# MENTAL HEALTH CARE IN BALI: ON & OFF THE RECORD

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# Introduction

My initial intrigue for this topic stemmed from learning about the prevalence of *pasung* in Bali, or the practice of shackling the mentally ill, as well as a lack of mental hospitals and a shortage of psychologists in Bali. I was stunned and saddened to read, before I arrived in Indonesia, that individuals suffering from mental illness were sometimes chained up and confined – let alone that this practice was relatively widespread. As a psychology student, I wanted to understand the factors in Balinese society that enabled this to occur: Are people educated about western medical practices? How strong is the stigma around mental illness? Do people openly talk about mental illness, or is it considered taboo? After I arrived in Bali, I quickly realized that these were not the right questions. If I wanted to gain a deeper understanding of the more underlying causes of the practice of *pasung*, the mental health care system as a whole, and perceptions around mental illness, I realized I needed to delve into understanding cultural and religious beliefs of the Balinese, rather than coming in with a purely outsider perspective that psychiatry and western notions of psychology are essential.

My goal in this independent study project was to get a sense of Balinese perspectives on mental health care and hear from advocates for mental health and people outside the official mental health care system who address illnesses in alternative ways. More than anything, I wanted to hear what mattered most to people about mental illness in Bali. I personally feel passionate about ensuring equal access and open discourse around mental health, so I wanted to understand what was important to my informants in the realm of mental illness.

Specifically focusing on and unpacking treatment methods, I found consistent emphasis on support, education, family, community, and openness in my informants' accounts of what they perceived as the key elements of healing. While I expected more outrage, anger, and

frustration towards the mental health care system and the persistence of *pasung*, this topic was primarily met with compassion, understanding, and a strong drive for a reformed and more educated community. Instead of pointing fingers, interviewees readily opened up about their beliefs and their personal contributions and efforts towards building better treatments.

## Methodology

The fieldwork research for this study took place in multiple locations on the island of Bali, predominantly during November 2018. Through the method of semi-structured interviews, I spoke to my central informants with my advisor, Pak Sudarta, present. The semi-structured format allowed for follow-up questions and in-depth one-on-one conversations with the interviewees. These five interviews were arranged in advance and took place in the interviewees' homes, places of work, and once in my project advisor's home in the Tabanan Regency. Based in the Badung Regency, I arranged transportation to each of these locations. As customary in Balinese society, I brought a small gift in the form of cookies or mangos to each interview – with the exception of an interview in an office setting, since that may have been viewed as a bribe of sorts. There was no incentive for informants to participate in my research other than to share their own experiences. Before each interview, I obtained oral consent to record the conversation and discuss it in an academic paper.

There were five primary informants who were interviewed in a semi-structured format in person, and each interview lasted from 25 to 75 minutes. Three interviews were conducted mostly in English with fluent speakers, although Pak Sudarta graciously helped to clarify anything that was unclear due to language barriers. His help ensured mutual understanding between the interviewees and I as well as enabled native Bahasa Indonesia speakers to express their thoughts more fully. The two other interviews were conducted entirely in Bahasa Indonesia through Pak Sudarta's translations to the informants and myself.

Briefly, it is appropriate to introduce the central informants in my research before delving into the interviews. Firstly, I spoke with Kadek Siwa Ambara, the 50-year-old founder of Ambar Ashram in Nyuh Kuning in the Gianyar Regency about healing mental illness through laughter

yoga. An 18-year-old psychology student from Udayana University, named Ni Komang Adinda Cahyani, also spoke with me in the Tabanan Regency about her experiences learning about mental illness in academic and non-academic settings. Pak I Nyoman Mardana, a 58-year-old holistic healer, was my next point of contact in Denpasar who helped me understand the role that chakras and crystals can play in one's psyche. Next, I met 53-year-old Driana Rika Rona, the founder and chief of the department of social service at *Pondok Laras*, a house for mental illness care in the Tabanan Regency. Finally, I visited Dr. Cokorda Bagus, a 42-year-old psychiatrist, at The Suryani Institute for Mental Health.

In this research, I also conducted interviews with two subjects during a short stay in Munduk Pakel village in the Tabanan Regency, as well as several correspondences with unofficial informants. In the village, I spoke to an 18-year-old cultural tourism student, Ni Luh Ayu Gita Sari, about her understanding of *pasung*. In addition, Wayan Ari Santiasa, a 38-year-old bar server, gave me further insight into Balinese perceptions of causes of mental illness. Finally, Pak Sudarta informed me about much of the significant background information on the state of mental illness care and common perceptions around it, although he is explicitly not an official informant, as per his request. He also elaborated on healing processes explained by my informants through taking me to laughter yoga, reiki, and meditation classes that enabled me to get first hand experiences that were valuable in understanding the work of my informants.

Finally, at *Pondok Laras*, I spoke to several men with mental illnesses who lived in the community. To respect their privacy, I have omitted specific identifying information, including the men's names, from this paper. All other informants remain properly identified in this paper, since it was deemed acceptable by both my project advisor and the informants themselves to use their names and locations.

# Background

## *Prevalence and Pasung*

Bali, one of the 17,000 islands in the archipelago of Indonesia, has a predominantly Hindu population and is viewed as a tropical paradise by many westerners. After harsh European contact in the 16th century that preceded Dutch colonialism, the romantic vision of Bali began to evolve. The tourist industry paints Bali as a land of art, spirituality, and harmony between the Balinese and the earth (Vickers 1989). More recently, however, there has been a flood of news articles from Western countries with titles that challenge that monogamous take on Bali. The articles entitled, "Heartbreaking pictures show Bali's dark side" (*DailyMail.co.uk*), "Hell in Paradise: Mental health care in Bali" (*ABC.net.au*), and "Imprisoned in Paradise" (*TheGuardian.com*) all refer to treatment of mental illness in Bali.

Most initially striking to readers of these online articles is likely the presence of *pasung*, or "the physical restraint or confinement" of mentally ill individuals, usually by family members, in Bali (Minas 2008). According to the 2018 results of *RISKESDAS*, the Indonesian Ministry of Health's basic survey, 14% of Indonesian households reported having had put a family member in *pasung*, and 31.5% have done so in the last 3 months (See Figure 2). Although this practice has been illegal since 1977, there are still around 18,800 people shackled or locked up in Indonesia due to mental illness (Human Rights Watch, 2016). Visual documentation of these incidences often depicts a suffering individual tied up or chained from their wrists or ankles, forced into a confined space, and left to defecate within the area where they are locked up and fed (Human Rights Watch, 2016).

Of Indonesia's population of approximately 267.9 million (Worldometers, 2018), the percentage people with emotional mental disorders is 9.8% in 2018, compared to 6% in 2013

(See Figure 4). According to the data in Figure 4, in Bali, the prevalence of mental disorders has risen by ~3.5% since 2013, meaning that ~8.5% of Bali's population currently has a mental disorder. Interestingly, this data is not readily available through a quick Google search. Dr. Cokorda Bagus, an Indonesian psychiatrist, emailed me a document of *RISKESDAS* 2018 with graphs depicting general data obtained from the survey. I was not, however, able to find a recent article or government document online—in Bahasa Indonesia or English—outlining the specifics of the data. To compare, I typed in, "United States of America mental illness statistics 2018" on Google and immediately came up with a plethora of organizations and government websites outlining the prevalence of mental illness in America. Google yielded 50,700,000 results. In Bahasa Indonesia, I searched "statistik kesehatan mental Indonesia 2018," and many variations on the same phrase, which translates to, "Indonesia mental illness statistics 2018," and I struggled to find clear governmental sources that outlined an up to date record of the prevalence of mental illness in Indonesia. For these Google searches, there are consistently no more than 10,900,000 results. This contrast points to the probable lack of attention paid by the Indonesian government and news sources towards domestic issues about mental illness.

## *Balian Versus Doctor*

In Bali, when people do seek treatment for mental illness outside the home, they commonly visit traditional healers, called *balians*, for spiritual healing, and medical doctors for further care. Since Balinese are traditionally spiritual people, with about 83.5% identifying as Hindu (World Population Review, 2018), their religious and cultural beliefs often dictate the care they seek. Many Balinese believe that mental illness, commonly referred to as *gangguan jiwa* or *masalah psikis* in Bahasa Indonesia, is an ailment and possession of the soul due to black magic or demons (Muryani, Winarni, & Setyoadi, 2018). In fact, a study conducted in Bali found that,

of relatives of those with schizophrenia, most people cited supernatural processes as the most common cause of the illness (Kurihara, Motoichiro, Reverger, & Tirta, 2006). Unlike many doctors, *Balians* understand this belief and use traditional healing methods, such as communicating with ancestors while in a trance or providing herbal medicine, to rid individuals of evil spirits. Most commonly, mentally ill patients may visit both a *balian* and a hospital based medical doctor (Muryani, Winarni, & Setyoadi, 2018).

## I. Rooted in Belief: Unpacking the Appeal of Alternative Treatments

Initially, an outsider may view traditional Balinese perceptions and treatments of mental illness as simply "a primitive treatment" (Pacific Scoop, 2013). While there are certainly many medical alternative approaches to holistic healing, yoga, meditation, or purification by a *balian*, it is important to heavily consider the effectiveness of these approaches and understand the roots of these treatments and norms in a culture in which they are able to thrive. In my fieldwork, I prioritized developing a sense of the discourse and common understanding of mental illness and its treatments in Bali through my interviews while trying to be cognizant of my own subjectivity having been raised and educated in a western society, although this was certainly a challenge at times. Through interviews with mental health professionals, as well as conversations with individuals removed from that sector, my informants have consistently lead me to consider that beliefs about causes of mental illness are key factors in determining treatment choices.

### *Common Discourse & Knowledge*

When Dinda, an 18-year-old student at Udayana University in Denpasar, told people in her village she was studying psychology and wanted to become a psychologist, she got a perplexed response. Psychology is a small and lesser-known department at Udayana University. In fact, it is only a subsection within the medical discipline. Community members asked her, "is that a medical doctor?" and when Dinda explained she wanted to help heal people's mental illnesses as a psychologist without a medical degree, her grandmother asked how she could possibly heal people if she doesn't have any "tools" (Dinda, personal communication, November 19, 2018). Tools, meaning medication from doctors or various herbal medicines or treatments from *balians*, are often not concrete in psychology. According to Dinda, Balinese often do not have an understanding of what clinical psychologists have to offer in terms of talk-therapy or

emotional support. In fact, in her experience, people are sometimes even afraid to meet with psychologists due to their belief that "psychologists can read people's minds" (Dinda, pc, November 19, 2018). Understandably, people do not want to seek treatment from a mind reader who is potentially connected to black magic or evil spirits.

Asking Dinda to reflect back on high school, I inquired about the difference in how people speak about mental illness colloquially versus in an academic setting. She said that, in high school, people would often use the word for "depressed" in Bahasa Indonesia to describe their internal state when they were stressed or frustrated about schoolwork. Dinda noted that people did not understand that the word referred to an actual mental disorder; they just used it lightly and unknowingly. Since entering Udayana University, however, Dinda's observation of the discourse around mental illness has shifted. While her professors use the words "mental illness" when teaching, on campus students most often use the acronym *ODGJ*. *ODGJ* stands for "*orang dengan gangguan jiwa*," which means "people with mental illness," and is viewed as a more scientific term among university students (Dinda, pc, November 19, 2018). Dinda was quite introspective in her studies, as she saw improving and understanding herself as a major value of studying psychology.

There are two other primary terms used to refer to mental illness in Bahasa Indonesia that provide insight into Balinese beliefs. First, as explained by my advisor, *masalah psikis*, translating to "psychological problem," is a respectful and proper term for mental illness (Pak Sudarta, personal communication, November 19, 2018). The term *gangguan jiwa* is also largely used and has a heavier, more deeply rooted connotation. *Gangguan* means "disturbance" and *jiwa* means "soul." This reference to a "soul disturbance" relates to the popular understanding in Bali that mental illness has spiritual causes that affect human beings beyond their anatomy or

physical and mental health. This term implies a deeper disturbance than commonly understood in western cultures: it implies an intrusion in a victim's very core, a frightening concept to many Balinese. Therefore, the treatment for *gangguan jiwa* must address a deeper layer in one's body.

## *Spiritual Beliefs*

An interview with a holistic healer, Pak Man, along with supplemental information from my advisor, enabled me to gain a more nuanced understanding of the Balinese concept of *jiwa*, the soul, which is also referred to as *Atman*. It is important to note that a holistic healer is different than a *balian,* or traditional healer, in their practices. When Pak Sudarta and I arrived at Pak Man's home in Denpasar, Pak Man went to pray before beginning the interview. Pak Sudarta explained to me that holistic healers believe they have limited powers, so they ask God to help them before they do their work (Pak Sudarta, pc, November 22, 2018). In his explanation, Pak Sudarta used the phrase "*di atas langit, masih ada laneit*," which he said holds the message to be humble, since "after one sky there is still another." This reflects the role of a higher power in the holistic healer's treatment approach to mental disturbances. Pak Man, a teacher of holistic healing since 1986, gave me an in-depth explanation about the different "layers" of our body that play into healing processes. Below is the transcription of this explanation, translated from Bahasa Indonesia by Pak Sudarta:

> "Talking about psychology first we need to know that our body consist of 3 layers, they are: 1) The physical body which consists of 5 elements that are stated in yoga: *bayu* (air), *teja* (light), *akasa* (ether), *apah* (water), and *pertiwi* (earth). 2) The etheric body--the mental body--made up from *manas* (thought), *budhi* (mind) and *ahamkara* (ego). Ego comes from the contact between *panca indra* (five senses): eyes, nose, ears, tongue, and skin...3) The soul, *Atman*. *Atman* is the fraction of *Brahman*, God. *Brahman* is covered by the etheric body. The interaction of *Atman* with the environment forms image. There are two different kinds of images, positive and negative images, stored in the etheric body. These negative images have a bad impact on the soul," (Pak Man, pc, November 22, 2018).

I found this explanation instrumental in understanding holistic *gangguan jiwa* treatments and how the soul is the innermost layer in on our bodies. Therefore, from Pak Man's perspective, the treatment must be targeted at the third layer of the body, rather than at the physical or etheric layer. The belief that the *Atman* is part of the Hindu God, *Brahman*, is powerful in determining the necessary path to heal the *Atman* when it is disturbed. This divine disturbance, possession, curse, or negative energy manifests in the form of *gangguan jiwa*—according to popular Balinese beliefs—and must be purified and treated (Muryani, Winarni, & Setyoadi, 2018).

Pak Man approaches this purification through cleansing *chakras* and employing the "energy of the universe" (Personal communication, November 22, 2018). He explained that there are 7 primary *chakras* which, according to my-holistic-healing.com, "are the major vortices of energy which act as the junction points between mind and matter" (2018). Most significantly, he spoke about the crown chakra,

> "This chakra is the gate of the divine which connects the physical body to the universe. The body is the miniature of the universe, the body is the micro cosmos and the universe is the macro cosmos. If the relationship between the body and the universe, the micro and macro cosmos, is unbalanced, it will cause problems: physical and mental illness" (Pak Man, pc, November 22, 2018).

This further denotes the belief that our psyche is impacted by a greater power, in this case, the universe. Pak Man also connects this to black magic and *bebai*, a mental illness characterized by crying, shouting, and possession (Muryani, Winarni, & Setyoadi, 2018), that can be prevented by keeping one's chakras clean. The holistic healer explains that this black magic and "bad energy cannot enter your body" when your chakras are clean and you are "protected by a positive aura." While Pak Man emphasized the effectiveness of chakra cleansing and *reiki* meditation, a healing method that also employs the power of the universe, his description also reminded me of the concept of positive thinking as a prevention method against negative energy. Returning to the 3 layers of the body, Pak Man left me with the notion that, in order to heal the *Atman* layer, the

physical and mental body must be strong so that "you can overcome the problems and be full of a feeling of love" (Pak Man, pc, November 22, 2018).

At the end of the interview, Pak Man graciously offered to cleanse my *chakras*. I sat cross-legged facing him, closed my eyes, and tried to breathe deeply and relax. Since my eyes were closed, I cannot report exactly what the cleansing process entailed, but I did see different waves of light in front of my eyes and sense him moving around to different chakras in my body. Pak Sudarta explained to me that I might not feel the power of the universe right away, since *chakra* cleansing is a process that must be repeated regularly. I did feel more relaxed and centered, but I'm unsure if that was from the cleansing itself or my desire and openness to feel calm and connected. In addition, Pak Man gave me a gift that Pak Sudarta made clear was to be quite treasured and appreciated. He gave me a clear crystal, which he first held in his hand and recited a short chant to perhaps instill power in or bless the crystal. It was meant to strengthen my heart *chakra*, Pak Man explained, and I should clean it in a bowl of salt water and a flower once a month in order to cleanse it of any negative energy I may have come across in other people. This was a very meaningful gift from Pak Man, and it will serve as a reminder to me of the lessons I've learned in my fieldwork and that everything I do, I should do with love.

### *The Mind-Body Connection*

At Ambar Ashram in Ubud, I met with a guru of laughter yoga who was a self-proclaimed last resort for treatment of people with mental illnesses. Pak Kadek, teacher and founder of the renowned ashram, has used laughter yoga to heal physical and mental illnesses for 18 years. His treatment approach is cognizant of the power the mind has to influence the body, and vice versa, "We know that the source of sickness is sadness caused by feeling suffering: physical suffering, mental suffering, and spiritual suffering." (Pak Kadek, personal

communication, November 13, 2018). He further explained that even the smallest physical things, such as a pimple, could create physical itching or discomfort and make us unhappy. More deeply, a medical heart issue leads to sadness and stimulates negative emotional and physical experiences such as anger, irritability, anxiety, and difficulty sleeping. For mental suffering, Pak Kadek said, it can be caused by financial issues, greed, and "disharmony with the people around us," which leads to physical tension. Finally, spiritual suffering, when we "feel far from God," can also create sadness and sickness (Pak Kadek, pc, November 13, 2018). Thus, people come to Pak Kadek when they need healing that cannot be provided by a traditional healer or doctor.

To heal these different types of suffering, Pak Kadek uses a process involving laughter which he explained to me in technical terms. Since, according to Pak Kadek, tension and sickness often correlate with decreased blood circulation and a weakened immune system, "when we shake by laughing every cell moves and blood circulation is better and brings oxygen to all parts of the body. Your immune system is strong, and you're instantly better. In one minute you can feel the difference," (Pak Kadek, pc, November 13, 2018). To demonstrate this, Pak Kadek, making direct eye contact with me, began to laugh—truly laugh. In a big belly laugh, his joy spread to my advisor and myself as we joined in with him in what eventually became genuine laughter. It uplifted me, physically and emotionally, and made me feel more connected to the people I was laughing with. Ultimately, Pak Kadek stressed a key element of the effectiveness of this treatment: doing it in a group of others people, a minimum of three people.

In fact, there are various groups in Bali that congregate regularly to practice laughter yoga. On November 18, 2018, my advisor, along with his family and student, graciously invited me to participate in one of these classes at Puspem Badung in Sempidi—a garden at a government office—so I could experience it first hand. The two-hour long class had over 100

people on their yoga mats and it was a very cheerful event: full of songs, dances, yoga vinyasas, chants, and different types of laughter. Each specific laughing sound, such as "haha," "hehe," and "hoho," was meant to heal a different part of the body (Pak Sudarta, pc, November 18, 2018). It was a catharsis of sorts, in my own experience, because after laughing for so long, I began to cry. There was such a physical and emotional release that accompanied creating such huge sounds with my body and in a group of people doing the same. When people were laughing, they would look at one another and seem to have a moment of connection, and a shared experience. Looking around and exchanging genuine laughs and smiles with others made me consider that perhaps an aspect of Pak Kadek's treatment that is most effective is how it brings people together through positive emotional experiences. In Iran, research was conducted about the effects of laughter yoga on nursing students, and the data showed that the treatment effectively reduced anxiety and depression in participants (Yazdani, Esmaeilzadeh, Pahlavanzadeh, & Khaledi, 2014). That study, along with a growing body of similar research on the effectiveness of laughter yoga in treating mental illness, demonstrates how the treatments used by Pak Kadek are applied and internationally deemed as valid methods to provide relief for certain mental illnesses.

At the end of my interview with Pak Kadek, he left me with important perspectives about healing as a whole in Bali. Returning to the idea that his treatment is a "third resort" and connects the physical, mental, and spiritual body, he said that his clients are people who have already gone to doctors and *balians* who have not been able to help. The way Pak Kadek framed this, which was in line with other literature and teachings about mental illness in Bali (Muryani, Winarni, & Setyoadi, 2018), was that in Bali, "there are two kinds of sickness: medical and magic" (Pak Kadek, pc, November 13, 2018). When sickness caused by medical issues, treated

by doctors, and sickness caused by magic, treated by *balians*, is unable to be cured by neither a doctor nor a traditional healer, ill patients may look to Pak Kadek. He points towards Balinese beliefs as a primary determinant for the type of treatment people seek.

Finally, he says that medicine can indeed help mental illness, but only to minimize it because it does not address the source of "sadness in the heart and mind." Pak Kadek firmly stated that, "who created the sickness must be the healer." This is a very powerful notion that challenges common understandings in western medicine. Awareness, Pak Kadek said, is part of that self-healing because it can free us from our own suffering to become aware that everyone must experience sadness, happiness, sickness, and death at some point—that is unavoidable (Personal communication, November 13, 2018). By becoming aware of this, through meditation or talking with others for example, we understand life in a deeper way and accept its inevitabilities.

## II. Factors That Open The Door for *Pasung*

Many mentally ill individuals do not go through the traditional route of *balian* to doctor to holistic or yoga treatment described by Pak Kadek or Pak Man. Instead, they are not given a choice in the matter: they are restrained and put in *pasung*.

*"Pasung?*" My Balinese taxi-driver looked back at me through his rearview mirror with wide eyes, "*pasung* in Bali? That doesn't happen here anymore. In Java, yes, but not in Bali. Bali is educated now," (Yudi, personal communication, November 2, 2018). On my hour-long commute to Denpasar, I got into a conversation with Yudi, my taxi-driver, and a middle-aged Balinese man from Tabanan, who was mostly fluent in English and works as a manager of construction projects when he's not driving. I told him I was studying mental illness in Bali and that I wanted to better understand why *pasung* is still so prevalent on the island. He was outwardly surprised that I spoke of *pasung* in Bali, and he assured me that, although people are still *dipasung*, or "in *pasung*," on the neighboring island of Java, the Balinese do not use such primitive treatments. The possibility of the continuation of shackling Bali's mentally ill seemed to make Yudi unsettled, and he was in disbelief that, despite modern education, *pasung* may still prevail in Bali.

### *Local Factors*

Yudi's negative view of *pasung*, with the exclusion of his surprise about its presence in Bali, was shared by all of the informants for this fieldwork. Without assuming that there aren't some people in Bali who believe that *pasung* is an effective practice, this research will aim to understand circumstances that may pave the way for *pasung*. For example, when family members suffer from chronic and severe mental illness, holistic healers, yoga and meditation

teachers, *balians,* or medical doctors cannot always provide a complete treatment that addresses all aspects of one's illness and its causes. This is not unique to Indonesia—curing mental illness anywhere can be a difficult feat that may require treatment from various angles. Nevertheless, lingering or returning evidence of psychopathologies after treatment may leave families in a desperate and hopeless position. Although the inadequacy of the mental health care system in Indonesia is certainly one of the factors at the forefront of this issue, it is first important to understand the issues closer to home that may lead to *pasung* as a final attempt to tame mental illness. We must remember that the use of chains and confinement to treat those with mental illness is not limited to Bali, or even Indonesia, but the following pages outline certain factors in the local community that enable it to persist.

First, *pasung*, most commonly understood in literature as a sheer act of neglect or abuse, is often inflicted upon people out of fear, hopelessness, and desperation to provide healing. Just as in America, people in Bali are often fearful to interact with those with severe mental illnesses like schizophrenia and psychosis because they are sometimes aggressive and even physically violent. In some instances in Bali, *pasung* can be best understood as an act to control and stop the aggression that is frightful for many people – especially for families of those suffering. Pak Kadek, for example, shared his experience dealing with families who put family members in chains. He said that normally family members are very afraid, and that he had one patient whose family put him *dipasung* after he was very aggressive to someone in the community and hit them with an iron. Additionally, he shared that his own grandmother was put in *pasung* because she was very aggressive and "made trouble" in the community (Pak Kadek, pc, November 13, 2018).

I have come across countless stories like this one, so I will share a few anecdotes from my informants in order to discuss the various immediate factors that lead families to shackle

their loved ones and the harsh conditions they live in. Dr. Cokorda Bagus, an esteemed psychiatrist in Denpasar—who also does local community work to free people from *pasung* that will be discussed in Section III—told me of a man he saw in chains. The man was mentally ill for 20 years and had been locked up for 3-4 years in a rural village in Bali (Dr. Cokorda Bagus, personal communication, November 28 2018). Dr. Bagus described the place this man was chained as a confined "pigeon office" with his hair knotted and in matts. This man, whose identity I do not know but will refer to as Ketut for the purpose of clarity, is now released and in good health (more information on his recovery in Section III). It was unclear what exactly led Ketut's family to shackle him in these awful conditions, but Dr. Bagus said it is often because families are in hopeless positions and do not know what else to do to help the one suffering.

In addition, Wayan, a 38-year-old man living in Munduk, a village near Tabanan, told me that *pasung* is still common in Bali and detailed an experience to me. Wayan works on a cruise ship line that travels internationally, and was my host family brother at the time of the interview. He spoke to me openly and patiently as we sat in his family compound. Wayan has a friend near Krembitan, a village in Tabanan, who shackled his mother on and off for 5 years – depending on her behavior. Wayan told me that he would visit his friend often, and he sometimes saw a woman in front of the family compound with a chain around her wrist, shackled to a structure. She was on the side of the road and had very limited mobility due to the chain. It wasn't until Wayan's fourth or fifth visit to his friend's home when he asked who the chained woman was. In response, his friend shyly said that it was his mother but, according to Wayan, he was not very open to talking about it. He did say, however, that he only chains her up when she "thinks too much and has the problem again" (Wayan Ari Santiasa, personal communication, October 24 2018). When she was sometimes "normal" her son did not chain her, but once she started acting

"abnormal" the chains returned. In Wayan's account, his friend was ashamed of his mother and did not want to admit that the woman in chains was his own mother.

Shame of mental illness and aggression can be very powerful in Balinese society. Unlike in the United States, Balinese society largely revolves around rituals and traditions that involve the extended family and the whole village community. Therefore, individuals are expected to partake in the collective whole, and there is sometimes limited room for individual issues and attention. Thus, people do not always open up about their problems. According to Pak Kadek, most of his clients do not talk about their problems or conflicts with their family. He said that, usually, when people have issues with their spouse, children, or parents they keep it to themselves and bottle it up inside, which can lead to sadness and "pulling on the soul," (Pak Kadek, pc, November 13, 2018). Perhaps, this method of keeping negative feelings hidden promotes shame and stigma in mental illness itself—in individuals and in families. Referring to mental illness, Wayan said that "sometimes families are shy about it, and they don't want to tell about it" (Personal communication, October 24, 2018). This shame and common desire to keep mental illnesses hidden from family or community members may relate to family acts of locking people with those illnesses into confined places, where they cannot be seen by others and cannot cause a disturbance.

When I asked Wayan why he thought people still put their family members *dipasung*, he said that it's sometimes for people who are aggressive, and sometimes not. He said, "*Pasung* is not good. It hurts people, sometimes on people's ankles and they can't move and food is given to them like a dog," (personal communication, October 24, 2018). Instead of *pasung*, he said, people should go to *balians* who can call a deceased ancestor to help and do a purification ceremony. Wayan pointed to cultural and Hindu beliefs in Bali as the reason for this traditional

healing treatment but he also said that, if the aggression continues, people should be brought to the mental hospital in Bangli. This hospital, he said, is expensive, but it is the only place with psychologists – who give treatment that is entirely different from that of traditional healers. In reality, there are psychologists in Bali outside of hospitals and in private practice, but they are often expensive, lesser known, and inaccessible to those in villages (Dr. Bagus, personal communication, November 28, 2018). The issue of inaccessibility and lack of knowledge about treatment by a mental health care professional are significant enabling factors for *pasung*.

Gita, an 18-year-old student at the Hindu Dharma Institute of Negeri in Denpasar who is from Singapadu Kaler Village in the Gianyar Regency, shared an experience in her village that highlighted the issue of a lack of information about treatment options. She spoke of Sudah, a man from her village who was *dipasung* for 10-15 years before he was sent to Bangli Mental Hospital this year. Unsure if Sudah had depression or another mental illness, Gita said that his parents did not know there was a mental hospital or how to properly treat their son's illness. Eventually, they found out about Bangli and brought Sudah there for 3 months. Gita reflected on this and said that *pasung* used to be more common in part because it was rare for people to know about the resources of a mental hospital, but now more people are aware and less are using *pasung* as a treatment. Still, Sudah was shackled less than a year ago, so this development is very recent in Gita's eyes (Ni Luh Ayu Gita Sari, personal communication, October 23, 2018).

### *Laws, Hospitals, & Government Systems*

When I asked Pak Kadek, the laughter yoga teacher, if many people come to him for help who were in *pasung*, he replied, "already been in the mental hospital, but not *pasung*. Not in my village - its already modern so people go to the mental hospital," (Pak Kadek, pc, November 13,

2018). Although some villages are more modernized and have more access to education, that still does not ensure equal access to more vulnerable populations. According to a report by The Human Rights Watch in October 2018, "only 16 percent of people with psychosocial disabilities surveyed have access to mental health services." If people do not have access to mental health care and, even worse, if they don't even know it exists, then how can it possibly treat those who are suffering? This issue of accessibility, however, goes far beyond simple access: it can be traced back to diffusion of responsibility and apathy in the government and in national policies.

In a vital and extremely informative interview with Dr. Cokorda Bagus, I was able to get a better sense of the systems in place regarding mental health in Indonesia. Aside from *balians* and medical doctors, some mentally ill individuals seek psychiatric care in Bali. Currently, there are only two public hospitals in Bali with inpatient psychiatric units: Bali Provincial Mental Hospital in the Bangli Regency and Sanglah General Hospital in Denpasar. In terms of mental health professionals, in all of Bali, there are 49 psychiatrists, mostly in Denpasar, for a population of 4.5 million (Dr. Bagus, personal communication, November 28, 2018). This means that, compared to the ratio of 7.79 working psychiatrists per 100,000 people in the United States (WHO, 2011), Bali has a mere 1.09 psychiatrist for every 100,000 people. Thus, resources for psychiatric care are very limited. Dr. Bagus is one of these few psychiatrists practicing in Bali. He mainly works as a lecturer in the faculty of medicine at Udayana University in Denpasar, but he also works in the department of psychiatry at Sanglah General Hospital and a private hospital called Manuba General Hospital. Additionally, he has a private practice where he meets patients in his home at the Suryani Institute for Mental Health in Denpasar, a non-governmental organization will be discussed in depth in section III and that Dr. Bagus does important work with.

First, Dr. Bagus explained the mental health care situations in the various hospitals in Bali. Mandated by the Mental Health Act of 2014, treatment services may only be given in a hospital or a public health center and cannot be given in someone's private home or office. This can be problematic, according to Dr. Bagus, because someone must bring the patient into the area for care of a hospital with psychiatrists or public health center in order to get treatment. In reality, these institutions may be far from home and families with individuals in poor condition may not be able to bring them in for treatment. In fact, they may not even know it is an option or fear that it will be too expensive. In Bali, there are both private and public hospitals that provide mental health care. Sanglah, for example, is a public institution so, as of the 2015 mental health addition to universal health coverage, treatment in a place like Sanglah is paid through the government. There are 7 psychiatrists, including Dr. Bagus, who work in Sanglah's inpatient and outpatient units. If a patient wanted treatment from Manuba, a private hospital, they would use their own money for the services.

Next, Dr. Bagus outlined the typical course of treatment for the inpatient and outpatient units. Usually, he said, families in crisis or with a referral from another hospital without an inpatient unit will first come to the emergency unit before being sent to the inpatient unit. For outpatient units, patients typically have more mild diagnoses of anxiety and depression and are not in crises. In terms of the duration of treatment, it of course depends on the type and severity of the diagnosis. Dr. Bagus said that, for patients with schizophrenia, they usually stay in the inpatient unit 10-14 days and once they are discharged to the outpatient unit they must come back around 3 days later to the Bali Clinic to see how they are handling the medication. Based on the visit to the clinic, the doctor determines how soon the patient needs a follow-up appointment, which ranges from 1 week to 1 month later. Dr. Bagus said that patients with schizophrenia may

stay on the mediation for 6 months to 1 year, clients with severe depression or bipolar disorder may be prescribed 3 to 6 months on medication, and individuals with anxiety usually only have medication for 1 month. Although Dr. Bagus said that the duration of treatment "depends on diagnosis and response to treatment," patients are almost never given extended, or life-long prognoses with medication (Dr. Bagus, pc, November 28, 2018).

In his own words, Dr. Bagus explains the typical sequence of events taken by the doctors after the initial treatment,

> "After symptoms are gone with treatment from the medication, we normally evaluate their function and see if they can function again in their family and community, and we reduce medication so they can function without it. And also we educate the family and patient to understand about problems and treatment and how to understand the early symptoms and relapse, maybe…when they visit the Bali Clinic we inform and talk with the patient more about the problems and understanding about medication and why its important to take the medication and have the medication with them. And because most of the patients come with their family, we have chance to also educate the family at same time so the family as primary caregiver can understand," (Dr. Bagus, personal communication, November 28 2018).

Education, Dr. Bagus emphasized, is a key element in ensuring that both the patient and their family members understand the situation and the importance of medication and prevent relapse. This explanation is likely the first time people are learning about mental illness and treatment from a medical standpoint, because there are simply no initiatives or attempts by the government to educate people about mental health (Dr. Bagus, pc, November 28 2018).

In part due to this lack of education about mental illness, there is often an issue of relapse. In a hospital Dr. Bagus works at, they have medical students check up on individuals after treatment in order to evaluate the situation and determine if patients need an urgent follow-up. These students make home-visits for patients who are discharged and examine how they are functioning in their home and community, and if they are having any side effects from their medication. This is a useful system in seeing progress, or regression, outside of a hospital setting

and in the patient's own environment. Unfortunately, however, medical students can only go to homes of patients in Denpasar, so it is still limited in its capacity to help those in other villages. The home check-up procedure is a vital one that should be implemented throughout Bali. The lack, and illegality, of private home interventions is a major flaw in Indonesia's mental health care, "Yes you treat them and give them service in your hospital, but do you see what's happening after you discharge your patient to the home, do you see what's happening with the family after?" (Dr. Bagus, pc, November 28 2018). Dr. Bagus noted that, at home, patients relapse because of simple, avoidable issues. For example, at the hospital patients are used to getting 3 full meals a day, but if the family cannot provide this, then the patient could easily relapse. The hospital does not consider this possibility, or ask the family to consider it, because the family is not involved in the treatment process while in the hospital whatsoever. In Bangli, only patients are allowed to stay, so the family drops the patient off and the hospital contacts them only when the patient is ready to be discharged so that they can pick them up. They are not informed of the treatment, and they are left in the dark about the needs of the patient once they are home (Dr. Bagus, pc, November 28 2018).

### *Dissonance Between Policies and Actions*

Three percent of Indonesia's national budget goes towards health services. Of that 3%, only 1% goes towards mental health. Therefore, until that statistic is able to increase, it is imperative that the services that 1% goes towards are effective and implemented properly (Dr. Bagus, pc, November 28 2018). In the 2018 results of *RISKESDAS*, the basic health survey, the Indonesian Ministry of Health claims that 84.9% of people with schizophrenia or psychosis have received medical treatment, but 51.1% of those people do not take their medication regularly

(See Figure 3). The reasons people cited for not taking their medication include: 36.1% of people "already feel healthy," 33.7% "its not a routine to get treatment," and 23.6% "cannot afford to buy medicine regularly." Dr. Bagus says that, although the government suggests that the reason why the number of people with mental disorders is increasing is due to lack of adherence to medications, this is not the case. He said that, in reality, this falls on the department of health because they are not prioritizing mental health funding. The department of health does not give enough money to the mental health sector and people cannot continue their treatment. Dr. Bagus explained that the public health center "has the right to say we have no medication" because they do not have the funds, they can actually turn away clients who need to refill their prescription. "There's always an excuse," Dr. Bagus said of the Department of Health, "mental health is not a priority" (Dr. Bagus, pc, November 28 2018).

Moreover, there seems to be a diffusion of responsibility among different governmental departments over the issue of helping mentally ill individuals. Talking about how departments blame one another, Dr. Bagus said,

> "We found someone with a chronic mental disorder in the community without treatment. You ask the Department of Health and they say bring [the issue] to the services. Then the family says we cannot bring them because the patient is still in the home, and the department says if they're at home then that means they're functioning so its the problem of the Social Department to help them. Then the Social Department says that [the patient] is still having problems, then says 'this isn't our job so it should be the Department of Health's [domain].' So in the end the family needs to deal with it by themselves," (Dr. Bagus, pc, November 28 2018).

No government department wants to deal with the issue, and there is scarcely a system set up to address it beyond the confines of a hospital. The families wind up being abandoned by their government, and the responsibility of treating the mental ill family member falls on them. It then makes more sense why, in a desperate situation, families would turn to *pasung* as a means of controlling the illness in any way they know how. As the first step in preventing this, Dr. Bagus

said that there needs to be education at the community level with information about mental health care and inform people that mental illnesses are not always lifelong, many can be healed. We need to show that professional treatment can help, "because communities need to be shown this after many years because they don't see that there's a hope," (Dr. Bagus, pc, November 28 2018).

Of the laws that do exist that are meant to prevent against *pasung* and ensure accessible treatment for people, they are often left vague and unenforced. *Pasung* has been illegal since 1977, but the punishment for people who put individuals *dipasung* remains undefined. Theoretically, you can be punished by law for putting someone in *pasung*. In Dr. Bagus' experience, if you ask a policeman to arrest a person who has applied the chains, he won't know the regulation for that, he won't know the punishment. There is a lack of detail in and implementation of this law; therefore it is futile in its effort to end *pasung*. These empty promises extend to countless national policies: The Mental Health Act of 2014 and the 2010 Free Pasung Movement that aims to end *pasung* by 2019. Dr. Bagus thinks the goals for 2019 is political because of Indonesia's upcoming elections for president and parliament and he doubts it will be successfully implemented, because it is difficult to do so at the district level. One part of The Mental Health Act says that every district must provide service for mental health but, without the proper funding and education, this is a massive challenge.

Even on the physician level, perceptions and understanding of mental illness within the medical field are unfavorable. From Dr. Bagus' perspective of medical doctors in his place of work, "not many understand much about mental health even though they had to study psychiatrics in order to become a doctor." They do not think that unit of training is as important, and they are simply less interested so they forget about it and "easily put it aside," (Dr. Bagus,

pc, November 28 2018). From Dr. Bagus' experience, the unfortunate truth in the medical community is that mental health is simply overlooked as a non-priority. In addition, many doctors think it's only about medicinal treatment when dealing with mental health and "only about the medication and about how to give the injection – they don't see the other side. We're dealing with human beings, dealing with someone who needs care," (Dr. Bagus, pc, November 28, 2018). When Dr. Bagus shares this perspective with his colleagues and students and advocates for a more community approach outside of the hospital, people respond by saying that it cannot be lucrative to work in the community and that they need to have money to live their lives. Unfortunately, government regulations do not provide incentives to extend help in the community, since it is technically illegal to give treatment outside of a hospital or clinic and therefore financially disadvantageous. Thus, for now in the medical field, it is only Dr. Bagus and his mother, Dr. Suryani, who are working to provide community care and remove *pasung*.

## III. Community-Based Approaches & Challenges

While the issues of *pasung, balians,* and Indonesia's mental health care system are often at the forefront of discussions about mental illness treatment in Bali, there are also private organizations that aim to do good for those who are mentally ill. This final section will provide an overview of two of these organizations along with discussion about the issues they face as small and non-governmentally focused organizations that do not necessarily have major support and funding.

### *Suryani Institute for Mental Health*

For my interview with Dr. Bagus, I met him at the Suryani Institute for Mental Health. The NGO is in a neighborhood in Denpasar and is also Dr. Bagus' home, where his family lives, and where he sees private patients. His mother, Dr. Luh Ketut Suryani, founded it in 2005, and its primary activity is freeing people from *pasung* and providing them treatment of no charge. They use an integrative, culturally sensitive approach that includes psychiatry, mediation, and spirituality, and is specifically catered towards Balinese. Dr. Suryani explains the reasons for this in a video interview "If I use only Western concepts, Balinese will not accept us. They will continue to go to healer. So if I can practice in Bali, I must use both Balinese concepts and Western concepts," (SBS, 2009). The Suryani Institute is Bali's leading community initiative in eliminating *pasung* and providing mental health care and education.

Dr. Suryani and her team do just what Dr. Bagus says is a more humane and community-oriented way to treat mental illness: go into peoples' homes. They go into villages and communities throughout Bali in search of people *dipasung* who they can help. Partaking in the outreach work done by the institute enables Dr. Bagus to extend his help outside of a hospital

setting – to those who may not have access to mental health care in hospitals (Dr. Bagus, pc, November 28, 2018). He noted the gap between the conditions we see in the hospital and the reality in the community, "The priority is one in *pasung* because we understand the family will not bring the patient who's in *pasung* to hospital. The reason is because the family thinks that they're already hopeless, that there's already no solution. There will be no help to bring the member of the family to hospital." Convincing families who have put a family member in *pasung* that there's another way, however, is no easy feat. Dr. Bagus said that gaining trust from families is the most difficult part of the process, and that volunteers who go into communities to help are often initially rejected because people don't understand why they've come. The volunteers are then told to explain that "Professor Suryani asked us and in return we will give the treatment," which is how the institute convinces people, with free treatment.

A significant element of the Suryani Institute's treatment approach is transparency for the families. Dr. Bagus explained,

> "It's a good entry point also because the family gives us a chance to treat and then they can see the change and result right in front of their eyes. Because before they can only send their family to the hospital, and leave the patient in the hospital without seeing what's happening. Only the patient in the hospital can see what's happening, what's the progress and then the hospital just discharges the patient when the symptoms are gone without the family understanding that. And there is no education to the family," (Dr. Bagus, pc, November 28 2018).

By enabling the family to be a part of the treatment process, the Suryani team is opening the door for greater understanding and education by the families, which can be a powerful tool for change and reform. The issue in this, however, is that the government still does not support this work and "feels [like they] have a competitor and ashamed and like they're doing nothing," so they are defensive rather than trying to work hand in hand (Dr. Bagus, pc, November 28 2018). With this lack of government support and lack of people who actively want to join this positive movement

due to financial concerns, The Suryani Institute relies on a group of volunteers and donations from Australia and a few other countries.

The economic concern for people continues to be an issue in gaining popular support and volunteers for the institute. A few years ago, when the Suryani Institute was looking for a photographer to document the mental illness and *pasung* situation in the community, Dr. Bagus said they could only find one photographer in all of Bali who was willing to do the job. He said that people preferred to do wedding and cultural photography because it's lucrative. For photographing *pasung*, photographers thought, "who will buy our photograph?" This is a complicated issue to grapple with, since many people struggle financially in Bali and all of Indonesia. Dr. Bagus, however, sees the issue like this: "In the end, it's more about how you care to the people, it's not about your profession. What we're dealing with here are humans, human beings that need to be heard and need to be understood. This matters more compared to what title you have." Even amongst doctors, if we have 200 psychiatrists instead of 49 in Bali, if they only want to work in the hospital the impact is nothing compared to having just a few do work in the community (Dr. Bagus, pc, November 28 2018).

Community work, however, is not limited to outside interventions; in fact, perhaps the most important community support comes from internal local leaders. For example, the man named Ketut who was discussed in Section II and had been in *pasung* for 3-4 years eventually recovered with huge credit to a leader in his village (Dr. Bagus, pc, November 28 2018). Aside from medication and participation in a meditation group, Dr. Bagus largely attributes Ketut's sustained mental health to his community leader showing interest in Ketut and taking the time to talk with him and have meals together. Dr. Bagus said that, "the patient felt like all of a sudden he has friends and someone cares for him after those many years he felt like 'I am alone nobody

cares,'" (Dr. Bagus, pc, November 28 2018). By treating Ketut as though he is worthy of companionship and care, the community leader profoundly impacted Ketut's recovery. Small gestures like conversations and shared meals can go a long way, especially when it comes from a leader in a community that has the power to set a precedence for how people treat those who are mentally ill.

### *Kopi Kental (Komunitas Peduli Kesehatan Mental)*

While the Suryani Institute for Mental Health aims to do help people throughout Bali, there is a smaller organization in Tabanan that focuses on more local work in freeing Tabanan residents from *pasung*. The name of the organization is *Kopi Kental (Komunitas Peduli Kesehatan Mental)*, which translates to "Strong Coffee (Mental Health Care Community)." Ibu Driana Rika Rona, a 53-year-old woman, is the *Kapala Depan*, or chief of department of social services, in the community. Ibu Rona founded *Kopi Kental* only a year ago with the aim of freeing Tabanan from *pasung* and helping people from poor families who could otherwise not afford treatment (Ibu Rona, pc, November 23, 2018). I had the privilege of meeting with her along with the company of my advisor who translated the interview. We met at the community house where she greeted us warmly and gave us some mung-bean porridge.

The name of the foundation for mental health within the community is called *Pondok Laras*, which means "house for mental illness." The community is small: 10 people work there and 9 patients, 6 men and 3 women, live in *Pondok Laras*. Ibu Rona told me that the people are from very poor families and don't have families who care about them and their mental illnesses. She finds them at their home *dipasung* after having been treated in the past in the Bangli Mental Hospital. Then, she takes them to *Pondok Laras* and works together with the public health center

and the public hospital in Tabanan to get them continued treatment and medication. Her mission is to continue the treatment so it doesn't stop once they return from the hospital but, since there is only one psychiatrist in the large regency of Tabanan, she must take the people in *Pondok Laras* to the hospital herself. Since she is not a psychiatrist herself, she is trying to find doctors or psychiatrists who can come work in the community, but she hasn't found any yet. Still, she looks out for the patients to see how they behave and to observe if it seems as though their medication is the correct dose (Ibu Rona, pc, November 23, 2018).

Aside from personally ensuring that the patients get proper psychiatric care, Ibu Rona also provides activities for the group. For enjoyment, and to keep everyone busy, Ibu Rona gives people the opportunity to play chess, garden and upkeep the flowers in plants in the yard, eat the vegetables they cook and grow, and take care of fish. They don't work, she said, they do pleasurable activities that make them happy. In addition, they regularly get social guidance, consultation, counseling, and group therapy (Ibu Rona, pc, November 23, 2018). Ibu Rona has built quite a nurturing environment for the men and women in *Pondok Laras*, which was evident in my conversations and her interactions with some of the men at the house. She took me to meet a couple of the men who lived there, and she greeted them with a smile and a light hug. I spoke primarily to two men there: one who had been there for 3 months already and spoke some English and another who spoke only Bahasa Indonesia and told me a bit of his positive experience there. The English-speaking man told me that he was in *pasung* for 2 months then the hospital for 3 months. Later, I learned that the maximum duration of stay at the hospital for his illness was 3 months (Pak Sudarta, pc, November 23, 2018). Both men told me that they had friends at *Pondok Laras* and that they were happy there. Communication was limited due to the language barriers, so unfortunately we couldn't get more in depth in our conversation.

Although the community has only existed for 1 year, Ibu Rona is both hopeful and uncertain that it will expand and get funding. She expressed that it is expensive to take care of and that, right now, she gets a bit of support from the local government since the land belonged to them before Ibu Rona came in. As of November 2018, the community is part of the local government but, next year, it will belong to the Bali Province instead, which will not fund it. The Province government does not have the budget to help this kind of community since, according to Ibu Rona, it is the first of its kind in Bali. As a solution, she wants to invite a non-governmental organization (NGO) to handle this issue and give her support. In fact, she sees an NGO taking over, and finding volunteers as the only solutions that will enable *Kopi Kental* to continue to exist. With more volunteers, the community can also advance their outreach program team that goes into villages and educates people on how to handle mental illness.

Akin to Dr. Bagus' views, Ibu Rona believes that education and family support are key in improving mental health care in Bali. She emphasized that we must strengthen family support, since, in regards to treatment, "medicine is second, first is love," (Personal communication, November 23, 2018). Attention, care, and understanding from one's family can go quite a long way in effective treatments. Unfortunately, the *Kopi Kental* team has tried to educate people but often experienced a lack of willingness by the families to help and give support. If people are not willing to learn about mental illness and support methods, perhaps it is because we must educate and encourage support earlier on and in new ways. Still, it is promising that local organizations like *Kopi Kental* will gain effectiveness in changing local perceptions of mental illness. People may be more open to be taught by their neighbors than a distant government figure, but we cannot be certain how people will respond. My advisor described the issue of education and family support as, "like a circle, we cannot find the end" (Pak Sudarta, pc, November 23, 2018).

Nevertheless, organizations like *Kopi Kental* and The Suryani Institute for Mental Health provide hope that there are passionate and motivated individuals who are taking tangible steps to improve the situation in the community.

## Conclusion

Navigating mental illness can be a complex practice, but sometimes we over complicate it. While I often see mental illness as an individual issue and perhaps even underestimate outsiders' abilities to treat it, this research has made me rethink the role of simple support and care in helping to heal someone with *gangguan jiwa*. Not to discount the crucial contribution of psychiatric intervention in certain situations, but when we view treating mental illness as part of a system, we remove the human beings behind it. If, in healing patients with mental disorders through a system we lose sense of the individuals suffering through it, how are we much better than those who put people in *pasung*? Atrocities like *pasung* occur when we only see the illness, and not the person behind it who is inflicted with pain. So, as my informants have taught me, families, communities, hospitals, and healers must be willing to care for the person behind the illness and offer them support, while not ignoring the illness altogether.

The other part of the equation must be early education that integrates spiritual and medical methods of understanding mental illness. In the context of Bali, it is vital to keep local beliefs at the forefront of treatment, alongside medical interventions that include families throughout the course of treatment. Finally, without the government's prioritization of mental health care and active support, it will continue to be an overlooked issue in terms of funds, education, and energy. Organizations and individuals must continue to urge the Indonesian government to make a genuine effort to give the issue of mental health care more consideration and care. Mental illness is an issue that deserves attention.

## Recommendations for Future Study

For future studies in the realm of mental illness and mental health care in Indonesia, I recommend studying how *pasung* manifests in non-family settings. In more recent research, there have been reports of shackling mentally ill individuals in institutions that claim to be providing care for people. The Human Rights Watch uncovered instances of abuse and *pasung* "in faith healing centers, social care institutions, and mental hospitals" (2018), and this certainly deserves more attention and further investigation. Additionally, it would be valuable to interview more psychiatrists, and also government officials if possible, to get other first-hand perspectives on community-based treatment approaches. Past 2019, a follow-up study on the Free *Pasung* movement's goal to end *pasung* in Indonesia by the end of the year would be also be rather interesting. Finally, further attempts should be made to find any other local communities working to advocate for mental health and treat mental illness. If there are more communities like *Kopi Kental*, then perhaps there is greater hope for the success of local support-based interventions and education about mental illness.

# Bibliography

*Primary Sources*

Dr. Cokorda Bagus, personal communication, November 28 2018.

Driana Rika Rona (Ibu Rona), personal communication, November 23 2018.

Kadek Siwa Ambara, personal communication, November 13 2018.

Ni Komang Adinda Cahyani (Dinda), personal communication, November 19 2018.

Ni Luh Ayu Gita Sari (Gita), personal communication, October 23 2018.

Pak I Nyoman Mardana (Pak Man), personal communication, November 22 2018.

Wayan Ari Santiasa, personal communication, October 24 2018.

Yudi, personal communication, November 2, 2018.

*Secondary Sources*

"Bali Population 2018." *Total Population by Country 2018*, worldpopulationreview.com/world-cities/bali-population/.

Bali's Shame. (2009, May 30). Retrieved from https://www.sbs.com.au/news/dateline/story/balis-shame

"Body, Mind and Soul Balance: The Body." *My Holistic Healing*, www.my-holistic-healing.com/chakra-healing.html.

"Hell in Paradise: Mental Health Care in Bali." *ABC News*, Australian Broadcasting Corporation, 26 July 2011, www.abc.net.au/radionational/programs/allinthemind/hell-in-paradise-mental-health-care-in-bali/2914728.

"Indonesia Population (LIVE)." *United Arab Emirates Population (2018) - Worldometers*, www.worldometers.info/world-population/indonesia-population/.

Kurihara, T., Kato, M., Reverger, R., & Tirta, I. G. (2006). Beliefs About Causes of Schizophrenia Among Family Members: A Community-Based Survey in Bali. *Psychiatric Services,57*(12), 1795-1799. doi:10.1176/ps.2006.57.12.1795

"Living in Hell | Abuses against People with Psychosocial Disabilities in Indonesia." *Human Rights Watch*, 12 July 2017, www.hrw.org/report/2016/03/20/living-hell/abuses-against-people-psychosocial-disabilities-indonesia.

Made, Ni & Muryani, Sri & Winarni, Indah & Setyoadi, Setyoadi. "Balinese Traditional Treatment (Balian) In Patients With Mental Disorders*." Belitung Nursing Journal*. 4 (2018): 397-402.

"Mental Health Atlas 2011." *Department of Mental Health and Substance Abuse, World Health Organization,* 2011, http://www.who.int/mental_health/evidence/atlas/profiles/usa_mh_profile.pdf?ua=1&ua=1.

Michael, Sarah. "Heartbreaking Pictures Show Bali's Dark Side, Where Mentally Ill People Are Locked up and Left in Their Own Filth by Their Families." *Daily Mail Online*, Associated Newspapers, 30 July 2014,

Minas, Harry & Diatri, Hervita. *"Pasung*: Physical restraint and confinement of the mentally ill in the community. *International Journal of Mental Health Systems,* 2:8, 2008, https://ijmhs.biomedcentral.com/track/pdf/10.1186/1752-4458-2-8 www.dailymail.co.uk/news/article-2710425/Heartbreaking-pictures-Balis-dark-mentally-ill-people-locked-left-filth-families.html.

*Pacific.scoop.co.nz » Many of Fiji's 300 Dialects in Danger of Being Lost*, pacific.scoop.co.nz/2013/05/chains-free-mental-health-campaign-in-indonesia-may-end-pasung/.

Taylor, Kirsty. "Imprisoned in Paradise." *The Guardian*, Guardian News and Media, 23 July 2009, www.theguardian.com/journalismcompetition/imprisoned-paradise.

Vickers, A. (1989). *Bali: A Paradise Created*. Victoria: Penguin Books.

Yazdani, M., Esmaeilzadeh, M., Pahlavanzadeh, S., & Khaledi, F. (2014). The effect of laughter Yoga on general health among nursing students. *Iranian journal of nursing and midwifery research*, 19(1), 36-40.

# Appendix I: Figures

The figures below are directly from the 2018 Indonesian Ministry of Health's *Hasil Utama RISKESDAS*, which are the main results from the country's basic health research survey. *RISKESDAS* was first conducted in 2007.

*Figure 1.* Prevalence of households with mental disorder schizophrenia / psychosis by province, 2013 - 2018 (per mil). This figure shows that, as of 2018, Bali has the most people with schizophrenia / psychosis in Indonesia.

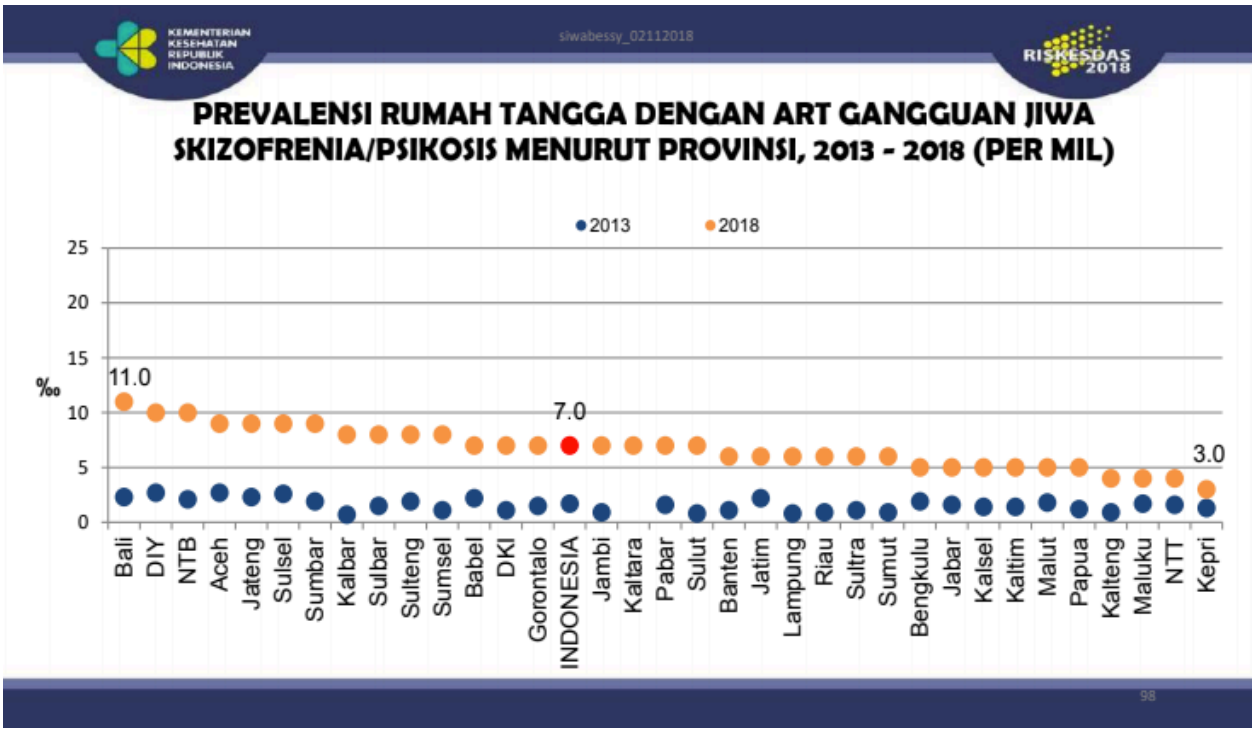

*Figure 2.* Proportion of households that have a mental disorder of schizophrenia/psychosis that has ever been in *pasung*, 2018. Left pie chart: households that have ever implemented *pasung* (14% Yes; 86% No). Right pie chart: households that have implemented *pasung* in the last 3 months (31.5% Yes; 68.5% No).

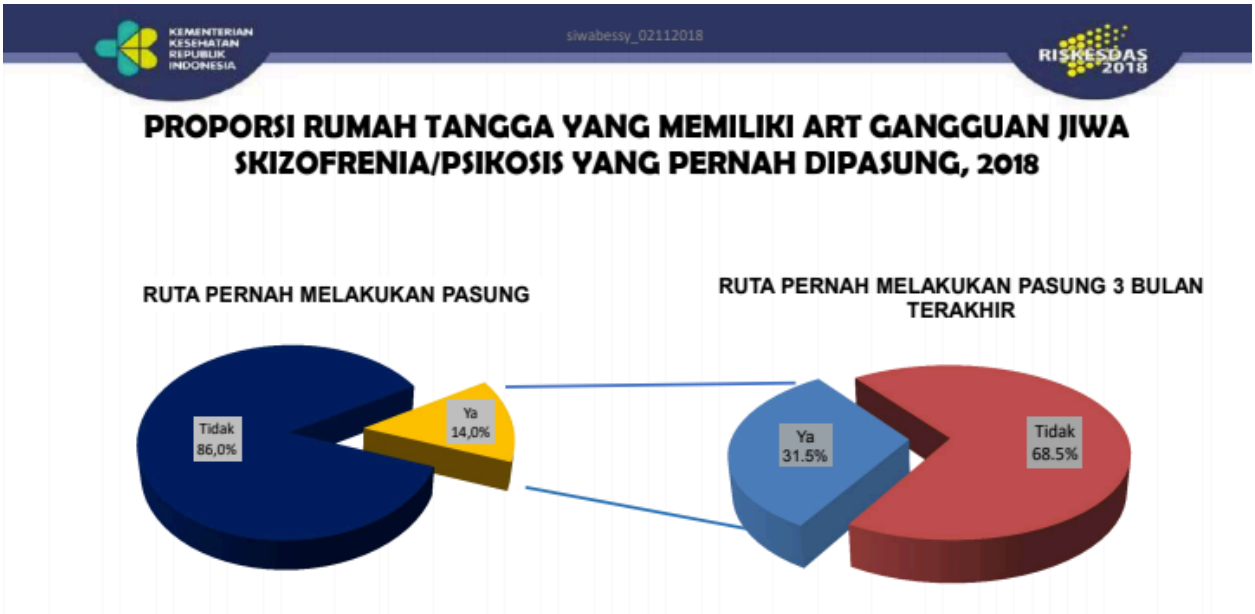

*Figure 3*. Coverage of patient treatment of mental illness schizophrenia / psychosis, 2018. Left pie chart: 84.9% treatment; 15.1% no treatment. Center pie chart: of those who have been treated for their mental illness, 48.9% regularly take medication; 51.1% do not regularly take medication. Right bar graph: the reasons people claim for not taking their medication regularly for the past month. The results showed that (from left to right) 36.1% of people didn't take their medication regularly because they "already feel healthy," 33.7% "it's not a routine to get treatment," 23.6% "cannot afford to buy medicine regularly," 7.0% "can't stand ESO*," 6.1% "often forget," 6.1% "feel the dose is not appropriate," 2.4% "the medicine is not available," 32.0% "other reasons."

*ESO means "Efek Sampling Obat," which translates to "the side effects of medication."

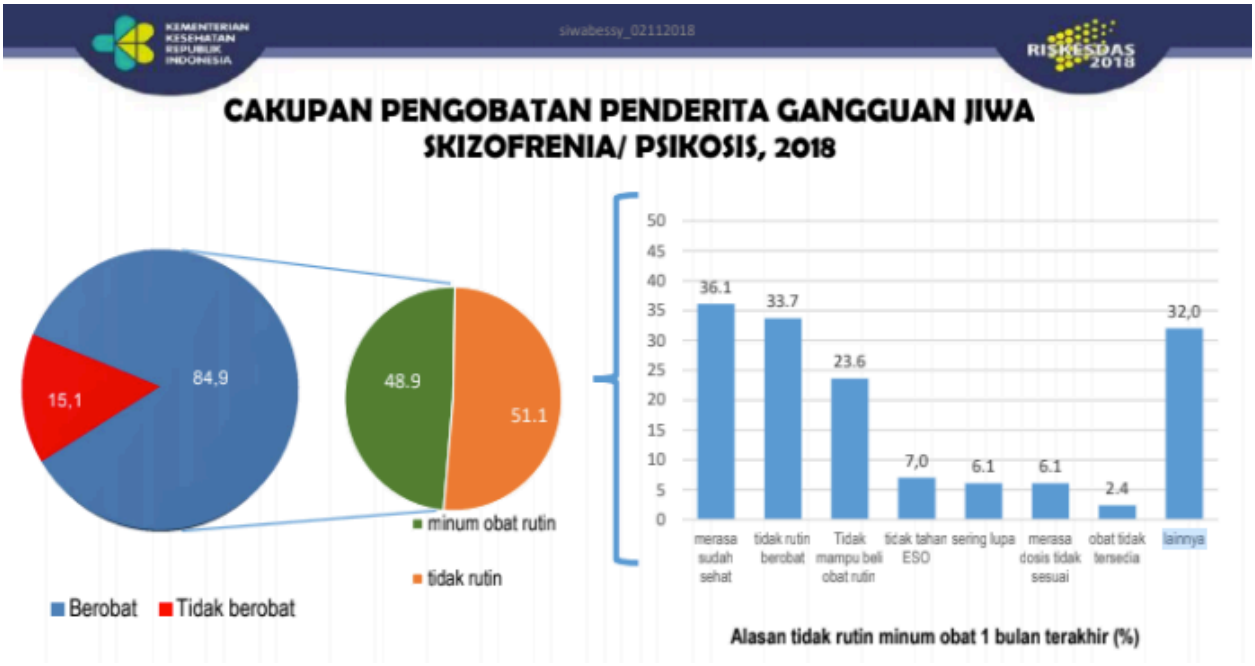

*Figure 4.* Prevalence of "emotional mental disorders" in population aged ≥15 years by province, 2013-2018 (Based on interviews with Self Reporting Questionnaire-20 (SRQ-20), Value of Cut Off Points ≥ 6). This chart demonstrates two main points relevant to the fieldwork at hand: the prevalence of self-reported emotional mental disorders has risen by ~3.5 in Bali from 2013 to 2018 and it is slightly under Indonesia's current national prevalence of 9.8.