an open fire), dependent on person power rather than technology. Other tasks require collective input and teamwork to accomplish such as an expedition to a family orchard to harvest fruit, or cut sago. If the fishing catch was a particularly good one a fisherman relied on other villagers to assist with emptying the nets and distributing the catch, which would need cooking, smoking or salting quickly if it was not to be wasted.

Group consumption patterns are reflected in marketing strategies and impacted also on my decision to live alone. For instance it was difficult to buy fruit, vegetables or fish in a small enough quantity for one person at the market. Like everyone else in the village I became adept at redistribution of surplus, but when there was a glut of one particular food item, (which happened reasonably often), this was not always possible.

## **Being-in-the-world**

*The technical equipment of the Melanau gave them little control over the natural forces in their environment. By personifying these forces and placing them in a system of social relations employed in their villages and backed by the same kinds of moral sanction, they were helped to comprehend the environment and live in it with some sense of security.* - Morris (1991:62).

Becoming an adult member of a Melanau *ka'pong* and becoming acculturated in the Melanau world was not merely a matter of becoming socialized as a member of a corporate group of other family households. A human being was only one of a number

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<sup>3</sup> Some women do choose deliberately to remain single. Some have small businesses in the town or a good job with the government. One woman told me she did not want “chains” round her ankles, even though her family and others pressured her at times to marry.

of other beings who inhabited the world and each had its own designated space and code of behaviour.

The traditional *Adet Melanau*, which translates as “way of life, basic values, culture, accepted code of conduct, manners, conventions and customary laws”, took account of the interconnectedness of all things, but above all it encoded the notion of balance and order, of things in their proper place in the world. It was a prescribed way of being-in-the-world. Originally, each village had its own *adet*, passed down from one generation to the next. Its interpretation and administration was under the jurisdiction of the village elders (Morris 1991: 82). Morris writes that in the 1950s, elderly men and women throughout the region constantly said: “Our *adet* has come down unchanged from our forefathers” (ibid:32).

Following the *adet* was a means of *making the balance* – between human beings and other human beings, trees and plant life, other creatures (on land, sea or sky,), and the spirits who inhabited these realms – all of whom existed in a relationship of reciprocity. Social and work practices, social relationships, rites and ceremonies, and divisions of territory and property were hedged around with regulations, boundaries and taboos, which if disregarded, even accidentally, could result in misfortune or illness to the perpetrator or members of his/her immediate family. The village was the proper place for human beings, the only place where they had sole right to live (Morris 1991:50). Each time a person left his own village – to hunt, to garden, to travel to another village, he or she was at risk of disturbing the order and causing trouble by offending other beings – whether these were creatures, plants, human or non-human beings (ibid).

While the majority of the Melanau population is now Muslim or Christian and follows the code of ethics and moral behaviour prescribed by their religion, many facets of the traditional worldview have been accommodated without conflict alongside new beliefs. In particular, belief in the interconnectedness of all things and the notion of a natural balance in the universe continues to shape everyday experience. In many respects the *Adet Melanau* continues to provide a cognitive map in the minds of people that they can draw on as a guide to behaviour and orientation in the world.

Being-a-person-in-the-world also involved having an awareness of the other beings that inhabited the world and being able to read the signs which indicated their presence. The human condition was “a precarious one” (Morris 1997:12). At all times the person was vulnerable to accidents and illnesses; the two main causes were believed

to be “breaches of proper behaviour or attacks by spirits” (ibid:13). In the 1950s when Morris was in Medong, following the *adet* was considered to be the best form of protection from either “social or supernatural danger”(ibid:12).

A man’s safest guide to conduct was the *adet*, but in many situations it gave little help, either because its rules were too general or because the elders of the village who were skilled in its interpretation, had not considered a particular situation. A man then had to rely on his own knowledge and experience or on that of experts, like herbalists or shamans, to explain what errors of judgment he had made, why he was ill, or had met misfortune. In addition to these experts, he also relied on dreams and omens to help him (Morris 1997:35).

In 1998, a draft written version of the *Adet Melanau* was prepared to have universal application. Whilst the *Adet Melanau* does not refer directly to *tou* (spirits), their existence is implied in some of the codes of behaviour, particularly those concerning death and mourning. For example, reference is made to *pelatou*, a communal séance carried out after someone has died and a fine is specified for anyone who interrupts it (*Adet Melanau* 1998, Code 296, No. 2).

Today, belief in spirits, ghosts, and other supernatural beings continues to be almost universal in the area, whether individuals are members of an institutionalized religion or follow traditional (animist) beliefs. Some of the spirits associated with the old Melanau religion have undergone a process of translation and taken a new name while retaining much of their original nature.<sup>4</sup>

### **Noises in the night and other omens**

One morning I had arranged to meet a friend in town for breakfast. We ate, as usual, at a little café in one of the old wooden shop houses where the owner was a friend of Jinah’s husband. I happened to mention to Jinah that the night before, when I was sitting in bed reading, I had heard someone snoring loudly at length. I had presumed it was coming from the neighbouring house (on the same side as my bedroom), where two young women teachers lived; the house on the other side of mine was some distance away.

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<sup>4</sup> One man told Morris (in the early 1960s): “Ala-tala himself sends messengers in dreams. Nowadays we follow the Malay custom and call them *melaikat*: in the old days we called them *ipu*’ (1997:36).

“What time was this?” Jinah asked.

I said: “After midnight, around 1am.”

Jinah looked knowing. “Ah... That was a man snoring.”

Surprised by her certainty, I asked: “What man? How do you know it was a man?”

Jinah replied: “He was outside the house, a big, very black man, very large.” She shuddered.

A little worried now, I said: “How do you know? Have you heard of a man hanging about?”

She began to explain... “These are not ordinary men. These are not human beings, Ann. These men come in the evenings and sit around under the mango trees, and other fruit trees, smoking big cigarettes. That is why we always come inside after 6 o’clock and close the door. These men like to steal children, and the children are never seen again.<sup>5</sup> Did you hear anyone urinating?”

“No.” I looked up at Jinah, wondering if she was serious. She was. And I did have a large mango tree in front of my house.

“When they urinate, my goodness, they’re so big it sounds like a horse gushing. I remember hearing one of them urinating when I was small. I told my mother, and she said nothing, just looked at me, but she knew what it was. They specially like to sit under a mango tree, just sitting, smoking their big cigarettes, and then - after midnight they go to sleep there. That’s when you hear them snoring. That’s why many people don’t grow fruit trees, especially mango trees, near their house. My own husband will not allow us to have a mango tree – because we have four small children. And you must never cut down a mango tree without asking their permission first or something very bad is bound to happen. My own uncle cut down a tree without asking. His hands and feet, from the finger tips and toes, began to darken and rot, like leprosy, until his entire hands and feet were rotten. We took him to the hospital, but they couldn’t tell us what it was, except it wasn’t leprosy. Within a year he was

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<sup>5</sup> Not long after moving to Kpg Kuala Lama, I apprehended an old man, clearly confused, who was trying to climb through a window into my house. Another time I came home from town to find him wandering around outside my house and his slippers outside my front door. On making enquiries locally, I was told he was senile and that he was “looking for a lost grandchild who had disappeared a long time ago”.

dead. My brother has cut down a lot of fruit trees, and he has always asked permission. Even so, he is always sickly... ”

Although Jinah’s husband was Melanau, she herself was not and I wondered therefore to what extent her story tallied with local belief. Several days later, I spoke to Rohani about it. But Rohani found no fault with the story, and told me the “men” Jinah spoke of would have been *jinn* – mischievous spirits mentioned in the *Koran* who have the ability to change form and appear and disappear at will.

Dreams and omens also play a role in consciousness and meaning-making, especially in times of uncertainty or stress. Morris (1997:36) writes:

The telling of dreams and their interpretation was so common and pervasive in Melanau society that it is easy to underestimate their significance. People differed in the importance they gave them. Some said that very few dreams need be seriously regarded; others looked on every one as a guide to action. But all agreed that some dreams are communications from spiritual beings and cannot be disregarded.

The telling of dreams, in my experience, was rather less common at the time I was in Mukah and something I heard about most in the context of becoming a healer. But discussion and reports about omens were frequent topics of conversation amongst the women I knew.

Morris (1997:38) writes: “an omen for a Melanau gives warning of immediate danger”. Often omens took the form of certain bird calls or unusual movements by birds, such as a bird flying across the path of someone going on a hunting expedition into the jungle – a signal that indicated “a barrier beyond which it was not safe to go” (ibid:42). Snakes and geckos were also associated with omens (ibid:39).

At the end of 2000 Rohani’s cousin, who lived next door with her husband and family, became seriously ill with the reappearance of cancer which she had been treated for some years previously; she passed away early in 2001. A few days before her death, several “bad omens” had occurred. Rohani was at her own house and had been preparing food for her cousin when suddenly the cooking area was full of flies, an extremely unusual occurrence – flies were seldom seen around the

houses. At the time, Rohani had commented to her sick cousin's daughter, who was helping her, that this was "a very bad omen". The same day, Rohani's elderly mother had been coming down the stairs in her house when she had felt someone touch her and push her gently from behind. She turned around, but there was no one there.

An awareness of connections between self and non-self is central to these examples; whatever happens to an individual can have repercussions for others. But the moral quality of relationships also extends beyond interpersonal connections. An analogy can be drawn here between certain fundamental assumptions in the Melanau worldview and certain concepts of the Kuranko world view as related by Jackson (1989).

Firstly, "it is axiomatic that persons exist only in relation to one another... personhood reflects the ontological priority of social relationships over individual identity" (Jackson 1989:106). Secondly, "being is not necessarily limited to human being" (ibid). As will become evident in a later chapter, certain categories of human being are also believed to possess the ability to "shape shift".<sup>6</sup> Finally, the relationships between persons and other forms of life have a moral quality and are interpreted in these terms (ibid); they "speak their truth" by materialising physically in the lives of persons (especially in times of crisis) as reminders about these connections.

These were not merely abstract beliefs; this was the lived reality, part of everyday experience - affirmed by exchanges of anecdotes on almost any social occasion as well as by observed custom.<sup>7</sup> It was a theme with variations that permeated, and had implications for, all areas of social and emotional life, and particularly for the construal of personhood.

### **Identity and ambiguity**

One of the taken-for-granted concepts of western psychology is that of the person as a unified, autonomous entity; as someone with a solid sense of self which is unchanging. However, a concept of persons as primarily existing in relationship to one

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<sup>6</sup> See Jackson 1989:102-118.

<sup>7</sup> Melanau myths (as related in Morris 1991: 48-71), also reiterate these connections and concepts. However, in my time in Mukah I never heard anyone refer to a specific myth as authority or verification for a particular belief or experience.

another suggests that individual boundaries are considerably more permeable and leads to a much more ambiguous notion of identity. In this scenario, not only would identity be expected to be more flexible and changeable depending on social context but individual identity would be conceived as more fluid, and less autonomous. Mind, in this instance, may sometimes be closer to a concept of collective mind and the normative task to fit in and maintain interdependence. On one occasion I was reminded of this in a very practical way.

I had gone to spend a couple of days in Kpg Téh, where I intended to interview a woman who had suffered from *meruyan* – an illness which in many ways resembles post natal depression.<sup>8</sup> Instead, what took place was a collective interview, because accompanying the woman, who was in her forties, were five other adults: her adult son, two female cousins, and two nieces – as well as several children belonging to the adults. And each adult present had answers to contribute, sometimes conflicting, to the questions I asked. Everyone was insistent on saying their piece, interrupting, correcting someone else's version. Arguments broke out over which version of events was correct, till in the end I was unsure what the facts were. I remember thinking - it was almost as if this was not only her sickness, but belonged to all of them. They all had rights to interpret it and make comment, as if they had experienced it themselves.

And then I realized. Of course, they had, in as much as some of them had been there during her illness, and the others were also connected by relationship since and knew about it. It was *my* ideas and concepts about the “person” and “illness” which were abnormal in this context.

Outside of a person's primary identity as Melanau, identity often seemed to be more ambiguous than I was used to, with much blurring and crossing of boundaries depending on context. Identity was pragmatic. For example, within one family household there might be Muslim, Christian and *a-Likou* (pagan) members living together. This was unique in Sarawak, and often commented on in terms of inter-religious tolerance, not only locally but in state political rhetoric and in the media. In ritual contexts also, religious identity might be put aside in the interests of the collective purpose of what was happening.

Two social categories of the person actually embody ambiguity in their identity. One, the *a-bayoh* (shaman), will be considered in the next chapter. The other is an

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<sup>8</sup> *Meruyan* is discussed in more detail in chapter six.

androgynous gender group known as *bantut* (or sometimes *mak nyah* or *pondan*), who dress and behave ambiguously where gender is concerned. These persons fit neither the category of “transvestite” or “transsexual”, often wearing a mixture of male and female attire and “transgender” has been suggested as a more appropriate classification (Veloso, Ho, Chong & Egay 2000:511). Historically, this category of persons has always existed in Melanau society.<sup>9</sup>

“Nikki” was a biological male who was thirty years old and Muslim, the youngest of a family of thirteen children.<sup>10</sup> She began to realize her identity when she was at primary school; she preferred to mix with the girls rather than the boys. Although she is now comfortable with who she is, she remembers she often felt shy about it when she was younger.

Her father, who was a healer and now deceased, seemed to sense that Nikki had this identity. He used to buy her girls’ toys. Her mother too, was quite accepting of Nikki’s identity. There was some trouble with her brothers to begin with, but they too, now accept her for who she is.

Nikki lived in Kuching for a while, but returned to Mukah when her father died, to take care of her widowed mother, to whom she feels very attached. She has a lot of friends in Mukah who are also “*mak nyah*” (the term Nikki used). She has a nephew who is also a “*mak nyah*” and both her father and her father’s sister were *a-bayoh* (healers). In the past, Nikki said, she had experienced prejudice and had suffered

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<sup>9</sup> P.C.B. Newington was an officer in Mukah during the Brooke era, early in the 20<sup>th</sup> century. He writes: “Many witch doctors start life as *bantut*, very pretty male children brought up as girls. They wore long hair, adorned with gold pins and flowers; wore female clothing; sat like a woman... They were employed... chiefly as drummers at *main tanda* (dances)... There were several *bantut* in Mukah at the time, ranging from young to middle-aged and old.” He continues “I had to put one in gaol one day. Next morning on my rounds of the prisoners employed on weeding path etc.; was much annoyed to find this man, arrayed in woman’s prison clothes, and working with the female prisoners! He was about 40 years. I called the prison’s warden and told him to put him in the male gang and in men’s clothing, and to cut off his long hair!” (Newington 1961:103-104).

NB. None of the practising *a-bayoh* or healers I met in the Mukah District was also a *bantut*, or had ever displayed these characteristics as far as I heard tell. All were married. The two roles would seem to have diverged. However I knew of one man, unmarried, who displayed these tendencies. Though he was not a healer, I was told by someone else that he had the ability to heal. In the past, this man had also experienced symptoms that were considered indicative of the possible transition to a role as a healer.

<sup>10</sup> I have used a female pseudonym and referred to Nikki as “she”, following the example of Veloso, Ho, Chong & Egay 2000.

bouts of depression related to broken relationships. However, these no longer occur; she has “learned to detach from the hurt”.

Within the local community in Mukah there seems to be little prejudice or stigma attached to Nikki or others like her. Some own or work in dressmaking businesses and often do the sewing and makeup for weddings; others work in local hotels or restaurants. As far as I could tell, they are accepted and take part in social and communal activities on the same basis as everyone else, as loved and loving members of their extended family group. Nor does there appear to be any attempt to hide or deny their identity in this context. But Nikki told me that the situation in Kuching (the capital of Sarawak), is very different. A paper by Veloso, Ho, Chong and Egay (2000:523-526) supports this statement; negative social, political and religious attitudes towards *mak nyah* have resulted in raids, arrests and harassment.

I suspect the difference has to do with the very different nature of the two communities. Kuching is a large and culturally diverse city in which individuals daily come into contact with persons whose backgrounds and identities are unknown. In these circumstances difference and ambiguous identity is often equated with dangerousness. Many of the *mak nyah* in Kuching, about half according to Veloso, Ho, Chong and Egay (2000:525), have migrated to the city from other areas; “the majority of them were sex workers living in very poor conditions sharing a bedroom with 8-12 friends at any one time”. In the eyes of many members of the wider community it could probably be said that they were neither “known socially”, nor did they “know how to behave socially”. This may have been a judgment made on the basis of social behaviour rather than on the basis of gender identity, but the stigma and prejudice was essentialised in the morality of the *whole person* and thereby transmitted to other persons who shared any facet of identity in common. Veloso, Ho, Chong and Egay make a telling comment which supports my view about the difference social context makes; for the *mak nyah* in Kuching... “those who lived with their families seem to be better off than those who did not” (ibid:525).

Mukah, in contrast to Kuching, is a small community where *mak nyah* such as Nikki have grown up since birth in the context of a close and supportive kinship network. There has often been a history within their extended families of similarly ambiguous gender identities. This does not seem to have caused any moral or social problem in the past, except to outsiders. Thus, they are not viewed either as dangerous

or as a threat to the continuity of this community. Nikki and others like her continue to make a recognised and valued social contribution within their extended family network. Most of them occupy a respectable economic role within the community and their interaction with other members of the community is courteous and respectful – within the boundaries of this community they are known, and they know how to behave socially. These two factors, perhaps more than any others, guarantee their inclusion and I have no doubt, their safety in this community at this moment in time.

Nikki spoke of periods of depression, related to broken relationships. This seemed to be a particular vulnerability associated with life as a *mak nyah*; it was mentioned by other *mak nyah* I spoke to (and also associated with relationship problems) and there was a suggestion it was more prevalent in those living in the large towns and cities. It is significant that I never heard the term “depression” mentioned by anyone else in the *ka'pongs* during my time in Sarawak, although local categories of illness such as *seningen baya* and *meruyan* which bore a resemblance to western categories of depression were frequently mentioned. Whether periods of depression had always been a feature of life as a *mak nyah* or whether it was something that was occurring as a result of social change or contact with western culture is difficult to know, but it raises interesting questions.

Why, for instance, did Nikki frame her experience as “depression” rather than using an equivalent Melanau illness category? What were the deciding features of the experience? Where was the illness located? The association between broken relationships and depression made in Nikki’s statement puts a particular gloss on the illness experience. It locates the source of the illness not in the individual but in the space between individuals. This was a particularly Melanau way of viewing illness.

In the traditional Melanau worldview, all human beings were considered to be made up of four elements whose continuing coexistence in a state of balance ensured personal wellbeing (Morris 1991:12-13). These constituent elements were:

the body, the *badan* or *bieh*; the soul, the *bedua* or *medua*, which is a vaporous replica of the body; the emotions or *naseng*; and a principle of life, *nyawa*, which is a quality possessed by all forms of being that move and grow...For a person to be alive and healthy the four elements...must be joined and undisturbed (ibid).

When an accident or illness disturbed this balance, the *naseng* or feelings became upset first (ibid). If the disturbance continued, the *bedua* or soul began to break away from the other elements and began its journey to the land of the dead (ibid). If it did not return, death was inevitable (ibid).

The same concepts of balance and imbalance underpinned the experience of being-in-the-world. Melanau ontology is framed within a reality whereby person and world exist in a reciprocal relationship; an imbalance in one is manifested in the other. In this scheme of things sickness or suffering is more than a condition of disorder and imbalance in the individual; it is also an omen which speaks of disorder and imbalance in the world. It indicates a breach has occurred in the interconnectedness of a person's relationships in the world, whether these be with the environment or other persons.

The Melanau term for sickness is *pedéh*; thus *pedéh ulou* means headache. But the word *pedéh* has a very broad meaning and application compared with the word sickness or illness in the English language. It is juxtaposed to the word *dia'* (a state of wellbeing or good health), which also has a broad meaning. Together, the two terms could be said to stand in polarized opposition around one's experience of the world. Thus when a person, a situation, or a relationship is *pedéh*, then "the proper order of things does not prevail"; when those same things are *dia'*, "things are in their proper order and all is well with the world."

*Pedéh* is better defined as "a condition of the self unwanted by its bearer" (Hahn 1995:14). Its terms of reference can extend to include one's social, natural and spiritual environment and any kind of misfortune or suffering arising from them, such as losing something, experiencing bad luck at fishing, or having an accident.

Healing therefore involves putting right the condition or situation of disorder around a patient which is affecting his or her equilibrium. This is a sociological theory of sickness and has quite different implications in terms of the imagined intervention required from a biomedical theory of sickness, where the source of the illness is conceived to reside within the patient. The former requires attention to both the person and his/her environment and may involve a rebalancing of the entire life world; the latter requires bodily intervention (Hahn 1995:18-28).

But the terms in which Nikki spoke of being able to "detach" from the associated emotions also suggest that she framed "depression" within a peculiarly western model of persons as separate and clearly bounded individuals, where mind and body are separate entities and feeling and thinking are different processes. My

observations indicated that the framework of traditional Melanau ontology had quite different parameters from a theory of emotion and the location of “mind” as they are conceived and understood in most western cultures.

### **Arranging the world**

*Morality and judgment are the essence of emotional life.* - Wikan (1990:139).

Western cultures generally locate thinking in the mind and place a high value on the ability to reason and think rationally and objectively. In this representation, mind is conceived in opposition to emotion which is often metaphorically associated with the heart region and considered to be an inner experience of the individual. The mind/body split is a fundamental assumption of this model.

There is no word in the Melanau language that equates to “mind” as we know it in the context of body/mind, though the Malay word *fikiran* (thinking) is commonly used.<sup>11</sup> Rather, Melanau everyday expressions draw an association between thought/rationality/sense and quite different regions of the body. Many of Morris’ informants said that thought took place in the gall bladder or *pedou* (Morris 1997:71).

For a Melanau, there is also an inseparable link between feeling and thinking; these are not conceived as two distinct or even opposed processes as in western cultures. When someone is advised to “consider the situation carefully”, the expression used is “*gui tan naseng nou*” – look into your feelings on the matter or look into your heart.

“Thinking too much” – a modern expression incorporating the western concept of mind – implies that someone is not giving enough consideration to his/her feelings (*naseng*). But it also has a connotation of spending too much time on abstract concerns rather than social practice, of living in the head rather than through the body, of thinking about past and future possibilities rather than engaging in the present. The feelings referred to here are very specific feelings, feelings concerned with relationships. If one is thinking too much, one is not giving proper attention to relationships. There is a moral judgment implied here. In fact “thinking too much” (*jed angai pikir*), borders on a pathological state.

It can also be dangerous to think too much. An elderly man, a retired schoolteacher, told me that he had been diagnosed with high blood pressure. The doctor

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<sup>11</sup> Melanau have difficulty pronouncing the letter “f” and commonly substitute the letter “p”. Hence *fikiran* becomes *pikiran*.

at the hospital told him it was because he had been “thinking too much”. As a result, he immediately resolved to put aside the research he was working on, even though he enjoyed it.

It may be that non-western cultures associate “thinking too much” with western cultures more generally. Wikan (1990:269) reports on her fieldwork experiences in Bali:

Sometimes when I struggled so hard to comprehend that deep furrows showed on my forehead, friends would interrupt me gently; ‘Stop thinking! You’re going about this the wrong way. You’ll never understand what we mean if you use only your thinking!’

An incident that happened to me also supports this association. One Sunday, about a month after arriving in Mukah, I saw a healer (an out-of-towner, non-Melanau) at the market, surrounded by a group of interested onlookers. He was offering free diagnoses with the aid of a machine which measured the state of health of the various systems and organs of the body. Alongside, he had a wide selection of various potions and pills for sale to remedy the problem once the diagnosis was made. With some encouragement from the bystanders I allowed various wires and connections to be attached to my body and underwent “the diagnosis”, whereupon he pronounced all my body organs and systems to be in good working order. There was only one area for concern – “You think too much!” No one seemed at all surprised.

Wikan writes about the way people in Bali constructed a model of experience in which feeling and thinking were similarly part of a single process. She uses the terms *feeling-thought or thought-feeling* to describe this experience, because “it does justice to a *flow of experience* which is neither embedded ‘in’ the heart nor ‘in’ the mind. It flows” (1990:138).

Melanau concepts of emotion also included a sense in which the emotions experienced by one person have implications for the whole community, for emotion is frequently expressed in the form of a statement about relationships, rather than a subjective feeling state. “*N'da bei daa'*” is an expression that means “not taking care of, or responsibility for, one’s own relatives”, especially when they are in trouble, or “not heeding the proper order of things”. For example, I was told, “One should be angry if a female relative is a prostitute and one should take revenge if a female relative is abused”.

Some emotions - like fear and sadness - are dangerous, to the individual and to the group, and should be controlled. Because the boundaries between persons are not clearly delineated but are considered to extend and blend into the amorphous space between persons, the emotions of one person can easily penetrate and affect others. If emotions (*naseng*) become too disturbed, especially in vulnerable persons, the soul (*bedua*) may begin to leave the body and the integrity of the person begins to disintegrate; death may follow if the soul does not return (Morris 1997:13). Emotional restraint in all matters is therefore considered conducive to harmonious relations and the well being of the group. In the two years I spent in Mukah I never saw or heard anyone raise their voice in anger in public, whatever the provocation.

Sympathy is not seen as particularly helpful in assisting an individual to come to terms with a situation which cannot be changed, even if he or she was the victim of injustice. Instead, a person would be encouraged to "Act friendly and keep smiling. Don't be frightened. You have to fight it and carry on as before. Otherwise they will know they've won!" Quite who "they" were, was not always apparent although Wikan (1990:30-31) in the context of Bali, equates "they" with the "experienced force of culture". From things people said it seemed to be presumed that an individual was always at risk from the malevolent thoughts and actions of unknown others, whether they be human or non-human others.

There is no concept involved, as in western psychology, of an unconscious mind where suppressed feelings circulate and have the potential to cause problems for an individual. Rather, the way to deal with dangerous emotions is to simply replace them with happy ones - one behaves, "as if..." and the proper order of things will follow. To "act" in this instance, is to "act upon" a situation.

Similarly, if the proper order of things did not pertain, there were always pragmatic options available by which it could be arranged and put right in practice. I witnessed an example of how the world might be physically arranged in the early days of fieldwork. At the time it seemed quite extraordinary.

I attended a wedding, not long after I arrived in Mukah, where something took place which I didn't understand at the time. As at weddings anywhere, it is the custom for photos to be taken of the family group. These photos are usually taken on a kind of dais or low stage erected in the living room of both the bride's and the groom's family's houses respectively.

The bridal party duly arranged themselves – bride and groom, bridesmaid and groomsman. The mother and father of the bride moved forward and stood alongside. At that moment, three elderly women stepped forward from the crowd of people watching and very deliberately maneuvered the mother and father closer together. Then they took the father's right arm and placed it around the mother, stepped back, and nodded in approval. The bride's mother looked distinctly uncomfortable while this was going on, smiling the kind of smile that belies the body language which goes with it. Neither she nor her husband looked at each other. The photos were taken, the moment and the tension passed. I forgot the incident until the next day when the topic of the wedding came up in conversation with some of the people in the village.

It seemed the bride's father had deserted his wife and family some time previously and was living with another woman with whom he had had other children. All sympathies appeared to be with the bride's mother, an attractive woman who was well liked in the village. In taking the action they did, the three old women were making a statement; a statement which those present undoubtedly recognized and approved. "This is the way things should be and this is how they will be remembered to have been at this moment."

Restating and reaffirming the correct moral order on such a publicly auspicious occasion took precedence over any concern for the embarrassment caused to those individuals who were the object of the manipulations.

This chapter up to this point has given some indication about how a person thought about and orientated themselves spatially in the world. The other basic dimension of being in existentialist theory is concerned with time or temporality (May 1958:65). Time is also significant to my argument because in mental illness time becomes distorted; a point I will take up in chapter six.

## A trip to Medong: The nature of time

How a person thinks about time, the value they attribute to it, and the speed with which it is considered to flow can also reveal a great deal about the experience of being-in-the-world. “[P]hysical time has only one dimension, ‘duration,’ and this dimension has but one irreversible direction, the axis past-future” (Ellenberger 1958:101). However, the way time is experienced as inner time and the manner in which it is divided up into meaningful segments vary cross culturally. Time as I experienced it in Mukah had considerably more elasticity than I had experienced before.

Early one morning, Sanah phoned me from Kpg Sisoh. The line was very noisy and her voice kept breaking up so it was difficult to make out what she was saying, but I gathered I was to get ready to be picked up to go somewhere. About 9 a.m. she arrived in a car with her brother, sister-in-law and their 2 girls. It turned out we were driving to Medong, about 35 km away, to collect two *gendang* performers (singers and drummers) to bring them back to Kpg Sisoh for a wedding *gendang* that night. The steering on the car seemed rather tenuous and Sanah kept berating the driver to slow down throughout the journey. No one seemed very sure about where exactly we had to go and when we got to Dalat we drove around for half an hour, taking several wrong turnings and eventually stopped to ask directions to Medong from a man outside a house. Finally we got on the road and by luck turned off into a side road at Medong which happened to be the right one – although we had to stop once and ask directions again. We then turned into a narrow roadway with houses on either side, until our way was blocked by an open-sided marquee erected across its entire width; a wedding was in progress. This was apparently where the *gendang* performers had been working the previous night.

Sanah got out and told me to come with her – the others stayed in the car. I felt embarrassed in my jeans and t-shirt. I’d had no idea we would be attending a wedding. Sanah and all the other women in the vicinity were wearing *baju kurong*, the two piece Malaysian formal dress

for women. Sanah waltzed past the tent and across the plank walkway to the steps of the house as if she was a guest and I followed – into the house which was full of women similarly formally dressed and sitting on the floor. I felt very conspicuous. We squeezed ourselves into a space on the floor beside the other women and waited. The bride and bridegroom entered the room and posed against one of the walls for photos to be taken, then left again. Half an hour passed.

Someone tapped me on the shoulder from behind and insisted Sanah and I go outside to the tent to eat. Almost immediately, Sanah discovered a woman friend there whom she hadn't seen for some years and began a conversation. The friend then took us to meet her husband who was sitting with a group of men at the far end of the tent. We chatted for a few minutes, and then Sanah told me we were going to visit her friend's house, just along the road. It was now well over an hour since we had arrived.

The rest of our party were still waiting in the car which, as it turned out, happened to be parked a few metres from the house of Sanah's friend. They got out and joined us and we went into the house and sat down on a couch in the front living room. There was little conversation; everyone seemed happy just to sit and relax, out of the heat. Perhaps to have made the visit was enough. Half an hour passed.

Suddenly, at an unknown signal, everyone made to move. We said goodbye to our hosts and Sanah and I made our way back to the wedding while the rest of our party returned to wait in the car. Almost at the same time as we reached the house the two *gendang* women appeared at the top of the steps and explained they had just been having a bath. A couple of men helped them carry their drums along the roadway to where the car was parked. But it seemed we were not leaving yet. The *gendang* women had arranged to buy some sago biscuits locally to take back home to Daro, and were waiting for them to turn up. Everyone stood around beside the car. Someone arrived with a large tin of sago biscuits about twenty minutes later, then we all piled into the car - five of us in the back seat, including an old woman I hadn't seen before, and four in the front.

Before the car could go the old woman changed her mind and hopped out again, climbing on the back of a motorbike which had pulled alongside.

Some money changed hands at this stage between one of the *gendang* performers and Sanah – Sanah got out a large envelope stuffed with money and added this money to it. At the time I didn't understand what this was about, but later that evening Sanah told me she runs a “numbers” syndicate; a bet was being placed.

Finally we set off in the direction of home. However, we didn't return straight to Mukah, but instead took a detour into Dalat where the two *gendang* women got out - presumably to do some shopping, while we drove slowly around the block. They got back into the car as we reappeared, but a little further down the street we stopped again and the driver got out and headed towards the shops. He came back a few minutes later with some drinks for the two women. At last we headed for Mukah, where I would be dropped off, before the rest of the party returned to Kg Sisoh to prepare for the *gendang* that evening.

In this context, time is not reified and conceived as a separate entity which has its own measurable, precise pace; rather, time is very much synchronized with activity – time is pragmatic time, socially meaningful time, significant in terms of maintaining and reaffirming cultural values. Time is “passed” rather than “spent”; the urgency imposed by clock time and deadlines is absent. Both time and activity are conceived to develop and expand; the precise divisions by which we measure time in a highly technical industrialized society where “time means money” are simply not relevant.<sup>12</sup>

While orientations to past, present and future are found in all societies, the rank order of focus preference is variable (Kluckholm & Strodtbeck 1961:14). Morris writes of the Oya Melanau in the 1950s that in most circumstances they continued to reckon time:

...broadly based on an opposition between before and after, with now as a central point of reference...for a Melanau to remember a period of time as a counted number of

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<sup>12</sup> I recall, not long after I arrived in Mukah, asking Vera (during a language lesson) how to say “five to six” in Melanau. She appeared to find such a precise time division difficult to translate.

years, rather than as *sabei* (formerly) or *sunih* (to come), ran against most of his habits of thought (Morris 1991:56-57).

Particular events, usually social (rather than biological or environmental), were selected as markers in what was primarily seen as a cyclical process of “recurrent events” (ibid). In addition three further sets of recurrent events were used “for reckoning time and for co-ordinating increasingly complex activities” (ibid:57). These were: day and night, full moon and dark (new) moon, and northeast monsoon and southwest monsoon (ibid). While Morris notes that time orientations were beginning to change in 1950 towards linear notions of time, (and since then the process has probably speeded up as a result of increasing exposure to globalization), nevertheless these traditional methods of marking time were still very much in evidence in 2000 - 2001. It was often impossible, for instance, to access precise dates or how many years ago an event happened when interviewing local people about their life history.

For the great majority of *ka'pong* people, at the time I was there, orientation to time - like the climate, the phases of the moon, the rising and setting of the sun, the fishing season, the harvest - was still cyclical in nature rather than linear, and the central point of reference was still the present, what was happening now. Within this scenario, beginnings and endings were somewhat blurred and indistinct. I found myself referencing time in these same terms and often found it difficult to remember what day of the week it was, or what month it was. During the day my awareness of time was often measured with reference to the calls to prayer from the *surau* next door but one to my house.

The circularity of existence is not confined simply to notions of time; it often seems to be incorporated into spatial orientations, into the very way people move within their environment. For example, journeys would sometimes begin with a circumnavigation of the town before setting off, as if to reaffirm a base point. I remember the first time I caught a bus from town to Kpg Tellian... I boarded the bus; it set off and drove round the block of shops, stopped to get petrol and returned back to station. More people boarded; the bus set off again. Once more we drove round the block, stopping while someone got off to buy food, before finally taking the road out of town to Tellian.

The same blurring of boundaries around beginnings and endings flows over into planning and decision making. Decisions to move often appear to evolve suddenly, as if

at “an unknown signal” or via a collective sensing that the time had arrived.<sup>13</sup> At other times, the decision to move would be preceded by a prolonged period of hiatus of intent - like an elongated variation of “Get set, ready...” before a race. It would be apparent that something was about to happen - people would gather and make ready - but everyone would appear to be waiting for the right moment to evolve, as if the impetus to move had to build up a certain level of collective energy, intention and readiness. Rarely would any formal announcement be made. If a precise time was stated, even more rarely was it likely to be met. This makes for a very flexible and adaptable system of social activity; plans and intentions (perhaps the latter better represents the reality) frequently change or are altered to fit in with the collective flow of things, without any apparent stress to individuals or the social system as a whole. Offence is neither given nor taken.<sup>14</sup>

There are two interdependent aspects I see as significant regarding the orientations to time outlined above. One is the propensity to live in the present. There are always others in the present; when the mind wanders off to imaginary futures or dwells on the past, you are there on your own. The second is the ability that these people had to live with uncertainties regarding time, without apparent stress.

Both these aspects of orientation to time have implications for mental health. Both are also orientations we in modern developed societies find difficult to maintain. “What ifs” – worrying about the future, does not just feed anxiety, it *is* an anxiety state. “If onlys” – dwelling on events of the past, either as internalized guilt or externalized grudge, paralyses and inhibits freedom of expression and forward movement in the present. Technology and science have failed to free us from existential uncertainty.

It may be the orientations to time in Melanau ontology that are most under threat of change from the forces of globalization. I will take up the theme of temporality again in chapters six and seven and examine its implications in more depth.

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<sup>13</sup> Brody (1981:37) refers to a similar practice by the Indians of British Columbia: the “decision is taken in the doing: there is no step or pause between theory and practice... Between a proposal to go and actual departure – there is a large and perplexing divide...”

<sup>14</sup> Initially, I often made false attributions of reference and intent when social arrangements were broken.

## Conclusion

I have argued in this chapter that Melanau personhood is constructed with reference to what is at stake in being-in-the-world. Through an exploration of the experience of personhood I have demonstrated how the shape of that world, as well as awareness of self, is constructed and embodied anew within the relationships through which persons live their lives. The effort put into maintaining and monitoring those relationships is crucial in terms of Melanau ontology; at stake is no less than everything, the survival of world. In effect, Melanau ontology asserts, we are our relationships.

Concepts of normality and abnormality are similarly constructed during this process of engagement between self and world and therefore embody the character, and parameters of the existential processes associated with being-in-the-world. Melanau notions of normality and abnormality are culturally and historically constituted categories. Their full nature and significance can only be understood and appreciated in the context of an ethnographic analysis which reveals what is at stake when they are incorporated and invoked in cultural practice. As Vygotsky makes clear: “to understand another’s speech”, it is not enough to understand his words or even his thoughts -- “we must understand his motivation” (1986:252-253).

With these insights in mind the following chapter addresses the place and significance of a particular category of the person in Melanau ontology – the traditional healer.

## Chapter Five: The Image Makers

*For doctors, they spend a lot of time learning medicine; for traditional healers, there is no learning – but there is God's gift.* – Sakim, Melanau healer.

### Introduction

The Melanau healer plays a pivotal role in the articulation of Melanau systems of healing. He or she is the mediating agency who has the ability to bridge the space between the person who presents with a problem or illness and the forces behind the imbalance that has caused the problem to occur.

Historically, following the *adet* provided a guide to making the balance in a world where the order was constantly at risk of becoming upset. The Melanau healer could be called on to assist in restoring that balance once it became disturbed. His or her initiation experience was a significant factor in determining how that role was played out.

The initiation experience of the traditional healer has sometimes been compared to the experience of psychosis, both negatively (e.g. Devereux 1956) and in a more positive light (e.g. Grof & Grof 1990). In this chapter, I therefore focus in particular on the experiences by which these healers became aware of their identity, the meaning they (and the rest of the Melanau community) attach to these experiences and the consequences of these experiences in the way they live their everyday lives within the Melanau community.

The word “shaman” is often used as a collective descriptor for traditional healers. However I feel that is too narrow a term in that it assumes the use of “altered states of consciousness” and in Eliade’s definition also includes the ability to “communicate with the dead, demons and nature spirits...” (Eliade 1964:7). Some Melanau healers claimed never to use altered states of consciousness in their healing practice, while the role of psychopomp – a shaman with the ability to communicate with beings in other dimensions of reality, was associated with a specialized minority. I have therefore used the generic term “healer” as an inclusive and collective descriptor, on the basis that people sought them out for that reason, whether the problem was physical, emotional or spiritual and whether it involved an individual or a situation.

As a means of establishing a base point for comparison, this chapter begins with a description of the medical facilities that were available in the Mukah District in 2000-2001 for a person who presented with a mental illness, some statistical information relating to the occurrence of mental illness in the local area, and information about attitudes towards mental illness locally. This description draws on two interviews with the superintendent of the Mukah Hospital at the time - Dr Michael, and several conversations with a doctor in private practice in Mukah.

## **The bio-medical context**

While the term “Melanau” might be regarded as synonymous with the Mukah District, the community also included Iban, Chinese and Malays as well as Melanau and there had been ongoing intermarriage over the years among these groups and with other indigenous groups. As might be expected, aspects of local culture reflected these influences in varying degrees, as they also reflected aspects of the modernization and globalisation process. It would be a mistake to see this as a one-way process; rather adaptations and accommodations were mutually negotiated and incorporated.

The local bio-medical context was not exempt from this process; the wards at Mukah Hospital somewhat resembled a microcosm of the wider social context. Consisting of four wards and an outpatient department, the Mukah Hospital catered for the population of the town and surrounding districts, including the smaller towns of Oya, Igan, Selangau and Balingian; in total about 60,000 persons. A new hospital was under construction at Dalat and nearing completion at the time I was there. In addition, there were eight Health Clinics, staffed by nurses, located in settlements around the district.

However, Dr Michael, the hospital superintendent, pointed out that:

People make pragmatic choices about where to go. Beyond Selangau, people tend to go to Sibu Hospital, as do many people from Dalat. Others from Dalat come to Mukah Hospital for treatment, although Dalat does not actually come under the Mukah Medical District. And some people from Balingian and beyond go to Bintulu.

My observations suggested that the “pragmatic choices” mentioned by Dr Michael were likely to be based on whether relatives or extended family were located nearby. For example, when Rohani’s mother was in Mukah Hospital, the woman in the next bed to her came from Sibul, where there is a much larger base hospital. She had elected to come to Mukah Hospital instead, because most of her relatives lived in Dalat – within easy visiting distance.

The nearest psychiatric services were at Sibul, about three hours journey from Mukah by road. There is also a large state psychiatric hospital, Hospital Sentosa, on the outskirts of Kuching. At the time of my initial interview with Dr Michael in April 2000, Mukah hospital was not served by a visiting psychiatrist, although it had been at periods in the past. There was one expatriate psychiatrist in Sibul. However, in 2001 a psychiatrist was making regular visits to Mukah Hospital, usually about once a month.

Hospital records indicated that in 1999, 11 persons (out of a district population of around 60,000), presented at Mukah Hospital with identifiable psychiatric symptoms (Dr Michael, interview, April 6, 2001). About half of these were referred on to Sibul Hospital. In April 2000, 5 persons had presented so far that year. At any one time, there were 30-40 outpatients receiving help for psychiatric illnesses. All these figures had remained stable for a long time.

Self referral of patients with a psychiatric illness was not common according to Dr Michael. Instead, family members would often bring a patient along or make a complaint. Patients sometimes arrived escorted by the police. Community leaders also sometimes made a referral - for example, the Chinese Committee might write a letter requesting help for someone. The most common symptoms complained of were: aggression (perceived as a threat), behaviour changes or inappropriate behaviour and insomnia and anxiety. This seems to provide support for Warner’s conclusion that “folk diagnoses (of madness and insanity) stress violence and disruption” (1994:171).

Diagnoses included depression and anxiety, post-partum depression and psychosis, alcoholism, bi-polar illness, hyperventilating, epileptic psychosis and schizophrenia, with chronic schizophrenia by far the most common. The treatment options available at the local hospital were limited to antipsychotics or antidepressants; no counseling was available. The most prevalent age group for presenting patients was 25-45 years old, in the ratio of one male to three females.

There was a noticeable difference in referral rates between people living in Mukah town and those living in the surrounding *ka'pongs*, with the majority coming

from the town. Dr Michael suggested this might be “because the Melanau villagers tend to be reticent about disclosing such things or prefer to use traditional healers,” though it should be noted also that the ethnic makeup of the two population bases was different. The majority of the Chinese population lived in the town area, as did a number of people from outside the district who were employed in Government and Administrative positions.

Dr Michael pointed out that the whole process of referral was “extremely tedious” and may well have discouraged people from seeking help. Phone contact in the area was often difficult. Travel difficulties were also common. Many people in the outlying *ka'pongs* lived a subsistence existence and money was not always available for the cost involved in a visit to the hospital.

Some patients (or their families), may have to spend their entire savings to reach a hospital to see a doctor and often they may not even see a doctor, just a medical officer. Repeat visits may only be able to take place when salary permits (Dr Michael, interview, April 6, 2000).

Dr Michael also spoke about the stigma attached to mental illness locally. He knew of a couple of patients who had been “sent away from Mukah” because their families knew that they would not be able to get employment locally. “Even within the hospital context,” he said, “persons with a previous psychiatric history were sometimes treated differently, as if they were less deserving.” He recalled an occasion when a woman with a known mental illness had presented with a medical problem and been left untreated.

She came on her own, with very bad, open wounds in the groin area – something like boils. She was actually in the hospital for 2 to 3 days, just lingering around in the corridor. She should have been treated immediately. Just because she was known to be a psychiatric patient, the standard of care which would normally have been given to someone in this situation wasn't given to her. Unfortunately, people had just brushed her aside, thinking that she's just creating trouble. In the end, I was the one who examined her, and found that her complaint was actually true;

that other than her psychiatric illness she was actually suffering from a very bad complaint of raw wounds in the genital area (ibid).

Dr Michael felt that part of the reason these cases occurred related to the circumstances in which the persons involved presented at the hospital.

If people with a mental illness come to the hospital according to schedule as an outpatient there's no problem really. But rather than coming on schedule they're coming on their own...the problem is when they come on their own. They walk to the hospital and then they want treatment. Immediately they're looked on with a different point of view... More education about mental illness generally is needed, both within the hospital and the wider community. We neglect the social part (ibid).

However, the situation was considerably more complex and perhaps less pessimistic than it appeared because alongside the hospital, and the two private medical clinics in Mukah town, other "healing" contexts also existed to which people had ready access. There were a number of traditional healers in the district, such as *dukun*, *a-bayoh*, *bomoh* and Chinese *sinsei*.<sup>1</sup> There was also the Healing Ministry within the Roman Catholic Church. One of the doctors in private practice in Mukah was an active member of this group, and sometimes referred patients on when he felt their problem had a spiritual basis.

Perhaps more importantly, at the time I was there all these systems of healing were socially sanctioned. Choice of healer tended to be made for pragmatic reasons, such as availability and ease of access, reputation in treating a particular kind of problem and via recommendation by word of mouth. It was via these same pathways that I met the Melanau healers who are introduced in the remainder of this chapter.

### **The gift that cannot be refused: the healer's initiation**

The circumstances that precipitated a person into a career as a healer are a focal point of this thesis. They have also posed and continue to pose a major stumbling block

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<sup>1</sup> *A-bayoh* is the generic term for a Melanau healer of the old religion; *dukun* or *bomoh* are Malay terms for a traditional healer; *sinsei* the term for a Chinese traditional healer.

for bio-medical explanations of psychopathology, for they seem to suggest that illness and health derive from the same source, even that at some level they are part of a single process.

My introduction to Sakim was via one of his sons, Daleng, whom I met on a visit to Kuching. Daleng was a Medical Officer at Hospital Sentosa, the state psychiatric hospital in Kuching. When he heard what I was doing in Sarawak, he urged me to go and meet his father in Kpg Sungai Ud (near Dalat) and spoke of his father's work in the highest terms. While it may seem ironic that someone associated with the bio-medical context should so strongly recommend the efficacy of a traditional healer, it was one of the paradoxes I grew used to in a context which often seemed characterised by ambiguity and unexpected associations.

Sakim was a slight, wiry man who wore glasses. He lived in a large, wooden, airy house on the edge of Sungai Ud (a tributary of the River Oya), surrounded by similar houses linked by raised wooden walkways, lining both sides of the river. The back of his house, where the kitchen, bath house and covered veranda were located, looked out onto the narrow road that led through the village and on to Dalat. A wooden walkway led from the front of the house down to the water's edge where Sakim kept his boat moored. His patients always entered the house from this direction, suggesting they either came by boat or via the wooden walkways that crisscrossed the village.



**Fig. 13 Sakim bin Edin.**

Sakim impressed me as one of the calmest persons I have ever met. Quietly spoken, he was a man who appeared comfortable and at ease in any company, including his own. Something of this demeanour seemed to infuse the very space around him, such that others appeared to feel comfortable and at ease in his presence. I have thought since about what it was that set him apart and gave him presence; I think it was that he had no fear. He told me the story of how he became a healer.

Sakim was a simple forest worker in his twenties, when he began having recurring dreams, telling him to follow Sungai Ud, a tributary of the Oya River, to its source in a lake. There, he was told, he would find

pieces of wood in a certain spot. The more he ignored the dreams, the more they tormented him, until he eventually went. There, as foretold, he found the pieces of wood; he brought them home and forgot about them. This happened in 1948.

But the dreams continued to torment him; telling him he had “something special” that he should use. He didn’t know what to do; he had no special training. At one time, he mislaid the pieces of wood. Then he had dreams chastising him, saying he should have looked after them better, that he’d been given something valuable.

Over time, a succession of other things happened. Sometimes when he closed his eyes he could hear people talking. His two sisters, who were both *a-bayoh* (Melanau healers of the old religion), told him several times that they knew he had something special, even though he had said nothing about his dreams and the pieces of wood to them.

Then one of his sons became ill with paralysis. He took the boy to a *dukun* (healer), but the *dukun* said he could not heal the boy, that only one person had the power to heal him – Sakim himself. Other healers he asked for help told him the same thing – that he had something that could help the boy. Finally, Sakim took the boy to one of his sisters; one of the ones who was an *a-bayoh*. She couldn’t help either, but told Sakim she knew he had been keeping something hidden that would cure his son. She told him to put this “thing” (i.e. the pieces of wood), to soak in clear water and then get the boy to drink the water. Sakim went home and did this and the boy recovered.

Then Sakim became sick himself, with an illness that lasted for a year. He was still working as a lumberjack at this time. He went to several healers, but nothing they tried worked. Eventually he tried treating himself with the wood and water; it worked. There were never any instructions given; he didn’t “learn” how to cure as such.

Later, he had further dreams, telling him to go to a spot where he would find two black cylindrical stones. One of the stones - the smaller one - was delivered to him by a snake. He had a dream; in the dream there were eleven stones, but only one of them was black. He was told in his dream to pick up the stone from a snake’s nest. He was to go to a

specific place. He should wait and “when the snake has left the nest” he should pick up the stone. Three times he went to the nest, until a time when the snake went away. Then he was able to pick up the stone. He believes the stone was given to him by God.

Once, he lost the stone. It just disappeared; he didn’t drop it. It was missing for three days. During this time he had a dream telling him it was not lost at all. When he awoke, on the third day, the stone was in his hand. He thought his wife must have put it there – but when he asked she said she hadn’t.

Gradually, people started coming to him for healing. Though he felt tentative about it and was often embarrassed, he seemed to be able to help them. This was in 1973. More people came, via word of mouth, and by 1978 he was engaged in healing in earnest.

He didn’t know what to ask as payment, but eventually suggested “one chicken”. However, every chicken he was given disappeared overnight from the cage where he put it; after 507 chickens had disappeared, he stopped asking – it was obvious he was “not meant to ask for anything”.<sup>2</sup>

Now, he asks for nothing. It’s up to the patient. People can pay nothing or whatever they wish. Everyone gets treated the same, regardless; he cannot refuse a patient. And he cannot ask; he must accept whatever he’s given. People still bring him things, like rice, for instance; he hasn’t had to buy rice for years. He and his family have lived for years off these gifts which constitute the main household income. He has raised seven children. He is now 76 years old and has grandchildren and great grandchildren. Today, he has people coming from early morning till late at night – not only from Sarawak, but from further afield. On an average day he sees about thirty patients – they just turn up, people from all walks of life. Sometimes Ibans come in a group from the longhouse and stay at his house for treatment for a week. He is of no particular religion, but he believes in God. Some of his children are Christian, some Muslim.

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<sup>2</sup> I have been asked the significance of this number of chickens. I do not know the answer, except that Sakim was quite specific about it.

The only restriction he has is that on Fridays he doesn't eat meat. But there are some foods which are *palei* (taboo) for all his patients, for two days after he has treated them. He gave a list...chillies, pineapple, *midin* (a type of fern), bamboo shoots, *si'et* (sago grubs), jungle fish, fish with spines, and prawns. This is because, at the time when he received the wood and stones, he found there were certain foods he couldn't tolerate – that's why he imposes those food restrictions on his patients (Sakim, interview, April 21, 2001).

I made several trips to Kpg Sungai Ud to see Sakim, sometimes staying overnight at his house and over time getting to meet most of his family which spanned four generations. During these visits I had many opportunities to observe him at work, to take photos and ask questions.

Sakim used two methods of treatment with his patients. The first involved a *cleansing bath*, using a bucketful of water in which the pieces of wood mentioned earlier (that he had been directed to in a dream) had been soaking. To this water he added coconut water from a young coconut, limes and flowers. This treatment took place out on a covered area of the veranda at the back of the house. With the patient seated on the floor of the veranda and wearing a sarong, Sakim ladled the mixture over his/her head and body.

Sakim told me pregnant women nearing full term would often come for a bath to ensure an easy labour. In fact, much of the work healers did was preventative rather than curative, and aimed at maintaining health.



**Fig. 14** A healing bath to ensure an easy labour. The woman is due to give birth in the next few days.

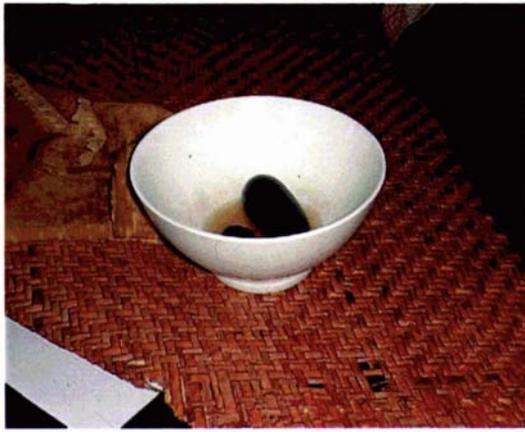


Fig. 15 Sakim's stones, soaking in coconut oil



Fig. 16 A healing massage

The second treatment method Sakim used was the *healing massage*, using oil in which the two stones (that he had also been directed to in a dream) had been soaking. Sakim's wife prepared the oil by squeezing coconut milk from the flesh of mature coconuts, then boiling it down to a dark brown oily liquid. The stones were kept covered with the oil, in a white earthenware bowl wrapped around with a yellow cloth, in a locked cupboard. As the oil in the bowl was used up, Sakim added more, so that there was always some of the original “mother mixture” present. The massage therapy took place in the living room, on a special mat kept for that purpose.

On one of my visits to Sakim, in June 2001, I arrived at the house shortly after 2pm, having taken the bus from Mukah. For the rest of that afternoon there was a constant flow of patients to the house. Most were accompanied by a companion or two – a wife, a family member or a friend.

In between patients, I asked Sakim how he decided on the method of treatment to use – *nyok atau nya'am?* (oil or water). He “instinctively knows,” he said; sometimes he “has a dream” which indicates which method to use.

That evening, Sakim offered to treat my right shoulder which had been painful for some time. I changed into a sarong and sat on the woven mat in the living room. Sakim diagnosed a recurring sickness and said it was caused by *angin* (air). I asked, “Where from? How?”

He explained...*angin* was something that comes from the air above and around us and gets into the body through the pores of the skin

and head.<sup>3</sup> When he massaged with the oil and stones he moved the *angin* down through the body and out through the toes and fingers. He could tell where the blockages and sore spots were because he felt them “like electric shocks”. That’s when *I* felt the pain.

Using the oil and the larger of the two stones, he began with my head, stroking my hair downwards in long sweeps, especially the back of my head. Then to my neck, which was very sore. Each time I winced he asked: “*Pedéh?* (sore/sick). *Mmm-pedéh!*” He continued across my back and shoulders and down my spine, then the top of my chest; onto my arms and then my legs. He changed to the smaller stone and used it to press between my toes and fingers.

When he found a painful area, he worked on it, massaging and sweeping downwards towards my finger tips or toes, and then retesting the area for pain with the stone –“*Pedéh? Batou ta’au* (The stone knows),” he said, nodding. The pain either reduced noticeably or disappeared each time. Finally he passed the larger stone to me and indicated I should rub it over my chest and abdomen, inside my sarong. I felt very sleepy afterwards and lay down and went to sleep for the night soon after, on the floor of the living room.

When I opened my eyes at 7 a.m. the next morning, there were already three women and five children in the living room, waiting to see Sakim. I had heard the phone ring twice, earlier. Sakim showed me a large bottle containing about half a litre of brown liquid; the coconut oil his wife had made the night before. I went out to the kitchen at the back of the house to have breakfast. When I returned to the living room, another group of patients was waiting, all women. Out on the veranda area, a man was standing wrapped in a towel after a healing bath.

By 7.55 a.m., Sakim was already seeing his seventh



**Fig. 17 Sakim's wife with the coconut oil she prepared**

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<sup>3</sup> Sakim’s concept of *angin* involved the invasion of the person by a foreign substance. This differs from the concept of *angin* described by Laderman (1991, 1996), writing about the healing rituals of the east coast Malays of West Malaysia. Their understanding of *angin* was “...close to Western concepts of temperament, both in the medieval sense of the four temperaments and as artistic temperament. Everyone is born with *angin*...If they are able to express their *angin*, they can lead untroubled and productive lives...If they cannot, their *angin* is trapped inside them, where it accumulates and produces...sickness due to blockage of the Inner Winds” (Laderman 1991:68).

patient of the day, a young woman suffering from fatigue and body pains. She was treated with the oil and stones. He finished with her at 8.15 and went to get more oil from a bottle he keeps in a locked cupboard. The next patient was his grownup granddaughter who was staying at Sakim's house with her youngest child, still a toddler. Sakim had also given his granddaughter a healing the night before; she had not been well recently.

By 8.30 a.m., the early morning patients had all been treated, and Sakim was able to take his morning bath, as were the other members of the household. However, by 9 a.m. another group of patients had arrived - two young women and a small boy - and were seated on the floor of the living room, waiting for Sakim who was still getting dressed. Like most of the others, the women had brought a plastic bag containing a gift - probably food.

These were the last patients for the morning and Sakim took a break to go down to the Dalat bazaar. This was his usual routine for most days except Thursdays and Fridays, his busiest days, when he rarely leaves the house.

Around 3pm, people began arriving again, while we were all having afternoon tea in the kitchen. Sakim left his tea unfinished and went to work in the living room. When I followed shortly after, there were nine people there. The other members of the household (Sakim's wife, his grownup granddaughter and her child, and several other grandchildren who had arrived home from school), joined them on the floor to chat and socialize.<sup>4</sup> Sakim was treating a young woman; in between patients he shifted away from the massage mat and also sat and chatted with those present, moving so easily between roles that he might have been slipping on and off an invisible cloak.

A young boy, perhaps seven years old, was brought in by two women - maybe his grandmother and an aunt. He looked quite ill, complaining of a headache and shivering. He cried when Sakim rubbed him with the oil, but appeared to have improved a little afterwards. And so it went till the last of those waiting had been seen.

There had always been people in the *ka'pong* with the ability to heal, Sakim said, though their style and degree of specialization varied. Some healers used massage, others used herbs or plants. Then there were those who went into trance, and used spirit helpers, something which he himself never does. On that basis, Sakim identified himself

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<sup>4</sup> Several of Sakim's grandchildren stayed with him and his wife during the week and attended the local school. Their own home, which they returned to at weekends, was in a more isolated area.

as a *dukun* rather than an *a-bayoh*, though in reality the boundaries were considerably more blurred. The particular category or name a healer was associated with could not necessarily be taken as an indication that he or she used a particular method of treatment or espoused a particular world view. Anjang, for example, was a Muslim healer in Balingian who went into trance; however the term *a-bayoh*, because of its association with the Melanau pagan religion, was never used by Muslim healers and Anjang was known as a *dukun*.

Smith, an elderly man I met at a wedding in Tellian, offered a further viewpoint, from an historical perspective.<sup>5</sup> He could recall the 1940s and '50s when there were no medical doctors in Mukah, only a government dispensary and a “dresser” and occasional visits by a travelling doctor. At that time, there were three or four healers in every village. Those healers who used herbs and roots - which might be prepared and applied externally or taken as potions internally - were referred to as *dukuns*, according to Smith. In those days, there were two kinds of *dukuns*: the *dukuns* who were from the real traditional Melanau upbringing – they were not Muslims - and then the *dukuns* who were Muslim. The latter would recite verses from the Koran as part of the treatment, in conjunction with using roots and herbs.

The *a-bayoh* (shaman) was in another category, Smith said. The difference was that while the *dukun* chose his or her career and had to learn the skills and knowledge required, the *a-bayoh* did not. An *a-bayoh* was not taught. You did not *wish* to be an *a-bayoh*, you were chosen.

In the past, someone might be identified as a potential *a-bayoh* during a ritual or ceremony conducted by another *a-bayoh*. Smith had seen ordinary people who were watching a ritual suddenly break out into a continuous sweat, be physically shaken, or go into trance. This was recognized as a sign that indicated “the nearness of spirit”. The other *a-bayohs* would then take that person and test them, to see if the spirits

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<sup>5</sup> Smith owned a sago processing factory, and had a particular interest in traditional herb and plant remedies; he was gradually establishing a collection of these plants on his property.

would come to them. After initiation, there were continuous and regular rituals for the *a-bayohs* to strengthen and purify their powers (Smith, interview, May 22, 2000).

It was evident that in practice, the classification system of healers was considerably less clear-cut than Smith's explanation suggested. For example, by Smith's definition, Sakim would be classified as an *a-bayoh*, as he did not choose his profession. Hence, the role of healer incorporates ambiguity in its very definition. Furthermore, as well as treating persons who had been "completely taken over by evil spirits", *a-bayohs* were specialists in treating illnesses which - as Smith expressed it - were "not quite an illness and not quite a right state to be in"; i.e. illnesses which also incorporated the notion of ambiguity. Someone might have "lost the will or the courage to face their everyday trials, lost faith in themselves".

While the healers I met differed in the methods they used they also shared significant experiences and ideas in common. The ways in which these similarities and differences influenced and were articulated in healing practice calls for further exploration.

Whatever mode of practice a healer adopted, the notion of vocation was a feature common to the stories of all the healers I spoke to, though "vocation" was articulated differently in different traditions. One did not "choose" to become a healer - one was "chosen".

There was also evidence of a genealogical link. In Sakim's family, for example, there was a history of persons who could do healing. His grandfather and his two sisters, now deceased, were *a-bayohs* who went into trance and used spirit helpers to heal, and he also had a cousin who could heal. Sakim was convinced that sooner or later he would be able to find someone to whom he could pass on his knowledge. He mentioned a young nephew who had been having dreams and visitations; "but he is not yet ready to take up the call, he is not yet convinced".

Sickness or suffering was usually also a component of the initiation experience. Peteran was an *a-bayoh* who no longer practised but his reputation as a healer lingered on in the community. I was told he had once been the "most powerful *a-bayoh* in the district". I was first introduced to him on a reconnaissance visit I made to Mukah in October 1999 with Bonaventure Hamdan Buyun from the *Majlis Adat Istiadat*

*Sarawak*.<sup>6</sup> At the time I met him, Peteran was an old man and clearly in poor health. He was having regular blood transfusions at the hospital for an undisclosed illness. Shortly before I left Mukah at the end of 2001, I heard Peteran was in hospital and very ill.

Peteran's initiation as a healer was precipitated by a dream, like Sakim's, and an illness which he described as "an emotional sickness".



**Fig. 18 Peteran**

He had a dream; a woman approached him in the dream. This was in 1952 and he already had a wife. The spirit lady was beautiful, but he didn't want to get involved with her. He was afraid, as he already had a wife. The spirit woman said:

"Don't worry, I'm not going to disturb you and your wife. I don't want to marry you, but you must satisfy my desire."

In the dream, he lay together with the spirit woman. She asked him:

"Do you really not want me? If you really don't want to have sex with me you may be disturbed, emotionally and physically, later on."

They argued. In the end, he was beaten because she sexually enticed him in many ways and he gave in, but he was also scared of what he had done. He had sex with her. Then he shouted and woke up.

His real wife had woken him up and she asked him: "Why did you shout?"

He told her about the dream and how he had sex with the spirit woman. He went to the toilet, but he couldn't urinate – not all day, for many days, and his genitals – his penis – grew larger.

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<sup>6</sup> The *Majlis Adat Istiadat Sarawak* is a government authority set up as a centre for the repository of knowledge on customary laws and oral traditions of the Dayak and Melanau Likou of Sarawak.

He was sent to an *a-bayoh*, a female *a-bayoh*. She told him he was being attacked by a *belum* spirit – the *belum* with the long tongue.<sup>7</sup> For two weeks he couldn't urinate.

His mother-in-law went to look for *rotan* (a jungle vine), to use in an initiation ritual. It cost RM5 (a considerable sum of money in those days). The whole family, as well as their relatives, began to prepare. *Belums* were prepared. The whole village was involved, especially next of kin. Everyone was prepared to help, even without being asked.

He was in such pain, he didn't think he would survive. An old man conducted the ceremony. At the moment the old man dropped down the articles they had prepared, he was suddenly able to urinate and passed a lot of mucus. That's how he became an *a-bayoh*.

There was a price he had to pay for the gift he received. He had had four wives, but until he stopped practising he had no surviving children; as soon as they were born they died – “because of the enmity of the spirit”. Now he has three children (Peteran, interview, October 22, 1999).

Peteran had converted to Christianity in his later years and had given up practising as an *a-bayoh* as a consequence. But it was also clear that this posed a degree of conflict, for he was unable to completely reconcile his previous experience with his new belief. He told me: “I would put up my hand and claim to be a Christian, but I also believe in spirit healing. I know it – my experience makes me know it.” He passed the comment later that: “Some Christians are hypocrites. They pretend to have nothing to do with spirit healing and then secretly go to another shaman.”

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<sup>7</sup> *Belum*, or *dakan* (Mukah dialect), are carved or woven spirit images which were used in healing ceremonies in the past. Sakim was the only healer I met who still used *belum* to treat illness, and then only rarely. He knew of two carvers living in Kpg. Sungai Ud. General consensus in Mukah was that once carved, these images are “wakened” by pricking the eyes. An informant in Mukah told me that these days people carve *dakan* but don't “waken” them; “to do so is very dangerous” (Y. Marcel, Kpg Kuala Lama).

Morris records that in Medong the *belum* was enlivened in a different manner: by spitting the red saliva produced by chewing betelnut, sireh leaves and lime at the carved or woven figure. This would “call the spirit's soul into his body” (Morris 1997:85). Morris (1997:153-320) includes a full catalogue (with photographs) of the *belum/dakan* used up till the early 1970s, and the illness each was associated with. He records that when he lived in Medong “there were at least a dozen men and women able to carve or weave a great number of *belum* (ibid.83). Clayre notes that by 1996 only “two old men” were still carving *belum* in Medong (Beatrice Clayre, in Morris 1997:176).

While Sakim's "calling" was a prolonged process, stretching over a time period of twenty five years, the experience could be dramatic and abrupt. Aséh was an *a-bayoh* who lived in Kpg Tellian Ulu, an elderly man who had practised for most of his adult life. Of all the healers I met, Aséh was the one who most resembled the stylized image conjured up by the word "shaman". I believe it would not be unfair to suggest that he "cultivated" and enjoyed this image.



Fig. 19 Aséh

The walls of his living room were decorated with spears which had bizarrely shaped, metal heads – Aséh had made these himself and told me the shapes were "dreamed". On the wall next to his sideboard, which was the only piece of furniture in the large L-shaped room, was an extraordinary piece of artwork – best described as an "iconic collage" of symbolic memorabilia. The glass fronted sideboard contained further treasures.

Outside his front door was a small landing with steps leading down to a plank walkway and the road. (Like almost all the houses in Tellian Ulu, Aséh's house was raised on stilts.) Decorating this landing area – hanging from the roof as well as placed at floor level, were a number of "sculptures" made from blackened and gnarled tree stumps, some partly carved or decorated with other objects. It was as if Aséh had seen a "shape" of some thing - an animal, a snake - in part of the wood and given it form so that it was made visible to all.

A door on the opposite side of his living room led to a veranda which faced onto the river (Sungai Tellian), and he kept a large monkey chained up to one of the veranda posts. This in itself was very unusual – it was considered "dangerous" to keep undomesticated animals in the *ka'pong*; their place in the proper order of things was in the jungle.

Aséh described his initiation experience as "sudden and instantaneous".

He was out in the fields one day with a group of other men when suddenly something came over him and he went running off into the jungle till he found a very tall tree. He climbed the tree; it was "like climbing stairs; an amazing physical feat but it took no effort". All the

while he was singing and chanting. At the top of the tree it seemed like another country; not at all like the top of a tree. He wanted to stay there.<sup>8</sup>

There was an altered sense of time – a day passed in an instant.



**Fig. 20** Aséh going into trance



**Fig. 21** A collage of symbolic memorabilia



**Fig. 22** One of Aséh's creations from a tree root



**Fig. 23** Aséh on his front porch



**Fig. 24** Another collage in Aséh's living room



**Fig. 25** Spears Aséh 'dreamed' then created

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<sup>8</sup> Aséh's ascent is like an embodied reenactment of what is commonly a symbolic motif in shamanism, the ascent of the "cosmic tree". Eliade understood the shaman's cosmic tree as "a kind of ritual passageway by which the shaman may mount up or ascend into the upper world, or descend into the lower world" (Smith 1997:149). Smith adds "John Weir Perry, a Jungian analyst and psychiatrist, has documented the appearance of the cosmic tree motif in the hallucinatory images of various schizophrenic patients" (ibid).

Eventually, the others came and found him; they could hear his singing and chanting. They stood at the bottom of the tree and banged drums and chanted to get his attention and then he came down from the tree. If they hadn't arrived and made all the noise, he might never have come down.

They took him to an *a-bayoh* who carried out a ritual process to initiate him. He is now in his seventies (Aséh, interview, September 10, 2000).

Mohammad (Mohd.) Isahak was 35 years old - the youngest of the Melanau healers I met. He lived in a small, modest house he had built himself in Kpg Penat, with his wife and young child. His initiation, like Aséh's, was sudden and dramatic and he carried a permanent reminder of his call to become a healer.

Mohd. Isahak was fifteen years old and working for Pelita Estate in the sago plantations. He was a Roman Catholic at the time and went by his Christian name of Sekutaek.<sup>9</sup>

One day he went to cut down a tree; it was about a metre high. As he cut into the trunk, it began to bleed blood.

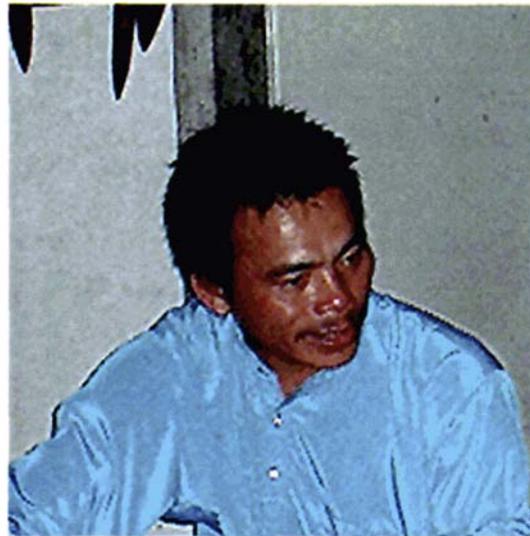


Fig. 26 Mohd. Isahak

Then, beside the tree there appeared a man, dressed in a long white robe. This man told him that what had happened meant that he, Mohd., had the power to be a healer. He was told that he must convert to Islam and then contact an Indonesian man in Lawas (near the Sarawak/Sabah border) who would become his *guru*.

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<sup>9</sup> Mohd. Isahak's father, Hep, was also a healer, but of a different kind from his son. He remained a Christian.

The next day, he accidentally cut off two toes while working; this was the price he had to pay. It marked him. He went to Lawas and studied with his *guru*. He is now 35 years old and he specializes in treating mental problems (Mohd. Isahak, interview, September 25, 2001).

Mohd Isahak's initiation involved him converting to Islam. In fact, had he remained a Christian it is unlikely he would ever have practised using his current methods, as healing in the Roman Catholic Church in Mukah had become institutionalized in the form of the Roman Catholic Healing Ministry. Many Roman Catholics equated *a-bayohs* and *bomoh*, who went into trance states and used spirit helpers, with "evil".

Conversion to Islam did not pose quite the same conflict for those who were called to a healing role. In that it "inadvertently brought the Muslim Melanau communities closer to the Malays" it paved the way for the evolution of the role of *a-bayoh* to the role of *dukun*, which is "of Malay cultural origin" (Abdullah 1998:271).

The conversion to Christianity was not accompanied by a major adoption of the cultural elements of other societies. The conversion however started a process of weakening of important socio-cultural aspects of the traditional community. The pagan religious practices, were the first to go as they contradicted the teaching of the new religion... This included the socio-cultural role of the bayoh which was associated with these "pagan religious practices" (Abdullah 1998:272).

The idea of vocation - of being chosen, and the ineffable and mystical nature of the experience, was also present within the narratives of those who were working within the Roman Catholic Healing Ministry. Gilbert Jay was a teacher at one of the local schools and a leader of the local Healing Ministry associated with the Roman Catholic Church in Mukah. He described his initiation experience to me.

It was in August, 1984, we held a class in Mukah. I estimate about 5000-6000 people came, Catholics and non-Catholics too, just to observe. I got the gift, from God, at the time. After the third day of work, I received this vision when I closed my eyes. All around me are

thousands and thousands of people, praising God. So I praised God in my own words, with my hands lifted up.

And then I could see this vision – millions and millions of stars, so bright, so wonderful, and I was so happy, so full of joy.

And I asked, “What is all this about?” And I could hear the words... “These are the Rosary” (Gilbert Jay bin Ulis, interview, May 17, 2000).

## **Being-a-healer-in-the-world**

In all these experiences of initiation into the role of healer there is a loosening of boundaries between sacred and profane worlds, between reality and what we might deem delusionary worlds, between waking and dreaming. Both experience and person are infused with ambiguity and permeability; the “healer” is the liminal figure par excellence. He or she embodies liminality in the very act of being-in-the-world.

While these and other aspects of liminality have led to the shaman being labeled “mentally deranged” (e.g. Devereux 2000:226), there are sound reasons for challenging this conclusion. The most usual argument is that while the initial “calling” may have involved a psychotic experience, the shaman has learned the ability to control these excursions into other realms. While that may be true, it also misses the point.

First of all it assumes, erroneously, that the Western concept of the individual – as bounded and discrete – is a cultural universal and that experiences which challenge these parameters are pathological.<sup>10</sup> The part that response plays is also neglected. Within the particular lifeworld in which they occurred, the experiences I described were socially understandable *and* meaningful, including the initial experience.

Even to take this stance may fall short of a full understanding of what takes place. Eliade classifies the change of consciousness undergone in the healer’s initiation experience as a “*primary phenomenon*” (Eliade 1964:8), i.e. as something which resists and is beyond categorization in cultural or social terms. If this is the case, then to categorize it as either positive or negative is also erroneous. What was clear from those I

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<sup>10</sup> Barrett suggests that the concept of schizophrenia has been constructed within the same parameters: “Within 20th century psychiatric thought, schizophrenia has continued to be formulated within the framework of an individualistic concept of personhood. Schizophrenia is perceived as the converse of autonomy and boundedness” (Barrett 1988:377).

spoke to was that for those who had been through it, the experience had been life transforming.

Secondly, it assumes that the initiation experience involves a temporary inability to relate to reality which is consequently overcome. However it is also an “entering into another reality” and the nature of that reality is embodied permanently as a consequence – the person is forever changed. His or her stance viz-a-viz the world is repositioned.

These were extraordinary experiences suggestive of extraordinary energy at work; it might be expected therefore that they were not to be taken lightly. That there was danger involved with excursions into other realms was widely acknowledged, both by the healers and in popular opinion. Many of the healers took measures to protect or strengthen themselves before or during the healing process.

Mohd. Isahak believed that a lot of the wrong doing (e.g. sorcery) that occurred was caused through ordinary people testing their powers, trying out spells and potions, unaware of the potential danger of these forces in inexperienced hands. He practiced *silat* regularly, a Malay martial art, and along with all the Muslim healers I knew, prayed before undertaking healing.

Aséh told me how he still gets “possessed” and starts “beating himself up” occasionally. People come to help at these times and brush him with the flower heads of the betel nut palm and sprinkle him with water in which certain flowers have been soaking. This “brings him back”.

The liminal potential of the healer was realised in a more negative form for the role of the *a-bayoh* was also associated with a darker, more sinister side. Some of these persons were believed to have the ability to detach their head from their body and go out around the *ka'pongs* at night, in a search to satisfy their craving for human blood. These were the *ulou pesilieng*, the “flying head” *a-bayoh*.

In May 2001 a spate of sightings occurred of these phenomena in the *ka'pongs* around Mukah and as far away as Dalat. At the end of that month I attended the funeral of an old lady in Kpg Kuala Lama and later that evening, after prayers and a shared meal, I was sitting on the floor of the living room with the other women. Conversation turned to discussion about these recent sightings. One of the women present told us about her sister who lived in Kpg Bedanga. Two nights ago, her sister’s children had looked out the window and seen a flying head – now all the children were ill.

Another woman, who lived near me, said her husband had told her to: “Warn *Gamber* Woman” (i.e. me: *gamber* = photo) “to keep her windows shut at night!”

She had told her husband that: “Her name is not ‘*Gamber!*’” Did he think the flying head would say “Hello, *Gamber* Woman!”

The conversation continued:

“The most dangerous time is the hour after sunset and the hour before dawn – that is when these *ulou pesilieng* are about. They look like a red flash of light, and make a noise on the rooftops.”

“When children cry at night, this is the reason.”

“They have a particular liking for foetal blood (pregnant women are especially vulnerable), and the blood of babies and young children.”

“Their eyes are glowing red and red tentacles, attached to a fiery stomach, protrude from it. This fiery stomach is what powers it...like a jelly fish with tentacles.”

One of my neighbours advised me: “If it comes at you, the best thing to do is throw sand on it – if sand gets on the raw neck edge, it cannot reattach to the body and will die. That’s why you will never find them on the beach. If there is no sand available – and everyone should keep a supply ready - then salt is an alternative.”

An incident had happened at the local hospital some years ago, I was told. An old woman was a patient; unknown to those there she was one of the flying head *a-bayoh*. It was night time. The nurse on duty went to the toilet. She had her period. The flying head came after her. The nurse flung salt at it – all that was to hand. When she went back to the ward, the old woman was dead.

I should keep my windows closed as soon as it’s dark – after *Maghrib* prayer, they said. And I was recommended to hang a protective device in my bedroom window - as a number of the women present had already done.<sup>11</sup> I should take a lemon, and cut a cross in it, then rub lime paste into the cut section. Then I should insert a needle through the lemon and hang it in the window. This would help ward off any flying heads.

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<sup>11</sup> Not long after this I was in Bintulu, a sizeable modern town, where I stayed overnight with some Melanau friends. A couple of women there mentioned they had protective lemons hanging in their windows. They had heard about the recent sightings in Mukah.

I walked home with Rohani later and she related an incident that had happened to her some years before.

Someone doing research had asked her and two of her friends to interview an *a-bayoh*, now deceased, who lived in Kpg Tellian. He was said to be one of the “flying head” *a-bayoh*. The visit was arranged through the *Penghulu* - the headman. Rohani and two companions were to go with a tape recorder. They had some misgivings about it and had prayed with the Koran first for protection. When they arrived at the house, the *a-bayoh* wasn't home; his wife said he was at a healing ritual in Tellian Ulu and that they should go and get him in the car. They went, and met him some distance along the road. However, he refused a lift, saying he could get home before them. They drove back and walked across the plank walkway to the house, to be greeted by the *a-bayoh* standing in the doorway, laughing at them...

Several significant themes emerge in these anecdotes, themes which shape even as they are shaped by the Melanau lifeworld. On the surface, these examples are further evidence of the healer as a liminal figure, as someone who is different from other persons in ways that can often only be defined in terms of possibilities. He or she presents an image that is difficult to get a “fix” on, literally as well as figuratively. The healer is the wild card, the unknown quantity. In a community where persons draw ontological security from relationship and collective identity, the liminal figure is always and especially a possible threat. It was not beyond the bounds of possibility that some healers might cultivate this theme for their own purposes and prestige, as the *a-bayoh* in Rohani's story appears to have done.

These descriptions also suggest that the power that heals is the same power that can be used to cause harm, and that it is also an unpredictable power. While all the healers I knew were well aware of this aspect and acknowledged it in practice, human sentiment was ultimately unpredictable – everyone was aware of that.

In the minds of ordinary people, the healer (and in particular the *a-bayoh*) was, and historically had always been, associated with potential danger for another reason.

The Melanau term *a-bayuh*, denotes both a shaman, a master of spirits, and a spirit medium...Because the shaman was a meeting place of men and spirits, he was thought to be potentially as dangerous as the spirits who possessed him, and had therefore to be treated with caution...If his moral nature, his *naseng*, was not upright...or if he/she lacked the strength to control his familiars, he might, it was thought, act as a witch, and be socially very dangerous...The term *a-bayuh bisa* described both a powerful, helpful shaman and a witch who, given the opportunity, attacked people. The word *bisa*...meant both powerful and venomous (Morris 1997:87 -90).

The flying head phenomenon also highlights human sentiment and human relationship as a particular and ever-present vulnerability of human being-in-the-world. It suggests that these two things - the very things that make us who we are, give life meaning and provide us with reason to be – also have the potential to be the source of terrible misfortune and suffering. Flying heads reveal the Janus-face of relationship and sentiment. They are a reminder that these two facets of existence need to be at the centre of our awareness, just as they are at the centre of our world. They are a potent reminder that relationship and sentiment have both creative *and* destructive potential - the capacity for both life *and* death. In the phenomenon of the flying head these two potentialities become one...flying heads come seeking blood because: “*Bei nyawa dagen daa*’ (There is life in blood)” (Morris 1997:75), and the blood of women and children tastes particularly sweet.

Finally, these anecdotes reiterate a theme already raised in chapter four; that some categories of person are believed to have the ability to “shape shift”, to take on other forms. While this ability and the threat it posed were regarded with a kind of horror and had the potential to generate what some may call social hysteria, I am inclined to the viewpoint of Jackson who suggests that for the Kuranko, the “shape shifter” is also “a kind of hero” (Jackson 1989:115). The “very existence” of these phenomena is also proof of “the power of men to tap the powers of the wild” and “affirms (a) moral bond” between the world of the spirits and the world of humans (ibid).

I do not know whether any of the healers in the area practiced black magic. Those I met were well aware of the implicit risks and penalties as well as the strength of the forces involved. From what I knew of them it would have been inconceivable. Every healer I knew emphasized repeatedly that the power to heal came from God, that the power was not theirs to own, that it was God’s will that a person gets cured.

What he did was “God given, to help people”, Sakim said. “Whoever turns up”, he’ll try. However, he also commented that: “Some dukuns do not practice as they should. They are not straightforward. Some demand money ‘up front’ before they work.” Sakim was not in favour of this kind of thing, “because it is God that cures.”

Peteran was explicitly warned against misusing his ability during his initial sickness:

“The spirit woman told me: ‘After you are cured, it is your duty to help other people... That is my contribution to you. If you malpractise, you will be harmed. Don’t malpractise it!’”

Aséh, also, spoke of the obligation involved in his calling; he could not refuse when someone asked him for help. Refusal was: “Impossible! It is ordained!”

Every healer was also a specialist, the result of a number of factors. The nature of the healers’ initiation was specific to the individual; some healers received their knowledge through dreams, some via instruction from a spirit, some from a spiritual master. Others, like Sakim, learned by doing. Every practitioner used his or her own method of healing practice. For example, Peteran saw many colours in trance and he knew the different spirits associated with each one.

Healers also tended to be specialists in particular areas of expertise. Aséh for instance, as well as being a healer, was also a psychopomp - able to travel in trance to the underworld and converse there with the souls of those who had died. He could also retrieve souls who had been enticed away from the living and bring them back to be returned to their owners. Aséh also talked about a ritual he sometimes conducted known as *beradin*, an “exploratory ritual - to find out what there is in the underworld” which he described as “like another layer of existence”. He engaged in a game there, with balls woven from palm fronds. The weaving was “different from what is done here,” he said. However, he could be caught in this game; tied up and disabled so that he couldn’t escape until someone came after him to release him.<sup>12</sup>

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<sup>12</sup> Anup, who lived in Tellian Ulu, had accompanied Aséh on *beradin* once and they had stolen one of these balls and brought it back with them. They showed me the object, which Anup kept sealed in a glass phial.

The differences between healers were apparent also in the restrictions which were imposed on a patient after healing. Muslim healers, for example, were said to impose a longer period of restrictions. There were also differences in the contributions required of patients. Peteran asked that each patient provide one needle and ten inches of string (the string must be white for purity), three cents and one chicken. This was because “needle and string belong together; they can be used to join things that need to be joined or rejoined”. Again, Peteran is speaking in terms of illness as a schism in the interconnectedness of a person and the world and healing as a reintegration and restoration of those connections. The white string and its association with purity also testifies to the sanctity of those connections.

When a practitioner found that their treatment was ineffective, they usually referred the patient to another healer; they “normally cooperate like this,” Sakim said. All the healers told me they referred cases on to the hospital when they felt the problem would be better served by medical intervention. In turn, most of them had been called in to treat patients at the hospital at some time, usually by members of the patient’s family, though there had been occasions when a healer was called at the doctor’s suggestion. Aséh recalled that at one time he wasn’t allowed into the hospital when people called for him. However this was no longer the case; he too is “sometimes called in by relatives of a patient”.

On several occasions, Sakim said, he had been called in by the doctors in Dalat. *Angin* was always involved. One case involved the wife of a local policeman. She was brought in to the Dalat Dispensary, unable to speak and completely immobile. The medical officer suggested to the husband that they look for a local *a-bayoh*. Someone came to fetch Sakim and he went to the Dispensary. When he arrived there were a lot of people there. Someone suggested they all leave but Sakim asked a couple of people to stay and help him, in case the woman fell off the bed or needed restraining. Normally he treats his patients on the floor and this is not an issue. When he touched the woman she started screaming and clung onto him – she was in a lot of pain all over her body. He gave her a healing massage with the oil and immediately after, she was able to get up.

## Images of illness

An image of the person as interconnected with his or her environment, and the interdependence and influence of each on the other was an overarching theme in the theory and therapeutic practice of the Melanau healers. The body was thought of as a microcosm of a world bound together in a web of reciprocal relationships. Causation of illness was not viewed as arising or residing in the individual-in-isolation; illness was seen as resulting from disturbed relationships, within an environment in which the elements and forces were personalized. Illness, like the social, natural, and spiritual world, had a distinctly human shape. Sakim told me:

Sometimes the *a-bayoh*, when treating someone, can see other people there who are not actually present. This means that this person is “*senayang iblis*” – their soul has been stolen by a devil. When that happens, the *a-bayoh* will pass the word along to that person: “There’s something on you that should be removed.” However, he or she might not get to the person in time – then the person might become blanketed by the affliction to the extent that they failed to see things around them. They may have a fatal accident, such as being killed by a falling tree when felling sago. In this instance, death would be by secondary causes (Sakim, interview, June 14, 2001).

Many illnesses, Sakim said, were already on your body, inherent, always waiting to take advantage of the person – to be triggered. *Senayang baya* (or *seningen baya*) – soul captured by a crocodile – was one of these.<sup>13</sup> It was characterized by forgetfulness, losing things when there was no reasonable explanation, extreme tiredness and wanting to sleep for much of the day (Morris 1997:76). According to Sakim, it couldn’t be seen by an ordinary person. It could only be cured by an *a-bayoh* who could “smell” this illness – there was a distinctive body odour. A further sign was that when the patient was treated, blood appeared out of his or her back. Soul loss had many symptoms. For example, *seningen kayou* (soul captured by a tree), caused swelling and hotness, and was known to be caused by the sap from the *bengas* tree. It was like an allergic reaction; only some people were affected.

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<sup>13</sup> *Seningen* (or *senayang*, Dalat dialect) means “the soul was stolen or enticed away by...”

Sometimes illnesses were like a death wish. There may be an argument in the family and the person might say “I might as well die!” and it would happen. As if someone or something on the “other side” hears them and grants them the wish – helps it along. Only an *a-bayoh* could nullify that power.

The concept of soul (*bedua*) was central to Melanau disease theory. The Melanau person was considered to be comprised of four essential elements - the body, the soul, the emotions, and a principle of life (Morris 1997:12-13). Good health required that these parts also be in balance. When illness occurred, the emotions (*naseng*) became upset first and if disturbed enough, the soul began to leave the body (*ibid*). Death was inevitable if the soul did not return (*ibid*).

As Sakim explained it, *bedua* - the soul, was almost a separate entity. For people who have been “*senayang*”, it means that the soul has been partially influenced to move away from the body. One might say of that person: “*Bedua ngak daya*” – the soul has already gone back there. In previous times, the burial places were behind the house, so “*bedua ngak daya*” means “the soul has already left and is waiting near the back of the house”. There are various ways of influencing it to come back – an *a-bayoh* has the power to wrest it away from these forces. But there are other ways of bringing back the soul. (Sakim’s method was to give the patient a bath). An *a-bayoh* can see the *bedua*, can carry out *pelatou*, (a séance where the *bayoh* travels to the land of the dead), and meet up with departed souls. Some *bedua* very much want to live, but cannot, because the body has died.

Sakim’s descriptions of illnesses which involve the soul wandering or being enticed away from the body come under the broad category of illnesses experienced as “soul loss”. The cure involved retrieving and restoring the soul to the afflicted person, thus restoring the inner balance and order which allowed a person to be *dia*’ or in a state of wellbeing once more.

However he also described illnesses which involved the idea of an intrusion of the person by a foreign influence or entity. *Angin* was one of these. The healer’s role was to remove the offending illness through a process of purification, thereby restoring the balance between the different parts of the person.

Some types of *angin*, such as *angin puluong*, were caused by flying objects, i.e. *puluong*. These could be either manmade or *puluong iblis* – made by errant spirits. Sakim described a case involving a thirteen year old girl with *angin* who was almost paralysed. The doctors were unable to help. Some parts of her body were throbbing and pulsating and he had asked Daleng, his son who is a Medical Officer, to feel it. Sakim gave her a healing bath every Friday for seven weeks and it eventually subsided. He had also treated a small schoolboy whom he described as “possessed”, and who was suffering from attacks of uncontrollable aggression.

Sometimes a person might get possessed by evil spirits in the jungle. Aséh told me that illness could generally be related to two situations – either going into the jungle, or going out to sea: “People are easily affected by the spirits who live in these places.” In the traditional worldview, both places entailed risk for human beings because they were outside the village.

It would be premature to underestimate the insight of healers like Sakim into both psychological and physiological aspects of the person. There was, for example, recognition of an inherited tendency which nevertheless requires an environmental trigger to become manifest as illness – illnesses which were “already on your body”. Aséh also told me that while an illness such as a “possession state” is a random process, some people are more prone.

Sakim spoke of the need to treat the cause rather than the symptom: “When people are afflicted with *angin*, medication won’t fix the problem; it only gives temporary relief.” In the cases he was able to help, “the cure is always permanent.” A lot of times, when people asked what was wrong with them, he didn’t know. “Many illnesses have no clear cut diagnosis.” When you come to see him: “As with doctors, there’s no guarantee.”

The breaching of a taboo by someone in a vulnerable category (e.g. children, babies, pregnant women, the newly married, the newly bereaved), was also considered a frequent cause of illness or misfortune. *Saban*, for example, was an illness caused by lack of respect. When Lai’s wife was pregnant someone had a tame monkey which escaped and was prancing around. Lai’s wife laughed at it. When their son was born he was deformed – Lai gave an imitation of a monkey prancing. He procured some *nyok saban* and he and his wife rubbed the oil on their son twice a day – at daybreak and

dusk.<sup>14</sup> The deformity disappeared and the son is now a normal man. The deformity occurred, Lai said, because his wife laughed at the monkey's prancing which looked like a deformed person.

In diagnosing and categorizing illness, healers distinguish between illness caused by human or non-human agencies. Peteran, for example, differentiated between two kinds of madness - that caused by a spirit and that caused by a human being. If the illness was caused by a spirit, he could cure it. If it was caused by a human being, "that person must be held accountable".

"Much of the time, sickness is caused by things you've done to yourself," Aséh said. This kind of sickness was more difficult to treat than when someone else put a "charm" on you.

In some people, the capacity to cause illness was literally embodied and beyond their control – they lived life as a harbinger of misfortune, like a carrier of an infectious disease who never becomes ill himself, but whose presence is potentially dangerous to others. *Ubat biyah* was an illness transmitted in this way. Yusuf, a retired teacher who gave me lessons in the Melanau language, "suffered" from this unfortunate ability. He explained:

There are two forms of *ubat biyah*. The first kind is characterized by vomiting and severe diarrhea, like cholera, and yawning all the time. The person afflicted must try to remember whom he or she talked with recently; someone whose back they passed while he was sweating – because that's how it's passed on to the victim.<sup>15</sup> To cure this, you need an article of the infector's clothing – it has to be still smelly with body odour. The infector will go to the victim and chew betelnut and sireh leaves and spit it on the victim's stomach.

The second type causes extreme itching over the whole body. To cure this you need the milk of young coconut, which should be sprayed

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<sup>14</sup> *Nyok* = oil. Thus *nyok saban* is an oil which was used to neutralize or cure the affects of *saban*. Special kinds of *nyok* were believed to have the ability to cure illness or provide protection. Often the base ingredients are come by via a dream.

<sup>15</sup> Roseman (1990: 235-236) describes an illness among the Senoi Temiar of West Malaysia, also conceived to be caught by passing behind the back of another and being penetrated by the "odor soul" of the infector.

on the victim's stomach from the mouth of the infector. The cure is always instant (Yusuf Marcel, interview, June 11, 2001).

Yusuf had once infected one of his students with the second form of *ubat biyah*; he had been rung up at 4 a.m. in the morning and had to go out and affect a cure. It was believed that the ability to cause this illness could be transferred, Yusuf said: "Some say, after the person has been a victim themselves". Yusuf's explanation includes both the notion of an acquired immunity and the idea of persons as "carriers" of illness.

The models of illness described by the Melanau healers I met can be categorised into three general types. First are the conditions which can be glossed as some form of "soul loss" or "soul attack". Soul loss could be the result of a number of circumstances. The soul of a bereaved person might be enticed or wander away to be with their deceased loved one. Creatures such as the crocodile were said to be able to snatch or wrest away a person's soul. A person's soul could be captured by a tree, which I heard happened quite often. Morris remarks that this last attributed cause became commonplace with the growth of the timber industry (1997:75). Spears, axes, rifles and knives could also call away a man's soul and cause him to have an accident according to Morris (*ibid*), though I never heard of it used in explanation when I was in Mukah. The remedy for soul loss involved the healer using persuasion or some form of soul retrieval to restore the *bedua* to the patient, thus restoring the inner balance needed for wellbeing.

Secondly there are the conditions which involve some form of symbolic attack, invasion or possession by non-human or impersonal forces. These could be spirits; such as traditional Melanau spirits known to inhabit the forest, the water or the air (Morris 1997:149), or ghosts. In addition there were *jinn*, *iblis* and *halus* - Malay or Muslim spirits, devils or ghosts - whose nature often seemed remarkably similar to the more traditional forms of like phenomena. Alternatively these conditions could be caused by various kinds of *angin*. Restoring the patient to health required the healer to remove or drive out the invading forces. There were various ways of doing this – by sucking, bathing, or massage for instance.

Finally there are the conditions which involve symbolic attack by other human beings; these can be generally glossed as "black magic". Restoration involved the healer invoking stronger power to overcome, retrieve, remove or kill the malign forces which were attacking the patient.

All these conditions invoke a concept of the person as having permeable and therefore particularly vulnerable boundaries, a circumstance that relates to a reality where person and world exist in - and depend on their existence for - an interconnected network of reciprocal relationships. Hence, particular ways of being-in-the-world have consequences for illness and health (Roseman 1990:230-231). Phenomena such as soul loss, black magic and spirit attack can be construed as an existential paradox of being-in-a-world where the self is primarily conceived and experienced in sociocentric terms. The very forces and circumstances which are the source of life and wellbeing also have the potential to be the source of suffering.

## **Conclusion**

In conjunction with the guardianship and expertise of the healers, the traditional health system could offer certain advantages over the bio-medical context where psychological problems were involved. The Melanau traditional healing system was explanatory; concerned with making the experience culturally meaningful. This had a double advantage. Firstly, it was psychologically significant as a means of bringing the “problem” under control – the ability to “name” an illness was the first step in the healing process. Secondly, abnormality was defined by criteria which were indigenous to the community, rather than by an outside agency. Patients did not have to look beyond their immediate community or outside their worldview to find validation for their experience. They did not have to “resort to alternatives psychologies” (Good & Subandi 2004:190).

While a traditional healer did not have access to modern medication, there were other advantages for both healer and patient which may well be relevant to therapeutic efficacy. For the patient, there was increased choice. As every healer was a specialist, choice could be made according to the kind of illness suspected, the personality of the healer, or via recommendation. Secondly, there was unimpeded access. Access did not depend on ability to pay, status, or influence. Nor, because healing was a sacred obligation, were patients turned away, unless the healer or his or her family was indisposed.

The role of healer was not dependent on education or status; it was a role that was legitimated by his or her patients, on the basis of success. This effectively negated

any tendency to power differentials. There was little or no difference in social or cognitive distance between a healer and patient.

Because the healers were members of the same close community as those they treated, they usually had an intimate and extensive knowledge of their patients, including their patient's family history. In addition, the healers I met were all psychologically astute, as well as charismatic – skilled at assessing a person and a situation and well aware of the kind of problems, emotions and circumstances which beset and bedevil a human being. They inspired confidence by their demeanour.

Finally, though by no means least, the healer had his or her own experience to draw on – both the initiation experience and the ongoing experience associated with his or her practice. In combination with Melanau ontology and the spiritual beliefs that seemed universal throughout the community – whether Muslim, Christian, Ba'hai or *a-Likou* (pagan), the traditional healer was the cornerstone of a foundation that set the scene for possibilities and experiences to occur which perhaps don't exist in a modernized western context.

The next chapter builds on that foundation and explores the way that local understandings about personhood, illness and suffering are realized and rendered culturally meaningful in the experience of individuals.

## Chapter Six: Rendering the Invisible Visible

*We are sick not only from different “things”, or “causes”, but we are sick in a manner corresponding to our singular bodies, our unfolding biographies, our cultural and historical positions, and our current circumstances. Each event of sickness is unique.*

– Hahn (1995:13).

### Introduction

This chapter explores the process through which explanations and understandings about illness impact on the experience of individuals. I will argue that Melanau concepts of personhood and understandings about normality and abnormality are replicated, reaffirmed and reconstructed in explanations, categories and experiences of psychopathology. This further buttresses my argument for an ethnographic understanding of mental illness so that the connections to culturally specific reference points are made visible and can be addressed.

Many of the people who use the services of a traditional healer are not “ill” in a biomedical sense but are seeking help with situations that can be broadly classified as problems of living. Nevertheless the subjective experience is interpreted and falls within the definition of *pedéh* and is treated as such; whether it involves a general feeling of unwellness, a disturbance in close relationships, an unexplained change in temperament or behaviour, or a series of poor catches out fishing.

Labeling and diagnosing a condition as *pedéh* is a negotiated process. It begins before a person seeks help from a healer, in the network of interconnected relationships within which a person exists. In fact a disturbance in these relationships, rather than a symptom directly manifesting in an individual, may be the first signal that alerts a person that something is wrong; that there is an imbalance in the correct order of things that needs to be addressed. This motivates an inquiry about the cause of the disturbance, the first step in a process of restoration and reintegration.

There is a conceptual dilemma involved in making a decision about how to refer to a person who presents with a problem to a traditional healer. The term “client” is inadequate and misleading. It implies a financial transaction and the ability to heal is not something which can be bought or sold. As I indicated in the previous chapter, the healers I met made it clear that healing is a spiritual and moral obligation. “Patient” is too restricting; it implies an unequal hierarchical relationship. It has a definite

connotation of illness in a biomedical sense. It is also restrictive in that it implies that the illness is confined to an individual. However in lieu of anything more appropriate I have used the word “patient” when I need a term to describe the person consulting a healer which differentiates him or her from the other people present. Grappling with this dilemma has made me acutely aware of how many other things are at stake (besides treating illness) in the doctor/patient encounter in western biomedicine.

A further issue that creates difficulties for cross cultural comparison is the variable nature of conditions or experiences that are classified as illness. The boundaries between a condition or experience being categorised as a social or a medical problem vary cross culturally. In the process of a person coming to know they are ill, certain symptoms are prioritized and others muted, ignored or even unrecognized. This in turn will affect response; the person’s own response to the situation, ideas about how the problem might best be resolved and interpersonal response from others in the immediate social context. All these factors impact on the illness experience and the consequences can be profound.

The enquiry which follows builds and draws on the previous chapters, personal narratives of illness experiences and my own observations in the social and therapeutic contexts in and around Mukah.

## **Narrative of an illness**

Hayati, the fourth of seven siblings, was seventeen years old when she became *buya’ ubat*.<sup>1</sup> Although she was still at school, she was already “going steady” with a young man who lived in the same Muslim Melanau *ka’pong*.

I was in form five, before my SPM (Malaysian School Certificate). It was early in the year. My boyfriend invited me to his house. I went to the grandparents’ house where my boyfriend and his family also lived. She (the man’s mother) served me with food and drink.

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<sup>1</sup> *Buya’ ubat*. The literal translation is “hit by medicine or drugs”. It is widely understood to describe a form of black magic whereby a person adds a potion to someone’s drink for the purpose of bewitching them. *Ubat*, according to Morris (1997:71), was borrowed from the Malay term and was used as a general gloss for all remedies, whether magic or medicine.

Unknown to me at the time, the family was involved in the unethical and unsavoury use of potions for ill intent.

I asked Hayati what the drink was.

It was tea. I drank it unaware of any mischief intended. I was not aware that there was anything amiss. Very early next morning I felt that something was not right.

Over the following week, Hayati began to feel increasingly driven to be with the young man.

I felt that I had to be with him. If I didn't see him I felt out of sorts and edgy all the time. If my Mum or my family said anything against the relationship I became verbally defensive and abusive and threatened to run away. It took hold of me to such an extent that it took over everything else. At that time, my life seemed in a mess. I was always agitated. My studies were affected; I could not concentrate on my studies at all. I could not choose between seeing him and going to school. When I came home from school, I went straight off to my room. I never helped with the housework. If anybody objected I would retaliate and argue. I would take to banging and kicking the walls. I simply would be seething inside. I didn't eat well and was off my food.

She also began to hear voices telling her to get out of the house and go and meet this man.

I could not make out whose voice it was since it was always soft and quite faint, but distinct enough for me to hear what it was saying...every night after midnight I must get out and meet this man. He was usually waiting for me by the roadside. We would have a chat and usually that was about it. Sometimes it was enough for me just to see his face. Then I could get to sleep soundly. My family was mystified by my absence from my room at this time in the morning.

When her family realized what was happening they decided to seek help from a *bomoh*.<sup>2</sup>

One of our close neighbours introduced us to this particular *bomoh* who eventually helped me to be what I am today – recovered. All of my (extended) family helped. They accompanied me to see the *bomoh* and gave me all the support I needed. We went for three consecutive nights. I was given a coconut bath. And the *bomoh* also gave me a bottle of water treated by him with verses from the Koran.

Although Hayati didn't immediately feel any different, within the next fortnight she was well enough to take her school exams and pass them.

Not with any distinction, because I was still somewhat not myself. Nevertheless I did get through in all the papers. Then I was asked to go to Bintulu to visit my auntie...it was just to give me a breather and get myself together. When I was in Bintulu I simply did not remember or have any yearning for this man any more. Also while I was in Bintulu my application for nursing training was accepted and it seemed the young man no longer had any place in my life.

When I returned, three months later, I felt different towards him. I didn't like him any more; I felt contempt for him. I just felt hatred for him. I could see that what he had done was so effective that I never realized the problems I had affected the lives of those around me. I never looked at it from my family's point of view. After the *bomoh's* help, I felt so much more confident in facing life.

I asked if there had been any further contact. Did the young man try to get in touch with her again?

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<sup>2</sup> *Bomoh*: a traditional (Muslim) healer who uses spiritual rituals and trance states, but often combined with traditional Melanau aspects of healing in the Mukah district. It is often used interchangeably with the word "*dukun*", though some people seem to think that "*bomoh*" has a less desirable connotation.

No. I heard that he already had a new girlfriend by the time I returned. He also knew by then that my family was not in favour of our relationship. And I was also very surprised to hear, not long after, that he was going to get married.

I have begun with Hayati's story for several reasons. Firstly, it was a storyline I heard repeated several times by other women, and confirmed many times by both men and women. Though the persons involved changed, the essential ingredients of the narrative were similar in terms of precipitating event, course and outcome. Secondly, it reveals a number of important cultural understandings and explanations about illness events in her society, events which are inextricably bound up with notions of personhood and the culture as a whole.

I have reproduced Hayati's story above with the same emphasis on details as she gave it. She had never discussed her illness with anyone since it happened, and she, and the other women present, did not find her experience particularly strange and certainly not stigmatising in any way.<sup>3</sup> It was simply the way things are.

After Hayati had finished giving her account, I asked a few questions of my own.

Did she feel that there were other factors involved, pressures from other people or circumstances for instance?

"No, it was only after drinking the tea."

What was it that made her realize she was "not well"?

Because "nothing I did ever turned out right".

And that brings me to a third reason; for I could not resist the tendency to "frame" the events in terms of my own cultural understandings and interpretations. Further questioning, based on those preconceptions and with reference to DSM-IV (APA 1994), suggested that during her illness Hayati experienced a set of associated

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<sup>3</sup> I met Hayati and recorded her story in Hadiyah's shop in town (Hayati's choice of venue), with Hadiyah's assistance as interpreter. Hadiyah's dressmaking shop was a social gathering space, where women often gathered for conversation or to share news. While Hayati was telling her story a number of women came in – some stayed to listen for a few minutes. This did not appear to pose a problem for Hayati or the women concerned, and suggests that very different notions of private/public pertained in this context than apply in, for example, a New Zealand context. It also seems to confirm that what Hayati had to say was not considered either abnormal or deviant.

symptoms which might very well be formulated into a diagnostic category of mental illness.<sup>4</sup> Yet these symptoms were not salient aspects of her experience as she recounted it.<sup>5</sup> Nor, I suggest, would a formulation in these terms necessarily lead to the same predictions about course and outcome.

Can we therefore call the cluster of symptoms experienced by Hayati, a mental illness, or hysteria or even psychosis?<sup>6</sup> And what happens if we do? How does a person know he, or she, is sick? Kleinman (1988:49) writes:

...patients order their experience of illness - what it means to them and to significant others - as personal narratives. The illness narrative is a story the patient tells, and significant others retell, to give coherence to the distinctive events, and long-term course of suffering. The plot lines, core metaphor, and rhetorical devices that structure the illness narrative are drawn from cultural and personal models for arranging experiences in meaningful ways and for effectively communicating those meanings. Over the long course of chronic disorder, these model texts shape and even create experience. *The personal narrative does not merely reflect illness experience...it contributes to the experience of symptoms and suffering* [italics added].

Hayati's behaviour was both culturally constituted and culturally recognizable. It was a sickness that many others had experienced previously; her illness narrative resonated with and was validated by the experience of those others. She talked of how her problems "affected those around her", of how "nothing ever turned out right." These were key symptoms of *pedéh*, indications to those around her that something was wrong and that action needed to be taken to redress the situation, for when an individual disregards or flouts the implicit rules of correct behaviour, "the correct order of the universe is in danger of being upset" (Morris 1991:63).

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<sup>4</sup> DSM-IV = Diagnostic and Statistical Manual of Mental Disorders (APA 1994); the official diagnostic manual of American Psychiatry.

<sup>5</sup> Hayati's symptoms included: feeling depressed and crying a lot, loss of weight, difficulty sleeping, loss of energy and fatigue, feeling guilty and worthless, difficulty concentrating, thoughts of death, thoughts of suicide, racing thoughts, problems with memory of events, anxiety and agitation, avoiding company, headaches, nausea, numbness, difficulty breathing, chest pains, feeling unreal, palpitations, fear of going mad, trembling, silently repeating words and counting things, a voice asking her to do things, making unusual body movements and gestures.

<sup>6</sup> Benedict (1934:792) identified this same problem; i.e. "...how far are such categories culturally determined, or in how far can we with assurance regard them as absolute?"

Of course, one could say, the situation might not be so very different in any family anywhere. But it was the way Hayati's symptoms were interpreted and the consequences that followed from that which were different. Her "sickness" was accepted at face value by her family, not as a product of fantasy, a ploy to evade responsibility for her behaviour, or adolescent rebellion, however *we* might see it. We might also perceive that by taking this stance, the "family honour was maintained" – there was "no shame and no blame" (Fidler 1993:220).

During the process of labeling and diagnosis Hayati's distress was transformed from a symptom into a coherent cultural symbol. Her extended family accompanied her to see the *bomoh* and gave her "all the support" she needed. In terms of the explanation and the cure – it worked. "Even if total fiction, it was **culturally normative** fiction that provided a culturally acceptable solution" (Fidler 1993:221).

As Bolton has argued, whether behaviour is classified as psychopathological or otherwise can have major social and personal consequences.

"This is a mental disorder" is not the same as, "This is how human beings respond to adversity in the inner and outer worlds". The former description is so far merely disqualifying and excluding, while the latter signifies something worth knowing about ourselves (Bolton 2001:182-199).

Hayati's illness can be interpreted as an instance of the eternal problems that result from being-in-a-world where personhood and reality are constructed in terms of connectedness and relationship. Its very occurrence confirms that reality and shapes ideas about the therapeutic model within which it might be resolved. That Hayati and her family had not sought any help from western medical doctors (and it seemed this had never been considered), becomes understandable in light of the way her experience and the available options for resolving it were constructed.

Her problem is perceived in terms of a conflict which reveals the cultural values at stake in the situation; her desire to see the boy and her need to be a good daughter. "I never looked at it from my family's point of view." The choice was one she could not make, a choice she could not be expected to make. Her symptoms are also pointers to the values at stake in the situation: her inability to concentrate on her studies, her refusal to help with housework, her argumentative and aggressive outbursts, her nightly

disappearances to meet with her boyfriend; these are not the kind of behaviours a girl her age normally engages in. They went against the correct moral order of the world.

Hayati's family did not approve of the relationship. I was not told the reason for this but I suspect her infatuation was a major cause for concern. In other similar cases I heard about, the total infatuation of the girl was cited as the decisive symptom which clinched the diagnosis of *buya' ubat*. Only magic could cause someone to be so fixated and obsessed with another. Moderation was the ideal; "unguarded behaviour always carries the risk of misfortune on one side or the other" (Morris 1991:62). Hence a decision was taken, a remedy found and the problem resolved in the interests of the continuity and wellbeing of the extended family group; a decision that ultimately ensured Hayati's wellbeing as well. That the action taken was correct was confirmed by Hayati's subsequent recovery. The young man's hasty engagement to someone else was further confirmation that the relationship with Hayati was opposed to the correct moral order of the world. Truth in this instance is pragmatic truth.

If the illness narrative plays such a major role in the *experience* of an illness, as Hayati's story appears to confirm, to what extent can illnesses which look similar to an observer be compared across cultural boundaries? This was a problem that dogged my footsteps in the field and continues to pose problems for analysis. It is not just a matter of identifying common symptoms, for what is involved is a matter of perception itself, and perception is located prior to the act of observation. Perception and the observer also, are always situated - in a particular life world; there is no "view from nowhere" (Nagel 1986). What we classify as an illness, the criteria we use to measure it, the kind of response we consider appropriate, the persons we deem best to treat it are part of a wider system; they may only "make sense" in this wider cultural context.

The problem becomes particularly salient where mental (compared with physical) illness is involved because there are no scientific tests which will verify a particular diagnosis or act as a definitive baseline for comparison. Hence observation and self report become critical. But what if truth (as a set of identifiable symptoms) has not been permanently encoded but exists only as *pragmatic* truth and *contested* truth? I can best illustrate the nature of the problem and the paradox it creates with a further example.

## A case of *meruyan* or postnatal psychosis?

Often in Mukah, when people heard what my research involved, the word “*meruyan*” was mentioned – a “madness” that was apparently very common amongst Melanau women who had recently given birth. Aséh and his wife told me some women go “completely mad” with this illness. Aséh had a niece who had suffered from it, he had treated her. On one occasion he and his wife had had to rescue the woman’s baby and remove it because she was going to harm it.

A-ha, I thought; postnatal depression or psychosis by another name. But local people didn’t see it that way at all. I asked a number of people what caused *meruyan*.

“After giving birth, certain taboos apply; breaking them will result in *meruyan*.”

Everyone was agreed that a variety of large banana was implicated. *Jambu batu* (a fruit) was another culprit. “*Black pomfret* and *trubok*” were similarly classified as *palei* (taboo); “both are ‘smelly’ fish and the woman must not eat them while she is still having a discharge.”

“Only water from the earth can be drunk,” Ahmad, a retired school teacher, told me. “Rain water” was also “*palei* (taboo) and must be neither drunk nor touched. And it is always the woman herself who has broken the taboo.”

Rasima told me high blood pressure was sometimes involved, but agreed that eating certain fruit, especially strong smelling fruit, was the main cause. She herself had had a mild form of *meruyan* after each of her children was born; her head had become “tight” and she had to have help in the house.

“Melanau women still heed these taboos”; everyone was in agreement about that.<sup>7</sup>

I arranged to interview a woman who had suffered from *meruyan* and began to prepare some questions. I took my translations (in Melanau) to Ahmad, who had

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<sup>7</sup> George Jamuh, who worked at the Mukah Hospital as a dresser in the 1930s - 1950s, documented over 160 Melanau taboos still in practice at that time, relating to almost every aspect of Melanau life e.g. fishing, hunting, pregnancy and childbirth, death rites and grave digging, marriage, tree felling, leprosy... (Jamuh 1958:710-731). Some of these are no longer practiced, according to my informants. However the taboos and restrictions relating to matters of birth, marriage and death, were still widely observed.

previously helped me with the Melanau language, and asked if he would check them. He came to the question: “Have you had *meruyan* with every child?”

He stopped and challenged me.

“Why this question? She must have been a very careless woman! It is not usual for a woman to get *meruyan* more than once – she learns, after the first time, to heed the taboos.”

I took my questions and went to Kpg Téh to see the woman concerned. She was forty seven years old, a Muslim, and worked at the sago factory at Kpg Tabo, the next *ka'pong* upriver. A shy, nervous woman, she was initially reluctant to talk to me, but grew in confidence during the course of our conversation.

Mariam told me she had four children. However I realized later in the conversation that she was including two miscarriages in the early months of pregnancy, as well as a premature baby who didn't survive. She had one surviving child - an adult son who accompanied her to the interview, along with a number of other relatives.

She became *meruyan* after her third child. She hesitated and Rasima, who had arranged for me to meet Mariam and was also present, continued. Mariam “was six months pregnant when she fell down the steps of the house and gave birth prematurely – the baby died.”

Mariam took up the story again... It happened the third day after giving birth. Her head felt as if it was getting tighter and tighter. Her vision became more and more blurred as the day went on. There were two women in the house with her – her mother and her auntie.

Then her mother and her auntie each handed her a baby and she saw that her auntie had horns and her own mother was dressed all in white. When she took hold of the babies she lost track of everything. She started laughing and crying all at once.

Her surroundings took on a very different nature. There weren't any recognizable people; there were trees and other objects, replacing people. Yet she knew that people were there; she could hear them. And she could hear children, and her baby, crying. She wanted to attack them; she *did* attack anyone who came near her. She could see *tou* – evil spirits. This started in the afternoon and progressed into the night. There was

more and more pain in her head. Her eyes could not see people anymore. There were pains all over her body.

When her mother realized a change had taken place, they took her to the hospital. On the way there, she passed out. She has only vague recollections of getting there. She regained consciousness the next day. She was on a drip and they gave her tablets. Everyone visiting her had yellow faces; she couldn't recognize any of them.

I asked what it was she thought made her better. She said, "*Nyok meruyan*" (an oil which has the property of neutralizing the effects of *meruyan*). Her husband had also helped her. At some stage, she had gone to seek help from a *dukun* – a traditional healer. Altogether, she was sick for one month.

Sometimes she still gets those feelings – when she is upset. She cries and laughs, and feels angry. Sometimes she goes to a *dukun* in the *ka'pong* where she lives.

I asked if anyone else in her family had suffered from *meruyan*; she said "No". She herself had only had *meruyan* the one time, after the baby who died. And despite the fact that she had treatment and some form of medication in the hospital she did not appear to attribute or even associate her recovery with this.

Rasima told me she had arranged for me to talk to another, elderly woman in the village, who had also suffered from *meruyan*. Unfortunately, in the interim the old lady passed away. However, a few weeks later I met the deceased woman's adult son and he talked about his mother's illness. He told me that his mother became *meruyan* after giving birth to him and suffered from *meruyan* for the rest of her life. She often spent her days crying, and after his father passed away, the son had given up his job in a bank in Sibu and returned to the *ka'pong* to look after his mother.

A correlation between *meruyan* and post natal depression or psychosis was beginning to look possible again – until one day when I met the head sister at the hospital and thought to ask her if she knew any women locally who were *meruyan*. She was Melanau and knew what I was talking about; she knew of no one at the moment, but she did know of a couple of cases of postnatal depression. She differentiated between the two illnesses. <sup>8</sup>

There is one other nagging anomaly. The alienation of the new mother in a nuclear household in modernized western societies, combined with the stress and anxiety this role creates, has been suggested as one of the contributing causes of postnatal depression. If this were the only cause, one would expect the illness to be negligible amongst Melanau women in the *ka'pong*. I have watched with envy at the way new mothers (and their babies) are cosseted, massaged, loved, fed, and never alone in the extended family household. This suggests there are other triggers involved; biological factors, hormonal or bio-chemical, possibly hereditary.

There is also historical evidence that pregnancy and childbirth were considered to render a Melanau woman more socially vulnerable and that special precautions needed to be taken at this time to protect her from contact with any form of social or moral disorder. The *Adet Melanau* makes several references to a *mahou metaé'* (a pregnant woman). For example, damaging the roof of another person's house with ill intent was an offence under the *Adet*. Where there was a pregnant woman in the family which owned the house, the fine was increased six-fold (*Adet Melanau*, code 35). While this can be interpreted as a statement about the social value of certain categories of the person, it also speaks of pregnancy as a dangerous condition to be in, a time when everyone needed to pay particular attention to the implications of connections and relationships and keep strong emotions in check. The woman herself needed to be especially vigilant about her behaviour and respect for the proper order of things. *Saban* for example, a condition linked with birth deformities was also framed in terms of interconnections and reciprocal relationships (cf. p.139). Morris (1997:55) describes beliefs concerning *saban* in Medong in the 1950s and which applied to either parent:

To kill a frog would cause the child to be born defective and drooling; to kill a scaly-anteater, which curls up when attacked, would give the child spinal curvature; and to mutilate tortoises and turtles, which withdraw into their shells, would produce a child without arms or legs...Many of these restrictions...were often quietly disregarded; only if a child was born deformed were they recalled and used to explain the deformity.

None of them was thought to apply to outsiders, such as the Chinese and Europeans.

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<sup>8</sup> I did not get an opportunity to pursue this further. I had accompanied an American researcher who wanted to speak to senior members of staff at the hospital on another matter and the head sister could only spare us a few minutes.

After a woman had given birth there was also a period of around forty days when prescribed behaviour had to be followed. Just as certain foods should not be eaten, especially strong smelling and sour tasting fruit (Jamuh 1958:711-714), so should contact with strong and excess emotions be guarded against. The father of the child, both before and after the birth had to be vigilant about his own behaviour, particularly when going into the jungle where he might be contaminated by or offend unseen spirits and infect the baby on his return (ibid).

Collectively, these traditions and beliefs - many of which are still commonly followed - speak of pregnancy and childbirth as a liminal process which must be carefully bounded and contained to ensure a safe passage. In the time sequence of things, birth is an abrupt separation of a relationship that requires careful social "management", because it has implications for the whole community. It temporarily disturbs the social order of things. Connections become a salient focus of attention, particularly the connections at the centre of the situation. Hence, observing the taboos and traditions is "social work". When things go wrong and either mother or baby becomes ill, the first reason that is considered is that someone, usually either one of the parents, has not been paying enough attention to the implications of relationship.

Perhaps the "food" connection should not be discounted either. Like Dr. Michael, who cautioned me at our first meeting, I am inclined to agree that: "These things should not be dismissed as mere superstition".<sup>9</sup>

Both *buya' ubat* and *meruyan* were constructed in terms of a sociological theory of sickness. When a person or situation was *pedéh* something in a person's social, natural or spiritual environment was disordered; when things were *dia'* the proper order of the world prevailed.

People realised of course that some sicknesses had a physical cause and required medical attention; healers would also refer someone on to the hospital when they felt the problem was physical. Everyone also knew that sickness might be the result of an impersonal attack by spirits who inhabited the environment - a matter of simply being in the wrong place at the wrong time - or associated with seasonal changes in the weather. However, the majority of the cases treated by the Melanau healers were constructed in terms of a breach or breakdown in human relations, whether intentional or otherwise.

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<sup>9</sup> Ahmad pointed out to me that: "When the Melanau ran away and hid in the jungle during the smallpox epidemics, it was not such an irrational act as sometimes supposed. By isolating themselves in this way they helped to contain the illness and stop it from spreading."

Diagnosis was the first step in determining the kind of treatment that was needed to affect a resolution and bring the problem under control.

## **In sickness and health: diagnosis**

*Constructing illness from disease is a central function of health care systems (a coping function) and the first stage of healing. That is, illness contains responses to disease which attempt to provide it with a meaningful form and explanation as well as control.*

- Kleinman (1980:72).

In diagnosis, Melanau healers distinguish between illnesses caused by human or non-human agencies and the focus is on identifying the origins of the illness; on making visible the forces behind a condition of *pedéh*. Mohd. Isahak, a Muslim healer whose initiation experience I described in chapter five, placed special emphasis on diagnosis and dedicated whole evenings to the diagnostic process, when several cases would be dealt with. A person seeking help required two visits; one at which the diagnosis was made, the second when the condition was treated.

A form of divination was used to assist in making the diagnosis. First, an *ayat* (religious verse) was inscribed in lime paste on the palm of the person requesting a diagnosis. A short, heavy sword was balanced at its midpoint on one of Mohd. Isahak's fingertips and a fingertip of the person seeking help, over a mortar bowl of burning frankincense. The sword was a metaphor for the life situation in this process.

A question was asked. If the answer was "No", the sword remained in balance. If the answer was "Yes", the sword swung to the right and turned at least 360 degrees, unbalancing and often falling to the floor in the process.

The typical questions asked give an insight into how sickness was conceived, the various forces which were believed to be behind the sickness, and the rank order of likely causes in the situation under scrutiny.

Generally, the diagnostic process began with determining the answers to the following questions:

Is the problem caused by a human being?

Is the problem caused by evil or supernatural forces?

Is the problem physical or biological?

On one occasion I attended, a woman in her forties sought help on behalf of her brother who was ill with pain and paralysis down one side of his body. She had brought along her son, a young man around twenty, to be the “stand-in”. As it was the condition or life situation about which information was being sought (rather than the person), it was deemed legitimate for a relative or close



Fig. 27 Mohd. Isahak. The diagnosis process.

associate to be nominated to take the place of the patient. The son sat down and the sword was placed in the balance position. Almost immediately, Mohd. Isahak said there was a block with this young man and asked:

“Did he do *silat*?” (A Malay art of self defence with strong spiritual associations.) “The oil used is blocking”.

The boy said he did indeed do *silat*; he had to move away and the woman took his place.

The questions asked and the answers given were as follows...

Is it hypertension? ...No.

Is it a stroke? ...No.

Is it a person who has charmed him? ...Yes.

Is it by water? ...Yes.

Is it by food – rice? ...Yes.

Was it prepared by someone? ...No.

Is it food poisoning? ...No.

There was some talk and further questions were asked of the woman by Mohd. Isahak. The woman mentioned the name of a person; a possible suspect.

Is it X? ...The sword appeared to become extremely heavy and dropped from their fingers, clunking against the mortar bowl as it fell to the floor.

Is it because of evil? ...Yes.

Is it something in the house? ...Yes.

Here the diagnosis ended. Enough information had been given to proceed with the next stage of the process – the resolution of the problem - which would take place another night.

Next, a young man came forward. His wife, who had recently given birth, was ill. He was asking on her behalf.

Is it *dakan*? (a carved sickness effigy which can be used to cause illness in a person). ...No.

Is it *duhig*? (A kind of devil which lives in the ground - often at cemeteries - and who has a very ugly face.) ...No.

Is it *angin*? (Wind or windborne) ...No.

Is it *meruyan*? ...No.

Is it *nyok Dayak*? (An oil made by Ibans, which causes illness when a person comes in contact with it). ...Yes.

Can it be cured by *nyok*? (Does an oil exist which acts as an antidote or neutralizer?) ...Yes.

At this point, the brother-in-law of the man asking, who was also present, spoke up and said he had some *nyok* which would do the necessary task. The problem was resolved, a solution found available, and there was no further involvement necessary from Mohd. Isahak.

There was considerable sophistication involved in local theories about sickness. The questions asked by Mohd. Isahak included the possibility of sociological, supernatural *and* biological or physical origins. They were also informed choices that took account of age and gender.

The diagnosis process might also be described as a reassertion of the shape of the reality of the lifeworld. Notions of normality and abnormality were re-emphasized and reinscribed in the questions posed. Attention was drawn to the significance of certain aspects of experience.

Just as causes of illness encompassed a sociological dimension, so the consultation process was not conceived to take place in isolation. The normative biomedical practice of consultation, diagnosis and treatment being a private affair between two persons (who might be from widely divergent backgrounds) was the very

opposite of the requirements deemed normative and appropriate in the traditional context.

However, while elements and aspects of the traditional health system might well be significant with regard to the chronicity and stigma associated with mental illness, it would be naive to think that they could be directly incorporated into the western diagnostic and treatment process in order to make a difference or even that direct comparisons can always be made. Some aspects would be deemed irrelevant or inappropriate; for instance, Melanau understandings about diagnosis and treatment included a notion of bodily contact between healer and patient – the human touch. Massage, as well as being a recognized therapy, is often an informal component of social interaction, for example when a group of women are sitting on the floor relaxing at the end of the day.<sup>10</sup> Massage, by those in the vicinity, is also used as a first form of defence when a person is emotionally traumatized. The way we conceive psychopathology in western medicine does not lead down the same logical pathways in terms of what we deem appropriate or effective interventions. Clearly, diagnosis and treatment strategies can only be fully appreciated and understood within an ethnographic analysis of the context in which they emerge and take form.

However, what developing societies such as Sarawak do provide and perhaps what is most relevant in a wider global context is the opportunity to observe the process of change from old to new social forms – including beliefs about illness and wellness and the healthcare systems which support them. Medical technology is often at the forefront of modernisation, hence “health care systems provide some of the sharpest reflections of the tensions and problems of social development” (Kleinman 1980:37).

Jilek (1998:¶2), in an analysis of the transcultural research to date on mental illness, especially schizophrenia, depression and culture-bound syndromes, concludes that the “crucial difference” with regard to outcome, “appears to be between modern Western societies and those societies which were able to preserve important elements of their traditional culture”. However, the particular elements have proved elusive and although Jilek was writing about outcome primarily from a medical perspective, in terms of chronicity, outcome can also be interpreted from a sociological perspective. Chronicity is not necessarily reflected in similarity of illness experience universally.

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<sup>10</sup> There are individuals in Melanau society who specialize in massage. This role is often handed down in a family from one generation to the next and the way it was spoken of seemed to imply it was partly a natural talent or gift and partly a matter of learning.

Where a western medical system operates alongside a traditional health system in the same cultural context neither operates in isolation. One perspective may intensify or mitigate aspects of the illness experience, such as the social stigma attached to an illness in a particular community.

## **The social construction of madness: the experience of Katun**

*The concept of the normal is properly a variant of the concept of the good. It is that which society has approved.* - Benedict 1934:803

In the previous chapter I briefly described the Mukah hospital context and some of the problems that occurred relating to patients with a previous psychiatric diagnosis when they came seeking treatment for a physical problem - as Dr Michael saw the situation. I want to approach the situation from another angle at this point and explore what difference it makes when the boundary between a sociological and a medical problem is moved and how that difference is realised at the level of experience for someone with a diagnosed mental illness. What are the cultural factors that make the difference or offer some protection from the more alienating aspects of the illness? Where stigma is concerned, does this protective aspect continue to operate even when a medical diagnosis has been made?

The following vignette suggests that it does. It is also illustrative of “the role culture plays in understanding, assessing and treating abnormal behaviour” (Matsumoto 1996:227). On another level, Katun’s experience illustrates some of the difficulties involved and mistaken inferences which can be made when two different worldviews meet in the experience of one person.

Katun was a man around forty years of age who lived in the same *ka'pong* as myself. Dr Michael, the superintendent of Mukah Hospital, described him as suffering from chronic schizophrenia and he was a sometime outpatient at the hospital. Katun shared a house with his brother, but he was usually to be seen on his own - for example walking to and from the town. My attention was first drawn to Katun because I had to pass by his house every day on the way to town and a couple of times I had seen him on the grassed area in front of his house gesturing and conversing with unseen persons. Then there were times when I was with local people in the *ka'pong*, and Katun would approach, always respectfully. Generally no words were spoken; someone would give

him a dollar coin and after politely expressing his thanks he would leave and go on his way. What struck me was that everyone behaved as if this was perfectly normal – I never heard anyone comment afterwards and whatever activity had been taking place simply resumed.

Whenever there was a communal gathering in the *ka'pong* - a wedding, a thanksgiving or at celebrations such as Hari Raya - Katun would usually attend. Behaviour at these events tends to be highly formalized. Apart from the fact that he seldom stayed long and rarely had much to say, there was little that differentiated him from the others present at these occasions, either in dress or behaviour; neither was there any conspicuous difference in his treatment as a fellow guest. I never heard anyone in the *ka'pong* allude to Katun as mentally ill, although it was clear that he was accorded special consideration in some respects.

The Melanau have a word for “madness” - *ipin*. When I asked someone privately how people spoke about Katun I was told “*nda bei nasip*” – someone who was “born unlucky”.

“Not *ipin*?” I asked in some puzzlement.

“No, not *ipin*. Someone who is *ipin* is worse than Katun because they need taking care of all the time. And they are unpredictable. Katun is definitely not *ipin* because he can co-exist ok. He knows how to behave socially.”

Still puzzled, I asked: “But what about the kind of behaviour he engages in sometimes in front of his house, in public view?”

I had been at a function opposite Katun’s house one day, sitting outside with a group of guests while Katun, only thirty metres away, and armed with a long wooden stake, was engrossed in what looked like a heated battle with “imaginary” adversaries. “What do people say about that?”

“Oh, they would just think he’s playing,” I was told.

There was a further paradox. Dr Michael had told me that several times a year Katun arrived at the hospital unwell, usually after certain members of the public encouraged him to drink to the point of intoxication. I heard later that this was sometimes done deliberately – as “entertainment” for those involved. When he was

sober, Katun seldom spoke; it seemed that alcohol caused him to become unusually vocal.

Dr Michael explained further:

When he gets intoxicated he will probably miss his medication, then he will feel worse...He will wake up probably with some withdrawal symptoms; when that happens he will come to our hospital. He has that history, that story, that he will come when he feels unwell like that. He will go direct to the male ward and he will be ignored – nobody will bother, because “He’s a chronic abuser” you know. He will come a few times a year...

Since a large proportion of the hospital nursing staff were also Melanau I couldn’t immediately understand the difference in attitude. Someone else clarified the situation for me.

“But these (the hospital staff), are not *ka’pong* Melanau, they are government servants!”

“But surely some of them live in the *ka’pongs*?”

“Yes, some of them do. But that is not the issue.”

My informant declined to elaborate further, but I sensed “the issue” involved a clash of different value systems and possibly the status attached to being employed at the hospital. In the hospital context (whether the actual physical context, or embodied as worldview in those who worked there), Katun was a non-complying patient; a problem who had only himself to blame.

Still later, I heard that “Katun” was not in fact his real name, though everyone knew him as such. “Katun” meant “caricature” – a word play on the English “cartoon”. “They call him ‘Katun’ because he’s funny. He makes us laugh.”

I was left with a strong impression from this explanation and from the way people interacted with Katun in everyday life in the *ka’pong*, that this nomenclature in no way implied a negative value judgment. In fact, there was a sense in which it conveyed a special affection for this man within the *ka’pong* – an inclusiveness; that in

recognizing Katun as a caricature of themselves they acknowledged a resonance with themselves – an acknowledgement that was also lived out in relating to him.

In occupying a validated social role Katun also presented an opportunity to express social and religious values such as charity and sharing. For instance, I was told that for years the villagers who lived in Katun's immediate vicinity had taken food to him – often a prepared meal.

There is another thread involved in Katun's case which perhaps should not be overlooked. This was an almost totally Muslim *ka'pong*. There is a narrative tradition in Islam concerning the life of the Prophet Mohammad which includes an account of his being labeled a madman by the society he lived in when he first began receiving revelations, and of suffering as a consequence. The lack of stigma attached to having a mental illness in Muslim societies has been remarked on in previous studies (e.g. Corrigan & Watson 2002).

The value judgments involved in these instances (what is normal or abnormal behaviour), are socially based and appeared to play a significant role in Katun's experience of *ka'pong* life at the same time as they reflect back on and shape social life.<sup>11</sup> Because Katun "knew how to behave socially", in the eyes of these people he was not labelled "insane". He fulfilled the requirements of what it meant to be a normal person, albeit a person who was a lot less lucky than some of them.

Social isolation and its increased potential for subjective distress were not part of his experience in the village context, whatever his diagnosis, a circumstance which appears to confirm Matsumoto's hypothesis that:

Overall self esteem or satisfaction about the self within an interdependent framework may result from the recognition that the individual is performing well in the cultural task of belonging, fitting in, engaging in appropriate action, promoting others' goals, maintaining harmony, and so on (Matsumoto 1996:45).

One can conclude therefore that diagnosis is a "social event", a negotiated process between the various interested parties, during which the nature of "what is at

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<sup>11</sup> Benedict (1968:802-803), in her paper "Anthropology and the Abnormal", raises issues and questions that are still as relevant today as when they were originally mooted; e.g. "Normality... within a very wide range, is culturally defined; it is primarily a term for the socially elaborated segment of human behaviour in any culture; and abnormality, a term for the segment that that particular civilization does not use. The very eyes with which we see the problem are conditioned by the long traditional habits of our society".

stake” becomes apparent. It is clearly not enough to make assumptions and comparisons based on ethnic group alone. What matters is the “degree of ethnocultural identification and acculturation” an individual has in a specific location and situation (Marsella 2003:5-6). What is apparent from Katun’s experience is that there are a number of different social contexts, multiple viewpoints and a diverse array of things at stake in his situation, all negotiating - some competing - with each other. It is not a simple matter to assess the specific elements and the particular combination of circumstances which contribute to making a difference, still less easy to predict the direction they might take in the future.

Nevertheless, I believe there is one factor that might be singled out as potentially significant, and it becomes particularly significant in the process of change and development in the wider context because it is part of what is at stake in that process. I am referring to the continuity of local community and by association the continuity of being-in-the-world.

Existential psychology contends that “the most profound human experiences... occur more in the dimension of time than space” (May 1958:65). Being-in-the-world is a process that flows – to be is to be continually emerging. Hence from this stance temporality, not space, is the most important dimension of existence and “the most profound psychological experiences are...those which shake the individual’s relation to time” (ibid:68).

In Chapter Four I described the way a Melanau thought about time – including the inner meaning and experience of time, and indicated that I would return to explore it further. I am speaking here of time as existentially meaningful time; my argument draws primarily on the analytical insights of existential psychology as described by May (1958:37-91). I particularly want to consider the importance of temporality for being-in-the-world, because a sense of continuity depends on an assumption of future time. For example, May argues that “Man can understand himself only as he projects himself forward” (1958:69).

Preliminary to discussing the way a Melanau thought about time (in Chapter Four), I pointed out that time was distorted in experiences of mental illness:

One of the main symptoms of depression, from the phenomenological point of view, is the subjective experience of time flowing desperately slowly, stagnating, or even being

arrested... The reverse experience, i.e. the speed of time is increased, is a common experience in mania (Ellenberger 1958:104).

Time can also flow backwards, or recycle and repeat an event endlessly. When time is distorted the experience of being-in-the-world is also distorted or even lost altogether, along with the relationship to others-being-in-the-same-world. There is no continuity. Disorientation and alienation have a temporal as well as a spatial dimension.

The following description of my meeting with Aishah is a graphic illustration of experience when the dimension of temporality has become distorted.

### ***Miyau semanget: the woman who had lost the spirit for life***

I first heard about Aishah from Hadiah, a woman who lived in Kpg Kuala Lama and whom I often met at social occasions in the *ka'pong*. Hadiah had gone to school with Aishah's older sister and grown up in the same *ka'pong* as Aishah's family. According to Hadiah:

Aishah (now thirty four years old), had been a "bright girl" and after leaving school she had gone on to study accountancy in West Malaysia. She apparently fell in love with a man who later rejected her to marry another girl. This precipitated her illness over nine years ago and she has never recovered. She communicates very little, often "talks nonsense" when she does speak, and sometimes spends all day in her room, sleeping. She doesn't interact with the rest of the family household and at times only her mother can "manage" her. (This was as much as I knew before meeting Aishah.)

Hadiah phoned the family to arrange a visit and accompanied me to the house. Aishah's mother and elder sister welcomed us and told us that Aishah had not come out of her room yet that day. It was 3.45 p.m. We sat down in the living room and almost immediately Aishah appeared out of her room and sat down on a chair next to Hadiah. She seemed very nervous and shy and fidgeted continually – sitting first with one foot in her lap, playing with her toes and fingers, and from time to time made strange

gyrations with her body. However, she seemed interested and made efforts to engage with us.

She was a pretty woman, tall and thin. There was an almost bald patch in her hair at the front of her head; her mother told us that Aishah pulls it out and that she (the mother) had attempted to cut it and tidy it up.

Hadijah began to tell them a little about me and what I was doing. Then she asked Aishah if she knew who she was. At first she said “No”, and then a few seconds later said “Hadijah.” Hadijah asked Aishah her own name and she said she “didn’t know”.

I asked Aishah how old she was – she said one hundred. I told her my age, and said I was from New Zealand. She said something about “apples from New Zealand”. (Sometimes there were New Zealand apples available in Mukah.) She said she just likes to “*keman sago*” (eat sago). Aishah appeared to remember nothing about when or why her illness began or how long she’d been ill, though she mentioned “hysteria”.

Then she started to tell us about studying accountancy and how she’d been a teacher, she’d “taught mathematics, taught primary one.” Much of what she said was spoken in English – reasonably good English. (As no one else in the household spoke English and Aishah apparently never leaves the house, it must be at least nine years since she had last spoken the English language.) She told us she had taught at an inland school which had Iban students, and had tried to teach them English, but they couldn’t pronounce the letter “a” correctly. She demonstrated.

The sister left the room and came back with Aishah’s Teacher’s Diploma, in a green hard covered folder. Aishah pointed at it and said it was a “Koran” – perhaps because of the green cover. There was a graduation photo inside, as well as an English version of the Diploma, along with the Malay version. Aishah pointed out to us that unlike the Malay version, the English version had not been officially signed.

At times she struggled to engage; at times she failed and became like a small child, overcome with shyness. Then she would whisper what she wanted to say into Hadijah’s ear. She said she had “*miyau semanget*” - lost the spirit, or passion, for life.<sup>12</sup> When I asked her what she did during the day she was unable to answer.

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<sup>12</sup> *Semanget* is a Malay term meaning “the universal spirit that dwells in all creation, including rocks, earth, and fire,” and considered a separate element from the soul (“that lives on in Heaven or Hell”) in Malay concepts of the person (Laderman 1996:115). However, like the Melanau “soul” it can drift or break away from the other elements and must be recalled or returned for the person to be healed (ibid:116).

Her sister went out of the room and returned with Milo and a plate of *kuih* – small cakes. Aishah took nothing; in fact she was not offered anything – only four cups and saucers were brought in. The mother told us that Aishah had her period that day and that she (Aishah), didn't know how to cope with it – they had to help her, show her.

Both her mother and sister said they'd taken Aishah to many *dukuns* for treatment – nothing had worked. At the present time she was having a form of Islamic healing. When she first became ill, nine years before, they took her to the hospital. The doctor said she had depression and prescribed some medication, but Aishah didn't want to take it and didn't want to go back to the doctor and so no one insisted. Since then, she had not been seen by a doctor. But if Hadiah and I wanted to take her and Aishah was willing, then “it was ok to take her to see a doctor” at the hospital. They told us that one of Aishah's older sisters had had the same illness, but it had only lasted two months. She got better and has been well ever since; she is now married.

After we had taken food and drink, Hadiah and I got ready to leave. Aishah spoke to her mother then and told her to give us some *kuih* (cakes) to take home. Her mother wrapped them in a serviette and put them in a plastic bag for us. They all came out to the door to see us off, saying we were welcome to drop in anytime.

I have mentioned the practical difficulties of social withdrawal in the *ka'pong*. It seemed to me that Aishah had withdrawn in the only way she knew possible, by disconnecting from the normal forward flow of being-in-the-world. Time had become distorted, each day an island. Time and duration in the present had no meaning in terms of a future time. Her mother and sister had to show her anew each month how to cope with menstruation. She said she was a hundred years old. She spent long periods in her room, sleeping. Life seemed to have become “a sleep and a forgetting”. Aishah had lost the courage to be; in her own words, she had “lost the spirit for life”. Smith, the man who gave me some historical background about Melanau healers (See chap. 5, p. 122-123), used a very similar phrase to describe the kind of problems people often sought help with: i.e. someone might have “lost the will or the courage to face their everyday trials; lost faith in themselves”. These problems involve the loss of a sense of continuity; faith is an experience that is framed in terms of a projected future time. When future time is annihilated, the result is an existential experience of non-being or “nothingness” (cf. Sartre 1943).

## Conclusion

Despite the differences, the stories of Aishah and Hayati suggest that socialisation into a “collectivistic” society may result in particular vulnerabilities and difficulties associated with one-to-one relationships and more “individualistic” lifestyles when they are not sustained by an easily accessible wider support network. That may also be why marriage in this context is so formalized, so fenced around with ritual and taboos, so much a matter of public display of support for the relationship. These vulnerabilities may be particularly salient during the process of social and economic change and development such as that presently taking place in Mukah District. For instance, at the time I was there young people often found it extremely difficult to leave behind the supportive network of family and peer group relationships in the *ka'pongs* to study or work in the larger urban centres; some made several attempts before settling. Notions of personhood in one context may therefore prove mal-adaptive or pose difficulties in another.

Concepts of personhood are negotiated processes structured in relationship to the evolving experience of being-in-a-world. Notions of illness or wellness are constructed and evolve in tandem with these processes. In this light, Melanau categories and experiences of *pedéh* and *dia'* become cultural nodal points or markers which “take the measure of a man”. They assert and confirm the truth of one’s experience and alert the person and his or her community when their world has become disordered. Along with the *adet* and the traditional healer the categories of *pedéh* and *dia'* are reference points and agencies which assist in determining and making the balance between all the elements of the lifeworld. By directing attention to some things and not others they both comment on and shape the experience of being-in-the-world, at the same time as they contribute to its continuity.

However, there is one experience common to us all that poses a major obstacle for maintaining a sense of continuity, because “to grasp what it means to exist, one needs to grasp the fact that he might not exist” (May 1958:47). Being also includes an awareness of non-being or death. How a person or a community “relates to the fact of death” (May 1958:48) may thus be the crucial question for a sense of continuity. I will take up this question in the next chapter and explore the problem that the awareness of death poses for the continuity of being in the context of Melanau ontology. The concept

of soul, central to Melanau illness theory, also plays a significant role in determining how the Melanau community “relates to the fact of death” (ibid).

## Chapter Seven: Matters of Life and Death

*The fountain of death makes the still waters of life play.*

Tagore: Stray Birds (1916: line 225)

### Introduction

At the conclusion of the previous chapter I drew attention to a connection between the stance a society takes towards death and the ability to maintain a sense of continuity-in-the-world. The significance of this relationship for my hypothesis is very specific – I will argue that the ontological security of the individual is influenced by the beliefs and practices a society adopts towards death. For the purpose of my argument, I take the term “ontological security” to mean “the sense of order and continuity individuals (and communities) attempt to maintain in relation to the events and experiences of everyday life” (Ritchie 2003:¶7). It is dependent on “people being able to find meaning in their lives” (ibid).

Death presents as a conundrum, for ironically death is an event which will happen to us all yet it is an event we can only know or witness through the experience of another. Hence every death has the power to remind us of our own death and to quicken the primal fear – the loss of self and sense of who we are. Death is the decisive “fateful moment... when events come together in such a way that an individual stands, as it were, at a crossroads” (Giddens 1991:113), and the challenges and questions it poses are expressed publicly and privately in many guises. As an existential and a relationship issue, death demands to be addressed.

However, as I foreshadowed in the introduction to this thesis, death and dying have a more immediate relevance for my hypothesis; both present as a significant theme in mental illness. Grof (1994:21-29) for example, notes that “the theme of death and dying contributes significantly to the development of emotional and psychosomatic disorders”. Depressive illness frequently includes a preoccupation with thoughts and images of death and dying. When we “unpick the metaphors”, to use Barker’s (1991:1) phrase, there is also a parallel between death as the ultimate aloneness and an illness such as schizophrenia as the ultimate alienation.<sup>1</sup>

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<sup>1</sup> Barrett proposes that the theme of death - along with the theme of birth and infancy, is a metaphor for schizophrenia (Barrett 1998:482). Thus a person with this condition is conceptualized as existing in a perpetual ambiguous state of decomposition and growth (ibid).

Two further facts emerge when studies and accounts of dying, death and bereavement are compared cross culturally. Firstly, the same associations and metaphors concerning death do not necessarily occur universally; “the actual meaning and conceptualization of death differs widely across cultures” (Gire 2002:¶1). Secondly, “death anxiety is not prevalent to the same degree across cultures” (ibid:¶11). Gire refers to a number of studies; for example, Alvarado, Templer, Bresler, and Thomson-Dobson 1995; Parsuram and Sharma 1992; Roshdieh, Templer, Cannon and Canfield 1999. Though various factors have been implicated as significant in these studies, many assert an association between religiosity or belief in life after death and decreased anxiety about death. Gire predicts from these and similar studies that “death anxiety will be relatively lower among death affirming societies than among death-denying or death-defying cultures” such as “ the United States, and probably most of the societies in the West” (ibid:¶15).

Gire (ibid:¶14) also hints that there may be more involved than belief when he talks about “death affirming” and “death denying” cultures, because both terms imply *practice*, and the presumption that people can “act upon” their world. Social practice may therefore play a more important role than belief; in fact belief may not even be necessary. Rappaport explains the difference in terms of belief versus acceptance, but the underlying point he makes is similar.

Belief is an inward state, knowable subjectively if at all... *Acceptance, in contrast, is not a private state but a public act, visible to both witnesses and to performers themselves. People may accept because they believe, but acceptance not only is not itself belief; it doesn't even imply belief*” (Rappaport 1999:120).

Partaking experientially in shared practice, whether one consciously believes or not in the message or its power to affect a situation, may be enough to make a difference. Not only does it give the participating individual access to the strength and support of the social collective, it also has the potential to lead to embodied understanding or knowing. Perhaps the consequences of this should not be underestimated, for Grof & Grof believe that:

...repeated encounters with annihilation followed by a sense of redefinition...prepare the individual for eventual biological death by establishing a deep, almost cellular

awareness that periods of destruction are those of transition rather than termination (Grof & Grof 1980:22-23).

While I acknowledge diverse cross cultural variations, I will argue that both death and psychopathology are associated with the disintegration or loss of the sense of self and that there is a cultural correlation between the two which becomes apparent at the level of experience and social practice.

It is in this clearing that the themes of death and dying and mental illness, converge with a third strand of significance. At the beginning of this thesis I implied that ritual might play a crucial role in accounting for the anomaly between “developed” and “developing” societies with regard to the course and outcome of mental illness. In this chapter I will unpack and examine the ethnographic evidence in support of this argument a little further, and in particular explore the potential of ritual to mediate the problem that death poses for the continuity of being-in-the-world. The concept of soul in Melanau eschatology allows this association to be seen directly. Loss of soul makes a person emotionally unstable.

### **A note on Melanau eschatology**

As I have previously noted in chapters four and five, in the traditional worldview the Melanau person was considered to be made up of four elements: the body or *badan*, the feelings or *naseng*, the soul or *bedua* and the *nyawa* or principle of life (Morris 1997:12-13). Health and wellbeing required that these elements remain in a relationship of interconnectedness and equilibrium. Should this delicate balance be disturbed – and a person was constantly subject to accidents, illnesses and attack by spirits or other non-human beings - then the *naseng* or feelings became upset first. If the feelings became too disorganized, then the *bedua* or soul would begin to split and move away from the other elements to begin its journey to the land of the dead.<sup>2</sup> Soul loss or soul attack can therefore be construed as a symbolic experience of dying which manifests as psychic or physical disintegration and dysfunction.

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<sup>2</sup> Roseman (1990), writes that the Senoi Temiar of western Malaysia similarly conceive that “emotional excess can lead to loss of self and thereby to illness” (ibid:229). However Senoi Temiar concepts of the self include the notion of both a head soul – ‘the vital or animating principle’, and a heart soul – “the locus of thought, feeling, awareness, and memory” (ibid:233).

Morris (1997:105-137) gives an account of Melanau eschatology, including a description of the afterworld as told to him in the late 1940s to early 1950s. He points out that there was no general agreement about many of the finer details even then. Death “was recognised when breathing stopped” (Morris 1997:105), however the process of dying began when the soul separated from the body which might be some time before that, especially in an older person. During this time and in the period after death:

Spirits were attracted by the possibility of drinking blood, and ghosts, the souls of dead people who had failed to gain entry into the land of the dead and wandered between the two worlds, were lonely and came to houses in which there was illness in the hope of being able to entice the souls of living people, especially those of children, to bear them company (ibid).

The soul or *bedua* was the only element of a person that was “thought to survive death and go on to the land of the dead” - the *likou a- matay* (ibid:13). However, immediately after death, the soul was in a confused state and there was always the possibility that it might try to find another living body to reside in, or linger between the two worlds and become a ghost (ibid:112). During the funeral wake the soul of the deceased must be reassured and persuaded to begin its journey to the land of the dead. Thus every effort was made to provide whatever was necessary to ensure it reached its destination safely.

While no one could tell Morris exactly where the land of the dead was situated, there was general agreement about its topography. This was “based on the topography of the Melanau coastal district”, where “the most convenient way of traveling from one river to another was to go downstream by boat and travel along the coast to the estuary of the river to be visited” (Morris 1997:134). Hence, the journey was by boat, heading downriver from the village towards the sea. It was thought the land of the dead was situated on a river which had seven tributaries. On each one was a longhouse village and souls were directed to a particular village depending on their manner of death. The deceased soul was accompanied on this journey by three spirit guides, *Peng*, *Jingaya* and *Jerunih*, whose job it was to show the way and present the credentials of the deceased on arrival. The mouth of the main river was guarded by *Balew Aded*, an old woman who lived in a house on the river bank with one or a number of savage dogs for

company, and “no human soul, whether recently dead or transformed into a ghost, was permitted to ascend the river without [her] consent” (ibid:133).

Once a soul is admitted to the *likew a-matay* (the land of the dead), it is not permitted to re-pass the barrier to this or any other world, and it gradually loses interest in the living, except to welcome newly arrived kin (Morris 1997:13).

Until the soul of the deceased had been safely escorted and settled in the land of the dead (where it would be reunited with other dead relatives), it posed a threat to the living whose souls might be attracted or enticed to follow the soul of the deceased out of longing. Thus the ties of relationship in life continued to exert an influence after death.

Ensuring the safe conduct of the soul to the afterworld and thereby enabling protection for the souls of the living was the primary purpose of the extended funeral and mourning rituals which followed in the wake of a death in the Melanau community. In 2001 I was fortunate to be able to take part in the funeral wake for an elderly woman who had continued to ascribe to the old Melanau religion.<sup>3</sup>

## **A death at Ka'pong Téh**

I had stayed overnight at Rasima's house in Kpg Téh and was wakened very early in the morning by the sound of drumming, of a kind I had not heard before. Not the sonorous and rhythmic sound of skin drums or gongs, but an urgent, thin staccato, devoid of depth and overtones, which seemed to both move about the village and come from everywhere. Rasima was already up and had made some coffee. She told me that an elderly woman in the village had died in the early morning hours – someone had already been to the house to tell her. That was what the drumming signified. The strange and unmistakable sound was in fact produced by beating on an empty tin. Young boys are dispatched around the village and in this way the message that someone has passed away is swiftly relayed and communal support for the bereaved family

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<sup>3</sup> I am grateful to the people of Kpg Téh and the relatives of the deceased woman (Dut binte Blawang), for providing additional details and explanations at a later date. The information given was as they said it applied in Kpg Téh. The Melanau vocabulary used throughout is the dialect as spoken in Kpg Téh and many words in italics differ from the words used in Morris's description of funerals in the Oya River district (cf. Morris 1997:105-141).

quickly garnered. It meant “Everyone come!” The woman’s death was not unexpected; the day before she had told members of her family she “wanted to go”. Rasima said we should go immediately.

The house of the deceased woman was about half a kilometre away, some distance back from the road. She was *a-Likou* Melanau – a person of the old animist religion, and of highest rank (nine *pikul*); her funeral would be likely to incorporate many of the old traditions.<sup>4</sup> These occasions are becoming rare since the majority of the population has converted to Islam or Christianity and given up the old ways.

We arrived shortly after 7 a.m. and already a group of at least fifty men were busy at work outside the house, cutting up lengths of wood in preparation for the construction of the *pakat* (funeral bier). This would be erected in the living room of the house, under the central roof arch and parallel to the river. There were as many people inside the house, mostly women and a few children, standing or sitting on the floor of the large living room. Some were still wearing their night clothes, indicating the urgency with which they had responded to the message of the drumming. We joined them and sat down.

A few metres away several women were finishing washing the dead woman and laying her out. A dark coloured sarong covered her body, except for the toes and head. I watched as her big toes were tied together with a strip of *batik* cloth; someone else was tying the chinstrap, made of similar material. Her hair was pulled back and left long and loose. A purple and gold *kain* (length of cloth) was placed like a hood over the top of her head so that only her face was left exposed. Even so, it was evident that the dead woman was extremely thin.

Not long after, the men began carrying in the materials for the *pakat* or funeral bier. The rectangular framework for the base was already tied together with twine; no nails are used in the construction of the *pakat*. The floor of the *pakat* – made of timber slats tied together, was placed on the base and then uprights were tied in place at the four corners.

Next, the men began to build the pyramid shaped canopy which would form the roof of the *pakat*. At the apex of the roof each length of timber framework, already adzed to a point, was pushed into a green *pinang* crown (the crownpiece of the betelnut

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<sup>4</sup> The term “*pikul*” refers to a unit of measurement used to specify a fine, for a breach of the *Adet*. It is given a value of RM100.00. The term is also used to specify rank – nine *pikul* being the highest rank. (*Adet* Melanau 1998:22, draft version).

palm). Twine was used to make a network of supporting strings across the roof framework, so that it somewhat resembled a large spider web. Another length of twine secured the apex of the canopy to the main beam of the roof of the room.

The entire canopy area was draped with lengths of white cloth which overhung the sides of the structure, then overlaid with red and purple gold-thread *songket* (cloth that is woven with gold or silver thread), signifying a person of nine-*pikul* rank. Later, these *kain* would be washed and used by the children of the deceased.

The *pinang* crown at the apex of the canopy, was covered with a red cloth, tied on like a head scarf. This red coronet or *nabun* is reserved specifically for the funerals of persons of nine-*pikul* rank, and is also said to “chase away ghosts”.



Fig. 28 The roof of the *pakat* showing the *nabun*

Meanwhile, the floor of the *pakat* was prepared; first, a woven mat, then a heavy multicoloured cotton blanket followed by a large lightweight cotton cloth and finally several new *batik* sarongs. The *pakat* completed, the dead woman was carefully lifted onto the “bed” and the sarongs and the purple and gold thread *kain* rearranged over her.

Several times while all this was going on, the air was rent with loud wailing from close relatives of the deceased. Each time these persons turned away from the rest of those present and faced into the wall of the room for support, as if about to collapse. No one showed any reaction.

By now, the house was beginning to fill with people as mourners from beyond the village began to arrive, by boat and by bus. In the kitchen area at the back of the house women were preparing tea, coffee and biscuits which the young men were distributing amongst the mourners in the main room. In another corner of the main room, an elderly woman was weaving a *belum* - the spirit figure *Jingaya*, to accompany the deceased and guide her to the land of the dead.<sup>5</sup>

After a time Rasima joined me and I sensed she needed to return home to her children. I needed to go back to Mukah that day, so left with her, promising to return the

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<sup>5</sup> The elderly woman was among the few people who still knew how to weave these spirit effigies. One young person told me: “We don’t do these things now because we are Christians”. For a full description of *belum*, including photos, see Morris (1997:149-319).

next day. Outside the house, men were still at work building the raised wooden floor for the open sided marquee which would provide additional shelter for the mourners through the following two days and nights. As we left, I gave an envelope containing some money to one of the sons of the deceased woman. Similar cash contributions, always inside a small “airmail” envelope, were given by attendees at all large social functions in the *ka'pongs*, to ease the financial burden on the family. As every household kept a supply of these envelopes, I had been able to get one from Rasima that morning.

It was already dark when I arrived back in Kpg Téh the next evening and Rasima and I set off immediately to the funeral wake. In the previous thirty six hours many more people had arrived and the inside of the house was filled with mourners. Along one wall of the room, four brass gongs were suspended from the ceiling on ropes. Four persons were seated on the floor in front of them, each beating an individual rhythm. The combined effect was of urgency and driving energy which penetrated the whole room. As one person tired, another took their place; the strength and pulse of the rhythm continued unceasing.



Fig. .29 Playing the gongs alongside the *pakat*

The dead woman was beginning her final journey. She lay now in a half open casket (*aga'*) under the canopy. On top of the casket, *Jingaya* lay waiting in readiness to guide her. A tray of food items for the journey rested at the end of the *pakat*, alongside a burning candle. Another lighted candle rested on the lid of the casket.



Fig. 30 *Jingaya* on top of the casket

At the corners of the *pakat* four more candles burned, to “lighten the way” for the soul. All around her was noise and activity. Women had formed small groups and were

playing *cap'o* (a card game) for small change.<sup>6</sup> Most were chewing betelnut. It would be a long night; many of those present had had very little sleep since early morning of the previous day and some would not sleep for almost another twenty four hours. There was serious work to be done.

The wake was not just a gathering of human visitors to console bereaved relatives; the dead person's soul was also present, as were ghosts and spirits. All these beings had to be entertained ...and the disembodied soul had to be reassured (Morris 1997:114 -115).

Outside the house, groups of men sat under the open sided marquee, chatting and playing out the unpredictability of death and the capricious nature of the spirits in games of chance (cf. Bloch and Parry 1982:10). Some were playing cards; others were playing a board game called *holo*. Big money was at stake here – bundles of notes rather than the coins the women played for inside the house. At a small covered area a few metres away, several young men were cooking soup in huge pots over an open fire; this would be used to feed the mourners throughout the night.

Shortly before midnight, some of the women in the house decided I needed to have a sleep and insisted on “putting me to bed” - a sarong and pillow were laid down on the floor for this purpose, and a blanket to cover me, almost as if I were a child who needed taking care of. Sleep proved impossible



Fig. 31 Preparing betelnut



Fig. 32 Men playing cards outside



Fig. 33 Young men cooking the soup

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<sup>6</sup> *Cap'o* is played with tiny cards with Chinese symbols, usually for money and with much noise and ribaldry, typically at gatherings and rituals to do with death. I was told that originally this game was played by Chinese but that these days it is played only by the Melanau.

with all the noise and activity going on around me, but I closed my eyes for an hour and drank in the atmosphere; the incessant rhythm of the gongs, the heady smell of burning frankincense, voices talking, laughing, people moving about - the urgency and energy of what was happening was palpable.

Sometime in the early hours of the morning I finally fell asleep, to be wakened at 5 a.m. by an electrical storm and torrential rain. Around me on the floor people slept or rested, waiting for the dawn to come. The gongs were quiet. By 6 a.m. the sound of activity could be heard and shortly after, hot tea, coffee and biscuits were served. As people departed to other houses in the village to take a bath before returning later in the morning, Rasima, who had gone home to sleep, arrived in her car to fetch me back to her house.

When we both returned to the funeral towards midday, the gongs were playing again. Preparations for the burial were about to begin. I sat down on the floor next to a man who was stroking and talking to a chicken on his lap. The casket was finally closed. Moments later, and somewhat to my consternation, the chicken was sacrificed on the lid of the casket – so that it could accompany the dead woman on her journey and to appease the spirits.<sup>7</sup> The feet of the chicken were cut off and nailed to the front door of the house – a sign to all that there had been a death there. These would be left in place “for ever”, or until they disintegrated or fell off of their own accord, perhaps a symbol of the corpse which is buried and also left to slowly decay.

A group of men immediately began dismantling the *pakat*. Simultaneously, rifle shots were heard from outside the house and, as at a signal, a loud and anguished wailing broke out from the mourners nearest the casket as they clung to each other in expressions of overwhelming grief. The emotion issued forth with such suddenness and strength that momentarily I could not move.



**Fig. .34** The casket being carried out of the house

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<sup>7</sup> People were reluctant to talk about the chicken sacrifice when I went back to the village to clarify details about the funeral, perhaps because they considered it a practice associated with the old religion. Morris suggests that the practice of fowl sacrifice was peculiar to the people of Kpg Siténg (on the Mukah River, further upstream from Kpg Téh), and that elders in the Oya villages “remarked of Siténg that its inhabitants...were in many ways almost savages” (Morris 1997:133).

The rifle shots continued – nine in total to signify the rank of the deceased, as the casket was carried out of the house and down to the nearby *sungai* (tributary stream). From there it would be taken by boat a short distance downstream to the main river and on to the graveyard (*ti'aeng*), across the river. The mourners watched on the bank as the casket was loaded aboard. The chief mourners and pall bearers followed after. Brass gongs were taken aboard to be played throughout the journey. Flags denoting rank also accompanied the burial party. These would be left standing at the graveyard, along with the dismantled *pakat*. The wailing and general noise continued as the heavily laden boat pulled away; a second, smaller boat followed behind, carrying those people who wished to be present at the burial. (People are generally not very keen to go to the graveyard, especially women, and often only family and close relatives attend the burial.) I was gratified when two young men approached me and said they had been designated by the family to take me across to the graveyard in a small boat, so that I could observe and take photos. As we followed in the rear and out into the main river, the larger boat carrying the casket stopped in mid-river and circled nine times – again, to signify the rank of the deceased. We motored past them and pulled up at the small jetty near to the graveyard, to watch the arrival of the main party. As the casket was unloaded and carried ashore, more rifle shots were fired.



**Fig. 35** Loading the boat to leave for the graveyard across the main river



**Fig. 36** Leaving the village



**Fig. 37** Arriving at the graveyard

The burial took place quickly and without ceremony, to more cries and

wailing from the closely bunched group huddled around the graveside. A few grave goods (*piyou*), personal belongings of the deceased - some plates and cans, her medication - were thrown into the open grave (*bakut*). As was the custom, the women and family members departed immediately and with much haste, leaving only a few men behind to finish covering in the grave.

## **Mourning practices as defensive gestures**

While on the surface, the funeral wake and the associated practices which took place at Kpg Téh are concerned with ensuring the safe passage of the soul to the land of the dead, in a very real sense they are also “defensive gestures” aimed at neutralizing the malign power of the dead over the living (Shepard 2002:214). The use of this descriptor is not intended to imply a denial of death; rather that the willingness to do battle with death indicates respect for a worthy opponent. In the acting out of these gestures, a paradox is expressed; the bonds of relationship can be both enabling and disabling, both life-giving and soul destroying. This overarching idea is repeated in a variety of sub-themes, evident in the behaviour and demeanor of the mourners.

The burning of incense during the funeral wake - because the spirits like sweet smells, and the games of chance - which were believed to provide entertainment for the spirits, are placatory gestures intended to appease the spirits attracted by a death. The spilling of blood (when the chicken was sacrificed to accompany the deceased) is also intended to distract the spirits from seeking the blood of the living; the chicken feet nailed to the outside of the house a sign that blood had already been sacrificed on behalf of the household.

The polluting nature of death is also expressed. The *pakat* or funeral bier on which the dead woman had lain was removed from the house and discarded at the graveyard by the burial party, even though wood from dismantled structures in the villages is generally recycled in the normal course of events. The deceased woman’s house had to be thoroughly cleaned before anyone could enter it again; only widows – women who had already been touched by death - were permitted to perform this task. Those relatives and mourners who accompanied the deceased to the graveyard had to cleanse themselves by bathing in the river before reentering the house. In fact, it was

normal practice for anyone who visited a graveyard to take a bath and change their clothing immediately afterwards.

The way grief is compartmentalized speaks of the potential of strong and uncontrolled emotion to contaminate and endanger others. Individuals momentarily overcome with grief turned away from the group into the wall and were left to deal with it alone. On other occasions at funerals, I observed instances of similar behaviour. Even when the family of the deceased included young children who had lost a parent, few concessions were made and little sympathy shown; as I have already indicated in chapter four, sympathy was not considered particularly helpful in assisting someone to come to terms with a situation that could not be changed. Despite, or perhaps as a result of this, I was constantly surprised at how quickly near relatives, including children, picked up and resumed normal life after a death in the family.

There is almost a collective sense of defiance in the face of death expressed in some of the activities. The continuous pounding rhythm of the gongs - only a metre away from where the deceased woman lay - reverberated like a strong and steady pulse beat throughout the house and across the village. It was a sound that proclaimed life in the face of death, continuity in the wake of separation and courage in the presence of adversity. Likewise the all night games of chance, the sociality and conviviality and the frequent servings of food and drink were an assertion that life would go on, that life was being regenerated even at that moment.

It would be a mistake to assume that these gestures are merely metaphorical or that the implications of a death in the village are merely spiritual. During the funeral for the old lady I heard someone comment, with a sigh: "Another empty house in the village...". There are very real social ramifications involved at the present time, especially for the *ka'pongs* some distance from town.

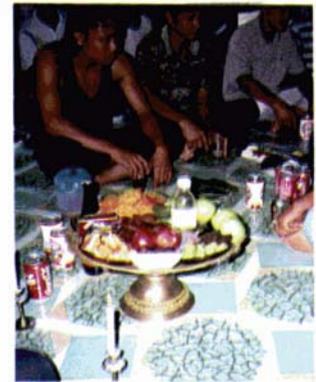
It is a Melanau custom that for forty days and nights after a death, the family of the deceased are kept company by others from the village, for forty days is the time it takes, people say, for the spirit of the deceased to permanently leave the house. During this period family members are vulnerable to roving spirits and ghosts who come seeking blood; everyone knows the blood of the newly bereaved tastes particularly sweet. During the evenings of this period the house is likely to be filled with the noise and laughter of men, women and children - playing *cap'o* or other games for small change, chewing betelnut, telling stories, reminiscing and socializing into the early

hours of the morning - until finally tiredness intervenes. Most of those present will stay on till morning, everyone sleeping communally on the living room floor.

I returned to the house in Kpg Téh one evening two months after the old lady's funeral to give a set of photos to the family. It was well past the forty day period so I was surprised to find several dozen people seated on the living room floor, playing cards and socializing. The eldest son of the deceased was now the only permanent member of the household and there was some doubt whether he would stay on in the village now his mother had passed away. I was left with the impression that the villagers were making sure that decision was delayed for as long as possible.

### **Piup and keman keling: rituals of regeneration**

In the period following a death more formal ritual activity may take place. *Piup* and *keman keling* are traditional *a-Likou* Melanau rituals performed for the purpose of “lifting the spirits up” and may be performed any time after the three day funeral rites. These all day events are hosted by the family of the deceased and attended by village members, friends and relatives; both involve a shared feast, ritual cockfighting, card games and general social activity. The difference between the two rituals appears to be one of scale and expense; *piup* also involves elaborate gift giving and the cost of a full scale *piup* - the last held in the district was in 1996 - is these days considered prohibitive. Thus the term *piup* now tends to be used to refer to all occasions of this general type.



**Fig. 38 Piup. The food for the soul of the deceased**

In mid 2000, I attended a *piup* at Kpg Sisoh, at the house of a man who had died two weeks earlier. I arrived at 7.30 a.m. on the early morning bus from Mukah, though the day's activities had begun much earlier with a cock fight in the living room of the house at dawn. Other people continued to arrive and soon after we were called inside the house where food and drinks were laid out in rows on the floor of the large living room. At the front of the room candles



**Fig. 39 Piup. Ladies playing cap'o**

burned alongside a large, ornate dish containing food and other supplies for the soul of the deceased. Later, these would be taken and left on the gravesite. Most of those in the room were men, possibly because of the cockfighting planned for afterwards. The women seemed to be mostly occupied with organizing the food and drinks in a side room. A number of children were seated and eating in a separate area of the living room. The elderly widow of the deceased sat against the back wall of the living room with a couple of her grandchildren, her face expressionless throughout as if she were only half aware of what was happening around her.

Once the meal was over the women gathered in groups on the front veranda of the house and began playing *cap'o* for small change and cakes of soap. At the other end of the veranda, the children were also playing cards. Meanwhile, the men were milling around some distance away from the house, where a circle of ground had been cleared amongst the trees and spread with sawdust in preparation for cockfighting. Eventually two men with fighting cocks arrived, and a preliminary “show of form” took place; held securely in the hands of their owners, the birds were thrust at each other till their hackles rose. Bets were placed based on this display - the “odds” written on a board nailed to a tree, while the competitors and their support teams retired to their corners to prepare the birds and make ready. The fight was brief, lasting not more than a second or two.<sup>8</sup> The loser, lifeless on the ground, was tossed unceremoniously into the nearby undergrowth while the owner of the winner set about collecting his winnings.

Both *piup* and *keman keling* exemplify the definition of ritual as a “generative centre”; they aim to re-establish and reaffirm the bonds of community which are breached by a death, as well as generate status for the deceased in the afterlife. Turner (1974:273) regards the term “generative centre” as synonymous with anti-structure; i.e. “Man...*grows* through anti-structure (ibid:298). Thus “lifting the spirits” has multiple referents; to metaphorically “lift the spirits” of those left behind, to ensure that the status of the deceased is securely established and upheld in the afterlife, and “to feed the spirits who are attracted by the death and subsequent wake” (Morris 1997:141). The ritual spilling of blood in cockfighting is a central feature of these events. Not only does

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<sup>8</sup> The care and deliberation taken in attaching the spurs and the brevity of the actual cockfight closely resembled the description in Geertz’s famous paper “*Deep Play: Notes on the Balinese Cockfight*” (Geertz 1973:421-422). However, in contrast to what Geertz says happens in Bali, the Melanau told me they never eat the dead cock – they were “far too tough!”

it denote a sacrifice on behalf of the deceased and a placatory gesture to the spirits, it is also an energizing event for the living – it lifts the spirits of the participants and reengages their focus on life. Death is put into service on behalf of life.<sup>9</sup>

While these rituals may be regarded as part of the mourning process, they are equally concerned with the welfare of the soul of the deceased, for death is regarded as part of an ongoing transformative process rather than a “punctual” moment – which Bloch (1998:15) argues is related “to a (Western) concept of person ‘as a bounded individual’” (cited in Sather 2000:325). Hence, many of the activities which take place at *piup* can be viewed as a continuation of the activities which take place during a funeral and motivated by the same purpose – the games of chance for instance and the food and drink provided for the soul of the deceased. The same people as were at the funeral are also likely to attend; in itself this is an act of continuity and *communitas* which “moves” the community further towards life on the continuum between life and death.

Sather (2000), writing about the role of the shaman in Iban death rituals, identifies two significant consequences when death is conceived as an ongoing process. Firstly, in such societies, death “does not necessarily imply a total annihilation...” (ibid:325). The ongoing Melanau mourning rituals after a death for example, which include the preparation of food for the deceased, signal that the dead are still able to interact with and partake of the world of the living.

Sather goes on to describe further details about Iban conceptions of death:

the Iban believe... for example, that in life, a person may partake in a number of experiential aspects of death, as, for example, in soul loss ... dreaming... or fainting... Similarly, the souls of those who are very old are said to often pass much of their time in the otherworld... (ibid:303-304).

The Iban shaman, Sather writes, also regularly enters states which involve “aspects of death” (ibid). He concludes: “The significance of this concept is far reaching. It means that for the living, death is not beyond ordinary experience” (ibid:324).

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<sup>9</sup> Geertz makes similar connections. “A cockfight, any cockfight, is in the first instance a blood sacrifice offered, with the appropriate chants and oblations, to the demons to pacify their ravenous, cannibal hunger... In the cockfight, man and beast, good and evil, ego and id, the creature power of aroused masculinity, and the destructive power of loosened animality fuse in a bloody drama of hatred, cruelty, violence, and death” (Geertz 1973:420-421).

The Melanau hold similar beliefs:

In dreams...the bedua left the body to go on journeys. To wake someone suddenly was therefore dangerous: the soul might have been absent and would experience difficulty finding its way back (Morris 1997:37).

In addition, the initiation experiences of the Melanau healers (recounted in Chapter Four) all entail encounters in the borderlands between life and death. Rituals such as *beradin* (see chap.5, p.135) and *pelatou* (which I am coming to) both involve deliberate exploratory excursions to the land of the dead. In the past, Aséh had taken ordinary persons with him on these journeys.

In the introduction to this chapter I argued for a correlation between the stance a society takes towards death and the experiences and practices associated with its psychopathologies. I want to return to this argument briefly in light of what Sather has to say, for if death is not beyond ordinary experience, if death does not entail complete annihilation and if the dead are still considered to be able to interact with the living, then it becomes possible for an illness such as “soul loss” to be conceived in similar terms. In this scenario death is framed existentially. Truth is conceived in terms of pragmatic truth and it is still possible for the deceased to partake of being-in-the-world. This may account for the relative lack of stigma generated towards those afflicted by such conditions, and go some way, for instance, towards explaining Katun’s experience of social inclusion within the *ka'pong*.

There is a further point extending from this. If, through collective ritual practice, the community is able to intervene on behalf of the soul of the deceased, to influence its behaviour - and that of the spirits - then the same logic dictates that through ritual they can similarly intercede on behalf of the souls of the living or persuade an errant spirit to leave off afflicting someone it has possessed. These possibilities turn on a notion of pragmatic truth and a concept of persons as “permeable selves”, comprised of “multiple, detachable” elements (Roseman 1990:230).

### ***Pelatou* at Kpg Tellian Ulu: the mode of “play”**

I suggested earlier in this chapter that the funeral rituals which took place at Kpg Téh were framed within the terms of a particular paradox associated with Melanau

ontology; that the bonds of relationship by which Melanau identity is defined and comes into being also have disabling and destructive potential. This is a recurring theme not only in all Melanau rituals related to death; it also occurs in Melanau concepts about sickness and suffering and underpins the rules and regulations of the *Adet* Melanau.

The parameters of this paradox are made particularly apparent in *pelatou*, a traditional *a-Likou* Melanau performance carried out by a specialist *a-bayoh* in the aftermath of a death. *Pelatou* is part *séance*, part healing, part drama and entertainment, part play, part burlesque, as well as a context where the reality of the afterlife and its connection to the living are made visible.

*Pelatou* mediates between this world and the afterworld, with the broad aim of reassuring relatives and restoring community equilibrium in the wake of the social rupture and insecurity wrought by a death. The approach is two-pronged: the *a-bayoh* returns with news of the deceased for his/her family (and often makes contact with the relatives of other people in the audience as well). At the same time the *a-bayoh* brings back healing *pijer* - healing and strengthening flowers and stones from the world immediately above this one (Morris 1997:364) - and “implants” them, either through the navel or the back of the neck, into the relatives of the deceased to strengthen and heal them. By this process, any souls which have been enticed away or followed the deceased are enabled to return to their true owners.

Not long after I arrived in Mukah, two men arrived to stay the night at Lamin Dana. They had come to attend a *pelatou* to be held that night in Kpg Tellian Ulu and they invited me along. The father of one of the men had died very recently and the evening’s performance had been organized by his relatives. They wished to know why their father had died so suddenly and had requested and paid for an *a-bayoh* (Aséh in this case) to conduct *pelatou*. Around 7 p.m. it rained, casting some doubt on whether the evening would proceed as planned - *pelatou* can not take place if it is raining - but by 8 p.m. the rain had stopped.

Arriving at Tellian Ulu, I followed my companions across a plank walkway to the house where the *pelatou* was to take place. At least fifty people were sitting on the floor in the main room – men, women and children of all ages. Many of the adults were smoking *nipah* palm cigarettes; others were chewing betel. An air of quiet anticipation filled the sparsely furnished room. There were various Roman Catholic religious pictures and icons on the walls – several pictures of “Our Lady” and an embroidered wall hanging which proclaimed: “Jesus Protect Us from the Fires of Hell”.

At some unknown signal everyone moved into a large circle around the walls and got themselves settled. At that same moment, Aséh appeared framed in the doorway of the house, accompanied by another man who would be his assistant. This was the first time I had seen Aséh; he was old and slight of figure with pale, almost translucent eyes.<sup>10</sup> He was barefoot, and wore a very old and tattered long sleeved t-shirt and even older stretch cotton pants which were full of holes. Tucked into the waist of these trousers was a metal object that looked like the handle of a sword or large knife - for strength and protection during the ritual. Aséh sat down in the middle of the room on the floor and was immediately surrounded by people, all talking earnestly to him and handing him parcels that were put in a basket alongside him; gifts which people wanted taken to their dead relatives in the underworld.

One of my companions explained that during *pelatou* everyone must keep still and take care not to drop anything, no matter how small, as it could fall through the cracks on the floor and hit Aséh on the head and injure him; although his body would remain in the room, he would actually be down in the underworld beneath the house. Things – and people - took on a miniature size in the underworld and anything falling through from the room above could be lethal.

*Pelatou* was dangerous for another reason. Morris (1997:137-138) recounts how an *a-bayoh*, or anyone who accompanied him on the journey to the land of the dead, might be held to account for misdeeds or theft on earlier occasions and be tied up and prevented from returning. Unless he could free himself or there was someone else who could make the journey to free him, his soul would remain there and he would die.

People returned to their places around the walls of the room and the performance began. A woven mat (to represent the boat for the journey downriver) was spread out on the floor facing downstream, with a pillow at the head and a bowl of densely smoking embers and frankincense set in front of it. Aséh sat down on the mat and took up a sarong which he placed over his head and the bowl, immersing himself in the smoke. The old clock on the wall began to strike 9 pm as he did so. Moments later, Aséh fell back on the mat with the sarong still covering his head. There was silence as everyone waited and watched. Then Aséh's head began to jerk violently under the sarong and he made strange animal-like noises. He slowly got to his feet, and with the sarong wrapped around his head and body like a cloak he took up the basket of packages in one hand,

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<sup>10</sup> The reader may realize that I have altered the temporal order here in the interests of maintaining the cohesion of the theoretical argument. A fuller description is given of Aséh in Chapter 5.

staggering about as if intoxicated and muttering to himself, almost like a carnivalesque parody of Red Riding Hood setting off to visit her grandmother. In his other hand he grasped the metal object described earlier, to protect him on his journey. His assistant, a younger man, sat against a support pole for the roof in the middle of the room and throughout the journey gave Aséh guidance about directions when he appeared to stagger and lose his way. I was distracted for a moment by a couple of people who arrived at the door; they were refused entry. No one must leave or enter once *pelatou* has begun.

Aséh continued his journey, staggering slightly as he went – a few steps forward, then a few back, eventually arriving on the other side of the room facing the wall. He sat down in front of the wall and began a very animated conversation with an unseen person. The audience took a keen interest, obviously entertained by what was being said. The tone of the conversation changed; my companion explained that Aséh had met and was talking to his wife who had died many years before. (Aséh had another wife, much younger than himself, when I was in Mukah.) Although I could not understand what was being said, it was impossible not to be moved by this encounter. Several times Aséh cried and became almost overwhelmed with emotion.

For the next three quarters of an hour he conversed with people in the underworld, many obviously known to those watching and listening, who at intervals were greatly amused by the comments made. At one point, my companion explained that Aséh was asking the spirits for money to bring back with him; he was apparently naming the denominations of the notes he wanted.<sup>11</sup>

Once, Aséh called for someone in the audience. A man came forward bringing a small child. Aséh appeared to be holding something between his fingers, which he pressed into the nape of the neck of the child. It is possible that this little boy, a grandchild of the deceased, had been unwell recently; in these circumstances it would be presumed that his soul had been called away by his dead grandfather.

Finally, Aséh gathered up the gifts that he had presented to the deceased relatives of those present and began the faltering journey back to his starting place on the mat. As someone placed a pillow behind him in anticipation, he suddenly fell

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<sup>11</sup> The *a-bayoh* always brings something back with him from *pelatou* – often fruit. Morris describes a *pelatou* he attended in Dalat in the early 1950s, when the *a-bayoh* brought back a packet of biscuits, “wrapped in a California newspaper” (Morris 1997:139). Afterwards, “these were distributed for inspection and eating” (ibid). When the *a-bayoh* asked what they were like, “[h]e was assured that nothing like them could be bought in the bazaar” (ibid:140).

backwards on the mat as if unconscious and lay still for a minute or two. He awoke slowly from his trance and sat up, placing the metal object - still clutched in his hand, on the floor as people gathered round eagerly. Next, he stood up and took from the rolled up bottom of his ragged pants a roll of banknotes – I saw a RM50 note and several RM10 notes. He appeared as astonished at this turn of events as those watching and there was much comment and amazement from everyone. Those who had given him presents to take on his journey gathered them back.

Food and drink was then served and socializing, smoking and chewing of betelnut commenced in earnest. After about half an hour, Aséh left with his assistant. In the meantime, my companion explained some more of the details of what had transpired.

The man who died had developed a large lump on his back; the cause was unknown. In such circumstances the *a-bayoh*, during *pelatou*, will often “open” the body of the deceased and release the “matter” which is inside. When this happens, blood and foul smelling matter spurts forth from the *a-bayoh*’s hands, often splattering the audience. (That explained the two people in the audience who hovered close to Aséh at all times, ready with towels.) However on this occasion, when Aséh conversed with the deceased he was told that the lump should not be opened as it contained “bad blood” which could harm those present. This information seemed sufficient to satisfy the family of the deceased.

By this time a dozen or more of the women present had laid cloths down on the floor and gathered around in groups to play *cap’o*. Already shouting and excitement filled the room; it looked as if it would be a long night for some.

Morris (1997:137-140) refers to *pelatou* as a “ceremony”, a term I feel falls short of encompassing the multi-faceted nature of what takes place. *Pelatou* seems much more to fall within the category of “play” as the term was used by Turner (1987:167-170). Turner describes “play” as “a dialectical dancing partner of ritual” and “a joker in the neuroanthropological act” which resists placement or fixation within the accepted scheme of neurophysiological functions (ibid:167). “Passages of seemingly wholly rational thought jostle in a Joycean or surrealist manner with passages filleted of all syntactical connectedness” (ibid:168). This elusive quality makes play, for Turner, a “liminal or liminoid” phenomenon (ibid).

Play is neither ritual action nor meditation, nor is it merely vegetative, nor is it just “having fun”; it also has a good deal of ergotropic and agonistic aggressivity in its odd-jobbing, *bricolage* style...It makes fun of people, things, ideas, ideologies, institutions and structures; it is partly a mocker as well as a mimic and a tease, arousing hope, desire or curiosity without always giving satisfaction (ibid:168).

As play, *pelatou* draws the bereaved back into life by engaging them in entertainment, presented in the form of possibilities. There is a lightness to *pelatou* that allows the bereaved and those others present to see another side of death, that allows them to get another perspective on death. Death and dying, as they are portrayed in *pelatou*, hold no fear (cf. Turner 1997:169). A link is reestablished with the deceased, but in a benign form. Death as the enemy is unmasked and revealed to be a shadow warrior, no different from ourselves.

The quality of “play” also extends to a playing with context. There is much ambiguity and incongruity in the image of overlapping contexts; normal boundaries of time and space are dissolved, boundaries between reality and fantasy blur, “solemn and ludic are interdigitated, penetrate one another” (Turner 1979:475).

But there is also a serious intent to play. The performance of *pelatou* provides the bereaved with reassurance that the soul of the deceased has reached the afterworld safely and been reunited with dead relatives and other deceased members of the community, verifying the worth and efficacy of the ritual work carried out after a death. The conversations Aséh engages in, with his deceased wife for example, are reassurance that the dead have not forgotten the living. Aséh goes and returns safely from his journey to the land of the dead, a fact that is witnessed by those present. Moreover, he brings something back; not only a substantial sum of money (which shores up his status in the eyes of the audience), but also courage and healing (as *pijer*) which he presents as a gift from the afterworld to members of the community.

*Pelatou* also educates. Those present are learning about their environment: that “death is not beyond ordinary experience” (Sather 2000:324), that death “does not entail complete annihilation” (ibid:325), and that the dead are still able to interact with the living. However, the mood and tone of *pelatou* is almost a complete reversal of the dignity and seriousness which the implications of death are accorded in the funeral rites or even in *piup*. Aséh is the trickster who performatively creates reality with an irreverence and disregard for the sanctity of the subject matter that is protected by his clown’s garb (cf. Turner 1987:170). These elements are part of what “frames” *pelatou*

as play, connects it with context and allows those present to access and respond to the various levels of cultural “metamessages...about both the actual and the theatrical reality” (Bateson 1972:222-223), in a way that I, as cultural outsider, could not.

But *pelatou* too is a trickster for it draws the audience in to creating and becoming part of that reality almost unawares, evident in the collective change of mood by the end of the evening. Like Bakhtin’s “carnival” (1981:7), *pelatou* is not just a spectacle to be seen; it is lived in. The power of *pelatou* to “move”, to unsettle the cherished assumptions by which we think we know reality - yet without creating the anxiety that usually accompanies such experiences - suggests that it is the collective act of “performing”, rather than belief in the performance itself, through which play works its effect.

I am aware that writing about these experiences presents difficulties when one is addressing an academic audience; the risk of destabilizing or sabotaging the authority of my argument or worse, exposing my informants to ridicule, always hovers in the background. Jung (1965:299) wrote about the difficulty of writing “expressly about a life after death”. All one can do is state one’s ideas; “tell stories –‘mythologize’” (ibid.). He considers this “mythic side of man” (ibid:300) an innate propensity of humankind: for “the question of immortality is so urgent, so immediate, and also so ineradicable that we must make an effort to form some sort of view about it” (ibid: 301). Further, while to the intellect “mythologizing” can never be more than “futile speculation”, or even dismissed as “psychic projections...to the emotions...it is a healing and valid activity” (ibid:300-301). Despite the fact that there is no way of ever being certain about the validity of ideas derived from these sources and experiences, the outright dismissal of their possibilities for enhancing life and wholeness impoverishes the individual (ibid:302-304).

One must, I contend, suspend intellectual, scientific judgment and consider the *effects* wrought by these beliefs and activities; assess their validity in terms of *pragmatic truth*. People take up these ideas in order to achieve *mediation* between life and death, and that is precisely what these beliefs and activities accomplish.

Objectively, stories and ritual scenarios seldom tell the truth about what actually happened. They tell a truth that enables people to live in the here and now with what happened *to* them in the past. In this sense, the scenarios are expedient lies; they *prioritise* the existential urge to remaster experience rather than epistemological need to preserve an exact record of it (Jackson 1998: 24).

It is in that sense – as Jackson suggests - that the interplay between the here and hereafter, between the dead and the living, and the power of the dead over the living, was realized and experienced.

## **Cultural change and evolution**

Though the majority of Melanau have now converted to Islam and Christianity and given up the old religion, the obligatory work that the living undertake on behalf of the dead, and on behalf of themselves and community, continues to be regarded with the utmost seriousness and importance. My experience suggested that no other occurrence caused so much effort and energy to be expended or demanded as much ongoing collective ritual work. While these activities are concerned with ensuring the safe conduct of the soul of the deceased to the afterworld, they also speak of a collective awareness of the need to address the implications death has for the individual and for the community as a whole.

Moreover, more than any other single event, death sees Melanau identity unified and taking precedence over all other affiliations and alliances. While events such as *piup* and *pelatou* are, strictly speaking, associated with the old animistic Melanau religion, many of those in attendance at these occasions were Muslims and Christians. Yet in the *ka'pong* context in which they took place, mostly the upriver *ka'pongs* some distance away from the town, this did not appear to pose a conflict. A parallel might be drawn with the way an extended family household sometimes included Muslim, Christian and *a-Likou* Melanau, again without any apparent ideological conflict. As I have already mentioned in chapter four this situation was regarded in Sarawak as an identity marker unique to the Melanau.

Many of the traditional beliefs and observances concerning death have survived relatively unchanged in form and been incorporated without conflict into the mourning practices of the Melanau Muslim and Christian communities. Just as the traditional Melanau spirits and ghosts often seemed to have proven adaptable to cultural change and evolution, so some of the rituals associated with death, in the Melanau Muslim communities in particular, often bore a strong resemblance to their more traditional counterparts and appeared to be motivated by the same concerns. *Pigék bedua*, for

instance, is a Muslim Melanau ritual carried out to retrieve a person's soul that was thought to have been enticed to follow after the spirit of a deceased relative in the wake of a death. It is carried out at the graveside and includes prayers and readings from the Koran. There are persons in the community specialised in performing *pigek bedua*, just as there are persons who are specialised in massage; these skills are passed down through families and are not necessarily associated with a healing role.

As would be expected, distinct differences exist between Christian, Muslim and *a-Likou* beliefs and practices regarding death, besides the obvious variation in liturgical content. For example, it is usual for Muslim burials to take place on the same day as death occurs. In addition, I did not see the same displays of public emotion at the Muslim funerals I attended as were evident at *a-Likou* and Christian funerals when for example, the casket was carried out of the house or at the moment of interment. This may be the influence of Malay culture as a result of conversion to Islam. Laderman writes of the east coast Malays of Western Malaysia:

Malays rarely exhibit strong emotions in public – neither great joy at a wedding or birth, nor grief at a funeral...Most of my neighbours in Merchang, in fact, denied that they had ever experienced such feelings and believed that violent emotions could do harm to their possessors (Laderman 1991:34).

However, it is what all these contexts share in common which is significant; the underlying concepts and themes which characterize them collectively and which continue to provide a focus and uniting force for a wider Melanau identity - in spite of the religious and cultural changes that have taken place over time.

At the beginning of the twenty first century the concept of soul continues to provide a driving force for the extended ritual activity which surrounds and follows a death in the Melanau community. What there is no doubt about is that *existence continues in some form after death*. Closely allied with this conviction is the idea that interaction between the dead and the living does not cease at the moment of death. At the level of soul the connections forged in life continue to operate after death.

There are two further characteristics in particular which stand out and which appear to have endured across time and space. The first is the seemingly conscious effort to foster a relationship with death, to give death its due. This includes an awareness and acknowledgement of the duality of death – that while death has the capacity to rent the bonds of relationship and community, it also gives depth and

meaning to those relationships; that at the same time as it destroys, death presents as an opportunity - to regenerate and reaffirm community.

The second characteristic is the recognition - lived out in practice, that death and dying is not something apart from living. Life is lived keeping death in view, both figuratively and literally.

## **The experience of dying and death**

The integration of dying and death into living was not restricted to ritual events; it extended to the experience of dying itself. I lived for the greater part of my time in Sarawak in Kpg Kuala Lama, a predominantly Muslim Melanau *ka'pong*. It was inevitable that I became involved in the day to day life of that community. My Melanau contacts in Balingian and Bintulu (a large modern town where many Melanau have migrated and resettled) were also Muslim. For that reason my acquaintance with the phenomenology of dying and death was mainly within the Muslim Melanau community. That process became a meaningful part of my life in the field too, in ways and to an extent I had not experienced before.

When I first met Menon, a few months after I arrived in Mukah, she was recovering from her second major operation for breast cancer. I remember her telling me that day, that one must be "spiritually strong" to cope with such an illness. Over the following six months until her death in November 2000, I saw her at intervals at her home in Bintulu.

Various members of her extended family - her mother, her mother-in-law, a sister-in-law, a cousin, moved into the house to take care of her, her husband and young daughter. As she became weaker the spatial focus of social life in the household moved accordingly to be alongside her; her room became a living space, a social gathering space, with her at the centre. Someone would feed her or, as she lost the appetite to eat, try to tempt her with food she had loved; others would massage her legs and feet. The only time she spent alone - at her own request, was when she prayed. At night, family members slept on the floor beside her.

When her lungs filled with fluid Menon was admitted to hospital where I visited her in mid November. By that time she was very ill. I was preparing to go to Bintulu again on 25<sup>th</sup> November when I received word that she had just passed away.

By the time I got to the house in Bintulu it was around noon. Groups of men were gathered outside. The living room had been cleared of furniture and was full of people, mostly women, sitting on the floor. Menon was laid out, covered with a rug, on a mattress in the middle of the room. Someone was sitting alongside her, reading from the Koran. I paid my respects to members of the family and sat down. People continued to arrive, filling the room and the hallway so that there was hardly room to move from one spot to another. Someone lit incense which was placed alongside Menon's body. I began to lose track of time as the scene and what was happening entered a timeless dimension.

At some stage - probably early afternoon, the activity took on a change. A group of women appeared with packages, sewing implements and a bolt of white cotton fabric and sat down in the middle of the room. It became apparent that they were going to prepare and sew the grave clothes and in the midst of the mourners, they set to work. One tore the cloth into strips and lengths. Some sewed - strips of cloth were measured against the body for size, then the various items stitched by hand. Others began preparing the swaddling material; large pieces of cloth were padded with sheets of cotton wool, sprinkled with a sweet smelling brown grainy substance.

Out in the kitchen other women were filling a large bowl with flowers of all kinds, broken off their stems; this was placed outside the main bedroom. Shortly after, the male members of the family lifted and carried Menon's body into the main bedroom, where women were waiting to wash and prepare her for burial. The door was closed.

After an interval the door was opened and people moved aside to allow immediate family to enter the bedroom. A family member invited me to join them, so I followed on.

Menon was lying on a metal trolley, covered from her neck to her ankles with a *batik* sarong. She and the sarong were wet all over. She looked beautiful, peaceful; her skin almost translucent, her wet hair combed back from her head. The women who had prepared her stood alongside. As each person passed by they were handed a ladle of water. I watched those in front of me, and then did as they did, slowly pouring the water down the length of her body, before handing the ladle back to be refilled for the person

after me. Simultaneous with the moment of the gesture, the sense of “I” receded and an enormous calm descended. It was a healing moment and one I will treasure always.<sup>12</sup>

The bedroom door was closed again while Menon was dressed and prepared. Then the male members of the family carried her out, wrapped in a mat woven from palm leaves. Prayers were said by the men gathered outside the house before people departed for the graveyard, the immediate family sitting in the back of the van alongside the “casket” for the journey.<sup>13</sup>

I remained at the house with a group of women to prepare food and drink and as they returned, people took refreshments and mingled a little while before taking their leave. Most of the extended family stayed on overnight and around 6.30 pm, Haji Ali led Mahgrib prayer in the living room. As people gradually moved off afterwards to take their evening bath or prepare food for an evening meal, I sensed a gradual relaxing of tension.

There are significant consequences for the individual when dying and death is a social rather than a medical experience, not only for the person who is dying, but for everyone else involved as well. An opportunity is presented for children who are part of this process to develop almost an embodied awareness that death is a normal part of the cycle of life.

The way that someone who has died is never alone or out of sight of his or her loved ones from the moment of death until the moment of burial, the preparation of the body for burial by persons closely connected to the deceased, the way relatives of the deceased are kept company throughout the night for at least forty days, make for an intimacy with death that is now rare in most western societies. In these circumstances, death as the universal shadow loses some of its power to haunt.

Nor does this willingness to engage with death end with the funeral. The death of a family member in the Melanau Muslim community marks the start of a year long cycle of mourning rituals or *keman* (feasts) which are hosted by the extended family of

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<sup>12</sup> Phil Barker writes about the first time that, as a nurse, he prepared a body after death and “experienced the ‘no-self’... I lost all sense of myself, and was sucked into the enormity of this engagement with a body that was alive an hour ago but now was deemed lifeless. In effect, I gave up the emotional and intellectual struggle to ‘understand’ what it meant for this man to no longer exist, conceptually, and as a result I experienced the ‘cathedral of care’. Metaphorically, the ‘I’ that was ‘me’ became lost...” (Barker 1999: ¶ 18).

<sup>13</sup> At Muslim burials, the body, usually wrapped in a mat, is laid directly in the ground. The “casket” – a green metal trunk, is only used for the journey from the house to the graveyard.

the deceased. These “gatherings” are held at defined intervals – at three days, seven days, twenty days, forty days and a hundred days after death, and are generally attended by the same group of people as were at the funeral – relatives, friends and fellow villagers of the bereaved, as well as others who were precluded by distance from attending the funeral. Each follows a set procedure, including prayers, readings from the Koran and a formal sit down meal - typically curries, rice, and vegetable side dishes, followed by sweets and fruit, and cordial to drink. Each involves catering for anything between twenty and a hundred or more persons.

*Keman patpulo*’ - the feast of the fortieth day - is the largest and most significant of these gatherings because it marks the time when the spirit or soul of the deceased is considered to have finally left the house. This is a Melanau rather than a Muslim tradition, though the liturgical content is Muslim and includes prayers and



Fig. 40 Preparing food for *keman patpulo*’

readings from the Koran. I attended one such function in Balingian at which well over a hundred persons were present; a formal meal was served and each guest received a small gift. The preparations involved several days’ work by the bereaved relatives and a team of men and women from the village as well as the purchase of a cow which was slaughtered to feed the guests.

At the end of a year the deceased is remembered - along with all deceased family members, in a single annual commemoration at a convenient time; often at *Hari Raya*. However, it was in the nature of life and death that mourning “gatherings” occurred at regular intervals in the course of everyday *ka’pong* life. Thus, death was never far from consciousness.

These gatherings were never morbid occasions and definitely not an occasion for sadness. Gossip was shared and stories told. Older women often brought their grandchildren along. These events also became a primary source of fieldwork data, for memories were evoked which were seldom recalled at any other time; subjects were discussed which ordinarily might not enter conversation.

It seemed strange to me at the beginning that the deceased was never explicitly mentioned at these functions. Over time I realized that these occasions were as much about life as death, that the souls of the living and of the community were just as much a

part of what was at stake as the souls of the dead. For the relatives of the deceased as well as the community, the cycle of ongoing mourning rituals, as well as events such as *piup* and *pelatou*, go a long way towards enabling closure after a death. The way that grief was “managed” through the ongoing communal rituals - clearly delineated in time and space, helped to express and resolve the private experience of grief; it also allowed grief to be compartmentalized (cf. Shepard 2002:220-221). In turn, this facilitated a refocusing on the tasks of everyday living (ibid). What I initially considered an illogical expense – in terms of time, effort and money, was in fact an investment in community with significant dividends. Collectively, these practices and obligations are - metaphorically and literally - matters of life and death.

In the coming together for these occasions the shared social body is made visible, lending weight to the notion that physical death is not the end; that something of the person survives beyond death, something sacred and eternal.

The power of that message may be significant, for Pyszczynski, Greenberg, and Solomon (2000:157) propose that embedding oneself in “something eternal” can provide protection against the terror and aloneness which have come to be associated with both death and mental illness in contemporary western society. That “something eternal”, I suggest, can be accessed and generated in ritual, for like a covenant that is made and remade, faith – one of the most ineffable of experiences – is concretized in ritual.

### **Annual calendrical rituals: acts of integration, expressions of faith**

One of the instrumental aspects of the managed and ongoing ritual events which take place after a death in the Melanau community is the gradual movement in social consciousness from a notion of linear time (which is imposed by a death) to a refocus on time as cyclic. This is in part achieved through repeated performances of integrative gatherings at increasingly wider intervals over a time period of a year. At the end of this time, the deceased - now considered to be securely settled into the afterlife - is “incorporated into the predictable cycle of the year and harnessed...to the reproduction of social life” in the performance of annual calendrical rites (Bloch and Parry (1982:10). Significantly, “experts believe it takes at least a year” to progress through the various stages of grieving to recovery after a death (Gire 2002:¶19).

That the situation of the deceased has changed is indicated by a clear demarcation now between the environments of the living and the dead; in the annual rituals, the “living” visit the cemetery. However there is also a great deal of ambiguity embodied in these events for at the same time, the very real connections between the living and the deceased are made visible by what takes place. It is as if, for the moment, all parties are existing in one hermeneutical dimension; the normative boundaries which separate off this life from the hereafter are dismantled to allow interaction between the two and both time and space are collapsed into the ever present now. The unpredictability of death is overcome and assimilated by the changelessness of invariant, autonomous time (Rappaport 1999:197). Temporality is displaced by eternity.

These annual rituals are performed not only by the Melanau Muslim and Roman Catholic communities, (on the second day of *Hari Raya* and at All Souls respectively), but also by the Mukah Chinese community on *Ching Ming Day*. There are two reasons for my including *Ching Ming day* in a discussion of annual commemorative rituals. Firstly, while many people in Mukah assumed that I was only interested in “The Melanau”, in reality no group (whether social, ethnic, or religious) existed in isolation and many people (including the anthropologist), aligned themselves with more than one interest group, depending on context. Secondly, I think it possible that when particular aspects of the beliefs and practices concerning death are subscribed to and shared by *all ethnic groups* in the wider community, the protective aspects for mental health are multiplied. It is significant that for all three groups... despite cultural, religious and social differences and change over time, symbolically, *the cycle of meaning concerning death has remained intact*; that life and death are points on a single continuum, that the living and the dead can be incorporated into a single social order which is eternal and that the living can ritually intercede on behalf of the welfare of the dead.

There is a reason that I have chosen to treat these annual rituals as a separate phenomenon from the ongoing rituals performed after a death. Rappaport distinguishes between calendrical rituals, where the periods between rituals are regular or of equal duration and those rituals which are responses to events in the world – such as funerals, which occur at irregular and unplanned intervals (Rappaport 1999:196). Each relates to contrasting modes by which social life and phenomena are regulated (ibid:197). The former are *time-dependent* – “regardless of the state of the phenomena regulated”; the latter are *variable-dependent* (ibid).

When temporal construction itself is a function of variable dependent regulation...the concept of time distinct from occurrences *in* time is much less clear than in systems in which time-dependent regulation is embedded in a periodicity seemingly independent of the regulated variables. A clear conception of an autonomous time is intrinsic to time-dependent but not to variable-dependent regulation (Rappaport 1999:197).

In other words, the experience of *eternity* or *eternal time* is particularly a function of and intrinsic to annual calendrical rituals.

A brief description of these rites illustrates how these understandings are realized in practice, and how, in the doing, they act as signifiers which mute and allay the anxiety produced by death. I would go further, in fact, and agree with Rappaport (1999:230-234) that these rituals, seen as containers, also offer sanctuary from irreversible mundane time.

### **Jarah Kubur: visiting the cemetery at Hari Raya**

It is the tradition, on the second day of *Hari Raya* – the week long celebration at the end of the Muslim fasting month, for the Muslim Melanau community to visit the cemetery and pay respect to deceased relatives. In 2001, I went along with Rohani, her brother and their cousin. When we arrived, soon after 8 a.m., the road leading to the cemetery was already heavily congested with vehicles and groups of people on foot.

We went first to the grave of Rohani's father where two children who had died as infants were also buried. Rohani had brought along a large plastic container filled with water, fragrant flowers and leaves which she placed at the side of the grave, before spreading out a sheet of plastic on the ground in front of the grave. The four of us sat



**Fig. 41 Jarah Kubur Mukah 2001**



**Fig. 42 Rani at his father's grave**

down, facing the headstones. Then Rani - her brother, read aloud from the Koran. When he had finished he took up the container and poured a little of the water on each headstone, sprinkling a handful of flowers and leaves on each in turn. The three of us followed after him.



**Fig. 43 Jarah Kubur. Mukah 2001**

Afterwards, we went to spend a little time at the graves of other relatives and Rohani told me a little about the background of each person and the role they had played in her own life. We came to the grave of Rohani's cousin who had passed away earlier in the year and joined for a few minutes with the members of her family sitting on the ground around the grave, reading from the Koran.

All around us, other people were engaged in similar activity; men, women and children, gathered around the graves in family groups – multiple images of filial piety. The spirit of *Hari Raya* – the celebration of a new beginning, was being shared and acted out in a way that made visible the connections between the living and the dead.

### **All Souls' Day at the Roman Catholic cemetery**

The Roman Catholic cemetery fronts onto the main road out of Mukah to Oya, at one point separated only by a boundary fence from the Muslim cemetery immediately behind it. This situation was not common in other parts of Sarawak, and I heard it referred to once as evidence of the way the Melanau Muslim and Christian



**Fig. 44 All Souls Day. Mukah 2000**

communities have maintained contact; “they can even hold hands through the fence at the cemetery.” Unless a funeral was in progress, it was unusual to see people in the cemetery. However, in the week leading up to November 2<sup>nd</sup> – All Souls' Day, I noticed groups of people tidying and cleaning up the graves and grounds.

When I arrived at the cemetery - about 4p.m. on All Souls' Day, men, women and children were busily at work. Headstones and concrete surfaces were being dusted, bunches of flowers were being arranged in containers, candles were being carefully laid

out in rows around or in front of the grave. Many people were dressed in their best clothes for the occasion.

People continued to arrive - Melanau, Iban and Chinese. I noticed a few Muslim women among them, identifiable by their *tudongs* (headscarf). The names on the headstones also confirmed the ethnic mix of this community and testified to its past history, for amongst the Melanau, Iban and Chinese inscriptions there was a sprinkling



**Fig. 45 All Souls Day Mukah 2000**

of European surnames. Some of these graves, too, were being tended. People rarely spoke about having European ancestry, and this was one of the few occasions where it was made visible and acknowledged. At a later date, I was surprised to learn from a colleague doing research in India, that for Anglo-Indians the reverse applied; they emulated European manners and culture as a mark of differentiation and status. Where ethnicity by personal ascription is permitted, the nature of what is at stake in each context obviously affects decisions about disclosure.

By 5.30 p.m. most of the work was done and people were sitting or standing in groups around or on the graves, talking quietly. There was a service at the church along the road at 5 p.m. and when it ended at six o'clock there was a further influx of people to the cemetery. Several policemen had arrived and were directing the traffic as the road - the main route into town, was congested with parked vehicles and people crossing.

As people made ready and began to light the candles, Father Joe (the local Roman Catholic priest and a Melanau) arrived with the servers. They commenced a circuit of the graves, sprinkling Holy Water and waving incense over the assembled congregation as they passed by. Darkness arrived suddenly, and the whole cemetery was instantly a blaze of lighted candles; so many that I could feel the heat from them. Family groups gathered together around family plots as someone in each group led a prayer. Many people, men included, were crying silently.



**Fig. 46 Father Joe and the servers. All Souls Day Mukah 2000**

## Ching Ming Day

*Ching Ming* or Grave Sweeping Day, on April 5<sup>th</sup>, is originally a Confucian tradition and is still widely observed by Chinese communities throughout Malaysia. Described as a “time to rejoice in the communion of ongoing lineage and a time to ponder eternal thoughts” (Fong 2004:¶14), it is the day the Chinese community in Mukah visits the cemetery in family groups to present offerings and pay respect to their ancestors. Most of those who take part are either Buddhists or Taoists; Christian Chinese are usually buried in the Roman Catholic cemetery. A smaller number of Chinese have converted to Islam and follow the Muslim traditions.

I arrived at the Chinese cemetery – not far from the centre of Mukah town, shortly after 6 a.m. Dawn was just breaking, but already swirls of smoke were spiraling upwards from burning incense. More people continued to arrive and by 7.30 a.m. both sides of the road were lined with cars and scooters and a pall of thick smoke hung over the entire area.

Family members, from the very old to the very young, were gathered round the graves – weeding the gravesite, cleaning the headstone, arranging flowers; I was reminded of an annual spring cleaning. Food, often items which had been particularly enjoyed during life, was laid out in front of the headstones as an offering to the spirit of the deceased. Most of the food would be taken home afterwards and consumed. Incense was burning alongside. Small bonfires were also alight all over the cemetery; great bundles of paper money were being burned to be transported in spirit to the deceased via the rising smoke.



Fig. 47 Ching Ming Day Mukah 2000



Fig. 48 Burning paper money



Fig. 49 Food and gifts for the deceased.

Many of the graves were covered with pieces of coloured paper, secured by small stones; I was told: “so that when family members come they will be able to see that other family members have already been”. These “pledges” indicated continuing loyalty to the family lineage, even if those who had placed them were unable to attend the rituals on *Ching Ming* day itself.



**Fig. 50** Paper left on the grave.

I stopped beside a grave where three smartly dressed men, whom I did not recognize as locals, were standing with others in a family group. This was their father’s grave, they said. I watched as one of the adult sons knelt in front of the grave and tossed two coins. He waited a minute or two, then turned and shook his head slightly to the other men. I asked what was happening. They were “waiting for their dead father to return to see them”, one said. When they toss the coins, “two tails is a good sign”; a head and a tail – “he’s thinking about it, but the time is not yet right”; two heads is a “bad sign.” The toss just made... “He’s not yet ready; he’ll be finishing his breakfast still,” this last spoken as naturally as if their father were alive and going about his daily activities as usual and at any moment might get up from his breakfast table and come to greet them. In honour of the occasion they had brought along some new clothes for their father – a new shirt, packaged in cellophane and a new pair of shoes – paper replicas of the real thing.



**Fig. 51** New clothes and shoes for the deceased on Ching Ming Day

I asked how they would know when their father had arrived - they weren’t sure about that. I somehow sensed it was an irrelevant question, for if they fulfilled their obligations there would be a corresponding response; none of them had the slightest doubt about that.

## Partaking of eternity

Like Rappaport, Turner (1979) also differentiates between annual calendrical rituals and initiation or life crisis rituals, but for a different reason. He calls these calendrical events “public” or “metasocial” rituals because they are performed in public places and have to do with public liminality – in full view of everyone (Turner 1979:467). While acknowledging that they frequently involve status reversals, he points out that they have an equally important function; they provide a frame for society to reflect and comment on itself - they make a metasocial critique (ibid).

There is not so much the symbolism of birth, maturation, death, and rebirth – that is, of linear developments – but rather the continuous presence of a metalanguage [sic] (ibid).

While this auto-communicative aspect is present in all rituals, for “the transmitters of ritual’s messages are always among their most important receivers” (Rappaport 1999:51), in the annual rituals just described, the message *is* the subject and the object of the ritual activity. And the message is explicit. When the Chinese gentlemen spoke with such conviction of their father coming to greet them after he had finished his breakfast, they were not talking in metaphorical terms but literally, as if the afterlife had a time and space dimension similar to life on earth and as if their father would be physically present. The offerings of food and the paper clothes were not made to death, but to the “returning dead”. When the assembled groups at the Roman Catholic cemetery silently wept as the candles were lit, when Rani sat in front of his father’s grave and read to him from the Koran... they were responding “to the stimuli of their own ritual acts” (ibid: 51). And inasmuch as all parties were images, in the ritual enactment *an interaction took place. The dead came to have an ontology of their own.*

Thus while on the surface these rituals are expressions of filial piety and obligations, they resonate at a deeper level. In the act of dissolving the temporal and spatial boundaries between the living and the dead, they incorporate both into a single social order which is eternal, life and death are subsumed and merged in a context of deeper meaning where ultimate order prevails and ultimate authority reigns. Death is no longer a doorway to oblivion, but “part of a cyclic process of renewal”; “order” is made

victorious over “biology” (Bloch & Parry 1982:15). I regard *faith* as the embodied memory of that feeling whereby for a time, “society is made both emotionally and intellectually unassailable” (ibid:41).<sup>14</sup>

It is the act of performance (rather than belief) that brings this reality into being, for in each of the three contexts the relationships and connections of the deceased are reflected and reaffirmed in the relationships and actions of those performing the rituals, in both a lateral and a longitudinal sense. Hence Rappaport is able to argue that participation in public liturgical orders:

constitutes a public acceptance of a public order, regardless of the private state of belief...it is the visible, explicit, public act of acceptance, and not the invisible, ambiguous, private sentiment, which is socially and morally binding (Rappaport 1999:122).

The use of liturgical texts – reciting the Koran, prayer, the blessing with holy water, the presentation of incense, are part of the message transmitted as well as a means of connecting those taking part to that which endures eternally. The invariant nature of the liturgical words, for example, is part of what marks these rituals as timeless and eternal (Rappaport 1999:152). As both symbols of ultimate order and a symbolic bridge which links the living and the dead with the “ultimate order” of the cosmos, they evoke meaning “by reaching down into the memory of the community” Karecki (1997:¶26). Again, it is the performance which is instrumental in bringing forth the reality; “to perform a liturgical order is to affect a union with others” (Rappaport (1999:384).

### **Impediments to meaning: a cross-cultural comparison**

It is the sense of continuity between the living and the dead, the integration of both into a single social order that is eternal, and the sense of an analogy between death and rebirth or regeneration – the themes which are common to all the Melanau communities (as well as the Chinese community) in the stance they take up towards death, which is strikingly absent in contemporary western society. The problem is not

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<sup>14</sup> This conception of faith seems to satisfy (at least in part) what Bloch and Parry refer to when they write: “...what would seem to be revitalized in funerary practices is that resource which is culturally conceived to be the most essential to the reproduction of the social order” (Bloch and Parry 1982:7).

one of worldviews, but of life worlds. Whereas in my fieldwork context, the cycle of meaning concerning death has remained largely intact, other factors have long since contrived to render comparable constructions regarding death questionable or untenable in many if not most western contexts.<sup>15</sup> Ritchie (2003:¶4), for example, refers to the way that death has become bracketed out from life in contemporary western society, compared with pre-secular times when “life and death were integrated, part of a continuum – with the living...ritually able to intercede on behalf of the welfare of the dead”. Contemporary western models of grieving are assumed to enable the bereaved to “emotionally detach themselves from the dead person”(ibid:¶1). Yet, “our psychological preservation actually requires continuity, not detachment” (ibid).

[This strategy also] ignores the fact that the death of a significant person results in a loss of self - a self that is inextricably bound up with the deceased. The fundamental crisis of bereavement, according to this view, is a crisis not of loss of the other, but of loss of self. If the deceased is 'let go' completely, then part of the self is also jettisoned (Ritchie 2003:¶9).

Ritchie (2003:¶9) suggests that what is needed is a creative and meaningful way of incorporating the experience of loss caused by death into the self-narrative such that the sense of continuity is able to be maintained. However, I consider three factors in particular create major difficulties for the construction of an integrative model of life and death in contemporary western society. The first concerns the concept of eternity itself.

While the annual rituals I observed in Mukah emphasized the cyclic and unchanging nature of eternity, “in our own society, the dominant conception of eternity is neither ceaseless repetition nor absolute undivided duration. It is endless and unabating irreversibility” (Rappaport 1999:234). In other words, eternity is a cultural construct, conceived and experienced in relation to the cultural construction of time and space. While cyclical time allows for the certainty of renewal and revitalization, providing a nurturing context for both meaning and faith, linear time is “comfortless...the numbering of years, stretching backward and forward relentlessly

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<sup>15</sup> My statement is context specific, based on the observations I made at the time; I am not claiming that all “*traditional*” cultures construct death in similar terms. Bloch & Parry (1982:42) note that Woodburn (1982:187-210) discusses four hunter-gatherer societies where an analogy between death and rebirth/regeneration is absent.

and forever emphasizes the transience and insignificance of humans' ephemeral spans" (ibid:235). Meaning and faith become much more difficult to generate and sustain in these circumstances.

Secondly, both literacy and numeracy (as History), have contrived to rob us of imagining time as cyclic (Rappaport 1999:234).

If durations great and small are all numbered, we can no longer escape time's undoing by entering ritual's eternity even for a little while, for when we return we can hardly avoid knowing that our sojourn in ritual lasted, let us say, from 3.00 until 5.00 pm on a certain day of a certain month, in a certain year. Endless time not only is not eternity but overwhelms eternity, reducing it to insignificance or to superstition... Number gives eternity, which once informed life and was infused by it, into the hands of death. As the eternal is banished from life by the merely innumerable, we are left to what Eliade (1957a) called 'the terrors of history,' hopelessness and dread in the face of the inevitable and meaningless annihilation (Rappaport 1999:235).

A numerated linear sense of history seemed to be conspicuously minimized in importance in the way a Melanau thought about time. Rather, history took form as the recollection of significant events which had occurred in a person's lifetime. Moreover, few people could trace their ancestry back further than three generations; it did not appear to be considered an important aspect of identity. Identity, rather, resided in connections and relationships in the present. And while the annual cemetery rituals might be considered an acknowledgement of the importance of lineage, these relationships were *experienced* in terms of connections in an "ever present now" which existed outside mundane time.

A third impediment has to do with differing concepts of personhood; the individuality we value so highly becomes a stumbling block for a representation of the social order as eternal (Bloch and Parry 1982:15). In societies where the individual is given a "transcendental value" and cultural ideology stresses the "unique and *unrepeatable*" aspects of personal biography, the person "is conceived of in opposition to society and his death is therefore not a challenge to its continuity (ibid). In addition, the "symbolic connection between death and fertility" is weakened and death cannot easily be represented as part of "a cyclic process of renewal" (ibid).

There is a further price to pay for the pursuit of individualism – when the inner state becomes important as the measure of transcendence, faith becomes something

which has to be generated and sustained internally through individual effort (Rappaport 1999:119). Religious experience is privatized, the public and private dimensions of life become estranged and community authority over individual experience is rendered impotent (Karecki 1997:¶29). Belief, achieved via reason and logic, displaces the “experientially based ‘knowledge’” and faith generated via ritual (Levy 2001:61). The world becomes a little less meaningful as a result and we are often left to adjust to the aftermath of a death quite alone, as if death were something that was over in an instant. In these circumstances the meaning of death can come to stand for the death of meaning.

## Conclusion

I suggested in the introduction to this chapter that the problem of death, while it occurs universally as the shadow of being- in- the- world, takes on a different shape cross-culturally. Death, therefore, is a socio-cultural process, the nature of which differs depending on what is at stake. The significance of this for my argument is in the relationship between the particular stance a society adopts towards death and the psychological wellbeing of the individual. As I have demonstrated in this chapter, the same process “by which the psyche resolves its losses” in the phenomenology of the mourning process, “is at the same time the process by which psyche itself is generated” (Mogenson 1995:¶2).

There are implications here for psychiatry and psychology, for there are significant parallels between the existential anxiety associated with death in western societies and the imagined descent into the abyss of madness. For example, the phrase “falling into the abyss” is often used as a metaphor for depression. Solomon describes the experience in the following terms:

...it's dark. You are falling away from the sunlight towards a place where the shadows are black. Inside it, you cannot see, and the dangers are everywhere (it's neither soft-bottomed nor soft-sided, the abyss). While you are falling, you don't know how deep you can go, or whether you can in any way stop yourself. You hit invisible things over and over again until you are shredded, and yet your environment is too unstable for you to catch onto anything (Solomon 2002: 27).

These are surely images of death and burial and in fact a page further on, Solomon says: “Among other things, you feel you are about to die” (ibid: 28). While I do not wish in anyway to underestimate the feelings of loss and grief associated with death, any notion of celebration, renewal, or revitalization is wholly absent from Solomon’s image, and we would not expect it to be otherwise in the circumstances, for there is nothing to celebrate about depression.

But it is the *image* I am interested in, the analogy made, the suggestion implied - that death is a fall into meaninglessness, darkness, terror, and utter aloneness. It is not an image of death I ever heard or saw expressed in Mukah, by either the dying or the newly bereaved. Nor was it an image used in descriptions of soul loss, which may be considered analogous to depression.

More than any other dimension of fieldwork experienced during my time in Mukah, my involvement with the process of dying and death *compelled* me to question and rethink many of my taken-for-granted beliefs about this subject and the implications and consequences of those beliefs. We often hold quite different things and experiences to be matters of life and death – such as making money, secure employment, material possessions, social standing and passing exams. Yet none of these things are binding in terms of meaningful human relationships; rather, they are potentially *divisive* of human relationships because they involve competition and profit at the expense of someone else’s loss. Moreover, they do not feed the soul of either the living or the dead. We in westernized technological societies have conceptions of the mourning process which are “incongruent with its actual experiential content” (Mogenson 1995:¶4). Is this the message of the image in Solomon’s description of his experience of depression?

Birth and death are matters of the most “profound emotional significance”, the two experiences we share in common with all other beings on this planet (Meyerhoff, Camino, & Turner 1986:¶28). Is there a consequence when they become “merely secular affairs” and are “left publicly uncelebrated?” (ibid). Is soul loss a more apt description of the experience of depression and, if it is, does that make any difference to how the message is received? These questions point us in the direction of the image rather than the word. They also suggest further questions – for instance, what is the consequence for the individual when the image transmitted cannot be read and received, when the dialogue between the rational and irrational becomes a monologue? In particular, does it impact on issues to do with stigma and chronicity?

I have indicated the potential merits of addressing the image a number of times in this chapter. I will discuss this concept and its implications for practice in greater depth in the next chapter; in particular the extent to which a *poetic* reading of experiences of sickness and suffering can shed new light on the part culture plays in psychopathology. This will include further exploration of the images associated with certain phenomena in the fieldwork context and their connections to the life world in which they occur.

## Chapter Eight: Towards a Cultural Theory of Psychopathology

*The world in which we live can be a source of comfort or of madness.*

- Marsella (2003:¶11)

### Introduction

In the previous chapter, I suggested that attending to the poetics of the image – the medium within and through which experience is articulated and communicated – might move us closer to understanding and unraveling the connections between psychopathology and cultural context and that it also had therapeutic implications at the level of social practice. I will take up that task in this chapter and the next and explore further some of the images Melanau culture draws on to make sense of experiences and emotions we might associate with psychopathology.

Chapters eight and nine cohere as a unity; chapter eight is theoretically weighted while chapter nine is an applied exegesis. Each makes its own contribution to the other; both are necessary. Theory and practice belong together, in the same way as Peteran meant when he told me:

“Needle and string belong together; they can be used to join things that need to be joined or rejoined.”

The theoretical argument made in this chapter draws on the ideas and insights of Jungian and post-Jungian psychology. I have relied on two Jungian concepts in particular - the *image* and the *shadow*, which will be elaborated in detail. My intent is to demonstrate that Jung’s concept of *the shadow* can usefully be adapted (as *cultural shadow*) and applied - as an auxiliary to an ethnographic analysis - to generate a cultural theory of psychopathology and that this same approach also goes some way to providing an explanation for the efficacy of traditional healing systems. Further, I will argue that ritual provides a context in which to process these experiences, reconcile and reintegrate them in a way that is not only non-stigmatising but meaning-making.

It should be noted that Jungian approaches and analyses do not comprise an orthodoxy (Young-Eisendrath & Dawson 1997:xiii). “Jung never presented a psychological theory in the strict sense”; nor did he “offer a methodology” (Singer 1995:9). Hence the post-Jungian movement is defined less by consensus and more by those persons and groups - regardless of their disciplinary or academic background, who

are interested in and energised by Jung's ideas and the debates surrounding them (Samuels 1997:7). Outside of psychology, the interest is often "not so much in Jung's conclusions as on his intuitions about directions to explore" (ibid:12). I belong in the latter group and had those intuitions in mind, though only in a very general sense, when I left New Zealand to go to Sarawak. It wasn't until I had been in the fieldwork situation some time that intuition began to turn into something more substantial. The "working out" of the implications has been a post-fieldwork and still-ongoing process.

## **Culture and the Image: a Jungian approach**

*An image is not what we see but how we see, that is, the image is a consequence of an imaginative look.* - Marcus Vinicius Quintaes (2002:¶25)

For Jung, all reality - everything that a person "experiences, feels, learns, encounters, both inside and outside the mind" - is filtered through the "psyche" (Rowland 2002:29). Jung conceived the psyche as made up of three parts: the ego or conscious mind, the personal unconscious - comprised of "anything not presently conscious but which can be", including conscious *and* unconscious memories - and finally, the collective unconscious (Boeree 1997:¶19).

The *collective unconscious* might be thought of as our "psychic inheritance" (ibid:¶20). Jung called the hypothetical contents of the collective unconscious *archetypes* - "structuring patterns in the unconscious with potential for meaning formation and images" (Rowland 2002:173).<sup>1</sup> These are always only potentialities (ibid:29).

An archetype is an inborn potential for a certain sort of image. What the actual mental image will look like will not only depend upon the collective unconscious. Archetypal images also reflect the conscious experiences of the person as a subject in history, culture and time (ibid).

The archetypes comprise one of Jung's more controversial theories and for the purpose of my argument it is not necessary to pursue them in depth. As Singer puts it:

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<sup>1</sup> In "contrast with Freud's 'repressed unconscious' which was the residue of early relationships" (Young-Eisendrath & Dawson 1997:320)

It is simply that the archetypes exist as useful categories for thinking about the vast realms of the collective unconscious, and that they surface as images which help us to organize our life experiences in ways that point toward their ultimate meaning” (Singer 1995:129).

Both Rowland and Singer make a point which deserves highlighting here because it is the reason for my decision not to delve any further into the archetypes in the context of this thesis; what we experience or perceive *phenomenologically* is the archetypal *image*, not the archetype.

We should also note that Jung considered that the collective unconscious represented, at base, an image of the world (Jung 1965:402). Hence it contained humankind’s deepest truths which by their very nature defied codification except as symbols. On this account he called it “psychoid” or “soul-like” (Jung 1965:397).

In Jungian terms, “the civilizing process...consists of culling out those characteristics that are dangerous to the smooth functioning of our ideals” (Johnson 1991:5).<sup>2</sup> In this way we construct our *persona* - our image of “what we would like to be and how we wish to be seen by the world” (Johnson 1991:3). For this reason, the *persona* is also known as the “mask” because it is only a partial representation of the ego; it “is the way that the ego adapts to present a coherent personality in social situations” (Rowland 2002:178). Johnson (1991:3) likens the *persona* to our “psychological clothing”. It corresponds to the social role an individual assumes or identifies with and as such is “a necessary, non-pathological development” of the person (Young-Eisendrath & Dawson 1997:317).

Jung conceived the *shadow* as a product of the same process of socialization and acculturation by which the *persona* was constructed. The shadow is the container into which are cast those “traits and attitudes which the conscious ego does not recognise in him- or herself” (ibid:319). These rejected characteristics do not disappear – rather, they remain behind the blind, out of consciousness. “The ego is what we are and know about consciously. The shadow is that part of us we fail to see or know” (Johnson 1991:3- 4).

In Jung’s model of the psyche, the shadow is the complement to our conscious *persona*.

It is, metaphorically, the shadow thrown when the light of our *persona* (our consciously

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<sup>2</sup> Johnson attributes this process to “our legacy from having eaten of the fruit of the tree of knowledge in the Garden of Eden” (Johnson 1991:5). In other words, the shadow is the price we pay for self-consciousness.

expressed public personality) meets the larger reality of our total being (Daniels 2000:¶7).

While the shadow is usually identified with the darker aspects of the psyche, Jung believed the shadow and the elements which make it up were “morally neutral or ambiguous” (Daniels 2000:¶8). In other words, the shadow only acquires negative attributions from the viewpoint of consciousness. Hence, what one person holds to be a virtue may be rejected as unacceptable, sinful or even dangerous by another. It follows from this that the shadow “does not consist only of morally reprehensible tendencies” but is also the receptacle for many creative and potentially useful qualities (Jung 1965:399), which in the course of one’s social and cultural conditioning get passed over and remain unrealized.

From the perspective of my argument however, I want to focus on another of Jung’s propositions: that the path to self knowledge and wholeness involves becoming conscious of, and acknowledging (or integrating), the shadow portions of the self. Through this process of increasing awareness, which Jung called the *individuation* process, the shadow loses its potential to usurp or sabotage the ego.

The notion of balance is integral to Jung’s model of wholeness; “the shadow behaves compensatorily to consciousness” (Jung 1965:399). In these terms, psychopathology is a result of the inability to maintain the wholeness and integration necessary for health.

However, for Jung, psychopathology also serves another function. It calls attention to imbalances or conflicts within aspects of the self and the need to address them.

...since everything strives for wholeness, the inevitable one-sidedness of our conscious life is continually being corrected and compensated by the universal human being within us, whose goal is the ultimate integration of consciousness and unconsciousness (Jung CW 8:¶557).

In the absence of the process of integration occurring, the shadow is repressed (in the unconscious, where it may occasionally surface in dreams) or it is expressed unconsciously as projections – “what we cannot admit in ourselves we often find in others” (Singer 1995:165-175). However in times of stress or when identity boundaries and defences are weakened (e.g. by alcohol or drugs), and at moments when the stories we tell ourselves no longer ring true experientially, the shadow may break through

uncontrolled into consciousness, making vulnerable individuals liable to depression, psychosis or (self) destructive behaviour (ibid). “The shadow gone autonomous,” writes Johnson, “is a terrible monster in our psychic house” (Johnson 1991:5). There is something recognizably similar here with Solomon’s description of depression as “emotional pain that forces itself on us against our will, and then breaks free of its externals” (Solomon 2002:16).

Jung believed that *individuation* was the life goal of the psyche.

Individuation is Jung’s term for the process whereby the ego is brought into a relationship with the archetypal dynamics of the unconscious. In individuation the ego is constantly made, unmade and remade by the goal-directed forces of the unconscious. Even “meaning” in the ego is subject to dissolution and reconstitution by the Jungian other (Rowland 2002:177).

Individuation corresponds with the archetype of *the self* as an image of wholeness – experienced as life being invested with meaning.

For Jung, the word self has a totally different meaning from the conventional “personality”. The Jungian self is the *not known*. It is the numinous, potential, unconscious nature of every person. Knowledge of the self, in its peculiar Jungian sense, is the purpose of individuation. The self is paradoxically defined as the totality of all a person’s psychic processes, and is similarly the archetype of wholeness and meaning, necessarily religious in nature (Rowland 2002:33).

There is another aspect of the psyche closely associated with the individuation process which can come into play as a mediator in situations where the ego is in conflict with the unconscious. Jung called this aspect the *transcendent function*. The transcendent function stands above the spheres of the ego and the unconscious, belonging to neither yet able to access and participate in both (Singer 1995:274). It works by “forming symbols resonant enough to hold the tension of opposing forces” (Rowland 2002:34-35), allowing a new perspective on the situation to emerge which transcends the “warring forces” and unites them (ibid:181).

It is here that the *image* becomes all-important, for the symbols produced by the transcendent function derive from the “unknown in the unconscious - they must not be reduced to words, which are the ego’s language” (Rowland 2002:181).

For this reason, Jung has been described as “a theorist of the image” Rowland (ibid:7).<sup>3</sup>

For Jung, the unconscious image was primary; it was reality. The application of “theory” to the unconscious image risked corrupting its purpose and function. Images are the way the unconscious thinks and speaks (ibid).

We are dealing here with different modalities of representation. The *image* is a connotative mode of representation - it communicates through making connections at the level of feeling and emotion, whereas the *word* is a denotative mode of representation that aims to communicate at the level of reason and logic. The image should therefore be accepted and experienced as it is - as a “presentation” rather than a “representation”(Quintaes 1999:¶14). Interpreting the image means attending phenomenologically to the specificity of the image – to the “qualities and implicit metaphors”, rather than reducing it to a concept or associating it with an external object (Adams 1997:105).

When I speak of image...I do not mean the psychic reflection of an external object, but a concept derived from poetic usage, namely, a figure of fancy or fantasy image, which is related only indirectly to the perception of an external object (Jung CW 6.743ff).

But there is more to the issue than this because the power of the image to communicate is infinitely more complex than the word (Quintaes 1999:¶13-18), and some things cannot be expressed or adequately represented in any other way. Quintaes, in fact, argues that this is an ethical matter because the image cannot be reduced to a “mere concept” without losing some of its meaning (ibid).

The image, moreover, invites us into a relationship in a way that the word does not, because of its ability to mediate or act as a bridge between inner and outer worlds, between ideas and things (Kugler 1997:81-83). It has the power to connect us with other places and other people – to bring a world into being, and not merely in the moment in which it is imagined; “it imparts new feeling and knowledge in whatever context we meet it again” (Robbins, Cowan-Barbetti & Barbetti 2000:¶6). If we cease interpretation

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<sup>3</sup> The primacy of the image is the lynch-pin of the post-Jungian approach known as *archetypal* or *imaginal psychology* (also known as *depth psychology*) founded by Hillman in the late 1960s. The term “archetypal” has been criticised as misleading because: “For the archetypal school, there are no archetypes as such...there are only phenomena, or images, that may be *archetypal* (Adams 1997:103).

and let the image speak to us “it reveals itself as a nexus of multiple meanings, which shift and oscillate with the context of the world and even speak to us of our own lives” (ibid:¶13).

It is this capacity of the image to evoke memories of other “things, people (and) ideas” – to bring a world into being, that allows the connections to its origins in social practice to be laid bare and the relationship to be unmasked (Robbins, Cowan-Barbetti & Barbetti 2000: ¶ 1).

The image *is* the relationship, the doorway...that always implies another side...It takes us...into something new, something that was before unimaginable” (ibid, my italics).

This capacity is what differentiates the image from, and makes it so much more than, mere perception.

We always think of the imagination as the faculty that *forms* images. On the contrary it *deforms* what we perceive; it is, above all, the faculty that frees us from immediate images and *changes* them...If the image that is *present* does not make us think of one that is *absent*...then there is no imagination. There is only perception (Bachelard 1998:1 -2, cited in Miller 2002:¶10).

That both image and practice involve, and evolve out of, the nature of social relationships is primarily important; thus psychological phenomena can be said to be “quintessentially social in nature” (Ratner 1993: ¶ 3).<sup>4</sup> When this insight is ignored, denied, or overlooked, the relationship between theory (as conceptual understanding) and experience (as social practice) also becomes estranged and the motivation to bridge the divide more dependent on one’s personal capacity and desire for empathy than a *raison d’ être*. Moreover, *the cultural essence of psychological phenomena is masked*.

I was attracted to the possibilities of drawing on Jungian and post-Jungian ideas for several reasons. An *imaginal* interpretation seemed particularly suited to application in a ritual context. In addition, a Jungian approach includes and takes account of the non-rational, non-logical dimension of experience in terms that are not necessarily pathological. Jung’s inclusion of the cultural dimension of experience and its

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<sup>4</sup> Ratner makes this statement with reference to Vygotsky’s concept of Sociohistorical Psychology (cf. Ratner 1991).

manifestation in the images which arise from the unconscious also sits comfortably with an ethnographic approach to psychopathology.

I had previously recognised an affinity between Jung's concept of the archetypes as structuring principles and Turner's conception of liminality as a generative source.

In Turner's view liminality consists of a zone of creativity because it is a crucible capable of reducing culture to its fundamental elements, its "alphabet." This reduction allows for their playful recombination in novel or fantastic patterns. Turner refers to these elements as first principles and building blocks. The whole set works as a template, ultimate measure or paradigm (Grimes 2000:265).

Turner was himself inspired by Jungian ideas and aware of these similarities. In "Body, Brain, and Culture" (1987), he was beginning to explore a possible connection between ritual, religious experience, and Jung's concept of the archetypes in the context of their involvement in brain processes. He acknowledged that the archetypes "manifest themselves...objectively in such collective representations as myths, rituals, and cultural symbols" (ibid:173).

Although I was acquainted with these connections, I could have had no idea beforehand of the major role that ritual played in Melanau ontology. It was only after some months in the field that I began to seriously consider the potential of Jung's concept of the shadow. But my feeling about the potential usefulness of the shadow as an analytical concept was also born out of the dislocation and alienation of the fieldwork experience itself; long evenings spent thinking about home and reflecting about the cultural logic behind habits and values formerly taken for granted, led to my thinking about the concept of the *cultural shadow*.

## **The cultural shadow**

*In the same way that the personal shadow is the dark complement of an individual's persona, a culture's dominant zeitgeist will cast its own dark, antithetical, collective shadow.*

- Michael Daniels (2000:¶12).

While I was aware before my fieldwork experience that mental illness was more closely related to cultural and historical context than is widely acknowledged (in western society at least), I had not considered how deeply entangled this relationship

might be. I was prepared to accept that the major mental illnesses occur universally and that the content simply changes according to context. However, during my time in Mukah I wondered increasingly if the reality was more complex than that, partly because of what I observed, but also partly as a result of reflecting (from a distance) about my own culture. Did culture merely shape the behavioural expressions of psychopathology or did culture shape the actual process itself?

Barrett, for example, in a critique of Warner's (1985) thesis, suggests that schizophrenia can be interpreted as a "historically and culturally contingent category" (1988:372);

...into it are condensed some of the dominant meanings and values of psychiatric discourse including stigma, weakness, inner degeneration, brain disease and chronicity... Furthermore, there is a striking resonance between schizophrenia and the ideology of individualism within modern capitalism (Barrett 1988:375).

The existence of the "culture bound" syndromes – such as *susto*, *amok*, *angin*, *latah* – has been acknowledged and documented in the literature for many years.<sup>5</sup> But could categories of mental illness which are considered to be universal also be culture bound? This possibility led me to consider further apparent correspondences, such as the way categories and experiences of mental illness appear to evolve in tandem with cultural context. For instance, as identity has increasingly become perceived in terms of an *inner* experience of the individual in western models of personhood, so categories and experiences of madness have increasingly been perceived in similar terms. As communication has increasingly become a technological process (the *bodiless voice*) via telephone, fax and internet - rather than a person-to-person, face-to-face encounter - madness appears increasingly to be conceived, perceived and *experienced* as a mental condition confined to the mind, rather than a state-of-being communicated through bodily gestures. This would go some way to explaining why conditions such as "hysteria" are seldom seen anymore in western societies. (The traditional healers around Mukah also recognised this principle and told me that many of the "old illnesses" they used to treat are no longer seen.) It also seemed possible - reflecting on the experience of Katun - that some (at least) of the isolation and alienation engendered by the

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<sup>5</sup> For example, *The Culture-Bound Syndromes: folk illnesses of psychiatric and anthropological interest*. Simons, Ronald C. and Hughes, Charles C. (Eds. 1985).

experience of schizophrenia in western society might be more related to the image of the unique and independent person we strive to be in western culture than a universal feature of the illness.

In other words, in the very process of creating culture and notions of personhood, do we also create the possibility for a “shadow” of that ideal to come into being - “the pathologised individual”? (Barrett 1988:376). If the images we associate with madness are metaphorical expressions and reminders of that shadow, it could explain the continuing stigma attached to mental illness and those who suffer from it despite vigorous, ongoing anti-stigma campaigns. Stigma, after all, is a concept framed in interpersonal or relational terms; its very existence speaks of mental illness as having interpersonal significance. My point is that madness is a much more complex concept than it first appears; hence *mental illness* is an impoverished image for thinking and theorising about madness.

As Daniels’ quote suggests at the beginning of this section, the shadow is not only an image which can be related to the individual psyche. The concept of the cultural shadow itself was implied rather than explicitly defined by Jung and has been developed and applied as an explanatory model by post-Jungian theorists such as Singer and Johnson since, in a manner analogous to the personal shadow.<sup>6</sup> The notion of polarity is inherent to this model; a particular element or attribute cannot enter consciousness without the implied existence of its opposite.

Johnson (1991:5) proposes that the collective shadow-making process runs parallel to and concurrent with the process of acculturation. As with the individual shadow, the elements involved have no particular positive or negative value in themselves; rather, they have value attributed to them in the process of realizing culture.

It follows that the cultural shadow will consist of a unique combination of the elements and ideals judged to be *undesirable* in a particular cultural context, and for that reason deemed to be *outside* culture.<sup>7</sup> The existence of the cultural shadow, accordingly,

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<sup>6</sup> It is clear from what Jung wrote, that he was aware of the way groups or societies project qualities they dissociate with themselves, and value negatively, onto other groups. Singer offers an explanation for Jung’s focus on the individual: “Jung ‘distrusted’ the collective. He regarded collective norms and collective morality as contrary to the interest of the soul or psyche...that it was necessary in the process of psychological development for the individual to stand against ‘the collective’”(Singer 1995:350). In addition: “During Jung’s lifetime, analytical psychology was highly suspicious of all kinds of groups” (ibid).

<sup>7</sup> There are, however, a number of locations where the cultural shadow is reflected...e.g. “The front page of any newspaper hurls the collective shadow at us” (Johnson 1991:26).

will be denied in the way we structure our institutions and practices, in the way we imagine our world, in the stories we tell which affirm “the way things are”. Instead, the shadow may be projected onto an “other” cultural or social group.<sup>8</sup> However it is not the perception of “otherness” in itself that is pathological; differentiation is fundamental to the identity making process. Rather, as Ahmad explains it:

[the pathology exists in] the denial/suppression of the other, and a refusal to enlarge one’s field of knowledge regarding oneself... the refusal to know and learn about the other in relationship with oneself...and which is experienced psychologically as either fear or arrogance (Ahmad 2000:¶99).

One might therefore conceive the shadow, in both its individual and collective/cultural form, as *a relationship problem* which has both an intrapersonal and an interpersonal aspect, perhaps usefully posed as a question in the following terms: what do we see and what do we *not* see by projecting our shadow onto “others” and denying those “others” in relationship with ourselves? Jung’s answer was that “...men inevitably (see) the mote in the eye of their neighbour...not just out of ignorance of the beam in their own but unconsciously to avoid recognizing it as a reflection of their own” (Van der Post 1975:¶48); i.e., the projection is a means to avoid seeing “what we unconsciously dislike most in ourselves” (ibid). Given the source of the cultural shadow, we might also assume that the image chosen has a significant connection to the critical issues (or what is held to be the *ultimate/ ideal state*) in the particular cultural system which shapes it, especially perhaps to issues which have strong emotional significance.

This gives rise to a number of questions which relate to issues - such as stigma, chronicity, the values of psychiatric discourse and the ideology of individualism - raised by Barrett (1988:375) in connection with schizophrenia as a “historically and culturally contingent category” (ibid:372).

Could the continuing stigma attached to mental illness, and those who suffer from it, be explained in terms of shadow projection? Does the fact that we use a branch of science (Psychiatry), to validate categories of psychopathology have anything to do

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<sup>8</sup> A number of writers have drawn attention to the present day conflict between “Islam and the West” in terms of the *shadow*. See for example: Abrams (1999); Ahmad (1995); O’Callaghan (1999); Beddington-Behrens (2002).

with an image of madness as the epitome of irrational man? When we explain madness in terms of an illness, confined to an individual, what do we not see? It is on the basis of these questions that I would argue for an in depth exploration of the relationship between categories of psychopathology and cultural and historical context.

As I have already mentioned, the potential usefulness of the shadow as an analytical concept was an idea that developed during the course of fieldwork and related to aspects of the fieldwork experience itself, particularly the significance of ritual and its possibilities as a mediator between the conscious and the unconscious. Jung believed that the shadow posed a danger only so long as it remained outside consciousness. If the image behind the emotions was brought into awareness, then the emotions could be rendered meaningful, the contradictory elements reconciled and equilibrium restored for a time (Jung 1965:170-199). In other words, the image was the key to awareness and the possibility of transformation.

This argument was not merely based on conjecture. A series of dreams in 1913-1914 precipitated Jung into a period of emotional storms so intense that he feared he might lose his mind. He records in his autobiography:

To the extent that I managed to translate the emotions into images – that is to say, to find the images which were concealed in the emotions – I was inwardly calmed and reassured. Had I left those images hidden in the emotions, I might have been torn to pieces by them...I learned how helpful it can be, from the therapeutic point of view, to find the particular images which lie behind emotions (Jung 1965:177).

A few pages on, he reflects:

...it is of course ironical that I, a psychiatrist, should at almost every step...have run into the same psychic material which is the stuff of psychosis...This is the fund of unconscious images which fatally confuse the mental patient, but it is also the matrix of a mythopoetic imagination which has vanished from our rational age. Though such imagination is present everywhere, it is both tabooed and dreaded (ibid:188).

Mental health in this scenario is akin to an ongoing balancing act; it requires that we “own” our shadow, recognize that “we cannot make light without a corresponding darkness”, and make some form of acknowledgment of that fact (Johnson 1991:15).

The shadow is a moral problem that challenges the whole ego-personality, for no one can become conscious of the shadow without considerable moral effort. To become conscious of it means recognizing the dark aspect of the personality as present and real (Jung CW 9 ii: ¶2).

To do this is to recognize and incorporate the shadow into relationship with oneself. However, Johnson emphasizes, this does *not* require that we engage in a destructive act for every creative act performed because what we are dealing with are *images* - a *symbolic* acknowledgment will suffice (ibid:21). In fact, “Culture can only function if we live out the unwanted elements (of the psyche) symbolically” (ibid:52). Johnson goes on to caution that if the “shadow” is not symbolically acknowledged and incorporated it will be expressed unconsciously as projections, either outwardly onto the *other* (in war, violence or scapegoating), or inwardly as “psychosomatic illness, neurotic suffering and accidents” (ibid:52-53).

What is needed therefore is a context where the images behind the emotions can be brought into consciousness, given expression and reconciled in a way that renders the image culturally meaningful (ibid); in other words, a context which is simultaneously expressive and transformative. That context, Johnson proposes, is provided in ceremony and ritual (ibid).<sup>9</sup>

A recognizable clearing has been reached, for Rappaport also draws attention to ritual’s capacity to “conflate” an expressive and an instrumental aspect; ritual messages “do not merely ‘say something’ about the state of the performer, they ‘do something’ about it” (Rappaport 1999:107). Likewise, Turner argues that “Ritual symbols are not simply expressive, but epistemologically and sociologically constitutive” (Turner 1968:7).

However, Johnson’s argument takes on special significance in the context of my ethnographic data because of the considerable role that ritual played as an essential element of everyday life; in particular in the context of traditional healing. There was a specific “Ah-ha” moment in the field when theory and experience converged and the implications became explicit.

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<sup>9</sup> Ritual and ceremonial symbols such as “sacrifice, burning, fasting, sexual abstinence... safeguard the culture by “paying out the shadow in a symbolic way” (Johnson 1991:53). We can expect “healthy societies” therefore, to have a “rich ceremonial life” (ibid).

## illuminating the shadow: Possession by a ghost

*One of the people present asked Mohd. Isahak how he would know if the ghost in the patient had come out. He replied: "It casts a shadow on the ground." (fieldnotes).*

A young husband and wife had come from Bintulu to consult Mohd. Isahak. The wife was four months pregnant and complaining of swollen and painful legs, nausea and headaches. These symptoms seemed to occur particularly on returning home to Bintulu after a visit to Mukah or Sibü. The husband had also been having worrying dreams – a snake was mentioned. At an earlier visit, a few days before, a diagnosis had been sought. The cause was identified as a "ghost" in the husband; pregnant women are known to be particularly susceptible to attack by ghosts and spirits. However, in this case the ghost had been unable to access the wife directly and instead, was using the husband as a conduit. Now, a few nights later, the young couple, along with a small group of support persons (which included myself), were returning for the exorcism of the ghost. We arrived at the house and knocked on the closed door; it was opened to reveal a roomful of people who moved up to accommodate us. A diagnosis was in process and we settled down to watch and wait...

The time for the exorcism arrived and the husband came forward and handed Mohd. Isahak a black plastic bag. Inside were a rolled bundle of Chinese paper money, a bundle of incense sticks and a bundle of red candles. Mohd. Isahak counted the sticks of incense before selecting one which he put aside, along with one of the red candles and a sheet of paper money; these would be used in the ritual. Then he addressed all those present; we should "remain silent throughout" no matter what we saw or heard. Mohd. Isahak began with a prayer. Then he then lit the selected stick of incense, as well as the candle. We watched as he dripped some of the red candle wax onto the sheet of paper money.



**Fig. 52** Lighting incense and candle

The front door of the house was opened and the patient (the husband) was positioned directly in front of it, sitting on the floor and facing out onto the darkness. The lit candle was placed on the floor in front of him as he held the smoking incense stick in both hands, the sheet of paper money placed on the floor immediately behind him. It was a calm night, quiet, still and very dark...



Fig. 53 Seated facing the open door

The *bomoh* took some lime paste from a small bottle and wrote an *ayat* (a religious verse) in Arabic on the patient's back, along with some other lines and symbols. A Malay *kris* (dagger) also marked with lime paste and a *songkok* (Malay hat worn by men) were placed on the floor alongside the sheet of paper money. Four crosses were drawn on the patient's chest with lime paste. These markings, on the chest and back, appeared to boundary a cross section through the body, roughly at the level of the heart. Mohd. Isahak positioned himself behind the patient and picked up the *kris* and the *songkok*. He briefly used the handle of the *kris* to mark a spot on the patient's back before laying down the *songkok*.



Fig. 54 Ayat written on back. Note cupping marks.

Taking the *kris* in his right hand he placed the point in the middle of the patient's back, at the same time using his left hand to cover the patient's eyes. His own eyes were also closed in deep concentration.

The silence and stillness was broken as a sudden and unexplained strong gust of wind rushed through the house from back to front, rattling pans and knocking something to the ground in the small back porch behind the living room. Nobody spoke but the tension in



Fig. 55 Malay kris and songkok, marked with lime paste beside Chinese paper money.

the room was palpable. Then a second gust of wind rushed through the house and was immediately followed by stillness.

Mohd. Isahak opened his eyes. Using the *kris*, he appeared to measure up the patient's back. He took up and extinguished the candle, before using it also to "measure up" the central area of the patient's back.

Finally, kneeling behind the patient, he took up the *songkok* and raising it in his right hand he appeared to use it to cleanse the patient and the space around him.

The tension evaporated suddenly as Mohd. Isahak stood up, stepped back and said there appeared to be no ghost in the patient's body – nothing had "come out". He was equally certain that there had been a ghost there a few nights earlier. At this point the patient spoke up and admitted that he had already had the ghost exorcised by a Chinese *guru* at the temple in Sibuh, the day before. Mohd. Isahak took this announcement in his stride – no offence appeared to be taken. Someone asked him then, how he would know if the ghost had "come out".

He told them: "It casts a shadow on the ground."

I do not intend to go into a detailed psychological analysis of what I think took place during the exorcism ritual described above; for those involved it was the lived, embodied experience of the image in which the meaning resided and which had effect. To try to translate that shared experience into the language of western psychology would be both an inadequate representation



Fig. 16 Ready to drive out the ghost



Fig. 57 Measuring up afterwards

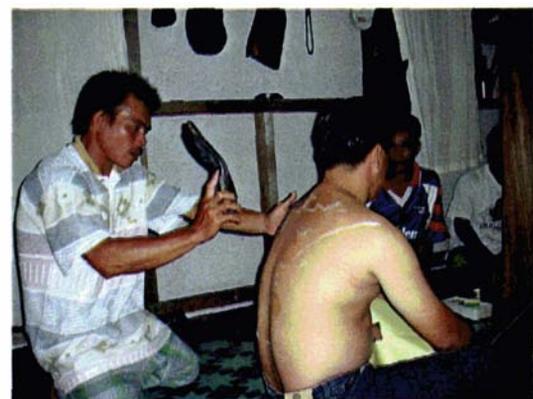


Fig. 58 Clearing away impurities with songkok

and a violation of what took place. However, I will offer a little more information pertaining to the situation which may assist an empathic “reading” of the image. Some of these details I was aware of at the time, but others I learned later.

The husband concerned was Chinese, originally from Sibu, where his family still lived. He had studied for his engineering degree in Japan and converted to Islam when he married his wife, a Muslim Melanau. His wife had been married before and had two children from this previous marriage. These children lived in Mukah with their Melanau father, who received some financial support from his former wife. (This was not unusual; obligations to provide maintenance tend to depend on financial circumstances rather than gender in Sarawak and I knew of another case where an estranged wife maintained an ex-husband who was living in reduced circumstances through no fault of his own.) However, I also heard talk that suggested the former husband was angling for more financial support than the situation merited. This was apparently not a problem for the ex-wife as she and her new husband were joint owners of a business that was doing very well; however the same situation made the couple particularly susceptible to manipulation.

While it is impossible to be sure of the identity or source of the “ghost” which had taken up residence in the husband and caused his wife to become ill just as they were embarking on a family of their own, it seemed to me that there were a number of possibilities in this situation. Those possibilities, as I read them, were *writ large* as symbols on and around the body of the husband during the course of the ritual and represent the (conflicting) elements embodied in the situation. In the crosses, the *ayat*, the *kris* and the *songkok*, the money, the candle and the incense, the elements of the existential situation were revealed - inscribed on his body. The heart region was also indicated, suggesting this was an issue that involved thinking-feeling. Moreover, there appears to be a common theme linking all these elements – as symbols, they evoke images of relationship. They seem to suggest that the source of the problem (and by implication its resolution), involves social relations. Pathology, in this scenario, is a relationship issue and a *social* artifact.

It may seem illogical in terms of western theories and understandings about illness to suggest a connection between a social situation and symptoms which seem obviously physical and which could reasonably be attributed to the condition of pregnancy. It may also seem illogical that the person who is at the centre of the healing

ritual is not the person with the presenting symptoms.<sup>10</sup> However, traditional healers treat the body as an integrated system (which is also part of a wider social system) and do not distinguish between physical, mental or emotional symptoms so much as the origins of the illness or suffering. Treatment measures focus on the origins of the suffering rather than the symptoms per se. From this perspective, the husband is a vital element of the illness image, and mediates between his wife's symptoms and the wider social context. Thus, the contradictions and conflicts in the situation are inscribed on his body.

Within the space of the ritual, the husband becomes the designated central place wherein the tension of the conflicting relationships is made apparent - the place where worlds collide, both literally and figuratively. The oppositions of light and darkness, seeing and not-seeing, destruction and creativity, good and evil, take symbolic form in a single image, a representation moreover that those present can understand and identify with because it is composed from elements of the life world. However, there is a major difference. Whereas, in real life, these elements would normally be thought of as dissociated or even opposed, in the ritual representation they take form in a single image. Johnson (1991:84) refers to this moment as a movement from contradiction into paradox – from the world of dualities to the non-dual region - the liminal zone where anything is possible. This is to *touch* the heart of the problem; to become aware of the conflict of emotions involved in the situation - the divided loyalties, the relationships of the past, the conflicting belief systems.

But that is only half of it; this is also a moment when our *own* hearts are touched - an *empathy generating* moment.<sup>11</sup> It is illustrative of the ability of the image to “gather the world”, not merely as a projection but in a way that permits the world to “speak” to us (Robbins, Cowan-Barbetti & Barbetti 2000:¶13), to remind us of our own conflicting loyalties and the demands they make, the difficult choices and decisions we have had to

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<sup>10</sup> Ladernan (1999:xvii) writes of a similar phenomenon among the Malays of Kelantan, where she witnessed a healing performance for “a boy suffering from a spirit attack that had been aimed at his father but struck the more vulnerable child”.

<sup>11</sup> Turner talks about the potential of ritual to dissolve boundaries and generate community in similar terms: “Community is the being no longer side by side (and, one might add, above and below) but *with* one another of a multitude of persons. And this multitude, though it moves towards one goal, yet experiences everywhere a turning to, a dynamic facing of, the others, a flowing from *I* to *Thou*” (Turner 1969:127).

make in the past and may have to make again.<sup>12</sup> It suggests that at the “heart of the matter” are matters of the heart, that emotion and sentiment - the very characteristics that make us human and open us to the possibility of love and relationship, also open us to the possibility of separation, suffering and loss.

But what of the denouement which followed, which seemed such an anti-climax to my way of thinking? Surprisingly to me at the time, no one else seemed to find anything untoward in the announcement that the patient had sought treatment elsewhere the day before. The attitude of those present - that despite the non-appearance of the ghost the experience had not been wasted and that a satisfactory conclusion had been reached - would seem to indicate that the ritual had something further to offer and that those participating were aware of this. In other words, the benefit is not *only* in terms of addressing the presenting problem of the patient; there is also a therapeutic benefit to those who are present as support persons or witnesses.

It must have demanded a certain amount of courage on the part of the husband to sit, alone, and face directly into the darkness. This would not have escaped those who were witnesses and participants in what took place. But I believe something greater than the husband’s courage or the presenting problem of the wife’s illness was also at stake in this situation; in the space of the ritual, the husband personified the *life world of all those present*. As the nominated representation of their world, he had been shown able to hold the tension of the opposing forces in balance. What took place therefore was also a verification and a validation of their collective life world and an assurance of their continuing place in it.

Something further also seems to be being asserted here; that at a fundamental level the world body and the human body are one and the same. It is here that Jung’s insights prove their possibilities for analysis. Jung believed that the Self was the “primary, all encompassing archetype” (Singer 1995:215), a symbol of humankind’s instinctive and unconscious urge to create order and wholeness out of the primordial chaos of existence.

And this is the crux of my argument – *ritual also meets the criteria as a context where the Self, as a symbol of the world, manifests*; a portal through which creative energy is channeled into the world and form and substance “forever coming apart in the

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<sup>12</sup> “Liminal situations,” Turner says, “are occasions on which... a society takes cognizance of itself,” when “society may obtain... a global view of man's place in the cosmos and his relations with other classes of visible entities” (Turner 1972:400).

stresses of daily usage” are reunited (Rappaport 1999:153). For that reason, I am in full agreement with Rappaport when he describes ritual as “the social act basic to humanity” (Rappaport 1999:31).

There is certain congruency of ideas moreover between a Jungian analysis of ritual and Turner’s theory and analysis of ritual, particularly as it developed in his later work with his notion of ritual as an adaptive and evolutionary response. Turner argued that “ritual and its symbolism are not merely epiphenomena or disguises of deeper social and psychological processes” (Turner 1975:31), but that they also provide a means to something greater than either. He describes a similar integrative aspect at work in Ndembu ritual, which he refers to as a *politically* integrative function (ibid. 1957:303-317). But he also draws attention to the *transcendant* qualities of this integrative aspect. Ndembu ritual, Turner observes:

...is not so much a buttress or auxiliary of secular social realities as a means of restating, time and again, a group unity which transcends, but to some extent rests on and proceeds out of, the mobility and conflicts of its component elements (Turner 1957:316).

This is the same *transcendent function* that Jung talks about as a mediator in situations where the ego is in conflict with the unconscious. In his later work, Turner (1975:23) associates this unifying and transcendant quality directly with the experience of *communitas* – the non-dual “primal ground... the creative process from which all social structures may be endlessly generated”. It is this characteristic, he argues, the ability of ritual to connect the individual and the group with a creative and unifying source beyond the boundaries and authorities of social and psychological reality which gives ritual “*ontological value*, in some way related to man’s condition as an evolving species”[italics added] (ibid:31). In other words, ritual or ritualizing may be seen as an *adaptive response* and a means to agency and not merely a solution to a specific problem in the present.

I was personally aware of a further consequence. Invariably, I attended these healing sessions with a group of people I knew socially, when someone in the group was seeking clarification about, or assistance with, a perceived problem. Very often in the aftermath (either on the journey home or at a coffee shop where we stopped on the way home) topics were discussed, information disclosed and feelings expressed which were never forthcoming at any other time. Perhaps this revelatory or *unmasking*

function of ritual could best be described as a process of updating or re-vision of connections. Rappaport makes a similar observation.

Whereas psychiatrists might view the numinous state as dissociated, the experience is often reported to be what might better be characterised as *reassociated*, for parts of the psyche ordinarily out of touch with each other may be united, or better, in light of ritual's recurrent nature, *reunited* (Rappaport (1999:220).

It was not that the nature of these revelations was especially compromising or incriminating; rather, it was as if the ritual event had somehow provided a cathartic release of material from the subconscious into conscious awareness where it could be remembered, *re-cognised* and reintegrated in a way that was meaningful in the present situation. While Turner (1957:315) claims that the Chihamba ritual reduced hostility, my experience of participating in rituals such as the one described above was that the information disclosed in the aftermath might also *reveal* previously unexpressed hostility.

This (re)making of connections was not just a process which occurred at an individual level; it was also an expression of the potential for ongoing *communitas* between those who had participated in the ritual event, and an activity which both generated and contributed to social cohesion and support. It underscored the special nature of the ties formed between those who had participated in the ritual. These bonds were social but they were also “more-than-social” and evidence that something of the creative energy (or irreducible “essence” as Turner might say) generated in the ritual context lingered on in the relationships of the participants.

### **The prerequisites for a representation of the cultural shadow in terms of supernatural phenomena**

In the above case history I posit a correlation between the “ghost” resident in the husband and the potentially conflicting alliances and contradictions which come together in the relationship of the young couple and which have relevance for the wider social context. My proposition, arising out of this, is that the *images* or metaphorical presentations of certain Melanau cultural phenomena relate to culture as *shadow*; i.e. they carry, or are vehicles for, the energy and emotions of the cultural shadow.

This raises two questions concerning the particular form which psychological phenomena take. Why, in this instance is the construction and experience of psychopathology located in the “somatic or interpersonal domain” rather than in the mind of the individual? (Marsella 2003:¶36). What are the prerequisites for psychopathology being projected onto supernatural phenomena?

Firstly, as I have argued in the previous chapters, personhood and identity in Melanau culture are primarily constructed within the social relationships of the life world. Pathology is perceived as an indication that something is amiss with these relationships and should be addressed. Secondly, the Melanau perceive an inseparable link between feeling and thinking; these are not conceived as two distinct or even opposed processes as in western cultures. In fact, an argument can be made that the term “somatic” is a culture bound concept and relates to the distinction between body and mind which has also been encoded in western bio-medicine.<sup>13</sup>

My argument in answer to the second question is related to the specifically cultural nature of the double bind which is a product of Melanau social relations. The term “double bind” is associated with Bateson (1972:201-227) and his development of a theory of schizophrenia. A double bind can be described as “a situation in which no matter what a person does, he ‘can’t win’” (Bateson 1972:201). It occurs when an individual is faced with responding to or choosing between mutually contradictory demands (a bind); each involves some kind of negative ontological consequence such as the loss of approval or even abandonment. However choice is precluded and the nature of the original contradiction masked by an overriding and more pressing demand (the double bind); this secondary bind also involves negative ontological consequences. Bateson (1972:207) states that “the secondary injunction is commonly communicated... by non-verbal means”. It may also “impinge on any element of the primary prohibition”, for example taking the form of a message such as “Do not think of what you must not do” (ibid). In addition, the circumstances must be such that it is impossible for the “victim” to escape from the field. Choice therefore becomes impossible and “the individual is unable to comment on the messages being expressed” (ibid:208). In these circumstances “a shift to a metaphorical statement brings safety” (ibid:210). Although Bateson’s hypothesis was presented primarily as a theory of schizophrenia, he believed that similar situations also occurred in many

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<sup>13</sup> The term is derived from the Greek “soma” and originally meant the “body” as opposed to the “soul”.

“normal” communication situations. However, the situation only became pathological when the “victim...either does not know that his responses are metaphorical or cannot say so” (ibid:210).

I indicated that Melanau ontology also generated a situation which had the nature of a double bind. Certain emotions, relationships and activities - particularly those which predispose to possessiveness or divisiveness, pose a problem for group (and psychic) integrity in small, densely populated and relatively enclosed communities. Jealousy, for example, has elements of both; it “motivates possessive behaviour” *and* “reinforces exclusive personal relationships” (Ratner 2000:¶88). The jealousy of anonymous others, in fact, was cited often by Melanau healers as a cause of sickness or misfortune. Individual ambition and pursuit of power were also considered potentially dangerous - on several occasions when diagnosing and treating illness, healers suggested the cause related to anonymous persons testing the extent of their power and control over supernatural forces.<sup>14</sup>

I suggested earlier that emotions, activities and ways-of-being which contradict the cultural image are likely to be relegated to the cultural shadow and projected onto others. However, projection in this instance creates a potential “double bind” because it threatens the homogeneity of the group and by implication the psychic integrity of the individual.

I suggest that the problem is resolved by another cultural circumstance. Traditionally, the Melanau personified the “natural forces of their environment...placing them in a system of relationships, stated in much the same terms as they used in handling the social order, and backed by the same kinds of moral sanction” (Morris 1993:106). Having little technological equipment to control the forces of their environment, this strategy helped them to “comprehend the environment and live in it with a greater sense of security” (ibid). Consequently, “all relationships, whether with humans or non-humans, were treated as if they were social” (Morris1991:50).

I think it possible then that when the community is relatively closed and contained (as occurs in many traditional indigenous contexts), when personhood is realized primarily through the experience of the collective, and when the same cultural

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<sup>14</sup> I wonder to what extent the latter cause is a recent phenomenon and relates to the influence of globalization and the “cult of the individual”. Morris (1991 & 1997) makes no mention of “persons trying out their power” as an explanation for illness or misfortune caused by black magic in the 1950s.

group *personify* the natural forces their environment, these “shadow” elements will be projected onto supernatural phenomena, actuated by external and anonymous others.<sup>15</sup> In this way, the relationship between the individual and the group is protected, as well as the homogeneity of the group. However the same connections also pose a potential vulnerability for other members of the group and provide a strong incentive to identify the cause of the problem and take collective action to rectify it. These phenomena therefore are not only indicators of a problem; by “direct(ing) attention towards certain things and away from others” (Ratner 1998:¶10), they generate culturally specific perceptions and associations and motivate culturally specific action to stabilize the situation and reestablish the cultural status quo.

## Conclusion

I have made an argument in this chapter for a cultural theory of psychopathology, not as an alternative to medical theories, but as a complementary approach whose primary contribution is its ability to generate meaning. Ironically, one of the most persistent images associated with depressive illness in western society is the image of meaninglessness, yet this also constitutes a major stumbling block, for how can one find meaning in meaninglessness *without* considering its significance in the wider context of culture?

I have argued for a poetic reading of psychopathological experience as the key which unlocks the door to multiple layers of meaning. “Due to its radical polysemy, the image is, and will always be, much more complex than any concept” (Quintaes 1999:¶18). It is the power of the image to make connections and trigger associations that makes its revelatory capacity so much greater than can be conveyed by words. If we seek to enlarge our understanding about psychopathology (and the related issues), we should explore and address the “image” and its relationship to the culture in which it arises.

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<sup>15</sup> The reasoning behind this possibility is entirely logical in light of the Melanau view of the world, and it was a possibility that was constantly validated by *experience* of that life world. It would therefore be incorrect to dismiss these phenomena and their effects as superstition or delusion: “...the belief in external agencies, such as ... black magic, being able to induce certain occurrences, makes essential the perception of bewitchment within these cultures as normal and not a delusion, per se. Similarly, the ego-defence mechanism of projection in which defective behaviour or thinking within oneself is attributed to external agencies” (Neppe & Smith 1982:3).

In this process, Jung's concept of the shadow - extended to include the notion of a cultural shadow - adds its own revelatory dimension to the process of meaning-making, and not merely because of its analytical value. It also constitutes a bridge which brings psychopathology into a relationship with ourselves. Not only does it potentially reduce the divide between self and other, it is also a bridge between the inner and outer aspects of self.

Finally, in the description and analysis of the ritual process, I have showed how, under the guidance and leadership of the Melanau traditional healer (Moore's "ritual elders" 1984:136), a context is created whereby the cultural shadow can be addressed, given expression and reintegrated *metaphorically*, via the generation of a reconciliatory image. In this process, the essential paradox of human being that we must all contend with is addressed; that we exist as both individuals and members of a group and that our aspirations as individuals may sometimes cause conflict with our need for sustenance and support from the group, exposing us to anxieties and dangers in the process.

This process is not merely cognitive, nor does it merely "say something". It also includes a process of embodiment for the participants, leading to a knowing that transcends rational, logical thought processes.

One of ritual's distinguishing features is that it is performed. One must engage more than merely cognitive processes in order to carry out ritualistic activity, for ritual absorbs and employs all the senses" (Meyerhoff, Camino and Turner 1986:¶31).

In light of these insights, we might expect to be able to identify a dialectical relationship between the social relations and activities of the life world and certain characteristics of psychological phenomena; that they are - to a greater or lesser extent, mutually enabling. This is the focus of the next chapter when I will consider some additional cases and situations where these insights might be usefully applied to generate new understandings.

## Chapter Nine: Putting Theory into Practice

*Psychological phenomena are formed as people participate in social life, they embody characteristics of a particular social life, and they generate behavior that perpetuates particular social relationships.* - Ratner (1999:¶66).

### Introduction

This chapter is an applied exegesis of the hypothesis set out in chapter eight; an exploratory exercise which considers the utility and application of this approach as a methodological and interpretive tool. Taking up the challenge of the insights of the preceding chapter, in combination with an ethnographic analysis of material gathered during fieldwork, I will probe the extent of this approach to generate new meanings and understandings about the relationship between culture and psychopathology.

This process begins where the previous chapter left off, in the context of ritual. Drawing on a case study involving black magic, I will argue that the resolution of the problem – in the form of a physical image created in the context of ritual action, permits the construction process of psychological phenomena and their connections to a particular cultural lifeworld to be observed first hand. What was formerly unimaginable becomes knowable.

If psychopathological phenomena are related to culture as shadow then we might expect them to embody historically-specific aspects of social relations which connect them with their origins in a particular temporal and cultural context. In addition, we can expect that – as shadow phenomena, they will both reflect and comment on the circumstances and moral order of their particular world. With this in mind, I will consider the cultural phenomenon of *ulou pesilieng* or flying heads and propose that it is a socio-historical phenomenon which has appeared in the Melanau *ka'pongs* during periods of critical culture change.

Finally, drawing on Sloan's argument (1999) that the desymbolization of experience is the precursor to social pathology, I will assess the extent to which Mukah Kaul, as a Melanau root metaphor, can be considered an indicator of the cultural processes and changes which are presently occurring in the wider social context.

The descriptions and analyses set out in this chapter all have their starting point in a common axiom: if we seek to enlarge our understanding about psychopathology and the issues which relate to it, we should explore and address the “image” and its relationship to the culture in which it arises; that is where the meaning is to be found.

## **The cultural construction of psychological phenomena**

Of all the problems that brought a person to a traditional healer, black magic or sorcery was perhaps the most common and the most feared. Left untreated, it had the potential to be fatal, often through secondary causes. A young woman in the terminal stages of cancer in Mukah hospital remained convinced that her ex-husband had used black magic to cause the disease. The healers she consulted had been unable to break the hold of the spell and she was resigned to the inevitable. Edey, discussing the incidence of sorcery in Sarawak generally, writes:

Many different conditions are attributed to sorcery, especially those for which doctors cannot find a cure. Where knowledge... is power, sorcery is a discourse of power... Often countered by the recipient, it becomes a battle of powerful wills (Edey 2000:425).

One method of causing harm to another, I was told, involved hanging a person's photo above the cooking fire in the house. “Each time the fire is lit – to cook a meal, the person in the photo will begin to sweat and have a fever.”

Frequent mention was also made of *puluong* whenever the subject of black magic was raised. Rohani told me she had been at a wedding in Kpg Kuala Lama one evening when a *puluong* was seen by everyone present, including herself. These phenomena - described as a “flying lemon with a light on the front” - are commonly believed to act as vehicles for black magic and have a long history in the region. Morris wrote in his field notes in 1949...

A spell must be spoken over an egg or lemon [in a] mixture of Malay and Melanau... In the spell the egg [or lemon] was told where to go, and “it was not confused.” It would go as a ball of fire or a streak of light in the air. On reaching its destination, it would drop down through the roof and enter the victim's body, which would then begin to swell. He would soon die (Morris 1997:73).

People I met described the multi-coloured lights *puluong* have and told me how they hover about waiting so that they can remain unseen. They were often used by rejected lovers to hurt another party. Sometimes too, family members would use them to hurt an unwanted partner of another family member. According to one informant, certain places were more notorious than others for the use of *puluong*; mention was made of a Melanau village where “a lot of black magic is practised”.

On one of my visits to Mohd. Isahak, the subject of “black magic” was raised and he told us about a case he had dealt with recently.

A week earlier, some people from Dalat had come to see him because they suspected a relative had been attacked by black magic. In the interim – “three days ago”- the person died. The relatives were still anxious to know the cause of death and Mohd. Isahak had agreed to ascertain if black magic was indeed involved. Consequently he had carried out a ritual in which he attempted to “call” the black magic from the graveyard. He had put a white board outside the door of his house while he performed the ritual. When the board was checked afterwards, a large worm (which he described as “very smelly”) had appeared on it; the “evil materialised”. We should “Come back next Saturday night,” Mohd. Isahak said, when he would be “carrying out a ritual to remove black magic from a patient”.

I arrived with my two companions around 8 p.m. the following Saturday. In the small living room, Mohd. Isahak and his wife and two small children were finishing a meal and talked to us while we waited for the others. A group from Dalat was first to arrive – an elderly woman accompanied by two much younger women and two young men. Then a party from Tellian arrived – an older man, a young man and two middle aged women. The fourteen of us filled the tiny room, which was devoid of furniture except for a television set mounted on the wall in one corner.

The first case to be dealt with involved the elderly woman from Dalat. She had found a tiny cut in the sleeve of one of her *bajou* (dresses) and shortly after began to feel pain and weakness in her left side, which also felt very cold. She had been to see Mohd. Isahak during the week and black



Fig. 59 Mohd. Isahak. The bricoleur

magic had been diagnosed. The young men with her passed Mod. Isahak a paper bag containing things that would be used in the ritual. These were laid out on the floor in front of us all, along with dried coconut palm leaves torn into thin strips.

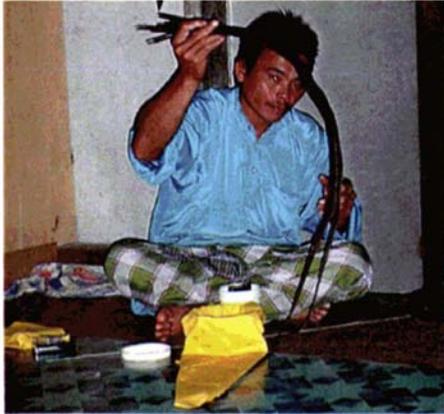
Mohd. Isahak began by praying. Then, sitting on the floor, he began to fashion a large “creature” from the materials laid out around him; coconut palm leaves, needles and cotton, string and a drill bit. The finished entity was about half a metre long and resembled a giant insect with a long tail. From the front of its head, a drill bit protruded, to which was attached a length of string. The completed creature was placed on a large yellow cloth on the floor. Mohd. Isahak asked for a large bottle of yellow cologne which was resting on one of the cross struts of the wall. Someone passed this to him and he slowly poured almost half of the contents of the bottle over the creature, soaking the yellow cloth too in the process. He lifted the creature onto his lap and began stroking and talking to it, as though it had now become enlivened.

Turning to one of the young men, he gave him a piece of paper and a pen and asked him to write down the name of the owner of the house where the sick woman lived, then took back the paper and wrote something on it himself. Then he placed the creature and the cloth on top of a white china bowl and carried them outside the house, along with the paper. He returned inside and sat down, explaining that we would have to wait about twenty minutes, with the door closed, while the creature flew to Dalat - about half an hour away by car - and retrieved the black magic.

We settled down to wait and chat amongst ourselves. Mohd. Isahak and the elderly man from Kpg Tellian recalled and shared experiences of previous cases. It transpired that the man from Tellian was himself a healer and specialized in massage, mostly with people who had suffered strokes.

Twenty minutes passed. Mohd. Isahak sent the Tellian man outside to check. He returned with the creature on the yellow cloth, resting on the bowl. Attached to the end of the string fastened to its “beak” was a small, round, brown object. Mohd. Isahak cut it free from the string, then taking a small pocket knife, he cut the object open and called us closer to have a look. I could see now that in fact the object was a pale-brownish lemon, in a state of rotteness. Mohd. Isahak used the blade of the pocket knife to lift something out of it. . . I saw a small fragment of black fabric and a couple of very tiny white shells.

**Sequence: Making the flying creature**



**Fig. 60** Beginning with the palm leaves



**Fig. 62** Making the flying creature



**Fig. 64** Writing the name of the house owner on the paper



**Fig. 61** The woman 2nd to left is the person seeking help



**Fig. 63** The flying creature: the bricolage



**Fig. 65** Mohd. Isahak speaks to the now-enlivened flying creature

While all this had been happening, work on the second case of the evening - involving the party from Kpg Tellian, was also underway. It seemed that one of the two Tellian women, who were sisters, had become unwell. She complained of very painful joints and certainly didn't look well. They had brought a bag of lemons with them and

Mohd. Isahak took one of the lemons and carved an *ayat* (religious verse) onto the outer skin. While he was constructing the first creature, Mohd. Isahak gave another yellow cloth, some needles and a lemon to the elderly Tellian man and asked him to begin making a second object. The man had difficulty and Mohd. Isahak later finished making it himself, after the first case was dealt with. The same procedure followed as with the first entity – the application of cologne and the writing on a piece of paper. The completed object, a *puluong* (literally a flying lemon with a light on the front), was then also taken outside the house and left. While we waited inside with the door closed, talk turned to discussion about *puluong*.

This *puluong* was a “much more powerful object” than the first creature, Mohd. Isahak told us; it should only take about five minutes to fly to Mukah (a half hour’s drive away, in the opposite direction to Dalat) and return with its quarry. The five minutes passed and Mohd. Isahak asked someone to go outside and check. Only the yellow cloth and the bowl were there; the *puluong* was still away on its mission. Mohd. Isahak suggested that there might be lots of people about at the destination point;

“*Puluong* try to avoid being seen by human beings. It might have had to hide and lie low for a while.”

The minutes ticked by. Several more times people went outside to check but there was nothing; the *puluong* had not returned. It was now 11 p.m. and the people from Dalat said they would have to leave. Mohd. Isahak went out with them and stood between them and the bowl and yellow cloth outside the door, to create a barrier while they passed by, then returned inside. Eleven thirty approached. Finally, Mohd. Isahak went out again to check; he found the *puluong* had returned, but empty handed. He brought it inside.

Some discussion followed. The general conclusion was that the “black magic” was too strong. It would have to be “killed” first, before it could be retrieved. That would require a further ritual at a later date. Meanwhile, the woman concerned was to seek medical treatment at the hospital.

The two cases just described are significant not only because they present an opportunity for the (symbolic) construction process of psychological phenomena to be observed firsthand, but also because of the context-specific understandings that are embodied and communicated during, and in the wake of, that process; the cultural rules

**Sequence: Creating a puluong**



**Fig. 66 Carving an ayat onto the lemon**



**Fig. 67 Making a puluong**



**Fig. 68 Making a puluong**



**Fig. 69 Making a puluong**



**Fig. 70 The puluong is now enlivened**



**Fig. 71 The puluong ready to go**

of expression and perception, the “etymology” and “cultural grammar” of these phenomena. These, moreover, are the very factors which create difficulties for the translation of psychological phenomena across cultural boundaries. They are also the

factors which elude apprehension when madness is conceived and treated as an illness in an individual.

What is the nature of the information and understandings communicated therefore, in the process of constructing the two phenomena described above? What specific social and psychological features do they embody? What statements do they make about human experience and the human condition? What is the evidence for their connections to a specific cultural lifeworld?

Firstly, the disorders being treated are constructed as interpersonal problems. Both cases are experienced as a vindictive personal attack by unknown persons with intent to cause grievous harm to the intended victim. Malice and enmity in the heart of the perpetrator are believed to be the motivation, a dangerous and deadly essence that poisons those toward whom it is directed.

The significance given to the tiny piece of fabric missing from the sleeve of the dress seems to suggest that “to possess” is “to have power over”; it brings to mind an image of the person that extends beyond physical boundaries to include the clothes one wears, the utensils one uses, the persons one comes into close everyday contact with, and especially those one loves (children, spouses, parents and siblings). It seems to imply that images or part of an image, can be captured, stripped of their meaning and destroyed, or reassembled for nefarious purposes.<sup>1</sup> It makes a statement about the relationship between a person and their world – that person and world are a “unitary, structural whole” (May 1958:59) - thus a threat to one places the other in jeopardy also. There is a dual message being communicated here, for “to possess” as in “love” is also to become instantly vulnerable to the loss of that which one loves.

A diagnosis of black magic points to a danger or threat that exists in a person’s near environment. It is a product of living in small, close knit communities where there are restrictions on expressing the kind of emotions (such as enmity, envy and jealousy), that are divisive and disabling for the smooth functioning of that society. Whereas spirit attack or possession by a ghost is an impersonal phenomenon perpetrated by a distant,

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<sup>1</sup> Similarly, images that hold the continuity of a culture can be altered or destroyed. This may be and often is an unavoidable and/or unintentional effect of cultural process and change, e.g. when the Melanau abandoned their tallhouses in the first decade of the 20<sup>th</sup> century and resettled in villages in individual houses, “a great deal of the culture, especially elaborate communal ceremonies, fell into disuse because the new houses...were too small” (Morris 1991:79). The veranda of the longhouses had provided a “central meeting ground” suitable for “dances and ritual games that were a part of much Melanau ceremonial life (ibid).

alien other (Edey 2000:425), black magic is up close and personal – someone does it to you. It indicates that among a person’s close associates (business partners, neighbours, even family) there are those who, behind an outward appearance of conviviality, would wish to cause you harm, who secretly resent what you have, who harbour dark thoughts towards you in their hearts. It simultaneously denies *and* expresses the existence of individual self interest, a striving after personal power, a desire to have what belongs to the other, the fear that the other will take what one has. By clothing these sentiments in the guise of black magic, personal accusations are able to be sidestepped, allowing those who harbour such sentiments to remain anonymous. It means these sentiments can remain behind the light of consciousness. Thus the *puluong* – a flying lemon with a light on the front – is an image of the shadow that is concealed behind the light of culture, pungent in both smell and taste, yet unseen and unheard.<sup>2</sup>

There is another function that black magic exerts on the societies where it features; by “generat(ing) behaviour that perpetuates particular social relationships” (Ratner 1999:¶66), it affords some protection against social change and helps sustain the social status quo. Black magic is a powerful social equalizer (Edey 2000: 431); it strikes without fear or favour making everyone equally vulnerable. Moreover, everyone is *seen* to be equally vulnerable. The persons who came to healers for help with a problem were representative of all classes and hierarchies in society; this was pointed out to me many times, by the healers themselves and by the local populace. In addition, black magic functions as a disincentive to success and individual achievement. To stand out from the crowd by virtue of good fortune or personal endeavour is considered to immediately render a person open to attack from the envy and jealousy of others; it is one of the first possibilities to come to mind when black magic is suspected. Once suspected, black magic motivates social interaction and ritual activity in an effort to address the imbalance of power and restore the situation to normal. These phenomena seemed to be part of a cycle of perpetual motion for they initiated action that brought community into being; in a roundabout way they *generated* ontological security.<sup>3</sup>

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<sup>2</sup> In my experience, not only in Sarawak but Southeast Asia generally, both smell and taste play a much more dominant role as senses through which a person apprehends, interprets and interacts with the world than in western contexts.

<sup>3</sup> The concept of ontological security in these circumstances has different parameters; it is vested in relationship rather than an internalized quality peculiar to an individual.

But what happens if, instead of intellectualizing the image, we cease interpretation and sit with the image; if we adhere to the phenomenon and experience it as it is – allow it to bring a world into being and speak to *us*?

Then it will tell us it is one of us; fashioned from, reflecting, the same structure of social activities as ourselves, inspired by the same natural environment, created from elements derived from the same lifeworld. For a lemon, needle and thread, coconut palm leaves, cologne, a drill bit and string are objects that can be found in almost every Melanau household, both recognizable and meaningful and in everyday use and Mohd. Isahak is the "bricoleur" who improvises with "whatever is at hand" to carry out his task (Levi-Strauss 1966:17).<sup>4</sup>

As with the initial problem, so the remedy is conceived in interpersonal terms, but there is also an added sense in which the resolution is constructed in terms of an "ethical obligation" (Jung 1965:193).<sup>5</sup> This echoes the sentiment of the spirit woman who told Peteran, during the initial sickness that marked his initiation as a healer: "After you are cured, it is your duty to help other people... If you malpractise, you will be harmed. Don't malpractise it!" The relatives and close acquaintances of the afflicted individual also accepted a social and moral responsibility to assist in the resolution process. They were part of the means to agency.

The giant flying creature and the *puluong* are vehicles or go-betweens. They are created and activated in the course of ritual activity for that purpose; to provide a means of connection and to retrieve the source of the problem, thereby neutralizing its malignant effect and restoring the rightful balance of power between the victim and the assailant for the time being. It is an image that reasserts the authority of the social body over the individual. But it is also an image that includes the distinct possibility of reoccurrence of the problem in the future, sending a message that personal boundaries and relationships require ongoing vigilance and maintenance. In doing so, it indicates and draws attention to a specific vulnerability of a particular lifeworld.

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<sup>4</sup> This is an example of what Levi-Strauss (1966:1-33) calls "the science of the concrete", theorising or thinking using materials and knowledge about them which is already at hand and drawing on these properties and associations to create a new structure, as compared with western science which deals with concepts and uses abstract thinking.

<sup>5</sup> Jung writes about the necessity of processing the images which arise from the unconscious – to "realise them in actual life" (Jung 1965:192). It is equally important, he claims, to convert the understanding into an "ethical obligation... The images of the unconscious place a great responsibility upon a man" (ibid:193).

The social nature of therapeutic practice is also disclosed. In the conversation and discussion which take place before and after the ritual and in the spaces between the ritual action, tales are told of things that have happened before, to a niece, an uncle, a grandmother. Stories about healers, about mysterious illnesses and strange phenomena are recalled, challenged and debated at length. Ideas are exchanged, relationships forged, learning takes place; therapy is a multi-faceted dialogue involving many voices. The map is retraced, dissected, redrawn, new territories explored, new details incorporated, for this is also a forum for “theorizing” (Barrett 1993:269).

The talk about bodies - often entailing intimate and personal details - that goes on in the space of ritual, connotes different notions of public and private where individual bodies are concerned. It suggests that public interests take precedence over personal rights to privacy, that the social body regulates and determines the individual body.<sup>6</sup> It asserts a common morality that is inclusive of all the elements which make up the social body.

The spatial arrangement of the participants - seated on the floor in the round, close together - suggests a notion of personal boundaries that is less hierarchical and less separated than occurs in a context where persons are seated on chairs and one body space is clearly demarcated from another (cf. Ratner 1998:¶10). The proximity of “person” to “ground” evokes an image of a life world where the relationship of human beings and the other constituent elements of the environment is more one of equality than one where man is master.

Another reality became apparent to me during the course of the ritual activity which is perhaps less easily accepted from the scientific worldview. The giant insect and the *puluong*, created within the ritual context by those present, are not just symbols of power; they *embody* power. Thus they are both symbols and *more than* symbols – they actually have life and strength. They possess a power that can be measured against other socially constructed realities, because they intervene in and engage with these realities in ways that have real life effects. They are enlivened by being infused with the essence of the lifeworld, the same as all other things; they are *inspired*.<sup>7</sup> They come in

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<sup>6</sup> A practical example is the physical manipulation (by the old women) of members of the wedding photo in chapter four. It was something that caused me to rethink my own views on such matters, i.e. how much concepts such as modesty are socio-political rather than moral issues.

the same spirit as everyone else present – motivated by an ethical obligation to assist. For when these objects are created in the ritual context and come to fight on behalf of home and hearth, dependency and jealousy are given dignity (Moore 1994:108-109).<sup>8</sup>

That the nature of this enlivening essence is connected to the sacred is signaled by the yellow cloths on which both creatures rest and the yellow cologne which was poured over them. Yellow is a symbol of both sacred power and royal rank and it has come to signify the presence of both for the Melanau.<sup>9</sup> Mohd. Isahak also signaled the extraordinary nature of the power embodied in and emanating from the ritual objects when he placed himself between the bowl and cloth outside and the group from Dalat as they left the house. The high voltage of the sacred adhered to and penetrated everything it came into contact with.

In terms of my argument, psychopathological phenomena such as *puluong* are manifestations of the cultural shadow, the Doppelganger of consciousness. They can neither be suppressed nor expressed directly because they are outside the light of consciousness. These phenomena have broken free and fly out loose of the constraints of culture. They act autonomously and have a life of their own.

Phenomena such as *ulou pesilieng* (flying heads) and *puluong* (flying lemons) behave in ways that place them outside the known boundaries of what it is to be human. They also defy classification in any other terms of traditional criteria. They are liminal entities, “betwixt and between the positions assigned and arranged by law, custom, convention, and ceremonial” (Turner 1969:5). They are “dangerous, inauspicious, or polluting to persons, objects, events, and relationships” (ibid:108-109). They epitomize the *absence* of relationship. That is something that is unimaginable and un-understandable in terms of Melanau ontology.

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<sup>7</sup> The verb “to inspire” means to arouse or be aroused by creative energy, and includes the idea of divine or supernatural agency as the energizing force and source.

<sup>8</sup> Thus: “The God who brings the disease... is the one who heals it” (Moore 1994:112). I have based my interpretation on Moore’s analysis of the myth of Hera (ibid:106-112). Moore writes: “In Hera, a person is most an individual when he or she is defined in relation to another... She is dependency given dignity...Hera is loving and jealous” (ibid:108-109).

<sup>9</sup> Yellow is the colour associated with the Brunei Sultans whose power and right to sovereignty is considered to be God given. In the Muslim cemeteries, gravestones tied around with yellow cloth mark the graves of Muslim Melanau who can trace their descent from Brunei royalty. However, the use of yellow to indicate the presence of sacred or supernatural power did not seem to be restricted to Muslim Melanau. At the end of a healing session, Sakim, a non-Muslim, completely wrapped the white china bowl containing the two stones he used for healing, in a yellow cloth before locking it away in a special cupboard.

In the space of the ritual action, and the generation of an image, the *puluong* and the giant insect become “amenable to interpretation” (Barrett 1998:469), and are brought back into relationship with the lifeworld which created them. The shadow, as image, is incorporated. Thus the image is the message and must be apprehended in its entirety – in the context of its connections to the cultural lifeworld.

## **Psychological phenomena and socio-historical process**

*The purpose of studying a phenomenon over time is not simply to record changes in its appearance or phenomenal form, but to reveal the nature of the relationship between the phenomenon's appearance and its underlying essence.* - Wainwright (1997:¶22).

I have argued that psychological phenomena embody characteristics that make it possible to identify them as culturally constructed artifacts with connections to a particular cultural lifeworld. I have also argued that psychopathology is related to culture as shadow. If this is so, we might expect psychopathological phenomena to also embody historically-specific aspects of social relations. Perhaps the emergence of these socio-historical “shadow” phenomena is likely to be most apparent during periods of critical culture change. We might expect liminal experiences and liminal phenomena to appear at this time as a reflection on and a response to what is taking place.<sup>10</sup>

An analysis of Morris' ethnography (1991), suggests that at particular times in Melanau history, at least one phenomenon associated culturally with liminal characteristics, has made an increased appearance. Between the years 1898 to 1908, the Sarawak Gazette carried a number of reports from the Resident at Mukah concerning crocodile sightings and attacks on both humans and animals in the Melanau districts (Morris 1991:400). One might ponder what was going on in the Melanau life world at this time. Morris notes that the years around the turn of the 19<sup>th</sup> to the 20<sup>th</sup> century constituted a period of “critical change” for the Melanau and that the “administration was manifestly worried by a number of signs of disturbance”, including the undermining of the traditional economy and political unrest (ibid:278).

Morris goes on to state:

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<sup>10</sup> In fact, the world historical record supports this; religious prophets and prophetic movements have often made their appearance at such times.

In Melanau belief the relationship between men and crocodiles is an uneasy one, not only because crocodiles are dangerous predators but also because men and crocodiles have a common origin: and in times of disturbance – usually the result of ignoring the proper order between the natural and the social world – the crocodiles arrive and prey on men. *For the Melanau, crocodiles act in a very real sense as a sign that the correct moral order of the world is in danger* [italics added] (Morris 1991:278).

Morris also records that his informants claimed that the crocodiles returned again during the Japanese occupation of Sarawak from 1941 -1945 though he could find no documentary evidence to support this (ibid:68 & 400).

What is it about crocodiles which characterises them as liminal creatures and also places them in a special relationship with human beings? According to a Melanau myth related in Morris (1991:70), “crocodiles originated in an improper human act”.<sup>11</sup> Crocodiles also defy classification within the usual categories of the animal kingdom (ibid:68).<sup>12</sup> They “reverse the proper order of nature by attacking or even hunting men” (ibid). They are believed to have “frequently shown an improper liking for mating with women” (Morris 1991:70). They keep their food “several days until it is in a condition that makes eating enjoyable” (ibid:71). Finally, crocodiles are associated with supernatural power, i.e. they are believed to be able to “call away a man’s soul” (ibid:68-69). Since some of these characteristics are semi-human, crocodiles are said to be “neither properly inside nor outside human society” (ibid:68).

All these qualities are opposed to, and pose a threat to, the traditional structure and order of the Melanau life world. The crocodile - part human, part creature, part spirit and a creature characterized by ambiguity, unpredictability and supernatural power – was well suited as a vehicle for the anxieties associated with the critical changes taking place in the Melanau environment during the two historical periods mentioned.

While I was unaware of increased sightings of crocodiles in the Melanau areas during my time in Sarawak, I was intrigued by the frequent sightings of another unusual

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<sup>11</sup> According to one of Morris’s informants: “Once upon a time a prince (rajah) passed a very beautiful woman. He was so moved by the sight he immediately spilt his semen on the ground. It turned into a crocodile...” (Morris 1991:70).

<sup>12</sup> The Melanau considered the crocodile was “endowed with an unnatural body that showed features of land, water and air creatures” (Morris 1991:70).

phenomenon throughout the second half of 2001. I refer to *ulou pesilieng* or flying heads. (See chap. 5, p.131). My interest was particularly aroused because although Morris carried out fieldwork over a period of almost fifty years (mainly in the Oya Melanau communities), he records no evidence of flying heads being sighted during that time, or of sickness which was attributed to them.

People at that time asserted there were no longer shamans unable to control their familiar spirits' demands for them to act as witches, removing their heads at night, sending them to sleeping people in order to drink blood and bringing it back for the enjoyment of the spirits (Morris 1997:93).

This had not been the situation at the beginning of the 20<sup>th</sup> century when, according to Government records, a number of shamans had been brought to court and charged with terrorizing the Melanau *ka'pongs* (Morris 1997:90). But by 1950, "shamans, who fifty years earlier had frequently succumbed to their familiars and attracted the attention of the administration, no longer did so" (ibid).

Morris goes on to recount a story he was told which again places these phenomena firmly in the past.

A story, still commonly told in 1950, referred to a woman, a shaman who had lived sixty years earlier. When she slept, the story went, her head came off and wandered about looking for sleeping people so that she could eat their souls, their *bedua*. [In many versions of the story it was blood, not the soul that was taken] (Morris 1997:93).<sup>13</sup>

In 2001, I was told of visitations by *ulou pesilieng* in Kpg Petanak, Kpg Téh, Kpg Bedanga, and Dalat - and of sickness in the aftermath. Possible clues as to the reason for this "epidemic" might be found in the particular characteristics and nature of *ulou pesilieng*. Unlike crocodiles, flying heads do not strike indiscriminately. They come seeking human blood and they target pregnant women and children in particular.

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<sup>13</sup> A similar account occurs in a monograph entitled "Shamanism Among the Oya Melanau" (Morris 1993). Again, Morris states that "Such stories are always set in the past" (Morris 1993:121). Sanah told me of an incident which supposedly occurred in much more recent times but which, in detail, closely resembles Morris's account. According to Sanah, one of these "witches", a female, had lived somewhere in the vicinity of Kpg Téh. This woman was married and her husband was apparently unaware of her "other life"... until he woke once in the middle of the night and saw his wife lying alongside him, minus her head. The woman has since passed away.

“There is life in blood,” the Melanau say, and for spirits, “the blood of pregnant women and young children tastes especially sweet.” Both categories of person carry the lifeblood of future Melanau communities; flying heads therefore strike at the very heart of the Melanau life world – the continuity and strength of the family group and the *ka'pong*.<sup>14</sup> Flying heads act alone, as individuals. And they do so anonymously; in all the sightings I heard of there was never an accusation made which attempted to associate the incident with a particular individual. In addition, *ulou pesilieng* are creatures of the night - they inhabit, and come under cover of, darkness; this suggests they are likely to be a *shadow* phenomenon.

These characteristics correspond closely to Douglas’s description of the general characteristics associated with the “witch” in certain Central African and Central American societies;

He is associated symbolically with the reverse of the way that a normal human lives, with night instead of day. His powers are abnormal, he can fly, be in two places at once, change his shape. Above all, he is a deceiver, someone whose external appearance does not automatically betray his interior nature (Douglas 1996:111-112).<sup>15</sup>

Perhaps another clue to the cultural identity of *ulou pesilieng* may be found in the *physical* form of this phenomenon - a head attached to, and powered by, fiery entrails - a disembodied and devouring head with an insatiable appetite; a head separated from, or without, a heart.

Two circumstances come to mind here. One might recall that in an earlier chapter I suggested that “thinking too much” was a preoccupation (and a pathology), associated with western culture and a western concept of mind. In the ideal model of Melanau rationality, feeling and thinking are inseparable. For a Melanau, a careful consideration of any matter necessitated that a person look into his/her heart and consider his/her feelings on the matter in question; i.e. *gui tan naseng nou* (look into your heart/feelings).

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<sup>14</sup> None of the appearances I heard about occurred in the vicinity of Mukah town centre.

<sup>15</sup> Douglas indicates that “witch-fearing cosmology” is “likely to flourish in small, enclosed groups, where movement in and out is restricted, when interaction is unavoidably close” (Douglas 1996:121). In such groups “the hazards and frustrations are produced by fellow humans...and its members have reason to lack confidence that justice will prevail” (ibid:123).

Specifically, the feelings referred to concerned close relationships and the necessity of giving proper attention to these relationships. Flying heads therefore are conceived of “in terms that are antithetical to local concepts of the ‘good’ and socially acceptable person” (cf. Willis 1996:563).<sup>16</sup> Again, it is useful to compare these ideas with what Douglas has to say.

The loyalty of the witch, instead of being committed firmly to his group, flies out loose. He goes alone to contend with alien personifications of lust and power. The witch himself has no firm anchorage in the social structure. In appearance he is present, but only bodily; his real inner self has escaped from social restraint (Douglas 1996:113).

I shall make a guess about the phenomenon of flying heads, and suggest that they are associated (as they possibly were a century before), with social change; but in particular with the introduction of new systems of thought and the capitalist economy.<sup>17</sup> The time period Morris refers to at the turn of the 19<sup>th</sup> to the 20<sup>th</sup> century - when flying heads were last abroad - was a period marked by a renewal of religious proselytizing and competition in the Melanau settlements. During this time period, Roman Catholic Priests and Nuns from Europe arrived in the area and mission stations were set up, as well as schools; the world of the western intellect arrived.<sup>18</sup> But it was a particular form of intellect, which espoused particular values, influenced by western philosophical ideas – objectivity, rationality and the written word; a system which educated the young for entry into the new cash economy and which would eventually lead to migration away from the *ka'pongs* in search of work.

There is some similarity here with two further comments Douglas makes concerning societies in which witchcraft cosmology is active. In these groups, “evil is a

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<sup>16</sup> Willis’s description relates to the characteristics of witches and sorcerers.

<sup>17</sup> Globalization also seems to fit the image. Globalization is an anonymous force; it overrides context and has no commitment to place.

<sup>18</sup> The first Roman Catholic mission and boarding school was set up at the Igan River entrance to the Kut canal in the late 1880s (Morris 1991:282). “By 1900 a number of aristocratic families in those (*pagan upriver*) villages had already come to see that reading, writing, and arithmetic were useful skills in dealing with Chinese merchants and the new situation created by the growth of a cash economy” (ibid). In 1905 the Roman Catholic mission bought land for a school, a church and a house in Mukah (ibid). The arrival of the missionaries and their attempt to convert the pagan Melanau to Christianity, prompted a similar proselytization campaign by the Muslim Native Officer at Dalat to convert the pagans to Islam, a campaign (according to Morris), which he furthered through the influence of his administrative role (ibid:283-285).

foreign danger introduced by foreign agents in disguise” (Douglas 1996:141). Douglas also refers to Middleton (1960) who proposes that such societies are marked by social organization which is moving away from “ascribed” social patterns to a “competitive” pattern (ibid:119).

The period Morris refers to was also a time when much administrative policy was encoded and enforced, such as the registration of land titles, registration of marriage and divorce, and rules pertaining to inheritance. Taking all these things into consideration, one could hypothesize that this period marked the beginning of a split between thinking and feeling, and the introduction of an “instrumental rationality” (Habermas 1984:170) that was abstracted from the Melanau life world.<sup>19</sup>

Sloan describes one of the consequences of capitalist modernity in the following terms:

*An instrumental rationality, fueled by its links to profit making, takes precedence over forms of reasoning that take into account two neglected realms that are essential for the construction of meaning in life as well as for social harmony: the aesthetic and the ethical* (Sloan 1999:¶11).

There seems to me to be a certain similarity between the beginning of Sloan’s description and the description of flying heads, told to me by an informant: “Their eyes are glowing red and red tentacles, attached to a fiery stomach, protrude from it. This fiery stomach is what powers it...”

There is one other piece of historical evidence that lends support to my feeling that “flying heads” are associated with the split between thinking and feeling. Diamond (1996:¶10-12) observes that prior to the seventeenth century in Europe it was commonly believed that insanity was literally the work of demons who took the form of “invasive flying entities with supernatural powers” who invaded the body or brains of their victims. Descartes philosophy of scientific objectivism, which separated brain and body and deemed real only those things which could be measured objectively, “enabled late Renaissance people to rid the world of superstition, witchcraft, magic, and the

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<sup>19</sup> Habermas’s *Theory of Communicative Action* proposes that the advent of modernity is marked by a shift in the priority of lifeworld over system (Sloan 1999:¶ 1-15). Habermas calls this process the colonization of the lifeworld; *instrumental rationality* takes precedence over forms of reasoning derived from the lifeworld (ibid). See Habermas 1987: 153-197 & 301-331.

gamut of mythical creatures – both evil and good – in one clean, scientific sweep” (ibid). Again, there are certain similarities between the images.

A century on, at the beginning of the twenty first century, flying heads were once more a topic of conversation and linked to sickness of children in the *ka'pongs*. These “sightings” were occurring at the same time as a process of renewed and intensified development in the region and in Mukah new town, along with access to new technologies and the promise of new opportunities. Contemporaneous with this process, some significant changes in the meaning of significant things were occurring.

### Cultural metaphors and the desymbolization of experience

In an earlier chapter, I referred to the fact that throughout Sarawak, *Kaul* is associated with Melanau; as such it could be said to constitute a root metaphor (Turner 1974:25). *Kaul* is the Melanau annual “cleansing” when traditionally, uninvited spirits and other bad influences were escorted out of the village by a flotilla of boats, and ceremonial offerings of “food, cigarettes and betel nut” were set on the *Seraheng* (decorated pole) at the river mouth (Morris 1997:64-66).<sup>20</sup> It coincides with the end of the Northeast monsoon, once a time of hardship when the sea was too rough to fish and the villages often suffered from flooding (Buyun 2000a:1). In the past, *Kaul* included the concept of appeasement to the spirits as well as a plea for continuing abundance and good health in the following year (ibid:1-4).<sup>21</sup> Traditionally, the celebration of *Kaul* concluded with a communal picnic at



Fig. 72 Mukah Kaul 2001. Flotilla of boats

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<sup>20</sup> Buyun (2000a:3) writes: “When I was a student in Mukah, the Catholic priest held the Sunday MASS at the same place where the Kaul was held today...After MASS we joined the normal Pesta Kaul.” This would have been around the early 1960s.

Morris (1997:64) also records that in 1950, Kaul was “the one occasion on which Melanau villages were still organized as unified groups for ritual purposes”.

<sup>21</sup> “The cognate word in Malay, *gaul* means a vow, a prayer accompanied by a promise to do something if the request is granted, and is clearly closely allied to the word and the concept *kaul*” (Morris 1991:337).

the river mouth, followed by a return to the village and three days of prescribed restrictions.

At the time I was living in Mukah, the Sarawak Government had already begun to promote and provide financial support for Mukah *Kaul* as a tourist attraction and over *Kaul* weekend the population of the town swelled by many thousands. During 2000 and 2001, the procession of decorated boats through Kpg Tellian, past the old town and



Fig. 73 Mukah Kaul 2001. The Picnic

down to the mouth of the Mukah River took place as it always had, along with the *Seraheng* ceremony. A few groups of traditionalists - a smaller number in 2001 than in 2000 - continued to take part in the communal picnic close to the *Seraheng*, a considerable distance away from the main crowds. The *tibou*, the Melanau giant swing, marked the boundary between the two. But these events were increasingly overshadowed by other activities – spectating, consuming and purchasing. The spirit of *Kaul* was directed to generating income, raising civic pride, and displaying resources and talents. The sense of solemn restraint imposed by the prohibitions of the past was replaced by exuberance; the liturgical qualities which had been associated with the old religion were absent. Gestures that were once inner-directed had become outer-directed, corporate, and expansive. *Kaul* could be said to have undergone a process of “disenchantment” (cf. Weber 1946).<sup>22</sup>

Perhaps it is inevitable that the face of Mukah *Kaul* has changed, as indeed the social environment has also changed.<sup>23</sup> But I want to take up an argument made by Sloan to explain the *psychological changes*, in particular experiences associated with

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<sup>22</sup> Weber writes: “The fate of our times is characterized by rationalization and intellectualization and, above all, by the ‘disenchantment of the world’” (1946:155). He was speaking not only about the social and intellectual world but also about the condition of man himself; i.e. “...the bearing of man has been disenchanted and denuded of its mystical but inwardly genuine plasticity” (ibid: 148). Also see Bourdieu 1984:144-147.

<sup>23</sup> Ridler (2002: 93) in an article that discusses “tourist performances” in the Italian Alps suggests we should be cautious about framing these events merely as a commoditization and expropriation of culture by “organized tourism interests” in the wake of capitalist development. Participating in these enactments “before an audience of tourists” may be a way of “publicly differentiating individual and collective sense of identity within a local field and from the homogenizing mass culture which the tourists themselves represent”, and thus may be seen as an opportunity to revitalize culture (ibid:106).

loss of meaning (e.g. depression, anxiety, anomie), which have been noticed to occur in the wake of the arrival of “capitalist modernity” in other cultural contexts (Sloan 1999:¶17-34). Sloan refers to this process as *desymbolization*; cultural symbols lose their meaning and their ability to coordinate meaning between the cultural system and the individual, in particular the connection between “the symbolic process as it relates to individual emotional life” (ibid).<sup>24</sup> Things formerly invested with *use* value become re-cognized in terms of their *exchange* value.

Sloan (1999:¶25) describes this shift in meaning when it reaches a certain point as a “core psychological moment”; it sets up intrapsychic conflict in the subjective sphere of the lifeworld which is resolved by the “splitting of lived experience into two domains”;

On the one hand, an intellectualized stance constituted by a sequence of *signs* drained of their life-historical significance, and on the other hand, *complexes* of affective intensity disconnected from their conscious referents...[In consequence], everyday action becomes impoverished... the interplay of imagination and desire is cut short...split-off effect emerges in impulsivity or compulsion in times of stress...interpretation of one’s needs to others is hindered... Misinterpretations of self provided by powerful others begin to form the core of one’s conscious identity (Sloan 1999:¶25-28).

Like the witch phenomenon described by Douglas (1995:113), the economic forces of globalization seem to have “escaped from social restraint”.

Sloan (1999:25-34) proposes that this “core psychological moment” (and the loss of meaning that occurs) is the precursor to social pathologies. These pathologies, as symbols, will be invested with new meanings - such as depression, alcoholism, phobias and anxiety - and then “captured” in a way that serves the market. His argument is persuasive. It appears to offer an explanation for the appearance of acute psychotic experiences in several developing African contexts and lends support to Jilek’s prediction (1998:¶2) that as globalization proceeds these experiences will evolve into chronic forms of mental illness.

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<sup>24</sup> Desymbolization was a concept first coined by the psychoanalyst Alfred Lorenzer (1976), in Sloan (1999:¶15).

More importantly, I want to draw attention to the similarity between the effects of desymbolization described above by Sloan and the terms in which psychopathology is constructed and defined as “mental illness”. Both are infused with a similar “essence”, and in terms of Sloan’s argument the source and flavour of that essence can be shown to be *primarily cultural*. In terms of my argument, what Sloan is describing is in fact the *shadow* of modernity. By a trick of the imagination, the relationship between the two is obscured, concealed by the ideology of modernity itself, and psychiatry functions to operate the blind.

## Conclusion

It was clear at the time I was in Mukah, that the final outcome as described by Sloan (1999) had *not* come to pass. This is backed up by the local hospital statistics for mental illness, which have remained stable for many years; in 1999, 11 persons out of a district population of around 60,000 presented at Mukah Hospital with identifiable psychiatric symptoms (Dr Michael, interview, April 6, 2001).

Traditional healers in the district are still very much in demand and other alternatives to bio-medicine (such as the Roman Catholic Healing Ministry) have evolved in recent years. Spiritual and religious beliefs and practices are deeply entrenched in everyday life in the *ka'pongs* where they continue to reinforce and reproduce a cultural tradition of ethics, social integration and personal identity which is very much connected to the local lifeworld. Together, they provide the basis for the integrity of that lifeworld. The “front room of the house” – commonly associated with the public face of culture, continues to be a space where collective ritual and healing takes place, a space where people gather for that purpose and a space where cultural knowledge is shared and passed on.

At the same time, it is possible that the reappearance of “flying heads” indicates an already “evolving-into-consciousness” of the shadow side of modernity and development and should sound a caution. The social essence of phenomena such as “flying heads” indicates that in reality we exist in relationships with others as well as with our natural environment. In this sense one could say that phenomena such as *ulou pesilieng* and *puluong*, along with invading *ghosts* and *spirits*, mediate between the

conscious and unconscious, symbolically drawing attention to the contradictions and fault lines of the lifeworld *and* acting as a prompt to acknowledge and address them.

If there is a common message that these phenomena - as images - bring with them, it is that psychopathology has its genesis in eternal causes, in the situations that arise in the balancing act between man and his environment, the push and shove of daily existence, the inescapable consequences of being-in-the-world. Moore (1994:165) calls these consequences the “invisible factors at work in illness – emotions, thoughts, personal history, relationship, longing, fear, desire” (Moore 1994: 165).

That is only the half of it; if we attend to the image and listen we may see it is also a doorway to empathy that allows us to become “*imaginable* to each other” (Hastrup 1993:733).

## Conclusion

*Those images that yet*

*Fresh images beget*

- Yeats, *Byzantium* (1956:411).

I set out to make an argument in this thesis for an ethnographical approach to psychopathology, not as an alternative to a medical viewpoint, but as a complementary perspective which would address a perceived imbalance. Littlewood captures the nature of the relationship I mean, when describing the difference between social psychiatry and ethnopsychiatry.

Both approaches are essential and complementary...While the dominant concern of social psychiatry is with explaining, that of ethnopsychiatry is with understanding: the first is characterised by metonymy and formal logic, the second additionally by metaphor and analogy (Littlewood 1998:36).

In the process of writing, the thesis itself has become the argument. An abstract idea has undergone its own metamorphosis to be in the world and speak in its own voice. Perhaps in the process, the world of the intellect has regained some of the mystery it jettisoned. Ethnography, too, is a go-between; formed in the space between thought and world, between self and other, in the compromise between theory and practice.

The ultimate value of the ethnography may rest not so much in the words as in the images it evokes. Theory is limited by its own parameters; it must necessarily be a stable, conceptual phenomenon. The power of the image lies in its very qualities of ambiguity and instability, its resistance to definition. This is what makes it a shape-shifter and allows it to bring theory into a relationship with practice and into our own lives.

I undertook the research for this thesis primarily with the goal of assessing the role that culture plays in the construction and experience of psychopathology *and* well-being among the Melanau communities in and around Mukah, Sarawak. I also hoped to identify how and why culture makes a difference to outcomes of mental illness. While my research goals remained consistent throughout, it became necessary to revise my scheduled research plan; culture made its own assessment of me and found me wanting.

I underestimated the effect climate (particularly humidity) can have on technical equipment and the human body. Heavy rain and flooding sometimes contrived to make it physically impossible to get to where I wanted. Time revealed it had other dimensions besides mine. I struggled to learn the language. I desperately needed someone to talk to who understood my world. I discovered that even when we “strive mightily to be researchers, we learn that, after all, we are but human beings” (Asher & Fine 1991:205). The planned year of fieldwork turned into almost two years. I learned there was an indeterminate gap between theory and practice.

I always doubted that the answers I was looking for would relate to a single, separate element of culture. What I found might be described as a Gestalt (Wertheimer 1959), an integrated system of cultural, environmental and biological elements functioning as a single unified totality. Hence I do not intend that any single factor should be considered in isolation; they become meaningful only within their connections, as part of a culturally and historically constructed whole. I have portrayed that totality as constituting the Melanau ontological field. The order and subject matter of the chapters are a superimposed representation of reality; like all stories, an attempt to impose some order on the cacophony and disorder of experience.

The question posed by this thesis is not whether we can usefully incorporate aspects of Melanau ontology into our own lives, but whether it can prompt us to consider how we see ourselves being-in-the-world and how it relates to the way we *experience* our world, in particular as it applies to mental illness and the way it is both perceived and experienced. While the ethnographic analysis has the potential to help us understand the story Hayati told, or explain Katun’s experience, we also need to understand how the same processes act to structure and reinforce western concepts and experiences of normality and abnormality, mental illness or well-being.

The implications of the hypothesis I have presented suggest a further direction where ethnography might be usefully applied. When the involvement and significance of culture is included in the picture of mental illness, then it surely becomes worthwhile and important – therapeutically, economically and morally – to examine the socio-cultural parameters of mental well-being. There has been comparatively little research done anywhere with groups of persons or communities who appear to be unusually mentally healthy.

Needless to say, in view of the dimensions of the research field there were areas I did not investigate during my time in Mukah. Some I did not have time to cover;

others were beyond my capacity or skills to follow up. A number are worthy of further investigation.

The significance of the areca palm and its fruit - the betelnut - is a subject area which calls for further research. There has already been research done which indicates the possibility of therapeutic effects from chewing betelnut on the symptoms of schizophrenia (e.g. Sullivan et al. 2000). Betelnut is consumed at all social, ceremonial and ritual events by the Melanau and plays a role in social etiquette when visiting. In addition, the inflorescence of the areca palm is often used to "sweep" the patient clean or "ground" them after a healing ritual has taken place.

Drumming and chanting are already known to play a part in inducing altered states of consciousness. Both are a regular part of religious and secular life in the Melanau *ka'pongs*.

The effect of diet on mental health and the seemingly low occurrence of dementia-type illnesses in the elderly in the Melanau *ka'pongs* were also issues I pondered, but lacked the resources or knowledge to inquire into.

One matter that was brought to my attention by Dr Michael at Mukah Hospital, was an apparently high rate of teenage suicide in one of the Melanau communities. Unfortunately I was unable to pursue the matter further; access to the area was not easy and I also lacked local contacts there. However, this is precisely the kind of situation where an ethnographic approach might provide answers.

It is not possible to predict the future prognosis for Melanau ontology. How people fare under globalization depends to an extent on the fit of new values with the old. Increasingly, being Sarawakian, and being Malaysian are salient dimensions of personhood in an expanding and more readily accessible world. But political rhetoric in Sarawak and Malaysia also emphasizes harmony in relations, and promotes family and spiritual values. As I pointed out in the case of Katun - there are a number of different social contexts, multiple viewpoints and a diverse array of things at stake, all negotiating - some competing - with each other. It is not a simple matter to assess the specific elements and the particular combination of circumstances which contribute to making a difference, still less easy to predict the direction they might take in the future.

No one would deny that globalization and development bring benefits but they also bring potential problems and the list is long - pollution, unemployment, poverty, community breakdown, alienation, isolation, anxiety, loneliness, racism, sexism, inequality, malnutrition, diabetes, and other stress related illnesses. These lurk in the

shadows and western societies and developing nations know them well. All impact on mental health and make it important to maintain and nurture the cultural resources which have provided support and protection in the past, things such as “mourning rituals, nutritional patterns, religious rituals, family strengths, and related coping or support systems” (Marsella 2003:¶47).

What are the consequences for developing societies when the cultural dimensions of psychopathology are devalued or ignored? Firstly, it masks the potential difference it makes when patients are treated by doctors or psychiatrists who don’t speak the native language, who have never ventured into the local villages and have no experience of how their patient populations live their lives. The diagnosis of mental illness relies on *subjective* assessment, often with the assistance of information from family members; there are no scientific tests available to confirm a diagnosis. In these circumstances, doctors can only fall back on theory; a theory with connections to values, concepts and notions of personhood which are uniquely western - individuality, objectivity and rationality.

Our own society is also disadvantaged. Failure to address the cultural dimensions of mental illness masks the difference that social and economic status makes for access, choice of therapy and outcome. Gender and ethnicity also make a difference. Ongoing research in New Zealand which analyses the relationship between ethnicity and the prescribing of antipsychotics indicates that Maori and Pacific Island patients in South Auckland are being prescribed higher doses of typical antipsychotics and depot antipsychotics in comparison with European and Asian patients (Humberstone, Wheeler & Lambert 2003).

One might ask if any of this matters; after all, “it is not necessary to understand the personal meaning of the symptoms or even the possible causes in order to initiate the most common psychiatric treatment...pharmacological therapy” (U’ren 1997: ¶ 12). But ignoring culture and context, also “serves to empty symptoms of their possible moral, political, economic, or social meanings” (ibid). This makes for an impoverished account *and* experience of psychopathology. It *must* reduce the possibilities available to deal with it.

I believe there may be a matter of greater importance at stake. Rappaport (1999: 402) alludes to the nature of this “stake”, and echoes an argument raised by Bateson; that “inability to comprehend the wholeness of mind results...in an inability to comprehend such wholeness in the world generally”. Despite our high value on

autonomy and self-sufficiency, humans are part of “larger systems on which their continued existence is contingent” (ibid: 402). “The wholeness of those systems” and the information circuits of which they and we are a part “may be beyond the grasp of ordinary consciousness” (ibid). This is the ultimate thrust of Rappaport’s argument for ritual as a primordial need; we exist in a relationship of interdependency with our environment via these circuits - our very survival is at stake.

I wonder also if Rappaport’s argument might be turned on its head, for another, more nebulous and unanswerable question emerged as a direct result of the fieldwork experience. In highly modernized technological societies man exists to dominate, rather than existing in a relationship of equality and reciprocity with the environment. We now have the ability to control things like the temperature of our houses and workplace, the light and darkness, and carry on, with often scant regard for the wider context in which we live our lives. We also self medicate for this purpose. We seem to have lost sight of our connections and their balancing potential; their ability to mediate between person and world. Could this make us more susceptible to psychological illness, especially chronic forms?

What is at stake may not be a different worldview but a different life world.

Thus it is that I have now undertaken...to tell my personal myth. I can...only ‘tell stories.’ Whether or not the stories are ‘true’ is not the problem. The only question is whether what I tell is *my* fable, *my* truth.

- Jung - *Memories, Dreams, Reflections* (1965:3).

# Appendix 1.

## Borderline Personality Disorder

Beginning by early adult life, the patient has unstable impulse control, interpersonal relationships, moods and self-image. These persistent or recurrent qualities are present in a variety of situations and shown by at least 5 of:

- Frantic attempts to prevent abandonment, whether real or imagined (don't include self-injurious or suicidal behaviors, covered below)
- Unstable relationships that alternate between idealization and devaluation
- Identity disturbance (severely distorted or unstable self-image or sense of self)
- Potentially self-damaging impulsiveness in at least 2 areas such as binge eating, reckless driving, sex, spending, substance abuse (don't include suicidal or self-mutilating behaviors)
- Self-mutilation or suicide thoughts, threats or other behavior
- Severe reactivity of mood creates marked instability (mood swings of intense anxiety, depression, irritability last a few hours to a few days)
- Chronic feelings of boredom or emptiness
- Anger that is out of control or inappropriate and intense (demonstrated by frequent temper displays, repeated physical fights or feeling constantly angry)
- Brief paranoid ideas or severe dissociative symptoms related to stress

DSM-IV (A.P.A. 1994: code 301.83)

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\* NB. This is presumably the same as (or very nearly identical to) the following document:

- Varela, F. J., & Shear, J. (1999) First-person accounts: Why, what, and how. Introduction to Varela, Francisco J., and Jonathan Shear (eds.) In *The View from Within: First Person Methodologies for the Study of Consciousness*. Stanford CA: Stanford University Press.
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# GLOSSARY

This glossary has been compiled with reference to a number of sources:

1. My own collection of Melanau words and phrases
  - a) Compiled during Melanau language lessons with Christina Bera Bt. Bukus (Vera), of Kpg Tellian Tengah and Yusuf Marcel of Kpg Kuala Lama.
  - b) Gathered during fieldwork
2. Morris, S. (1991). *The Oya Melanau*.
3. Morris, S. (1997). *The Oya Melanau: Traditional Ritual and Belief*, including Beatrice Clayre's commentary on Melanau Orthography.
4. Clayre, I.F.C. (1975). *Grammatical and Semantic Groupings of Melanau Nouns*
5. Clayre, I.F.C. (1970). *The Spelling of Melanau (Nee Milano)*

Differences occur in both pronunciation and vocabulary between the various Melanau dialects. Unless otherwise stated, the Melanau terms used in this thesis, and the pronunciation guide, refer to the Mukah dialect. Morris's glossary is based on the Medong dialect. At the present time there is no Melanau dictionary and therefore no standardized spelling, though Clayre (in the preface to Morris 1997) has made suggestions based on the Medong dialect. However, for various reasons I have not adhered completely to this. Being familiar with Maori pronunciation and because many of the Melanau vowel sounds and diphthongs are similar to Maori, I found it more useful personally to use a method of spelling which reflected these associations. For example, Beatrice Clayre (in Morris 1997: xxvi) suggests that the Melanau word for wind should be spelt *pangay* whereas I have used the spelling *pangai*.

## Note on Transliteration

### Vowel sounds

#### (i)

1. in open syllable and before another vowel: as in 'meet'  
e.g. *sia* = salt; *itou* = this
2. between consonants: as in 'bit'  
e.g. *ujik* = knife
3. before glottal consonant, (h), it is somewhat lengthened  
e.g. *lipih* = thin

#### (é)

like 'fete'; 'peck'  
occurs in the final stressed syllable  
e.g. *pulé* = go back; *pedéh* = sick

#### (e)

1. before velar consonants (k,g,n,ny,ng), as in 'but'  
e.g. *pekedeng* = stand up; *wakasek* = clothing
2. elsewhere, as in 'curtain', 'certain', but the stress placement is the opposite of English stress in these words  
e.g. *peden* = see; *menikau* = steal

**(ae)**

occurs before final glottal or velar (k, ng)

a glide; combination of *é* + *e*

e.g. *mengaeng* = afraid; *anaek* = child; *padaeng* = field

**(a)**

1. before final aspiration, somewhat shortened and half-open

e.g. *lelah* = tired

2. elsewhere as in 'past'

e.g. *padu* = no wonder

3. stressed in final syllable

e.g. *lengan* = voice

**(u)**

in open syllable and before another vowel, as 'soon'

e.g. *mebuwau* = run away

**(uo)**

a glide; oo-o, rather like 'water'

e.g. *singuoh* = cold; *cucuor* = fritter

**(o)**

before final glottal consonant, where it carries word stress, as in 'hot'

e.g. *temok* = bath

' glottal

e.g. *sa'eh* = hard; *bisa'* = powerful and venomous

## Glossary of terms used in the text

<i>a-bayoh</i>	shaman or healer associated with the animist Melanau old religion.
<i>aga'</i>	coffin
<i>Ala-tala</i>	(M. Allah taala, God may He be exalted, Wilkinson 1959:20); name of supreme creator Spirit (Morris 1997:350).
<i>angai</i>	very
<i>a-nyat</i>	the group of elders
<i>adet</i>	customary law (Malay: <i>adat</i> )
<i>atau</i>	or
<i>a-Likou</i>	Melanau who hold to the old religion; (literal meaning is "people of the river", <i>likou</i> = main river).
<i>akou</i>	I
<i>amouk</i>	rampage; go mad
<i>angin</i>	air
<i>apah itou lah nyawa kou</i>	my life relies on....
<i>a-sega/ a-sega'</i>	close relatives
<i>ayat (M.)</i>	a religious verse (Muslim)
<i>ayet</i>	a religious verse
<i>bajou kuroung</i>	Malaysian two piece suit for women. (Malay: <i>baju kurong</i> )
<i>bajou</i>	shirt; dress

<i>bakut</i>	grave
<i>baliek</i>	banana
<i>bantut</i>	a person of transgender
<i>bangsa</i>	rank (Mukah dialect, Morris gives <i>basa</i> for Medong dialect).
<i>batang</i>	main river
<i>batik (M.)</i>	special pattern cloth
<i>batiek</i>	special pattern cloth
<i>batik sarong (M.)</i>	covering/ length of cloth with a special pattern
<i>batou</i>	stone
<i>bedua</i>	soul
<i>bedua ngak daya</i>	the soul has already gone back there; i.e. the person is dying.
<i>bei</i>	have; having; affirmative answer
<i>bei nyawa dagen daa'</i>	there is life in blood
<i>belanga</i>	large flat clay oven, used for cooking sago
<i>belian</i>	Malaysian hardwood, also known as ironwood.
<i>belum</i>	carved or woven spirit images (Medong dialect; the word <i>dakan</i> is used in Mukah dialect)
<i>bengas</i>	a type of tree which causes an allergic reaction in some people.
<i>beradin</i>	an exploratory ritual, to find out what there is in the underworld
<i>bisa'</i>	powerful and venomous
<i>biyah</i>	body (the surface or outer dimension)
<i>bomoh (M.)</i>	traditional healer
<i>baya</i>	crocodile
<i>buya'</i>	hit; strike; succumb; win
<i>buya' ubat</i>	struck hit by medicine/drugs ( <i>lit</i> ) – a form of black magic whereby a potion is added to someone's food or drink to bewitch them.
<i>buka (M.)</i>	break; (open)
<i>buka puasa</i>	breaking fast at the end of the day during the Muslim fasting month
<i>cap'o (C.)</i>	a card game, played with tiny cards with Chinese symbols
<i>Ching Ming Day (C.)</i>	Grave Sweeping Day. The day the Chinese community visit the cemetery in family groups to present offerings and pay respect to their ancestors. A Confucian tradition.
<i>cucuor</i> (pronounced <i>chuchuor</i> )	fritter
<i>daa'</i>	blood
<i>dagen</i>	in
<i>dakan</i>	carved or woven spirit images.
<i>dana</i>	ancient
<i>Dayang</i>	female title for descendents of the Bruneian nobles who settled in the Mukah region in the C19th.
<i>debei</i>	myself
<i>Dewan</i>	community hall or centre
<i>dia'</i>	good; well
<i>duhig</i>	very ugly devil that lives in the ground
<i>dukun</i>	traditional healer
<i>fikiran (M.)</i>	thinking (Melanau: <i>pikiran</i> )
<i>ga'</i>	at; of;
<i>gamber</i>	photo (from M. <i>gambar</i> ).
<i>gendang</i>	an evening social gathering involving singing and dancing, highly ritualised.

<i>gien /yen</i>	there
<i>gui</i>	look
<i>gui tan naseng nou</i>	look into your feelings on the matter; look into your heart.
<i>Guru (M.)</i>	teacher
<i>Hadrah</i>	a type of Islamic drum ensemble with a specific repertoire of rhythmic patterns and accompanied by the singing of texts.
<i>Haji</i>	an honorific signifying a Muslim male who has made the pilgrimage to Mecca, one of the “five pillars” or obligations of Islam. Feminine equivalent is <i>Hajjah</i> .
<i>Halal (M.)</i>	lawful
<i>Hari Raya (M.)</i>	The week long celebration period at the end of the Muslim fasting month
<i>holo</i>	type of board game
<i>iblis</i>	devil ( <i>iblih</i> – Melanau)
<i>ipin</i>	madness
<i>ipu'</i>	spirit, regarded as some by benevolent, and as guardians of the house (Morris 1997:356).
<i>jambu batu</i>	a fruit
<i>jantung (M.)</i>	physical heart
<i>jarah kubur</i>	foray to the graves ( <i>lit.</i> ). Ritualised visit to the graves of deceased relatives at Hari Raya.
<i>jed</i>	strong
<i>jed angai pikir</i>	thinking too much
<i>jerunei</i>	burial pole
<i>Jerunih</i>	a spirit who conducts the deceased soul to the land of the dead.
<i>Jingaya</i>	the principal spirit who conducts the deceased soul to the land of the dead.
<i>Jinn (M.)</i>	(Muslim) spirits that were created by God out of fire
<i>kain</i>	length of cloth
<i>kala</i>	river mouth
<i>kampung</i>	Melanau <i>ka'pong</i> ; as spelt in the Melanau <i>Adet</i> 1998 draft version.
<i>ka'pong</i>	Melanau village (from <i>kampong</i> M.)
<i>kayou</i>	tree; wood (Malay: <i>kayu</i> )
<i>Kaul</i>	annual cleansing and thanksgiving to appease the sea spirits, held at the end of the Northeast monsoon.
<i>Kebaya (M.)</i>	A fitted jacket or blouse, Malay formal clothing for women.
<i>kebun</i>	garden; orchard
<i>keman</i>	eat; eating
<i>keman keling</i>	traditional a-Likou Melanau rituals performed for the purpose of “lifting the spirits up”.
<i>Keman patpulo'</i>	<i>lit.</i> the feast of the fortieth day; a mourning ritual
<i>kou</i>	me; my
<i>Koran</i>	The Muslim Holy Book.
<i>kris (M.)</i>	dagger
<i>kuala (M.)</i>	river mouth, <i>lama</i> means old or ancient. Hence, Kuala Lama = old river mouth. (Melanau: <i>kala</i> )
<i>kubur (M.)</i>	grave; tomb
<i>kuih</i>	cake
<i>lama (M.)</i>	ancient (Melanau = <i>dana</i> )

<i>latah</i>	a culture bound illness
<i>lebo'</i>	house/home
<i>likou a-matai</i>	the land of the dead. (Morris 1997:13 uses <i>likew a-matay</i> ).
<i>linut</i>	a thick gluey blancmange made from sago flour and boiling water.
<i>Maghrib</i>	the obligatory Muslim salaah, prayer, that is performed right after the sun sets over the horizon
<i>main tanda (M.)</i>	dances
<i>malaikat (M.)</i>	angel, Morris (1997) uses both <i>melaiket</i> and <i>melaikat</i>
<i>mangaeng</i>	fear
<i>mak nyah (M.)</i>	a person of transgender
<i>mangaeng gak padem</i>	fear of the dark
<i>mapun</i>	going
<i>mapun aan ka 'au?</i>	where are you going?
<i>meruyan</i>	illness Melanau women sometimes suffer from after childbirth.
<i>midin</i>	a type of fern which can be eaten as a vegetable
<i>miyau</i>	lost
<i>nabun</i>	red coronet on top of a funeral bier for a person of 9 <i>pikul</i> rank.
<i>naseng</i>	emotions; feelings; heart ( <i>fig.</i> )
<i>Nashid</i>	Muslim devotional songs, very popular and often with an up market beat and rhythm.
<i>nasip</i>	luck
<i>nda</i>	no; negative response
<i>nda bei</i>	do not have ( <i>bei</i> = have; having).
<i>nda bei hal</i>	never mind; it's ok.
<i>nda bei nasip</i>	born unlucky
<i>ngak</i>	already
<i>nya'am</i>	water
<i>nyawa</i>	life, life force
<i>nyok</i>	oil
<i>nyok meruyan</i>	an oil which is able to cure meruyan
<i>nyok sakaeng</i>	an oil which can cure cases of sakaeng
<i>nyok selusoh</i>	an oil which is supposed to help a woman to give birth
<i>padaeng</i>	field/ground (from <i>padang [M.]</i> )
<i>padem</i>	dark; darkness
<i>pakat</i>	funeral bier
<i>palei</i>	taboo; forbidden
<i>palei tekayan</i>	funeral wake
<i>paser</i>	town (Malay = <i>pasar</i> )
<i>patpulo'</i>	forty, fortieth
<i>payuong</i>	umbrella
<i>pedéh</i>	sore/sick
<i>pedou</i>	gall bladder
<i>pelatou</i>	a séance
<i>Peng</i>	a spirit who guides the deceased soul to the land of the dead
<i>Penghulu</i>	headman of a group of villages
<i>Pengiran</i>	male title for descendents of the Bruneian nobles who settled in the Mukah region in the C19th.
<i>pesilieng</i>	flying
<i>pijer</i>	Healing and strengthening flowers and stones from the world immediately above this one (Morris 1991: 364)
<i>pikir</i>	thinking

<i>pikul</i>	a Melanau unit of measurement
<i>pinang</i>	Areca (betelnut) palm (M.)
<i>piup</i>	mourning rite
<i>piyou</i>	grave goods
<i>pomfret</i>	a fish, similar to a sole
<i>pondan(M.)</i>	a person of crossgender
<i>puhou</i>	smallpox
<i>pule'</i>	go back, return
<i>puluong</i>	flying object, associated with a spell
<i>pusu'</i>	tiny dried & salted fish
<i>rebana</i>	drum
<i>rotan</i>	a long, very strong jungle vine
<i>saban</i>	a sickness caused by giving disrespect
<i>sabei</i>	past; ago
<i>sago</i>	used to refer to sago biscuits
<i>salui</i>	canoe
<i>sambel</i>	a pungent and strong tasting dipping sauce made of pounded dried shrimp, vinegar, lime juice and chilli. (Malay= <i>sambal</i> )
<i>sayuor</i>	vegetable
<i>semanget</i>	soul, spirit
<i>semunéh</i>	tomorrow
<i>seningen</i>	luring the soul away from the body ( <i>senayang</i> = Medong dialect)
<i>seningen baya</i>	soul captured by a crocodile
<i>seningen kayou</i>	soul lured/stolen away by a tree
<i>seraheng</i>	decorated pole
<i>sinsei</i>	Chinese traditional healer
<i>silat</i>	Malay martial art
<i>si'et</i>	sago worms
<i>songket</i>	gold thread woven cloth
<i>songkok</i>	Malay hat worn by men
<i>sungai</i>	tributary stream
<i>surau</i>	Muslim place of worship similar to a minor mosque, and very much associated with a local Muslim community and its daily life. (Can refer to a prayer room at a school, large office etc.)
<i>sunih (Oya dialect)</i>	future
<i>ta'au</i>	know
<i>tagan</i>	family household; brood (e.g. chicks hatched from a single sitting of eggs).
<i>tama</i>	father
<i>tamu</i>	open market selling local produce
<i>tan</i>	do
<i>terendak</i>	Melanau hat
<i>tebaloi</i>	flat sweet biscuit made from sago flour,
<i>telabau</i>	speaking; speak
<i>ti'aeng</i>	cemetery
<i>tibou</i>	Melanau giant swing
<i>tinatama</i>	parents
<i>tina</i>	mother
<i>tou</i>	(evil) spirit
<i>trubok</i>	a fish
<i>Tua Kampong (M)</i>	village headman
<i>tudong</i>	Muslim headscarf for women

<i>ulou</i>	head
<i>ulou pesilieng</i>	flying head
<i>ubat</i>	medicine
<i>ulu</i>	upriver; up country; back country
<i>umai</i>	marinated raw fish dish
<i>Zikir</i>	choral singing of Arabic language texts in praise of the Prophet
<i>Puasa</i>	Ramadan; the Muslim fasting month

(M): Malay  
(C): Chinese