

SHAMANISM, PSYCHOSIS AND AUTONOMOUS IMAGINATION¹

ABSTRACT. This paper focuses on traditional healers (*balian*) in Bali, Indonesia, to raise new arguments concerning the nature of the initiatory sufferings reportedly experienced by shamans in many cultures. Our evidence suggests that a) contrary to our expectations, an initiatory madness or illness is experienced by a minority rather than the majority of *balian*, and b) whether or not a *balian* undergoes initiatory sufferings seems to be linked to gender and to the methods of healing employed – thus women healers who employ trance possession are those most likely to report an initiatory madness or illness. This leads to the central argument of the paper: c) the nature of the initiatory sufferings, where they do occur, can be clearly distinguished on several grounds from the onset of mental illness among Balinese, both emically in terms of cultural understandings, and etically in terms of objective criteria. Finally we discuss the concept of “autonomous imagination,” suggesting that the key to becoming a *balian* is not overcoming an initiatory madness but gaining control over this special mode of imagery thought. We further suggest that Western ideas concerning the self and self healing, the superficial resemblance of the initiatory sufferings to schizophrenia, and the dramatic nature of the initiatory sufferings when they occur, have combined to give a misleading prominence to the role of an initiatory madness in shamanism.

The long-influential idea that the shaman is a psychotic (Devereux 1956; Silverman 1967; La Barre 1970) no longer holds sway among anthropologists (for reviews of the literature see Peters and Price-Williams 1980; Noll 1983, 1985). Yet the view of the shaman as a self-healed psychotic is less easy to dismiss, and the concept of the initiatory madness is one which seems highly persuasive, at least in terms of Western understanding. Indeed, the figure of the shaman as the “wounded healer” has become (almost a cliché, as Kendall (1988: 445) has pointed out:

wounded
healer?

Whether shamanic affliction is interpreted as a means of surmounting personal crisis or as a passage rite fraught with near universal symbols of death and rebirth, the shaman's successful initiation is almost invariably described as an ultimate resolution: a cure, a successful reintegration of personality, or a moral victory over the forces of chaos.

Despite the evident persuasiveness of this heroic victory over mental disintegration, some anthropologists (e.g. Noll 1983; Peters and Price-Williams 1980) have forcefully argued that the mode of thought or consciousness operating in shamanic practice is an entirely separate process from schizophrenia or other forms of mental illness. We consider that the prominence



given in the anthropological literature to the self-cure of the shaman may be more the creation of Western myths (Florsheim 1990) than an accurate reflection of the varying cultural practices within which traditional healers operate.² In this article we present some new arguments to support those which point to the shaman's vocation as emerging from an inner process clearly distinguishable from psychosis or madness.

The paper focuses on the initiatory experiences of traditional healers (*balian*) in Bali, Indonesia. It represents a collaboration between a western anthropologist and a Balinese psychiatrist, and the interpretations we offer are informed by our combined experience in these different fields. The study draws upon a) ethnographic fieldwork in Bali carried out independently by Stephen in 1996, 1997, and 1998, b) Suryani's extensive studies of acute psychosis in Bali and long practice as a psychiatrist in Bali, and c) interviews with *balian* jointly conducted by the authors during 1996 and 1997. The springboard for our discussion is a series of interviews with 108 *balian* conducted in the urban area of Denpasar by Suryani and her graduate students from the Faculty of Medicine, University of Udayana. This material is of especial interest, we believe, in two respects. The information concerning healers' life histories constitutes a much larger sample than is usually available to an anthropologist working on his or her own, and it has been collected by Balinese researchers. It is not offered as statistical proof of the arguments presented here, but as interview data which suggest certain underlying patterns in the ways in which *balian* assume their vocations. Examined in the light of our existing ethnographic evidence, this interview material points us in the direction of a more nuanced appreciation of the psychological transformation undergone by the *balian*.

We will attempt to show that the mental suffering experienced by some (but by no means all) *balian* prior to taking up the role, although it superficially closely resembles psychosis, is conceptually distinguishable from the onset of mental illness among Balinese — both emically, in terms of cultural understandings, and etically, in terms of objective diagnostic criteria. We suggest that becoming a *balian* does not involve a disintegration of the self, as the shamanic initiatory experience has been described by some scholars (e.g. Silverman 1967), but rather the emergence and integration into consciousness of a special capacity for imagery thought, a mode of thought which Stephen (1989a, 1989b, 1995, 1997) has previously identified as "autonomous imagination."

108
interviews

underlying
patterns

TRADITIONAL HEALERS IN BALI

Although the Balinese term "balian" is usually translated as "healer," it is difficult to give a simple, brief definition of the role since other persons besides balian can provide healing and not all balian undertake healing. Furthermore, balian perform healing along with many other tasks. Even the very word is one which people hesitate to apply to themselves and it is never used in addressing the person others refer to as a "balian." The population of Bali, a tiny island in the vast archipelago of Indonesia, is predominantly Hindu but practices a form of Hinduism which is unique in many respects to the island (Covarrubias 1937; Hooykaas 1964; Eiseman 1990; Barth 1993; Suryani and Jensen 1993). Much more than simply a "folk healer," the balian is a consecrated person with many priestly functions who exists and operates alongside other more exclusively religious figures such as the temple priests (*pemangku*) and high priests (*pedanda*). Religious authority is diffusely spread in Balinese culture, despite the fact that there is a great deal of emphasis on social hierarchy and caste (Geertz and Geertz 1975; Geertz 1980; Wiener 1995), and a proper description of the balian's role would need to be placed within this broader picture. For the purposes of this article, however, we must put these complexities to one side.

The balian has often been compared to the shaman (Suryani and Jensen 1993; Connor 1982; Lovric 1987), although not all would agree the comparison is a useful one. Lovric (1987), for instance, suggests "shaman" is actually more appropriate than "healer" since the balian's role includes so many other ritual functions. Connor (1982), on the other hand, argues that such blanket labels do not aid the task of careful ethnographic description. For our purposes, in a paper which uses ethnographic description as a means of raising broader comparative issues, the Balinese balian fits the definition of a shaman in the sense that he or she employs altered states of consciousness in performing healing and obtaining advice and guidance from the supernatural realm.³

In recent studies balian have been categorized according to the network of relationships on which their practice is based (Connor 1982), on the basis of the different kinds of healing and tasks they perform, and the methods employed (Suryani and Jensen 1993; Eiseman 1990), and according to the different modes of accessing supernatural power which they represent (Ruddick 1986). There is no clear indigenous systematization of the different roles referred to generally as "balian," although many different kinds of balian are specified (Weck 1937; Connor 1982: 108-109; Lovric 1987; Eiseman 1990: 135-141). Balian *usada* base their practice on the possession of traditional palm leaf manuscripts (*lontar*) containing

balian
as
shaman

treatises expounding medical, ritual and magical knowledge. Balian *taksu* (*takson*) act as spirit mediums enabling their clients to contact the souls of recently departed relatives or to identify the reincarnating ancestor in a newborn baby. They also obtain spirit guidance and advice concerning sickness, family troubles and other matters. There are balian *tenung* who act as diviners and balian *apun* (or *uut*) who specialize in massage and physical manipulation of the patient's body and in treating broken bones. Balian *manak* practice as midwives. The purveying of protective amulets, mantras and rituals to secure personal strength and invulnerability against weapons or physical assault is the forte of some balian, a specialization referred to as *kebal* or *kebatinan* (these practitioners are often thought of as sorcerers employing or selling magical means to harm others, rather than as healers). Many of these specializations, however, may be contained in the role of a single practitioner. Lovric (1987) and Connor (1982) stress the combining of roles and the difficulty in practice of separating out different functions or even methods employed by balian.

Early colonial writers regarded the balian *usada* as literate medical experts, often relegating other practitioners to the level of ignorant dabblers in magic and the occult (Connor 1982: 106). More detailed ethnographic studies have revealed the naivete of such assumptions, although these continue to underlie western attitudes, and to influence journalistic and popular accounts. As Rubinstein (n.d.) and Connor (1982: 106-107) have independently pointed out, the mere possession of lontar dealing with illness is enough to identify a practitioner as a balian *usada*; the practitioner may in fact be illiterate. This, however, is not to deny the existence of a highly complex body of esoteric medical and therapeutic knowledge (see especially Lovric 1987; see also Connor 1982; Connor, Asch and Asch 1986; Wikan 1990; Suryani and Jensen 1993 for descriptions of Balinese conceptions of illness).

The Use of Altered States of Consciousness by Balian

Any discussion of altered states of consciousness in ritual or secular occasions in Bali is complicated by the near impossibility of translating the many highly specific and contextualized terms used in Balinese language to describe such states (Connor 1982; Belo 1960). Famed as a locus of ritualized trance since the work of Bateson and Mead (1942) and Belo (1960) in the 1930s, Bali provides a rich variety for the investigator, with "mass trance" or "possession" occurring in many public temple ceremonies, "trance dances" and performances a regular feature of religious life, and the spontaneous possession of mediums always a possibility on ritual occasions (Suryani and Jensen 1993). In more private contexts, any

person might be briefly possessed by an ancestral spirit, and clients seek out the advice of mediums who can communicate with dead relatives or with their spirit guides to obtain information and advice, especially about sickness and misfortune in the human realm. Such direct interactions with the unseen are regarded primarily in positive terms as bringing help, advice, strength and power to the living. More rarely, people may experience intrusions by negative forces, especially as the result of actions by human magicians (Connor 1982).

In addition to these visible and usually highly dramatized states wherein a spirit entity or force is believed to have entered or taken over the body of the human host, there are many other less observable and more private occasions during which Balinese feel themselves to be in direct communication with the unseen. These include visions, hearing voices (*pawisik*), finding objects that possess special powers (*paica*), divination, meditation, and dreams. The balian, we might say, is a person, male or female, who possesses a special ability to engage with the unseen through one or several of these modalities. Any Balinese might experience a spontaneous possession, a sudden vision or a premonitory dream, but only certain persons consistently and impressively gain information in these ways. Such a person is the balian.

Balian

Suryani and Jensen (1993: 28–40), following Bourguignon's (1973) typology of altered states cross-culturally, have previously distinguished between "trance" and "possession trance" in Bali: trance involving an alteration in the person's usual mode of cognition, perception and behavior but without the sense of being taken over by another entity, as in possession trance. Following this definition, the majority of balian employ trance in healing. That is to say, quietistic states of altered consciousness wherein visions, or voices, or simply powerful intuitions are generated, are more commonly employed than the dramatic impersonation of spirits that takes place in possession trance. It also follows from this that non-expert observers may easily overlook the use of altered consciousness on the part of the practitioner. For example, one might simply assume that lontar manuscripts are consulted for medical information, when they may in fact be used in a divinatory way, the balian randomly opening the leaves after reciting mantra and making offerings. In this case the practitioner seeks to make his diagnosis – almost all who use lontar are male (see Connor 1982; Lovric 1987) – not on the basis of his own knowledge of the manuscript but with the aid of a force or power, certainly of divine origin in the Balinese view, operating in the randomness of his action (see Jung 1973 for a discussion of such mantic procedures). Another balian might diagnose illness by passing his hands over the patient's body without

actually touching it. Whether or not we care to use Western terms such as "self hypnosis" or "dissociation" (Suryani and Jensen 1993), it is, we believe, clear that the balian usually seeks to penetrate the unseen world by employing modes of knowledge and perception not usually available in ordinary waking consciousness, and not readily available to ordinary people.

HOW DO PEOPLE BECOME BALIAN?

This paper is concerned primarily with how people become balian. Unfortunately, but not surprisingly, it is very difficult indeed to catch people, as it were, in the process of becoming balian; and if such an occasion did arise, the anthropologist might consider him or herself very fortunate to observe the experiences of a single individual or two. Usually, of course, we must make do with retrospective accounts. Connor's fine study (Connor, Asch and Asch 1986) of "Jero Tapakan," for example, provides an in-depth account of the inner experiences of a woman balian based upon the self-reporting and retrospective life history of the healer. Our discussion in this paper draws upon a series of interviews with 108 healers in the Denpasar area of Bali carried out in 1993 to 1996 under Suryani's supervision by graduate students in the Department of Psychiatry, Faculty of Medicine, University of Udayana, Bali. The interviews covered many aspects of the balian's practice, but included in each case a description by the balian of how he or she took up the vocation. The accounts consist of retrospective self-reporting by healers and thus, of course, cannot be regarded as objective, clinical descriptions, or as providing the basis for such. They vary considerably in detail and richness. Nevertheless, we believe that this material (which has not previously been published) provides interesting insights into the initiatory process.⁴

The question arises as to what extent our sample is biased since the interviews were all conducted in Denpasar, the urban capital of Bali, where social and economic forces of change are strongest, and the balian's practice seems least likely to be found in its pristine state. Do our data reflect a decline in numbers of balian, especially those relying on less empirical forms of treatment? We think not. In the first place, available figures from different sources indicate an increase, not a decline, in the number of traditional healers practicing in Bali.⁵ Furthermore Denpasar has a reputation in Bali as a region where many balian are possessed by a particularly powerful supernatural entity, Ratu Gede Macaling (The Fanged Lord) who lives in the Pura Dalem Nusa Penida. Indeed the healers interviewed who employ trance possession mostly acknowledged themselves as followers

(*pengiring*) of Ratu Gede Macaling. Stephen has observed during her fieldwork in a semi-rural village close to Ubud that villagers wishing to consult spirit mediums go to Denpasar rather than local or more distant practitioners. Given the regional variation and the complexity of Balinese culture, and the rapid changes taking place in all levels of society, it would be naive to assume that any study based in a single area is not biased in some respects. However, the sample to be discussed here is larger and more broadly based than most anthropological studies, which characteristically focus on one small community and a few key individuals. Furthermore, our arguments are informed by qualitative, in-depth interviewing and observation by both authors, and years of clinical experience in Bali on the part of Suryani.

In summary, the interview data concerning how healers assumed their vocation revealed the following:

- 1) The reported occurrence of an initiatory madness proved to be much rarer than we expected – 18 balian out of a total of 108.
- 2) Of the minority that reported an initiatory madness, 9 (50%) practiced as spirit mediums employing “trance possession,” and 7 of these were women.
- 3) The initiatory madness, as described by the healers, did not resemble acute psychosis, which some scholars (e.g. Silverman 1967) have argued is the form of disturbance underlying the shaman’s inner crisis.
- 4) Superficially, the initiatory madness described by healers resembled chronic or process schizophrenia, rather than acute psychosis.
- 5) But when examined more carefully, the experiences of the healers can be distinguished from process schizophrenia on several grounds.

“Initiatory
madness”
& ~~head~~
spirit
possession.

The Initiatory Madness, Trance Possession, and Gender

The belief that access to the powers of the balian is achieved through a kind of initiatory madness or illness involving mental and physical sufferings has often been reported for Bali (Connor 1982; Connor, Asch and Asch 1986; Eiseman 1990; Suryani and Jensen 1993; Lovric 1987) and has been described in an impressively detailed case study of a woman healer by Connor (Connor, Asch and Asch 1986). Thus one of the most surprising things to emerge from our interview material was the comparatively small number of balian who reported mental disturbances prior to becoming healers: 18 out of a total of 108 (19%). Physical illness prior to becoming a balian was reported by only 15 out of the total of 108. Of these 15, seven reported mental disturbance combined with physical illness (and thus are included in the 18 above) and eight reported physical illness only.

The combined number of practitioners reporting either physical illness, or mental illness, or both, was a total of 26 persons (11 mental disturbance only, seven mental disturbance combined with physical suffering, and eight physical illness only). Although this represents nearly a quarter of our sample, it is much lower than one would expect given previous reporting concerning the frequency of such experiences.

The second striking pattern reflected in the interviews was a strong link between trance possession as a means of treating clients, the gender of the practitioner, and the incidence of initiatory sufferings. We found first of all that the use of trance possession was much less frequent than the use of trance. Only 26 out of our total of 108 healers employed trance possession, while 67 employed trance. Women constituted 17 of the 26 balian who employed trance possession, although only 26 women balian were interviewed. Thus 65% of women healers employed trance possession, while 11% of male practitioners employed trance possession. The data were coded by Suryani, according to the descriptions given of the healers' methods in action, and not on the basis of individuals' self-assessment. Given the circumstances outlined above, the use of trance/possession is easy to identify. In view of the much more subtle behavioral indications of trance, however, other investigators might not agree in giving as high a rating to the use of trance, although in the opinion of the authors of this paper, the ranking is probably conservative. In fact the interview figures correlate quite closely with estimates by Leimena and Thong (1983) that about 19% of all balian in Bali practice as trance mediums (involving possession by spirits or deities – i.e. trance possession in our definition).

A link between trance possession and initiatory sufferings was also clearly indicated. Of the 26 balian in our sample who employed trance possession, six reported a combination of mental and physical illness, three reported mental disturbance only, and 4 reported physical illness alone, thus giving a total of 13. Of our total of 18 healers who reported an initiatory madness, nine employed trance possession as their mode of healing. Seven of these were women (a proportion even more remarkable when we recall that a total of only 26 women were interviewed). Thus the interviews indicated not only that an initiatory madness was experienced by a minority (19) but that its occurrence was related to the methods employed by, and the gender of, the practitioner – i.e. women healers employing trance possession were those most likely to report an initiatory madness.

The pattern we have identified here, as we shall see later, can be linked to broader, comparative issues.

trance,
possession
& women..

The Stories Healers Told

Most healers interviewed (including the majority who reported no initiatory madness and the minority who did) told stories which emphasized the supernatural or divine origin of their abilities and that demonstrated that the role of balian was not something they had sought, but rather was forced upon them. Whatever powers the balian was said to possess – whether to cure physical illness, give advice about family problems, find lost objects, communicate with the spirits of the dead, and so on – were presented as gifts bestowed by higher powers. Of our 108 balian, 52 stated that they had become balian as the result of direct orders from higher powers, while only 21 referred to their own personal desire or motivation to become healers. They also stressed that they never claimed themselves to be balian and that it was other people who sought them out for help and who called them “balian.” This is true despite the fact that many healers inherit their position and knowledge, usually from close patrilineal relatives such as a father, uncle or grandfather, especially balian usada who usually obtain lontar manuscripts only through inheritance (Connor 1982; Lovric 1987). Yet taking on the role is almost always presented as something unexpected and out of the ordinary, a selection or election by mysterious and higher powers. Indeed, Balinese regard any special talent as God-given, rather than a personal attribute. The interpretation of the balian’s position goes further than this, however, since the nature of the balian’s talents sets a person apart from other people, involving him or her in a special and continuing relationship with the unseen world of spirit forces and entities (*niskala*). Finding or acquiring in some unexpected or mysterious way a special gift (*paica*) bestowed by higher powers is often the basis of a balian’s powers. This “gift” might be a kris, a special stone, oil or water, or some natural object such as a fruit, a piece of wood or a flower. It is via the special powers contained in this divine gift that the balian is said to be able to cure.

In accordance with their insistence that they did not choose their profession, the balian interviewed were inclined to emphasize the difficulties, the constraints and even dangers which their vocation entails. Balian must be available to help whoever comes for treatment and, ordinarily, must accept what payment they are offered for their services, often little more than a small quantity of food and a token amount of cash. People cannot be turned away because they are poor or because the balian has more urgent business. Patients visiting from long distances are often fed and given lodging by the balian’s household for the length of the treatment. Consequently becoming a balian can mean a drop in income for someone who is already employed or who runs a business or practices another profession (although compare

Connor (1982) for a somewhat different view). Many balian in describing their lives said that they were reluctant to become balian because they did not want to be tied down to the demands of constantly dealing with patients, leaving them no time for other pursuits.

The healers interviewed described the special restrictions imposed on them as balian, along with the powers they are granted. For example, they may be required to wear certain kinds of dress distinguishing them from ordinary people, not to eat certain foods, even not to marry in some cases; or they may have to undertake special pilgrimages to holy places or undergo various ascetic practices involving fasting, isolation, and meditation. Furthermore, whatever the special requirements of particular practitioners, all balian are at risk from rivals and enemies who wish to test their powers. These challenges take place on a mystical level, but are all the more feared because of this. Many are the tales of mystical battles of power in which rival balian compete to destroy each other (see also Connor 1982: 114). The balian is someone who has been given special abilities by higher powers to help other human beings, and it is his/her duty to use these powers to altruistic ends and not for personal gain (although this is not to say that all live up to the ideal).⁶

All balian seem to have a story to tell about how they acquired their powers. These stories are in a sense a justification and legitimization of their position. Connor's (Connor, Asch and Asch 1986) account of Jero Tapakan reveals the cultural forms and conventions, borrowed from mythology, folk tale and ritual drama, which serve to shape the content and style of the balian's self-presentation. Even when shorn of the flamboyant rhetorical devices and mythological precedents, the bare outlines of life histories recounted by balian evidence a recurring pattern which clearly reflects cultural logic but also suggests other forces at work.

We have selected the following five case studies drawn from our interview material to illustrate these general points. Healers were asked to tell the story of how they acquired their abilities but they were not questioned explicitly about any features of this process. Practitioners were not asked whether they experienced illness, mental disturbance or other difficulties prior to their calling, nor were they asked about unusual experiences such as visions, hearing voices or prophetic dreams. Any information concerning these and similar matters was offered spontaneously by the person interviewed. All five cases are healers who reported an initiatory madness. As explained, these represent the minority, but it is our aim here to illustrate the nature of the initiatory sufferings and to show how they can be distinguished from psychosis.

Case 1:

Jero M. (R.1), female, aged 50 (at the time of the interview), uses trance possession to heal, to find lost objects and to offer advice on clients' problems. She became a balian following the birth of her last child. While she was still breast feeding the baby, she fell ill for two months during which time she appeared to be insane (*buduh*). Her relatives took her for medical treatment but the western trained doctors said there was nothing wrong with her and refused to treat her. She was then taken to a balian who pronounced that she was neither sick nor insane but that she had power in her to become a more effective healer than himself. If she used this power she would recover. Shortly after this, before she went to sleep, she heard a voice tell her that she had been given a special gift (*paica*) from Ratu Gede Macaling, a powerful spirit entity invoked by many balian. This gift was a coconut which contained special oil which was to be used to heal people. But when she told her husband about this he was not impressed and refused to believe she could heal and would not allow her to be consecrated (*mawinten*) as a balian. A while later someone came to her house and asked her to heal him. She refused at first saying that she was not a balian but he insisted until she gave him holy water mixed with a little oil from the special coconut. Although the treatment was successful, her husband still refused to accept her powers, fearing that if she accepted the role of balian many people would come trying to test her powers and thus endanger the whole family. Finally the husband's objections were overcome when he himself became sick and consulted another balian, only to be told that if he allowed his wife to become a balian all would be well. Then many people came to her for treatment and her life as a healer began.

This example illustrates several significant features: a) the person falls ill with a mysterious and untreatable illness – here called insanity – which is soon identified by an independent authority as an affliction imposed by a powerful spirit being and which must be cured by becoming a follower (*pengiring*) consecrated to that being. Then the power afflicting the person can be channeled into healing power to help others. b) There are miraculous signs – the mysterious voice, the special gift (*paica*) of the healing oil in the coconut, and the patient who seeks the woman out despite the fact she is not acknowledged yet as a balian. c) The individual is reluctant to accept the role for fear of other supernaturally powerful persons coming to test her powers and attempting to defeat the new balian if they can. Here the reluctance is attributed to the husband. d) After enduring prolonged suffering, the individual finally capitulates and accepts of the role – in this

- Standard pattern

case it is the husband who gives in when he also falls seriously ill and is unable to recover.

Case 2:

Mangku R., a man of seventy years, recalled that he had special abilities from his childhood and could heal people even then. His grandfather and great grandfathers were balian and people said he had inherited his abilities from them. But he did not become a balian until he was about thirty and already married. At that time he started to have strange experiences. He would feel a power coming to him and he would become confused, frightened and act strangely. He would walk along the beach at night for no reason and just sit there until morning. He saw strange things, for example he was alone in a cemetery near the beach and a large pig came and dug up a grave beside him; he was certain the pig was a *leyak* (witch). For about a year he continued to behave like this until he met someone who complained of being ill. Automatically, without thinking, he advised this person how to treat the illness and shortly after he did recover. Then other people came to him and soon the news that he could heal spread and many patients came to him. Mangku R. uses trance but not possession to diagnose and treat his patients.

Although this healer had had signs of his abilities since he was a child and came from a family of renowned balian, he still presents his assuming of the role as something that happens without his intent or volition. He is taken over by a strange power (which he does not identify) that compels him to roam aimlessly in magically powerful and dangerous (*tenget*) places such as the beach and graveyards at night. Finally he is approached by a sick person and without intent or knowledge of what he is doing, he treats the sufferer successfully. This success influences not him, but other patients, to seek him out. He is thus launched on the career of a balian by powers and persons external to himself. He presents himself in an entirely passive role. Although he does not emphasize, as many balian do, his reluctance or fear about becoming a healer, it is evident that he resisted for as long as he could, since he had displayed special abilities from childhood but it was only in his thirties that finally accepted his vocation.

Case 3:

Jero D., a woman of forty-nine, was always sick as a child. Although her family took her to a balian her illness kept coming back. When she was an adolescent, her grandfather suggested that she should become a follower (*pengiring*) at the family temple, but she refused.

because she was too young and a female. Then as a young woman she experienced times when people said she was crazy (*buduh*), when she talked too much and what she said didn't make sense. Then she married a man her family did not approve of because he was of a lower caste than she, and was a widower with seven children. During the early part of her marriage she was often sick and experienced possession. Her husband took her to a *balian* who explained that the *Betara* (powerful spirit being/god) of the *Pura Dalem* of *Nusa Penida* wanted her to become his follower (*pengiring*). Although her husband was willing, she herself refused to accept the calling because she felt she knew nothing about healing. Although she was married for several years she had no children. Her misfortunes continued with the breakup of her marriage. She was left alone without family of her own and still sick, although her divorce settlement did give her a house and land. She went to many doctors and healers, but none could help. At that time she did not know how she got money and supported herself, but she always had enough to manage. Finally she went to a *balian* who told her that she must become a follower of the *Betara* from *Nusa Penida* and if she continued to refuse, she would die. This time she agreed to accept the call and gradually she recovered. One day she visited a relative who was sick and had consulted many healers and doctors without result. Without being aware of what she was doing or saying, she gave advice for the young man's treatment. The family followed her instructions and the patient recovered. After this the word spread that she could heal and many patients began to seek her out. When she wanted to build a new house and buy land, many people helped her and gave her money and now her life is good. *Jero D.* treats patients while she is in possession by Ratu Gede Macaling (the *Betara* *Nusa Penida*).

This *balian's* experiences also began in childhood, and by the time she was an adolescent it was apparent that she should accept a divine calling (become a *pengiring* at the house temple). Her sickness and bouts of craziness continue into marriage, and she refuses again to accept the calling now explicitly identified as being the *Betara* of *Nusa Penida*, *Ratu Gede Macaling*, a powerful spirit entity. The pattern of suffering and refusal continue until she is threatened with death, and finally she capitulates. Having now promised to dedicate herself to *Ratu Gede Macaling*, presumably undertaking a consecration ceremony (*mawinten*), she then heals her first patient without any awareness of how she did so. Even after she promises to dedicate herself to the *Betara*, she does not herself undertake to heal people. She does so without awareness and patients come to seek

her out. The pattern here of passivity, as a suffering object followed by transformation into a source of healing power sought out by others, is clearly evident.

Case 4:

Manku A., female, 34 at time of interview, comes from a family of village priests (*pemangku*), many of whom had been chosen to become followers of Ratu Gede Macaling but had refused the call. As a result all had died and only Mangku A's father survived of his generation. As an adolescent, Mangku A. had experiences which indicated she too had been called to become a follower (*pengiring*): ancestors came to her in dreams to request her to accept the call, and she even heard the god's voice (*pawisik*) directly command her to become a follower. But she refused, as she felt too young and not ready to take on such a heavy responsibility. She left school and took up various jobs but was restless and often changed her job. She suffered various illness and accidents at this time, such as falling from a tree and drinking kerosene instead of water. During this time she also often lost consciousness (*pingsan*) or experienced altered states of consciousness and behaved like a person possessed. She had strange experiences. Once, for example, she saw a neighbor who had been sick for a long time. Suddenly Mangku A. felt herself entered by some force, and without knowing how, gave instructions for treating the sick woman. As a result, the sick woman recovered. But Mangku A. still did not believe in her abilities to become a *balian*. When she was twenty, she suffered a serious illness and for three days she lay unconscious, as if dead. Her family took her to hospital, but when there was no improvement in her condition they approached a *balian* for advice. He informed them that the cause of the illness was Mangku A's reluctance to accept the call of Ratu Gede Macaling and that if she was to get better, she must become his follower. Otherwise, she would die. Faced with death, she now gave in, and preparations were made to consecrate her as a follower. After this she gradually recovered, the appropriate ceremonies were held and she became a *balian*. She is possessed by Ratu Gede Macaling and thus is able to give advice and healing to her patients through him.

Mangku A's story dramatizes her reluctance to accept the calling. She was aware from an early age that she had been elected to be a follower but resisted her fate for as long as she could. She has been instructed by her god that she must remain celibate all her life and devote herself to healing and religious activities. She is now physically healthy and appears to be calm, happy and fulfilled in her present life.⁷

Case 5:

Gusti A., male, 34 at time of interview. As a student at university he was often sick and he pondered on life and why one suffered sickness and death. He was puzzled as to the meaning of life and death. He spent a lot of his time alone in his room trying to solve these problems. Then he found he could not sleep and his condition got worse, to the point that he rarely went to classes or tried to study or even bothered to look after himself properly. His friends became concerned about his condition and wondered if he was going mad. Then one of his friends found him talking to himself and thought he had finally gone crazy. His friend took him home because he was frightened something would happen to him if he were left alone. His condition continued for over six months, until he felt he really was mad. Then he began to have strange experiences. One day he was walking with a friend who suddenly collapsed unconscious in front of him. Feeling a strong desire to help his friend, Gusti A. reached out his hand and placed it on the unconscious man's head and tried to transfer his energy to him. He then instructed his friend to wake up, and he did. Although he was not sure if his friend had recovered as a result of his action or not, he tried to test his ability to heal others. He also had various premonitions which proved accurate, such as seeing in his mind an accident in front of the university before it happened, and feeling worried about his grandmother and shortly afterwards discovering that she was seriously ill. As a result of several such experiences he was finally convinced that he did in fact possess special powers; furthermore he knew that his grandfather, father and his cousin had similar abilities. He began to learn from books (not lontar) about spiritual healing and then began to use his inner power (*prasaan*) to heal people.

Intense
reflection on
meaning of life
leads to
breakdown

This young man is overcome by feelings of existential meaninglessness. His frequent bouts of physical illness lead to constant rumination on the mysteries of life and death. He becomes isolated and confused, and fears he is going mad. This case has been included because the history of mental illness described bears a clear superficial resemblance to the course of schizophrenia. Suryani, as a psychiatrist practicing in Bali, observes that on the basis of existing diagnostic criteria (DSM-IV), an inexperienced or culturally naive clinician could be mistakenly led to label this schizophrenia. Silverman (1967), in comparing the mental processes in becoming a shaman with the onset of schizophrenia, might find this example an excellent fit with his argument. This healer, however, eventually successfully completed his university studies and now practices as a *balian*, in

addition to his other professional duties. He suffers no mental or physical disorder now. His mental suffering ceased when he began to have experiences indicating special abilities to heal and to read the future. Then he realized that he was not mad but possessed the capacity to heal.

These stories of "madness" follow the general pattern described by the majority of balian interviewed – albeit rather more dramatically. The suffering is more prolonged, the reluctance to take up the role greater, the passive self compelled to take up a demanding and dangerous role. The sufferer believes, either from the very beginning or at some point during the course of the illness, that this is no ordinary affliction, but an indication of a call from higher powers or signs of special abilities. Usually, however, the person resists taking up the role of healer until it reaches the point where she or he feels there are no further options. The pattern is not one of the self fragmenting, of feelings of worthlessness and despair, but, in contrast, there is an awareness of a specially selected or elected self, which nevertheless feels unworthy of or unprepared for the calling, and capitulates only when death seems the only alternative. Healing the self, as presented by the Balinese balian, thus involves not an heroic, ego syntonic task of reorganizing or recreating the self, but rather a humble submission to a greater power than the self. This is not the self falling to pieces but a self being tested by suffering.

The Initiatory "Madness" is Distinguishable from Psychosis, Acute and Chronic

The stories people tell of becoming balian thus reveal a consistent pattern into which the initiatory "madness" fits in a culturally meaningful fashion. We find no evidence or indication that people were motivated to downplay such experiences, or conceal them. Furthermore, the cases presented here surely demonstrate that the balian interviewed operate within a cognitive framework little influenced by Western scientific or rationalistic paradigms. We therefore doubt that the comparatively small number of balian reporting an initiatory madness is the product of external forces of change or of a move towards more secular and rational approaches to medical treatment. Certainly on the basis of anecdotal evidence, one would get the impression that the large majority of balian do experience an initiatory madness or illness, since whenever one hears talk about a particular balian, stories of the dramatic origins of their powers always seem to abound. The published literature also tends to confirm this general impression (see Connor, Asch and Asch 1986; Eiseman 1990; Suryani and Jensen 1993). However, we believe that the dramatic nature of the initiatory madness has tended to focus attention on it, thus giving it greater prom-

Initiatory
Madness ≠
Madness...

and Cancro 1995: 985). Although initially persuasive, such an explanation is not consistent with the facts. For the balian there is no remission of the hallucinations or delusions; these continue, and in fact become the basis of the person's new calling. In a spontaneous remission, by contrast, all the major symptoms of the disease, such as hallucinations, cease – as was found to be the case with the Balinese acute psychosis sufferers studied by Suryani. If we were to follow this line of argument, it would logically lead to the conclusion that no remission had taken place, which would be to argue that the person was schizophrenic prior to, and continued to be schizophrenic after, becoming a balian. Clearly this is not our intention.

Let us return to the pattern of illness described in our balian life histories to show that although superficially resembling chronic schizophrenia, the nature and course of the disturbance suffered by the balian differs from it in important ways:

1. *A cultural and personal awareness of difference*

As we have seen, there is both a cultural and a personal awareness that the initiatory "madness" of the balian is different from ordinary madness. It should certainly not be assumed that all or any forms of mental disturbances are welcomed or accepted in Bali as the call to become a balian (as, for example, Silverman (1967) would imply, arguing that the only difference between the Western schizophrenic and the shaman is a suitable context of cultural acceptance). Far from it; for example, in 1993 the Bangli Mental Hospital in Bali cared for 859 in patients and 3512 outpatients (see Suryani (1993) for a discussion of the treatment and incidence of mental illness in Bali). Although at present we are unable to explain precisely how the balian recognizes the initiatory "madness," it is evident in the respondents' stories that their afflictions were recognized early and diagnosed as such by other balian. Jero Tapakan, the spirit medium described by Connor (Connor, Asch and Asch 1986: 249), reported visiting no less than eight balian who all informed her she must herself become a healer if she wanted to recover. In many cases this expert opinion is only confirmation of what the sufferer him or herself already knows.

2. *Not a disintegration of self but a divine testing*

It is evident from our case studies that the sufferings prior to becoming a balian were not experienced as a disintegration of the self. There is no prevailing sense of worthlessness and incompetence, leading to the disintegration of the self, as maintained by Silverman:

Clinical and anthropological writings indicate that both the extreme type of shamanic call and the schizophrenic experience often have as a primary condition the evoking of intense feelings of fear, psychological impotence, and guilt and consequent seriously damaged

Not
remission
of schizophrenia

self-esteem. These feelings are the result of inadequate or incompetent behaviors in life situations that are culturally acknowledged as crucially important. (1967: 23-24)

Although our final case study, the university student, did report feelings of despair at being unable to solve the great problems of life, and his gradual sinking into isolation and depression closely resemble the processes Silverman describes, the other respondents, as we have seen, were aware of a specially elected and potentially powerful self from the early stages of their sufferings. Even for the university student, the resolution of the situation comes about by a recognition that he possesses special powers which he must use to help others. What the balian describe is not a reorganization of a fragmented self but a submission to powers greater than the self. The difference is perhaps a subtle one in diagnostic terms, but a highly significant one in terms of personal experience and the personal and cultural meanings given to such experience. Noll (1983: 455) has pointed out that the shaman's sense of self is quite different from that of schizophrenics, whose autobiographical accounts of their sufferings stress "personal depressions, suicide attempts, self-destructive acts, muteness and fighting." Here we have shown that even in the midst of their trials prior to taking up their calling, far from being tortured by feelings of worthlessness, balian have a sense of special election.

The difference is highlighted in the following features, which further distinguish between the experiences of the "madness illness" and schizophrenia.

3. *The positive nature of the imagery and voices*

In contrast to the schizophrenic, the visions and voices experienced by balian during their initiatory sufferings are positive in nature, not negative (DSM-IV). Noll (1983: 453) has pointed to this in relation to the fully-fledged shaman; our evidence indicates it also applies to the initiatory experiences of the balian. The person suffers not from the recriminations of voices calling him or her guilty, worthless or despicable. On the contrary, the information received is that the person has been specially selected to become a follower of some higher power. This indicates the special spiritual qualities of the person so selected and special powers and abilities beyond those possessed by ordinary persons. The tribulations (which include mental confusion and physical symptoms) are imposed as a result of refusing to accept the call.

Suryani, on the basis of her extensive experience with Balinese mental patients, states that the contents of their visions and voices are usually highly negative. The balian, however, report positive communications and revelations of important knowledge. Visionary experiences of a frightening

Note
fragmentation
but empowerment

nature are interpreted as spiritual tests; for example, the healer Case 2 used to wander around the beach and graveyards at night, and came across a great pig rooting in a grave, which he took to be a witch. Where our respondents encounter in visions monstrous animals, snakes or other terrifying creatures, these are not interpreted as indications of worthlessness — or simple persecution; they are testimony to the person's spiritual strength to survive such ordeals. The same could be said of the ordeals of Jero Tapakan described in such vivid detail by Connor (Connor, Asch and Asch 1986).¹⁰

4. *Childhood signs of unusual abilities*

Childhood indications of special abilities, such as Case 2 who asserted he could heal people even when he was a child, were common. Some respondents reported childhood visions of special companions who would give them advice or take them to strange places; others reported ESP-like experiences in childhood, such as being able to find lost objects, or knowing which numbers would win in games of chance. Others, like cases 3 and 4, reported special experiences (including dreams and voices) in adolescence which alerted others, as well as themselves, to their special talents. These early experiences call to mind studies of Western children with imaginary playmates. Studies by various researchers have shown that such children demonstrate a capacity to achieve high levels of imaginative performance, especially under hypnosis.¹¹ Western children, however, are not encouraged to develop these kinds of abilities, whereas such experiences contribute to the Balinese person's sense of having special abilities or talents.

Imaginary
Friends...

5. *The sufferer maintains contact with the external world*

Although burdened by suffering and periods of confusion and withdrawal from the outside world, our respondents describe themselves as continuing to function, despite it all. They are able to take care of their physical needs, go to school, get jobs, get married, provide for families; in other words they continue to function in the world although their lives are made difficult by the disturbances of consciousness that they experience. Even our university student, whose behavior became so strange that his friends feared he should not be left alone, nevertheless continued to be a student and was not hospitalized or confined to home. They are thus clearly distinguishable from chronic schizophrenics whose behavioral oddities, or complete withdrawal, make ordinary existence impossible for themselves and their families.

6. *The organized nature of thought processes*

Although they experienced periods of confusion like possession, overall the respondents maintained organized and logical (within the cultural premises of Balinese society) thought processes, enabling them to attend schools, work at jobs, etc. The organized nature of their thought processes and their ability to communicate logically and fluently is, of course, especially evident after taking up the vocation (as Noll (1983) and others have shown with respect to the shaman in general).

7. *Becoming a balian is perceived as a submission to higher powers*

As we have already pointed out, becoming a balian does not result in a remission of the disturbance, since the hallucinations – voices and visions – continue to occur. Becoming a balian in fact involves attending to these messages and obeying them instead of resisting them or trying to shut them out. Once a positive relationship is established with the inner voices or visions, they can then be controlled – invoked and stopped at will. Furthermore, as Noll (1983) and others have shown with respect to shamans in general, balian not only control their hallucinatory experiences but are able to distinguish perfectly clearly between external reality and their visions. Once the self relinquishes its selfish desires to remain free of the obligations to become a follower of higher powers, its sufferings cease. The self is not re-integrated and strengthened, rather the self or the individual ego is transcended in submission to a higher power.

It is of course persuasive, from the Western perspective, if the task of the shaman can be presented as an heroic re-creation of the self, with cure and healing coming as the result of strengthening ego boundaries and organization. The very different submission of the self described by the balian can perhaps be understood by Western psychology in terms of religious experience and this, indeed, is precisely what is involved from the Balinese point of view. Whether or not one is prepared to accept the ontological status of such experience, the positive nature of religious conversion and transformation as psychological processes can surely be acknowledged (James 1958).

Ontology
left
dangling.

8. *The balian is a respected, functioning member of the community*

Once the calling is accepted, the balian becomes a highly respected member of the community, considered to possess spiritual authority, and she or he displays no marked socially unacceptable oddity of behavior or of thought process, except in the context of ritually induced trance/possession. However, the balian is decidedly not an ordinary person, but a very special person with special abilities and powers. He or she might be

experience an initiatory madness, and even perhaps hypothesize as to the close resemblance between the underlying process involved and psychosis.

Autonomous imagination, Stephen argues, is:

...a continuous stream of imagery thought taking place in the mind, although mostly outside conscious awareness. At regular intervals, it spontaneously enters consciousness in the form of sleep dreams; and under certain conditions, which, like dreams, are associated with high cortical arousal combined with low sensory input, it may result in waking visions and other hallucinations. Dreams and hallucinations are usually experienced as taking place independently of a person's conscious invention or will. But with special training, it becomes possible to deliberately access the continuous stream of imagery thought, bring it into consciousness and even direct its unfolding, as we find occurring in the controlled trances of shamanism and meditative practices, in Western hypnosis, Jungian "active imagination," and many other Western imagery-based psychotherapies. This special imaginative mode possesses certain important qualities which not only distinguish it from thought and imagination controlled by ego consciousness, but also suggest capacities beyond those normally available to consciousness. (1997: 5-6)

Autonomous
imagination-

Although the concept of autonomous imagination partially overlaps with the Freudian concept of primary process thinking in that both propose the existence of very differently organized mental processes underlying waking mentation and dreaming respectively, there are important differences. Whereas primary process thinking is defined as regressive and maladaptive (Rycroft 1972), Stephen argues that a stream of imagery thought usually operating outside consciousness is part of the normal information processing procedures of the mind, dealing not with sensory perceptions but inner stimuli. This stream (or streams) of imagery thought she refers to as "autonomous imagination" to stress its relative autonomy from conscious awareness and ego control. Far from being an inferior or maladaptive thought process, Stephen suggests it has a potential for greater flexibility and imaginative creativity than is usually available to the individual in waking consciousness (although this is not, of course, to confine all or even most forms of creativity to autonomous imagination, but only certain kinds). Autonomous imagination is characterized by: a) being more freely and richly inventive than ordinary thought; b) emerging into conscious awareness in the form of vivid hallucinatory imagery which is experienced as an external reality; c) possessing a more extensive access to memory; d) exhibiting a special sensitivity to external cues and direction which enables communication to and from deeper levels of the mind, while bypassing conscious awareness, and; e) possessing a capacity to influence somatic and intrapsychic processes usually beyond conscious control (Stephen 1997).¹²

These features emphasize its creative potential; those who have access to this special mode of thought have ways of knowing and understanding things not readily available to others. This is especially so with regard to

knowledge of healing. Evidence from experimental studies of hypnosis and other sources reveals the capacity of imagery thought to influence bodily and psychological processes outside conscious control (Stephen 1989a, 1989b, 1995). Indeed, healing as mark of special powers is also especially evident in the case of leaders or prophets of millenarian movements cross-culturally, who, Stephen (1989b, 1997) has argued, draw upon autonomous imagination in the creation of their new world visions (see also Csordas 1994).

Those who can control and put to conscious use this special mode of imagination are indeed especially gifted people. The *balian's* drawing upon autonomous imagination is clearly evident in: a) the reliance upon intuitive knowledge, e.g. the random opening of lontar manuscripts to find the appropriate treatment, and the "automatic" actions and advice reported by *balian* in our case studies; b) the voices and visions through which the *balian* obtains information; and c) the trance possession performances of *balian* who act as spirit mediums. Consultations with spirits of the dead or ancestral spirits, in particular, provide dramatic instances of the use of autonomous imagination, where the *balian* acts out the possessing entity, even producing the voice and mannerisms of the dead person (at least so the relatives of the dead person report).

When Balinese go to consult a spirit medium, they do not explain why or for what purpose they have come. The *balian* must demonstrate her powers by divining this herself. Connor (1982) has discussed how various clues are available to the *balian*, such as the composition of the group of relatives come to ask for advice. Nevertheless, constructing a convincing tale which meets the needs of the clients or patients is no easy task. While writing this article, Stephen witnessed a consultation with a spirit medium because of two traffic accidents in which her research assistant was involved. The medium started only with the information that the clients were of *Gusti* title originating from Mengwi. The *balian*, a woman, went into trance and gave a dramatic performance of someone very sick and suffering great pain. After several minutes she stopped, and still in trance began to talk with the clients, explaining that the possessing entity was an ancestor of seven generations ago of the clients. She then began to ask such questions as "Is there any one at home who is always sick?" By the end of the session, she had constructed an account which impressively fitted the actual circumstances of the case. There had been an accident close to Tumpak Landep – a special calendar day consecrated to all metal objects, but especially weapons and crises. The person at home who was always sick was the reincarnation of the possessing ancestor. That person suffered the accident because the ancestor was warning the family to look

after their heirloom crises and ritual weapons, which they were not doing. The ancestor was in fact reincarnated in the "person at home" who was thus declared to be a ritually select (*pingit*) person. The family as a whole would now have to undertake various ceremonies and make offerings and the "pingit" person would have to observe ritual restrictions.

Given the status and origin of the family, which the balian knew from the start, the possibility of there being heirloom crises and weapons in the family was probably a good guess. The timing of the accident was also guessed correctly, probably elicited from the balian's questions to the family during trance, and due to the fact that Tumpak Landep had occurred only a few days before. In short, the story contained nothing that could not have been based on a good "hunch," nevertheless it closely met the actual circumstances of the clients in more detail than can be gone into here. We can assume that the balian is a deliberate faker ready to pounce upon any hint to fabricate a likely story, and a consummate actress as well. Alternatively, we can argue that she draws upon a special intuitive mode of thought – similar to that which operates in hypnotic trance – where she becomes especially sensitive to any external cue, converting this external suggestion into a performance or story, a story which she has no awareness of creating, since she did not consciously do so. Moreover, because of the greater freedom and creativity of this mode of thought, she is able to fluently produce a drama as if it is being performed in front of her – like a dream or a vision. It does not have the quality of a story she is consciously improvising, but rather of something that is happening to her. This is precisely what we mean by autonomous imagination. (One should not, of course, totally dichotomize the process, for the balian may combine deliberate intention to please her clients with a more autonomous form of imaginative construction.)

Since such a mode of thought is not readily available to everyone, the question arises: how does one access and gain control over autonomous imagining? Ethnographic studies of shamans in many cultures reveal that ordeals of fasting and isolation are commonly undertaken to induce the visions and voices sought by the adept (Eliade 1972; Peters and Price-Williams 1980; Walsh 1994). In some cases, however, a person might be overcome by hallucinatory experiences without seeking them, as in the "initiator illness" or "madness" reported by some shamans. From this perspective, we can understand the initiatory madness of the balian is an example of the spontaneous intrusion of the stream of imagery thought into consciousness. Since it is uncalled for and not immediately understood, it is disruptive; however, it is an episodic disruption of consciousness, not a total or persistent blocking of external reality.

Intuitive
thought -
not a story
being
consciously
improvised
(Leo Safer)

The reason why only a comparatively small percentage of balian experience an initiatory madness becomes clear when we realize that other balian in fact subject themselves to ordeals of fasting and isolation or exposure to ritually dangerous (*tenget*) places such as graveyards, jungles and mountain peaks. The balian usada, although he gains his knowledge of healing from reading the lontar manuscripts, must in addition undergo the ordeal of sleeping in the cemetery for 42 days in order to obtain power from Buda Kecapi and the Mrajapati (the temple for the dead buried in the cemetery).¹² A balian usada recounted in detail to Stephen how in order to gain his powers he had to fast for six days until he experienced a radical change in consciousness and the whole world appeared to turn yellow. He then experienced visions of, and gained powers to heal from, his four mystical siblings (*kanda empat*).¹³ Some balian usada interviewed by Suryani's students also reported fasting until they received visions and powers from the *kanda empat*. Attempting to interview a range of people about the role of the *kanda empat*, which play a key role in esoteric understandings of healing, the usual response is for the person being interviewed to explain how difficult it is to get such knowledge and that it requires ordeals of fasting and meditation in remote places (see Lovric 1987).

Not only balian, but other persons aspiring to ritual powers such as pemangku (village priests) may also impose such ordeals upon themselves. For example, a man who is known in his community for his esoteric knowledge, although he is neither a balian nor a pemangku but the son of a pemangku, told of his difficulties as a young man in seeking the ability to learn the *mantra* (ritual formulas) necessary to become a pemangku. Try as he did to learn the *mantra*, he could not, so finally he sought power by spending the night alone in *tenget* places, such as cemeteries and springs (*beji*), where he encountered horrible visions of huge leeches coming to suck his blood and great knives flashing through the air onto chopping blocks, so that he expected to be beheaded at any moment. Finally he was rewarded by the power to speak *mantra* in a special language known only to himself. Yet another balian recounted to Suryani and Stephen that he had received directions to undertake a 42 day fast by hearing the voice of the god who has selected him to become a follower (*pengiring*). In this instance, a spontaneous experience was combined with the subsequent undergoing of ordeals. Even the highest religious dignitary, the *pedanda* (high priest) undergoes as part of his installation a ritual death which involves lying as if dead, bound in death wrappings, for three days — without moving, drinking or eating. The nature of his experiences during this time are not a matter for public discussion, but given such a situation of almost complete sensory deprivation, we can have little doubt that vivid

Induced
or
Spontaneous

visions and voices are encountered during this time, and judging from the other information we have, we can further assume that this is precisely one of the main intentions of the rite. It seems, in fact, that any Balinese man seeking ritual powers might be likely to undergo such ordeals, but will not wish to publicize the fact, since *balian*, as we have seen, like to present their powers as something divinely conferred.

Those *balian* who do not experience a spontaneous intrusion of autonomous imagination expose themselves to ordeals until they do encounter it. Thus the key to becoming a *balian* is not healing the self, since only a small portion of *balian* in fact do so. Although from a Western point of view, the idea that the shaman is one who knows the secrets of life and death via his or her own suffering seems highly persuasive, and that the secret to healing lies in self-healing, our ethnographic evidence lends little support to these obviously culturally influenced assumptions. Rather the key to becoming a *balian* is accessing a special intuitive mode of thought wherein visions and voices experienced as existing outside the self bring special knowledge and powers. A similar point has been made by Noll (1983: 445-446) with regard to shamans in general.

Although we clearly disagree with Silverman's (1967) conclusion that the shaman/*balian* is a self-healed psychotic, we support one aspect of his argument: the importance of illness and consequent isolation as the circumstances under which hallucinatory experience comes to the fore. In traditional cultures, such as Bali, people are rarely if ever alone for any length of time. Solitude is not a state valued or enjoined upon any, except as required for ritual purposes. For most ordinary people, a serious, debilitating illness would be one of the few circumstances in which they would be removed from the continuous stimulation of social and family life, providing a rare occasion for introspection and for prolonged attention to inner feelings and desires. It is thus to be expected that for those persons possessing a capacity to focus on inner imagery, this would be the time for it to emerge into consciousness. Similarly, persons who suffer recurring illness or disability would have additional opportunities to engage with inner imagery processes. We conclude that the significance of sickness in the assumption of the *balian*'s (or the shaman's) role is not the ego triumph of self-cure, but rather the prolonged opportunity to engage with and attend to inner imagery. With respect to shamanism in general, we would suggest that Western assumptions and myths concerning the heroic role of the ego in creating and transforming itself have strongly influenced the emphasis on the role of the initiatory madness in shamanism. In short, it makes sense in terms of Western values that the psychological process in becoming a shaman centers around creating a more effective self (although this focus

on the self does little to explain how the shaman is thereby enabled to help others). We suspect that for this reason, the role and frequency of the initiatory illness may have been unintentionally exaggerated in ethnographic studies.

Others (e.g. Walsh 1994), who have argued that the "initiator madness" represents a kind of developmental crisis of the self, fail, in our view, to see beyond their own cultural assumptions.

Why, we may ask, is there in Bali such a strong connection between women and spirit mediumship (employing trance possession) and an initiatory madness (or illness)? I think we are now in a position to answer this question also. It is evident that in most traditional cultures it would be difficult for women to undergo the ordeals necessary to deliberately stimulate inner imagery. Sleeping alone in dangerous and remote places is not something women will find it easy to do; furthermore, in Bali, any woman behaving in such an outlandish way would almost certainly provoke the liveliest suspicion that she was studying witchcraft. In Balinese belief, women are believed to have a special capacity for practicing witchcraft and black magic. A woman deliberately seeking after ritual powers would be likely to be considered a witch (Connor (1982: 102) makes the same point). Only the woman who was evidently driven by powers beyond herself – for example the "divine madness" of Jero Tapakan described by Connor, Asch and Asch (1986) – could escape the opprobrium attached to studying the left hand path (*pengiwa*). For this reason, only girls or women who have spontaneous experiences of inner imagery are likely to become balian; very few would be brave or foolhardy enough to seek openly to adopt the role.

Furthermore, we suggest that spirit mediumship requires a greater degree of immersion in the stream of imagery, comparable to the capacity to undertake complex hypnotic tasks (Hilgard 1965, 1977). It seems probable that those persons who spontaneously access the stream of inner imagery have a deeper and more intense engagement with it, and thereby a greater facility in acting it out for an audience, compared with those practitioners who intentionally undergo ordeals in order to induce visionary experience. These circumstances would account for both the high proportion of women who employ trance possession, and for the frequency of an initiatory "madness" reported by women healers. The importance of female practitioners employing trance possession in Melanesian cultures and the prominence of women in such roles cross-culturally has been previously noted (Stephen 1989b: 225–226). Factors other than purely cultural ones may be at work here, but this must await future research to be established.

Why
Women?

CONCLUSION

We have argued that the balian's initiatory madness can be understood as a spontaneous intrusion of autonomous imagination into consciousness. We have further shown that the majority of balian seek to induce visionary experience by undergoing ordeals of fasting and isolation. Since many balian do not report mental or physical illness prior to their calling, self-healing is evidently not the key to the balian's special role. Rather, the inducing of visionary experience and accessing a special intuitive mode of understanding (which we term autonomous imagination) is the essential element. The significance of the initiatory madness or illness is that it provides spontaneous access to this special intuitive mode of thought. However, those healers who are willing to expose themselves to the appropriate ritual ordeals of fasting and sensory deprivation can achieve the same end.

A final, highly speculative, point in relation to autonomous imagination: might the superficial similarity between the initiatory madness and chronic schizophrenia arise from the circumstance that in normal mental functioning, the stream of autonomous imagery must remain screened from the processing of external sensory stimuli? It is only when the mind is not preoccupied with attending to the external environment that autonomous imagination can occupy consciousness – as in the dream, when the mind has deliberately withdrawn from the demands of the external world into sleep. Evidently there must be means of separating these different streams of mental processing, otherwise there would be no way to distinguish between internal and external stimuli – which it appears is precisely what occurs in some forms of schizophrenia. Might these kinds of disorders arise from a malfunctioning of the barriers set up to separate the stream of imagery thought from conscious awareness? Our suggestion is in keeping with current research on schizophrenia and the role of the so-called neurotransmitter substances in the brain which govern the rate and nature of communication across brain synapses (Carpenter and Buchanan 1995: 896–898; Wyatt, Kirch and Egan 1995). Some schizophrenic thought disorders might not only result from too little or too much chemical activity at the synapses, but might also relate to chemical means of inhibiting connection between different neural pathways in the brain. We raise this merely as a possibility.

Whether or not the concept of autonomous imagination presented here is correct, and we consider it consistent with the known facts, our evidence still suggests that the balian's initiatory "madness" is significantly different from both acute and chronic psychosis. This conclusion also stands regardless of whether our interview data under or over-estimate

the frequency of the occurrence of the initiatory madness among balian. This has significant implications for the diagnosis of psychosis in Balinese patients. With respect to Bali and other traditional cultures, it is important for psychiatrists to be aware of the possibility that what superficially appears to be psychosis may turn out to be a very different process. It even suggests the possibility that some persons diagnosed as schizophrenics in western cultures might instead be experiencing something similar to the inner transformation sometimes experienced by shamans and healers in traditional cultures. Clearly we are not arguing, as some have, that schizophrenia is essentially culturally constructed (e.g. Szasz 1961; Laing 1965; Silverman 1967; Bateson 1973). What we are pointing to is a gray area wherein Western cultural assumptions about ego boundaries and hallucinatory experience has led to a pathologizing of experience which other cultures continue to value and to foster.

What appears to be psychosis may not be...

NOTES

1. Michele Stephen is Senior Lecturer, Department of Sociology, Politics, and Anthropology, La Trobe University, Australia. Luh Ketut Suryani is Professor of Psychiatry, Faculty of Medicine, University of Udayana, Bali, Indonesia. We thank for financial support of this project the Australian Research Grants Council, which funded research jointly conducted by the authors in 1996-7, and funded Stephen's fieldwork in Bali from June 1996 to December 1998; and La Trobe University Humanities Research Grants which funded Stephen's fieldwork from February to June 1996. We also thank for their valuable critiques of this paper three anonymous reviewers and the editors, Byron Good and Mary-Jo DelVecchio Good, of *Culture Medicine and Psychiatry*.
2. Florsheim's (1990) recent discussion, although it does not specifically address the topic of shamanism, raises important issues concerning the significance of Western versus other cultural concepts of self in the conceptualization and treatment of mental illness. Given current anthropological views of the different cultural construction of self in Western and traditional cultures (see Whittaker (1992) for a review of the now extensive literature; Stephen 1995), it seems increasingly inappropriate and unconvincing to interpret the shaman's calling in terms of Western models of ego boundaries.
3. Eliade's (1972) study still provides the classic definition of shamanism, but see also Peters and Price-Williams (1980) and Noll (1983, 1985).
4. The interviews were not structured or planned to provide statistical data on how healers took up their vocation. The sample of 108 balian is random, the result of the student interviewers selecting any healer they chose within the Denpasar area - provided only that the person had not been interviewed by others in the project. Interviewers, both male and female students, visited their chosen balian at least three times. They were instructed to report on the age, sex, education, religion, and work experience of each subject; to observe the healing techniques employed by practitioners; and to elicit an account of how they had become healers. The results were compiled in a report for each healer. This information consists of the healer's public presentation of self: we

are not dealing in these reports with confidential, in-depth clinical interviewing. The figures based on these data are not intended as statistical proof of the arguments to be presented here, but as indicative of certain trends which seem significant in terms of our broader ethnographic picture, trends which could be tested by more rigorously designed sampling and statistical data in future studies.

5. Official figures from the Department of Public Health for 1994 estimate a total of 3,535 traditional healers practicing in Bali. In 1983 Leimena and Thong estimated the total number of *balian* in Bali to be 2,500. The population of Bali has increased from a total of 2,469, 731 in 1980 (Conner 1982: 87) to 2,777, 365 in 1990 (Suryani 1993: 181).
6. Many *balian* have a reputation as sorcerers, possessing ritual powers to harm and kill, as well as heal (see Lovric 1987; Geertz 1994). Anything pertaining to destructive and harmful powers is not to be discussed openly; people usually emphasize the positive aspect of the *balian's* role as healer and helper.
7. This healer was jointly interviewed by the authors several times in 1996.
8. The original study by Suryani (1988) was based on 113 cases of psychosis with acute onset. One year after the first diagnosis, 79% of cases were confirmed as acute psychosis, while 21% were diagnosed as schizophrenic. The 1996 follow-up study revealed that the 79% diagnosed as acute psychosis in the original study had not developed into schizophrenia, and that only 4% of the 21% diagnosed as schizophrenic in the original study remained psychotic in 1996.
9. The long-accepted psychiatric view of hallucinations as pathological phenomena is now being modified and there are signs of a growing recognition of cultural variation, see DSM-IV (1994: 275), "Hallucinations may also be a normal part of religious experience in certain cultural contexts." An anonymous reviewer of this paper suggested that, from the limited information given, the case studies do not all immediately suggest schizophrenia; rather Case 1 sounds like puerperal psychosis, Case 2 is a trance state, and Case 3 resembles manic depression. Our point is that some kind of serious mental disturbance is suggested in each case, and that from the perspective of an inexperienced observer, they might be mistaken for schizophrenia. We are certainly not arguing that this is the correct diagnosis.
10. Although studies of multiple personality disorders have emphasized childhood abuse as a significant factor in developing alter egos, several hypnosis studies (e.g. Hilgard 1965; J. Hilgard 1993; Bowers and Bowers 1979) have pointed to the creative potential of Western children who develop imaginary playmates. See Stephen (1989b: 219-220) for a discussion of a comparable case of shamanism and childhood companions among the *Sambia* of Papua New Guinea.
11. The model of autonomous imagination is based upon a wide range of interdisciplinary research including cross-cultural studies of altered states of consciousness; sleep/dream laboratory research; neurophysiological and pharmacological studies of hallucinations; brain laterality studies; psychological studies of daydreaming; experimental research into hypnosis; cognitive approaches to dreams and dissociative phenomena; and studies of imagery techniques in Western psychotherapy. This evidence is discussed in detail in Stephen 1989a, 1989b, 1995 and 1997. The information processing model of a subliminal stream of imagery thought underlying conscious mentation is based on a) studies of sleep and dreams (e.g. Cartwright 1969: 369-370; 1978: 66; Cohen 1979), b) studies of waking fantasy (e.g. Singer 1974: 188-200; Singer and Pope 1978) and c) studies of sensory deprivation (e.g. Siegal and West 1975; Bowers and Meichenbaum 1984). The special characteristics of autonomous

imagination proposed here are based upon evidence drawn primarily from experimental hypnosis research, summarized in Stephen 1989a: 52-61; see especially Barber et al. 1974; Bowers 1976; Hilgard 1977; Bowers and Bowers 1979; From and Shore 1979; Sarbin and Slagle 1979; Sheehan and McConkey 1982.

12. I thank Ida Bagus Sutarja of Mas, personal communication, for this information; see Lovric 1987: 86-88 on Buda Kecapi.
13. The kanda empat, the four siblings, represented at birth by the placenta, amniotic fluid, blood and natal cord (Lovric 1987: 81), are the spiritual guardians, although they also have a physical aspect, of every person. Ritual attention to the four siblings is essential for the health and well being of a person, and developing a special relationship with them is the key to attaining esoteric knowledge and magical powers. They exist from the moment of conception, and change their names and functions many times over the course of the life cycle.

REFERENCES

- Barber, Theodore X., Nicholas P. Spanos, and John F. Chaves
1974 *Hypnosis, Imagination and Human Potentialities*. New York: Pergamon Press.
- Barth, Fredrik
1993 *Balinese Worlds*. Chicago and London: University of Chicago Press.
- Bateson, Gregory
1973 *Steps to an Ecology of Mind: Collected Essays in Anthropology, Psychiatry, Evolution, and Epistemology*. London: Paladin.
- Bateson, Gregory, and Margaret Mead
1942 *Balinese Character: A Photographic Analysis*. New York: New York Academy of Sciences.
- Belo, Jane
1960 *Trance in Bali*. New York: Columbia University Press.
- Bourguignon, Erika ed.
1973 *Religion, Altered States of Consciousness and Social Change*. Columbus: Ohio State University Press.
- Bowers, Kenneth S.
1976 *Hypnosis for the Seriously Curious*. Monterey, Calif.: Brooks/Cole Publishing Company.
- Bowers, Kenneth S., and David Meichenbaum, eds.
1984 *The Unconscious Reconsidered*. New York: John Wiley and Sons.
- Bowers, Patricia G., and Kenneth S. Bowers
1979 *Hypnosis and Creativity: A Theoretical and Empirical Rapprochement*. In *Hypnosis: Developments in Research and New Perspectives*. Erika Fromm and Ronald E. Shor, eds. pp. 351-379. New York: Aldine Publishing.
- Carpenter, William T., and Robert W. Buchanan
1995 *Schizophrenia: Introduction and Overview*. In *Comprehensive Textbook of Psychiatry*/VI, Volume 1, Sixth Edition. Harold I. Kaplan and Benjamin J. Sadock, eds. pp. 889-902. Baltimore: Williams and Wilkins.
- Cartwright, Rosalind D.
1969 *Dreams as Compared to Other Forms of Fantasy*. In *Dream Psychology and the New Biology of Dreaming*. M. Kramer ed. pp. 361-372. Springfield, Ill.: Charles C. Thomas.

- 1978 *A Primer on Sleep and Dreaming*. Reading, Mass.: Addison-Wesley.
- Cohen, David B.
- 1979 *Sleep and Dreaming: Origins, Nature and Functions*. Oxford: Pergamon Press.
- Connor, Linda
- 1982 *In Darkness and Light: A Study of Peasant Intellectuals in Bali*. Unpublished Ph.D. Thesis. University of Sydney.
- Connor, Linda, Patsy Asch, and Timothy Asch
- 1986 *Jero Tapakan: Balinese Healer: An Ethnographic Film Monograph*. Cambridge: Cambridge University Press.
- Cooper, J. E., A. Jablensky, and N. Sartorius
- 1990 W.H.O. Collaborative Studies on Acute Psychosis Using the SCAAPS Schedule. *In Psychiatry: A World Perspective*. Volume I. C. N. Stefanis, A. D. Rabavilas, and C. R. Soldatos, eds. pp. 185-192. Amsterdam, the Netherlands: Elsevier Science Publishers.
- Covarrubias, Miguel
- 1989 [1937] *Island of Bali*. Singapore: Oxford University Press.
- Csordas, Thomas J.
- 1994 *The Sacred Self: A Cultural Phenomenology of Charismatic Healing*. Berkeley and Los Angeles: University of California Press.
- Devereaux, G.
- 1956 Normal and Abnormal: The Key Problem in Psychiatric Anthropology. *In Some Uses of Anthropology: Theoretical and Applied*. J. B. Casagrande and T. Gladwin, eds. pp. 23-48. Washington D.C: Anthropological Society of Washington.
- DSM-IV
- 1994 *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*. Washington, DC: American Psychiatric Association.
- Eiseman, Fred B.
- 1990 *Bali: Sekala and Niskala. Volume I: Essays on Religion, Ritual, and Art*. Hong Kong: Periplus Editions.
- Eliade, Mircea
- 1972 *Shamanism: Archaic Techniques of Ecstasy*. Princeton: Princeton/Bollingen.
- Florsheim, P.
- 1990 Cross-Cultural Views of the Self in the Treatment of Mental Illness: Disentangling the Curative Aspects of Myth from the Mythic Aspects of Cure. *Psychiatry* 53: 304-315.
- Fromm, Erika, and Robert E. Shor, eds.
- 1979 *Hypnosis: Developments in Research and New Perspectives*. New York: Aldine Publishing Company.
- Geertz, Clifford
- 1980 *Negara: The Theatre State in Nineteenth-Century Bali*. Princeton: Princeton University Press.
- Geertz, Hildred
- 1994 *Images of Power: Balinese Paintings Made for Gregory Bateson and Margaret Mead*. Honolulu: University of Hawaii Press.
- Geertz, Hildred, and Clifford Geertz
- 1975 *Kinship in Bali*. Chicago: University of Chicago Press.
- Hilgard, Ernest R.
- 1965 *Hypnotic Susceptibility*. New York: Harcourt Brace and World.

- 1977 *Divided Consciousness: Multiple Controls in Human Thought and Action*. New York: John Wiley and Sons.
- Hilgard, Josephine
1979 *Imaginative and Sensory-Affective Involvements in Everyday Life and Hypnosis. In Hypnosis: Developments in Research and New Perspectives*. Erika Fromm and Ronald E. Shor, eds. pp. 483-517. New York: Aldine Publishing Company.
- Hooykaas, Christiaan
1964 *Agama Tirta: Five Studies in Hindu-Balinese Religion*. Amsterdam: North-Holland.
- ICD-10
1992 *The ICD-10 Classification of Mental and Behavioral Disorders: Clinical Descriptions and Diagnostic Guidelines*. Geneva World Health Organization.
- James, William
1958 [1902] *The Varieties of Religious Experience*. New York: Mentor.
- Jung, Carl G.
1973 *Synchronicity: An Acausal Connecting Principle*. Princeton: Bollingen.
- Kaplan, Harold I., and Benjamin J. Sadock, eds.
1995 *Comprehensive Textbook of Psychiatry/Vol. 1, Sixth Edition*. Baltimore, Philadelphia: Williams and Wilkins.
- Kendall, Laurel
1988 *Healing Thyself: A Korean Shaman's Afflictions*. *Social Science and Medicine* 27: 445-450.
- La Barre, Weston
1970 *The Ghost Dance: Origins of Religion*. London: George Allen and Unwin.
- Laing, Robert D.
1965 *The Divided Self: An Existential Study in Sanity and Madness*. Harmondsworth: Penguin Books.
- Leimena, S. L. and D. H. Thong
1983 *Pengobatan Tradisional di Bali: Suatu Laporan. In Traditional Healing Practices*. Setyonegoro and W. M. Roan, eds. pp. 160-206. Jakarta: Directorate of Mental Health.
- Lipton, Alan A., and Robert Cancro
1995 *Schizophrenia: Clinical Features. In Comprehensive Textbook of Psychiatry/Vol. 1, Sixth Edition*. Harold I. Kaplan and Benjamin J. Sadock, eds. pp. 968-987. Baltimore: Williams and Wilkins.
- Lovric, Barbara
1987 *Rhetoric and Reality*. Unpublished Ph.D. Thesis, University of Sydney.
- Noll, Richard
1983 *Shamanism and Schizophrenia: A State-Specific Approach to the "Schizophrenia Metaphor" of Shamanic States*. *American Ethnologist* 10: 443-459.
- 1985 *Mental Imagery Cultivation as a Cultural Phenomenon: The Role of Visions in Shamanism*. *Current Anthropology* 26: 443-461.
- Summary* Peters, Larry G., and Douglass R. Price-Williams
1980 *Towards an Experiential Analysis of Shamanism*. *American Ethnologist* 7: 397-418.
- Rubinstein, R.
n.d. *The Magic of Literacy*. Paper presented to Asian Studies Association of Australia, 5th National Conference, Adelaide University, May 13-19, 1984.

- Ruddick, A. C.
1986 *Charmed Lives: Illness, Healing, Power and Gender in a Balinese Village*. Department of Anthropology, Brown University, unpublished Ph.D. thesis.
- Rycroft, Charles
1972 *A Critical Dictionary of Psychoanalysis*. Harmondsworth: Penguin Books.
- Sarbin, Theodore R., and Robert W. Slagle
1979 Hypnosis and Psychophysiological Outcomes. In *Hypnosis: Developments in Research and New Perspectives*. Erika Fromm and Ronald E. Shor, eds. pp. 273-303. New York: Aldine Publishing Company.
- Sheehan, Peter W., and Kevin M. McConkey
1982 *Hypnosis and Experience: The Exploration of Phenomena and Process*. Hillsdale, N. J.: Lawrence Erlbaum Associates.
- Siegal, Ronald K., and Louis J. West, eds.
1975 *Hallucinations: Behavior, Experience, and Theory*. New York: John Wiley and Sons.
- Silverman, J.
1967 Shamans and Acute Schizophrenia. *American Anthropologist* 69: 21-31.
- Singer, Jerome L.
1974 *Imagery and Daydream Methods in Psychotherapy and Behavior Modification*. New York and San Francisco: Academic Press.
- Singer, Jerome L., and Kenneth S. Pope, eds.
1978 *The Power of the Human Imagination: New Methods in Psychotherapy*. New York and London: Plenum Press.
- Stephen, Michele
1989a Self, the Sacred Other, and Autonomous Imagination. In *The Religious Imagination in New Guinea*. Gilbert Herdt and Michele Stephen, eds. pp. 41-64. New Brunswick, N.J.: Rutgers University Press.
1989b Constructing Sacred Worlds and Autonomous Imagining in New Guinea. In *The Religious Imagination in New Guinea*. Gilbert Herdt and Michele Stephen, eds. pp. 211-236. New Brunswick, N.J.: Rutgers University Press.
- 1995 *A'aisa's Gifts: A Study of Magic and the Self*. Berkeley and Los Angeles: University of California Press.
- 1997 Cargo Cults, Cultural Creativity and Autonomous Imagination. *Ethos* 25: 333-358.
- Suryani, Luh Ketut
1988 *Psikosis Akut pada Orang Bali yang Beragama Hindu di Bali: Suatu Studi Pendekatan Kliniko-sosiobudaya*. Erlangga University, Surabaya, Java, unpublished Ph.D. thesis.
- 1993 Acute Psychosis in Bali: Management by Psychiatrist and Traditional healer. In *Jahrbuch für Transkulturelle Medizin Und Psychotherapie, Yearbook of Cross-Cultural Medicine and Psychotherapy*, herausgegeben von Walter Andritzky. pp. 181-190.
- Suryani, Luh Ketut, and Gordon D. Jensen
1993 *Trance and Possession in Bali: A Window on Western Multiple Personality, Possession Disorder, and Suicide*. New York: Oxford University Press.
- Szasz, Thomas
1961 *The Myth of Mental Illness*. New York: Harper-Hoeber.