



Cultural Meanings of Madness and Pathways to Care for People with Mental Disorders in Indonesia: An Anthropological-Psychological Literature Review

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ABSTRACT

This study examines the cultural meanings of mental illness and the diverse healing pathways in Indonesia through an anthropological–psychological perspective. Using Arthur Kleinman’s explanatory model and the concept of moral experience, a qualitative literature review synthesizes ethnographic and psychological studies across Sumatra, Java, Kalimantan, Sulawesi, Bali, and Papua to understand how Indonesian societies interpret and treat madness within their moral worlds. The findings reveal three dominant healing systems. *Pasung* (physical restraint) operates as a socio-moral mechanism to restore community harmony when madness threatens social order. *Ruqyah* (Islamic exorcism) represents a spiritual approach that links mental disturbance to sin, weakened faith, or supernatural interference, with healing achieved through Qur’anic recitation and moral purification. *Melukat* (Balinese purification ritual) reflects a cosmological model in which madness signifies disharmony between humans, nature, and deities, restored through sacred water rituals. Across these practices, madness is conceptualized as a moral and relational disorder rather than a psychological dysfunction, and healing becomes a process of moral restoration that reestablishes equilibrium among self, community, and the sacred. These findings challenge the universality of Western biomedical psychiatry and highlight the need for culturally grounded, ethically sensitive mental health frameworks integrating medical, religious, and customary systems.

Keyword: cultural meanings; mental illness; psychological anthropology

ABSTRAK

Studi ini mengkaji makna budaya penyakit mental dan beragam praktik penyembuhan di Indonesia melalui perspektif antropologis-psikologis. Dengan menggunakan model eksplanatori Arthur Kleinman dan konsep pengalaman moral, tinjauan pustaka kualitatif ini mensintesis studi etnografis dan psikologi di Sumatra, Jawa, Kalimantan, Sulawesi, Bali, dan Papua untuk memahami bagaimana masyarakat Indonesia menafsirkan dan menangani gangguan jiwa dalam dunia moral mereka. Temuan ini mengungkap tiga sistem penyembuhan yaitu 1) *Pasung* berfungsi sebagai mekanisme sosial-moral untuk memulihkan keharmonisan masyarakat ketika gangguan jiwa mengancam ketertiban sosial; 2) *Ruqyah* merupakan pendekatan spiritual yang menghubungkan gangguan mental dengan dosa, melemahnya iman, atau campur tangan supranatural, dengan penyembuhan dicapai melalui pembacaan Al-Qur'an dan pemurnian moral; 3) *Melukat* mencerminkan model kosmologis di mana kegilaan menandakan ketidakharmonisan antara manusia, alam, dan dewa, yang dipulihkan melalui ritual air suci. Dalam praktik-praktik ini, gangguan jiwa dikonseptualisasikan sebagai gangguan moral dan relasional dibandingkan disfungsi psikologis, dan penyembuhan menjadi proses pemulihan moral yang membangun kembali keseimbangan antara diri, komunitas, dan hal-hal yang sakral. Temuan-temuan ini menantang universalitas psikiatri biomedis Barat dan menyoroti perlunya kerangka kerja kesehatan mental yang berlandaskan budaya dan peka etika, yang mengintegrasikan sistem medis, agama, dan adat.

Keyword: makna budaya; penyakit mental, antropologi psikologi



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1. Introduction

Mental disorders are one of the most complex global health challenges, not only because of their biological dimensions but also because of the cultural meanings attached to mental disorders. In various societies, the idea of madness has never been a neutral or universal category; rather, it is shaped by specific social environments and beliefs that define what it means to be someone who suffers and needs to be cured. Psychological anthropology emphasizes that the experience of mental illness is culturally mediated, understood through local systems of meaning that connect individuals to the world of belief and society. Consequently, mental illness cannot be reduced to a biological disorder; mental illness must be seen as a meaningful event embedded in the cultural logic that shapes human suffering and healing. Indonesia provides a highly diverse context for exploring the cultural construction of mental illness. As a country with more than 270 million people spread across hundreds of ethnic groups, religions, and linguistic traditions, Indonesia offers a variety of ways to interpret mental disorders. In the local context, experiences of psychological distress are described using culturally specific terms such as *gila* (mad), *kesurupan* (spirit possession), and *ketempelan* (spiritual attachment). These expressions are not merely linguistic variations but signify different ontologies of personality and social order. For example, in Javanese and Sumatran societies, mental illness is often interpreted as a spiritual disturbance caused by jinn or weak faith, with healing achieved through *ruqyah*. In Bali, mental illness is understood as a disturbance of the cosmic harmony between humans, nature, and ancestral spirits, and healing is achieved through *melukat*. Meanwhile, in Java, Sulawesi, and Kalimantan, *pasung* is used to cure madness. These diverse practices illustrate how the meaning of madness in Indonesia cannot be separated from the framework of beliefs and social environment in which it is interpreted.

Although there has been an increasing number of ethnographic and psychological studies on mental health and healing in Indonesia, most of these studies are still descriptive and fragmented. These studies provide valuable insights into local practices such as spiritual therapy, ritual healing, confinement, or psychiatric care, but rarely integrate these findings into an analytical framework that explains the relationship between the cultural meaning of madness and the choice of healing path. In addition, comparative analyses covering various regions in Indonesia are still limited. As a result, there is still little understanding of how cultural models of mental illness and its treatment vary across different social and belief environments in Indonesia. Addressing this gap requires a framework that can take into account both local meanings and the dynamics of treatment decision-making. To analyze this complexity, this study uses Arthur Kleinman's Explanatory Model (2023) as its primary theoretical lens. The Explanatory Model states that each society has culturally specific ways of explaining illness. These models are not merely a set of beliefs, but function as cognitive frameworks that guide how individuals interpret symptoms, label illnesses, and seek treatment. Kleinman's framework emphasizes that illness is always defined within a system of meaning, and that healing practices derive their legitimacy from this explanatory system.

2. Method

This study is qualitative research with a literature review approach (Marzali, 2016). The literature review approach is a way to learn and understand a topic by reading various sources of writing such as journals, books, or official reports. The preparation of literature review involves several stages; (i) finding relevant literature, (ii) evaluating the sources of the review literature, (iii) identifying themes and gaps between theory and conditions in the field, if any, (iv) creating an outline structure and (v) compiling a review of the literature (Cahyono et al., 2019). Data were collected through Google Scholar using the Publish or Perish application. The search strategy used explicit Boolean combinations, including: 'madness', OR 'mental disorder', AND 'pathways to care', AND 'Indonesia'. Inclusion criteria comprised: (1) peer-reviewed publications in English or Indonesian; (2) published between 2000–2025; and (3) studies addressing based on their relevance to the cultural or psychological interpretation of mental illness and care in Indonesia.

The material was analyzed using Thematic Content Analysis following the framework of Braun and Clarke (2006). This process included three stages: (1) coding textual data, (2) clustering similar codes into conceptual categories, and (3) synthesizing themes into an integrated framework. Interpretation was guided by Arthur Kleinman's (2023) Explanatory Model, which conceptualizes illness as a culturally mediated experience shaped by local systems of meaning. Each study was examined through three analytical dimensions: causal explanations (how communities attribute the origins of mental illness, such as spiritual imbalance or social disharmony), interpretations of symptoms (how behaviors are recognized and labeled as *gila*, *kesurupan*, or *ketempelan*), and treatment rationales (how these explanations guide the choice of healing systems spiritual, traditional, or biomedical). This theoretical lens made it possible to compare findings across Indonesia's major cultural regions while recognizing that each region reflects distinct moral and spiritual ecologies.

3. Result and Discussion

3.1 Madness with *Pasung* as a Social Balance for People with Mental Disorders

In many rural areas of Indonesia, the practice of *pasung*, the confinement, binding, or shackling of individuals with mental disorders, is practiced by families in response to behavior perceived as disruptive to the local social order (Hidayat et al., 2020; Hidayat et al., 2023). The practice of *pasung* in Indonesia cannot be explained simply as an act of physical violence or a failure of health services. It is a phenomenon that links cultural meanings of madness to the conditions of social structures. To understand why families practice *pasung* and why the practice is sometimes called a cure in local logic, it is necessary to examine how communities interpret the concept of madness. Madness is seen not simply as a degree of individual disorder, but as a relational breakdown perceived as a failure of a person's ability to maintain social norms (e.g., shame, ritual behavior, daily habits), making mental disorders a threat to family honor and community order. In this view, behaviors such as wandering, nakedness, screaming, or attacking neighbors are not merely internal symptoms but signals that the social order is disturbed. Therefore, the family's initial response is often collective and moral, rather than clinical.

The phenomenon of shackling, or confinement, of people with mental disorders (ODGJ) remains widespread across Indonesia, from Sumatra to Papua, with diverse forms, meanings, and social reasons. In almost all cases, shackling arises not solely from a lack of medical care, but is rooted in cultural notions of madness, which are perceived as a social and moral disorder, not a medical illness (Baklien et al., 2023). In West Sumatra, a 2020 survey found 122 cases of shackling, primarily in Padang Pariaman (24 cases), confirming that families interpret insane behavior as a threat to social harmony and family honor (Siregar et al., 2024). Society believes that individuals who lose shame or act outside the norm must be controlled to avoid embarrassing their relatives in public. In Aceh, clinical studies have shown that formerly shackled patients treated at the Banda Aceh Mental Hospital (RSJ) are predominantly male (88%), diagnosed with schizophrenia (89.8%), and have been shackled for an average of four years (Puteh et al., 2011). Families in Aceh explain that violent behavior and religious disobedience are seen as signs of "losing one's sanity due to sin," so shackling is carried out to prevent further sin and maintain the family's honor in the eyes of the community. Thus, shackling in Aceh is not only a physical measure, but also a moral measure to restrain shame and maintain community piety.

In West Java, a field study in Bogor Regency found that of 1,323 schizophrenia patients, 75 (5.6%) were shackled, primarily by families with low education and low income (Tyas et al., 2024; Anjara et al., 2021). While shackling in this region is more related to structural factors—poverty, stigma, and limited access to medical services—its meaning remains social: patients are perceived as "disturbing" the community, endangering, or embarrassing the family. Here, insanity is interpreted as a loss of social control, and shackling becomes a symbol of the family's "moral responsibility" to the community (Baklien et al., 2023). In East Java, the case of 14 patients in Trenggalek Regency demonstrates that despite the "Indonesia Free of Shackles" program having been running since 2015, the practice persists, particularly in low-education (71.4% had only completed elementary school) and low-income households (Sulisetiorini et al., 2024). The family explained that the shackling was done because the patient was considered dangerous and medical treatment was "ineffective," reinforcing the idea that madness is not just a medical problem but a "social problem that must be curbed" (Kusumawaty & Yunike, 2023).

In Southeast Sulawesi, a 2019 Health Office report recorded 161 people with mental disorders (ODGJ) in shackles out of a total of 1,787 mentally ill patients, with mental health service coverage of only 64.19%. Community leaders explained that the community views "madness" people as social burdens who bring bad luck or are disturbed by evil spirits, and therefore, they are locked up to "protect the village" (Patawari et al., 2020). Thus, shackling is understood not as punishment, but as a form of social and spiritual protection for the community. Meanwhile, in Bali, although cases of shackling are relatively few compared to Java, a similar phenomenon occurs in rural areas where individuals with mental disorders are considered "disturbed by the *niskala*" (the unseen world). In extreme cases, families bind patients not to punish them, but to prevent "evil spirits" from worsening the disorder before a purification ritual (*melukat*) is performed (Muryani et al., 2018; Ketut Suarja et al., 2023). In this context, shackling serves as a temporary measure awaiting customary or spiritual intervention. Here, shackling serves not only to restrain the patient, but also as an effort to isolate the "spiritual disturbance" so that it does not spread to other families. If this entire case is read anthropologically, *pasung* functions as a social mechanism to address the moral disruption caused by madness. In the societal explanatory model, insanity is understood not as brain damage, but as a social and spiritual imbalance that threatens collective morality. Therefore, the "cure" is not medical medication, but rather control and the restoration of norms realized through binding and isolation. Kleinman (2023) emphasized that such actions cannot be seen as irrational, but rather as part of a cultural healing system that has its own logic: the family

treats "social chaos" with "moral order." Thus, *pasung* in Indonesia is a form of social medicine that is both moral and relational, emerging from structural limitations but bound by deep cultural meaning.

3.2 Madness with *Ruqyah* as Spiritual Balance for People with Mental Disorders

In Muslim-majority contexts such as Java, Sumatra, and parts of Sulawesi, mental illness is often understood as a spiritual disorder such as jinn possession, black magic, or a lack of faith. Therefore, families often seek *ruqyah* (Quranic recitation and prayer) as an initial solution. *Ruqyah*, the practice of healing through the recitation of Qur'anic verses, prayer, and religious rituals, has become a primary pathway to treating mental illness. For many families, *ruqyah* is not only a spiritual therapy, but also a way to find balance between body, soul, and faith ((Harmuzi, 2020; Ghiffary et al., 2021); Rahmani & Aziz, 2024). This practice is rooted in the belief that mental illness is not simply a brain disorder but a result of spiritual imbalance: jinn disturbance, lack of faith, or unamended sins (Lim et al., 2018; Subu et al., 2022). In an illustrative case report from Aceh, a 53-year-old man presenting with trance disorder-like symptoms was treated with *Ruqyah* (Islamic exorcism) following an extended period under general medical care; repeated *ruqyah* sessions conducted by a *raqi* were associated with improvement in the patient's mental state (Yulia et al., 2022). In Makassar, families tend to seek help from *ruqyah* practitioners based on the belief that illness originates from spiritual disturbance and therefore requires spiritual treatment rather than biomedical intervention. Interviews show that patients and families choose *ruqyah* because they trust it as a treatment aligned with the perceived source of the illness and follow the recommendations of religious healers. (Hayat, 2020). Local case studies in Bekasi document the use of *ruqyah* therapy as a culturally grounded intervention for dissociative disorders, reflecting indigenous healing practices in Indonesia (Riswanto & Younis, 2023). In many cases, patients who show improvement, such as becoming calmer or returning to worship, are understood as evidence of spiritual healing, leading to discontinuation of medical treatment (Rahmani & Aziz, 2024).

This phenomenon demonstrates an epistemological shift from a biomedical perspective to a theological perspective on healing. Several studies in Indonesia have documented that families often integrate spiritual healing practices such as *ruqyah* with biomedical treatment when addressing mental health problems. In some cases, *ruqyah* is chosen first due to cultural and religious beliefs about the origin of illness, and medical treatment is sought subsequently, reflecting a combined help-seeking pattern that blends spiritual and clinical pathways (Faisal et al., 2024; Rachman et al., 2025). This shift demonstrates the fluidity of explanatory models—society doesn't reject biomedicine, but places religion as the starting point for the healing process. From these various areas, it can be concluded that *ruqyah* functions as a spiritual and social restorative mechanism. Mental disorders are interpreted as a loss of spiritual balance, and *ruqyah* serves as a means to reestablish morality, faith, and social order. In this context, healing not only means the disappearance of psychological symptoms but also the return of one's religious and moral identity. Therefore, for Indonesian Muslims, *ruqyah* is not an alternative, but rather an integral part of a dual spiritual and social healing system that shapes the meaning of suffering and recovery.

3.3 Madness with *Melukat* as a Traditional Balance for People with Mental Disorders

In the Balinese Hindu context, mental disorders are often interpreted as cosmological disharmony between humans, nature, and ancestors, thus the *melukat* ritual (cleansing with holy water) is chosen to restore this balance. Mental disorders are not solely understood as psychological or neurological illnesses, but as cosmological disharmony, namely the disruption of the relationship between humans (*pawongan*), nature (*palemahan*), and gods (*parahyangan*) in the principles of Tri Hita Karana (Muthmainah et al., 2023). In this context, people with mental disorders are seen as individuals who have lost the balance between the *sekala* (real) and *niskala* (invisible) worlds, so that healing must involve traditional ritual processes. One of the main rituals used to restore this balance is *melukat*, which is self-cleansing with holy water (*tirta*) in holy places such as *tirta* temples or holy fountains (Ketut Suarja et al., 2023).

The mechanism of the disorder is explained as an "energy imbalance" that causes chaotic thoughts and deviant behavior. Symptoms such as talking to oneself, fear, or strange behavior are not understood as brain disorders, but rather signs that "the soul is no longer in harmony with nature and ancestors" (Ketut Suarja et al., 2023). Therefore, treatment is directed at rituals of self-purification and restoration of cosmic relationships. The *melukat* ritual is carried out through a series of processes: prayers at the temple, the recitation of mantras by the *penguk* (traditional priest), sprinkling with holy water (*tirta panyegjeg*), and offerings of flowers and incense to invoke inner cleansing (Muthmainah et al., 2023). This process is not only a personal ritual, but also a social mechanism that reaffirms the family's relationship with the indigenous community. Suarja (2023) research showed that after undergoing the *melukat* ritual, many patients exhibited emotional calm and improved social interaction skills. Families interpreted these changes not as the result of psychological

suggestion, but as evidence that spiritual balance had been restored. Patients who do not fully recover medically will undergo pharmacological therapy while still participating in traditional rituals. Balinese people do not view traditional and biomedical medicine as opposing systems, but rather as two equally valid pathways to restoring spiritual balance (Pristiyanti & Yuwanto, 2025; Nursani et al., 2025). In practice, families will judge the outcome of medical treatment by whether the patient can return to prayer, not solely on clinical symptoms (Muthmainah et al., 2023). From a psychological anthropological perspective, the practice of *melukat* demonstrates how Balinese people negotiate mental suffering through symbolic language and cosmological morality. Through ritual, individual suffering is drawn back into a web of social meaning, emphasizing that mental illness is not merely an individual problem but also a reflection of social and spiritual disharmony within the community. In this sense, *melukat* is not simply a treatment, but a cultural restorative practice that restores the sufferer to their social identity as a Balinese person in harmony with nature, ancestors, and the gods.

3.4. Madness as Moral and Relational Disorder: Beyond the Biomedical Paradigm

The analysis of *pasung*, *ruqyah*, and *melukat* reveals that madness in Indonesia is not merely a clinical dysfunction but a moral and relational disorder a rupture in the fabric of social, spiritual, and cosmological relationships. Drawing on Kleinman's (2023) Explanatory Model and the concept of moral experience, this study interprets mental illness as a breakdown of moral balance within an interdependent social world. In contrast to the biomedical paradigm, which locates disorder within the individual psyche or brain, Indonesian cultural logics understand madness as a disturbance of moral order and relational harmony. In the case of *pasung*, madness is seen as a moral crisis that threatens communal stability. When individuals lose self-control, behave violently, or violate social decorum, they are perceived not simply as ill but as morally disordered persons—those who endanger collective honor (*malu*) and family reputation. The act of restraining the sufferer through *pasung* is thus not primarily punitive but restorative. It reestablishes moral responsibility and public order in situations where formal institutions are distrusted or absent. Families see *pasung* as a way to protect both the patient and the community from social chaos, reaffirming the family's moral duty in the face of suffering.

In *ruqyah*, mental distress is interpreted through a spiritual-moral lens. Madness arises from disordered relationships with God manifested as sin, possession by jin, or spiritual imbalance. Healing, therefore, involves moral purification and reorientation toward divine order through Qur'anic recitation and repentance. Here, healing is not symptom relief but a process of moral recalibration: restoring piety, self-discipline, and spiritual consciousness. The patient's recovery is measured by their ability to pray, recite, and reintegrate within the moral community of believers, not by the absence of psychiatric symptoms. In *melukat*, the Balinese understanding of madness extends beyond individual or social morality into the cosmological. Mental imbalance is linked to the disruption of harmony among humans, nature, and deities within the Tri Hita Karana philosophy. The ritual of purification with sacred water symbolically cleanses the spiritual pollution that disturbs the balance between the visible (*sekala*) and invisible (*niskala*) realms. Healing thus functions as an act of cosmological reconciliation reinstating the person within the moral and spiritual order of the universe.

Across these diverse settings, madness is framed as the loss of equilibrium within moral relationships rather than the failure of the mind. Each healing system social (*pasung*), spiritual (*ruqyah*), and cosmological (*melukat*) operates as a moral technology of restoration. These practices reaffirm the moral responsibilities of families and communities in reestablishing order and dignity. They also demonstrate how healing is embedded in moral worlds where suffering has meaning and where recovery is inseparable from moral rehabilitation. Interpreting madness as moral and relational disorder expands the theoretical horizon of psychological anthropology. It challenges Western biomedical psychiatry's universal claims by showing that illness and healing are culturally mediated moral events. In Indonesia's plural medical ecology, the act of healing is simultaneously social regulation, spiritual purification, and cosmological alignment. Understanding these moral dimensions offers a critical pathway for developing culturally grounded, ethically sensitive mental health frameworks that engage local moral worlds rather than replacing them.

4. Conclusion

This review demonstrates that mental disorders in Indonesia are deeply embedded in cultural, moral, and spiritual frameworks that shape how illness is defined, experienced, and treated. Drawing on Arthur Kleinman's Explanatory Model, the analysis integrates anthropological and psychological perspectives to show that mental illness is not solely a biological or individual phenomenon, but a relational and moral disturbance interpreted through local systems of meaning. Using a qualitative literature review and thematic content analysis of studies from Sumatra, Java, Kalimantan, Sulawesi, Bali, and Papua, three major

explanatory and healing models were identified. First, *pasung* functions as a socio-moral mechanism for restoring social order when madness threatens communal harmony. Families perceive restraint not as punishment but as moral responsibility in contexts of limited medical access. Second, *ruqyah* represents a spiritual approach in Muslim-majority regions where mental disturbance is attributed to jin, sin, or weakened faith. Healing is achieved through Qur'anic recitation and moral purification, reflecting the integration of religious ethics with psychological recovery. Third, *melukat* in Bali reflects a cosmological understanding of mental imbalance as disruption of harmony between humans, nature, and ancestors. Through ritual purification with sacred water, healing becomes an act of restoring cosmic and social balance. Across these cases, help-seeking pathways are pluralistic and dynamic, moving between spiritual, traditional, and biomedical systems according to shifting interpretations of illness. The findings emphasize that effective mental health care in Indonesia must engage with these cultural logics rather than oppose them. A culturally integrative framework linking psychiatrists, religious leaders, and customary healers is essential to create ethical, inclusive, and sustainable pathways to care that honor local meanings of suffering and healing while ensuring clinical safety and human dignity.

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6. Conflict of Interest

The authors declare no conflict of interest.

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