This article explores one woman’s life history of mental illness in West Sumatra, Indonesia, and the shifting explanatory narratives used over time by herself and her family to understand and manage this illness. For most of her adult life, Amak Dahniar has heard voices, which had been understood as an illness caused by harmful spiritual influences; later in life she received a diagnosis of paranoid schizophrenia. Amak Dahniar’s life story highlights the tensions between local understandings and methods of care and transnational psychiatric framings of mental illness.

Keywords: schizophrenia, resilience, civil war, Indonesia, spiritual healers.

A Lifetime of Being Sick

By her own account, Amak Dahniar has been ill for most of her adult life. Physically, she explains, she is strong, and always has been. Bending her small, wiry frame to sit down on the mat between two of her daughters, Amak says that she is getting old now though, and so she is slowing down. In her late seventies, she lives alone in the small house that she built with her late husband in the village where she was born and raised, and where she raised their children. She still works her fields by hand, tending crops, planting and harvesting rice, and collecting firewood, just as she has done since she was a child. Sitting between her daughters—Sariaman and Novi, her second and eighth children—Amak explains that, although she...
has always been physically strong, she started getting sick (sakit) as a young woman. Prompted to recall when she first became sick by her youngest, Amak tries to remember when she began having frightening dreams. After some discussion with her oldest daughter, she says that they began sometime in her early twenties, between the end of the civil war in their province and when her third child died soon after birth.\(^2\) This was when she started having dreams, and hearing voices, both while asleep and awake.

_Sakit_ is the word Amak Dahniar and her children use to describe times when she hears voices, sometimes sees people who cannot be seen by others, and wakes from terrifying dreams to physically fight off those attacking her and her loved ones. Meaning ‘sick’ or ‘hurt’ in Indonesian,\(^3\) Amak recalls being _sakit_ when she tries to hide from people only she can hear, or when she tries to protect herself and her children from other people in her village trying to harm them. Her two daughters recall that the intensity and frequency of these dreams have come and gone during their mother’s life; the older daughter, Sariaman, describes frightening incidents when their mother would wake and begin destroying parts of the house. Both daughters say they know their mother is sick sometimes but they emphasize how strong she is and how she has “worked hard her whole life so that her children could succeed”. She may “believe things that are not real when she is sick”, they explain, but this is not a big problem because, although it can be difficult, they have always managed the sickness.

Managing the sickness, for Amak Dahniar, her late husband and her children, however, has changed over the years. In this article we explore the oral history of Amak and two of her children, Sariaman and Novi, to examine how she and her family have understood and managed the voices and dreams over the course of her adult life. This exploration of Amak Dahniar’s life narrative and story of illness grew out of another oral-history-based study into women’s narratives of trauma during the 1950s and 1960s in West Sumatra. This period covers a series of violent events, including the 1958–61 civil war in West Sumatra and the nationwide mass killings of communists in 1965–66, which caused widespread upheaval and social unrest.
in that province (Feith and Lev 1969, pp. 467–80; Narny 2016, pp. 117–26). Amak Dahniar was originally identified as a potential informant for the study because of her experiences during the civil war period; after the initial interviews with Amak, we asked her and her family whether they would be willing to explore the stories they had told about Amak’s hallucinations and delusions further.

Through a collaborative oral history approach, in which Amak Dahniar and her children co-construct their account of Amak’s life and her illness, we examine how their understandings of why Amak becomes sick—and the ways in which they name the sickness—have shifted at different times to incorporate various discourses of mental illness, of physical and bodily influences, and of the role that tangible and intangible external actors can play on when and how she becomes ill. These understandings draw together medicalized discourses surrounding mental health in Indonesia, as well as religious and spiritual aspects from more longstanding and localized perceptions. We also explore how these different understandings of Amak’s illness have led to different ways of dealing with and treating her sickness during her life. Throughout this article, we show how, in our interviews with Amak and some of her children, Amak favours spiritual and religious explanations over medicalized discourses to narrate her experiences of being ill, whereas her children have embraced, and say they have found greater comfort in, a medical diagnosis in order to understand and to look after their mother.

From examining the life narrative given by Amak and her children, we argue that the fact of seeing people and hearing voices that others cannot is not, by itself, why Amak Dahniar sees herself (and is seen by others in her family and community) as sick. Within the longstanding local understandings of relations in the community between tangible and intangible actors, hearing, seeing and talking with the dead and other beings, while not commonplace, are accepted and are normal interactions with those beings. Rather, it is because Amak is threatened by and is frightened of these voices that these experiences are considered pathological; it is the harmful effect on her that means she is sick and that hearing voices is a sickness. In this article we trace how Amak’s illness has been explained
and treated as a result of harmful spiritual practices by numerous traditional healers (dukun) for most of her life, and, late in life, as mental illness by various medical personnel. We also discuss the forms of Amak’s dreams and voices, many of which manifest as those who have caused trauma in her life, such as the soldiers who attacked her village during the civil war (1958–61), and members of her extended family who unlawfully appropriated her land, as well as her dreams that she explains are harbingers of misfortune or evil doings.

A New Diagnosis

A few years ago, when Amak was in her mid-seventies, she woke up one morning feeling weak and began vomiting blood. Her husband had passed away a few years earlier, so two of her children came and took her to the hospital in Bukittinggi, the city closest to her village in the mountains of West Sumatra. Amak explained that she became very ill while she was being treated. Another doctor, a psychiatrist, visited her a couple of times, asking about the voices she heard and about when she “knew that people were trying to steal or do something bad” to her. Some of her other children came to the hospital to see how their mother was getting on, and the psychiatrist called them together to discuss Amak’s condition.

The youngest daughter, Novi, recounted how she felt when the psychiatrist diagnosed her mother as a paranoid schizophrenic:

I was sad. I’d been sad about mum’s illness for a long time, because she had been sick for as long as I can remember. When we first found out that the illness was schizophrenia, at first I was shocked, and sad. But [the psychiatrist] was right, [and] that’s what it was.

As the psychiatrist sat with Amak’s children and explained her diagnosis, Novi explained that she then felt a strong sense of relief. “To know what it was, because we’d never known what this was before”, Novi said, looking to her mother beside her, “that was a relief. We know what it is now.”
This meeting gave a new name to Amak’s sickness, and with it came a new way of managing it, as well as a new vocabulary to describe the ways in which she was sick. The people she often hears and sometimes sees are hallucinations. When Amak comes to feel that someone is trying to do something bad to her—by divining signs that only she is able to detect—she is experiencing a delusion. As we sat and listened to Sariaman and Novi describe some of the forms of these hallucinations and delusions, they turned to their mother to confirm their accounts or to provide details. In their descriptions, Amak’s children integrate the diagnostic and biomedical vocabulary into how they comprehend her illness; they talk of their mother’s symptoms, of the recurrent delusions she has in which she “imagines people [in the village] doing things”, and, when describing the voices Amak hears, the word used by her oldest daughter, Sariaman, is the English loanword halusinasi (hallucinations).

Amak herself does not use the terms hallucination, delusion or symptoms. When she describes her experience, she talks about people’s voices, of frightening dreams, and of signs that someone is trying to hurt her. When we ask about when she becomes ill, Amak explains, “I am sick when I’m frightened. I dream, and the dreams threaten me. The soldiers threaten me, and in that moment I am terrified. And so that’s when [I become] sick.” Novi adds that when her mother has these dreams she “has been screaming out [in her sleep] and she wakes crying out huaaa huaaa! [Sometimes] she wakes up fighting, other times praying to God for help.” When they were children, Novi and Sariaman explain, they were frightened when their mother woke up fighting because she was often violent; she would begin “throwing things” or destroying her bed, one time “cutting off her hair and screaming”. When Amak is then asked how she feels when she “dreams” during the day, she says, “peoples’ voices call to me, saying ‘Come here, come with me’, and so I hide”, such as behind a sheet in her bedroom or crouching down behind a door. Amak’s children respond by saying that when they were growing up they were often disturbed or frightened when their mother would act like this; but now, “because we know [she is]
schizophrenic”, the children say, they “know what causes” the dreams and so can “understand what this illness is, what schizophrenia is”. Amak does not respond to this point; in fact, at no time during our conversations does she describe herself as schizophrenic, though she does not explicitly reject the word either.

When Amak was released from the hospital in Bukittinggi, her family were given some information about schizophrenia, and Amak’s children have all learned more about the illness since then from reading books and researching on the Internet. This information is described by Amak’s children as a comfort. Novi, who has a master’s degree, explains: “Before, when we didn’t know what this was, I sometimes felt embarrassed to tell people [about my mother], but now that we know what it is, and I’ve been able to find out more about [schizophrenia], I can tell people, can tell my friends about it.” As someone who likes to do research, she states, being able to research the illness and understand it better helps her; she can understand now why her mother is sick and that she is “suffering from a mental illness”.

The medicalized vocabulary that Amak’s children find comfort in contrasts with and almost displaces Amak’s way of talking about her illness. Novi and Sariaman are well aware of this disjuncture. In one of our conversations they remark that calling Amak’s illness schizophrenia and her symptoms delusions and hallucinations are how they, her children, understand their mother’s illness, and they acknowledge that their mother “doesn’t really think about [her illness] this way”. The psychiatrist’s diagnosis and the information that they are able to download from the Internet, they say, give them understanding and certainty. Their mother, they say, does not seem to want or need this certainty. At one point Amak dismisses the pamphlets, remarking, “there’s no need for them”.

Biomedicine and Talking about Illness

This embracing of a medicalized discourse by Amak Dahniar’s children in some ways reflects a much broader trend towards “a
biomedical approach to psychiatric care as one part of a wider globalized hegemonic process affecting discourses, understandings, and treatment practices and their relation to mental illness” (Lemelson and Tucker 2017, p. 59). Built upon the mind-body dualisms so fundamental to the traditions of Western medicine, biomedical psychiatry has become a powerful and homogenizing system to describe and treat distress and “madness” across the world (Bracken and Thomas 2005, pp. 42–47).

Researchers of psychological anthropology and historical psychiatry investigating psychological and related phenomena across various parts of Indonesia have documented how, since the beginnings of mental healthcare in the Netherlands East Indies, there has been a strong biomedical appropriation of the discourses that regulate mental health in the archipelago (Pols and Wibisono 2017, pp. 205–21; Pols 2006, pp. 365–69). The current mental healthcare infrastructure that exists in Indonesia—certainly that which operates within and is regulated by the Indonesian government—is built on this biomedical approach (see Renwick et al. 2017, pp. 671–80; Surjaningrum 2016, pp. 100–10). The biomedical approach and infrastructure that derives from it, however, cannot service Indonesia’s large and geographically diverse population. With few resources and extremely low rates per head of population of trained psychiatrists, psychologists and other mental healthcare professionals, this system is built around a limited number of mental hospitals, some basic assistance from public health centres, and poorly equipped and overcrowded shelters, which cannot cope with demand (Minas 2009, pp. 592–93; Leocata 2015, pp. 12–30). While there are several initiatives under way by the Indonesian government, this system will only ever be able to cope with barely a fraction of the estimated need for assistance (Brooks et al. 2018, pp. 49–59).

Despite these limitations, the assertion of biomedical authority over the description, regulation and care of mental health in Indonesia, as elsewhere, has created reified discourses which pervade these institutions; discourses that are then often replicated by those who come into contact with “modern” health infrastructure (Wilce 2009,
In Foucauldian terms, the increasing hegemony of biomedicine within Indonesia and other parts of the world means that “individuals’ lives are profoundly experienced and understood through the discourses and practices of medicine”, such that “power as it operates in the medical encounter is a disciplinary power that provides guidelines about how patients should understand, regulate and experience their bodies” (Lupton 1997, pp. 94, 99). For Amak Dahniar’s children, the new diagnosis of paranoid schizophrenia and the new vocabulary to describe their mother’s visions and dreams offer—as Novi puts it—a “better, modern” way to understand their mother’s illness. This new way comes from the words which carry the authority of the psychiatrist who made the diagnosis, from the city hospital where ‘proper’ medicines were prescribed to treat the illness, and a discourse to understand the illness which is communicated through pamphlets from the hospital and information downloaded from the Internet.

Yet, with the spread of globalized biomedical discourse there is also a process of localized adaptation, resistance and recreation. In this very personalized setting of an elderly mother and her adult children narrating a life history of mental illness, Amak Dahniar’s children adopt the terms that they have learned and deploy them in ways that make sense to them. Amak herself does not explicitly reject how her children talk about her illness, but neither does she seem to have much time for it. This intra-familial negotiation over the use of terms and their meanings reflects broader discussions over what illness is, how it is described, and how it is treated in their community (see, on West Sumatra, Tas’ady, Fanany and Fanany 2012, pp. 31–41). The social, cultural and linguistic reproduction (and transformation) of biomedical discourse can be seen as part of what others have observed as the “creolisation” of psychotherapeutic theory and practice in numerous settings around the world (Kirmayer 2006, pp. 163–68); that is, psychiatric techniques developed in “the fusion and the emergence of new psychiatric concepts, practices, and artefacts within and across cultures” (Kienzler 2012, p. 277). To understand how individuals and societies experience, understand
and describe mental illness, transcultural psychiatric researchers and psychological anthropologists move beyond “the psychiatric ‘exotica’ of culture-bound syndromes … [to be] explicitly focused on phenomenological approaches in the cross-cultural study of severe mental illness” (Lemelson and Tucker 2017, p. 14). Unlike biomedical investigations of mental illness, transcultural psychiatric research examines how the experience of illness depends on the social context and cultural understandings; most of this research bringing an understanding of “an individual’s phenomenological experience and course of mental illness within a specific cultural group at a specific point in time” (Lemelson and Tucker 2017, p. 50).

As we explore in the remainder of this paper, Amak Dahniar’s social and cultural context have been the most salient for her own understanding and experience of her illness, not her diagnosis of “paranoid schizophrenia”. For most of Amak’s adult life—since she began having terrifying dreams and hearing voices in her early twenties—her illness and how she and her family have managed it has been through local understandings and treatments. In this way, Amak’s experience of mental illness throughout most of her life reflects that of many other Indonesians dealing with distress (see Good, Subandi and Good 2007, pp. 243–72; Stodulka 2016, pp. 113–66; Subandi and Good 2018, pp. 33–37). While biomedical discourse certainly dominates the mental health infrastructure and government-sponsored approaches to mental health regulation and care throughout Indonesia, indigenous healing systems and practices remain the most commonly used for the interpretation and treatment of distress (and many other types of illness) (Lemelson 2004, pp. 48–76; Salan and Maretzki 1983, pp. 377–81). In the second part of this article, therefore, we explore further Amak’s life narrative of being ‘sick’, and how she, her late husband and their children managed her illness up until she was diagnosed as a ‘paranoid schizophrenic’ in her mid-seventies. In her narrative, Amak describes the tangible and intangible actors involved when she becomes sick, and the forms of her visions and dreams. First, though, we explore the trauma she has experienced during her life which she explains has exacerbated her illness.
Amak Dahniar has lived through many of the turbulent and violent times that marred the formation of the postcolonial Indonesian state. Born in 1940 at the very end of Dutch colonization, Amak was a young child during the scarce and difficult period of the Japanese Occupation (1942–45) and during the Indonesian revolutionary war of independence against the Dutch (1945–49) (see Steedly 2013, pp. 208–42). These earlier periods of immense upheaval on the national level, she recalled, did “not come too much into the village” where she has lived her whole life, and, “if they did”, she was “too young to remember much about it anyway”. Her village, located halfway up the slopes in the mountainous interior of West Sumatra, may have been spared the violence of the 1940s seen in other parts of the archipelago, but it did not escape the deeply turbulent period that began in the late 1950s in her province.

Recently married at the start of 1958, Amak Dahniar described when “the violence came to [her] village” later that year, while she was pregnant with her first child.

Yenny Narny: What happened when the ‘outside’ people came?
Amak Dahniar: Everyone ran, ran anywhere they could. Some ran down the mountain, to [another village], others ran up the mountain, towards [another village].

Yenny Narny: Who were the outside people looking for?
Amak Dahniar: They were looking for our men. Back then, there were people being killed right in front of you, before you. People would try to run away and then, you know, they’d be shot. Then their bodies would be buried somewhere later.

Yenny Narny: How did you feel during this inside/outside (luar dalam) time? Were you frightened? How do you feel about it now?
Amak Dahniar: Now I’m fine. I’m not scared, not worried. Of course, yes, back then we were all terrified, back then when we were being invaded [by
the] outside people. When they were shooting us, of course I felt like we were going to be hit…. But it’s the soldiers, it’s them who I still see.

Yenny Narny: What about when you hear a plane? Are you frightened when you hear planes passing overhead?

Amak Dahniar: If I hear [a plane] outside, yes. There’s a hole outside the house, you understand? We have to hide.

Known locally as the ‘inside/outside’ (luar/dalam) time, the violence that Amak was talking about was the brief, bloody and little-known civil war in West Sumatra between 1958 and 1961 (see Feith and Lev 1969, pp. 467–80). This war began as one of a number of regional rebellions in the 1950s and was an attempt by a group of military and civilian leaders to protest against the way the central government in Jakarta was running the country. Called the PRRI (which stood for the Revolutionary Government of the Republic of Indonesia), the rebellion in West Sumatra represented a well-organized and serious threat to Jakarta, and so the capital and political centre responded with military force (see Lev 1966, pp. 34–69).

The people in West Sumatra, like Amak Dahniar and the people in her village, were caught up in the violence. When the rebellion was declared in 1958, the PRRI had already gained the support of many Minangkabau people. When the Indonesian government forces moved into the territory shortly after, this incited even greater local support, as many locals saw the military response as an invasion of West Sumatra. The Indonesian government forces effectively conquered the towns and cities, using aerial bombing and taking over major infrastructure sites. The fighting continued in the countryside, however, with the PRRI forces—along with local fighters who joined up in support—retreating into the mountainous forests that make up the interior of the province, and carrying out guerrilla attacks. The government forces retaliated by moving into the towns and villages, often kidnapping and killing PRRI supporters, identified with the help
This brief civil war is rarely mentioned in Indonesian history and is little known outside the country. Yet the effects of this war ran deep in West Sumatra, causing bitter divides between those who had supported the PRRI rebellion and those who had supported the Indonesian government.6 In Amak’s narrative, the effects of this war have reverberated, profoundly affecting her physical safety and that of her husband and young children at the time, but also causing ongoing harm to her mentally. As she explains, “[the government soldiers] came into the village and started shooting people. I heard the planes, the explosions. But now, sometimes I still hear them, and I still see them…. It’s always those soldiers from the army, those outside people [who] attacked us.”

While the aerial bombings were used against the towns, word of bombs dropping from the sky reached those in the villages. When planes flew overhead, the villagers knew the republican troops were coming closer. As with most of the men in their village, Amak’s husband was a PRRI supporter. As the government forces drew nearer, he fled into the forest along with many of the other men to join the fighters, telling her to go to her mother’s house. The government soldiers arrived, attacking households and searching for rebellion supporters, killing those who tried to flee. This attack towards the end of 1958 was the first of several on the village. Over the next two years, Amak’s husband remained with the PRRI forces in the forest. The government soldiers came periodically to the village, attacking homes and searching for fighters. When he was able, Amak’s husband would come to visit her and their baby—their first of four sons—at her mother’s house. Amak’s second baby—their first of five daughters—was born shortly after the PRRI conflict ended in 1961; her name, Sariaman, is a contraction for “ketika hari sudah aman”, roughly meaning “once we are safe”.

of local supporters of the central government. This violence in the countryside lasted for approximately another two years before the PRRI forces were finally defeated; the local militias in the forests were granted amnesty and told to return home (see Feith and Lev 1969, pp. 467–80).
As Amak Dahniar sat and spoke about the war and the effects that this violence had on herself and her family, it became increasingly clear that in her narrative she was interweaving her memories of events between 1958 and 1961 with the dreams she has experienced since. During one of our interviews, for example, while describing the first attack on their village in 1958, Amak talked about two young men being shot in the rice fields near her mother’s house, and then immediately after about a group of soldiers attacking her and others in the village mosque. Amak spoke of her terror as the “two young men were killed in front of us, out in the rice field, right there, just like that”, and her fear “as the soldiers came into [the mosque] with their guns”. Woven together, Amak narrated both events as moments of terror that she “still remembered” because of their “strong effect” on her. It was not until later in the following interview, when Amak again spoke about the ‘inside/outside’ time, that Novi explained that the first event—that of the two young men being shot in the rice field—had “really happened”, but that the incident in the mosque had not. When asked more about the incident in the mosque, Amak then explained that indeed it had been a “dream, [but] still, I saw it happen”.

Sariaman and Novi used the word trauma to talk about the forms of their mother’s ‘dreams’, both those that she has while sleeping and those that occur as auditory and sometimes visual hallucinations. As Amak’s children explained, their mother is “still traumatized” (masih trauma)—by the violence she experienced but also by the dreams of that violence that have come to her ever since. Novi tried to articulate this coalescence of the war’s violence, its traumatic effect on her mother, and the dreams that have grown from and which in turn have reinforced her trauma: “the [war], the attacks on the village, and the dreams that she has, these all still affect her…. [Because she can] really hear, really see them, you understand? All of them, these make her still traumatized.” For Amak, then—as her children explain—it does not matter that some incidents “actually happened” and others did not; they all have a seemingly cumulative traumatic effect on Amak.
Although an English loanword, *trauma* has been adapted into common usage and developed as an Indonesian idiom (see Bubandt 2014, pp. 81–90). As Catherine Smith explains in her study of *trauma* in the “medical-moral imaginary” of the nearby province of Aceh in Sumatra, *trauma* is understood “as a mild form of psychological disturbance (*gangguan jiwa*) that could be healed by an individual through diligent effort and social support, but that if left untreated, [has] the potential to progress into irreversible madness” (2018, pp. 124–25). When Amak’s children identify their mother as being “still *trauma*”, they are speaking of an effect on their mother that is pathological and causes her severe distress.

To explain how their mother is still *trauma*, Amak’s children give the example of the sound of a plane flying overhead and how this causes their mother distress. They explain how the central government soldiers on the ground were accompanied by air support, and so their mother associates planes with an imminent attack. As Amak recalled, “[i]t felt like we were being invaded, and we were terrified of the sounds of [the planes]. Even when I hear the sound of an airplane now, all the old people [who remember this time] feel afraid, the trauma is still there. When you hear a plane go past, it’s like it’s an [army] plane, and it’s like being back then, when we were being invaded.” The association of the sound of a plane with an attack remains and, in the interview quoted above, when Yenny Narny asked Amak about this, Amak spoke about how she reacts: “If I hear [a plane] outside, yes. There’s a hole outside the house, you understand? We have to hide.” Novi clarifies that their mother will try to hide in a depression in the land near her house, next to her rice fields. She further explains that her mother may hide when she hears a plane or when she dreams of a plane. Neither Novi nor Sariaman are sure how often the sound of a plane is “real or [whether she] is dreaming, hearing [it]”.

Although Amak’s children break in at different points in the interviews to clarify for us whether the events she is describing are real or imagined, Amak herself is clear that she understands the difference, though the distinction is not that important. She may speak
of “dreaming” when referring to both dreams while she is asleep and to those voices that she hears (and people she sometimes sees) whilst awake, but Amak Dahniar recalls that she plainly comprehends that these experiences are separate. In Amak’s descriptions of her trauma, she emphasizes the content of her dreams—the people who appear and what they say and do—over whether she is asleep or awake. Her narrative, rather, draws together all her experiences that she defines as “traumatic” (trauma), and this means including those which “really happened” and those which she dreamed or heard or saw, regardless of whether others could see or hear them. The soldiers who come in her dreams to attack her are terrifying, just as the soldiers who attacked her and her family in their village in 1958 were terrifying. Thus, “of course I try to fight them off”, waking from her dreams to defend herself, “fighting, screaming”. As Amak explains, “[t]hey still come with their guns, in uniform, threatening to kill us…. The [soldiers] still come now.” She is aware that some of these experiences were dreams, but they are an essential part of her experience of trauma, both then and now, and so she narrates them as such.

Trauma, Illness and Seeking Treatment

When asked whether her trauma affected her illness, and how, Amak Dahniar explicitly linked periods of intense stress in her life to times when she became “very ill”. While she talked about her experiences during the civil war and how these have given shape to her dreams ever since, there were two other periods in her life which she explained had caused intense periods of illness. The first was the death of her third child, a girl, shortly after birth in 1963. The second was in the 1980s, when her uncle misappropriated her land, depriving her and her family of their primary means of livelihood. Amak described both periods as times when her illness deeply affected her life and, in particular, her ability to take direct care of her children. The death of her baby, Amak explained, was when she first began having violent dreams, and her husband and
stepmother helped look after her two young children. Sariaman, who is twenty-four-years older than Novi, was a toddler when Amak’s baby died in 1963, but she clearly remembered the period in the mid-1980s that her mother spoke about, which was also around the time when Novi was born. Sariaman recounted that this was a period when “the dreams were all the time. Every night, and [she] would wake up screaming, fighting…. [She would] also hear voices all the time.” Amak explained that she “couldn’t look after Novi then, couldn’t look after the baby, [so] the older ones, they looked after her…. I went out to work in the fields again.”

In her narrative, Amak Dahniar stressed that both periods of stress “brought on sickness” and that both had been preceded by harbinger dreams. These dreams, she explained, were signs by which she “knew that something terrible” would happen. The first dream came when Amak was heavily pregnant in 1963, when she, her husband and their young family were setting up their own small home next to the rice fields that were her inheritance. As a matrilineal ethnic group, the family’s land is passed down through women in Minangkabau society (see Blackwood 1999, pp. 32–40). As Amak Dahniar told us: “About [a month] before I gave birth, I dreamt that I was fenced in by sticks when I walked out into the field…. I went into the field and then someone appeared and sharp sticks swarmed around my body. So I knew something would go wrong with the birth.” Terrified, Amak knew from the dream that “someone had cursed her”, and she begged her husband to seek help. Amak’s husband, who was himself an erstwhile traditional birth attendant (dukun beranak, a type of traditional healer), sought help from a nearby spiritual dukun, a traditional healer who is able to heal through spiritual means. The dukun listened to her dream and told her to go into the forest and find a special kind of palm nut. When she came back with the palm nut, he carefully split it in two, saying that this would help her give birth but that it would not break the curse. Amak explained that “I was able to give birth then, and it wasn’t difficult. But the palm nut [remedy] given by the [dukun] didn’t last”, and so “the baby did not last very long”.

Her baby girl died a couple of weeks later, and Amak said that she then “became very sick [for] a while”.

Amak recounts that the second period of stress and more intense illness was again portended by a dream, and again sent by those who meant her harm. This time, however, she clearly identified the people she held responsible: her mother’s brother and a woman from the village who was helping him to steal her land. Without land to grow crops—predominantly rice—subsistence was near impossible, and the family were impoverished. Amak Dahniar was the second daughter of her mother, and she was raised in her mother’s family *suku*, roughly meaning her mother’s family compound within the village. Older women are the heads of households and the heads of their lineage, although older men also hold positions of authority within kinship relations, particularly the oldest brother, or *Mamak*, of the matrilineal head (see Blackwood 2000, pp. 51–65). A member of a strongly Muslim ethnic group, Amak’s father had a number of wives and he split his time between Amak’s mother and siblings and his other households who, in turn, lived in their own matrilineal *suku*.

Although not wealthy, Amak Dahniar’s family owned a few hundred hectares of land, which was managed by the matrilineal head of the household, her grandmother, and subsequently, when she passed, by her mother and her mother’s brother, Amak Dahniar’s *mamak*. As per Minangkabau tradition, land is passed down through the female line, but Amak Dahniar’s land inheritance—the land that she and her children should have had to support them—was gradually taken over by her mother’s brother. At first, Amak and her children explain, her *mamak* began using part of the land that had been set aside for her inheritance in the 1970s, but over time he “took over most of it”. In the mid-1980s, however, Amak’s *mamak* came to her and “tried to trick [her] into signing over the land to him”.

In the dream that foretold this event, Amak stood in the middle of her rice fields. Her *mamak* and the woman helping him approached her, bringing a large buffalo along by a lead. When they reached Amak, her *mamak* tried to “get her to hold the buffalo’s lead, but
[she refused], and the [other] woman took the lead.” This other woman pushed Amak over so that she “fell down, and one of the horns of the buffalo pierced her leg and the blood flowed out”. Soon after this dream, the woman from the village who appeared in Amak’s dream came to her, trying to get Amak to sign over the land to her mamak. She refused, but this persistent harassment by her mamak caused Amak severe stress and, she emphasized, this in turn brought on a period of “very bad sickness, which happened also [around the] time that Novi was born”.

In order to survive, Amak and her husband worked on other people’s land and went into the forest to collect firewood, which they then sold to buy food. Amak and Sariaman further explain, however, that their mamak’s attempts to rob Amak Dahniar and her family of their land caused condemnation of his behaviour in the village; for a mamak to try to usurp the lands of the daughters of his sister’s suku was seen as a serious infringement of custodial inheritance traditions. Soon after, her mamak relinquished the use of Amak Dahniar’s land.

These were not the only harbinger dreams that Amak has experienced during her life, but they were significant in her narrative for how her dreams have been signs that she can interpret. In Amak’s life narratives, dreams—whether she is sleeping or awake—play an important role; some are sent to warn her of impending danger and some help her to identify those who mean her harm. In itself, the fact that Amak Dahniar experiences these harbinger dreams or hears voices is not seen by either her family or her community as a cause for worry. In Amak Dahniar’s community, as in many parts of Indonesia, receiving dreams or hearing the voices of spirits or otherworldly creatures are a part of relations between the tangible and intangible worlds. The community is understood to be made up of the living and the dead. And so, while not common, it is accepted that the living may have communications with the dead or a range of other intangible actors (see Chambert-Loir and Reid 2002; Wessing 2006, pp. 11–16). Unfortunately, however, some dreams are also harmful to Amak; they attack her, goad her and terrify her. Because
Amak is ‘sick’ from the dreams, her family has tried many ways to manage her sickness through medical and spiritual means.

Treating the Sickness, Then and Now

From her early twenties—around the time her baby died in 1963—until she received her diagnosis of paranoid schizophrenia in her mid-seventies, Amak Dahniar visited a wide range of traditional healers (dukun) when she became ill. Across Indonesia, a traditional healer can mean many things and can be sought out to treat any manner of illness, spirit possession, witchcraft or general imbalance: from those who serve as midwives and birthing attendants, to those who set broken bones, to caretakers of sacred spaces (such as cemeteries or mountains), to those who can speak with spirits and perform exorcisms, to those who can create spells and send/lift curses, amongst many other roles that different types of dukun may play. Within Indonesia’s many religious traditions, too, these healers can incorporate a range of otherworldly and religious aspects into their practice, including Islamic prayers and incantations (Woodward 2011, pp. 69–109). For the majority of Indonesians who experience what are understood as mental illnesses within a biomedical frame, they seek out treatments by dukun before—and sometimes complimentary with—any other treatment or help, such as by medical personnel, let alone any psychiatric care (see Sciortino 1995, pp. 25–34; Pols 2006, pp. 367–68; Lemelson and Tucker 2017, pp. 113–19).

Throughout most of Amak Dahniar’s adult life, she and her family “managed her sickness” by seeking remedies from a long list of dukun. As Amak explained, her husband first started taking her to these traditional healers, most of whom were spiritual healers, who could divine imbalances, black magic/curses and a range of other causes for the harmful dreams and voices that visited her. Over the period of those five decades, she thinks it likely she had seen, altogether, “maybe twenty” different dukun. When asked what these healers would do to diagnose a cause for her illness or to treat her, Amak gave a range of examples. These included healers who explained...
that she had an imbalance, that she had been cursed by someone seeking to do her harm (diguna-guna), or that she was suffering from some kind of interference from spirits. The treatments that she was given included, at different times, instructions to recite prayers or to drink various herbal remedies or blessed water. At other times, however, some dukun would use more ‘magical’ means to determine the cause or source of her illness. During one period when she was “hearing voices and dreams often”, and also experiencing severe headaches, her husband took her to see one of the dukun who used such magical means:

Amak Dahniar: One time there was a chicken cut up because I had my head pains and [at the dukun’s] the chicken was cut up there.

Yenny Narny: So what did the dukun say?

Amak Dahniar: The dukun only said that my white blood had risen [she draws her finger up her neck, miming the blood rising].

Yudhi Andoni: So what medicine did he give you?

Amak Dahniar: Well, the chicken was then cut up, and then boiled, and then cooked so I could eat it there.

Yenny Narny: What was the reason for cutting up the chicken?

Amak Dahniar: To find out what the illness was.

Novi: By cutting open the chicken we could see what the illness was, to see what the cause of Amak’s illness was through the chicken.

Yenny Narny: When your blood rose, what did the dukun say about that? Did this mean that someone had put black magic on you (diguna-guna)?

Amak Dahniar: He only explained that, after looking [at the chicken’s insides], that my white blood had risen to my head. So this meant that my head was hurting.

As Novi explained, “white blood” here does not refer to cells, but to one of the different coloured fluids (bloods) that inhabit and balance the body, the mind, the social and spiritual environment, in order to retain good physical, mental and spiritual health. The white blood
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had gone awry by rising too far into her head, therefore causing the headaches and dreams. By dissecting the chicken, the *dukun* was able to determine the cause of Amak’s illness; by cooking the chicken, performing some rituals over it and having Amak eat it, the *dukun* was able to treat the cause. When asked how effective the treatments by these various *dukun* over the years had been, Amak and her daughters responded that her dreams would very often decrease for a time afterwards. Novi explained, “[After visiting a *dukun*], she would get better for a while, but it would never last…. She would then get worse again, and then [we would seek out] another *dukun*.”

Amak Dahniar’s husband passed away in 2010. After his passing, her children did not “take [her] to see *dukun* nearly as much”. Up until that point, managing her illness had been primarily determined by Amak and her husband. After their father had passed away, Amak’s children took over and, according to Novi, “did what we thought was best for her”. A few years later, when she became physically ill one day and started vomiting blood, her children insisted that she go to the hospital in Bukittinggi. There, the psychiatrist gave them a new name for the voices and dreams—‘paranoid schizophrenia’—and a range of pharmaceutical medications that she said would help Amak.

The antipsychotic and other medications that the psychiatrist prescribed for Amak, however, made her senseless. Novi explained that the medications made her mother “weak, tired and unaware” so that she “didn’t really know what was going on”. Amak confirmed this, saying that the medicine made her “completely weak … [so that she] couldn’t work, couldn’t go out to the field, couldn’t do anything”. After being discharged from the hospital, she was referred to the local public health centre (*Puskesmas*), which provided the medications but at enormous cost (see also Stodulka 2017, pp. 157–60). In addition to the unsupportable financial burden, Novi thought perhaps that the “dosage may have been too high, or wrong”, and so Amak and her children decided that it was best to “stop taking the hospital’s medications … because they weren’t helping, she was just unaware”.

After stopping the medication, Amak regained her strength and went back to working in her fields, tending her crops and collecting firewood. She also regained the voices, though now her family understood these to be hallucinations, and her interpretation of signs to be delusions. For Amak, managing the diagnosis of ‘schizophrenia’ meant using expensive medications that made her senseless and weak and that did not help. For her children, they welcomed the psychiatric diagnosis as a new and productive way of understanding their mother’s illness, though they too saw no benefit in the treatment prescribed by the hospital’s doctors. Since that time, Amak has taken no further medications, but neither has she visited any dukun. Her children, “knowing now what this illness is”, as Novi says, will “no longer take her to see any [dukun … because] there’s no need”. The medications may not help either in making Amak feel and live better, and so they have rejected them, but the diagnosis still “explains what this is”. Now, Novi says, they “simply live with [the voices] and the illness”.

Conclusion: A Lifetime of Listening to Voices

Amak’s life story narratives relate to the cross-cultural study of verbal hallucinations by Ivan Leudar and Philip Thomas, which explores how people in different parts of the world experience and explain the voices they hear. In particular, their study pushes back against the dominant biomedical, clinical perspective, which they sum up as: “The question ‘Who is speaking?’ is answered by ‘Nobody, it’s just hallucinations’. And ‘What do the voices mean?’ is answered by ‘They mean your illness, nothing else’” (Leudar and Thomas 2000, p. 91).

Amak Dahniar’s narratives about the course of her adult life are, in many ways, dominated by her experience of being ‘sick’ and the various ways in which she and her family have managed this sickness. While a diagnosis of ‘paranoid schizophrenia’ late in life has been a comfort to her now adult children—helping them to understand her symptoms and to give a name to her hallucinations
and delusions—Amak herself says that she has “no use” for this new set of terms or the hospital pamphlets with information about schizophrenia, or indeed the medication that “does nothing but make [her] senseless”. While she does not reject the schizophrenia diagnosis altogether, it does little or nothing to help her with her experience of hearing voices and seeing dreams.

Indeed, to understand the voices that Amak Dahniar hears and the dreams she has as mere symptoms of a diagnosed ‘mental illness’ makes little sense, in that a biomedical discourse of what she experiences cannot account for the role these voices have had in determining her life’s path. For Amak, these voices are not symptoms; they have their own meaning. Some of these voices and dreams have guided and warned Amak at different points, though others continue to threaten and terrify her. As anthropological studies with indigenous Australians with auditory hallucinations have found, voices can be meaningful guides in the lives of those who hear them, by providing help from spirit ancestors (Cox 2009, pp. 97–120; see also Larøi et al. 2014, pp. 213–20).

Amak Dahniar’s life of hearing voices incorporates a full range of experiences; from receiving harbinger dreams, to divining signs that others mean to do her harm, to waking up in the night to fight off those who attack her. These voices and visions, particularly those that threaten her harm, often take the form of those who have caused significant trauma in her life: the soldiers who attacked her village during the civil war, her mamak who impoverished her family for many years, amongst others.

Moving away from a purely biomedical discourse in which hearing voices is understood as pathological illness, more recent studies have focused on experiences of hearing voices as meaningful to the lives of those who experience them (see Suri 2011, pp. 151–60). Reconceptualizing auditory hallucinations as more than symptoms of schizophrenia, groups such as the international Hearing Voices Network insist that people need to be supported to learn more about the voices they hear in ways that help them (see Blackman 2007, pp. 9–11).
For Amak Dahniar and her family, while she has had a lifetime of understanding and treating those voices as an illness because of the harm that they cause her, this does not reduce those voices to a product of neurological disorder. In the experience and management of Amak’s illness and distress, therapeutic interventions have mostly taken the form of traditional remedies built on an understanding of how voices and visions operate within their community’s tangible and intangible worlds. Although Amak’s children now have a new term to name this illness and a new way to understand it, for Amak Dahniar, her experiences of voices and dreams remain the same as they have been for her entire adult life. Amak Dahniar’s experiences shape her story and understanding of her voices, visions and dreams. The stories shared by two of her daughters, Sariaman and Novi, also reveal some of the intimate and social dimensions of the care that they, their siblings and their father have shared with Amak throughout her adult life (see Kleinman 2013, pp. 1376–77). Although only one family’s life narrative, Amak Dahniar’s story of listening to and living with voices and dreams reveals the complex and compelling ways in which culture, kinship, local and postcolonial histories inform the experience and understanding of a life of hearing voices.

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NOTES

1. ‘Amak’ is a polite honorific for an adult (older) woman in West Sumatra, and is the term used throughout to refer to Amak Dahniar. Amak Dahniar was interviewed six times in total by the authors between May and August 2018 (recorded with permission). The first three interviews were conducted by Yenny Narny and Yudhi Andoni in May and June; the last three by Yenny Narny, Yudhi Andoni and Annie Pohlman in August. For a study exploring emotion and language in the Minangkabau and Indonesian language context, see Heider (1991). Two of Amak Dahniar’s daughters also took part in some of the interviews, Sariaman and Novi. Amak Dahniar and her daughters have chosen to be identified in this article; they have reviewed this piece and approved the content.

2. Between 1958 and 1961, West Sumatra was the site of armed rebellion against the Indonesian government, known as the PRRI (Pemerintah Revolusioner Republik Indonesia, or Revolutionary Government of the Republic of Indonesia).

3. ‘Sakik’ is the word in Minang which Amak Dahniar used interchangeably with the Indonesian ‘sakit’. Narny and Andoni (and Herwandi) are members of the Minangkabau ethnic group, as is Amak, and interviews were conducted primarily in Minang, the dominant language of this group. Amak understands Indonesian but speaks primarily Minang. Pohlman is a fluent speaker of Indonesian but understands only some Minang. In the interviews where Pohlman was present, Narny and Andoni interpreted Amak’s responses into Indonesian at regular intervals. Herwandi, although not present at the interviews, greatly assisted in the translation of transcripts from Minang into Indonesian, as well as for the interpretation of some passages for this article. All quotes are translations made by Narny, Pohlman and Herwandi from Minang to Indonesian into English.
4. See Diatri and Maramis (2016, pp. 209–25). One major initiative has been the integration of psychological services into primary healthcare facilities in two regions: the Special Districts of Yogyakarta and Jakarta. For a study including clinical psychologists in Yogyakarta, see Liem (2019, pp. 5–12). Another programme piloted by the Indonesian government in the last ten years in community health centres is the DSSJ (Desa Siaga Sehat Jiwa, or Mental Health Alert Villages); see Putri et al. (2013, pp. 169–80). On the programme, which is attempting to abolish the practice of pasung (physically restraining or shackling those with severe mental illness conditions, particularly psychotic disorders) by 2019, see Lestari and Wardhani (2014, pp. 157–66).

5. Amak and her children mainly referred to the PRRI period as the luar/dalam (outside/inside) period. As they explained, those from the luar were the military forces sent by the Republic of Indonesia; local Minang people, particularly those who sided with the PRRI, were the dalam.

6. Only a few years later, when the mass killings of communists began in 1965—in which approximately 500,000 people were killed across the country—these divisions played a role in how the killings were carried out in West Sumatra (see Cribb 1990). As some survivors in West Sumatra explain, the killings in 1965 became a way of exacting revenge from the conflict that had ended only a few years earlier, as the Indonesian Communist Party had supported the central government during the PRRI (see Narny 2016, pp. 117–26). For research examining some similar individual and communal effects of violence in Timor-Leste, see Sakti (2013, pp. 438–54).

7. The role of stress and traumatic events in serious mental illness onset and severity (including amongst those with schizophrenia) is an area of ongoing research. See, for example, Pruessner et al. (2017, pp. 191–218) and Aas et al. (2014, pp. 182–92).

8. Dukun is the general term that encompasses numerous roles and practices across Indonesia. For some general information on dukun, see, for example, Woodward (2011, pp. 77–89).

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