

Mental health disabilities: the case of indonesian Pasung

Development Anthropology

A complex western relationship to madness and mental care

Reintegration of the
« patient » into society



Protection of
individuals

To treat



To punish



The boarder between asylum and prison is thin.



- 20% of the people incarcerated in France suffer from psychological disorders (IOP)

→ Judges have tended to view mentally disordered defendants as more dangerous than others, sentences have been more severe.

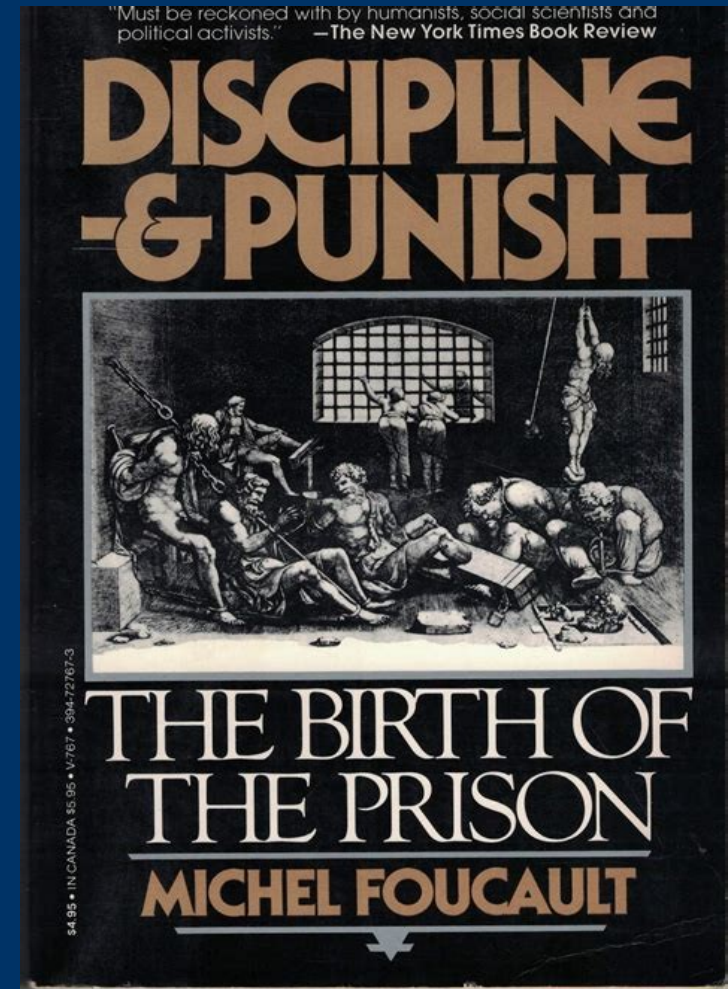
→ People with psychiatric disorders are subject to harsher penalties because of their disability and perceived dangerousness



- The « **political economy of the bodies** » (Foucault)

→ society where the **power is exerted on the bodies and squares the life of the individuals** to make them conform to a norm and to the stakes of powers.

- "Disciplinary institutions".
- A concept to think of a set of places (prison, **asylum**, ...) analogous in their function: to make man a predictable animal, and to adapt his behavior to **make him conform to societal expectations**.



- The "total institutions" (Erving Goffman) .

→ These are "*places of residence and work where a large number of individuals, placed in the same situation, cut off from the outside world for a relatively long period of time, lead together a reclusive life whose modalities are explicitly and minutely regulated*".

-Cut off from the outside world, outside influences and informations

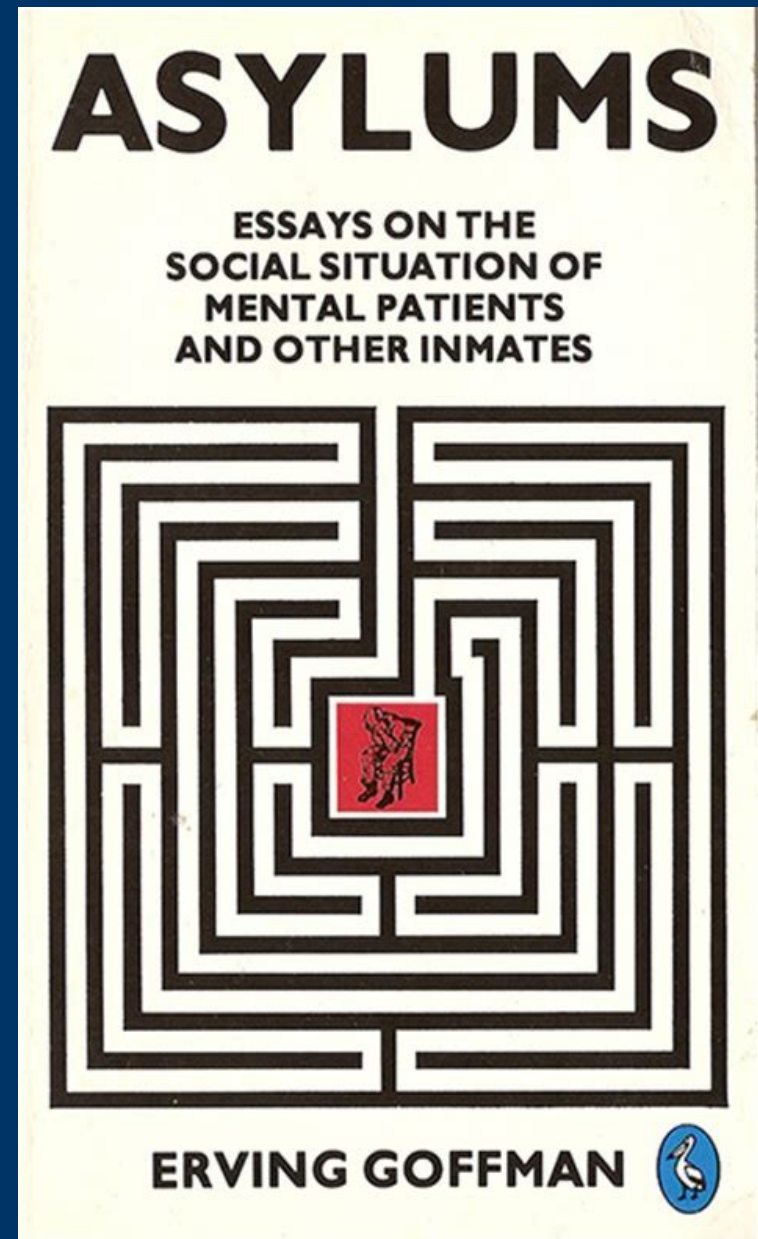
-All needs are taken care of by the institution

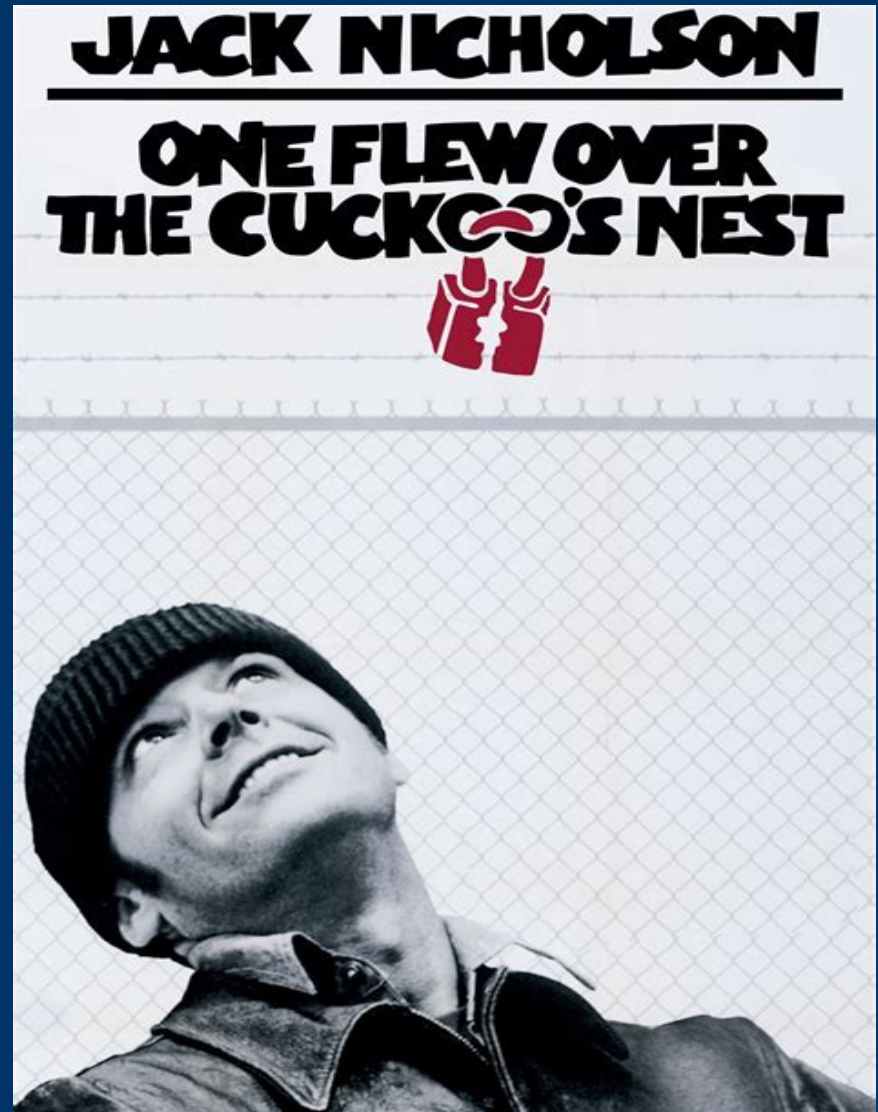
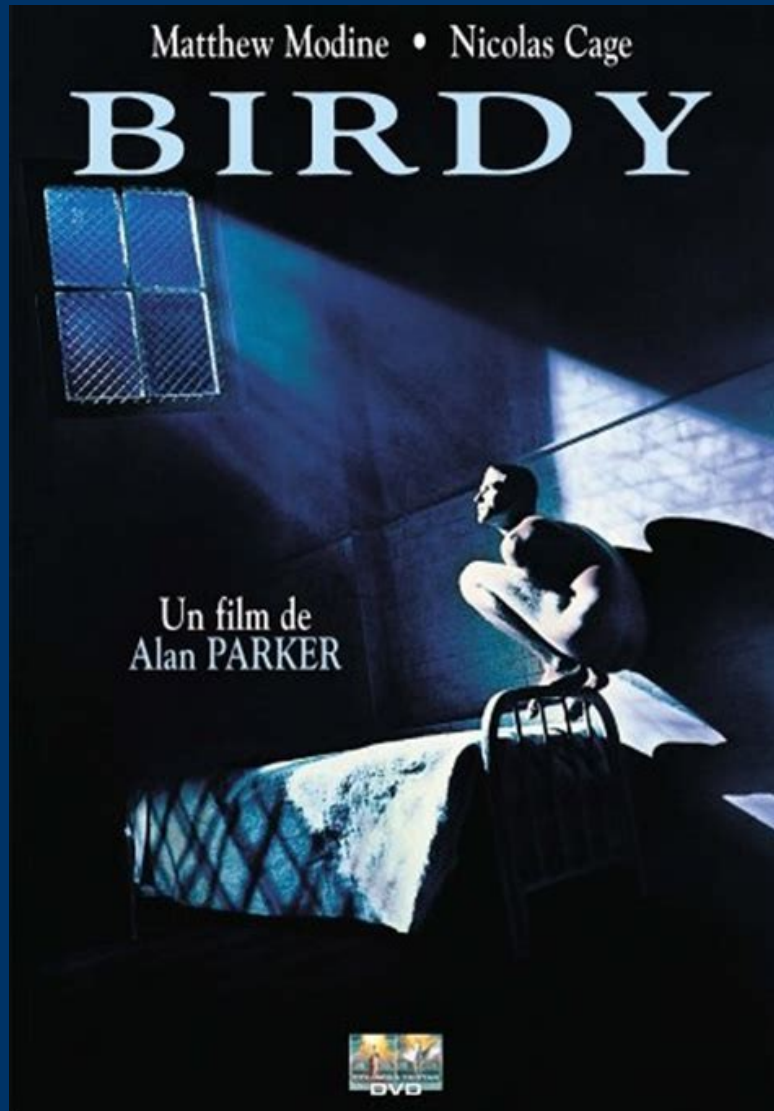
-Bureaucratic mode of operation

-Limited contact between « prisoners » and monitors

- The person is stripped away of his current identity to be replaced with another

Prisons, concentration camps, convents, labor camps and Western asylums can be considered as total institutions.






Which therapeutic et theoretical model to choose ?

→ The capacities of mental health actors to intervene with populations whose cultural references and economic, social and political contexts are so fundamentally different ?

To avoid "a utopian psychiatric project of an ideal colonial society, where the pedagogical action to be undertaken with the colonized populations mixes, in an ambiguous way, benevolence, therapeutic desire and serene destruction of the local cultures ("to rid [the native] of his prejudices concerning madness and of the fetishist practices which result from it")" (J-M Bégué)

- The « countries of the South » to contribute to this long-awaited renewal of the medical view in mental health.

 - The worst solution would be to put in place uncoordinated and prescriptive legislation without any insight into the cultural practices of mental health within a community.
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Some paths to « solve the Indonesian problem »

→ "to humanize psychic assistance from the social and cultural Indonesian reality".

- It is complicated to propose a unique solution to the Indonesian case because the residents of this institution certainly do not share the same repertoire of meaning, the same socio-cultural origin, the same political place within the community. However, some guidelines can be drawn.

To understand

- Fit harmoniously with the societies of the territory (integrating the reading grid which is not that of biomedicine)
 - Reinforce studies
 - Promote a "borderless" psychiatry (open the work to all those who have a word to say about madness, and in the first place the healers and the managers of the Pasung).
 - Communities should be actively involved in the identification of needs, the setting of priorities and the implementation of care and mental health promotion programs.
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To prevent mental illness

- Integrate the mental health care system to the **pre-existing general local health care system** using the resources of the community.
- Promote **decentralized and disconnected mental health care**. Bringing care closer to the people who need it.
- It is then up to state or non-governmental organizations to supplement these resources with financial or human capital.

To cure

- Training non-specialized health workers in basic mental health care allows for adaptation to cultural conditions through diversity of training and reinterpretation of the actors in the territory.
- These non-specialized actors could be supported by specialists but above all the work will be subordinated to the assent of the patient's social network.

Depending on the severity of the pathology several levels of care can be envisaged:

community health worker → community health center → district and regional health center → more or less specialized hospitals.

It allows, especially for less serious pathologies (i.e. the least violent), to remain as close as possible to one's social group and to promote integration.

Conclusion

The role of the ngo is finally to financially support the development of mental health care centers and managing the coordination of all the locals and nationales actors, their action is **not prescriptive**.

In the North as in the South, there is a need to renew practices and to develop new therapeutic tools, at the crossroads of multidisciplinary approaches where anthropology must have its place.

