War, Medicine and Morality in Aceh:

An ethnography of 'trauma' as an idiom of distress

A thesis submitted for the degree
of Doctor of Philosophy at the
Australian National University

By

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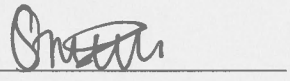
May 2012

Statement of Authorship

I, Catherine Smith, hereby certify that I am the sole author of this thesis.

Signed 

Date 13 June 2012.

Acknowledgements

This thesis was only possible because of the warm, welcoming and generous reception I received from so many Acehnese people, who welcomed me into their lives, told me of their life experiences and inspired me with their bravery, wisdom and warm hospitality. I met many people during my time in Aceh that don't appear within the thesis, but who nonetheless helped to me to better understand Acehnese society and whose words have undoubtedly shaped this research. Thank you for your generosity, encouragement and friendship.

I am also grateful to several Acehnese activists and academics, who made my initial arrival in Aceh welcoming and gave me sound advice. In particular I would like to thank Farida Ariani, Raihani Diani, Shadiah Mahaban, Fariz Syah and Cut Aja Fauziah. Thank you to Rukaiyah and Sapiah for advice and friendship. Conversations with Soraya Devi, Zubaidah Djohar, Soraya Kamaruzuaman, Fajran Zain, AgusWandi and Eka Srimulyani also influenced the direction of my research.

In Aceh I was hosted by Syiah Kuala University in conjunction with the Aceh Research Training Institute (ARTI). ARTI helped me to establish valuable connections with many other researchers. ARTI generously provided me with work space and other practical support. In particular I would like to thank Harold Crouch, Laura Meitzner, Michael Leigh, Barbara Leigh and of course Ibu Meli, who took me under her wing.

This thesis has been enriched by hours of conversation and debate with Dan Birchok, who is a good friend and a great anthropologist. I look forward to many more years talking Aceh with you. Paul Zeccola was a great support during precarious moments of my fieldwork, thank you Paul for sharing the wisdom of your many years of experience in Aceh.

Thank you also to Chloe Olliver for your hospitality and to Sarah Newman for welcoming me into your home. Michelle Ahmad, Jane Palmer, Nurhayati Arsyad, Annemarie Samuels and David Kloos also enriched my time in Aceh in many ways and continue to be good friends. Conversations with Michael Feener turned out to be vital lessons on Islam. A special thanks to Febby Aktas and her family.

At the Australian National University my research was supported by both the Centre for Cross-cultural Research and the School of Archaeology and Anthropology. Paul Pickering has been an enthusiastic presence for the whole process. Philip Taylor and Philip Winn also read chapters and offered useful advice. I would also like to thank Andy Kipnis who ran the anthropology thesis writing workshops and offered many pearls of wisdom.

Ed Aspinall went through this thesis with a fine toothed comb, and gave me detailed and helpful feedback on everything from my translations to my analysis. Thank you for your generosity and your encouragement.

Many of my friends and fellow students at ANU read drafts of my work and challenged me to be more rigorous in my analysis, more generous in my analysis, and offered me many forms of support over the past few years. Thank you especially to Ana Dragojlovic, Samuel Taylor-Alexander, Piers Kelly, Tom Cliff, Bree Blakeman, Rikardo Shedden, Cut Dewi and Jamie Coates. My corridor neighbours, Rebekah Pleuckhan and Pam McGrath also read parts of my work and were constant sources of advice and enthusiasm, as were Robyn McKenzie and Gail Higginbottom. Thanks also to the many other participants in the writing workshops, and my colleagues in the Sir Roland Wilson building.

I have been hosted by my brother Stewart and his wife Tarnya many times over the years. I appreciate your patience and generosity in always offering me a second home while waiting for visas, flights or the next adventure. Thank you also to my mother, Lyn and my older brother, Steve, for your support. Thanks especially to my nephews Lachlan and Connor, who are undoubtedly my most enthusiastic supporters.

Finally I must acknowledge the support from my supervisor, Monique Skidmore, who encouraged me to develop this project from idea to completion. Thank you for your feedback and advice at difficult moments in my fieldwork. Most importantly thank you for seeing the value of my research and for encouraging me to pursue a project in politically engaged anthropology.

Abstract

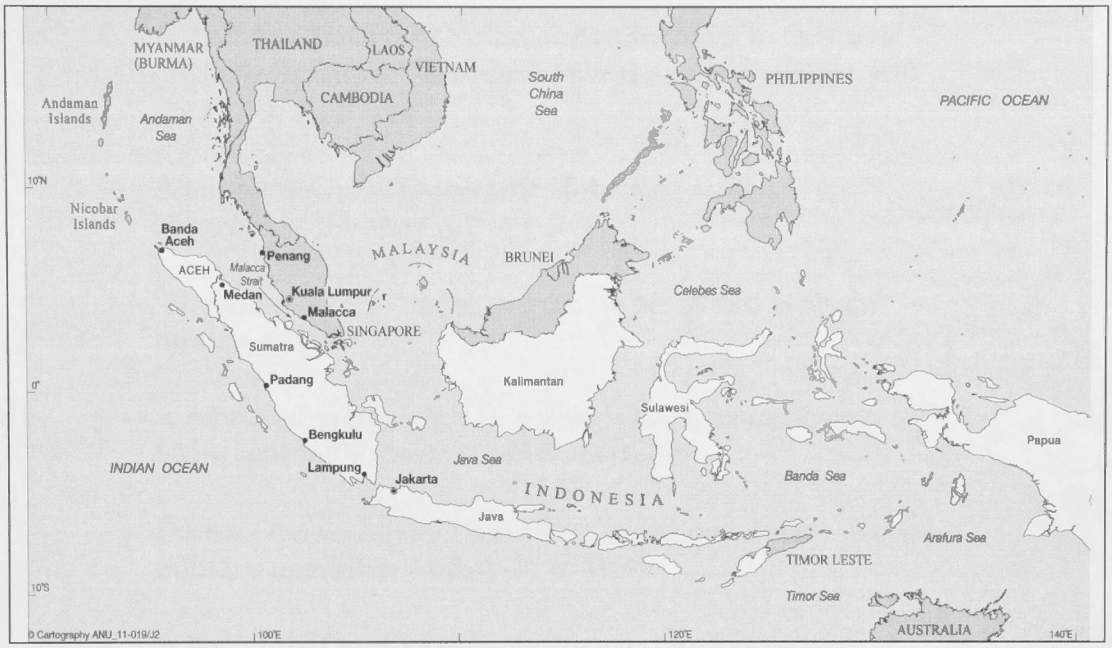
Despite long being surrounded by controversy, trauma remains a pervasive medical-moral idiom to describe suffering and distress. Anthropologists have often been critical of the globalisation of medical idioms such as trauma, yet few have sought to examine how the notion of trauma itself changes as it travels through different cultural and political milieu. This project is a grounded ethnographic study of how this globalised and vernacularised trauma construct has come to feature within the moral imagination in Aceh, Indonesia. The loanword '*trauma*' has become a key idiom of distress through which Acehnese people understand illness and suffering and narrate the implications of a life lived through war. I argue that through this narrative work my interlocutors not only describe their experience but attempt to transform the medical-moral realm that *trauma* describes.

The thesis begins by discussing the clinical and social history of *trauma* in its Indonesianised form. I show how *trauma* has been shaped not only by psychiatrists and international NGOs, but also by the media, the military, state officials and social movements who together produced and popularised *trauma* as a medical-moral idiom. I then move on to contemporary Aceh, showing how my interlocutors use *trauma* to reflect on the nature of history, suffering and bravery (Chapter Three). I explore how *trauma* has become integrated into spirit possession practices, and come to shape understandings of the body, illness and the limits of sensory experience (Chapter Four). In Chapter Five, I discuss understandings of death and destiny in relation to *trauma*, and explore the ways that the tsunami and the conflict shaped normative responses to suffering. In Chapter Six, I look at the question of stigma, showing how a diagnosis of *trauma* paradoxically enables Acehnese people to problematise madness and interject in the association between madness and colonisation.

By making a shift to seeing *trauma* as an idiom of distress through which people think, rather than a disease from which people suffer, it becomes possible to see how *trauma* plays a significant role within Acehnese medical practice and political imaginaries. *Trauma* has become a salient medical-moral idiom in Aceh not only because of the political power of biomedical psychiatry but because the moral imaginary of medicine and the body has been reconstituted through Aceh's history of violent conflict. Bringing together critical medical anthropology with the anthropology of violence, this project is a case study of the ways through which medicine and illness become reimagined, challenged and reconfigured through the suffering of war.

Fieldsite location

Map 1: Aceh



Map 2: Indonesia

Glossary

'Aceh Murder'	A disorder created by colonial psychiatrists to describe ongoing Acehnese resistance after the after the close of the Dutch-Aceh war.
Aparat	A euphemism for the security forces and some branches of the state (lit. apparatus).
Batin	'The inner world/body', cannot be perceived with the human senses.
Darul Islam	A rebellion in the 1950s that attempted to centralise Islam within the Indonesian constitution
DOM	*Daerah Operasi Militer*. 'Military Operations Zone'. The military operation from 1989 to 1998.
Dukun	A healer that performs exorcisms and makes sorcery divination through a healing *jinn.*
Dutch-Aceh War	c.1873-1903; the Dutch attempt to colonise Aceh. Often narrated as the beginning of Aceh's history of war.
Gaib	'The invisible realm'. Usually refers to *jinn,* magic or contested religious practice.
GAM	*Gerakan Aceh Merdeka,* The Free Aceh Movement. A separatist movement from 1976 to 2005 (also known as ASNLF, Aceh Sumatra National Liberation Front).
Ilmu	Knowledge. Used alone the term suggests magic or debates the limits of human knowledge.
Jinn	Spirits. Sentient beings that live in the 'invisible realm' (*alam gaib*), share attributes with humans and mimic humans.
Jiwa	The spirit or psyche (emphasises intersubjectivity and worldly knowledge).
Kiyamat	The destruction of life preceding the Final Judgment.
Lahir	'The outer world/body': all phenomena that can be perceived by the human senses

'Military emergency'	18 May 2003 announcement by President Megawati Sukarnoputri to escalate military offensive
MoU (Helsinki)	The peace agreement signed in August 2005 [Helsinki Memorandum of Understanding]
Nasib	Destiny
Nyawa	The spirit (emphasises death and mortality)
OTK	*Orang tak kenal*, 'unknown person'. Identifies an agent of violence if the actor is unknown or too dangerous to name.
PKI	*Partai Komunist Indonesia* (Indonesian Communist Party): targeted in the 1965-1966 massacres
Qadha	Predestination that an individual must accept
Qadhar	Potential destiny an individual ought to strive toward
Rezeki	Livelihood, money, fortune
Roh	The soul
Ruqyah	Healers who perform exorcism using what they see as 'properly Islamic' healing practices.
Semangat	The spirit (emphasises life, vigor and tenacity)
'Shok Therapi'	The state terror strategy that involved the public display of corpses. Especially in Java in the 1980s and Aceh throughout the 1990s during DOM.
TNI	*Tentara Nasional Indonesia*: Indonesian National Military
Yasin	Chapter 36 of the Qur'an. Reciting *Yasin* 'strengthens the self' and generates patience and piety. Associated with death and invulnerability magic. Often recited at graves or dedications to deceased loved ones.
Zikir	Lit. to remember (God). A devotional practice involving the recitation of the 99 names of God.

Key dates

Please note that some of these dates are contested.
This timeline is intended as a quick reference for readers unfamiliar with Aceh.
I include events relevant to an understanding of this thesis only.

16th to 17th C	Acehnese sultanate a significant trading power.
1873	First invasion of the Dutch. Start of the colonial war.
1891	C. Snouck Hugronje despatched to Aceh to write colonial ethnography, recommend new strategies for Dutch-Aceh war.
1903	Surrender of Sultan, Dutch claim victory over Aceh.
1910 - 1939	Ongoing Acehnese resistance pathologised by Dutch as 'Aceh Murder'. Authorities present resistance as individual psychosis in contrast to earlier resistance framed as a holy war
1918	Van Sluys appointed as first civilian governor of Aceh.
1923	Asylum built at Sabang to contain 'Aceh murderers'.
1942	Invasion of Japanese forces; ousting of the Dutch.
Aug 1945	Surrender of the Japanese forces.
17 Aug 1945	Declaration of Indonesian independence; formation of Republic of Indonesia.
End 1945 - early 1946	*Cumbok* rebellion: massacres of the *Uleebalang*, Acehnese leaders widely seen as being co-opted by the Dutch.
1953 - 1962	*Darul Islam*: Indonesia wide movement to promote a more central role for Islam within the constitution.
1965 - 1966	President Suharto takes power.
1965 - 1966	Massacres throughout Indonesia of up to one million accused communists.
Dec 1976	Hasan di Tiro declares Acehnese independence protesting the exploitation of oil reserves. Official birth of the Free Aceh Movement (GAM). Initial period of fighting commences.

Early 1980s	GAM restricted to limited networks, some attempts at international diplomacy by lawyer figurehead, Hasan di Tiro.
Early 1980s	In Java: Petrus killings. The state employs discourses about criminality in terror campaigns. Public display of corpses becomes known as *'shok therapy.'*
1989	GAM regroups and launches attacks on military bases.
1989-1998	Major military operation known as DOM (Military Operations Zone). TNI increases troops in Aceh especially on north coast. Widespread surveillance, arson attacks, killings, torture. *'Shok Therapi'* transported from Java to Aceh – public display of corpses. GAM's support base escalates during the 1990s.
1990s	Psychiatric terminology becomes part of state terror strategies, especially: *'trauma', shok', 'panik'* and *' stres'*.
May 1998	Democracy activists vocal against Suharto. Widespread looting, street violence and rapes in Jakarta, Medan and other Indonesian cities.
21 May 1998	President Suharto steps down.
May to Aug 1998	The term *trauma* is prominent in media coverage of the May '98 rapes, political turmoil, past violence and the future of Indonesia. Utopian registers of *trauma* develop.
1998	Acehnese activists call for a referendum on independence. Express grievances in language of human rights and democracy.
Oct 1999	Abdurrahman Wahid elected president of Indonesia.
May 2000	Aceh: A "Humanitarian Pause" is signed but lasts only briefly.
2001	Legislation enabling Sharia law in Aceh passed by President Abdurrahman Wahid as intended conflict resolution measure, sparking protest from GAM and many Acehnese activists.
July 2001	Megawati Sukarnoputri becomes president of Indonesia.
9 Dec 2002	Aceh: Cessation of Hostilities (CoHA) agreement signed, fails
18 May 2003	Megawati declares Aceh a 'military emergency'. Conflict escalates to involve all districts of Aceh. Often regarded the worst period of violence.

Sept. 2004	Presidential election. Susilo Bambang Yudhoyono elected president of Indonesia. Jusuf Kalla becomes vice president
Oct 2004	Vice president Jusuf Kalla reinitiates peace talks with GAM
26 Dec 2004	Indian Ocean Tsunami kills upwards of 160 000 Acehnese. Leads to the influx of a record number of aid agencies and unprecedented funding.
Jan to July 2005	Several rounds of peace talks between GAM and GoI held in Helsinki
15 Aug 2005	GAM signs Helsinki Memorandum of Understanding, officially ending the GAM-RI conflict.
Aug 2005	Demilitarisation process begins. Many ex-combatants form local NGOs or small businesses and win tenders for tsunami reconstruction contracts.
11 Dec 2006	First ever gubernatorial elections. Former GAM figure Irwandi Jusuf runs as independent and is elected governor. Former pro-referendum activist Muhammad Nazar vice governor
2008	Former GAM rebels form the Aceh Party to contest the April 2009 parliamentary elections. Rebels split into factions, many Aceh Party candidates threatened, several killed.
April 2009	Parliamentary elections. The Aceh Party wins 33 out of 69 seats in provincial parliament
8 July 2009	Presidential elections. Susilo Bambang Yudhoyono is re-elected as president

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1. War, medicine and morality in Aceh

Even a brief a glance out of an aircraft window when flying over Aceh offers a glimpse into both the beauty and the hardship of life in Aceh. Balanced precariously on the tip of Sumatra, Aceh juts out into the Indian Ocean, guarding the mouth of the Malacca straight. The bustling cities of North Sumatra soon dissipate into the scattered villages of Aceh, dispersed and separated by the mountainous terrain. Layers of mountains fade into the horizon, covered with dense jungle and the occasional coffee plantation, before falling down to meet rice fields and towns dotted along Aceh's beautiful white sandy coastline. As I approached Banda Aceh, my home for the next 17 months, the white coastline disappeared and the impact of the December 2004 Indian Ocean tsunami became evident. Coming in to land, the plane descended over tiny villages with old wooden houses, abandoned plantations and dry rice fields. Then I was greeted with the strange sight of Banda Aceh from the air: a cluster of houses with blue roofs built by one NGO, a cluster of houses with yellow roofs built by another. A devastated coastline, and a town bustling with motorcycles, cars for the lucky ones and newly built infrastructure, much of it bearing the marks of the donor countries that have rebuilt the provincial capital over the past few years.

Of course appearances can be misleading, and Aceh from the air is certainly deceptive. The physical marks of the tsunami can be partially seen from the afar; the personal scars of both the tsunami and the conflict cannot. Nor can Aceh's long history of war and colonialism that has been exacerbated by its strategic location and its abundant natural resources. From the very first days of my fieldwork however, these invisible forms of suffering became quickly apparent. The Aceh in which I worked, in 2008 and 2009, was one in turbulent transition. The atmosphere was dominated by a sense of relief, mixed together with ongoing fear, anticipation, uncertainty and anger. Despite this potent and unsettling combination of emotions, it was a place in which people were all too

eager to tell their stories – stories of the conflict, stories of the tsunami, stories of poverty and stories of the enduring legacies of the colonial past.

Aceh attracted international attention after the December 2004 Indian Ocean tsunami which killed upwards of 160 000 people in Aceh alone. The unprecedented media attention given to the tsunami was responsible for the extraordinary levels of funding channelled toward the tsunami recovery (Waizengger and Hyndman 2010; Cosgrave 2007:4). However, while the tsunami captured the attention of the outside world, to Acehnese people this disaster was only one in a series of tragic events that have come to act as temporal markers in Aceh's history. On 15 August 2005, around 8 months after the tsunami, the Free Aceh Movement – known by the Indonesian acronym GAM (*Gerakan Aceh Merdeka*) signed a peace agreement with the Government of Indonesia. This marked the end of a separatist conflict of almost thirty years duration, during which time Acehnese people suffered extreme levels of violence and intensified poverty and lived in a highly militarised space. Under the Helsinki Memorandum of Understanding (MoU) Aceh remains a province within the Indonesian state under an agreement of Acehnese 'self-government' (Aspinall 2005a; Kingsbury 2006).

While Aceh did not gain the independence GAM earlier struggled for, this peace agreement has been widely considered a victory for Aceh. The humanitarian response to the tsunami completely transformed the political economic context and the emotional atmosphere of Aceh, so that by the time of my fieldwork the tsunami was widely seen as synonymous with the peace agreement. After the Helsinki MoU many former GAM fighters reinvented themselves as contractors or NGOs with a part to play in the humanitarian industry (Aspinall 2009b). A significant number of university students and young middle class Acehnese found lucrative work with international aid agencies for the few years following the tsunami. Banda Aceh was continually being reshaped and rebuilt through the course of my fieldwork and most, though not all, of the people who lost houses in the tsunami were able to access economic benefits from the international NGOs. In December 2006 former GAM figure Irwandi Jusuf and former leader of the student-led referendum

movement Muhammad Nazar were elected Governor and Vice Governor of Aceh. GAM's transition from an armed rebellion into a political party, known as the Aceh Party, was consolidated with the April 2009 parliamentary elections in which the former rebels won 33 out of 69 seats. These rebels-turned-politicians now exert a considerable influence within the Acehnese provincial parliament.

So by many accounts, the years following the tsunami and the Helsinki MoU have seen radical changes in Aceh's political and economic landscape that have been to a great extent favourable to most Acehnese, despite the tragic conditions that triggered them. Everyday life is no longer militarised to the extent that it was during the conflict, and virtually everybody I met in Aceh described the opening of political space that has occurred in the years following the peace agreement. For most Acehnese this has meant the end of widespread torture, intimidation, extortion practices and high levels of surveillance that terrified the population and deepened poverty. People are no longer forced to view corpses publically displayed as a technique of terror. It now feels safe to go to the mosque to pray after dark. Road blocks have been removed, so people once again can move around to trade or visit extended family and are gradually returning to the abandoned rice fields and plantations which once acted as battlefields. There is a sense that the tsunami and the peace agreement have ushered in a new era of Acehnese history in which freedom, healing and the absence of violence are finally possibilities.

However, this transition has been far from a smooth, unidirectional celebration of peace. Violence continues, although greatly reduced from years past; political uncertainty continues, while this fluctuates from month to month; and poverty has increased since the tsunami, although this too varies greatly from family to family and district to district. While the majority of my interlocutors recalled how their lives have changed significantly since the peace agreement, they also remain acutely aware of the history of 'broken promises' of the Indonesian state. Most remain wary of the statements of politicians and continue to carefully monitor the actions of those around them, lest there be a sudden return to conflict. During the 17 months of my fieldwork, sporadic acts

of political violence continued, poverty escalated and then declined, and the atmosphere of fear fluctuated wildly from day to day and week to week. The dominant public narrative in the years following the Helsinki MoU celebrated the peace agreement. But ongoing violence, poverty and political uncertainty left the Acehnese families with whom I worked confused, tired and increasingly convinced that a characteristic tough pragmatism and religious faith is the only way to survive. This is the affective context of contemporary Aceh.

For the first few months of my fieldwork these fluctuations in mood were amplified by a series of unexplained killings and the discoveries of unidentified bodies frequently reported in the media as the work of an 'unknown person' – denoted through the ominous acronym 'OTK' *(orang tak kenal).* These killings stopped as mysteriously as they started, and day-to-day life recommenced. But starting from August 2008, fear again began to rise as preparations for the April 2009 parliamentary elections began. This period of tension lasted until after the presidential elections on 8 July 2009. When I left Aceh for a break of three months in December 2008 many feared that Aceh was on the brink of war. When I returned in February 2009 this tension had escalated. All of the families I knew with links to the Aceh Party, the political party made up of former GAM fighters and their supporters, had received death threats during the time that I was absent. I asked one Aceh Party candidate who he thought was behind the threats and killings. He replied with amused frustration: "We don't know", he said, "An unknown person (OTK), we don't know! You're the researcher! Why don't you research it and tell us!"

Many of my interlocutors with no connections with political parties were also afraid. Many decided not to risk returning to their villages to vote. Some stockpiled food and water should they not be able to go outside for a few days. Foreigners were warned not to travel outside Banda Aceh. Despite the tense build-up over a period of almost eight months the presidential elections were conducted smoothly and with little of the anticipated violence. The re-election of President Susilo Bambang Yudhoyono was widely seen within Aceh as an indication that peace would continue to progress. A flood of relief washed over people and for the first time in my fieldwork the Acehnese families with whom

I worked began to be genuinely optimistic about the future, not just to feel the pressure to express optimism lest they be labelled as people unsupportive of the peace agreement.

Certainly the outlook of most of my interlocutors had become much more positive by the end of my fieldwork than it was at the beginning. But although Aceh has transformed radically since the tsunami and peace agreement the social recovery is still in its early days. While Acehnese freely exchange tsunami stories as a daily occurrence, most are much more cautious to speak openly about the conflict in anything more than the most anecdotal terms. In private, however, I found dozens of women who were enthusiastic to share their life experiences with me, offer me their reflections on the nature of conflict, and include me in their storytelling about the means through which people suffer, become brave and learn to endure the many hardships of war. To my initial surprise, one of the key idioms my interlocutors used in their narratives was the loanword '*trauma*'.

The thesis question

My original intention was to carry out an ethnographic study of women's experiences of conflict. I had been reading widely in the anthropology of violence and was expecting to engage with literature analysing the relationship between violence, personhood and embodied political subjectivity (cf. Aretxaga 1997; Daniel 1994; Das 2007a; Green 1999; Malkki 1995b; Feldman 1991; Skidmore 2004; Nordstrom 1997; Scheper-Hughes 1992; Taussig 1987). I also had an interest in emotion and epistemology. I was not however planning to take up trauma or Post Traumatic Stress Disorder (PTSD) as an analytical framework and certainly didn't expect to encounter *trauma* as an Acehnese cultural idiom.

Almost immediately upon my arrival however, it became apparent that the loanword *trauma* has been adopted into both Indonesian and Acehnese languages, has entered everyday discourse in all segments of society that I encountered and holds tremendous significance to the people with whom I worked. I first wrote about the Acehnese use of the term *trauma* in my field

journal on the 13th of January 2008, only the ninth day of my fieldwork. It appeared in most subsequent entries.

Nevertheless it wasn't until the thirteenth month of my fieldwork that I decided to focus this research on an ethnographic study of *trauma* as an Acehnese "idiom of distress" (Nichter 1981). I subsequently expanded my analytical framework to include debates on the history and globalisation of trauma and Post Traumatic Stress Disorder (PTSD) (cf. Fassin and Rechtman 2009; Young 1995; James 2004; Kleinman and Desjarlais 1995; Summerfield 1999). In addition, this thesis contributes to literature exploring the relationship between medicine, the state and shifting political imaginaries (cf. Dunn 2008; Hamdy 2008; Pinto 2004; Petryna 2002; Biehl 2005). The overall aim of the thesis is to explore the various meanings of the idiom *trauma* to my Acehnese interlocutors; and to consider what this illustrates about the ways that Acehnese people imagine the social role of medicine at the conclusion of a long period of political violence.

The central argument I make in this thesis is that the Acehnese adoption of *trauma* as a medical-moral idiom is best understood as a vernacularisation of medicine. I explore how the globalisation and vernacularisation of a psychiatric idiom has intersected with Aceh's history of political violence, and how these interconnected processes have shaped the ways in which my Acehnese interlocutors imagine medicine. Acehnese people have actively incorporated the concept of *trauma* into everyday discourse and into their broader medical-moral landscape. Throughout the thesis I demonstrate that *trauma* has become a salient idiom of distress through which my interlocutors comprehend and articulate their own experiences of violence and suffering. *Trauma* has become an idiom through which Acehnese people actively seek to reshape both the medical landscape and the political imaginaries of the post-conflict period.

Through ethnography, women's life histories and conflict narratives, this thesis explores the following key questions:

1. What happens when vernacularised and globalised idioms from psychiatry enter wide circulation in a society with a history of violent conflict?

2. How do such medical-moral idioms shape the political imaginaries that are wound up in suffering?

3. How does medicine itself transform when it becomes an agent within the political and moral world-making that follows violent conflict?

As an aid to structuring this thesis, I take up Ian Hacking's (2002:14) claim that "philosophical problems are created when the space of possibilities in which we organize our thoughts has mutated". The vernacularised and globalised concept of trauma, now well-integrated into the Acehnese imagination, has reconfigured the 'space of possibilities' in which Acehnese conceptualise suffering, violent conflict and medicine itself. As Nichter (2010:403) demonstrates, by approaching an illness category as an idiom of distress it becomes possible to explore "why particular individuals and groups embrace alternative means of expressing distress at specific points in time". The ethnographic study of *trauma* approached not only as an invisible form of psychic suffering, but as an Acehnese idiom of distress, reveals much about the ways in which Acehnese experience and respond to suffering in the post-conflict period. It illustrates how the globalisation of psychiatry can become interconnected with the dynamics of localised political violence. Through this we see: how my Acehnese interlocutors comprehend and respond to violence and suffering; how Acehnese constructions of mental illness have transformed through the suffering of war; and how this vernacularisation of psychiatry has led to a reimagining of medicine in the post-conflict period.

The academic context

i. Trauma and anthropology, a vexed history

My own hesitation to turn my attention to an analysis of *trauma* as a loanword no doubt stems from the longstanding critique of the concept within anthropology. Since Young's (1995) genealogy of Post Traumatic Stress Disorder (PTSD), anthropologists have been critically aware of the particular assumptions of temporality, suffering and the self that are deeply interwoven into the framework of PTSD. While Young (1995) reiterates several times that he does not intend to cast doubt on the suffering of those diagnosed with PTSD,

he builds his argument from the position that psychiatric diagnoses do not merely describe an internal psychic reality, but rather that they are "made real" (Young 1995:6) through both clinical practice and political discourse.

Young's (1995) work traces the psychiatric debates and political processes that led to the formation of the diagnostic category PTSD and its initial inclusion in the 1980 edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-III). After tracing a detailed and multidimensional history of trauma from its Greek etymology[1], through to the continual convergence of developments in nineteenth and twentieth Century medical experimentation, insurance, humanitarian thinking and political advocacy movements, Young (1995) focuses his attention on the important role that Vietnam War veterans played in establishing PTSD as a listed psychiatric disorder within the United States. Prior to the establishment of PTSD as a single diagnostic category, the suffering of war veterans was described through any combination of ideas about 'neurosis', 'shell shock', 'hysteria' or 'malingering'. Young's ethnography illustrates that PTSD is the culmination of a long historical process that transformed the ways that psychic suffering is conceptualised within North America. To Young (1995:5), PTSD is "glued together by the practices, technologies, and narratives with which it is diagnosed." These technologies include the identifiable symptoms of PTSD, the psychoanalytic concepts of repressed memory that gave rise to the biomedical PTSD construct, and the moral understandings of violence, victimhood and suffering that shaped the social history of the concept.

With the crucial support of certain key psychiatrists, Young (1995) shows how the veteran's advocacy movement was able to register PTSD as a psychiatric disorder. Young (1995:120) demonstrates that this advocacy movement was able to insist that the DSM-III specify that the etiology of the disorder was to be found not in the psychic makeup of the patient (as in traumatic neurosis) but in an external traumatic event that the patient had suffered. Young (1995) argues that the establishment of PTSD as an authoritative diagnosis enabled North

[1] According to Young (1995:13): "the earliest use of 'traumatic' in *the Oxford English Dictionary* is 1656: 'belonging to wounds or to the cure of wounds'." Young says that this mirrors the Greek etymology, and was the key use of the term until the nineteenth century.

American Vietnam War veterans to gain access to pensions and veterans' services. At the same time, the recognition of PTSD as a medical diagnosis opened political space for veterans to have their own traumatic experiences publically recognised.

Likewise, Leys (2000) offers a genealogy of trauma within twentieth century psychoanalytical thinking. Leys describes psychoanalytic debate as characterised by a continual shift between a mimetic, Freudian conceptualisation of trauma, in which a patient is complicit in their own condition, and an anti-mimetic reading of trauma such as that of Janet, where the traumatic event is essentially external to the psyche of the patient.[2] Leys argues that this central tension within psychoanalysis began with debates between Freud and Janet in the late nineteenth century and continued throughout the twentieth century. According to Leys (2000), this debate essentially concerns the extent to which a patient ought to be seen as complicit in their own suffering. Like Young (1995), Leys (2000) also identifies key social movements as instrumental forces in the shaping of medical knowledge. Within North American psychoanalysis, Leys (2000) identifies the advocacy movement for the victims of childhood sexual abuse as the strongest force propelling the shift toward an anti-mimetic theory of trauma. In this anti-mimetic framework that Leys describes, trauma is imagined to be located not within the mind of the patient (and particularly the child) but in society at large.

The common point that can be drawn from the work of Young (1995), Leys (2000), Herman (1992) and Hacking (1995) is not simply that trauma has a traceable social and political history, but that this social history has been instrumental in investing the concept of trauma with legitimacy. This body of work demonstrates how social movements emerging from particular political events and processes came to shape both medical practice and the moral imaginary of suffering in broader society. Hacking (1996) argues that the

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[2] Hacking (1995:192) describes the difference between the two thinkers as follows: "Human action, what philosophers call action under a description, enters Janet's tales of trauma extraordinarily infrequently. Freud's trauma almost always involved somebody doing something, an intentional action. People and their deeds were central to Freud's traumas; the world at large was the stuff of Janet's. It was as if Janet painted Dutch landscapes of trauma, in which people appear at most on the horizon, while Freud painted Dutch interiors filled with people in action, bickering, bartering, seducing"

advances in scientific understanding of memory made possible the advocacy movements that took up memory as a legitimising idiom. To the contrary, Herman (1992) argues that social movements preceded and acted to legitimise the 'memory sciences', but she nevertheless celebrates the 'memory sciences' as enabling an empathic response to the suffering of others. Other theorists such as Young (1995), Leys (2000) and Fassin and Rechtman (2009) see that psychiatry is continually recreated through an ongoing critical dialogue between medicine, social movements, insurance companies, bureaucracies, governments and other social actors.

For instance Young (1995) demonstrates that PTSD was not produced exclusively within a demarcated realm of science, but rather through a messy historical process involving doctors, researchers, patients, would-be patients, insurance companies, bureaucracies and the veterans' organisations in dialogue, debate and sometimes outright competition with one another. In describing the process that led to the formation of PTSD in the DSM-III, Young (1995) identifies the tensions that Vietnam War veterans faced after returning to a society that was often highly critical of the atrocities carried out by American soldiers themselves. These soldiers formed advocacy movements since they initially were marginalised from the support services the US military offered to other veterans. Young argues that it was sympathetic psychiatrists acting within the veterans' advocacy movement that enabled the development of PTSD as a condition that could be legitimately suffered by those exposed to war, regardless of whether they were the perpetrators or the victims of violence. At the centre of the PTSD construct, is the idea that trauma can be experienced by anybody exposed to a violent event, whether in the role as victim or perpetrator. PTSD is seen to be able to be suffered by anybody, not because perpetrators are psychically implicated in the suffering of their victims (as in a mimetic psychoanalytic framework), but because PTSD locates trauma as existing in the external etiological event (Young 1995:120).

A similar shift toward the 'externalisation' of trauma can be seen in the history of psychoanalytic thought. Leys (2000) highlights the significant role that advocacy organisations played in shaping psychoanalytic thought and

legitimising, popularising and shaping the concept of trauma. Leys (2000) explains that the Freudian seduction theory of trauma was widely rejected by feminists and others advocating the protection of children who had been sexually abused. Since it was seen as abhorrent to suggest that children are implicated in their own sexual abuse, Janet's anti-mimetic theory of trauma, in which the trauma is external to the psyche of the patient, became the more socially acceptable and convincing psychoanalytic framework. Subsequently, Janet's anti-mimetic theory of trauma came to influence not only understandings of the effects of childhood sexual abuse but the many other circumstances that came to be seen as capable of producing trauma.

In both of these North American histories of trauma, multiple social actors and political-economic processes together produced the bounds of what came to count as legitimate medical knowledge. In doing so, these social movements produced both a new category of mental illness and a new cultural idiom of distress. At the same time, doctors and psychiatrists themselves responded to these same social debates, shaping their craft according to public demand and according to their own views of how they ought to influence and respond to the world around them. Once these social movements gained medical legitimacy, the activist visions they were seeking to valorise were widely accepted by broader society: intervention in childhood sexual abuse became routinely established; war veterans were able to access psychiatric support services; and it became increasingly unacceptable to blame women for 'provoking' domestic violence.

This shift was not simply a matter of using medicine instrumentally within a calculated political manoeuvre, but in fact reflected a powerful social imaginary of the emancipatory potential of science. Many theorists have suggested that late modernity is characterised by the growing tendency for people to conceptualise social relations in pseudo-scientific language (cf. Rose 1996, 2001b; Dumit 2003, Haraway 1993). However, the history of trauma debates suggests that the vernacularisation of medical tropes has a much longer history than many medical anthropologists focused on recent, high-tech medical interventions sometimes imply. Hacking (1995:197) has gone so far as to argue

that the debates about memory that began in the late nineteenth century came to constitute the very foundation of twentieth century subjectivity, in which, he argues, medicine came to replace religion as the mediator of morality, and "knowledge about memory became a surrogate for spiritual understanding of the soul". According to Hacking (1996:70), the medicalisation of memory served to convince us that: "what has been forgotten is what forms our character, our personality, our soul".

ii. The globalisation of trauma

While most literature published up to the end of the 1990s was concerned primarily with the history of trauma and PTSD in North America or Europe, in the past twenty years both the diagnostic category of PTSD and the cultural idiom of 'trauma' has become rapidly globalised. Over the past twenty years biomedical psychiatry has become a standard element of humanitarian interventions in post-conflict and post-disaster contexts (Kleinman and Desjarlais 1995; Summerfield 1999; Bresleau 2000; 2004; James 2004; Fassin and Rechtman 2009). Consequently, many anthropologists and cross-cultural psychiatrists have challenged the universal validity of psychiatric disease classifications and debated the effects of the globalisation of biomedical psychiatry (cf. Kleinman and Desjarlais 1995; Lock 1987; Good 1996; Bresleau 2004; Kleinman and Good 1985). Some have examined the development of globalised biomedical psychiatry and the ways that this globalisation has played out within or potentially displaced other psychiatric traditions (cf. Bresleau 2000; Coker 2003; Béhague 2009; Lakoff 2006).

Bresleau (2000) describes the globalisation of PTSD within the response to the 1995 Kobe earthquake, which was at the time one of the largest post-disaster PTSD interventions. Bresleau demonstrates that the earthquake intersected with a process of 'cultural self-critique' within Japanese psychiatry and within broader Japanese society. In the immediate aftermath of the earthquake psychiatrists focused on ensuring that existing patients had access to pharmaceuticals and treatment. However, psychology students responded by embarking on a processes that became known as 'care for the heart' (*kokoro no kea*), encouraging ordinary people to express their feelings about the disaster.

'Care for the heart' quickly gained media attention and became a prominent element of post-earthquake narratives within Kobe. Bresleau (2000:183) notes that this was the first time euphemistic language inviting social inclusion had been used in popular narratives about mental illness, which is generally deeply stigmatised in Japan.

At the same time, international PTSD researchers entered Kobe, expressing concern about the 'lack of attention' that Japanese psychiatrists had previously given to PTSD. According to Bresleau (2000:183), the deprioritisation of affective disorders by Japanese psychiatrists was taken by many international trauma researchers as a sign that Japanese psychiatry was "not adequately grounded in science". Bresleau goes on to show that Japanese psychiatrists reconceptualised their place within society following the Kobe earthquake. This change in practice was motivated by the international PTSD interventions that followed the earthquake and in response to the social narrative of 'care for the heart' that was prevalent within Kobe. Both processes, Bresleau argues, seemed to invite Japanese psychiatrists to act within an expanded domain. Bresleau (2000:174) argues that:

> globalization in this case cannot be seen as an imposition of Western cultural forms, but rather an ongoing process that reproduces differences between cultures as particular elements travel between them.

Nevertheless, Bresleau remains critical of the globalisation of PTSD. Following a critical essay by Kleinman and Desjarlais (1995), Bresleau (2000) warned of the potential for PTSD to come to dominate humanitarian responses to disasters. Since then, many anthropologists have argued that PTSD interventions: 'commodify suffering'; are Eurocentric; are individualistic; close political space in which local responses to suffering can emerge; and establish in that space an essentialised and medicalised framework to describe suffering (cf. Kleinman and Kleinman 1996; Zarowsky 2000, 2004; Han 2004; von Peter 2008; Summerfield 1999, 2001). Central to this body of critical literature, is the concern that western notions of trauma do not allow for a subtle understanding

of the diverse forms that suffering takes. In Kleinman and Kleinman's (1996:2) terms:

> Individuals do not suffer in the same way, anymore than they live, talk about what is at stake, or respond to serious problems in the same way. Pain is perceived and expressed differently, even in the same community.

A parallel debate occurred within psychiatry following Derek Summerfield's (1999) critique of what he sees as the "seven assumptions of PTSD."[3] Nevertheless, despite these debates, PTSD interventions became increasingly common in the first decade of the twenty-first century. Bresleau's (2000:183) observation that humanitarian interventions problematically suppose PTSD as a "theoretical certainty" after war or disaster has become not only a medical but also a cultural truism.

As the idea of trauma became more deeply integrated into global political institutions and popular discourse, a second wave of critical literature emerged that examines the forms of political subjectivity created through the discourse of trauma. In *The Empire of Trauma,* Fassin and Rechtman (2009:xi) argue that trauma has become a "major signifier of our age". Here, trauma is widely imagined both as a universal psychic process and as an inevitable result of war. Fassin and Rechtman (2009:275) argue that trauma is a defining feature of modernity, which they see as an age of "disenchantment". They argue that trauma is not only widely assumed to be a universal human trait, but that trauma is imagined as the core psychic process that constitutes a shared humanity (Fassin and Rechtman 2009:20). To Fassin and Rechtman (2009:20), "Trauma is both the product of an experience of inhumanity and the proof of the humanity of those who have endured it".

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[3] Summerfield (1999) sees these 'seven assumptions' as: "Experiences of war and atrocity are so extreme and distinctive that they do not just cause suffering, they cause `traumatisation'; There is basically a universal human response to highly stressful events, captured by Western psychological frameworks; Large numbers of victims traumatised by war need professional help; Western psychological approaches are relevant to violent conflict worldwide. Victims do better if they emotionally ventilate and `work through' their experiences; There are vulnerable groups and individuals who need to be specifically targeted for psychological help; Wars represent a mental health emergency: rapid intervention can prevent the development of serious mental problems, as well as subsequent violence and wars; Local workers are overwhelmed and may themselves be traumatised".

Like Young (1995), Fassin and Rechtman (2009) recognise that trauma has both a clinical and a social history, and so they trace a 'dual genealogy' of the social and clinical histories of the development and globalisation of trauma. Unlike Young's (1995) and Leys' (2000) North American accounts, Fassin and Rechtman (2009) emphasise the European (particularly the French) history of trauma. They argue that it is the social history of trauma that has acted as the key force propelling trauma into its role as the key signifier for suffering. While they trace a clinical history of the concept, they see that the history of trauma is primarily a social and moral process in which psychiatrists, doctors and humanitarian organisations participated (Fassin and Rechtman 2009:78).

Fassin and Rechtman (2009:18, 73-75) see that the social history of trauma has been most powerfully shaped through the Holocaust, which remains the key event that shapes European understandings of war, violence and suffering. They also discuss more recent events that have informed French thinking about trauma such as 9/11 and the bombing 10 days afterwards at Toulouse (Fassin and Rechtman 2009:128-129). They relate this recent social history of trauma back to the same critical moments in the late nineteenth century 'memory debates' discussed in the histories of Young (2005), Leys (2000) and Hacking (1995) and to the treatment of 'shell shock' after the First World War. Following Young (1995), they also see the incorporation of PTSD into the DSM-III as a critical point in the history of trauma. Fassin and Rechtman (2009:77) describe this as the moment after which: "The sincerity of the victim of trauma was no longer in doubt: he or she was a priori credible". However they see psychiatrists themselves as secondary players in the history of trauma. According to Fassin and Rechtman (2009:78), it is the unique and powerful place that trauma occupies in the moral imaginary that has led to the dominance of trauma as the key signifier for myriad forms of suffering. They argue that the development of psychiatry has been moulded by the social memory of the Holocaust and the humanitarian movements that subsequently developed their visions for social reform around the principle of trauma.

While they see that trauma is now seen as 'beyond suspicion' and even claim it is imagined as the common basis of humanity, they point out that there are

"tragic disparities in its use" (Fassin and Rechtman 2009:282). In their discussion of the globalisation of trauma, they focus primarily on the role that humanitarian psychiatry has come to play within contemporary global politics. They trace the history of 'humanitarian psychiatry' back to the 1988 Armenian Earthquake, which they identify as the first disaster that led psychiatrists to participate in humanitarian organisations alongside surgeons and doctors (Fassin and Rechtman 2009:163-170). The prominence of psychiatrists and doctors as actors within humanitarian interventions does not, Fassin (2008:532) argues, reflect developments in medical understandings of the effects of violence, but rather illustrates an intensified "moral problematization" of violence that is occurring within the patterns of global governance in late modernity. Fassin (2008:532-533) writes:

> It is not just that mental health specialists have established new nosologies to describe the consequences of war and to find ways of addressing them; they also, through their categories and testimonies, propose new frameworks to interpret contemporary conflicts. Viewed from this angle, trauma is not only a clinical description of a psychological status, but also the political expression of a state of the world.

The title, *The Empire of Trauma,* signals the two central elements of Fassin and Rechtman's (2009) argument. Firstly, they see that trauma has become the dominant moral trope informing the expected order of modernity. To Fassin and Rechtman (2009:284), trauma:

> defines the empirical way in which contemporary societies problematize the meaning of their moral responsibility in relation to the distress of the world.

Secondly, they see that this 'empire' is strongly shaped by the social memory of the Holocaust and the normalisation of a melancholic relationship to history. Finally, trauma has become consolidated as a globalised moral idiom due to the actions of humanitarian psychiatrists. Fassin and Rechtman (2009) see these

psychiatrists as genuinely attempting to respond to suffering, but also as actors firmly institutionalised within the neoliberal development apparatus.[4]

To Fassin and Rechtman (2009) this 'empire of trauma' spirals outwards from the United States and Europe and occurs primarily through elite medical, legal and humanitarian institutions. International humanitarian organisations respond to disasters and conflicts, but they do so in ways that reflect entrenched patterns of discrimination and that in turn produce a stratification of suffering (Fassin and Rechtman 2009:183-188).[5] While arguing that trauma is intended as a language of a common humanity, Fassin (2008:543) argues trauma interpellates its subject in a highly disempowering manner, in that it creates:

> a particular form of subjectification that is imposed on individuals, but through which they can also exist politically.

At the core of Fassin and Rechtman's concern, is the recognition that the privileging of PTSD within humanitarian interventions has given rise to a situation in which PTSD is being increasingly institutionalised as the benchmark of valid suffering. This, they argue, has reconfigured 'victimhood' in deeply problematic ways.

One of the most compelling elements of Fassin and Rechtman's work is their recognition that trauma has expanded well beyond the clinic and increasingly appears within bureaucratic and legal contexts, and as a key trope within what they see as a global moral imaginary. According to Fassin (2008:539):

> It is not the event itself that constitutes the proof, but the trace it leaves in the psyche or the mark it makes in the telling. In the testimony brought to the world's consciousness, affect is present both as that which testifies (the suffering of the people) and that which is produced by the testimony (the public's compassion). The truth sought is not the objective truth of the

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[4] By 'neoliberal development apparatus' I refer to the increasingly blurred boundaries between humanitarian and development organisations, government, corporations, and 'civil society' movements. By 'neoliberal political formations', I refer to the growing intersections between the state, corporations, development organisations and other actors taking on state-like roles or producing state-like effects. See Trouillot (2001), Kapferer (2005), Ong (2000) and Aretxaga (2003).

[5] They see the absence of any sustained mental health programs in Africa as illustrative of this unrecognised 'othering' within humanitarian organisations.

events themselves, but the subjective truth of the experience of them.

Fassin and Rechtman (2009:19) argue that the gradual development of what they term the 'empire of trauma' is mirrored in intellectual shifts away from 'memory' towards a concern with 'witnessing'. The shift that Fassin and Rechtman (2009) describe is apparent in the interdisciplinary literature on trauma, which has long been concerned with issues of 'bearing witness', the (problematic) representation of the violent past and the alleged dilemmas involved in how to remember and discuss 'the unspeakable' (esp. Caruth 1996; LaCapra 2001). 'The unspeakable' is, of course, a euphemism for political violence and genocide, though it is often taken as a literal truth that pain and violence produces a rupture in sociality so great that those affected by political violence are literally 'speechless' (Scarry 1985; Daniel 1994; LaCapra 2001; Caruth 1996). This claim has been challenged by several ethnographers of violent conflict (cf. Nordstrom 1997:22- 23; Malkki 1995, 2007; Aretxaga 1997; Trnka 2008; Nordanger 2007; McKinney 2007), and is completely counter to the argument I make in this thesis, where I foreground my interlocutors own understandings of violence and *trauma*. Nevertheless, a failure to comprehend the world has become virtually synonymous with the concept of trauma. Fassin and Rechtman (2009) argue that the sense that trauma is at once inevitable and incomprehensible has shifted European social debate away from a focus on remembering the past, towards a concern about the inability to 'witness' suffering or to empathise with others.

Fassin and Rechtman (2009) argue that this intellectual shift reflects broader patterns of moral thinking in society. Fassin and Rechtman (2009:18-22) argue that immediately after the Holocaust, the moral debates carried out within broader European society were primarily concerned at questioning how the Holocaust could have occurred and how society ought to change to prevent future atrocities. They argue that the rise of trauma as a hegemonic language of suffering has paradoxically led to a shift away from a concern with preventing atrocities towards a preoccupation with questioning how we can 'witness' or know the emotional experience of others. They claim that the internal contradictions that lie within the concept of trauma suggest a moral imperative

to respond to suffering, while simultaneously inhibiting the extent to which such a response is possible.

While all of Didier Fassin's work is committed to the ethical perspective that we ought to respond to the suffering of others, he is critical of the extent to which the notion of trauma in fact produces an empathic response. Fassin and Rechtman (2009) argue that trauma holds unique power as a language of suffering because it is a cultural idiom intimately wound up in the memory of the Holocaust and other twentieth century atrocities, and because it is now entrenched in the political economic processes of neoliberal global governance. Fassin recognises that lying within the concept of trauma itself exist a number of caveats that inhibit that capacity of people to respond to violence, understood as trauma. As Leys (2000:266-297) argues in her critique of Cathy Caruth (1996), the pervasive idea that traumatic memories are by nature unable to be fully remembered has problematic consequences since it casts suspicion and scrutiny on the claims to experience of those seen to have trauma. Fassin and Rechtman (2009) conclude that while a diagnosis of trauma provides high levels of legitimacy to a person's general claim to suffering, it also entangles them in a category of victimhood that means that the specifics of their opinions and experiences are seen as inherently flawed. Trauma constructs its object into a precarious form of protected and yet marginalised subjectivity: victimhood (see also Das and Kleinman 2001; Das 2003; McKinney 2007; Kidron 2003; James 2004, 2010).

The crucial insight that allowed Fassin and Rechtman (2009) to develop this argument is their recognition that the social history of trauma has been shaped both by a widespread social desire to respond empathically to the suffering of others and also through growing cynicism and disbelief about the reality of war. In their work with asylum seekers in France for instance, Fassin and d'Halluin (2005, 2007b) demonstrate that as the French government has become increasingly cynical towards the plight of those seeking asylum within France, immigration authorities increasingly demand medical certification of PTSD as legal evidence to prove that asylum seekers' claims to suffering are valid. Consequently, activists attempting to support these asylum seekers have been

forced to express political claims in the language of biomedicine, while asylum seekers gain psychiatric diagnoses as a prerequisite to being considered for asylum. At the same time, doctors giving legal testimony are forced to popularise their medicine into vernacularised understandings of trauma and suffering that are recognisable within the legal system. If an asylum seeker does not display the standardised symptoms of PTSD, their claims to asylum are significantly compromised, regardless of the forms of persecution they are seeking to escape.

Fassin's work is the most comprehensive analysis of the globalisation of trauma as a moral idiom. However, it is far from the only ethnography of the globalisation of trauma. Many recent ethnographers have raised concern about the ever-increasing expectation placed upon an individual to produce a 'trauma story' if their suffering is to count as valid. Anthropologists have commented on the extent to which victims of violent conflict and disasters are expected to narrate their experiences in the language of trauma in fieldsites as diverse as the United States (Kleinman and Kleinman 1997:10; Kidron 2003; Young 2005, 2006; McKinney 2007), France (Fassin and d'Halluin 2007b), Japan (Bresleau 2000; 2004), Switzerland (Gross 2004), Somalia (Zarowsky 2000), Haiti (James 2004, 2010), El Salvador (Dickson-Gómez 2004) and Indonesia (Dwyer and Santikarma 2007). The demand for a 'trauma story' is often a condition for political legitimacy, and sometimes a condition for citizenship, legal protection or access to a basic livelihood. Those most commonly expected to narrate a 'trauma story' include refugees seeking political asylum (Malkki 1995a, 2007; Gross 2004; Fassin and d'Halluin 2007b); those giving legal testimony about political violence in transitional justice mechanisms (Ross 2003); and people living in very poor and stigmatised places (such as Somalia, Haiti and El Salvador) where access to a basic livelihood depends on the ability for individuals to learn how to negotiate access to humanitarian aid (Zarowsky 2000; James 2004; Dickson-Gómez 2004).

The elicitation of a 'trauma story' is conventionally envisioned as a central element of healing, since the narration of an event is classically seen to enable a person to integrate the 'incomprehensible' traumatic event into their other

memories. Many of the key writers on trauma emphasise that 'the healing power of speech' carries a therapeutic function for both individuals and broader society, so that the collective narration of trauma is seen as necessary to allow the construction of post-war social memory and healing to take place (Fassin and Rechtman 2009:72; Suárez-Orozco 1990; Caruth 1996). Many psychiatrists and anthropologists have challenged the assumption that speech is necessarily in and of itself healing. The narration of traumatic experience can have effects that can be either positive or negative both for the individual narrating their experience and for broader society (Ross 2003; Shaw 2007; Robben 2005; Briggs 2007). It is also increasingly clear that 'trauma stories' often serve political purposes that can be highly detrimental to those called upon to give testimony. This is one of the key concerns of Fassin and Rechtman (2009), and it is shared by many anthropologists examining the elicitation of a 'trauma story' in legal or bureaucratic contexts (James 2010; Dickson-Gómez 2002; McKinney 2007; Malkki 1995; Kleinman and Kleinman 1997; Ross 2003).

One of the consequences of the institutionalisation of psychiatric epidemiology into the international development sector is that it has produced cases under which access to humanitarian funding has become disproportionately targeted at those suffering from PTSD rather than supporting the whole war-affected population, the vast majority of whom do not develop PTSD symptoms. In both El Salvador (Dickson-Gómez 2004) and Haiti (James 2004, 2010), humanitarian organisations seeking to respond to PTSD have created what James (2004) terms "occult economies" in which humanitarian policies that are intended to alleviate suffering have in fact come to generate new forms of political and economic inequality. James (2004) describes how Haitians seeking access to humanitarian assistance are expected to provide evidence of their suffering in the form of testimony, photographs and medical certificates compiled together into what James calls 'trauma portfolios'.

James (2004) describes how some Haitians who are highly literate or savvy to the workings of aid organisations establish themselves as 'trauma brokers' and for a substantial fee act as intermediaries between 'victims' and international organisations. The aid agencies then evaluate these trauma portfolios, and

compare each applicant against their contemporaries to identify those deemed most deserving of assistance. James (2004, 2010) contextualises this contemporary occult economy within the long history of structural violence through which Haiti became stigmatised and marginalised. She shows how this history of structural violence has produced particular assumptions about the nature of violence and suffering in Haiti (see also Farmer 1992). James (2004, 2010) shows how these 'trauma portfolios' distort people's experiences into the narrow list of symptoms recognised by PTSD. She draws attention to the new forms of social inequality this trauma economy has enabled. Dickson-Gómez (2004) argues that in El Salvador, a similar policy has provoked new forms of intra-community conflict in the post-war period.

Crucially, these forms of self-narration compel the person to identify as having a psychiatric disorder, which often leads to new forms of stigma or marginalisation (Young 1995; James 2010; Kidron 2003, Jenkins 1991). These trauma economies have caught the eye of many anthropologists, who have long been suspicious of the globalisation of biomedical psychiatry. Importantly, these policies have also been challenged by many psychiatrists, so that a policy shift is now being called for within the public health literature away from PTSD interventions towards 'psycho-social programs' that 'foster resilience' and focus on the alleviation of common everyday stressors rather than less common psychiatric disorders (Miller and Rasmussen 2010; Tol et al 2010b; de Jong 2010). It remains unclear what this will actually mean in practice however, since the concept of trauma still seems to be the central organising principle within this public health literature (cf. Zraly and Nyirazinyoye 2010).[6] The shift towards 'resilience' in the work of humanitarian psychiatry is aimed to shift funding and focus toward the majority, rather than the minority that have diagnosable psychiatric disorders. It intends to counter some of the problems generated through aid economies such as that described by James (2004) in Haiti.

Although the majority of the anthropological literature on trauma has been critical of the concept, it is notable that trauma persists as an analytical

[6] Freidman-Peleg and Goodman (2010) argue that the shift towards resilience in Israel can be seen as an attempt to "immunize" the "social body" against trauma.

framework used within a variety of ethnographic studies. Many anthropologists studying the effects of political violence have distanced themselves from the concept of PTSD, but nonetheless take up the term trauma as a general metaphor to signify emotional suffering or the human impact of war. Anthropologists such as Henry (2006), Becker et al (2000), Cole (2004), Nordstrom (1997, 1998) and many others offer rich ethnographic accounts of violence, embodied suffering and healing. For instance, Henry (2006) describes somatic expressions of trauma amongst people living along the Sierra Leone-Guinea border. Henry demonstrates how his interlocutors' take up the idiom *haypatensi* (adapted from hypertension) to both describe their embodied suffering and to contest the language through which suffering can be articulated. As we will see, there are several parallels between Henry's ethnography and my observations of Acehnese idioms of distress, except than in Aceh *trauma* is the idiom. Likewise, Nordstrom (1998:103) shows how the everyday healing and resistance practices carried out by ordinary people in Mozambique constitutes a "war against violence itself". Nordstrom (1998:114-115) observes her interlocutors perform ritual practices designed to 'take the war out' of soldiers, and to heal and reintegrate the sick and traumatised through storytelling, ritual bathing and song. Nordstrom (1998) shows how such practices not only heal individual trauma but act to reaffirm the basis of social relationships that regimes of terror unsuccessfully attempt to undermine. These ethnographers are primarily concerned not with challenging or adding to the PTSD framework, but with ethnographically demonstrating the embodied effects of war, their interlocutors' responses to war and the forms of healing practices they engage in to recreate their social worlds.

Psychoanalytically trained anthropologists have also offered rich accounts of the ways in which trauma shapes both the lives of individual people and the broader political landscape in which violence occurs. The common thread underpinning these psychoanalytic approaches is the assumption that trauma manifests when an individual person is unable to integrate a traumatic event into their existing psyche, condemning the person to continually revisit the partially remembered traumatic event (cf. Suárez-Orozco 1990). The collective repetition of traumatic events is envisioned to gradually become part of social

memory or everyday cultural practices, leading to collective or intergenerational trauma and/or systemic violence. By ethnographically tracing this process some psychoanalytic anthropologists have been able to reflect on the interconnections between individual psychic suffering and broader political process.

An important example lies in Robben's (2005) historical-ethnographic account of the ways in which psychic trauma perpetuated and eventually undermined cycles of terror within the Dirty War in Argentina. Robben shows firstly the devastating impact that disappearances and terror strategies had on the lives of individual Argentines. He then goes on to show how over time, this psychic trauma both fuelled and undermined this cycle of terror. Robben's analysis moves beyond the more simplistic notion that violence begets violence by demonstrating that trauma came to mediate political thought and action that shaped Argentine political culture in unexpected ways during and after the Dirty War. Taussig (1984:467) engages a psychoanalytic notion of trauma in describing the "culture of terror" inherent within colonialism and the ways this terror involved both coloniser and colonised (see also Taussig 1987; 1989). Others such as Green (1999) and Skidmore (2004) draw from this work on terror in their studies of fear in everyday life within violent, authoritarian regimes.

Many other ethnographers explicitly contrast their interlocutors' experience of violence and suffering to the epistemological assumptions of PTSD (cf. Dickson-Gómez 2002; Uehara 2007; Nordanger 2007; Han 2004; Zarowsky 2000, 2004). These anthropologists contribute to an ethnographic critique of the trauma construct, often arguing that the Eurocentric underpinnings of the trauma construct limit the extent to which the concept of trauma can adequately capture the lived experience of suffering in their interlocutors' lives. For example, Han (2004:170) challenges the assumption within PTSD that trauma involves exposure to a "discrete etiological event" and illustrates the ways that trauma in Chile is wound up in a disjuncture between historical memory and contemporary subject formation.

Similarly, Zarowsky's (2004) ethnography with Somali refugees refutes the highly individualising framework of PTSD and shows how her interlocutors

experience suffering not as an internal private experience but as broader social, political and economic upheaval. Finally, Dickson-Gómez (2002:418-419) argues that PTSD, with its focus on the narration of exposure to a single traumatic event, does not enable an adequate understanding of the multiple forms of ongoing violence her Salvadorean interlocutors have endured. Nor does the PTSD framework correlate with the patterns of symptoms Dickson-Gómez's interlocutors suffer in the post-war period, which they commonly interpret through the illness category *nervios*. Notably, many of these anthropologists engage the term 'trauma' as a general metaphor for suffering, while simultaneously critiquing 'trauma' as a psychiatric concept (Dickson-Gómez 2002; Zarowsky 2004). They also explore the conceptualisations of healing and suffering that are salient within their particular fieldsites.

At the same time that this critique of trauma has emerged within anthropology, anthropologists have also increasingly participated in humanitarian psychiatric interventions. In most cases these anthropologists have carried out psychiatric epidemiology in post-conflict and post-disaster contexts, usually working with large humanitarian organisations. As Fassin and Rechtman (2009:171) point out, many humanitarian psychiatrists are motivated not by a belief in the universal applicability of biomedical psychiatry but by a moral imperative to respond to suffering. It is becoming less common for psychiatrists to argue that PTSD, clinical depression and other DSM listed diagnoses are universally applicable. More commonly, psychiatrists and anthropologists working within humanitarian organisations argue that trauma is "culturally mediated" (Hinton, Rasumussen et al 2009; Hinton, Pich et al 2010; Good 2007; Grayman, Good and DelVecchio Good 2009; Kirmayer 2009, 2010; Kirmayer, Lemelson and Barad 2007; Hollan 2004, 2009).

Many here aim to contribute to more 'culturally sensitive' psychiatric epidemiology within global public health interventions. Some of these researchers make contributions to the evaluation of the cross-culturally applicability of DSM categories, and to the DSM Cultural Formation (cf. Budden 2009; Hinton and Lewis-Fernández 2010; see Good 1996; Kirmayer 1998; and Martinez 2010 for critical reviews of the earlier DSM-IV Cultural

Formation). Again as Fassin and Rechtman (2009:171) note, many of these psychiatric projects foreground moral responsibility as a justification of their medicine, rather than emphasising the universal applicability of biomedical psychiatry.

Many of these anthropologists and psychiatrists also aim to develop an understanding of somatisation and psychosomatic medicine by examining the patterns of somatic sensations associated with standard PTSD symptoms in different cultural contexts. A large body of public health and anthropological literature seeks to identify the 'local idioms' that correlate with the symptoms of PTSD and other affective disorders in particular locations (cf. Hinton, Pich et al 2010; Hinton, Rasmussen et al 2009; Kohrt and Hruschka 2010; Kirmayer 2009; Waitzin and Magaña 1997; Hagengimana, Hinton et al 2003; Budden 2009). Here trauma is taken as a more or less universal psychic process that manifests and becomes expressed in different cultural forms. This leads to a study of both a 'cultural variation' of PTSD and towards an understanding of the ways in which emotional distress becomes somatised in particular patterns in different times and places. Many of these anthropologists and cross-cultural psychiatrists take seriously these 'local manifestations' of PTSD, depression and other affective disorders. However, they approach the local idioms of distress as symptomatic while treating trauma as the underlying pathology that leads to the social construction of the 'cultural idioms'.

iii. My contributions to the debate

What happens when trauma becomes the idiom of distress that people think *with*, and not merely the invisible psychic suffering from which people suffer? When globalised medical idioms enter everyday discourse in a society such as Aceh with a long history of war, how does this influence the ways that people respond to suffering, conceptualise their bodies, and imagine medicine? Most anthropologists seeking to ethnographically study the impact of violent conflict have avoided the controversy wound up in the concept of trauma by building their analysis from the emic understandings of suffering offered up by their interlocutors. The increasingly global prevalence of 'trauma' as an authoritative language of suffering however, means that anthropologists can no longer

clearly align themselves with those critiquing psychiatry and its institutions; those embracing the idea of trauma as a literal truth and ethnographically studying its variations; or those offering an ethnographic study of local idioms of suffering. These categories are becoming increasingly blurred through the globalisation of trauma as an idiom of distress. Importantly, this globalisation is occurring not only within the restricted domain of psychiatry or development organisations, but as a powerful vernacular language that people use to describe and organise their responses to violence, injustice and the impact of war.

This was the conundrum I faced when deciding how to academically contextualise this thesis. Even though I had lived in Indonesia for several years before I started my PhD and was quite aware that *trauma, stres* and *shok* were loanwords in widespread circulation, it still took me more than a year of fieldwork to truly accept that these were key concepts that my interlocutors had taken up to understand their own experience. Fassin (2009:25-28) notes the controversy that arose when Summerfield (2001) described PTSD as an American 'culture-bound syndrome' and was inundated with letters of protest from victims' organisations outraged that he was undermining their attempts to empower themselves through a self-diagnosis of trauma. My approach here is committed to the recognition that '*trauma*' has long been well-integrated into local languages in Aceh and broader Indonesia and was an important idiom that my interlocutors used to describe the world around them. I am highly conscious of the cynical scrutiny that people diagnosed with PTSD often face. As such I do not want to represent *trauma* as an artificial, foreign import. But neither do I wish to dismiss the important critiques of the globalisation of trauma put forward by Fassin, Rechtman, James, Bresleau and others.

In this thesis I take Fassin and Rechtman's (2009) work as a starting point from which to ethnographically explore how the loanword *trauma* came to enter the Acehnese imagination and to consider how *trauma* operates as an idiom of distress within the contemporary, post-conflict environment. Throughout the thesis, I italicise the word *trauma* as a reminder to the reader that I use the term as it functions as an Acehnese idiom. This mirrors the ways that Boellstorff

(2005) italicises the term *gay* when speaking of specifically Indonesian gay and lesbian identities. I do not wish here to overemphasise alterity. I aim to avoid setting up a dichotomy between 'Acehnese trauma' and 'western trauma'. I do not intend this thesis to present a 'cultural variation' of trauma, or a critique of PTSD, though I do draw from others who have presented their work in this way. Rather my aim is to ethnographically explore the ways that *trauma* works as an Acehnese cultural idiom.

While Fassin and Rechtman (2009) convincingly argue that the 'empire of trauma' is now global, their work focuses primarily on the social history of trauma within France, and on humanitarian psychiatrists as agents of the globalisation of trauma. Although their central argument that trauma is a key feature of an imagined global modernity is powerful, their analysis is primarily relevant to an understanding of trauma in the European imagination. This is true for many of the other key texts about trauma (Young 1995; Leys 2000; Hacking 1995; Caruth 1996; Herman 1992). Since the globalised world is generally seen as being characterised by "multiple modernities" (Eisenstadt 1999) rather than by a singular, global modernity, it follows that globalised idioms such as trauma carry multiple imaginings and specific perlocutionary effects in the many different contexts in which they appear. Just as Fassin and Rechtman (2009) illustrate that trauma works as a powerful moral idiom shaping European modernity, *trauma* is also a powerful moral idiom shaping ideas of modernity from a specifically Acehnese vantage point.

In Aceh, as in the English language, *trauma* operates as the prime "root metaphor" (Turner 1974) that brings together the conceptual domains of violence and medicine. *Trauma* has become a potent idiom of distress for explaining the impact of violence, and for organising moral responses to violence, suffering and illness. I make a novel contribution to the literature on the globalisation of psychiatry by methodologically shifting attention away from NGOs, the psychiatric hospital and other elite agents of the globalisation of medicine, and concentrating on how these globalised idioms play out within everyday life in a post-conflict society. I highlight how my interlocutors take up the concept of *trauma* to organise their responses to suffering and illness.

Finally I illustrate how the vernacularised concept of *trauma* works within broader social practices through which my interlocutors reconceptualise the moral imaginary underpinning both medicine and violence. This ethnography highlights the ways in which my interlocutors not only give salience to the concept of *trauma*, but perform complex cultural work through this powerful idiom of distress.

In addition to ethnographically exploring the contemporary significance of this idiom of distress, I argue that it is also important to situate contemporary understandings of *trauma* within the Acehnese clinical and social history of psychiatry. While humanitarian psychiatry is certainly a significant agent of the globalisation of trauma, the idiom *trauma* was in widespread circulation in Indonesia for at least ten years before the large-scale arrival of humanitarian organisations in Aceh following the Indian Ocean tsunami (see Chapters Two and Five). In Chapter Two, I trace a clinical and social history of the idiom *trauma* in Indonesia, foregrounding the ways in which *trauma* entered the Acehnese imagination. I illustrate the use of psychiatric terminology by the media, the military and state officials within terror campaigns in the 1990s. I also discuss the alternative understandings of *trauma* offered by psychiatrists, activists and public intellectuals. I contextualise this within the history of colonial psychiatry in Aceh, the legacy of which continues to inform understandings of the relationship between violence and medicine.

Just as Lock (1993) has shown that "local biologies" have become part of the pluralistic medical landscapes in which all people (including westerners) live, it is vital that medical anthropologists recognise that there are also local histories of biomedicine operating within our fieldsites. Although there is no question that 'trauma' has become a form of moral currency within the humanitarian apparatus (Kleinman and Kleinman 1997; James 2004; Fassin and Rechtman 2009), I find it more useful here to begin by seeing *trauma* as an example of an 'illness that travels' (Cohen 1998). Das and Das (2007:67) argue that:

> Although biomedical categories and therapies have reached different parts of the world in very different ways, the condition of medical diversity or medical pluralism is now

> universal. This fact raises significant questions about how concepts of health and illness travel. How are these concepts translated, and how do people deal with different expert cultures in making intimate bodily experiences available for therapeutic intervention?

Although medical pluralism is generally well accepted by medical anthropologists, the globalisation of psychiatric concepts is still controversial. This may be as Obeyesekere (1985:136) claims, because mental illness is "both illness and disease". Obeyesekere (1985) argues that psychiatric categories such as clinical depression cannot be divorced from the cultural conceptions in which they are embedded. He argues that this differentiates the cross-cultural applicability of mental illness from diseases such as malaria, which have predictable patterns and physiological effects universally regardless of the social and moral meanings they are ascribed in a particular place and time.

Nevertheless, it is one thing to argue that a disease is universal, and another to argue that a medical idiom is globalised. I wish to set aside debate about the universality of the psychic process of trauma to concentrate on the social and political processes through which an illness category has been "made real" (Young 1995:6) within Aceh. Psychiatry has now become vernacularised and globalised to the extent that anthropologists must now consider the ways in which psychiatric frameworks such as trauma have been actively taken up, adopted as idioms of distress in particular cultural milieu and integrated into localised healing practices and other moral responses to war, illness and suffering. If we wish to see what is at stake for those people that unexpectedly use psychiatric terminology to describe their experience, we must also consider the local histories of medicine that have shaped trauma and its popularisation in a particular context. This involves a shift toward the ethnographic study of *trauma* as an idiom of distress through which Acehnese people understand their experience and seek to shape the moral project underpinning medicine.

The overall argument I make in the thesis is that the incorporation of *trauma* into the Acehnese medical-moral landscape illustrates a process of the vernacularisation of biomedicine. Here I draw inspiration from Sally Engle Merry's (2006a, 2006b) discussion of the "vernacularisation of human rights",

through which principles about human rights that are seemingly wound up in Eurocentric values become "translated" into social practices and institutions that are salient in particular locales. By the vernacularisation of biomedicine, I refer to the process through which medical knowledge is taken up, brought into conversation with broader cultural forms and integrated into a diverse array of social practices and institutions.

The media is the major institution that facilitates the vernacularisation of psychiatry in Indonesia, though psychiatrists themselves, activists, religious leaders and state and military officials have all played a major role. Importantly, I argue that ordinary Acehnese people also perform this vernacularisation of psychiatry through narrative and the many practices through which they incorporate medical idioms into broader social practices. This vernacularisation process makes the concept of *trauma* meaningful to Acehnese people. But it also produces a reimagining of medicine itself. As such, I argue that contemporary iterations of *trauma* in Aceh can be read not only for what they reveal about the globalisation of *trauma* per se, but also for the ways in which this narration of violence has shifted the perceived relationship between medicine and the state.

Imagining medicine in a post-conflict world

i. Violence, narrative and the body in pain

Das and Kleinman (2001) point out that recovery from violent conflict involves the reconstruction of both political and moral worlds. They argue that anthropologists are uniquely positioned to ethnographically study how this 'moral world-making' operates within everyday, local processes. Kleinman (1998:373) writes that:

> For the ethnographer like the social historian, in order to specify a local world and its transformations, it is crucial to understand how moral experience changes under the interactions between cultural representations, collective processes, and subjectivity, interactions that are in turn shaped by large-scale changes in political economy, politics, and

> culture. Moral experience, then, possesses a genealogy just as it does a locality.

This thesis explores the important role that the vernacularisation of psychiatry plays within Acehnese, post-conflict world-making. By making a shift from seeing trauma as partially unknowable form of suffering, to seeing *trauma* as an idiom of distress through which Acehnese people conceptualise, problematise and respond to suffering, I open new space in which it is possible to consider the role that medicine plays in shaping a post-conflict society. My primary intention here is to explore the ways in which medicine is imagined as a moral practice by Acehnese people, though I also discuss medical interventions, and consider the ways that the structural violence of a broken health care system has affected my interlocutors' lives. I see that the vernacularisation of *trauma* is one part of a broader process of socio-political change that has occurred through the conflict.

Kleinman and Das' (2000) work on post-conflict transformation builds from their earlier work on pain and narrative, in which both theorists demonstrated that narrative is both a sense-making and a transformative activity (Kleinman 1988a; Kleinman and Kleinman 1995; Das 1996, 1998, 2007b). In *The Illness Narratives* (1988) Kleinman describes the ways in which his patients draw from a multitude of 'explanatory models' in order to make sense of pain and illness. The foundational idea in his classic study is that while biomedicine usually offers a precise diagnosis of disease, medical etiologies often fail to satisfy what Kleinman sees as an intrinsic human need to make sense of pain, illness and suffering. Kleinman (1988) argues that illness can be a highly individualising experience, making the person highly conscious of their pain and of the difficulties of communicating their suffering to others (see also J Jackson 1992; Good 1992).

Nevertheless Kleinman and others have also demonstrated that suffering takes place in an intersubjective space, despite the potentially individualising effects of pain (Kleinman 1991; Mattingly 1994, 2001; Das 1996; Das and Das 2007a; Trnka 2007, 2008). Hence much of the literature on illness and narrative is focused on the tension between the narration of suffering, the recognition or

lack of recognition of that suffering by others, and ways in which the narration of suffering may or may not transform the intersubjective space of suffering. Kleinman (1988) argues that his patients develop complex narratives through which they contextualise their illness within broader life experience and attribute moral meanings to their illness.

In Nichter's (1981) original formulation of the concept 'idiom of distress', he emphasised the importance of recognising the specific language used by ordinary people to articulate their illness experiences. To Nichter (1981, 2010:402-404), a focus on idioms (rather than ethnophysiological models) allows for greater fluidity in understanding variations in illness experience between individuals and sub-groups in society, and to explore changes in the ways that illness is articulated through time. Nichter (2010:404) demonstrates that the performative power of idioms of distress acts as a crucial element of healing processes. The concept of the 'illness narrative' has been criticised on many grounds, including that the 'explanatory models' approach is overly static and fails to acknowledge the improvisational element of narrative (Nichter 1981, 2010; Young 1981). Wikan (2000:218) challenges the notion of the illness narrative altogether, arguing that illness drives people to be concerned with responding to the urgent demands of their life and relations with others and not with narrating "my illness and me". To Wikan (1995) we all live in a "world of urgency and necessity", and narrative explanations of experience are both improvised and embedded in the contingencies of the moment of narration.

Despite these critiques, many influential studies on illness and narrative have built from Kleinman's (1988) core recognition that biomedical etiologies alone offer cold comfort to a person facing serious illness. The ill therefore narrate their medical diagnosis within a broader political and moral imaginary in order to make sense of both their illness and the world around them. Medical anthropologists can read illness narratives in terms of popular etiologies of disease; as sense-making and transformative practices; and as a lens through which to explore the broader socio-political context in which the patient lives.

The essential point that narrative both makes sense of and transforms experience is best developed in the work of Cheryl Mattingly (1994, 2001).

Building from Ricoeur (1984) and Bruner (1991), Mattingly (1994:811) demonstrates that narrative acts as an intrinsic element of healing practices, in which the sick person, their friends and family and their doctors and healers together "attempt to emplot clinical encounters by enfolding them into larger developing narrative structures". Mattingly (1994:820) shows how the narrative construction of an illness experience is shaped by a combination of enduring cultural symbols, institutional structures, through the improvised reasoning of those immediately involved and by "the exigencies of the concrete situation". She demonstrates that narratives are collectively constructed through an imperfect dialogical exchange between a patient, their intimates and medical practitioners (Mattingly 2008). Following Kleinman and Kleinman (1991), Mattingly argues that illness narratives are intrinsically moral in nature. She shows how narrative is an important element of the healing process, since the narrative construction of illness reconstitutes the meaning of suffering and the social space in which suffering is experienced. Here, pain transforms the subjectivity of the patient, while the narration of that suffering shifts the social meaning of the illness experience.

Ethnographers of political violence have also emphasised the ways in which the body in pain can come to mediate social relationships. It is well-recognised that war is played out at the level of the body, not only in the sense that violence kills, maims and violates people's bodies, but also because war forges and transforms the corporeal signifiers through which political discourses operate (Malkki 1995a; Arextaga 1995; Das 1998, 2007b; Olujic 1998). War ruptures and transforms the individual body, the social body and the body politic (Scheper-Hughes and Lock 1987; Malkki 1995a; Feldman 1991; Nordstrom 1998). Feldman's (1991:4) account of political violence in Northern Ireland for instance, describes how the body becomes "an artefact" mediating the mutual constitution of subject and the state. For example he describes a series of 'doorstop murders' in which the display of the murdered corpse of a Nationalist in an area generally seen as Loyalist (and vice versa) both interrupted and reproduced the moral order of sectarian violence. Through these killings, Feldman (1991:73) argues that the body was transformed into a "sign of deterritorialization".

Malkki (1995a) also describes the ways in which violence, bodily experience and narrative became interwoven within the Burundi genocide. Malkki (1995a:54-55) explains that colonialism and the "mythico-historical narratives" that came to inform both Hutu and Tutsi subjectivities included detailed descriptions of the markers that supposedly enabled people to be identified as 'a Hutu' or 'a Tutsi' during the genocide. Malkki traces these corporeal markers of ethnicity to the ethnic demarcations identified by colonial forces and subsequently incorporated into the Burundi political sphere. Malkki's interlocutors clearly show how discursive representations of Hutu and Tutsi bodies contributed to the reification of bounded ethnic groups, and how these colonial racial discourses were used during the genocide as markers through which to identify 'an enemy'. Malkki goes on to show how these corporeal signifiers became directly apparent in the extreme methods of violence carried out within the genocide. People were not only killed, but killed in a manner that symbolically wiped out their corporeal signifiers. Within this genocide, the aim was not only to kill the whole ethnic group of the enemy but also to eradicate their trace within the body politic.

Scarry's (1985) influential essay on torture also offers valuable insight into the ways in which subjectivity is undermined and transformed through extreme violence. Scarry (1985) commented that one of the most notable characteristics of physical pain is that it is inexpressible. That is, that physical pain is an undeniable reality for the person experiencing the pain, while throwing the observer, who cannot experience the pain of another body, into the greatest doubt. Pain is at once "that which cannot be denied and that which cannot be confirmed" (Scarry 1985:4). Scarry goes on to say that not only does pain defy expression but it actively destroys language, and thus brings about the 'unmaking of the world' of the person experiencing the pain.

Scarry's analysis focused specifically on torture, and challenged conventional understandings of torture as motivated by a desire to illicit information. Instead, Scarry argues, the intention of torture is to reconstitute the world of the torture victim. Through the pain of torture, the person being tortured enters a realm of extreme doubt, while the incontestable pain they are experiencing

endows the torturer and the regime they represent with the status of a reality of the highest order - as absolute power. To Scarry, this 'fiction of absolute power' is in fact fragile. While it is through this process that torture creates and upholds the fictional power of the 'regime' inflicting the torture, this fiction can, Scarry argues, itself be unmade by the reaquisition of language and the exposure of the 'regime' as a fiction. My fieldwork in Aceh challenges the idea that pain is inexpressible, a claim that has been revised by many anthropologists (Nordstrom 1997:170; Das 1996; Trnka 2007, 2008; Daniel 1994). Nevertheless, Scarry's work remains an extremely insightful analysis of the workings of power through language and the body. Most significantly in my opinion, Scarry has identified that the intention and effect of violence is not to compel someone to do something, but to compel someone to be something.

Like Malkki's (1995) Hutu and Tutsi informants, the political prisoners that Scarry describes also, in fact, survived these extreme forms of violence despite the intentions of the torturers to 'unmake' their sociality. They not only survived physically, they evaded the attempts of those who would break up their social worlds. To Green (1991:114-115), the body is not a sign but "the actual contested terrain where human beings struggle". As Das (1996:70) has shown, the statement 'I am in pain' "makes a claim asking for acknowledgement, which may be given or denied". Das and Kleinman (2001) point out that 'moral world-making' after violence involves both the recognition and the disavowal of the pain of others. Many ethnographic accounts of everyday healing practices during and after war illustrate how people continually help each other to recover from their suffering. However, this is rarely a straight-forward process of healing and recovery, but often involves a contestation over the nature of healing, a transformation of the meaning of suffering and both the reintegration and the marginalisation of people from society (Das 2000, 2007a; Ross 2003; Henry 2006; Scheper-Hughes 1998; Dickson-Gómez 2004).

Das' (1996) essay on pain is developed throughout her work on violence, narrative and subjectivity. Das recognises that the narration of pain and violence is at once constitutive and destructive. Historical narratives that centre

on the abduction of women after the Partition, for instance, work to gender the body politic (Das 2007:20). Women's personal narrative accounts of the Partition, Das (1996:84-86) argues, tend not to directly narrate rape or abduction but describe 'poisonous knowledge' that is hidden within women's bodies. Das argues that this allegorical narration allows women to make sense of these experiences while also contributing to the construction of gendered imaginings of the state. Drawing from Das, Trnka's (2008) ethnography of political violence in Fiji demonstrates that experiences of pain are deeply historical in nature. Indo-Fijians' experiences of pain are mediated by narratives that emphasise "the moral value of physical labour" (Trnka 2008:96-97). In this way, suffering can be either acknowledged or disavowed through narratives about the formation of the nation. The sense of pain as both productive and destructive is also developed in Coker's (2004) account of Sudanese refugees in Cairo. Coker (2004) shows how her interlocutors described pain as literally 'travelling through' their bodies, manifesting in different locations in different contexts then transforming into new sensations. To Coker (2004:17), "pain is the ultimate embodied metaphor. It is everywhere, and nowhere at the same time". Coker (2004) interprets these narratives as an allegory both of her interlocutors' experiences of displacement and suffering and of their continual ability to withstand and move on from that suffering.

These anthropologists, and many others, demonstrate how pain can transform a person's body into a site in which the terror of living within political violence becomes legible. In these cases healing is not a unidirectional transformation from a state of pain into a state of healing, but itself involves a direct encounter with pain and illness and a reconfiguration of the social meanings of pain. Sometimes a particular healing modality is embraced as a path to corporeal transformation. But often the modes of healing and the idioms through which suffering and healing is experienced are themselves subject to contestation and transformation.

I draw from this work on pain and narrative to show how my interlocutors' choices to frame suffering as *trauma* in some contexts and to deny this interpretation in others, works directly to transform the intersubjective

experience of suffering. The globalised notion of *trauma* has been incorporated into narrative practices through which my interlocutors actively seek to reconfigure normative responses to suffering and mental illness. Most of this narrative work takes place outside of a clinical context. Nevertheless, it also influences the ways that my interlocutors understand medicine as a social institution. While most ethnographic studies of political violence have focused on the embodied effects of violence, medical anthropologists studying political violence are in a unique position to explore how experiences of violence transform the popular perception of biomedicine. This thesis contributes to the ethnography of post-conflict societies, by exploring the moral significance that becomes invested in medicine when pain is narrated as *trauma*.

ii. Medicine, violence and the state

While a rich body of literature has explored the embodied effects of violence, much less attention has been given to the ways in which violence shapes the moral significance of medicine within broader society. However, much of the intellectual work needed for this conversation can be found by combining literature on the anthropology of violence with literature on medicine and the transforming state. Whyte (2009) identifies two key approaches through which ethnographers have sought to understand the relationship between medicine, subjectivity and the state: a 'health identity' approach, and a 'biopolitics' approach. Classic examples of health identity movements include AIDS activism (Biehl 2004, Nguyen 2005), and social groups formed around contested illnesses such as chronic fatigue syndrome (Dumit 2006). Many here write about health advocacy movements through which marginalised groups engage biomedical language to seek inclusion into a medicalised political sphere (Petrnya 2002; Biehl 2004, 2005; Brodwin 2005; Dumit 2006; Nguyen 2005). The second approach that Whyte (2009) identifies is a 'biopolitics approach'. These theorists focus on "the ways that diagnostic technology actually creates social difference and social groupings" (Whyte 2009:10). While these approaches overlap considerably in practice, Whyte (2009) identifies a tension in this literature concerning the extent to which theorists valorise the use of medical terminology to make political claims.

Many anthropologists have recently taken up Petrnya's (2002) concept of 'biological citizenship' to describe the connections between medicine, subjectivity and the state. In her original ethnography, Petrnya (2002) argues that images of 'damaged biology' worked at the very formation of the Ukraine state in the wake of the Chernobyl disaster. She describes the ways in which compensation for damage resulting from the disaster acted at the centre of Ukraine state policy. This created a situation of 'biological citizenship', whereby the desire for democratic inclusion became narrated through the right to health care and compensation. Biehl (2004) has also used the concept of 'biological citizenship' to discuss the politics facing people living with HIV/AIDS in Brazil. He discusses the predicaments facing individuals seeking to access state provided medical services which operate under particular and ever-changing expectations as to the nature of valid suffering. In order to gain inclusion within such a system, individuals with HIV/AIDS must be vigilant to narrate their illness in ways compatible with this institutional rhetoric. At the same time, they must also be wary of the forms of stigma that may result from a particular narration of illness. Both Petrnya (2002) and Biehl (2004) argue that their interlocutors used their sick and injured bodies as evidence for the right to inclusion within the state. Both anthropologists present case studies of successful 'biological citizens', who were able to narrate their illness in modes compatible with the state paradigm, and case studies of those who were unsuccessful at doing so and so remained outside of state care and, in their own views, full citizenship.

Rose (2007) uses the concept 'biological citizenship' to refer to the increasing prevalence of tropes from science and medicine within everyday forms of sociality, and to examine the emerging forms of biopower operating within neoliberal political formations, in which, Rose (2001:17) argues, the biopolitical governance of populations has "become entangled with the aspirations of 'the people' themselves" (see also Rabinow and Rose 2006). In his history of psychiatry, Rose (1996) illustrates the increasing expansion of what he terms 'the psy' into everyday modes of understanding. He argues that the incorporation of psychiatric thinking into everyday life means that it is ordinary people, and not only 'experts', that problematise their own experience through

medical categories. While Rose (1996) sees this process as generated largely through the self-promotion of the 'psy experts', he also argues that there is no question that this is a process that is constituted through everyday social interaction in which ordinary people weave tropes from science and medicine into everyday forms of sociality. While Rose (2007) is critical of the forms of biosociality that characterise neoliberal governmentality, he takes seriously the ways in which people use medical terminology to reflect on and reconfigure their experience. He explores how this in turn shapes the development of medical technologies and the demands that people make of medicine. Rose's observation extends the literature on illness narratives since what is narrated is not only the illness, nor the self in illness, but the moral imaginary of medicine itself.

A second body of literature relevant here reads illness narratives as a window into broader socio-political transformations and the effects that rapidly transforming political formations have on people's lives (Dunn 2008; Hamdy 2008; Ng 2009; Andaya 2009; Molé 2008). In her ethnography in Georgia, Dunn (2008) situates a botulism epidemic as a phenomenon produced by a state in rapid transformation. Dunn (2008) shows that both the presence and the absence of state regulations simultaneously shapes the formation of illness, the forms of subjectivities people occupy in a rapidly changing political world, and the ways in which Georgians come to imagine the state. After discussing how the production and consumption of food was in the past highly regulated by the Soviet state, Dunn (2008) outlines the political narratives that display a combined sense of nostalgia, hope, disappointment, anxiety and suspicion towards the state within her interlocutors' understandings on the causes of the Botulism epidemic. She shows how the collapse of the Soviet Union and the poverty and economic stress it brought both triggered the unsafe food practices that led to the epidemic and came to strongly inform the illness narratives that accompanied the epidemic. Dunn (2008) reads the narratives about Botulism as a lesson in the inconsistent ways in which the state leaves material traces in people's lives. Importantly, she privileges the political narratives offered by her informants in response to these changing state formations.

Hamdy (2008) also focuses on the interconnections between medical and political imaginaries, arguing that anthropologists ought to take literally the "political etiologies" that our interlocutors offer. Hamdy (2008) gives a persuasive account of the political etiologies that patients awaiting kidney dialysis in Egypt have developed to explain their illnesses in terms that are at once biological, religious and political. She shows how through these etiologies patients locate themselves as poor Muslims, within a neglectful Egyptian state, disadvantaged by global patterns of marginalisation. To these patients, sickness brought a heightened awareness of the multiple forms of injustice which contributed to their illness and to the suffering faced by others in society. The narratives then provide these patients with a moral framework for their own individual responses to their illnesses and preparations for a likely death. As Hamdy (2008) illustrates, these etiologies are not only 'sense-making' narratives that serve to help people comprehend their own experience, but highly accurate critiques of the political processes that caused their illness and prevented their access to the high quality medical care they imagine is available in other political spheres.

Like Hamdy (2008), many anthropologists have discussed the ways that medicine can act as a form of structural violence. Farmer (1992, 2003) has for many years dedicated his work to exposing the ways in which the poor are systematically excluded from quality pharmaceuticals and health care as a consequence of the globalised structural violence of poverty. Farmer shows how the violence of poverty itself can be exacerbated by the apathy of policy makers and the mystification of the causes of war and poverty. He argues against the mechanisms that perpetuate racism and inequality within global public health through the pervasive sense that 'good-enough' medicine is good enough for the poor. Fassin's (2007a) historical ethnography of the rise of the HIV/AIDS epidemic in South Africa also casts a critical light on the ways that institutionalised racism within South Africa, and towards Africa globally, led to the poor response to HIV/AIDS by South African political leaders and by international development organisations. Scheper-Hughes (1992) has likewise been a persistent critic of the exclusion of poor rural Brazilians from health care, amongst other examples, writing of the ways in which high levels of infant

mortality have transformed experiences of grief. Finally Pinto (2004:337) has shown that clinics in rural North India are so poorly staffed that they operate "primarily as points of imagination and longing". When people untrained in biomedicine step in and take on the role of doctors, they are met with harsh discipline from the state and become the target of development interventions. Nonetheless these clinics remain understaffed and underfunded, while local healers are continually subjected to scrutiny by the media, by development organisations and by the Indian state.

While it is clear that medicine is deeply interwoven into global patterns of structural violence and inequality, it is also true that medicine sometimes plays an active role within direct political violence. Many of the key works in the history of psychiatry have focused on the role that psychiatry has played in colonialism and other oppressive political regimes. Fanon's (1963) powerful account of colonial psychiatry in Algeria stands as a reminder of how easily doctors can become implicated in war, colonisation and terror. Even more emblematic of the violence within medicine are accounts of Nazi medicine (Harrington 1996; Rylko-Bauer 2009) and the practices of eugenics that have long been wound up in biomedicine (Rose 2001). Anthropologists such as Lock (2001), Scheper-Hughes (2002) and Cohen (2001) point to the violence within biomedicine itself, through practices such as organ transplantation and the global traffic in organs from the very poor to the global rich. A small number of physician-centred ethnographies have looked at how doctors themselves respond to war, often focusing on biomedical professionals working within humanitarian organisations (Redfield 2005; Fassin and Rechtman 2009). However, compared to the large body of literature that has examined the embodied effects of violence, much less attention has been given to the ways in which medicine becomes reimagined through war.

In the post-conflict period, Acehnese doctors face a major crisis of legitimacy. I argue that this current critique of doctors is in part due to the role that a small number of doctors played within the conflict as (suspected) spies and torturers, in part to the collapse of the health care system during the conflict, and in part to the legacy of colonial psychiatry. The thesis examines the forms of desires

that become associated with biomedicine precisely because it has such a chequered history in Aceh. In the post-conflict period, biomedicine itself acts as a site of terror that signifies the potential of the state to act upon a person's body in ways that are only partially legible. At the same time, biomedicine is much sought after for its potential to generate healing and emancipation.

As Seremetakis (2001:115) illustrates, the body can become a symbolic site through which transforming political subjectivities are "worked out, fantasized, contradicted and occasionally reconciled". In a post-conflict context, illnesses and the healing practices and diagnostic frameworks that describe those illnesses become part of the technologies that people use to reconfigure and heal their suffering. Healing involves not only curing individuals nor even transforming the body politic (Scheper-Hughes and Lock 1987). Rather healing can involve a reimagining of medicine as a moral practice.

By shifting the analytical focus away from debates on the universal applicability of trauma, and away from the political economy that surrounds trauma, this thesis aims to open up space to explore the important role that imaginaries of medicine and healing play in a post-conflict society. I explore not only the effects of violence on my interlocutors' embodied sociality, but the ways that their responses to that violence have transformed their healing practices, their sense of the body, and the ways in which they imagine medicine. Following Hamdy's (2008) work on political etiologies, I foreground the ways that my interlocutors themselves imagine illness, suffering and healing. I argue not only that my interlocutors use medical language to make sense of their experience, but that the medical language itself helps to transform the moral significance of that illness. In doing so, they do not narrate only a particular condition, but attempt to influence the ways in which medicine is embedded within broader Acehnese society. Their commentary on trauma shows the ways that medical diagnoses shape Acehnese sociality, the ways that medicine exists as a moral practice, and the ways they imagine that medicine ought to act in the world. In this way I show how conceptualisations of mental illness were reimagined through the conflict.

Methods, ethics, limitations and scope of the thesis

i. Methodology and ethics

I placed ethics at the centre of this project from the very beginning. This research takes seriously the warnings and advice offered for carrying out research on violent conflict as discussed by Robben and Nordstrom (1995), Feldman (1991), Sanford and Angel-Ajani (2006) and other researchers carrying out politically engaged anthropology. Most ethnographers committed to "writing against terror" (Skidmore 2004:8) agree that conventional techniques of participant observation are not appropriate in fieldsites in which there are high levels of surveillance together with the threat of political violence. Conventional participant observation could be interpreted by some as an act of surveillance, induce fear or distress, or increase the risk of violence to my interlocutors. I read the reflections of other ethnographers of political violence, and used these writings not as rigid rules but as guidelines that I reflected on when making my own decisions as to what was ethically appropriate within the particular power dynamics of my fieldsite. These ethnographic writings helped me as an individual researcher to become responsive to ethical dilemmas as they arose in the field. In this regard I found these writings invaluable.

Following these anthropologists' methods, I made the decision not to live with an Acehnese family or to carry out conventional participant observation. Rather I had my own house near the university campus in Darussalam, on the outskirts of Banda Aceh, where I lived with other western academics associated with Syiah Kuala University. I made regular research trips and visited many of my interlocutors in their homes, but didn't stay for more than two nights at a time. Since I worked in a post-conflict rather than a conflict environment, I had much more political space in which to work freely than many ethnographers writing at the peak of a military operation. My research was supported by the Syiah Kuala University in Banda Aceh and was carried out in a period of 'political opening'. Nevertheless, there are still high levels of surveillance in Aceh, particularly for known former rebels, and the need to protect my interlocutors against possible harm was still apparent. I didn't discuss the conflict or highly politically sensitive topics with my neighbours. However,

occasionally my neighbours appear within the thesis (with informed consent) illustrating aspects of Acehnese medicine, religious practice and sociality.

ii. Key methodological approach

The bulk of the data that appears here was taken from the life histories and conflict narratives of 53 Acehnese women. In the beginning, I intended these life histories to focus on my interlocutors' experiences of conflict and the transformations they have witnessed in their communities through the conflict. However, as is the nature of a life history, the information offered to me varied from person to person and the extent to which they wished to discuss their lives also varied. Some people agreed to meet me only as a once off interview. Others I met regularly in public places such a coffee shops or restaurants during quiet hours. In other cases I regularly visited my interlocutors' homes, got to know their families well and participated in village events and everyday family life. In a few cases I was asked by my interlocutors not to speak to a particular member of their household (often very elderly people) who were prone to feeling distressed if the conflict arose in conversation. I always respected these wishes and simply engaged with people as I felt they wished to engage with me. While it is difficult to judge what these absent stories may have added to this thesis, I accept this as a necessary limitation to this research.

Although I initially approached the field somewhat wary of discussing such a sensitive topic as women's lives amidst the conflict, I found, somewhat to my surprise, that I myself needed to do very little to invite conversation on the conflict other than tell the person that I was in Aceh for that explicit reason and express an interest in their experiences and opinions. I think that this openness may have resulted from the timing of my fieldwork. Several years had past since the end of full-scale military occupation that terrified most Acehnese into silence even within their family let alone to a foreign researcher. People were starting to feel confident to speak safely, but the future was still uncertain enough to inspire people to take the chance to tell their stories. In a few cases people asked me to use their real names and even to list their addresses with their stories. I decided not to do so however since the risk of retribution is still possible. This means that in some cases I have taken the initiative to protect the

anonymity of my interlocutors to a greater extent than they felt necessary since I as a researcher was not prepared to risk the consequences if the conflict reignites or if they face retribution from another individual or group.

As is the nature of ethnographic research, I followed the trails offered to me by these women's narratives and by everyday observations and happenings to develop the information I present here. For instance, when a woman unexpectedly became possessed while in my house, the connections between spirit possession, *trauma* and the conflict became apparent, and it was only then that I started to seek information on this theme. And so through the course of my fieldwork I also sought interviews from several 'specialists' including psychiatrists, spirit mediums and Islamic healers on issues relevant to *trauma*, notions of the body, psyche and soul and the relationship between medicine and Islam. I observed the exorcisms of more than fifty people for spirit possessions and various forms of sickness thought to be exacerbated by sorcery or spirits (*jinn*), many of these were explicitly interconnected with the conflict or *trauma*.

In addition to discussions on the conflict, I spent long periods of time with my key interlocutors discussing religious practice, medicine, and the routine aspects of everyday life that form an important contextualisation to the data collected through interviews, life histories and my own observations. After a long period of fieldwork I feel confident that the information I offer here in this ethnography resonates with the issues my interlocutors stressed to me as the important concerns driving their lives.

iii. The people, places

I initially approached potential participants through several key Acehnese women's organisations that have operated in Aceh for many years, and that at the time of my research were implementing livelihood projects in communities affected by the conflict. I asked these Acehnese activists to introduce me to women who were interested in discussing their lives and experiences of the conflict. I was then able to recruit other participants through a standard snowball sampling method. Since I began my research through Acehnese

NGOs, several of my interlocutors were well-connected with either GAM, government or activist networks. By the end of my fieldwork very few of my interlocutors had any connections with any NGOs and only a minority were from GAM families. Beginning my research through these local NGO networks proved to be a fruitful strategy and I am deeply grateful to these dedicated activists for their generous assistance in helping me to establish these contacts. Particularly in a context in which many international organisations were offering large sums of much needed funding, and I offered very little in comparison, these activists and academics generously gave their time to assist me and rarely asked for anything in return. My interlocutors too, were generous with their time, and while some preferred to simply give an interview and nothing more, others graciously welcomed me into their family homes and into Acehnese ways of life. I did not pay my interlocutors in exchange for interviews, or set up any focus-groups that were linked with NGOs. I did on two occasions observe focus-groups that Acehnese organisations had arranged at their invitation, but I have not included that data in the thesis.

This research was conducted primarily through discussions with women. Where I came to know an entire household, I spoke with both men and women of that household although, as a woman ethnographer, I was in most cases better able to build rapport with women than with men. Other than being predominately women, there is no particular demographic label that accurately describes the participants of this research. I interviewed almost equal numbers of people from places known as 'high intensity conflict areas' and 'low intensity conflict areas'. The majority of my interlocutors were from Aceh's north coast districts of North Aceh, Bener Meriah, Lhokseumawe, Bireuen or Pidie. These districts are often considered to be 'the conflict zone'. However, I found that almost everybody that I met, including those living in Banda Aceh, in neighbouring Aceh Besar, Aceh Jaya and along the West Coast had very similar life experiences to those in the areas thought to have suffered the most directly from the conflict. Importantly, the majority of my interlocutors have lived highly mobile lives, so that they had experienced multiple conflict dynamics from the years of their lives spent living in different districts of Aceh.

I attempted to talk with people of all ages, though I didn't interview children even when I was at times encouraged to by their parents. I did observe people's interactions with children in their households. My youngest informant was 19, my oldest in her 80s, most were in their 30s or 40s. I was often shocked to find that people I estimated to be in their 50s were in fact only in their 30s. This was particularly true for those who spent many years living in jungle camps. I interviewed very few elderly people, since many of the people I knew in their 70s and 80s were too sad, too tired and didn't want to talk about the conflict. As such I had only the most rudimentary discussions on serious issues with them. Still they often glossed over their life in just a few sentences, giving me a good sense of just why they no longer had the energy to engage in social dialogue about the conflict. Poverty means that most elderly people still spend their days carrying out manual labour, but retreat whenever they can to their huts to perform religious practices. I left them alone, and let them approach me.

As an ethical precaution I did not live with my key interlocutors but rather carried out multisited ethnography, mostly along Aceh's north coast. As is true for many multisited ethnographies, travelling between multiple locations reduces the amount of everyday observation an ethnographer can make. Over a long period of fieldwork however, the advantages of flexibility and comparison give broader ethnographic scope that a concentrated study of one family or one village cannot bring. I have tried to simply factor this into my analysis. I spent most of my time in Banda Aceh but made frequent research trips along Aceh's north coast. I made one research trip to West Aceh and South Aceh. As such, this research is most strongly relevant for an understanding of the north coast of Aceh, in particular the district of North Aceh where the majority of my informants spent the majority of their lives. I also have a good familiarity with Aceh Besar, since I lived on the Banda Aceh-Aceh Besar border, and regularly visited families in rural Aceh Besar.

But the high mobility of Acehnese people means that the partial restrictions of my own movement do not mirror the backgrounds of those I interviewed. I discussed the conflict with people from almost every district of Aceh. Most of

my interlocutors had spent considerable periods of time living outside the district of their birth, and most were not living in their villages of birth at the time of our acquaintance. Some had chosen to establish new homes in new towns since the end of the conflict while many had moved to trade or look for work.

iv. The timeframe

This research is based on ethnographic fieldwork carried out from January to the end of November 2008 and then again from February to the end of August 2009. This was my first time in Aceh, although not my first experience in Indonesia. I lived and worked in Jakarta for 18 months in 2004 and 2005.

My fieldwork began four years after the tsunami (completed six years after the tsunami) and three and a half years after the resolution of the conflict (completed five and a half years after the peace agreement). The post-tsunami aid effort was already coming to a close when I arrived in Aceh, and now in December 2011, my Acehnese friends tell me almost all organisations have left Aceh. The political uncertainty surrounding elections and ongoing isolated acts of political violence is still a reality in December 2011, as it was through my fieldwork.

Since my methods centred around life histories and interviews about the past, it follows that much of the data in this thesis refers to a period in which I was not personally present in Aceh. Even if I had chosen a different key methodology this would be the case, since in daily conversation Acehnese tend to speak about history very frequently (see Chapter Three). Although it was early apparent in my fieldwork that an exhaustive life history is something of an impossibility, I do not consider this a serious limitation to this research. I am aware that the narratives that I refer to in this thesis were spoken in 2008 and 2009, and so therefore assume that they illuminate the memories, desires, values and priorities of those people in the moment that they chose to speak to me. As such this thesis should be read primarily as an ethnography of perceptions of the conflict and *trauma* in 2008 and 2009.

v. Language

I used Indonesian rather than the Acehnese language in carrying out this fieldwork. My Indonesian is very competent but my Acehnese is very rudimentary. I acknowledge this as a limitation to this thesis, since the ethnographic categories offered to me by my informants would certainly have been different in the Acehnese language. However, the word *trauma* has been equally integrated into both Acehnese and Indonesian languages. I did not encounter anybody who could not speak Indonesian fluently as a language learned in childhood. I carried out all of the interviews myself with no interpreter. Sometimes my interlocutors brought a friend, sister, husband or wife, to the interviews, and in these contexts I often interviewed both people concurrently.

vi. Access to people and issues

Occasionally my interlocutors requested me to avoid talk of the conflict with certain members of their household who were prone to feeling distressed when reminded of the conflict. I always respected these requests and accepted this as an inevitable restriction I faced. One possible consequence is that some people (possibly the most traumatised) were spoken for on behalf of family members. Most of those who described themselves as suffering from mild *trauma* or who had recovered from past *trauma* spoke in quite articulate terms of their own experience. These different experiences will become clear in the course of the thesis.

In terms of themes unspoken, it was clear to me in a number of interviews that people had chosen to self-censor their discussions of rape. Although many of my informants spoke at length about their horror at the rape of others, nobody discussed their own rape and most insisted that neither they nor anybody in their own village had been raped, before turning to protesting the widespread rape of women in villages further afield. The large scale psychosocial needs assessment carried out by Harvard University and the International Organisation for Migration also found very low reported levels of rape (1% of sample), in contrast to other violent acts (Good, DelVecchio Good et al 2006:14).

I did not probe to start conversation on rape or other aspects of violence that my interlocutors did not discuss themselves.

Thesis structure

The thesis is structured around the key forms of 'problematisation' my interlocutors engage in through the idiom *trauma*. Each chapter explores a different sub-set of sensibilities that underpin *trauma* and that render it salient as an adopted idiom of distress. Each chapter highlights the different perlocutionary effects that *trauma* produces in particular contexts. The thesis as a whole illustrates how *trauma* entered the Acehnese political and medical imaginary, and examines the many forms of cultural work that my interlocutors perform by engaging with this idiom. By foregrounding my interlocutors' own interpretations of *trauma*, I present the history of *trauma* as a process of the vernacularisation of medicine.

Chapter 2: *Trauma* as an Acehnese idiom: A clinical and social history

The key agent in the vernacularisation of '*trauma*' in Indonesia has been the media, while the militarised state, NGOs and psychiatrists themselves have played a secondary role. The aims of this chapter are firstly to trace a history of the idiom trauma itself, and secondly to locate this history within the broader semantic field that describes the interconnections between medicine and violence. I do so by compiling secondary texts, newspaper articles, and a reading of the key themes within the Indonesian psychiatric journal. The chapter begins with a discussion of colonial psychiatry in Aceh drawing attention to the ways in which Dutch authorities pathologised Acehnese resistance. I then briefly discuss the role of psychiatry within Indonesian state-building, before moving on to the more recent history of the term *trauma* itself. I give an account of the circulation and signification of word *trauma* by the media in the final years of Suharto's rule. I demonstrate that *trauma* was first popularised in the Indonesian language through the state's use of psychiatric jargon within its terror campaigns in the 1980s and 1990s. *Trauma* was subsequently taken up and resignified by public intellectuals and psychiatrists protesting the effects of violence on the population. When humanitarian

psychiatry arrived in Indonesia in 2002, *trauma* was already a multivalent idiom in wide circulation. *Trauma* is a root metaphor that brings together the conceptual domains of violence and medicine. The effects that *trauma* produces, however, differ significantly from context to context. While this chapter traces a history of *trauma* prior to my fieldwork, the remaining chapters explore the many uses and effects of *trauma* as a contemporary idiom of distress.

Chapter 3: Fatimah and the Struggle against History: *Trauma* as paradox

In Chapter Three I discuss the important ways that Acehnese historical narratives have informed contemporary iterations of *trauma.* After summarising the key historical events that are frequently narrated as 'definitive' of Aceh, I move on to explore my interlocutors' own historical consciousness. I base the chapter around the life histories of four women, who use *trauma* as a hermeneutic device through which to think through what they see as a key paradox of history: namely, that Aceh's history of war has made them strong, at the same time as it has caused pain and suffering. These women conceptualise 'history' as a chaotic sequence of unexpectedly interrelated events that come to both enable and constrain the possibilities of life. The chapter illustrates the ways that these women experience suffering as a historical process. Through the idiom *trauma,* they contemplate the perils of living in a society with a long history of war, and remind themselves of the importance of maintaining the strength and bravery necessary to withstand a history of suffering.

Chapter 4: *Trauma* in the Body: Spirit possession, the body and the politics of knowing

In this chapter I discuss the relationship between *trauma,* spirit possession and sorcery. During exorcism rites, *jinn* often describe the suffering they have witnessed in the lives of their hosts. This chapter builds on the discussion of the conflict by exploring exorcisms in which the possessed voice conflict narratives. The chapter brings attention to the ethnophysiological principles that underpin the logic through which abstract processes such as 'history' and

'injustice' can act on a person's body to become a cause of sickness. I introduce some of the prominent idioms my interlocutors used to describe the body, particularly the logic through which external forces are seen to be able to displace the fragile relationship between the body, psyche and soul of a person, shaping their religious disposition and affecting their intersubjective relationships in the world. I give close attention to the recurring somatic metaphors my interlocutors use to describe the sensation of *trauma*. Spirit possession, while common, is a contested practice in Aceh. By exploring the controversies surrounding exorcism and sensory perception, I show the ways in which doubts and anxieties relating to 'proving' spirit possession, and to demonstrating the efficacy of exorcism and biomedicine have come to inform *trauma*.

Chapter 5: Accepting Destiny: An Islamic etiology of *trauma*

In Chapter Five I discuss what many offered to me as a definition of *trauma*: 'the inability to accept destiny'. This understanding of *trauma* is closely related to dominant narratives surrounding the Indian Ocean tsunami. Following from Chapter Four this chapter shows how many conceptualised *trauma* as first and foremost a rupture between the individual and God, and symptomatically as a rupture in social relationships. I show how several of my key interlocutors turned to contemplative prayer, reflecting on Islamic notions of predestination (*qadha* and *qadhar*) in order to conceptualise and respond to distressing situations. My interlocutors here sought to prevent *trauma* by enacting ideal forms of subjectivity such as bravery, solidarity and obedience to God. The idea that 'accepting destiny' is an explicitly 'Islamic' etiology of *trauma* emerged from contrasting notions of disaster preparedness promoted by international aid agencies. The post-tsunami political economy was shaped by two conflicting apocalyptic narratives, and stratified notions of victimhood. Aid agencies misrecognised Acehnese responses to the tsunami. However, this misrecognition served to reinforce rather than to interject in the sense that the death of loves ones must be accepted as destiny. Consequently, this came to be framed by many as an explicitly Islamic etiology of *trauma*.

Chapter 6: "All of Aceh Suffers from *Trauma*": Stigma, morality, mental illness

Chapter Six discusses the stigma surrounding *trauma,* in comparison and contrast with other common Acehnese terms for mental illness. I argue that the incorporation of the idiom *trauma* into the Acehnese vocabulary has transformed the stigma often attached to other categories of mental illness and to the public expression of personal suffering or negative emotions more generally in Aceh. Drawing from Goffman (1963), I illustrate that while those seen to have *trauma* are "discreditable" that those with other forms of mental illness are "discredited". This stigma is attached to the patient, to the illness, and to psychiatry as a medical institution. Once again the legacy of colonial psychiatry continues to shape understandings of suffering. The chapter argues that the reconfiguration of stigma is one of the key effects that *trauma* carries when used in everyday discourse. A social diagnosis of *trauma* allows for a person's suffering to be described in language that leaves open the possibility for recovery, while those whose suffering is labelled through other terms risk being locked in chains or 'carried to' the psychiatric hospital, thought never to return. This chapter illustrates how an iteration of suffering as *trauma* is in itself a form of healing.

This thesis expands the current debate about the globalisation of trauma by framing *trauma* as a globalised idiom of distress that has become incorporated into the Acehnese moral imaginary in a number of ways. I do not dismiss the current debate that is focused on the coercive political economies wound up in humanitarian psychiatry or the harm that can occur through the forced elicitation of a 'trauma story' from those seeking asylum, medical services or attempting to give testimony about their experiences of political violence. However, I argue that an exclusive focus on such practices is insufficient to understand how *trauma* has become a vernacular language of suffering not only in the west, but also in Aceh and I assume many other places. I explore how my Acehnese interlocutors themselves take up *trauma* as a powerful narrative device through which they can both understand and seek to transform the world around them. In doing so, this thesis describes the moral worlds of Acehnese people living through and beginning to recover from decades of violent conflict. Rather than describing a medical system imposed on Aceh from the outside, I bring attention to the ways that Acehnese people have

interpreted a psychiatric idiom, incorporated it into their broader medical-moral landscape and use it to facilitate moral commentary on the world around them. In doing so, the thesis offers a case study of the ways in which illness and medicine can become reimagined through violent conflict.

2. *Trauma* as an Acehnese idiom: a clinical and social history

Wittgenstein (1958:8) tells us that:

> Our language can be seen as an ancient city: a maze of little streets and squares, of old and new houses, and of houses with additions from various periods; and this surrounded by a multitude of new boroughs with straight regular streets and uniform houses.

If language is 'an ancient city' then the Indonesian idiom *trauma* is a relatively recent addition to a rich and complex semantic network that describes the interconnections between health and political subjectivity, and between medicine and violence. This chapter explores the path through which *trauma* entered the Indonesian language and the Acehnese medical-moral landscape. I discuss the earliest uses of *trauma* as an Indonesian term, the process through which *trauma* was vernacularised within Indonesia, and the history of ideas that connects *trauma* into a broader semantic field that gives *trauma* its efficacy as an idiom of distress.

This history of ideas includes but goes beyond recent psychiatric epidemiology that focuses on the diagnosis of PTSD and other psychiatric disorders. I was initially sceptical when I first heard Acehnese people using the term *trauma* to describe their suffering and illness. I patiently continued my interviews, convinced that eventually people would stop using the term *trauma* and that I would uncover the 'real' Acehnese idioms of distress. Once it was clear to me that *trauma* was precisely what my interlocutors wanted to say, I became suspicious of international NGOs, and assumed that the idea of *trauma* must have been imported to Aceh by the massive humanitarian response to the December 2004 Indian Ocean tsunami. Over the next few months however, it became increasingly clear that the sense of *trauma* I was garnering from my interlocutors could never have been delivered through a straightforward

development 'training' session. While international and Acehnese NGOs had certainly been involved in PTSD diagnosis and trauma healing after the tsunami, Aceh had nothing like the 'trauma economy' that anthropologists have described in other contexts (James 2004; Dickson-Gómez 2004; Fassin and Rechtman 2009). The majority of international and local NGO attention, and the majority of the funding, was geared towards rebuilding infrastructure and not towards trauma healing (Waizenegger and Hyndman 2010; Zeccola 2011a).

More importantly, the ways that my interlocutors were using the term *trauma* made it clear that international NGOs did not introduce the concept to the Acehnese imaginary. The international NGOs and psychiatrists that were carrying out trauma healing were certainly were not describing *trauma* as an awareness of the paradoxical nature of history (Chapter Three); as an allegory of the sense that society acts on the individual like a spirit (Chapter Four); or as the inability to discern between different categories of destiny (Chapter Five). When I returned home to Australia I began to trace a history of *trauma* in the Indonesian media and in Indonesian psychiatric journals, and found that it entered the popular imagination in Aceh through a complex and multidimensional trajectory which was affected by but was not predominately focused toward the humanitarian industry at all.

In this chapter I argue that the contemporary meaning of *trauma* has been shaped by the Indonesian media and by political discourse as much as it has been shaped by the actions of psychiatrists themselves. This chapter explores the legacy of colonial psychiatry in Aceh, the use of medical language by the state and the media, and introduces the broader perception of biomedicine that has developed through Aceh's history of violence. As Young (1995), Leys (2000), Hacking (1995) and Fassin and Rechtman (2009) all illustrate, the European and American history of trauma is twofold. Trauma has both a clinical history as a diagnostic concept, and a social history as a vernacular language of suffering. These clinical and social histories have long been intertwined to shape the development of psychiatric practice, the meaning of trauma as a moral idiom, and the forms of authority that trauma carries as a language of suffering. The Acehnese history of *trauma* overlaps with this

European history, but has also been strongly shaped by the history of Indonesian psychiatry and by political events within Indonesia and Aceh that have forged interconnections between medicine and politics. In turn, I argue, both Aceh's history of war and history of the vernacularisation of psychiatry in Aceh has influenced the ways that Acehnese people have come to imagine mental illness, psychiatry and biomedicine in general.

Although there are a cluster of loanwords from English psychiatric terminology in wide circulation in Indonesia, notably *trauma; stres; panik; depresi* and *shok*, only a small number of anthropologists have attempted to address how these terms function in popular usage or to consider the kind of cultural work they perform within everyday discourse. Transcultural psychiatrists working in post-conflict Poso (Central Sulawesi) recently noted the prevalence of an "indigenized trauma concept" as a factor complicating their psychiatric epidemiology (Tol, Reis et al 2010). Some anthropologists have noted the use of the term *trauma* in passing or in footnotes (Spyer 2002:29). Many have told me through personal correspondence that the term *trauma* is used in fieldsites as diverse as Sulawesi, Lombok, Yogyakarta, Maluku, Kalimantan and Bali. But few anthropologists have ethnographically explored the meaning of *trauma* in everyday discourse in these sites.

The exceptions are: Siegel (1998a, 1998b), who writes about the use of *trauma* within state security discourses throughout the 1990s and in the media coverage of the May 1998 street violence in Jakarta; Dwyer and Santikarma (2007), who discuss the May 1998 street violence in Jakarta and the PTSD intervention following the 2002 nightclub bombing in Bali; and Bubant (2008) who explores the role of *trauma* within vampire rumours in post-conflict Maluku. Although these ethnographers work in quite culturally and politically distinct parts of Indonesia, I draw from all of them here to get a sense of the different forms that *trauma* takes in different regions of Indonesia, before moving on to the specific nuances that *trauma* carries in contemporary Aceh in subsequent chapters. I combine the observations of these anthropologists with my own review of the Indonesian psychiatric journal from 1980 to 2010, and with a discourse analysis of the use of the term *trauma* in Indonesian newspapers. This chapter traces a

history of *trauma* up until the beginning of my fieldwork, while subsequent chapters develop an ethnographic discussion of its use during my fieldwork. The bulk of this chapter discusses the vernacularisation of *trauma* from the 1990s to the present. However to begin this history we cannot start with recent political events, but rather we must go back to a much earlier form of 'globalisation' that informs contemporary imaginings of *trauma*: colonial psychiatry.

The pathologisation of colonial resistance

"Do you remember when ordinary Acehnese people first started to use the word *trauma*?" I asked one of the psychiatrists in Banda Aceh in 2009. "Forever!", he exclaimed, "*trauma* was brought to Aceh by the Dutch." I tried to clarify my question: "I mean, when did Acehnese people begin to use the word *trauma*, rather than other words to talk about violence?" He bounced out of his chair: "yes, the word *trauma*, the sense (*rasa*) *trauma*, it was brought by the Dutch!" I was confused. I had expected him to say during the 1990s when I knew the loanword had become popular in Jakarta, or possibly after the tsunami in December 2004 when international NGOs arrived in Aceh in large numbers. He noticed my confusion, grinned and sat down, explaining more calmly:

> Acehnese have indeed used the word *trauma* since the time before, since before independence, since the time of the Dutch. When I arrived in Aceh more than ten years ago [he is Javanese] the conflict was already extreme, every day there were bodies in the river, ordinary people already used the word *trauma*, in their consultations at the psychiatric hospital, on the streets to describe the bodies in the river. The word *trauma* was brought by the Dutch.

I went to other questions, though I wasn't sure whether or not to take his point literally. Certainly European psychoanalysts had been engaged in 'memory debates' for several decades before colonial psychiatry took hold in Aceh with the establishment of a mental asylum in 1923 (Hacking 1995:12,197). And there

is no question that psychiatrists acted as part of the colonial administration in Aceh. But in the 1920s trauma had not yet become the popularised cultural idiom that Fassin and Rechtman (2009) describe as dominating responses to violence in the early twenty-first century. While the colonial psychiatrists in Aceh were developing a complex nosology of post-war madness, they did not describe Acehnese people as having trauma. Sure enough however, the *Dictionary of Loan-words in Indonesian and Malay* (Jones 2007) says that *trauma* entered the Indonesian language via Dutch (from the Greek etymology), though this dictionary does not suggest how or when this linguistic encounter occurred. While I argue in this chapter that the media, more than international NGOs or clinical psychiatry itself, has played a substantial role in the vernacularisation of *trauma* within Indonesia, the role that colonial psychiatry played at the close of the Dutch-Aceh war continues to inform *trauma* as an Acehnese idiom of distress. This is true not only because the colonial war inflicted extreme violence and suffering on Acehnese society, but because colonial psychiatry was one of many historical processes that valorised the use of medical terminology as a language for explaining violence, political subjugation and emancipation.

Aceh is well-known for its long resistance to colonialism (rather than its colonial occupation), a resistance war I describe in detail in Chapter Three. While the Dutch had long established colonies in Java, North Sumatra and many other parts of the archipelago, Aceh continued to be seen as a 'frontier' in the mid-nineteenth century. It was imagined as inhabited by belligerent religious fanatics who were despised and yet respected for their bravery and their former maritime greatness. The Dutch launched a major military campaign in 1873 and declared victory in 1903, although Acehnese commonly dispute that the Dutch ever successfully colonised Aceh.

The Dutch obsessively documented the methods and strategies of their Acehnese enemies, particularly through the colonial ethnography of C. Snouck Hurgronje (1906) which aimed explicitly at finding a more efficient means

through which to colonise Aceh.[7] One form of ongoing resistance that continued after 1903 and that struck a chord in the minds of the colonial authorities was the practice of strategic suicide attacks. Reid (1979:11) describes these attacks as follows:

> Typically the attacker would put his affairs in order in preparation for a hero's death, go to a town where he could expect to find Dutchmen, and suddenly spring upon one with his *rencong* (dagger) or *klewang* (long knife).

The Dutch pathologised these attacks into a psychiatric disorder that they termed *Atjeh-Moord* - 'Aceh Murder' (Reid 1979:11). Reid (1979:11) points out that as organised resistance under the leadership of religious leaders (*ulama*) began to fragment, colonial officials began to distinguish between the organised resistance movement (the *muslimin*) and isolated acts of individual killings. It was these seemingly individual attacks upon Dutch officers that were subject to pathologisation (Reid 1979:11).

According to Kloos (2010:3), the pathologisation of 'Aceh Murder' was a key measure through which the Dutch administration attempted to mark the shift from war to civil administration. After the appointment of van Sluys as the first non-military governor of Aceh in 1918, it was no longer desirable for ongoing fighting to be described as colonial resistance.[8] The Dutch wanted to claim absolute victory over Aceh, the province of the Dutch East Indies that had long vexed their attempts at colonial rule. And so the authorities attempted to individualise and pathologise these ongoing attacks as a psychiatric disorder. This was done in full awareness and reflection upon the revolutionary intention of the attackers.

From his early days in office, van Sluys lobbied Batavia for the need for an asylum in Aceh. Van Sluys wrote to Batavia saying that:

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[7] I discuss Snouck's ethnography in detail in Chapter Three.

[8] See van den Doel (1994) on the relationship between military and civilian Dutch officials in Aceh.

> It has sometimes been said in a jesting way: if a murder is committed in Aceh, the perpetrator is always crazy. But: in its deepest core this is true. It is usually the people whose mental capabilities falter who decide to kill a European. And of such lunatics in Aceh there are so many! ... The lunatics of Aceh, they are the instruments, utilised, one could say, for the committing of such murders, and it is these instruments which need to be removed, or at least withdrawn from society (Kloos 2010:16).

In 1920, van Sluys invited the prominent Dutch psychiatrist van Loon to Aceh to observe 'the Acehnese mind'. Van Loon was one of the most influential and controversial Dutch psychiatrists working in the Dutch East Indies (Pols 2007:183). Van Loon came to Java specifically to study Malay patterns of psychosis and regularly made public statements describing 'the Malay psyche' as infantile, emotional and impulsive and therefore in need of control by the colonial administration (Pols 2007:178). Following van Loon's visit, and at Governor van Sluy's request, the Dutch established an asylum on the Acehnese island of Sabang[9] in 1923 that was to become the largest and most notorious asylum in the Dutch East Indies. The director of the asylum was Dr Jonas Anton Latumeten, an Ambonese psychiatrist who had trained at the STOVIA medical school in Batavia and who had just returned from study in the Netherlands when appointed as head of the new asylum (Pols 2007:183). Latumeten had been the assistant to the controversial Dutch psychiatrist Travaglino, who together with van Loon was later accused of promoting "psychiatric fascism" by indigenous psychiatrists and liberal minded Dutch due to their persistent, derogatory comments about 'the native mind' (Pols 2007:174-188). Like van Loon, Travaglino saw psychiatry as playing an important role in colonial governance. Travaglino consistently described the Malay population as emotionally unstable. He described political dissidents as being "like sparks flying around barrels of dynamite" (Pols 2007:175).

[9] Technically the town/port is called Sabang and the island Pulau Weh. However, the island is known locally by the port name (Sabang) rather than the island name. The asylum is always described as the 'Sabang asylum'.

Despite the highly politically charged context of its establishment, the Sabang asylum itself was a relatively benign, if isolated community. There was forced labour, but beyond this its patients were free to wander around the island and interact with each other (Kloos 2010:1). However following Alfian, Reid (1979:9) suggests that on the mainland this asylum came to signify a "crushing sense of defeat". The discourses surrounding the Sabang asylum presented it as necessary to contain the individual psychosis that psychiatrists saw developing in place of colonial resistance, which they had earlier acknowledged as a holy war. The Sabang asylum and the institution of psychiatry implied the permanent removal of a person from Acehnese society. This removal of potential deviants from society was, in fact, the explicit intention of van Sluys (Kloos 2010:16).

Ironically, 'Aceh Murder' was pathologised not because the assailants displayed typical symptoms of an identifiable mental illness, but rather because the psychiatrists and colonial authorities alike were disturbed by the sanity of the 'Aceh murderers'. 'Aceh murder' terrified the Dutch not because of its ferocity or its suicidal nature, but rather because those perpetrating 'Aceh murder' seemed calm, calculated and altogether sane (Morris 1983:60). Latumeten was particularly puzzled by the apparent sanity of those under his charge. Latumeten, van Loon, van Sluys and Jongejans (the Governor of Aceh from 1932 to 1936), consistently contrasted the strategic attacks of 'Aceh murder', with the wildly erratic, frenzied behaviour of *amok*[10], another supposedly uniquely Malay disorder (Morris 1983:59). Jongejans described 'Aceh Murder' as follows:

> The Atjeh-murderer is totally conscious [of his act], he works eclectically, choosing his victim and choosing his location. With those making *amok*, there is no trace of this. The Aceh-murderer meticulously considers his chances, he acts in cold blood, he is also tired of life, and would be able to commit suicide if this practice were known amongst the Acehnese. He knows that, through the murder of a European, he will go

[10] Also spelled *amuk* or *ngamuk*.

> straight to heaven, where all kinds of deliciousness await him. What is more natural, than to fulfil the deed, in which he himself hopes to fall, or otherwise fail in his intention" (Kloos 2010:4).

The contrast the psychiatrists drew with *amok* also fuelled another key discourse of Malay colonial psychiatry. Van Loon (1927:435) had a particular interest in *amok*, describing it as "the horrific, unexpected, murderous attack in the tropical rest of the '*kampong*"'. He understood *amok* as a form of delirium triggered by fever and disease that broke down what he saw as a façade of social control thinly disguising the impulsive nature of the 'Malay psyche' (van Loon 1927:435-438). In contrast van Loon (1927:435) described Aceh Murder as an "ordinary murderous attack" that was "caused by religious fanaticism".

Before *amok* was classified as a psychiatric disorder it was taken as a strategy of warfare by colonial travel writers, some of whom admired *amok* as a form of "oriental martial arts" (Carr 1978:272). In the colonial period, *amok* referred to a killing rampage, the attackers considered insane and very frequently killed by their contemporaries before the authorities arrived at the scene (Carr 1978). *Amok* was classified as a disorder by colonial psychiatrists, who studied it as an exotic illness, while also using it as an opportunity to debate whether insanity ought to exempt a mentally ill person from prosecution for crimes committed while *amok* (Good, Subandi et al 2007:263-264).

Over subsequent decades *amok* developed into a broader cultural trope. In recent decades, *amok* refers to a sudden outburst of anger or violent behaviour, usually by a man, preceded by feelings of 'heartache' (*sakit hati*) or shame but with no specific identifiable trigger (Browne 2001; Tan and Carr 1977; Carr 1978). *Amok* was eventually listed as a 'culture bound syndrome' in DSM-IV (1984) after being hotly debated for decades by cross-cultural psychiatrists and anthropologists (Maretzki 1981:240-241; Tan and Carr 1977; Carr 1978; Carr and Vitaliano 1985; Browne 2001:148). In its contemporary use *amok* is a highly ambiguous concept that brings together a range of "behaviors that are disruptive to social relationships [and so] cause feelings of vulnerability and danger" (Browne 2001:152). Both these undesirable behaviours and the term

amok itself can evoke anxiety. *Amok* relies on a strong semantic association between the self-regulation of emotion and social order. The notion that social order depends on an individual's self-control is linked to the important Javanese sensibility of maintaining harmonious relations (H Geertz 1961:147), a sensibility that also formed a dominant role within New Order political discourse. Consequently, *amok* has been used as a security discourse by the Indonesian state to quell civil disobedience, including during the street violence following the fall of Suharto in 1998 (Browne 2001:158; Good and DelVecchio Good 2001).

While *amok* built on an indigenous Malay description of erratic behaviour that became integrated into psychiatric frameworks, 'Aceh Murder' was a category developed entirely by the colonial psychiatrists. They used the Dutch, *Atjeh-Moord*. Those committing 'Aceh Murder', even if acting individually, saw themselves as fighting a holy war against colonial occupation, a fact that was documented at length by the Dutch authorities. *Amok* was widely imagined as the descent of an individual into psychosis, and, according to the racialist thinking of colonial psychiatrists such as van Loon, a manifestation of the fickle 'Malay psyche'. In contrast 'Aceh murder' was seen as an intentional act of a sane individual, but was imagined to reflect large scale psychological instability in Acehnese society. So while *amok* certainly carries a highly political past, 'Aceh Murder' was entirely based on the colonial fear of Acehnese resistance fighters. To a greater extent than *amok*, 'Aceh Murder' was coined explicitly to serve as a means of social control. Nevertheless once pathologised, 'Aceh Murder' presented the opportunity for colonial psychiatrists to experiment and expand their medical practice.

Van Loon, together with the two governors van Sluys and Jongejans, promoted the explanation that 'Aceh Murder' was a manifestation of fatigue from fighting a long war of resistance. However they concluded that the Dutch War exacerbated but did not cause the psychosis present in 'Aceh Murder', which they understood as stemming from the alleged hatred of non-Muslims (*kafir*) that they assumed formed the core of the 'Acehnese character' (Kloos 2010:56; Reid 1979:9). While Latumeten engaged a similar racialist perspective in his

subsequent work at the asylum, he also sought to integrate this notion of the 'Acehnese mind' into a psychoanalytic framework. Latumeten proposed that 'Aceh murder' was caused by what he termed the 'kaphe-complex', *kaphe* or *kafir* meaning a non-Muslim or literally a non-believer. According to Latumeten, this kaphe-complex was characterised by a sense of defeat, paranoia, confusion and religious ecstasy (Kloos 2010:11). He presented this as a form of racial degeneration that could be alleviated by modernisation, the diminishment of 'kafir-hatred', changes in customary law (*adat*) and condemnation from religious scholars (*ulama*). Like van Loon, Latumeten supported the detainment and isolation of those identified as having 'latent lunacy' (Kloos 2010:9-10).

Like Governor van Sluys, Latumeten and subsequent psychiatrists portrayed 'Aceh murder' as a psychiatric disorder, while explicitly acknowledging that the 'Aceh murderers' were in fact sane. This contradiction was consistent with van Loon's original recommendations in 1920. In his first assessment of 'Aceh Murder', van Loon examined 215 patients selected from a list of 1100 people who had been officially registered as insane by their respective *uleebalang*, territorial leaders who later came to be seen as traitorous for their collusion with the Dutch (Kloos 2010:7). While van Loon found that only three out of these 215 people had actually threatened to kill a colonial official, he nonetheless concluded that Aceh faced a serious risk of attack from its allegedly unstable population. In fact very few people were killed through 'Aceh Murder' in comparison with the very high death toll of the Dutch-Aceh war. There were 162 registered 'Aceh Murders' between 1910 and 1938 (Reid 1979:11).[11] During the war itself, approximately one hundred thousand Acehnese and sixteen thousand Dutch were killed (Reid 2005:339). Van Loon was also intrigued by the apparent sanity of the people listed as insane by the *uleebalang*. He agreed with the others that 'Aceh murderers' were not in fact insane, but that 'Aceh murder' indicated a high risk for violence and madness within 'the Acehnese mentality' (Kloos 2010:9). Van Loon supported the

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[11] This breaks down to: 75 between 1910 and 1919; 52 between 1920 and 1929 and 35 between 1930 to 1938 (Reid 1979:11)

establishment of the asylum, emphasising the unpredictable and hot-tempered nature of the 'Acehnese character'.

It is clear that psychiatry was deeply interwoven in the colonial project in Aceh. The establishment of 'Aceh Murder' as a new form of disorder effectively pathologised not only ongoing anti-colonial rebellion but Acehnese society in its entirety. The colonial war itself still acts at the centre of Acehnese historical memory, as we see throughout the thesis. It is evident in the writings of key colonial psychiatrists and the early Acehnese governors that the asylum at Sabang was designed as a means through which to incarcerate potential dissidents and quash ongoing resistance. In Fanon's (2001[1963]:200) terms, psychiatric practice attempted to respond to:

> the difficulties that arise when seeking to 'cure' a native properly, that is to say, when seeking to make him thoroughly a part of a social background of the colonial type.

This pathologisation of colonial resistance attempted to interrupt the narrative that framed Acehnese colonial resistance as a holy war, and generate a new narrative that described ongoing attacks on colonial officials as acts of individual psychosis. The psychiatrists also proposed that this psychosis was itself a product of the decline and fragmentation of colonial resistance.

Nevertheless, the power dynamics involved in Acehnese colonial psychiatry were complex. As Lock and Nguyen (2010:145) argue, the history of colonial medicine does not entirely validate the common assumption that "biomedicine was and is made in the 'West' and then exported to the 'rest'". This is certainly true for the history of Indonesian psychiatry in both its colonial and its contemporary forms. Latumeten, the psychiatrist who headed the Sabang asylum and invented the kaphe-complex, was not Dutch, but a Christian Ambonese. He married into a family of Indonesian physicians who were loyal to the colonial authorities (personal correspondence, Pols 15 Nov 2011). Latumeten trained at STOVIA, the elite Dutch-language medical school in Batavia and he was one of a small number of Indonesian doctors trained in the

Netherlands.[12] As Pols (2006; 2007:183) demonstrates, while these Indonesian physicians were involved in colonial governance, they also came to play an important role within intellectual resistance to colonialism. The diaspora of medical students and intellectuals in the Netherlands were particularly active voices within colonial resistance. These early Indonesian physicians called for new forms of psychiatric methods that reflected this political resistance.

As evident in Latumeten's concept of the 'kaphe-complex', many indigenous psychiatrists combined psychoanalytic concepts with archipelagic ideas of the psyche. These psychiatric concepts were also strongly informed both by the history of psychiatry as a form of colonial administration, and by an emerging anti-colonial, nationalistic ethos within Indonesian psychiatry. Pols (2007:180) describes how Indonesian students in the Netherlands came to insist that Indonesian and not Dutch doctors ought to carry out psychiatric diagnosis and that treatment ought to be conducted in the Indonesian language[13] (Pols 2006:365). Like their Dutch counterparts, the practices developed by these Indonesian psychiatrists were also underpinned by race-thinking that sought to isolate the cultural attributes that supposedly corresponded with particular psychiatric disorders. But while van Loon and other conservative Dutch psychiatrists were interested in studying 'the native mind' as a homogenous entity, many early twentieth century Indonesian psychiatrists embarked in a proto-nationalistic medical project, comparing and contrasting the 'psyche' of the different ethnic groups that made up the archipelago.

In sum, as was the case in many colonial contexts, psychiatry in the Dutch East Indies was both a branch of colonial governance and medicine. Psychiatrists provided intelligence to the colonial authorities by informing them of the risk of 'Aceh Murder', *amok*, and other 'disorders' that were seen as threatening to civil order. In Aceh the asylum was blatantly custodial, those described as 'latent lunatics' were removed from society and detained in the asylum if they were suspected of harbouring a desire to attack Dutch officials. At the same time, the

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[12] STOVIA was established in 1851. Its original purpose was to train traditional healers to administer smallpox vaccinations. It was transformed into a medical school in 1927 (Pols 2006:365-366).

[13] Note, these doctors advocated the use of Indonesian language rather than local languages.

psychiatrists developed and debated new ideas about psychiatric practice, drawing from their Dutch training, and developing their own models of psychiatry that were at least partially informed by an ethos of colonial resistance and an emerging proto-nationalism (Pols 2006; 2007). So while these early Indonesian psychiatrists contributed to colonial governance and to the 'science' on which the authority of racial stereotyping came to be justified, many were also critically aware of the politics of psychiatric practice by the 1920s. These psychiatrists actively attempted to shift psychiatry away from a disciplinary, colonial practice towards a science, steeped in nationalism, that might enable emancipation. As we will see, this dual image of psychiatry as both potentially coercive and potentially emancipatory continues to inform the perception of *trauma* and psychiatry in Aceh today.

Psychiatry and the state

After the independence of Indonesia in August 1945, psychiatry continued to be a very small and drastically underfunded specialisation that was prestigious in some circles, and widely despised in others. In 2006, there were around five hundred psychiatrists in Indonesia to a population of around 220 million people (Pols 2006:396).[14] When I interviewed the Acehnese psychiatrists in 2009, there were only four psychiatrists based permanently in Banda Aceh, and two psychiatrists that regularly visited from Jakarta, to a population of approximately four million Acehnese. So with an approximate ratio of one psychiatrist for every one million Acehnese people, it is clear that the public perception of psychiatry is seldom based on direct clinical encounters. Rather the image of psychiatry is mediated by rumour, influenced by the use of terms such as *trauma, shok, stres* and *panik* within the media, and shaped by the writings of the small number of psychiatrists who act as public intellectuals. In addition, I argue that conceptualisations of mental illness and its treatment continue to be tainted by the legacy of colonial psychiatry.

After the end of the colonial period, many Indonesian doctors and psychiatrists continued to train in the Netherlands, while new scholarship programs meant

[14] Note, in 2011 the population is over 240 million.

that many other physicians trained in the United States. Several Indonesian universities established medical schools with specialised psychiatric training during the 1950s (Pols 2006:366). While the anthropological critique of PTSD has given much focus to transnational psychiatric training since the mid 1990s, it is important to remember that Indonesian psychiatry has a long history of international collaboration, continuing directly from its awkward role as both colonial authority and colonial resistor. According to Pols (2006:366), Indonesian psychiatrists are proud of their history of selectively engaging in dialogue with their European and American counterparts, and key psychiatrists have long aimed to develop a uniquely Indonesian form of psychiatric practice.

In the *Indonesian Psychiatric Quarterly/Jiwa,* the prominent psychiatrist R. Kusumanto Setyonegoro (1982:60) makes a case for the professionalisation of 'traditional healers' in Indonesia. He sees Indonesian psychiatry as bridging the gap between biomedicine and "native healing practices" (Setyonegoro 1982:57-59). He describes his vision for Indonesian psychiatry as follows:

> In Indonesia, psychiatry/psychological medicine/mental health wish to develop the 'joyful expression of optimal health' through the achievement of balance (or: normalcy, if this term is preferred) within the individual and between individual with his group (family, group or community) [sic] (Setyonegoro 1982:58).

He continues:

> Conceptually, the eclectic-holistic approach consists of endeavours of enabling good health to emerge from within the person who identifies and recognises as well as acts upon the stresses of life (organo-biologic, psychologic-psychodynamic, and socio-cultural), and thus undertakes a very personal commitment to maintain self-expression and self-realization in an environment of human goodwill. Disease, if present and identifiable, is an important message (or: 'feedback'), to be dealt

> with consciously and conscientiously as part of life and the process of life [sic] (Setyonegoro 1982:59).

Note that this semantic association between health, moral personhood and social order reflects the classic Javanese sensibility of maintaining emotional equilibrium and minimising the expression of interpersonal conflict in order to maintain 'harmony' in social life (H Geertz 1961:147). This same cluster of idioms was strongly integrated into New Order security discourses, acting as an ominous reminder of the risks to individual and society alike that might come from dissident behaviour (Heryanto 2006). A similar sensibility however, is also grounded in Islamic principles that describe the regulation of mental states as necessary to free a person from worldly concerns and passions, and ultimately bring about gnosis (Woodward 1989:5; Siegel 1969:251-275; Peletz 1996:225-256). This notion of the self-regulation of 'the passions' (*nafsu*) is at the centre of Siegel's (1969) classic ethnography of Aceh, *The Rope of God*, and in Chapters Four, Five and Six we see various ways that this sensibility plays out within contemporary Acehnese iterations of *trauma*. For now I wish to make the more general point that psychiatrists themselves have long combined these kinds of religious and cultural principles into their psychiatric practice, together with their training in psychoanalysis, biomedical psychiatry and biomedicine more generally.

Despite being strongly focused on the interconnections between mental illness and social upheaval, and despite the long history of engagement Indonesian psychiatry has had with the Netherlands and the United States, PTSD has received little attention from Indonesian psychiatrists. My reading of the *Indonesian Psychiatric Quarterly/Jiwa* from 1980 until 2010 turned up only eight articles about PTSD or trauma. The first is a desk study published in 1990 explaining the core ideas of PTSD within the DSM-III (Arwin 1990). A 2005 article also gives general commentary on PTSD and its common applications (Tineke Waney R. 2005). Three articles explored the neurobiology of PTSD and discussed various treatment options (Viora 1993; Wibowo 2003; Diatri 2005). One surveyed burns patients in a hospital for PTSD symptoms (Wahyadi, Suwardi et al 2005). One introduced the concept of trauma debriefing

(Tandiono 2005); while the final reviewed the effectiveness of epidemiological instruments for researching childhood trauma (Ariawan 2006).

Dwyer and Santikarma (2007:409-410) suggest that the scant attention given to PTSD by Indonesian psychiatrists reflects the highly political nature of the diagnosis. In Dwyer and Santikarma's (2007:410) terms:

> the psychiatric diagnosis of PTSD could be viewed less as a neutral scientific endeavour or as an advance in biomedical knowledge and practice than as a political act, which by acknowledging the presence of traumatic events in Indonesia intervenes not only in the possibilities for understanding individual suffering but also for imagining society, the inequalities that mark it, and one's room for agency within it.

Nevertheless there has been a significant amount of psychiatric epidemiology carried out within Indonesia by international humanitarian organisations, many of which actively involved Indonesian psychiatrists. I discuss some of these briefly in a moment. However none of the results of the psychiatric epidemiology carried out after the 2002 nightclub bombing in Bali, the Indian Ocean tsunami in December 2004, or any other post-conflict PTSD research has been published in the Indonesian psychiatric journal, though the results of some of this epidemiology is published in international, English language psychiatric journals.

While neither PTSD nor psychoanalytic discussions of trauma were prevalent topics of research within the psychiatric journal, it is evident that Indonesian psychiatrists have long been interested in identifying 'social stressors' that contribute to the likelihood of an individual developing mental illness. The relative absence of PTSD research stands in stark contrast to the many detailed studies that have been carried out on schizophrenia and clinical depression, many of which have focused the social context and the 'risk factors' contributing to these conditions (esp. poverty, education level and 'family makeup'). The vast majority of these studies were conducted in urban Java or Bali, with a small number of studies that compiled findings from 'the outer

Islands' (i.e., the rest of Indonesia). It is important to note that Indonesian psychiatrists have also carried out many experiments to examine the influence of religion on mental health (for example Wibisono 1998). For instance, in September 1998 a special edition of the journal was dedicated to discussing the findings of a team of psychiatrists that accompanied pilgrims making the hajj over several years. They were interested in measuring the physiological reactions that Indonesian pilgrims underwent while on the haji, especially those thought to be mentally ill before departure (Said, Wildan and Viora 1998; Said, Noor et al 1998).

Although the realm of Indonesian psychiatry is extremely small, Indonesian psychiatrists have always found ways to act outside of this restricted clinical domain. Psychiatrists often contribute to editorial pieces in the media, especially after major political events such as the fall of Suharto in 1998. Psychiatrists also sometimes write pieces in the media about the psychological and social effects of violent conflicts such as the conflict in Aceh. Rather than clinical encounters or the actions of humanitarian organisations, I argue that it is the media more than any other channel that has likely facilitated the vernacularisation of psychological terminology in Indonesia. Importantly, this media coverage includes not only the social commentary of psychiatrists, but also the commentary of the state and military officials who employ medical terminology in their descriptions of violence and political upheaval. In this next section, I discuss the means through which English psychiatric loanwords such as *trauma, stres, shok,* and *panik* have most likely entered the Acehnese popular imagination – through the militarised state's use of psychiatric jargon in its campaigns of terror, and through the media coverage of this same violence.

Trauma and state terror

The loanwords *trauma*, *stres*, and *shok* first entered widespread circulation not through the actions of psychiatrists themselves but as part of the discourses of terror of Suharto's New Order regime in the 1980s and 1990s. Siegel (1998b:108-109) argues that the militarised state itself took on a gangster-like form to

paradoxically perpetuate anxieties about 'lawlessness' and convince the middle class of the need for authoritarian rule (see also Barker 1989). He demonstrates that during this period Suharto sought to rule not only through brute force and violence but also by attempting to control conceptualisations of death and violence. Siegel (1998b:90-119) argues that Suharto attempted to produce this "nationalization of death" through a campaign of terror in which the notion of *trauma* played a crucial role. New Order terror strategies from the 1980s until the resignation of Suharto in 1998 involved gruesome killings, the public display of corpses and the production of discourses of criminality that produced new forms of class consciousness that were based on fear.

The public display of corpses first appeared as a terror strategy in Java in 1983, with a series of killings that were widely known as 'Petrus', literally, the 'mysterious killings' (Barker 1998:8; Heryanto 2006: 21). Petrus involved the killings of thousands of urban Indonesians who were labelled as criminals, as part of a broader military operation that was widely known as 'shock therapy' (*shok therapi*). According to Barker (1998:10) the Petrus killings emerged at a time when the power of the New Order was beginning to wane due to economic instability; because the student protest movement was once again coming together; and because "enough time had passed since the killings of 1965 that the spectre of a re-emergent PKI (Indonesia Communist Party) had begun to lose some of its currency". The new internal enemy became 'the criminal', rather than a suspected communist or political dissident. 'Petrus' involved the incorporation of local surveillance practices into the state security apparatus. Rumours spread of secret 'blacklists' of names of suspected criminals. Those who did not offer themselves up for surveillance were seen as harbouring criminal intentions. Visibility was a crucial element of this terror campaign: those with tattoos were at high risk; corpses (often with tattoos) were publically displayed; and sometimes local residents were encouraged by police to watch killings and the burials of 'criminals' in mass graves (Barker 1998:18; Heryanto 2006:21).

By the 1990s, similar terror strategies had become incorporated into other military operations. Once again, the coverage of these crimes by pro-state

media such as *Pos Kota* led to fear and rumour so that this media coverage became a feature of the terror campaign itself (Siegel 1998b:91). High levels of violence and the widespread fear of criminal contagion was accompanied by sensationalised media coverage of 'unexplainable', abhorrent and absurd acts of violence such as 'ninja killings', fathers raping their daughters and men having their penises severed. This was a time of fear and rumour. It is broadly acknowledged that this was an explicit strategy of Suharto, who later boasted about it in his autobiography, referring to this policy of terror as 'shock therapy' (Barker 1998:8; Siegel 1998b:110; Heryanto 2006:21). This terror strategy "means to shock in order to cure. This therapy is directed not at criminals, but at the general populace" (Siegel 1998b:110). Importantly, people did not flee from these grotesque spectacles, but rather were drawn to them, to ascertain whether or not these corpses were indeed humans (Siegel 1998b:110-111). Heryanto (2006:21) argues that the Petrus killings "displayed the seemingly unlimited destructive power of the state and an apparent general acquiescence". As Siegel (1998b) illustrates, it was both the power of the state, and the meaning of death itself that was transformed through this terror campaign. Siegel (1998b:114) explores the "disruptive power of the corpse", once the body of a deceased human is made into a sign of political violence and social upheaval. He argues that through these highly visible killings, corpses no longer signified deaths, and criminals no longer signified crimes. Rather both came to signify the need for an authoritarian state.

The use of psychiatric jargon here is no coincidence. The violence referred to as 'shock therapy' was designed to invoke a sense of 'strangeness', fear and therefore compliance to the security apparatus and adherence to the ideology of the state (Siegel 1998b; Heryanto 2006). Heryanto (2006) argues that the 'hyper-obedience' of the middle classes to the New Order regime stemmed from the state's selective narration of the 1965-1966 massacres in which up to one million accused communists were killed (see also Cribb 1990; Anderson and McVey 1971; Robinson 1995). Though highly militarised the Indonesian state has never held an absolute monopoly on violence, but to the contrary has selectively enabled gangsters, militias and mobs to carry out continual, low level violence and terror, and to sporadically carry out extreme forms of violence and terror,

generating a climate of fear and obedience. The 1965-1966 massacres became what Veena Das (2007a:7-8) describes as a critical event, in the sense that 'the 1965 incident' acts as a period of extreme violence that over time has become deeply embedded into social relationships and ways of imagining the state. Heryanto (1999:151) describes the state's narration of the 1965-6 massacres as the "discursive phantom of the Communist threat", that produced terror and hyper-obedience of the middle class to the New Order regime.[15]

Importantly, Heryanto's (2006) discussion of state terror also considers the ways that state and military officials themselves became implicated in their own terror campaigns. Heryanto cites Sutopo Yuwono, the former head of Indonesia's intelligence agency, saying that:

> the funny thing about the world of intelligence is the technique of psywar [psychological warfare]. As intelligence officers, we make up issues, and we disseminate them in the press, radio or television. We treat them as if they are real. When they are already widespread, usually people will talk about them and they tend to add to and exaggerate the issues. Finally the issues will come back [to the intelligence bodies] in reports. What is so funny is that these reports incline us to believe that these issues are real. Ha ha ha. In fact, we get terrified and begin to think 'what if these issues are real'? Ha ha ha (Heryanto 2006:140-1).

What I wish to draw attention to here is the point that the iteration of loanwords from English psychiatric jargon such as *trauma*, *stres*, *shok* and *panik* were instrumental in creating this atmosphere of terror. Siegel (1998b) argues that Suharto's aim was nothing less than to make death and corpses evoke a longing for a regulated, authoritarian state. Sometimes, *trauma* takes on a euphemistic quality within political discourse, signifying violence that is gestured toward without being explicitly narrated. For example in 1995

[15] See Zurbuchen (2002) for a concise summary of the significance of the 1965-66 massacres in conventional New Order discourse and in recent attempts by activists and survivors to bring attention to past violence.

Megawati Soekarnoputri, (the leader of the Indonesian Democracy Party, PDI-P) described her role in the party as "breaking down the old trauma [legacy of 1965] in the party's mass support base" (Aspinall 2005b:165). But the common use of *trauma* that Siegel (1998b) describes within military rhetoric produces an effect that is both eerie and sense-making. The discourses of criminal contagion, coupled with the mass killings of 'criminals' made the middle class afraid of the poor and afraid of their own potential for latent criminality. The same discourse meant that "upper-class criminals, are turned into something that resembles ghosts" (Siegel 1998b:98). In this way, *trauma* came to inform a new, nationalistic middle class understanding of death, brought about through these terrifying, absurd and seemingly unexplainable acts of violence:

> It is just at that point that the newspaper arrives with words such as 'trauma' and 'shock'. These words, without specific sense, indicate that someone does understand, hence controls death. These people are the police (Siegel 1998b:100).

While this 'shock therapy' campaign began in Java in the early 1980s, in Aceh the term 'shock therapy' is most closely associated with DOM,[16] the military operation carried out on the north coast of in Aceh between 1989 and 1998. The terminology 'shock therapy' and the terror strategy of displaying murdered and tortured corpses travelled from the military operations in Java to the conflict in Aceh, where it became embedded in the particularities of Acehnese political grievances and in Acehnese imaginaries of *trauma*.

As we will see, in Aceh 'shock therapy' did not entail sporadic violence that generated hyper-obedience; but was part of a decade long military operation that played a major role in delegitimising the state and the fuelling the separatist movement. Certainly this strategy of terror produced *'shok'* throughout Aceh, but while this extreme violence may have induced a longing for an orderly state, it most certainly did not result in civil obedience in Aceh. This was the period in which Acehnese support for the Free Aceh Movement (GAM) increased exponentially and GAM transformed from a network of

[16] DOM stands for *Daerah Operasi Militer* (Military Operations Zone).

interconnected rebellious families to an armed guerrilla movement with a considerable popular support base (Aspinall 2009:111-113; Siapno 2002:xi-xii; Robinson 1998:140-143). Many of my interlocutors vividly recalled encountering publically displayed corpses during DOM more than a decade later.

'Shock therapy' was the state's insistence that it could create particular categories of people, obedient citizens, through fear and violence. In fact 'shock therapy' created a new kind of political subject in Aceh in that it created widespread support for GAM, which grew in both numbers and geographical influence during this ten year military operation. The term *'shok'* in Aceh remains a potent reminder of the deeply interpellative nature of language. *Shok* still today carries a sense that a person can become 'crazy' if socially labelled as such. It signifies a sudden rupture in sociality, such as becoming a widow. *Shok* is imagined literally to be a physical force that allows social processes to act directly on the body. In Chapters Three to Six I discuss the impact of 'shock therapy' on the lives of several of my interlocutors, and discuss the various uses of the terms *trauma, stres* and *shok* in detail. Here I have shown how this terror strategy involved an iteration of psychiatric terminology as a language for comprehending violence, and draw attention to the ways that state and military officials have been involved in the vernacularisation of psychiatric terminology.

In sum, from the early to mid 1990s *trauma* and *shok* featured as part of the militarised states' campaigns of terror. These terms also provided a euphemistic language for describing violence and social upheaval aimed at inducing civil obedience. But it was not only the military that understood this psychiatric terminology. It was taken up and reinterpreted by psychiatrists, public intellectuals and activists. These alternative readings of *trauma* introduced an additional, utopian element to the complex idiom *trauma*. In this utopian register, *trauma* came to signify both the psychological consequences of living in a violent society, and a new kind of political world that may exist without such violence.

Trauma and the fall of Suharto

The fall of Suharto in May 1998 was another critical moment in the Indonesian history of *trauma*. Although *trauma* appeared in the media from at least the early 1990s and was listed in the first edition of the Indonesian dictionary *Kamus Besar Bahasa Indonesia* from 1988, where it is defined as:

> 1. Psychological phenomena or abnormal behaviour that is a result of pressure on the spirit (*tekanan jiwa*) or a wound to the body (*cedera jasmani*). 2. A serious injury

However, the media coverage of Suharto's forced resignation in May 1998 played a key role in consolidating the concept *trauma* within popular discourse. It was around this time that the newspaper *Kompas* stopped italicising the word *trauma*, which suggests that the term had become nativised. At the same time the orthography for *shok* (which is often still italicised in 2011) became more consistent.[17] So while Siegel's (1998b) work illustrates that the fall of Suharto was not the first use of *trauma* by the media, this was clearly a critical time in the vernacularisation of the concept.

Dwyer and Santikarma (2007) are highly critical of the use of the term *trauma* by the Indonesian media to describe the mass rapes of Chinese Indonesian women in the street violence associated with the end of Suharto's rule in May 1998. They argue that the media was sympathetic to the rapists, and presented the violence as a consequence of *trauma* resulting from years of political oppression. The same media coverage, they argue, portrayed Chinese Indonesian women as suffering from *trauma* as a result of these rapes. Dwyer and Santikarma (2007) point out two opposing effects of the use of the term *trauma* within this media coverage. They argue that while the *trauma* of the rioters and rapists worked to legitimise the acts of violence they committed, that the use of the term *trauma* to describe the effects of rape on Chinese Indonesian women worked to stigmatise these women (Dwyer and Santikarma 2007:408-409).

Dwyer and Santikarma (2007:403-404) argue that *trauma* emerged from and gradually overtook many of the semantic functions of the term *krisis* (crisis), a

[17] Although it is sometimes still spelled *syok*.

loanword from economics used to describe the 1997 Asian Economic Crisis. They argue that the shift from *krisis* to *trauma* indicates an individualisation and an internalisation of experience. To their reading, this semantic shift itself induced the stigmatising qualities of the label *trauma* as it emphasises the unknowable internal experience of the marginalised subject. Since *trauma*, they argue, suggests that the suffering of rape victims cannot be known to others, Dwyer and Santikarma (2007:408) claim that this media coverage confirmed the stereotype of Chinese Indonesians as occupying a privileged status on the margins of society. Here their analysis shares some features with Siegel's argument that in the 1990s, the most common use of *trauma* was within coercive state discourses that aimed at enforcing participation in mainstream, middle-class Indonesian society.

Siegel (1998a) also discusses the media coverage of the May 1998 rapes, bringing attention to the ways that coverage of *trauma* forged connections between racism, sexual violence, class and nationalism. Siegel (1998a:99) argues:

> Rape stories, at least as published, seem always to include the word 'trauma'. As used in other Indonesian contexts, sometimes this word simply means 'extreme effects'. But here, while it means that, it also suggests something has been irretrievably lost or irreparably wounded which cannot be put out of mind. Loss of woman's honor means profound shame. Shame runs so deep that it prevents almost all social intercourse.

It is significant that rape was very rarely reported in the press until May 1998 (Siegel 1998b:93). Siegel (1998a) further argues that the media coverage linking the economic crisis with rape shed light on much more than the momentum of the anti-Suharto movement. He demonstrates that these mass rapes and the narratives surrounding them, produced new forms of public debate about the interconnections between class, ethnicity, gender and the state.

The media coverage described the rapes as 'savage' (*biadab*). Many of the articles were written in a tone that condemned the rapes but also revealed deeply entrenched racism toward Chinese Indonesians and the fear of the poor that had been propagated by Suharto's terror campaign:

> The source of knowledge of proper behaviour is here national. Its failure appears in the lower-class people who raped and also in the upper-class elements of the political class who allowed them to do it. 'Savagery' is a characteristic of the undeveloped lower classes [in New Order ideology]; the upper classes should have fostered their development and thus supervised the eradication of savagery (Siegel 1998a:94).

In much of the May 1998 media coverage, the forced resignation of Suharto was conflated with the rapes and other street violence into the umbrella signifier *krisis moral* (moral crisis). A political cartoon in June 1998 featured a naked woman sitting on the ground curled up shyly, her head bowed and eyes closed. She was draped in a cloth with the word 'Indonesia' written across it. A large shadow of a man's body loomed over her. The cartoon carried the caption: "looting, colonisation, rape" (Kompas 24 June 1998:4). An opinion piece directly under the cartoon was entitled: "Are we already ruined?" It pondered with anxiety not 'how did this happen?', but 'to where from here?'. At this point in time *trauma* clearly signified not only the effects of rape on these individual women, or even the violence of the past regime, but the affective sense of a country undergoing major political turmoil.

Up to this point, the process through which *trauma* became vernacularised in Indonesia is particularly sinister. To summarise Siegel's reading, when used to describe the rapes of women and the street violence of 1998, *trauma* suggests a shutting down of sociality, a deep sense of shame and social marginalisation and a failure to embody the ideals of moral personhood of ones' class and gender as set out in state ideology. When spoken by elite officials of the militarised state however, *trauma* signifies extreme and sometimes repulsive acts of violence to be mentioned only euphemistically through the term *trauma*. Siegel sees that this use of *trauma* invoked a fear of the 'ignorant' and therefore

violent poor and operated as an attempt to generate within the middle class a psychological dependence on an authoritarian state (see also Heryanto 2006). Dwyer and Santikarma (2007) argue that since its use to excuse the rapes of Chinese women in 1998, *trauma* has always been a language of disempowerment, marginalising and stigmatising those labelled as suffering from *trauma*. My reading of the newspaper *Kompas* from May to August 1998 however, adds another layer again to the meaning of *trauma* in the 1998 media.

Pharmaceuticals advertisements: *trauma* and semantic illness networks

Along the bottom of every page of newsprint and occasionally positioned prominently alongside these articles and photographs covering the fall of Suharto 1998 was a stream of advertising for health and beauty products offering ways to alleviate *stres*.[18] Note that unlike their English counterparts, *stres* in its Indonesianised form is considered more serious than *trauma*. *Stres* implies intense hypervigilance that suggests that a person is on the verge of irreversible insanity. These advertisements used indirect satire or referred euphemistically to the political upheaval of the day. They marketed their products through engaging with distinctly Javanese metaphors connecting health, morality and social order such as 'harmony' and 'vitality'.

While much of the media coverage during this period had begun to focus on the mass rapes of Chinese Indonesian women, these pharmaceutical advertisements portrayed *trauma* as an affront to masculinity. Much of the pharmaceutical advertising was marketed at men, the connections between the economic crisis, the mass rapes and masculinity clearly implied but not explicitly stated. An advertorial for a herbal relaxant marketed at men had the caption *Lose Stres, Return your Family to Harmony*. It featured four case studies of men who were abusive towards their wives because of the 'atmosphere of *stres*', almost divorced, but then reconciled after taking the herbal relaxant

[18] In Chapter Six I discuss *stres* in detail, suffice to say now that *stres* in its contemporary Acehnese usage is usually seen to be worse than *trauma* on a trajectory of progressive madness. *Stres* suggests somebody that is highly anxious and on the brink of permanent madness. While it occasionally has a more mundane connotation (similar to its everyday use in English), in many contexts it is very serious and suggests alarm.

(Kompas 7 May 1998:16). Another advert, *Relax in a time of krisis* claimed that their product combined the principles of high quality pharmaceuticals with traditional herbal medicine (*jamu*), so that "executives can work the long hours necessary in the economic crisis" (Kompas 11 July 1998:12). Another announced *The benefits of ginseng for stres.* It reads: "According to the medical dictionary [*stres* is a] disturbance in the body and the spirit [that is] influenced by social factors". It goes on to explain that ginseng has been used in China for more than 2000 years to "restore libido, vitality and stamina". The advert concludes: "So why not take ginseng to help guard your vitality and stamina?" (Kompas 23 July 1998:9).

Other advertisements were aimed at women. An advert for a beauty salon had the headline *Reformasi Total!* (total reform), the slogan of the anti-Suharto protest movement. It was advertising a 50% discount off all beauty services. The ad showed a photograph of a sexy young woman, posing with one hand on her hip. The advertisement reads:

> If your body feels fatigued and listless, lethargic, if you have heart palpitations, if you often have cold sweats, [if] your digestion is not in order, [if you have] headaches and heaviness in your body, if they are steadily increasing, that means that you must carry out total reform of your body and your health right now too (Kompas 1 June 1998:12).

The total reform of society, according to this advert, should be matched with a 'total reform' of the bodily suffering that accompanies that social transformation. In this case, healing might occur through a visit to an elite beauty salon.

There were many similar marketing campaigns that drew from the political rhetoric of the day in an attempt to sell products. The same newspapers were full of advertisements for general pain relievers, and offers of pharmacies offering discounts on all pharmaceuticals. These seemed quite conspicuous to me next to news articles and the commentary of public intellectuals, which still at this stage used cautious and euphemistic language. While these

advertisements were clearly attempts by pharmaceutical companies to profit from the chaos, they also inadvertently added new layers of meaning to the highly charged concepts of *krisis*, *stres*, *trauma* and *panik*. By attempting to advertise their products to a wide market, these pharmaceutical advertisements linked *stres*, *trauma* and *panik* into powerful semantic illness networks connecting health, sickness, morality and social order, and to some extent 'normalised' the usually extreme connotations of the term *stres*.

Psychiatrists as public intellectuals

In addition to the articles about rape, the May 1998 newspapers also featured several opinion pieces by psychiatrists and academics discussing *trauma* and PTSD. Following the nationalist rhetoric of 'moral crisis', these articles often emphasised PTSD as a response to rape that is experienced universally, but that has particular ways of being acknowledged and treated in 'developed countries' (Kompas 12 July 1998). These opinion pieces by psychiatrists countered the marginalising effects of a diagnosis of *trauma* that some of the journalistic pieces carried. They appealed to medical authority to attempt to empathise with the lived experience of *trauma*. They did so by referring to the 'science' of psychiatry imagined to be at play in 'developed countries', reinforcing both the utopian and the coercive registers of *trauma*.

One article entitled *Rape Trauma* (Kompas 12 July 1998:4) offered advice to doctors on the ways that rape is treated in "developed countries". It said that:

> 80% of women who are raped suffer from PTSD (post traumatic stress disorder, DSM 4 [eng.]), *stres* after *trauma* that affects the spirit (*jiwa*). It can cause *syok* (shock), *panik* (panic) and an overload of heavy emotions such as shame, fear and *depresi* (depression). During that time people can become determined to carry out risky activities, [or] suicide like the woman who was raped in front of her husband and children on the 14th of May.

Another article was entitled *The different manifestations of psychological trauma* (Kompas 14 June 1998:4). The article was written by a journalist and based on interviews with psychiatrists and lawyers from the University of Indonesia. While the psychiatrist is directly quoted, it is not clear how the lawyers influenced the content of the article, but it is telling that *trauma* was already at this stage considered both a medical and a legal issue. The article emphasised the broader social effects of rape: "it is not only the women who were raped and sexually harassed that experience *trauma*, their family also experiences *trauma*".

The article presented *trauma* as an irreversible condition, but one that could progress into more serious illness "if a person is sad for more than three months". The interviewed psychiatrist said:

> I can't imagine that it is possible for a man who has lost his wife and daughters to return to a happy life like he had before he lost his loved ones. If later they can carry out their social relationships like other people, it is sure that he still won't be able to lose the imagining of that experience (Kompas 14 June 98:4).

The article explained that different people develop different symptoms of *trauma*, but that prolonged laziness and inactivity is a particularly dangerous symptom/cause. The article set the goal as '*adaptasi*' (adaptation), rather than the phrase that I commonly heard for healing: 'losing *trauma*' (*menghilangkan trauma*). He explained that adaptation means not to heal but to "return to a life that is more realistic". The ability to adapt "depends not only on their personal strength but also on the nature (*kadar*) of the horrific occurrence itself".[19] "Don't suffer alone", the psychiatrist pleas, and encourages the readers to look for symptoms of *trauma* in their family members, and to force them to return to ordinary activities and social obligations if they are 'being lazy'. These articles emphasise a progressive nationalist agenda of PTSD diagnosis and treatment as

[19] *Kadar* literally translates as destiny. In Chapter Five I discuss in detail the ways that destiny (*kadar/Qadhar*) informs contemporary Acehnese conceptualisations of *trauma*.

a response to suffering that occurs in 'developed countries', and, according to these psychiatrists should likewise be adopted in Indonesia.

Meanwhile, the conflict had been raging on the north coast of Aceh for at least ten years. In their interviews with me, the psychiatrists at the Banda Aceh psychiatric hospital told me that during the 1990s their key concern was to provide basic services to the large numbers of people flooding to the psychiatric hospital after being ostracised from their villages for 'creating a disturbance'. Patients had been sleeping on mattresses in the corridors for many years due to overcrowding and lack of funding. Despite the large numbers of patients in the psychiatric hospital, it is a deeply stigmatised place, and seen as a last resort for those who have been rejected from their families and villages. The majority of the patients in the psychiatric hospital are not, all four psychiatrists emphasised, the people most in need of psychiatric intervention, but people with "light mental disturbance" who were so poor that they can not feed themselves; who have no family to take care of them; or who have committed adultery, taken drugs, threatened well-liked members of the community or committed some other anti-social act that led to them being 'made into an outsider' (*diasingkan*) by their intimates.

During the conflict, the psychiatrists were not primarily focused on carrying out psychiatric epidemiology, and at this stage very little had been done. There was also minimal attention given to the conflict by international NGOs during the 1990s. Only one international NGO had an on-the-ground presence in Aceh before 1998. This was the time that local Acehnese NGOs were beginning to form and work in conflict-affected areas (Zeccola 2011b:101). Many of these local NGOs implemented livelihoods and health care programs, often framed in the language of human rights. Several also documented human rights violations, and saw poverty alleviation as an important part of human rights advocacy (Zeccola 2011b:86-89).

While the psychiatrists in Banda Aceh were busy trying to keep the psychiatric hospital afloat, they did publically lobby for increased funding to the overcrowded hospital. Like some of their counterparts in Jakarta, they wrote opinion pieces in the newspaper and were interviewed by the media. For

instance, one October 1998 article in the Acehnese newspaper *Serambi Indonesia* carried the headline *6 800 People Suffer from Serious Psychological Disturbance* (Serambi Indonesia 9 October 1998). The article reported that from April to September 1998, the Banda Aceh psychiatric hospital treated an average of 163 patients per day. The figure in the headline was an 'estimated figure' arrived at by the psychiatrists and the World Health Organization (WHO) based on the numbers of patients that frequented the psychiatric hospital. The interviewed psychiatrist said that the figure estimated by the hospital together with the WHO was a "qualitiative assessment"[20], that the psychological impact of the conflict on Acehnese society was significant, but that they had not yet been able to gather data on the mental health of the population.

Psychiatric epidemiology in Indonesia

While this article demonstrates that the WHO was already attempting to estimate numbers of mentally ill people in Aceh in the 1990s, and indicates that the psychiatrists were already then well aware of the moral currency surrounding statistical representations of mental illness, there was no large scale psychiatric epidemiology in Aceh until the December 2004 tsunami. Post-disaster PTSD programs had however, already been implemented in other parts of Indonesia.

The first large humanitarian intervention employing the language of PTSD in Indonesia was part of the international response to the nightclub bombing in Kuta, Bali in October 2002 (Dwyer and Santikarma 2007). Dwyer and Santikarma (2007:412-413) are highly critical of this intervention, claiming that it was paternalistic, failed to grasp Balinese narratives surrounding the attack and ultimately undermined Balinese responses to the bombings. At the time narratives began spreading across Bali that posed the bombings as a call to critique the hedonism of Bali's tourism industry. The international PTSD and disaster preparedness projects, they argue, deeply misinterpreted these narratives:

[20] Note, this wasn't qualitative research at all, it was an extrapolated figure based on the numbers of patients in the hospital.

> [the narratives] were taken as evidence that Balinese, rather than responding to terrorism with anger or vengeance, blamed themselves for the bombings. In stark contrast to post 9/11 New York, where any suggestion that the terrorist attacks might signal something problematic about the United States' actions in the world was met with heated outcry, Balinese were painted as naively failing to see the broader politics at work outside their insular island (Dwyer and Santikarma 2007:412-413).

They remain critical not only of PTSD but also of the integration of *trauma* into the Indonesian language. Dwyer and Santikarma (2007) argue that this PTSD intervention, which was deeply wound up in post 9/11 security discourses, distorted responses to the nightclub bombings while simultaneously obscuring the trauma in Balinese society resulting from the 1965-1966 killings. They do not however, ethnographically explore the ways that Balinese vernacular conceptualisations of *trauma* may have mediated the narratives surrounding the bombings and remain highly critical of the 'medicalisation' involved in the PTSD discourse.

Transcultural psychiatrists and health workers in post-conflict Poso (Sulawesi) have also noted that an "indigenized trauma construct" influences local experiences of suffering (Tol, Reis et al 2010:112,118). They employed an epidemiological survey to identify PTSD symptoms in the war-effected population (particularly children), and combined this survey with some qualitative discussion of local conceptualisations of *trauma*. They describe *trauma* as follows:

> *Trauma* is used as a broad term, encompassing differential fear-related problems after an upsetting event. It ranges from fears related to actual ongoing events to generalised fears of entities not related to the conflict such as devils and spirits (Tol, Reis et al 2010:120).

Since their participants' conceptualisations of *trauma* described poverty and breakdowns in interpersonal relationships as paramount to their suffering, the researchers conclude by supporting the general shift in global public health literature away from PTSD interventions that target specific populations, towards psychosocial development projects that focuses on the whole population (Miller and Rasmussen 2010; Watters 2001; J de Jong 2010). Several of the larger psychiatric responses to the tsunami in Aceh also used methods that reflected this policy shift away from PTSD epidemiology towards psychosocial development projects aimed at supporting resilience. However, PTSD clearly remains the central organising principle within these humanitarian interventions.

Soon after the tsunami, the WHO and several key Indonesian psychiatrists trained of teams of nurses to disperse throughout the tsunami zone, looking for people displaying signs of serious mental illness (WHO 2005; Prasetiyawan, Viora et al 2006). These psychiatrists and the WHO aimed to integrate psychosocial responses into the national disaster preparedness plan, another prominent discourse that is fast replacing PTSD as a meta-trope informing humanitarian policy (Setiawan and Viora 2006)[21]. Médecins Sans Frontières (MSF) was the only organisation to focus on the effects of the tsunami outside the demarcated 'tsunami zone'. They carried out a survey to diagnose clinical depression amongst people affected by the tsunami in the conflict-intense district of North Aceh (Souza, Bernatsky et al 2007). In interviews, the psychiatrists told me that many other smaller organisations implemented standardised epidemiological surveys aimed at predicting rates of PTSD in the tsunami-affected population in 2005 (see Frankenberg, Friedman et al 2008).

WHO (2005), MSF (Souza, Bernatsky et al 2007) and several other major international organisations recommended that trauma healing programmes focus on the whole population, rather than isolating individuals displaying PTSD symptoms. Here these organisations displayed a critical awareness of the 'trauma economies' that have been created in other post-disaster contexts

[21] I discuss the interconnections between 'disaster preparedness' and PTSD within humanitarian discourses in detail in Chapter Five.

(James 2004; Kleinman and Kleinman 1996). While this shift away from an exclusive focus on PTSD is an attempt to respond to the sustained critique of PTSD over the past twenty years, it could be argued that this move toward 'psychosocial development' work may entrench medicalised political subjectivities even further into the development sector (see Freidman-Peleg and Goodman 2010). This is a new policy direction, and it remains to be seen how this debate will play out. Despite the policy statements of major humanitarian NGOs to direct funding and trauma healing to the whole population, in practice most organisations followed the broad trend in the tsunami response, which attempted to divide the tsunami and the conflict, and which focused the aid effort almost exclusively on the geographical areas within the 'tsunami zone' (Zeccola 2011a; Waizengger and Hyndman 2010). In Chapter Five I explore the ways that this aid economy influenced my interlocutors' reflections on the interconnections between the two disasters.

In addition to this 'humanitarian psychiatry', many other aid agencies implemented development projects that incorporated some element of 'psychosocial healing'. While ostensibly leaving behind medical discourses, the psychosocial development projects are informed by quasi-medical understandings of trauma. For example, the Turkish Red Crescent set up coffee shops for men to gather and talk to each other and tents for women to do the same. One development worker who had spent several years in Aceh described these programs to me as "providing a safe space for people to facilitate their own healing". He said their aim was to "reunite people who were separated from their communities in the barracks", the military-run emergency shelters that housed displaced people after the tsunami (Hedman 2005). Other organisations provided 'art therapy', 'play therapy' and 'sound therapy', especially for children. Another provided a radio program staffed by a psychologist that offered advice to people ringing in with health or emotional concerns following the disaster. This all fell under the auspices of trauma healing, though it formed a tiny fraction of the overall humanitarian effort, which was strongly focused on the physical reconstruction of tsunami-affected areas.

The largest epidemiological survey of conflict related trauma was carried out by the International Organisation for Migration (IOM) and Harvard Medical School (Good, DelVecchio Good et al 2006). This project involved a survey of 596 adults in 30 villages and interviewed 75 village leaders. The project combined a survey aimed to gather data on symptoms of PTSD and clinical depression with a qualitative survey asking about the patterns of violence to which people had been exposed.[22] The results of the psychosocial survey produced showed extraordinarily high exposure to violence, and the psychiatrists involved in this project later in 2009 told me that they themselves were shocked at the statistics that this project produced.

This survey showed that levels of violence, especially torture, were extremely high. For instance, the survey reported that 78% of respondents had lived through combat; that 41% had a family member or friend killed and that 45% reported property confiscated. It showed that 25% of men and 11% of women respondents had been tortured; that 56% of men and 20% of women had been beaten; and that 65% of men and 45% of women had been forced to watch a violent attack on another (Good, DelVecchio Good et al 2006:3). The report found that 65% of the sample had symptoms of clinical depression, and between 10 and 36% of the sample displayed PTSD symptoms (Good, DelVecchio Good et al 2006:26-27). Like many anthropologists working within humanitarian organisations, this project aimed at providing statistical evidence about the psychological impact of the conflict in order to support post-conflict policy. The research also aims to expand a cross-cultural understanding of PTSD and processes of somatisation (Grayman, Good et al 2009).

In 2009 two of the four Banda Aceh based psychiatrists told me that most international organisations in Aceh following the tsunami were primarily interested in epidemiology rather than in supporting treatment programs. The other two felt that the 'soft' psychosocial approach of many development projects was sufficient for addressing PTSD, but that insufficient attention had been given to more serious mental health issues and to the long-term development of primary health care in Aceh. It also seems that despite

[22] See Good, DelVecchio Good et al (2006:11) for detail on the methods involved in the study.

employing the language of psychiatry, that some international NGOs didn't recognise the expertise of the Acehnese psychiatrists. For instance, one psychiatrist explained that USAID donated a large quantity of older generation anti-depressants after the tsunami, but when he requested anti-psychotics and other pharmaceuticals he was told that he would have to make do with the anti-depressants.

In sum, the post-tsunami psychosocial interventions were supposedly informed by the general shift in global public health policy that aims to prevent the formation of 'trauma economies' by dispersing trauma-related aid to broader social groups. However, in practice most followed the broad policy trend of demarcating the tsunami from the conflict, and focused on the effects of the tsunami alone, though some noted that their respondents had also lived through a long period of political conflict. The only large-scale psychosocial research project focused on the conflict compiled data on PTSD, anxiety and clinical depression symptoms, and also included a qualitative survey of their respondents' experiences of violence (Good, DelVecchio Good et al 2006). The majority of humanitarian funding was not allocated to trauma-related activities, but to 'disaster preparedness' and the physical reconstruction of houses and other infrastructure following the tsunami.

The trauma projects that were carried out in the post-tsunami and post-conflict period were merely one episode in a long history of psychiatry, and in a longer social history of *trauma* as an idiom of distress. While the actions of international NGOs may well have reinforced trauma as an authoritative, international discourse for describing suffering, this was neither the first nor the most powerful event in the Acehnese history of *trauma*. Rather when these humanitarian organisations arrived in Aceh after the tsunami and the conflict, they began working in a society that was already exposed to *trauma* as a language of suffering. *Trauma* already featured as a medical-moral idiom of distress that was embedded in a complex etiology informed by Islam, Acehnese medical practices and a political history particular to Aceh. *Trauma* also existed within a broader imaginary of psychiatry as a powerful system of medical knowledge with the potential either to isolate non-conforming people and

stigmatise whole societies or to heal and bring about desirable socio-political transformation.

Summary: the origins of *trauma*

This chapter has introduced the social and clinical history of *trauma* in its Indonesianised form. No doubt there are other episodes in the history of this concept that I haven't discussed here. However it is clear that the term *trauma* itself has from its earliest uses been wound up in a powerful semantic network that forges interconnections between medicine and violence, and between social upheaval and moral personhood. This history is best understood, I argue, as a vernacularisation of medicine, rather than a medicalisation of suffering, since what is transformed through this process of vernacularisation is both the language for understanding violence and the role that medicine is seen to play within socio-political change.

Trauma is one idiom within a much broader and much older semantic field that describes the interconnections between violence and medicine. While PTSD is strongly informed by an association between a physical wound and a psychic wound, *trauma* in its early Indonesianised form observes the interdependency between social order and an individual's obligation to enact moral personhood. In some instances the early media discourse of *trauma* carried moral condemnation, social marginalisation and stigmatisation. In other cases it called for the protection and reintegration of the vulnerable into conventional social life. Both expect compliance to normative behaviour at the end of the day, but the degree of coercion and stigma varies enormously according to the social status of the person described as having *trauma*. Used in a coercive register, *trauma* produces stigma and marginalisation, while simultaneously attempting to enforce the enactment of normative behaviour. However, when used in a utopian register, *trauma* protests the effects of violence and narrates utopian views of governments in 'developed countries' using medicine to bring about both healing and desirable political transformation.

The moral imaginary of *trauma* was from the beginning closely tied with nationalism in several ways. In the last decade of the New Order, the military

and political elites used *trauma* as a discourse within its campaigns of terror to euphemise its own violence, and to attempt to subvert and nationalise middle class understandings of death (Siegel 1998a, 1998b). *Trauma* later entered the media to describe the mass rape of women in 1998. Here again *trauma* was a problem of nationalism – a 'moral crisis'. While *trauma* in some contexts individualises emotional experience (Dwyer and Santikarma 2007), in many situations *trauma* emphasises intersubjectivity and the conventional social obligations of individual people. While the 1998 media coverage listed the anticipated emotional and physiological symptoms of *trauma* in explicit detail, it gave even greater focus to the social consequences of *trauma*, observing the cyclical interconnections between a breakdown in the body politic and the inability of a person to fulfil conventional moral personhood.

The extent to which this is stigmatising or problematic varies from context to context. When a man suffers from PTSD following the rape of his wife or daughter, *trauma* is presented as a 'normal' and highly probable response. The man is treated respectfully and sympathetically, but urged to return to his conventional social obligations to prevent the development of permanent mental illness. He is reintegrated into his social networks through a diagnosis of *trauma*. But when a Chinese Indonesian woman who has been raped is said to have *trauma*, her stigmatisation and social marginalisation is emphasised. In contrast, pharmaceutical advertising that ran alongside these same stories attempted to present *trauma* and *stres* as 'normal abnormalities', entwining *stres*, *panik* and *trauma* into powerful semantic illness networks connecting health with proper moral conduct and social order.

Since the 1990s many psychiatrists and public intellectuals have given detailed accounts of how *trauma* is treated 'in developed countries', describing *trauma* diagnosis as a desirable element of social and political transformation and a step towards a society free from violence. Here, these intellectuals share much in common with the 'humanitarian psychiatrists' described by Fassin and Rechtman (2009). However *trauma* also has a pre-history in colonial psychiatry, in which doctors acted within the colonial apparatus, and mental illness was articulated in a way that established an association between madness and

colonisation. This dual imaginary of psychiatry as both a system of healing and a modality of violence continues to influence the ways that medicine is imagined in Aceh today.

It is clear that although the political economy of the post-tsunami intervention clearly engaged familiar discourses about PTSD, this was merely one episode in a much longer clinical and social history of *trauma*. *Trauma* has become a widespread idiom of distress not only through the actions of international aid organisations or through clinical encounters, but by the military, the state and the media's use of the concept in various contexts. These actors together have established both the semantic associations that underpin *trauma* and the political imaginaries that give the medical concept moral force.

While the use of *trauma* by these elite organisations is powerful, one of the core assumptions I make in this thesis is that it is the everyday uses of the term *trauma* by ordinary people that invest the concept with legitimacy. The rest of the thesis focuses on the ways in which my Acehnese interlocutors take up the idiom *trauma* in the post-conflict period to describe and respond to violence and to give social commentary on the moral underpinning of medicine. In the next chapter, I turn to the life histories of four Acehnese women, and focus on the ways in which *trauma* has influenced their conceptualisations of suffering as a historical process.

3. Fatimah and the Struggle against History: *Trauma* as paradox

> Australia is sweet, Java is sour, Aceh is spicy! Free Aceh! Free Aceh!
> Becak driver, Banda Aceh 2008

Barely a day passed in my fieldwork without somebody explaining some feature of everyday life as a product of Aceh's history of war and resistance. In much academic writing and political discourse, Aceh is described in terms of its glorious but violent history. Aceh is known throughout Indonesia as 'the verandah to Mecca' due to its early conversion to Islam and is respected for its pre-colonial status as a significant trading power (Laffan 2003; Riddell 2006; Reid 2005, 2006). Aceh is equally known as a site of violent resistance. Aceh's history of war is often narrated with reference to Aceh's long resistance against Dutch colonial forces (c.1873-1903), and its subsequent rebellion against the Indonesian state (Reid 1979; Siapno 2002). These narratives about the history of Aceh are not limited to academic texts or political elites but are ever-present within everyday social exchanges, in which Aceh's history of war is both lamented as a site of suffering and celebrated as a site of bravery.

Sometimes these everyday references to 'history' (*sejarah*[23]) seemed quite odd. Very early in my fieldwork I was sitting in a *warung* eating rice and a boiled egg when an old man came up to me: "You can eat eggs!" he exclaimed in absolute delight:

> If you can eat eggs, you can become Acehnese! In Acehnese history we always have war, sometimes we don't have rice but we always have eggs! That's great! It's great that you can eat eggs!

[23] When I use the term 'history' in this chapter, I am translating from the Indonesian *'serjarah'*. This is the concept that I see as being conceptualised as a reified force that shapes subject formation over time in positive and negative ways. My interlocutors used other terms that are sometimes translated as history such as *'zaman'* (which I would translate as era) and *'riwayat/hikayat'*, which some translate as historical process but I heard only specifically in reference to historical epics seen as a literary tradition. I did not witness the recitation of any epics, however Siegel (1979), Siapno (2002) and Alfian (1992) give detailed discussion of the recitation of epic verse in relation to history, identity and resistance.

At other times the stakes seemed much higher. For instance a few weeks after this incident I was riding my bicycle home from the market when I rode over a sharp rock and punctured my tyre. Fortuitously, I happened to be directly in front of the house of a man who repaired bicycles. I sat in his garden drinking coffee and chatting with his wife while he fixed my bike tyre. When he came over to us and found that I was a researcher he exclaimed:

> The most important thing you need to learn … don't become an enemy of Aceh! Acehnese people are brave! We Acehnese people have had war since the time of the Dutch. If you become our enemy we'll slit your throat. If you don't become our enemy there will be no problem. Acehnese people accept every religion, every ethnicity, but if an enemy appears … Acehnese look after each other … we don't accept an enemy.

His wife gazed at him adoringly as he spoke. I felt as if I were being scolded, was afraid at the prospect of having my throat slit or even more generally at offending people and being seen as a potential 'enemy'. Yet I also recognised with some confusion that this couple saw themselves as extending hospitality, nurturing me, and seem convinced that we had instantly become friends. They encouraged me to stay and drink more coffee, talk about history and invited me to come back to their house if I ever needed more help with my research. I rode home sadly thinking: "What did I do wrong?" By the end of my fieldwork, incidents like this were both understandable and commonplace. They were giving me sturdy advice on how to be Acehnese and reminding themselves in the process.

This chapter explores how my interlocutors' extraordinary historical consciousness plays out within their understandings of violence, pain and suffering. My key aim is to bring attention to the ways in which the loanword *trauma* operates within a broader cluster of idioms and sensibilities that shape Acehnese imaginaries of history, violence, bravery and suffering. As I discussed in Chapter Two, it is not my intention here to translate or 'indigenise' trauma (assumed as a universal) into 'local' idioms of distress, but to look at how *trauma* itself works as an idiom of distress within a complex network of sensibilities that shapes Acehnese responses to violence, suffering and illness.

The chapter is based around extracts from the life histories of four women: Nurlaila, Fatimah, Safrina and Nazarina[24]. I have selected these women because they have articulated their experiences in interesting and powerful ways, but also because their narratives resonate strongly with some of the most important recurring sensibilities I encountered throughout my fieldwork. Their life narratives show the patterns of violence and hardship that many Acehnese women have endured. But importantly they also highlight the common ways in which Acehnese people themselves make sense of and respond to suffering. These women articulate *trauma* as the workings of a reified 'history' that acts on the bodies and spirits of individuals and forms what is imagined as a collective Acehnese polity in which suffering and bravery are inextricably interconnected. *Trauma* narrates not only the implications of living in a society with a long history of violent conflict, but more specifically the sense that history is deeply paradoxical in nature. That is, that while 'history' has caused great suffering to Acehnese people, 'history' has also created the strength and bravery so dearly valued within Acehnese society.

This chapter illustrates one of the key ways that the idiom *trauma* has become incorporated into the Acehnese moral-medical landscape. I show how these four women engage with the notion of *trauma* to reflect upon the sensibility that pain and suffering is itself a historical process (*sengsara*). By incorporating the idiom *trauma* into their historical narratives, these women reflect upon the sensibility that their suffering is part of a broader historical process that has caused by pain and the attributes necessary to withstand that suffering. These narratives describe violent events that many Acehnese endured throughout the conflict. However I bring attention not only to these patterns of violence, but also to my interlocutors' own moral reflections on the conflict, on suffering, and on the importance of maintaining a certain relationship to 'history'. Here my ethnography joins the work of others who bring attention to the ways that their interlocutors themselves make sense of violence, pain and suffering (Trnka 2008: 18; Coker 2004; Hamdy 2008; Nordstrom 1998; Kleinman 1988a: 56-60, 1992; Henry 2006). By drawing from key thinkers on illness narratives

[24] All of the names of people in this thesis other than public figures are pseudonyms and in some cases I have omitted identifying features or changed the names of places to protect anonymity.

(Mattingly 1994, 2001; Kleinman 1988) I argue that narrating suffering as *trauma* not only explains and communicates pain and suffering, but actively transforms the intersubjective space in which suffering occurs. In this way, articulating suffering as *trauma* can be seen as a form of healing practice in itself.

Pain and suffering as historical process

One day one of my key interlocutors, Nurlaila, said to me:

> In my daughter's school there are three boys … their fathers were all tortured [to death] in front of their eyes. Every day they play together and in their games they kill the men who killed their fathers … because of the revenge in their hearts … because of sadness that they are too young to understand, too young to endure … that is *sengsara* (suffering). Because when they grow up the person that they kill won't be the same person that killed their fathers. They are already far away in Java. The person they kill will be a different person. That is *sengsara*. That is why the history of Aceh is a history of *sengsara*.
>
> In Aceh we have had war since the period of the Dutch. Outsiders come and we fight them because we Acehnese are brave. They leave, but what they leave behind … the sense of revenge, the sense of injustice, the sense of fear … that's what becomes *sengsara*. Aceh's history is indeed sad … since the time of the Dutch. Acehnese people are strong (*kuat*) … Acehnese people are brave (*berani*).

Nurlaila's reflections on these children pretending to avenge their fathers' deaths show her concern for the children themselves, for the other children watching and for the person who will be killed in lieu of their father's actual killer. She anticipates future suffering that may result from the past. She is reminded of the particularities of the recent conflict in her village in vivid detail, and locates this conflict within a broader historical trajectory of a much longer history of war. She feels the emotion of *sengsara*, as she explains the interconnectedness of these events through the term *sengsara*. She attributes the ultimate cause of all this to the Dutch, and remembers that colonialism has caused both the sadness and the strength and bravery in Acehnese society.

By describing Acehnese history as *sengsara,* Nurlaila both reproduces and departs from Aceh's much celebrated historical narratives in significant ways. *Sengsara* is often translated simply as "sadness" (Echols and Shadily 1989) or as "miseries, suffering, pain, agony" (Stevens and Schmidgall-Tellings 2004). These English terms however, only partially convey the sense of *sengsara* as it was conveyed to me in Aceh. *Sengsara* is both an emotion and a sense of temporality. It denotes a form of anguish that one feels when one realises that one's current suffering has been caused by an earlier form of suffering. *Sengsara* evokes the unexpected interconnectedness and cumulative impact of different experiences of tragedy. It involves a recognition of the ways in which violence and conflict multiplies and spreads beyond its original form, and of the moral imperative to resist the disorienting effects of war. *Sengsara* reveals the sense that history acts as a force that propels and constrains the possibility of individual human lives.

Many of my interlocutors described history both as a series of discrete past events, and as a more ambiguous process that has shaped Acehnese society in both desirable and undesirable ways. Here it is not just that the conflict is seen as having historical roots, but that suffering is experienced as 'history'. *Trauma* sits alongside other powerful idioms such as *sengsara,* violence (*kekerasan*), being brave (*berani*) and tough (*kuat, keras, teugah*). When deployed together, these idioms convey the sense that pain and suffering are historical processes. Within their life histories, my interlocutors consistently gave me not 'trauma stories' – lists of human rights violations – but abstract reflections on the nature of *trauma,* the nature of 'history', and the paradox that 'history' makes a person strong at the same time as it causes pain and suffering.

Sengsara describes the sense that pain is temporal in nature and that individual suffering is deeply interwoven into historical processes. *Sengsara* explains the long-term interconnectedness of seemingly unrelated events. My interlocutors' frequently used the term when attempting to grasp the connections between periods of history that are difficult to explain, that may be experienced as in tension with one another, and yet are felt as originating from similar social processes or from the same groups of people. *Sengsara* is the emotion, the

sadness and irony that one feels in narrating the past and anticipating the future from this point of ambiguity. *Trauma* signifies the paradox that Aceh's history of war makes Acehnese people suffer at the same time as it makes them strong.

The sense that Aceh's history is composed of multiple, overlapping periods of conflict is powerfully illustrated through the short story 'The Nutmeg Woman' *(Perempuan Pala)* (2003) by Acehnese writer Azhari. It is Azhari's clever language use as much as the subject matter of the story that conveys the experience of Acehnese history as a successive wave of unexpectedly interrelated conflicts. He uses complex metaphors with multiple meanings to evoke the ambiguity of everyday experience in a situation of war – what Taussig (1984:492) refers to as "epistemic murk". But it is his strategic repetition of these metaphors that best illustrates the sense of Aceh's history as a series of tragically interconnected events. Azhari employs a series of repeated, polysemic words that continually take on different and opposing meanings as the story develops. This use of language mirrors the experience of living through war, whereby one tragedy can suddenly take a new and quite different form, leaving the individual both second guessing their own experience and astonished at the bitter ironies of the chaotic unfolding of history. It is precisely at this point of paradox that the plot switches to a new episode in history, a new set of circumstances, and a new conflict.

Before the reader's eyes the deep sadness at the inability of Acehnese to defeat the Dutch, "to turn the dragon into stone for eternity," transforms into a scene of relative prosperity as the nutmeg trees "become taller than the chimneys of the [Dutch] ships" and can be harvested by Acehnese themselves. This fleeting scene of wealth unexpectedly morphs into the rape of a young girl, leaving the protagonist astonished at how such an atrocity could have come about. Suddenly, and yet without any noticeable trigger, the protagonist lives in a world of poverty and social disintegration as men and women, who briefly "harvested the nutmeg together", are driven apart by the gendered divisions of war. Somehow amidst the chaos a "small pipe" emerges through which the oil is slowly leaked out of the earth to places far away. The conflict escalates.

The protagonist's grandfather laughs when he recalls that the nutmeg plantation next to their house used to be covered in bananas. After the banana trees had fallen they used that area to bury the heads of three traitorous regional leaders (*uleebalang*) who sought personal profit from their collusion with the Dutch. Instead of hiding the graves under banana trees, they replanted nutmeg, which grew tall before eventually falling into disarray itself as the plantations once again became the battleground for subsequent periods of conflict.

Azhari's short story succinctly and powerfully guides us through the multiple and overlapping periods of conflict in Aceh's history, giving a central role to the tragic and at times unexpected consequences of Dutch colonialism. While Azhari's story traces the interconnectedness of many waves of conflict in Aceh's history, he draws particular attention to the continual re-emergence of Aceh's colonial past in subsequent waves of conflict and political confrontation. Azhari's story perfectly conveys the common sensibility that colonialism interrupted the trajectory of an otherwise great Acehnese history. He also captures the devastating sense of irony many of my interlocutors experienced when reflecting on the interconnections between different periods of conflict in Aceh's past. *The Nutmeg Woman* points to the affective ambiguities of a history that is at once lamented and celebrated.

This story only begins however, to demonstrate the anger with which the colonial war is widely remembered within Aceh. Nor does it reveal the extent to which colonial imagery has become entangled in state violence and nationalist mythologies. Like Azhari's short story, my interlocutors often punctuated their narratives with reflections on the unexpected moments of their lives. By contemplating these unexpected moments, they both narrated Acehnese history as successive waves of violent conflict, while also reminding themselves (and the listeners) of the necessity of being brave. Lambek (1996) argues that memory is a "moral practice", through which people generate particular ways of relating to the past and to the present world around them. The central moral practice within my interlocutors' historical narratives is the reflection on the importance of maintaining bravery in the face of war; of

remembering that suffering is a historical process; and of learning how to use this suffering to become brave.

Although my interlocutors' narratives were all quite unique, they all drew heavily from widely circulated historical narratives to explain their own experiences and past decisions, to predict the reactions of others in the world around them, and to generate a particular cluster of moral dispositions deemed essential if one is destined to live a difficult life. Before I return to exploring the conceptualisations of history and suffering contained within my interlocutors' life histories, I will first briefly discuss the events that are widely seen as formative processes and moments in Aceh's history. My aim here is not to give a detailed history of Aceh, but to give a broad sense of the key events, processes and figures that feature prominently within state historiography, GAM nationalist revisions of this history, and within my interlocutors' narratives and my ethnography. I first discuss how these events have been taken up by academic historians and incorporated into the history writing projects of both GAM and the Indonesian state, before moving on to the significance of these historical narratives within my interlocutor's life histories.

Aceh, the Dutch, the State

After being despatched to Aceh in 1891, C. Snouck Hurgronje, the famous Dutch Orientalist and 'Adviser for Native Affairs in the Dutch Indies' made the following comment:

> Acheh[25] is certainly to an exceptional degree a land of polyarchy and misrule; in vain do we seek for discipline, whilst we meet with a quarrelsome and capricious spirit at every step (Snouck 1906:65).

Frustrated at the Dutch's inability to colonise Aceh after several decades of war, Snouck (1906:ix) also described Aceh as having a "fanatical and treacherous population, turbulent and warlike to a degree unknown among the other races

[25] Throughout the thesis I use the contemporary spelling 'Aceh' unless I am directly quoting a text that uses the colonial spellings of 'Acheh' or 'Atjeh'. Some Acehnese nationalist material produced in the 1980s and 1990s took up this colonial spelling in rejection of the state orthography. However, this is no longer common practice amongst Acehnese activists.

of the Archipelago." Snouck was sent to Aceh to carry out a study on the "influence of Mohammedan fanaticism upon the obstinate resistance of the Acehehnese to Dutch rule" (Snouck 1906:v). Snouck (1906:vii) proclaims in the preface to the English edition of his work: "Now there is certainly no nation more disposed to learn from foreigners than the Dutch". What he hoped to learn of course, was a more effective means through which to colonise Aceh.[26] Snouck recommended various insidious strategies intended to drive apart Acehnese society, including co-opting and ruling through 'hereditary chiefs' *(uleebalang)* (Reid 1979:4-7; Siegel 1969:68-77). In the 1906 English translation, Snouck reflected upon the war, arguing that Acehnese resistance fighters were propelled by both 'religious fanaticism' and ethnic pride, so that in the end "only a forcible subjugation followed by orderly control over the administration could bring peace" (Snouck 1906:xvii).

Both the colonial war itself and the images of Acehnese society it produced would come to have long reaching and complex implications for Aceh. The Dutch followed Snouck's recommendation and co-opted the *uleebalang* while simultaneously intensifying their military attacks on Acehnese people (Reid 1979: 4-7; Siegel 1969: 68-77). Acehnese armed resistance mobilised under the leadership of Aceh's religious scholars (*ulama*), who enticed their followers by describing colonial resistance as a holy war fought in the defence of Islam, so that those killed in battle would be rewarded in the hereafter (Reid 1979:10; Siegel 1969:74-77; Alfian 2006; Siapno 2002:25-28).

In addition to these *ulama,* several prominent women joined the struggle as both leaders and fighters (Siapno 2002:25-26). Perhaps the most famous of these is Cut Nyak Dien, whose name today signifies Acehnese resistance in general and Acehnese women's bravery in particular. An official biography produced by the Indonesian Department of Culture and Education (Ibrahim 1996:i) describes her as follows:

> In its opposition to the surge of colonialism, the Acehnese women put forward Cut Nyak Dien to become a fighter. [She

[26] The Dutch edition was published in 1891 and its recommendations became part of colonial policy. I am quoting here from the 1906 English translation, including the preface in which Snouck reflects on the effect that his ethnography and the war itself had on Aceh.

> was] skilful, unyielding and determined in her defence of her homeland, nation and religion from the desires of the Dutch colonisers. She would not give up her homeland which the colonisers desired to rape.

Siapno (2002:25-28, 55) has illustrated the important role that these colonial and pre-colonial women fighters played in the formation of GAM women's identity and Acehnese nationalist sentiment more broadly. Even beyond GAM networks, I found normative femininity to be dominated by a romanticised image of women as fighters. The ideal Acehnese woman, according to this dominant narrative, is one who is strong, brave and pious and ready to fight alongside or in place of her husband.[27] Even though only a small number of my interlocutors were active women combatants, almost all of my male and female interlocutors expressed the sense that women's bravery acts at the centre of collective Acehnese resilience. This sensibility is due both to the long years of conflict that many women have directly endured, and to the frequent narration of stories of women as anti-colonial fighters.

The Dutch claimed victory in 1903 with the surrender of the Sultan. However, few Acehnese recognise this date as the end of the Dutch-Aceh war. While GAM claimed for many years that Aceh continued to be engaged in an anti-colonial struggle, the Indonesian state's historical narratives also rely on an image of Aceh as the anti-colonial fighter par excellence (Aspinall 2002a). According to Morris (1983:57) the Dutch had transformed the majority of *uleebalang* into colonial officials by 1904. Reid (1979:7) suggests 1913 as a more plausible date for the establishment of a colonial administration and 1920 as the end of large scale armed resistance. The first civilian Dutch governor was appointed in 1918. Between 1873 and 1914 approximately 100 000 Acehnese and 16 000 Dutch were killed in this war of resistance (Reid 2005:339). As we saw in Chapter Two, after the establishment of the colonial administration, the

[27] Despite this celebration of women fighters, many (though not all) women combatants face stigma and have been marginalised within post-conflict policy. I do not discuss this issue in detail in this thesis. Siapno (2002:23-24; 2000) describes the 'ambiguity of female agency' in Aceh, discussing the ways that women can be marginalised despite many practices that appear to privilege women. On 'matrifocality' see also Jayawardena (1977), who demonstrates that matrilineal, patrilineal, matrifocal and bilateral practices existed simultaneously in Acehnese society in the 1970s and were drawn upon according to the specific situation.

Dutch began to pathologise ongoing resistance as a psychiatric disorder they termed 'Aceh Murder' (Kloos 2010; Reid 1979:11). Within this pathologised narrative, Acehnese were depicted as innately violent, hateful of outsiders and deeply distraught from the strain of the long colonial war. Authorities stopped valorising the narrative that framed colonial resistance as a holy war, and began to present it as fragmented acts of individual psychosis. Dutch authorities established an asylum in 1923 in order to remove suspected 'Aceh Murderers' from society (Kloos 2010).

Aceh was the only part of the Dutch East Indies in which the population actively supported the initial invasion of Japanese forces in March 1942 (van Dijk 1981:272-3). The Japanese persuaded their Acehnese supporters under the promise that they would not impose taxes or forced labour, which were widely resented within Aceh (Reid 2005:285). This collaboration is usually interpreted as an attempt by the several key *ulama* to marginalise the co-opted *uleebalang* (Reid 1979:288-289; van Dijk 1981:271-273). I found that my interlocutors rarely mentioned the Japanese occupation, but usually skipped from the Dutch War (not occupation) to the *Darul Islam* rebellion of the 1950s. However, Palmer's (2011:100-106) research with elderly Acehnese shows that the Japanese occupation is vividly remembered by many older Acehnese as a period of great hardship.[28] The months following the surrender of Japan became known as the *Cumbok* rebelllion, a massacre in which Acehnese killed large numbers (some claim all) of the co-opted *uleebalang* (van Dijk 1981:273, Siapno 2002:157-158, Reid 2005:277).

It is unclear precisely how the Dutch acted in Aceh between the 1920s and the invasion of Japanese forces in 1942. Possibly because it is so important within Aceh to narrate history as a story of ongoing colonial resistance rather than colonial occupation, most historians switch their attention from the Dutch War

[28] This may be because the Japanese occupation is not embedded into historical narratives to the same extent as the Dutch colonial war or *Darul Islam*. Palmer's elderly interlocutors were recalling lived experience from the Japanese occupation. I interviewed few people over seventy years of age, so most of my interlocutors were describing lived experience of the more recent GAM conflict and contextualising these experiences within narratives about earlier periods in Acehnese history. It is important to note that my interlocutors rarely mentioned the 1965-1966 killings of accused members of the Indonesian Communist Party (PKI), although it is clear that many killings took place in Aceh. See Siegel (1969:viii) for a brief reflection on his observations of Aceh in 1969.

to the emergence of modernist Islam beginning from the 1930 with the formation of the *ulama* organisation PUSA. Here the focus shifts towards studying the origins of *Darul Islam* (Reid 1979:25, Sjamsuddin 1985; Morris 1983). While this resonates strongly with historical memory in Aceh, it also gives the impression that the bureaucratic state appeared suddenly in 1945 when Aceh was integrated into the newly formed Republic of Indonesia.

By the early 1950s Aceh was again involved in violent conflict as a key force within the *Darul Islam* rebellion. *Darul Islam* was an armed movement that occurred in many parts of Indonesia but which is strongly associated with Aceh since several of its leaders were prominent Acehnese. The rebellion is too complex to summarise adequately here and many historians have focused on *Darul Islam* in detail (Sjamsuddin 1985; Morris 1983; van Dijk 1981). The essential demand driving *Darul Islam* was a sense that Islam ought to feature at the core of the Indonesian constitution. Aceh's participation in *Darul Islam* is often called upon by Indonesian nationalists as evidence of Aceh's willing integration into Indonesia in 1945. As Aspinall (2009a:213-219) has shown, although GAM spokespeople (like most Acehnese) often expressed their grievances in Islamic idioms, by the late 1990s GAM had dissociated itself with Islamic political movements elsewhere in Indonesia, Southeast Asia and further afield.[29] Although *Darul Islam* is sometimes approached as a historical precedent to the GAM-RI conflict, to many Acehnese it is more simply another example of the bravery of Acehnese, a way that older people remember their own lives in a different political context, or a way for younger Acehnese to discuss the life experiences of their parents and grandparents.

While the key focus of this thesis is the conflict from 1976 to 2005, almost all Acehnese contextualise this recent conflict within a much longer history of violence and political contestation, especially the *Darul Islam* rebellion and the Dutch War. Within Aceh these references to earlier periods of war are generally narrated in a way that emphasises Acehnese bravery, piety and rebellion. Beyond Aceh however, these same historical narratives both celebrate Acehnese

[29] Aspinall (2009a:217) notes that during this same period many Islam-inspired movements elsewhere in Indonesia were unsympathetic to separatist movements such as GAM since they were seen as undermining the unity of the *umma* (Muslim community).

tenacity and demonise Acehnese as an innately violent and belligerent people. These official historical narratives present Aceh as a place that defined by a spirit of resistance and for blood thirsty violence. These histories describe Aceh as an 'advanced civilization', as deeply pious and yet rebellious and unpredictable. Despite the fact that Aceh is one of the poorest provinces in Indonesia, Aceh is often seen as a place of rich traders, owing in large part to the significant economic power of the Sultanate in pre-colonial time (Reid 2006; Riddel 2006). Historical narratives typically describe Aceh as devoutly Muslim, and as a matrifocal society of powerful women fighters. These stereotypical depictions are evident in the colonial documentation that shows the Dutch as both fascinated with and disgusted by Aceh's so-called "obstinate resistance" (Snouck 1906:v) to their attempts at colonisation.

The later incorporation of this colonial imagery into both state nationalist history-writing projects and Acehnese nationalist narratives further complicates the nature of these representations. In the "culture discourse" (Pemberton 1994) that underpinned Suharto's New Order government, Acehnese were consistently narrated as brave, pious resistors of colonialism, a depiction that is, not surprisingly, also deeply appealing within Acehnese society (Reid 1979, 2005; Aspinall 2002a; Siapno 2002; van Klinken 2001). The critical difference is that within the state nationalist narratives these qualities occupy what Goffman (1963:16) refers to as a "desirable and yet undesired attribute". Acehnese bravery is admired, and yet loathed as an obstacle to state authority. Acehnese piety is respected, and yet feared as a source of violent tenacity. The depiction is of a society at once barbaric and advanced. The state's official narration of these attributes through the school curriculum, government publications, and speeches is intended to preserve Aceh both literally and symbolically within the Indonesian state.[30] Within Aceh however, these attributes are widely considered both desirable and desired. This holds even for those attributes that were almost certainly intended as an insult such as 'violent', 'rude' and 'stubborn'. For GAM leaders during the conflict, this narration of Acehnese 'bravery' and 'stubbornness' signified their refusal to recognise the Indonesian

[30] See Leigh (1992) for a discussion of the representation of Aceh in the Indonesian school curriculum.

state (Aspinall 2002a; Siapno 2002). To other Acehnese I interviewed, these images don't necessarily signal a desire for secession but narrate resilience and the ability to endure the hardships of war.

The Free Aceh Movement (GAM) mobilised as an armed movement in the late 1970s. GAM's original figurehead, Hasan di Tiro, expressed his desire for secession by emphasising Aceh's pre-colonial glory, especially the major role Aceh played within the sixteenth century global pepper trade, its early conversion to Islam, and the Acehnese sultanate's diplomatic links with Turkey and other great powers (di Tiro 1984; see also Reid 2006; Riddel 2006; Siegel 1969:14-18). He sees this pre-colonial greatness as collapsing under the weight of colonial expansion and oppressive state policy. Di Tiro (1984:18) protested the exploitation of Aceh's oil and gas reserves by what he termed the "Javanese colonialist regime". Here di Tiro blended economic grievances into a culturalist discourse that pitted Acehnese and Javanese cultures as value systems deeply at odds with one another. Di Tiro, who was a lawyer, also unsuccessfully attempted to appeal to international law to illustrate continued colonial occupation of Aceh (di Tiro 1984:18; see also Aspinall 2002b).

Many conflict analysts have emphasised the exploitation of natural resources as a key dimension to the conflict, since Aceh's oil and gas revenue has long provided a sizable income to the state despite Aceh having one of the highest levels of poverty in Indonesia (Kell 1995:13-22; McCulloch 2003; Kingsbury and McCulloch 2006; Siapno 2002:30,45). Poverty and economic neglect is certainly an important element of the life histories I feature throughout the thesis, although as Aspinall (2007) points out, poverty and resource exploitation operated not in isolation but as grievances within an ongoing process of identify formation in opposition to the violent and exploitative practices of the state. Siapno's (2002) research with GAM families in the 1990s show that anti-Javanese sentiment was strong during this period, leading her to argue that regional identity was in itself a force propelling the desire for secession during the 1990s. I found however, that while my interlocutors often protested the ongoing economic disparities between Java and Aceh, that anti-Javanese sentiment is not as hostile as it seems to have been in the 1990s. Many analysts

agree that widespread violence against civilians worked to undermine the credibility of the state and bring about widespread support for the independence movement (Robinson 1998, 2000; Siegel 2000; Siapno 2000:29-31). All of these explanations have currency within the life histories of my interlocutors.

While the causes of the conflict were no doubt multidimensional, representations of history came to play a central role within the conflict dynamics. Aspinall (2002a) has shown that GAM for many years expressed their grievances in opposition to the foundational narratives of the Indonesian state. The Indonesian state to this day narrates its national origins as lying in the unification of the archipelago's diverse ethnic groups in a struggle against colonialism (Aspinall 2002a; Pemberton 1994). Aceh, famous for its colonial resistance, plays a crucial role within this nationalist narrative. In opposition to this, GAM in its earlier formations emphasised strong Acehnese identity and precolonial sovereignty. Here they attempted to argue that GAM's claim to Acehnese independence existed prior to the state, and was based on a different basis to the foundational narratives of the Indonesian state (Aspinall 2002a). To do this, GAM's historical narratives engaged with the same events that are prominent episodes within the state sponsored history. In fact, much of the material that made up the GAM website[31] was copied directly from the government publication entitled *'The Dutch Colonial War in Aceh'* (Pusat Dokumentasi dan Informasi Aceh 1990[1977]). GAM however, attempted to resignify these events as evidence of Acehnese independence, while the state uses them in an attempt to illustrate Acehnese willing incorporation into the state in 1945 (Aspinall 2002a).[32]

After the initial period of sporadic fighting in the late 1970s and early 1980s, GAM retracted and searched for international allies in Libya, Europe and the United States before re-emerging as a sizable armed presence in the early 1990s. While the conflict escalated to encompass other parts of Aceh after 1998,

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[31] http://acehnet.tripod.com/asnlf.htm. Accessed July 2007

[32] Bowen (1989) argues that Gayonese religious leaders deliberately rewrote history in the 1950s, switching from cyclical narrative styles to a linear historical narrative that emphasised Islam as a unifying force bringing together Acehnese and Gayonese into the Indonesian state.

throughout the 1990s fighting was concentrated in Aceh's north coast and the interior mountainous region, in a military operation widely known as DOM (*Daerah Operasi Militer* – Military Operations Zone). Although most of my interlocutors were highly mobile, this is the geographical area where the majority of them spent most of their lives, and so the stories in this thesis most strongly reflect the conflict dynamics of this region. Both the scale of military presence and the intensity of violence increased exponentially from the 1990s onward (Robinson 1998; Siapno 2002:20-49).

This violence included killings, surveillance, arrest, torture, displacement, arson, extortion and threats to those suspected of being involved in GAM (Amnesty International 1993; Human Rights Watch 2001, 2003). As in other parts of Indonesia, the TNI's methods involved the highly visible, public display of corpses. Suharto freely admitted to orchestrating this terror strategy and referred to it as 'shock therapy' for the people (Robinson 1989; Amnesty International 1993). Aceh was also militarised through the (sometimes forced) recruitment of militia who were used as spies, and by forcing civilians to walk ahead of troops in a 'fence of legs' to protect the military from ambush (Robinson 1989:143-144). Movement (and therefore trade) was restricted through the use of road blocks and people were forced to carry identity cards at all times. Everyday surveillance was high and posters offering rewards for information leading to the arrest of 'security disturbers' were highly visible in public places in North Aceh (Siapno 2002:29,77).

Drexler (2007; 2008:8) challenges this understanding of the conflict and argues that during the 1990s GAM was little more than a fragmented, criminal movement that formed as an armed resistance movement only after it was legitimised through the discourses of conflict analysts and NGOs. She is highly critical of the narration of Aceh's history as a series of violent conflicts, since she argues that this narration of history has itself served to perpetuate violent conflict (Drexler 2007). Drexler's point that the narration of past violence can serve to legitimise present violence is important. However, her claim that the conflict was retrospectively constructed through the narratives of NGOs pays little attention to the lived experience of people such as my key interlocutors

from Aceh's north coast, who remember DOM as a period of extreme terror, cruel and grotesque violence and rapidly escalating poverty (see also Siapno 2002; Aspinall 2009a; Robinson 1989).[33]

After the fall of Suharto in May 1998, tensions further escalated in Aceh. By this stage GAM was not the only dissenting voice in Aceh. Amidst dangerous conditions, Acehnese activist groups protested against human rights violations, widespread corruption and rapidly escalating poverty (Aspinall 2002b; Zeccola 2011:86-101; Amnesty International 2003). During this period many Acehnese NGOs initiated poverty alleviation programs in villages worst-affected by the conflict, conceptualising poverty alleviation as an important part of human rights advocacy (Zeccola 2011:86-101). Following East Timor's referendum and independence, Acehnese activists also unsuccessfully called for a referendum on the question of independence. Several rounds of peace talks began, including a 'cessation of hostilities' agreement in December 2002. This was unsuccessful however, and on 18 May 2003 President Megawati Sukarnoputri declared a 'Military Emergency' and the conflict escalated to consume virtually all of Aceh (Aspinall and Crouch 2003; ICG 2003a, 2003b). Megawati ordered a brutal military crackdown she announced as carrying the intention of 'winning the hearts and minds' of the population (ICG 2003a). This phrase echoed the exact words of Dutch commanders in 1879 when they attempted to 'win the hearts and minds' of Acehnese resistance fighters by restoring the Great Mosque in Kutaraja (Banda Aceh), having previously destroyed it in 1874 (Pusat Informasi dan Dokumentasi Aceh 1990 [1977]:61-62).

From the early 1990s until the Helsinki Peace Agreement in August 2005, GAM began to downplay its historical argument. In an effort to gain international credibility and support, GAM joined other Acehnese activist groups in expressing their grievances through discourses such as corruption and human rights (Aspinall 2002b). However, they also retained their historical argument as an undercurrent to these grievances. These historical narratives remain an

[33] Many anthropologists and political scientists have demonstrated that a central feature of New Order terror strategies in the 1990s was the representation of social dissidents as a 'criminal contagion'. This occurred not only in Aceh but throughout Indonesia. See Siapno (2002:29) on 'criminality' within DOM in Aceh; and Siegel (1998), McRae (2002), Barker (1998) or Heryanto (2006) for a discussion on discourses of criminality within New Order terror strategies.

important means through which the conflict is remembered and understood. They also have provided much of the substance through which people make sense of the violence and hardship of their own lives.

Although these GAM narratives were clearly tailored to the particular audiences they were appealing to, either to the state or to an imagined dialogue with the 'international community', it is important to acknowledge that all of these ideals exist within Acehnese society well beyond GAM networks. They feature within a network of interconnected sensibilities in which colonialism, Indonesian nationalism, Acehnese nationalism, poverty, bravery and violence have become mutually implicated. As I demonstrate throughout the thesis, these sensibilities also feed directly into semantic networks informing conceptualisations of the body, illness and healing. The loanword *trauma* has come to play an important role in shifting the perlocutionary force of these idioms. Even to those who did not support GAM and who did not have a desire for secession, these stories of Acehnese strength and bravery are dearly valued historical narratives. And yet even to the most fervent Acehnese nationalist these narratives of colonial resistance and conflict inevitably carry sadness, since they simultaneously represent both victory and the tragic costs of war.

These historical narratives play out in a complex way in everyday life in Aceh. As the following stories demonstrate, all of my interlocutors described the devastating human consequences that this history of violence has inflicted on Acehnese people. However, they also celebrate this history as having constituted the highly valued traits of bravery, strength and piety that supposedly make up 'the Acehnese character'. While the official histories make no attempt to reconcile these apparent contradictions, many of my interlocutors do. They protest Aceh's history of war and suffering as an injustice while they also value the bravery and resilience that this suffering is felt to have produced in Acehnese society. They do not however, counter-narrate their family histories as a critique of the historical record, but rather contemplate these contradictions as indicating the essentially paradoxical nature of history. One of the common ways my interlocutors used the term *trauma* was to reflect upon

this paradoxical quality of 'history' (*sejarah*). They then reflected on this paradox as a hermeneutic device, to remind themselves of the importance of remaining alert to the unexpected twists and turns of 'history', and to the ways in which bravery is constituted through suffering.

Four women's life stories

i. Nurlaila

Nurlaila is an outgoing and deeply reflective woman who often gives witty and insightful commentary on the goings-on around her. When I met Nurlaila she was living in a small village in Aceh Besar, and volunteering as a teacher at her local school, though as we will see, her life has been highly mobile. She frequently talks about children, and the effects that she has seen the conflict have on children that she has known. It was her comments about *sengsara* I introduced earlier in this chapter, where she reflected on the children pretending to avenge their fathers' deaths. *Sengsara*, she explained to me that day, indicates that violence can expand in unpredictable ways to encompass people, places and processes not originally involved. Acehnese people know, she said, that it is difficult to anticipate precisely what will come of a violent event, and so they must be prepared to endure violence. That is why, she says, Acehnese people are brave.

Nurlaila's life history narrates not only past events, but the moral dispositions she sees that they have created in Acehnese society. Her story emphasises her concern for others and her horror at hearing stories of torture, violence and suffering from distant parts of Aceh. For example, one day she told me:

> One day a man in my sister's village was taken in the middle of the night by the military. They took him to the jungle on the edge of the village … they stripped him, tied his hands behind his back and hung him from a tree … they shot him in the head. They said to the people in the village: 'Only his wife can cut him down! She must cut him down and carry him home on her back! If anybody else cuts down the body, or if she carries it home in a car we will shoot the whole village!' So her wife cut down her husband's body and carried it home on her back.

> Imagine … I feel compassion for her … forced to carry home her husband's body. In my opinion, that's torture, physical and psychological torture.

She was outraged by this story and repeated it to me several times throughout the eighteen months that I knew her, often punctuating her statement with the exclamation: "That's what can't be accepted!". She rarely discussed her own circumstances without relating them to those of others: "I was safe, I just had to be silent, be patient, but some women suffered terribly".

However, although Nurlaila downplays her own experiences and emphasises the suffering of others, her own life story shows her always on the edge of extreme violence. Nurlaila's husband Zakaria comes from a family of GAM fighters in Pidie, while her father joined the national military (TNI) after the *Darul Islam* rebellion in the 1950s. In the early 1990s the conflict intensified and they moved from Pidie to South Aceh under the impression that it would be safer. They buried her father's uniform and military documentation under a chicken coop so that she could hide traces of her father's military past, but have them available in the future if she should need evidence to collect his pension. However, they didn't feel any safer in South Aceh than in Pidie. They spent many years moving between the houses of relatives before heading to a village just outside Banda Aceh. Nurlaila made money travelling up and down Aceh's dangerous north coast, buying clothes and small wares in Banda Aceh and reselling them for a small profit in towns and villages along the North Coast highway. The military often confiscated or destroyed the goods she was attempting to trade. GAM frequently extorted money from her on the same travels.

In 2002, Zakaria was caught fishing illegally in Burmese waters and was imprisoned in Burma for two years. He said to me: "It's hard to see where the borders are when you're in a small boat. Is it Indonesia, Burma, India, Thailand?" He gestured as if peering precariously over each side of a canoe. During her husband's time in the Burmese prison, Nurlaila was harassed, intimidated and questioned at gunpoint for information on his whereabouts.

She became increasingly infuriated: "The governments of the world think they own the fish! They think they own humanity!"

Zakaria eventually returned to Aceh, but was soon accused of smuggling weapons and imprisoned again. Soon after his release the tsunami struck Aceh, destroying their house: "My husband ran straight from prison into the tsunami", Nurlaila said slapping her hands against her thighs and pressing her palms against her temples. They lost extended family in the tsunami. However Nurlaila, Zakaria and their three daughters all survived. After the tsunami Nurlaila held a lucrative job for several years on a project funded by a local NGO. Now that funding has finished and she again works as a small trader and volunteers as a teacher at her local kindergarten and primary school. Only very recently did she allow her husband to return to fishing: "but only in the close waters, I won't permit him to go far, to India, to Burma".

In her conversations with me, she often emphasised the attributes she feels are necessary to withstand a history of war:

> Indeed, because we have had war since the time of the Dutch. Indeed, we Acehnese are tough ... we are strong ... we are ready to rebel... Indeed, the history of Aceh is *sengsara*. God willing we won't have conflict again in Aceh. We can choose! We can learn from history! But if there is conflict again, I personally already have the attitude that I need.

Nurlaila is a vibrant and intelligent woman, who enjoys reflecting on her experiences and the rapidly changing environment of post-conflict Aceh. She says that she has never suffered from *trauma,* but that she often has 'sudden remembering' *(teringat).* During the conflict she "threw away her bed and slept directly on the floor" because she was afraid of being shot at through the walls while she slept. She was also afraid to go outside to urinate at night, and still now "remembers the feeling of fear" if she needs to urinate at night. She has recurring bladder infections that she herself feels are a result of her fear of being shot while urinating. She is frustrated that the pharmaceuticals she buys in Aceh don't seem to work. Her village clinic is often unattended, so that she needs to travel to Banda Aceh and wait in long queues at the hospital to see a

doctor. Even then, she says, Acehnese doctors are "arrogant" (*sombong*) and "uneducated" and she often leaves the hospital in frustration.

But her 'sudden remembering' (*teringat*) is not *trauma,* she explained to me, because it is not debilitating. She is "still brave, still strong enough to pray, still close to her neighbours". There are many people that have *trauma,* she says: "because they are alone, because history is heavy, because of too much *sengsara*". Rather, when she 'suddenly remembers' she takes it as an invitation to become closer to other Acehnese.

> If my head starts to shake, I empathise (*merasakan*) with other Acehnese women. Because it's true that some women suffered terribly ... but also if we only think about ourselves we [would] go crazy *(gila)* ... either that or [become] extremely arrogant (*sombong*)!

Nurlaila's care for children is also evident in her personal theories about *trauma.* Towards the end of my fieldwork she said to me:

> Because the *trauma* of children is different from the *trauma* of adults ... for adults, our *trauma* is all mixed together - the conflict, the tsunami, the Dutch, poverty, *Darul Islam* - all of history becomes *trauma.* But for children ... one day they are afraid of a return to conflict ... the next day they are afraid of heavy rain ... the next day they aren't afraid of anything at all!

Nurlaila sees *trauma* as an outcome of 'history', and *sengsara* as an explanation for the unpredictable consequences of history. For her, the preparations needed to prevent *trauma* are essentially moral in nature. She must become the ideal brave, strong Acehnese portrayed through historical narratives. If she empathises with others, she can be a brave Acehnese and feel solidarity *(keakraban).* If not she may 'go crazy' or become arrogant.

ii. Fatimah

Fatimah, who was introduced to me as "the original woman fighter", opened her first interview with me with the words:

> I feel ... yeah ... since then I feel ... I feel calm (*tenang*) and content (*puas*). I feel that I have never had enough fortune (*rezeki*) to be content. Indeed, because the conflict started straight away from the time when I was small ... I was from *Darul Islam* before. Since ... I know ... when I was small my parents were (involved in) *Darul Islam-Tentara Indonesia*[34]. Before ... I was still only a few years old ... my house was burned down ... my parents' house ... they were chased after ... I have been pursued by (*terkejar*) the conflict since then.
>
> Now, now I'm more than fifty years old, fifty-one or fifty-two ... before my life was always sad, when I was young ... my parents' house was burned down, when our house was burned down we were restless ... not at home (*betah*) anymore ... we didn't have a place to live anymore ... we stayed with family, here and there ... that was what my life was like when I was young. After that for a few years I lived with my father, my parents, in a small hut. When I was about 14-years-old I got married and moved to Lhokseumawe and lived with my husband for a few years. After that, in 1977 the conflict had already started again ... my father had already gone into the mountains again ... because my father had gone into the mountains, they were also looking for us ...

It is impossible to trace exhaustively all of the events of Fatimah's life since her narrative was a long story told over several meetings of years of running from and attempting to outwit the military. Fatimah's story was a non-linear narrative, in which she moved back and forth through the episodes of her life. She used these episodes to reflect on incidents that illustrated the importance of being brave and vigilant to the unpredictable nature of 'history'. Occasionally, she prompted her memory by glancing over the torture scars and other wounds that cover her body; each corresponds with a particular story. She has a prominent scar at the centre of her brow, which she sometimes casually rubs

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[34] This movement is correctly named *Darul Islam Tentara Islam Indonesia* (DI-TII). Note however that many of my interlocutors referred to this as DI-TI, with one 'I' absent. When they spoke this name in full (rather than in the spoken acronym), the absent 'I' was sometimes Islam and sometimes Indonesia. Since the same people were inconsistent in the way they used this acronym I do not think that it represents any deliberate political contestation of Darul Islam. I have not 'corrected' any of the historical narratives offered by my interlocutors, but I have occasionally added footnotes.

when she is thinking, as if conjuring the story out of the scar itself. At other times her story was guided by memories triggered by observing the people who walked past her house during our conversations. Sometimes these were people she had hidden with, sometimes the military officials and spies she ran from. She is still subjected to very high levels of surveillance.

Fatimah was kidnapped by the military as a 14-year-old girl and interrogated for information on her father. She has endured torture and regular interrogation by the military during her husband's long absences, including during his time in prison. She spent many years living in the mountains, cooking for GAM fighters. She has also spent many years alone, and told me several times of situations in which she became separated from other GAM fighters in the mountains when they fled a military attack.

She fled to the mountains in 2002 after soldiers came to her village looking for her:

> After I couldn't see [the soldiers] anymore, I saw there was a tree and I climbed it. I sat there. I tied my arms to a branch with rattan ... I tied my legs to a branch too. The tree didn't have many branches so I sat in the top of the tree and tied my arms and my legs to the tree ... everything I tied. For about two hours I sat in the tree ... it was already night by then, but indeed I wasn't afraid anymore. I was alone there ... I saw two lights in the distance ... 'what - what is it?' I saw two lights in the distance - 'who is it? Is it the TNI - is it an ordinary person?' One of the lights turned off and the other stayed lit. It turned out to be the light of eyes ... it was a tiger!
>
> The shape of it was already in front of me. I said to the tiger: 'you sleep right there - you keep me company'. I said: 'I want to look for my friends, but I don't have them anymore'. The tiger kept me company. Together we waited for morning. But when morning arrived I saw that there was no tiger! The tiger had gone, I didn't know where [it had gone]! But my eyes were open, they wanted to see, my eyes wanted to fix on it, but it wasn't there!

> In which direction should I go? I came down from the tree ... I took my possessions ... I wanted to pray but I didn't have any water but it didn't matter. I needed to urinate. Already for a long time I had been afraid of snakes ... in trees usually there are lots of snakes ... 'indeed if I am afraid who can I be afraid of?' I said, 'if I am afraid, I am afraid of God'. I couldn't ask for help from a person, there was no person, was there? Who could I ask for help except God. I asked God, 'how can I join them again, where are they?' I turned around and continued ... after walking about one kilometre I made a promise to God (*nazar*), 'take me to them ... to where they are ... if not, I can't endure my thoughts anymore'.
>
> After that I turned around ... for almost two hours I retreated. I came across a river. I sat in the water in the river for a while, I thought about which direction [to go]. My heart said, 'over there, behind', I retreated, but I didn't see anybody. Something small became visible ... a small snake was on the path ... my eyes followed it ... it was already afternoon ... I followed the snake until we came across a chilli plantation ... they were also growing cannabis... if it were GAM there would have been lots of people, but nobody appeared ... for about four hours I waited ... I saw somebody I knew ... a friend of ours ... [she repeats the story of the tiger and the snake as she told it to him].

Fatimah has a strong but gentle, calm disposition, but in fact her life has been full of distress. She would flee during one military operation, cautiously return to a village or town somewhere, flee again when the military questioned her too frequently. She has had four houses burned down by the military in her lifetime. Although her husband is still alive, her father and many other family members were shot during the first wave of GAM conflict in the late 1970s and early 1980s. She told me that her most distressing memory is of her son's death in 2002:

> I had one son, only one son. He was shot in 2002, on the 10th of April 2002, on that mountain over there [points to mountain]. That was during the military emergency when everybody ran to the mountain. It was thought that during the military emergency ... everybody said that even babies were being shot.

That's what made us afraid. So we all ran to that mountain over there, every person, everybody who was afraid in that way, we just ran. But when we got there my son had already been shot. I was up on the mountain but my son was shot. I didn't have the opportunity to see him. I had already fled ... my son was killed (*musibah*) ... I didn't know that he had been shot. They protected me so I didn't know that he had been shot. When we got there I saw that other people had their children with them and I asked 'Where did my son go?!' 'Maybe he's already joined his friends', they said. But actually he had already been shot.

At the time my heart couldn't endure it anymore. I came down [from the mountain] directly in front of the TNI, the thing was, they didn't ask me anything. So I [tried to] ride a motorcycle taxi but the rider wouldn't take me ... he was afraid of us because we had fled. He didn't want to give me a lift to the market ... fear ... 'If I give you a lift, later you'll be dead, that was the words of the TNI', he said. So everywhere I went, I walked. Nobody helped me, because of fear ...

My history is very sad. I've never had any happiness. Aceh's history is very sad ... constantly in chaos (*kacau*) the history of Aceh ... [long pause] ... Not everybody is calm (*tenang*) like me ... some people had to be carried to the psychiatric hospital when their children were shot. But my heart is calm because I'm close to God ... I was caught up in (*terkejar*) the conflict when I was still small. I can endure sadness because I was caught up from the time before.

For Fatimah, *Darul Islam* transitioned directly into the GAM conflict since her family was directly involved in both, and kept under surveillance, harassed and targeted in an arson attack in between the two conflicts at a time when Aceh was officially at peace. Her own life history is a story of perpetual conflict and hardship, and the great importance of generating the bravery necessary to endure such suffering. She thinks of her life as part of a broader historical process, and sees her suffering as history. Her continual responsiveness to this suffering is itself one of the prime sources of her strength. While others often

describe her as a woman of extraordinary bravery, she modestly dismisses her bravery as a shared attribute of Acehnese people.

She laughed with mild embarrassment when I asked about her reputation as "the original woman fighter", saying to me:

> That word, *inong bale*, it means a woman who fights, but actually it means a widow. It was taken from the story of the brave widows who fought the Dutch with Keumalahayati[35] in the time before. I'm not a widow, my husband is still alive.

Not only is he alive, but she and her husband have an affectionate relationship despite his choice to live with his second wife and family and despite spending most of their lives apart.[36] My sense is that she rejects this title *'inong bale'* out of modesty and perhaps since she has no desire to become involved in post-conflict politics. Although she is only in her early 50s she considers herself elderly and wants to retreat from the world into religious practice.

> My head is destroyed ... every day I am dizzy. My head shakes, my heart shakes, I indeed have *trauma* ... every Acehnese person has *trauma.* Aceh's history is chaos (*kacau*)... but still I am calm (*tenang*) because I'm strong with God.
>
> If my head shakes, if my heart shakes, I take the Qur'an, I take the Qur'an and I recite verse (*Yasin).* Just one day is enough ... one day I recite already I am calm ... that's how it is with the Qur'an ... I'm strong with the Qur'an, if not ... I don't know what we could do – do you?

Yasin is Chapter 36 of the Qur'an. It is an important part of Acehnese daily religious practice. *Yasin* is strongly associated with death, and as such is often recited at graves or in prayers dedicated to deceased loved ones. Healers recite *Yasin* over water and other objects to imbibe them with healing qualities (see Chapter Four). *Yasin* is used in contemporary invulnerability magic, and was

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[35] Keumalahayati is another famous Acehnese woman fighter. In fact Keumalahayati didn't fight the Dutch but was active within pre-colonial conflict.

[36] Though technically men must gain permission from their first wife before marrying a second wife, non-consensual polygamy is in practice very common in Aceh. I found polygamy to be quite controversial amongst many Acehnese women, and non-consensual polygamy was a major grievance of many women. Fatimah was one of the few I met in a happy polygamous marriage.

famously used by resistance fighters in the colonial war (Bowen 1992:77-82; Siapno 2002:132; Reid 1979:17; Aspinall 2009:99-102). *Yasin* is the only chapter of the Qur'an that is able to be purchased as a separate book in Indonesia. Fatimah described *Yasin* to be as follows:

> *Yasin* is very strong. *Yasin* can make our hearts happy. It can release our sadness. If there is one who has died we recite *Yasin*. We recite *Yasin* and we can believe again in the strength of God. We can strengthen ourselves so that we are not sad, we can again surrender to God. *Yasin* is very strong.

Reciting *Yasin* daily helps Fatimah to generate patience, to 'strengthen herself' (*menguatkan diri-sendiri*) and to feel 'released' *(lepas)* from her 'shaking head' and her *trauma*. She takes a concoction of anti-inflammatory drugs and drinks turmeric *(kunyit)* before she prays. She says that the anti-inflammatory drugs relieve her pain and help her to move more fluidly through her prayers.[37] This, she says, helps her to 'strengthen her self'. She is terrified of her doctor, who she suspects is a military informant and responsible for the torture of some of her neighbours. But she often goes to the doctor in Malaysia, or has a friend in Malaysia send her "good medicine from the outside".

Like her neighbours, I deeply respected Fatimah's 'strong', 'brave', 'content' and 'calm' disposition. So I was always surprised by her matter-of-fact descriptions of her *trauma*, her 'destroyed head', her 'shaking heart', her 'shaking head' and her 'dizziness'. While in some contexts *trauma* is glossed as the absence of bravery (Chapter Six), I found it more common for people to conceptualise *trauma* and bravery as two traits that can coexist in the same person who has lived through war. One of Fatimah's neighbours was upset when she heard Fatimah tell me that she had *trauma* and denied it, instead telling me that Fatimah is strong and brave. Another of her neighbours interjected and explained to me that Fatimah's *trauma* is part of her bravery, not something that detracts from it. The original neighbour seemed soothed by this

[37] Another old woman that I knew well insisted that the anti-inflammatory she took for her arthritis (Voltaren) was itself a pharmaceutical treatment for *trauma*. I humoured her and wondered if this was connected to a somatic connection between internal pressure and *trauma* (that I discuss in Chapters Four and Five). The matter was clarified one day when she stormed into the house and brought back the Voltaren packet, pointing out the instructions on the side of the pack which said: "For the treatment of pain and *trauma*'.

explanation, and then agreed that it is possible that Fatimah is both brave and suffers from *trauma*. Throughout all this Fatimah rested back on her hands casually, nodding and smiling while observing the exchange. Later when they had left she said to me:

> They don't know, they don't know ... they don't know what it is to be alone in the jungle. Nevermind, [village name] has solidarity. The people here [pointing around], they look after me, they always give me rice. During the conflict if somebody came looking for me they always said they didn't know where I was. There are often *kenduri* (ritual feasts) in this village. We look after each other. We are close (*akrab*) here.

Although Fatimah always seems slightly embarrassed by the extreme admiration that her husband and many of her neighbours have for her, she does not contest the ways in which others depict her bravery. While many of her contemporaries think that she as an individual woman is extraordinarily brave, she thinks of herself as an ordinary person who was 'caught up in' the conflict and then able to endure it by virtue of the fact that she is tough like all Acehnese. Fatimah notes this gap, but doesn't think it important. Far more important to her is the fact that her village still 'has solidarity' despite being at the centre of the conflict for several decades. Her priorities now are to spend as much time as possible in religious practice, to become close to God, and to generate a sense of tranquillity (*ketenangan*). Although Fatimah is unusual in that she lives alone, she is constantly involved in village life and is a dearly loved figure within her own village and within GAM networks.

iii. Safrina

I met Safrina as a vivacious 26-year-old woman living in Banda Aceh. However, growing up in rural North Aceh she lived in the thick of the conflict. She recalls the "shock therapy" campaign of the 1990s as part of her childhood memories. During DOM, the military had a practice of publically displaying corpses. Safrina was a child at the time, and regularly walked past these corpses on the way to school.

> I had to walk to school … there was no teacher in our village so I had to walk far to the next village to go to school. Everyday I passed corpses. Everyday there were corpses … on the side of the road … hanging from trees … against fences … sometimes they were in strange positions, so it was difficult to know … 'What is it? Is it a person?' But it was indeed a person … a corpse. Some had their faces partly covered with dirt so it was difficult to recognise them. It often made me think: 'Who is this person? Is it somebody I know? Is it somebody from our village or an outsider?' I wanted to look to see if the person was from our village … but at the same time I didn't want to look. I remember that feeling, wanting to look, but not wanting to look … ahhhh …. It made me imagine the family of that person, what they must be feeling, if they want revenge, if they are strong or weak, alone or together, if they have *trauma.*

Each generation of Safrina's household has been involved as both fighter and victim in a different period of conflict. Her grandparents lived under both the Dutch and the Japanese occupations. Her father was a fighter in *Darul Islam.* She herself has always been afraid of GAM since they continually 'sexually harassed' her and her friends as young girls. Safrina told me that one of her school friends was once accused of being a GAM spy and taken back to the TNI compound where the soldiers tied her to a chair and forced her to kiss them.[38] Later, Safrina said, GAM took revenge on her friend saying to her: "'if you could be the girlfriend of the TNI, you could be the girlfriend of anybody". The GAM fighters also forced her friend to kiss them and both she and Safrina felt constantly afraid of being raped for many years until she eventually moved to Banda Aceh to go to university. Primarily because of this fear of rape, she has always tried to avoid GAM networks and their post-conflict incarnations.

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[38] On another day I asked if by 'kiss' she actually meant rape. She said no, 'not so far as that'. Safrina is typical in protesting 'rape at large' within society without narrating specific incidents of rape. I was careful not to push questions about rape or other 'silenced topics' too much, in part to avoid distress, but also because I wanted to value the terms of my interlocutors' own narration (whether euphemised or not). Finally, I am wary of legitimising the stylistic narration of heteronormative, gendered patterns of violence that anthropologists such as Olujic (1998), Ross (2003) and Das (2007a) have noted is often encouraged in post-war memory practices. For instance, women (and not men) are commonly expected to narrate rape and sexual violence as typifying their war experience. Ross (2003) argues that these narrative practices 'naturalise' violence as innately gendered, paradoxically marginalise women's narratives and can perpetuate gender-based violence.

Safrina was particularly afraid that the conflict could generate feelings of revenge (*dendam*) and that that revenge could then be directed at other people. Take for instance her recollection of photographs that were circulated around her school yard, and her ideas about how these photos shaped the motivations of others:

> When I was in junior high I had the opportunity to see a photograph of violence from the *Darul Islam-Aceh Merdeka* period (*jaman* DI-TI-AM). But actually it wasn't clear if it was from *Darul Islam*, or the Dutch or from AM [the GAM conflict in its early phase] ... it was thought that the photo was from AM. [The photo depicted] a soldier (*tentara*) walking down the street in Sigli, carrying a [severed] head in one hand. He was just walking down the street, holding onto the hair of the head [gestures sarcastically mimicking a soldier smiling, holding a severed head].
>
> Actually, I didn't want to see the photograph, I didn't look ... I can endure watching cruelty directly, but I don't want to see cruelty in a photograph ... but all the children saw the photograph and talked about the photograph ... those stories lasted for a long time. At the time I thought: it's certain that the children of that person want revenge, this is cruelty'. People became very angry when they saw photographs like that ... they certainly wanted revenge ... when I was a child I was afraid of everybody.

Although it wasn't clear to Safrina whether the photograph was recent, from Darul Islam or from the Dutch War, it is telling that the most important lesson she took from this photograph was that it that could have been from any number of periods of conflict. Her own emotional response to the photograph was the fear that those who have experienced such extreme violence must later be driven to seek revenge. She anticipated that this revenge would perpetuate conflict in unpredictable ways. Like Fatimah and Nurlaila, she is concerned primarily not with giving an account of history, but approaches history as a resource through which she can learn how to become stronger and better anticipate the world around her.

Over lunch with Safrina and a friend of hers I asked her opinion about the causes of the conflict:

CS: In your opinion, what are the causes of the conflict in Aceh?

Safrina: A sense of injustice *(rasa ketidakadilan)* ... jealousy (*iri*) perhaps ... some say it is jealousy, usually the people that are rich say it is jealousy, and the rest of the Acehnese people feel injustice [laughing]. Aceh is an area rich in capital (*modal*) but Aceh is poor. First there was a feeling of injustice, but that feeling of injustice can easily turn into revenge ... jealousy ... if there are rich elites right in front of people who are poor.

Friend: Yes, everywhere you go in Aceh there is a feeling of injustice. Until now, even though we are at peace now, the injustice continues...

Safrina: That feeling of injustice comes from history (*sejarah*) ... it came from Lhokseumawae, from the revenue of natural resources that wasn't returned to Aceh. But it also comes from *Darul Islam*. DI-TI became the PKI (Indonesian Communist Party), which became *Aceh Merdeka*, before it was GAM.

CS: [surprised] Did you say that *Darul Islam* became the PKI?!

Safrina: Yes, they all had the same aim (*tujuan*) [casually gesturing a circle].

CS: What was the aim of *Darul Islam*?

Long pause ... friends looking at each other...

Safrina: I'm not sure, but it was the same as AM because Sukarno broke his promise to Aceh. You can still see the aeroplane in Blang Padang[39].

[39] This aeroplane is located in the public park called Blang Padang. It is supposed to be a monument from the central government to thank Aceh for its contribution to the independence of Indonesia. It is the first Garuda aeroplane, and was famously purchased after Acehnese women donated their gold bangles to raise funds for anti-colonial resistance (see Siapno 2002). To these women, the aeroplane is a monument not to Acehnese participation in an Indonesia-wide colonial resistance, but to the subsequent 'broken promises' and betrayal of the state.

CS: What does that aeroplane mean?

Safrina: It means that Sukarno broke his promise to Aceh...

She then seemed to have a realisation and interrupted herself to say:

Safrina: Not PKI, PKI were communists, but *Darul Islam* became GAM. All the people that weren't at fault during DI-TI but who suffered when Sukarno broke his promise, they wanted revenge, so they entered AM and later they entered GAM. The point is ... they were the same families. You know that [gesturing to her friend] ... because your father was in DI-TI too.

Friend: Actually my father was in the TNI. My mother's family were GAM people, they are from Pidie.

[long silence]

Safrina: That's what Aceh's history is like. One conflict changes into another conflict, sometimes it's hard to understand how it happens, it doesn't always seem logical. But the feeling of injustice goes right back to the Dutch ... it still remains. Maybe my father was involved in *Darul Islam*, but I was a child of the GAM conflict, my children in the future ... I don't want to imagine ... the most important thing is, Acehnese people aren't allowed to be afraid, don't get *trauma*. If we are afraid that history will repeat, afraid of conflict, indeed we will have *trauma*. But if we look at history, we can see that history has made Acehnese people tough (*keras*), indeed you need to be tough (*keras*) to endure violence (*kekerasan*).

Although Safrina became confused when I asked her to narrate the interconnections between different periods of conflict in Aceh's history, the moral lesson she drew from these historical narratives is clear: "If we are afraid that history will repeat ... indeed we will have *trauma*. But if we look at history, we can see that history has made Acehnese tough, you need to be tough to endure violence". Narrating the disjunctures and unpredictable consequences of history is just as essential to this process as narrating the continuities of

'history'. Her narratives tell us that it is not always easy to predict how 'history' might play out in a person's life, and this ambiguity can provoke either fear or optimism. The following story illustrates how this attentiveness to history can be a source of optimism, as well as a source of fear:

> In my village there is a small child, now he is 8 years old, he plays with the other children ... but when he was still a baby one day he was being carried in a sling by his father when the military entered the village and [started] shooting. Lots of people were shot that day. The child was shot in the arm while his father was carrying him. He was carried to the doctor and the doctor said that they would have to cut off his arm ... but his parents said: 'No! No! Not so far as that!'
>
> So they didn't cut off his arm but to this day he is disabled. His arm is turned and hangs - he can't move it [gestured to twist her arm from the shoulder]. But he's not angry at all! He's not sad at all! Even though he knows who it was that shot him. He knows that he is disabled because he was shot by the military. Everybody remembers and has told him how he came to be disabled. But he's very happy! He runs around and plays with the other children, he plays soccer ... maybe one day the *trauma* will emerge ... until now we still don't have a road to go into our village! ... but maybe *trauma* won't emerge.
>
> Acehnese people are very strong. Every ethnic group (*suku bangsa*) has a special disposition (*prilaku khusus*) - we learn it in school. Batak people are tough (*keras*), their voices are loud but they have good hearts. Javanese are silent (*diam*), they can accept [difficulties]. Acehnese are tough (*keras*) - since the time of the Dutch - we are ready to rebel, we have ferocity.

Here Safrina's story about the little boy who doesn't have *trauma* reminded her of the high levels of violence that people in her village have faced and resisted. Her final switch to a standardised narrative on 'the Acehnese character' helped her to make sense of a specific story closely related to her own life. It also allowed her to admire the strength of the boy for whom '*trauma* had not emerged'. Like many, she noticed that the effects of 'history' can be difficult to predict - some develop *trauma* while others do not. Although she anticipates

the future from reflecting on these kinds of events, she knows that she cannot predict precisely what the implications of 'history' might become.

It is from this point of reflection that Safrina has made many of the practical choices of her life. She has recently married and her enthusiasm about her new marriage, new business and plans to have a baby were important preoccupations in her life. She plans to stay in Banda Aceh rather than returning to North Aceh, since she feels that Banda Aceh will always be safer than rural areas. Although she has a university degree she has opened a food stand, so that she can 'be happy cooking noodles and talking to people' and avoid the potential dangers of being a public servant. Acehnese public servants are often called upon to mediate between their social networks and government institutions, and so can face social marginalisation or violence if they are perceived as failing to serve the needs of their village. She hopes that her new life running a food stall will allow her to avoid those kinds of dilemmas. In sum, while she is optimistic about her own personal future, she is unsure about the future of Aceh. She is trying to make her social position as flexible as possible, so that she can better respond to the contingencies of her life in the future.

iv. Nazarina

Nazarina is a woman from the Gayo minority in the mountains in Central Aceh. Unlike the other women in this chapter, I met Nazarina only once. She is in her eighties and has lived in Banda Aceh for the past 20 years, though she was born in Gayo-land and also lived in Bireuen (North Aceh) and Bandung (West Java) in her youth when recently married. She is now blind from untreated cataracts, suffers rhematic pain and worries anxiously about her family that is spread throughout Aceh. But she generally considers that she has lived a good life, since she was a school teacher and so was able to educate herself and her children.

She talked little about her own individual experiences, instead discussing the lives of her family members and the changes she has noticed in the world around her through her life. I asked her why the conflict occurred:

> Because Aceh is a tough nation *(bangsa keras)*. The Acehnese people rebelled against the Dutch for a long time, a very long time, and the spirit (*jiwa*) of Aceh became tough. All the Dutch weren't brave enough to go to Aceh because they knew that we Acehnese were strong and ready to die in the name of Islam. The Acehnese people read the Epic of the Holy War (*Hikayat Prang Sabi)* and became strong. Later when Sukarno was the President of Indonesia the Acehnese people wanted to fight, we wanted Indonesia to become an Islamic state. Later Sukarno broke his promise to Aceh, and then the people in Lhokseumawe got angry again. They were very poor and all the money from the oil and gas at [the] PT Arun [gas field] was being taken to Jakarta, taken outside Aceh. They were extremely poor, all of the people in the houses directly in front of PT Arun. That's why the conflict occurred.
>
> Acehnese people are indeed tough. Acehnese live on the coast, it's very hot and they have to struggle against the big waves of the Indian Ocean when they go fishing, that's why Acehnese are tough. Also the women own their own houses, and just divorce men if they want to. That means they're not modest (*malu*) and they don't have to respect their parents and tradition (*adat*). We Gayo don't have to struggle. Gayo land is so beautiful! The mountains, the jungle, the lake, it's cool and fresh, we can grow coffee and oranges, we don't have to struggle against the ocean. We have a tranquil lake ... it's peaceful ... and the women are modest (*malu*).

Nazarina explains the conflict as part of a long historical process beginning with the Dutch but revolving around the exploitation of Aceh's natural resources. She breaks from this conventional narrative by contrasting what she sees as different Acehnese and Gayonese experiences within this same historical process. She uses these narratives as a Gayo woman who has long lived in lowland Aceh to selectively position herself both inside and outside of the conflict, both inside and outside of Aceh. She is both sympathetic to and critical of the aspects of 'the Acehnese character' that she sees as resulting from Aceh's colonial past and the poverty and difficulty of life of Acehnese people within the Indonesian state. Struggling against history, poverty, the landscape, broken

promises, fear and violence have all over time produced the 'tough Acehnese character' that she both admires and fears.

Of course, it is not true that Gayo 'don't need to struggle'. Nazarina herself escaped any direct violence during the conflict, though she frequently had nightmares and a 'shaking heart'. Her 'heart shook' when she thought of her sister who is a widow and her beautiful unmarried niece, both of whom live in Takegnon (Central Aceh) and were regularly threatened with rape during the conflict. Talking of her sister, she said:

> The life of Acehnese women is *sengsara*. If for instance a woman becomes a widow because her husband is shot, and later that woman is raped because she is alone, that is *sengsara*, she will feel *sengsara*, because the sadness of her husband's death became the sadness of her rape.

Nazarina regards Aceh's historical narratives as a moral code that she insists ought to guide people's proper behaviour. She was both saddened and infuriated that during the conflict many of these values were broken by both the TNI and by GAM fighters. She exclaimed at one point in our conversation:

> It's forbidden for men to touch women let alone rape them!! Women must obey their husbands, unless they drink alcohol, take drugs, gamble, hit their wives or hit another person, or marry another wife without permission. Also, women are allowed to look for their own income so they can be sure to support their children if their husband is incapable. Even if their husband doesn't agree, on this the Qur'anic interpretation is clear!
>
> But during the conflict, people didn't care for each other anymore. Men didn't look after their wives anymore. Neighbours didn't care for each other anymore. Everybody was putting sorcery on everybody else. One day GAM came to my sister's house in Takegnon and demanded money. But she is a poor widow, so she didn't give them money. The next day there was an earthquake. Her house was the only house in the village to collapse. That's because the GAM fighters put sorcery on her house, because she didn't give them money.

> After that she knew she had to give them money. Later she did so with a happy heart, but at first she was forced. She never left behind the fear - until now she's silent. That's what it's like the history of Aceh, *sengsara*, because we Acehnese have been ready to fight since the time of Cut Nyak Dien, Acehnese people are brave.

Like Nurlaila, Nazarina radically decentered herself within her life story to emphasise her thoughts and feelings about those around her. She saw that 'poor' and 'uneducated' people usually had *trauma:*

> Lots of farmers have *trauma* because [the poor] can't look after themselves ... if a person is poor they don't know the proper way to act, they can't get a good job and move away from the most dangerous areas, they have to work out alone in the fields. People who have education can move to the towns, they don't need to work in the fields ... but farmers! ... everybody can see them, but they don't know who is watching!
>
> In villages everybody can see everybody else so it's hard to avoid disturbances (*gangguan*). Lots of farmers have *trauma*, there are those who have *stres*.[40] One girl in my sister's village converted to Christianity and moved to Makkasar because of *stres* because she was afraid. It's very sad. That's it ... that's the history of Aceh.

More than the other women, Nazarina's story carries a strong spatial dimension. Nazarina sees that 'poor' and 'uneducated' people are most vulnerable to *trauma* because of the hardship of life as a farmer. They are highly visible in the rice fields, and so run the risk of being shot from a distance. They do not have the option of mobility that traders have, or the networks of protection and information that public servants can potentially access. Her narrative is also paternalistic in that she connects a lack of education with a reduced ability to properly understand the world and respond accordingly.

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[40] As I introduced in chapter two, unlike their English counterparts, '*stres*' is more serious than *trauma* and is generally considered irreversible. I discuss the idiom *stres* in detail in chapters four, five and six.

Trauma, pain and the paradox of history

As we have seen, these women do not just suffer from *trauma* they conceptualise and respond to their suffering in complex ways. As Young (1995:97) points out, trauma is often understood as a "disease of time" in which its sufferers have a dysfunctional relationship with the past. Trauma is also classically equated with a breakdown in language and a failure to comprehend suffering (Caruth 1996; La Capra 2001; Scarry 1985; Suárez-Orozco 1990). These women's narratives clearly illustrate that, while they have suffered, they also comprehend and articulate their pain and suffering to others in highly salient terms. In particular, these women experience their pain and suffering as a historical process. They emplot their life experiences into widely circulated historical narratives. At the same time, they draw from these historical narratives to enact the desirable attributes of strength and bravery that they see as crucial if one is to survive war.

Narrating pain as history dramatically shapes the lived experience of suffering. Many anthropologists have contested the assumption that pain is always hyper-individualising to the extent that suffering cannot be adequately comprehended or communicated to others (Nordstrom 1997:170, 1998; Mattingly 1994; Seremetakis 1990). Other anthropologists have demonstrated that pain can be responded to by others regardless of how accurately it is expressed (Das 1996, 2003; Kleinman 1992; Tnkna 2008; Desjarlais 1992; Garro 2003). In their critique of PTSD, Kleinman and Desjarlais (1995) describe social suffering as an interpersonal process that reconstitutes intersubjectivity. The vernacularisation of *trauma*, and its incorporation into historical narratives, extends the language through which Acehnese can offer commentary on suffering and reflect on the changing world around them. *Trauma* transforms and expands the intersubjective space in which suffering occurs.

Some have argued that narrating past violence can perpetuate violence (Drexler 2007) or transmit 'intergenerational trauma' (Dickson-Gómez 2002). However it is equally true that narrating the moral lessons of past violence is a vital practice through which these women can enact bravery, and remind themselves and others of the essential attributes that they must embody in order to endure war.

As Kleinman and Kleinman (1995:117) argue, the 'professionalization of suffering' can undermine the recognition that suffering is a "legitimate moral domain". Although Kleinman and Kleinman's view of trauma as a 'professionalization' is not relevant to the vernacular uses of trauma in Aceh, their central premise that it is problematic to automatically attempt to contain, heal or manage another's claim to suffering is powerful.

These women's narratives are a "moral practice" (Lambek 1996:235) through which they enact the attributes of strength and bravery deemed necessary to withstand a history of war. The concept of *sengsara* indicates that pain is intrinsically temporal and historical in nature. Pain is wound up in the specificity of individual past experience and in an ethos of collective suffering that has been constituted through narratives about Aceh's history of war. These four women in this chapter describe 'history' as a reified force that has constituted both the suffering in their lives and the strength necessary to withstand that suffering. I have shown how these women incorporate the idiom *trauma* in their narratives to reflect upon what they see as the paradoxical nature of 'history': namely, that 'history' makes people strong at the same time as causing human suffering.

The four women in this chapter narrate their own lives in history in such a way that they protest the forms of injury that they and other Acehnese have suffered through colonialism, war and a neglectful state. In this sense their narratives do depart from the celebratory tone of Acehnese history promoted by both GAM and the Indonesian state. At the same time, their narratives reinforce the importance of preserving that relationship to history, since history is imagined a source of both suffering and bravery. Similar to the observations Abu-Lughod (1986) makes of her Bedouin interlocutors, these Acehnese women protest the forms of suffering that they and others have experienced while ultimately locating themselves inside and not outside of that history of war. This is important since this history of *sengsara* has constituted both the desirable and the undesirable parts of their lives. This recognition however, is in itself painful. *Trauma* describes their suffering at recognising this paradox.

But just as suffering is a historical process, *trauma* is an embodied experience. These idioms of history and suffering directly inform understandings of the body, and the ways in which health and illness is created and undermined through social and religious processes. In the next chapter, I introduce the ethnophysiology that makes it possible for history to act on a person's body by discussing the many interconnections between *trauma* and spirit possession. I draw attention to the idioms and somatic sensations described by my interlocutors in their descriptions of *trauma.* Chapter Four begins to explore the understanding of the body at play within my interlocutors' articulations of *trauma.* This is not a static Acehnese ethnophysiology but an understanding of the body that has been transformed by violent conflict, by the globalisation of psychiatry, and, in the case of spirit possession, by processes of Islamic self-critique regarding the nature of sensory knowledge. In Chapter Four we start to get a deeper sense of the moral imaginary at work within the Acehnese medical landscape, and the forms of crisis and controversy that Acehnese doctors, healers and psychiatrists face in the post-conflict period.

4. *Trauma* in the Body: Spirit possession, the body and the politics of knowing

One day a young woman I knew became possessed. A healer[41] came to the house. "Who's the westerner?" he asked. The others replied for me: "She's a researcher. She wants to know about *trauma*". "Ahhhh", he said, "*trauma*". Then he revealed to me and to the many people huddled together in the small room:

> I first started to think about the connection between *trauma* and spirit possession in the 1970s. In the 1970s it was already the conflict and people were becoming possessed every day. At the time I was living in Lhokseumawae and everyday people would become possessed. There were some who thought they were covered with blood. When somebody was possessed the *jinn* (spirit) would say in which direction they should run, where they should look for the bodies of their family ... [returns to treating patient for a few minutes] ...
>
> Once I went to the house of GAM people, their son had run to the mountains and they hadn't met for a long time. The mother had become possessed and the *jinn* was very angry, very strong. 'Your son has been shot', said the *jinn*, it told them that his body was lying under a tree behind the plantation near the mountain. Later they went to the tree and indeed they found his body. That's what it's like, *trauma*. That's what the *jiwa* (spirit/psyche) is like during the conflict. Pressure, pressure, pressure! Many people feel *jinn* pushing on them during the conflict. At night time, at day time also. Indeed *trauma* is very close to spirit possession [shaking head].

[41] I use the generic term healer here for want of a better term. My interlocutors usually referred to these healers euphemistically as *orang pandai* (lit. clever people). They sometimes called these healers *rajah*. To have something *dirajahkan* is to have an object or water imbibed with special powers through the recitation of Qur'anic verse or spells, this process is also called *diobatkan* (lit. to be made into medicine). The term *dukun*, is often associated with Javanese healers, but is also common on the Malay Peninsula (Peletz 1996). *Dukun* is also sometimes used in Aceh, although it often carries derogatory connotations. Since all these terms are all controversial, so I have kept to the more neutral term 'healer', except in while quoting an interlocutor who is stressing a particular term.

This incident transformed the direction of my research. It took me by surprise that the others present introduced my research topic as *trauma* since at the time I didn't think of my own research in that way. However, I was not surprised to hear the healer's response, connecting the somatic sensations of spirit possession with those of *trauma* and suggesting that *jinn* operated within the conflict. In the months afterwards, my conversations gradually became more focused on the various somatic sensations people experienced during *trauma*, in spirit possession, in religious practice and while undertaking different types of healing practices. I combined this with the direct observation of exorcisms and interviews with people waiting for exorcism and sorcery divination in Banda Aceh.

In Chapter Three, I demonstrated that *trauma* is informed by an imaginary of history, suffering and emancipation. In this usage, *trauma* denotes an awareness of the constitutive and yet paradoxical nature of history. The women I featured in Chapter Three described *trauma* as the paradox that history makes a person strong, at the same time as it causes suffering. The moral lesson in their narratives was that war, colonialism and oppression can make a person weak, socially marginalised or mentally ill. At the same time these destructive historical processes form them into strong, brave and pious Acehnese women. *Trauma* describes their awareness of this paradox. In this chapter I continue this theme by discussing the ethnophysiology that describes how social, historical and political processes act directly on the body to cause either health or illness. The most direct route into this world of the body, and the way it was taught to me in my fieldwork, is through a discussion of spirit possession.

When *trauma* first entered widespread circulation in Java in the 1990s, Siegel (1989b:99) suggested it played a crucial role within state terror strategies and came to replace ghosts (*hantu*) as the key signifier of "inexplicable effects". As the opening vignette illustrates, in Aceh, the concept of *trauma* has not displaced but rather has become incorporated into the world of spirits (*jinn*) and the forms of social relationships and religious practices that spirits shape. *Jinn* are not necessarily fear inducing, however the ways that humans ought to

respond to and interact with *jinn* is a topic of social debate. *Jinn* themselves also carry powerful messages about human morality and immorality. In a context of spirit possession, spirits offer commentary on the conflict, on the everyday violence in the lives of their human hosts, and on the nature of *trauma* itself.

Both *trauma* and *jinn* signify many of the epistemological anxieties and class tensions that Siegel (1998a) sees were generated through New Order terror strategies, especially the display of corpses. This is partly because both *jinn* and the concept of *trauma* are innately mysterious and beyond full comprehension. *Trauma* is mysterious, like *jinn*. And yet, just as Acehnese people have complex ways of imagining and debating the attributes of *jinn*, they also have ways of articulating and debating the nature of *trauma* and the interconnections between *trauma* and spirit possession. While *jinn* are described in the Qur'an as sentient beings with free will who share many attributes with humans, they are invisible and tricksters by nature. *Jinn* live amongst humans, but they live in the invisible realm (*alam gaib*) and so should not be accessible to humans through the sense of sight. Consequently, debates about the nature of sensory perception have an important place to play in a spirit possession context, since while humans ought not to see *jinn*, *jinn* can and do see humans. As such *jinn* are often said to be 'witnesses' (*saksi*) to the conflict and to the everyday forms of injustice faced by humans, especially women. In possession *jinn* parody humans, lament the predicaments of everyday life and express outrage at both everyday suffering and the terror of the conflict.

There are three aims of this chapter. Firstly, I treat the narratives of the *jinn* voiced through healers in the same way that I treat conflict narratives told under other conditions: as articulations of conflict experience and *trauma* that both describe violence and suffering and organise moral responses to that suffering. In this sense, this chapter adds to the broader picture of the conflict dynamics and the meanings of *trauma* that are discussed throughout the thesis. Bubant (2009) argues that anthropologists should treat spirits as "methodologically real" and part of the broader social landscape that we set out to understand. As such, I analyse the narratives of the *jinn* in the same way that I take up the narratives of my interlocutors' themselves.

However, the narratives of the *jinn* form only part of the possession context. Possession and exorcism bring into sharp focus the core sensibilities that inform Acehnese subjectivity, notions of corporeality and the moral sensibilities that shape normative responses to suffering. These sensibilities are performed in a slightly different manner in exorcism practices to the ways they are enacted in everyday life. As such I draw from a long tradition of anthropological studies of spirit possession that approach possession as a practice through which subjectivity is continually produced and contested in relation to enduring systems of cosmological symbols and cultural values (Lambek 1981; Boddy 1989, 1994: Kapferer 1983; Ong 1987; Tambiah 1970). I bring attention to the improvisational and performative element of within these ritual practices, through which people confronted with various illnesses, anxieties and dilemmas seek to heal their afflictions. As Boddy (1989:137) demonstrates, spirit possession is:

> a cultural resource appropriated by individuals under certain conditions. Viewed as such it consists of symbols and associations available to be taken up and manipulated in hundreds of different ways.

The stories of possession in this chapter show both the enduring sensibilities that inform Acehnese gendered personhood, expectations of everyday moral conduct, and the complex networks of power that influences the many different ways in which individual Acehnese (especially women) both enact and contest those power relations.

Although exorcism clearly acts as a practice through which many Acehnese seek healing for myriad forms of suffering and marginalisation, it is important to stress that spirit possession is itself a site of contestation and can produce either healing or social exclusion. Spirit possession is a common occurrence in Aceh, however the means through which possession ought to be treated is contentious. Exorcism is a frequent practice, and there are many different kinds of healers practicing in Aceh using different methods. For some exorcism is a weekly or even a daily ritual. Nevertheless when Acehnese go to a healer they open themselves to the charge of improper religious practice. Bubant (2008)

illustrates that in post-conflict Maluku, the idiom *trauma* occupies a powerful role within growing fears of the occult[42] expressed through stories of vampires seeking revenge. Bubant's (2008) account is reminiscent of Comaroff and Comaroff's (2002) interpretation of zombie rumours in South Africa, wherein rapid socio-political transformation ruptured society and producing new forms of social inequalities and amplifying old tensions left unaddressed. But it is equally common for rapidly transforming societies to incorporate the world of spirits into positive narratives of social change and into post-conflict healing, as Shaw (2007) demonstrates in her account of Pentecostal healing practices in Sierra Leone. This chapter considers both the ways in which some seek exorcism to heal their everyday and their conflict related suffering, and the ways that healers and exorcism are currently open to the charge of being 'un-Islamic' by those that are concerned that unorthodox religious practices are on the rise in Aceh.

The critique of exorcism, and the introduction of new 'Islamic' forms of exorcism, reveals not only debates about what counts as 'correct' religious practice but also how 'proof' of medical efficacy is challenged and demonstrated. These epistemic anxieties and religious debates have come to inform the ways in which *trauma* has been constructed locally as a category of illness. They have direct implications for those that suffer from nightmares, hallucinations, or other forms of distress that can be interpreted either as the work of *jinn* or as *trauma.* As we see in this and subsequent chapters, *trauma* affects the ways in which the suffering of a particular person can be acknowledged, disavowed or reinterpreted by others, and strongly shapes the interpersonal power relations that are being reconstituted in the post-conflict period.

Finally, this chapter offers insight into conceptualisations of the body, and brings the discussion into the realm of medicine, religion and healing and the broader medical-moral systems at work that animate *trauma.* Spirit possession reveals the conceptualisation of the body that makes it possible for history, suffering and socially divisive behaviour to act on the body and cause illness.

[42] I reserve the term 'occult' to describe narratives about spirits, sorcery, vampires etc that explicitly condemn these practices as indicating some form of moral decay in society.

While Aceh has a pluralistic medical landscape, the model of the body and the core etiological principles that inform spirit possession also feature strongly in the moral imaginary of *trauma*. As such this chapter includes a close analysis of the idioms my interlocutors used to describe the somatic and emotional experience of *trauma*. The analysis that I present in this chapter should not be taken as a timeless model of the body but as an imaginary of the body that is arising from the confluence of specific historical processes: the recent resolution of the conflict; the globalisation of *trauma* as a medical-moral idiom for the articulation of suffering; and contemporary Acehnese debate surrounding possession and knowledge of the body.

Possession, the senses and the politics of knowing

After accidently encountering the possession in the opening vignette in the tenth month of my research, I decided that it would be invaluable for me to talk with healers and observe exorcisms to better understand how *trauma* relates to broader medico-religious practices. After all, the healer himself had just pointed to several interesting connections between spirit possession and *trauma*. I sensed that there would be much more to learn. It was only after meeting the original healer and asking to be introduced to him properly that I was told that Acehnese healers do not exist. "If you want to meet a *dukun* (healer) you have to go to Java", quipped my friend Eliani, "they don't exist in Aceh". I soon found out that she herself dabbled in exorcism on occasion and was under tremendous social pressure to "go to Java and learn the knowledge (*ilmu*)". In the end she taught me a lot not just about spirit possession, but about its interconnections with *trauma*, the anxieties surrounding exorcism and the ways that possession operates as a contested medico-religious experience.

Eliani's story acts as a useful introduction to the epistemological anxieties wound up in spirit possession. Even when Eliani was a young child in her village in South Aceh, people began to pressure her to become a healer. As a 23-year-old woman now living in Banda Aceh that pressure has taken on new moral dimensions. She explained that:

> When I was a child I used to have dreams, in my dreams I could understand the fears and thoughts of other people. When I was a child I was enthusiastic to help those people ... so I would ask 'do you have a problem?' And give them advice. This was when I was a child, still in the village. But when I came to Banda Aceh to go to university it was different. One day, somebody got very angry. I had a dream and the next day I asked that person 'Can I help you? I can see that there has been a disturbance' ... and I immediately gave him advice. He got very angry! 'You've been spying on me! You've been gossiping about me!' he said. He was very angry. So now that I'm an adult I'm careful, only if I have a dream about somebody three times, after the third time I ask them if I can help them, otherwise I'm just silent.

When Eliani moved to Banda Aceh she tried to keep her special abilities a secret. But eventually people began to talk: "I would have a feeling that I need to go to a place and when I got there I would see that somebody was possessed". She reluctantly began assisting with exorcisms, although this is not something she discusses freely. She has a reputation as a friendly, intelligent and wise young woman. Every day she gets phone calls from men and women of all ages asking her advice on matters ranging from how to discreetly resolve a disagreement between quarrelling neighbours, to advice on how best to arrange their children's schooling. Eliani's grandmother was also a highly respected woman and was well known for her premonitions and personal charisma. Like her grandmother before her, Eliani is known as a person with *ilmu jiwa* (knowledge of the human mind/spirit). That is, she has a strong ability to intuitively sense the unspoken concerns and desires of others and to discreetly act in ways to appease those concerns without directly exposing them. This is a particularly desirable trait for women. But sometimes she gets it wrong. And sometimes she regrets this reputation and just wants to become an 'ordinary housewife'. Certainly she tries to keep her premonitions and ability to access the invisible realm a secret since she herself has mixed feelings about whether exorcism is 'in accordance with Islam'. But it is difficult to keep a secret in a place like Aceh.

She struggles to reconcile her feelings that while on the one hand she wants to help others using what she feels is her own innate ability to heal, on the other hand, she doesn't want to risk participating in practices that could potentially be contested as being in contradiction to Islam. She changes her opinion on the matter regularly. In one of our conversations she explained to me:

> If a person accidently encounters a *jinn* yes, that is allowed, that is normal. But if a person intentionally encounters a jinn that is magic, that is evil.

But at other times she insists that people must be able to use their own intellect in deciding whether a particular practice is 'allowed':

> There are some people that say: 'it is forbidden to eat a chilli'. When I eat a chilli, I already know that it's spicy. I don't know why it's spicy but I know that it is spicy. But if we never eat a chilli, we don't know. If we become too logical and only believe what we experience directly, but at the same time we say that we are forbidden from eating the chilli, then actually we can't know that chillies are spicy.

She certainly does not dismiss religious debate lightly. I always observed her to listen carefully when somebody criticised some aspect of her religious practice although she doesn't always take up their advice.[43] She has a deep love and respect for her father and often tries to model her decisions on his life. She particularly worries whether her own premonitions and dreams ought to be classified as an intentional or an accidental encounter with spirits. But although she takes these religious debates seriously, pragmatism and her concern for others often take precedence. One day I asked her directly: "If you don't want to go as far as becoming a healer, then why continue to help those who are possessed?" She replied bluntly: "Because people keep getting possessed!"

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[43] Here I refer not to exorcism per se but to the kinds of governmentality that almost everybody is subjected to with regards to everyday religious practice: particularly proper recitation and movement in prayer and women's dress. Outward, visible demonstrations of piety are becoming increasingly expected in Aceh and Sharia law has been in the process of being gradually implemented for several years. To date there have been no ethnographic studies of everyday piety or the influence of Sharia law in Aceh, but this theme is currently being researched by both Daniel Birchok and David Kloos. Aspinall (2009:20-213) describes the initial implementation of Sharia Law and discusses GAM's response to it. Michael Feener will soon publish a monograph on the implementation of Sharia law in Aceh.

The gradual process of becoming a healer has created anxieties for Eliani as she struggles to reconcile her own views about exorcism and the life she ideally wants to lead with the conflicting expectations others place on her.[44] These dilemmas are not unique to Eliani as a potential healer but rather reflect much broader social debates and epistemological anxieties that play out in spirit possession, *trauma* and many other circumstances. The relationship between *jinn*, living humans and dead humans is ambiguous and I found that people often became confused if I asked them to clarify the differences between the characteristics of ghosts (*hantu*) and spirits (*jinn*). Many attempted to create a taxonomy in which they emphasised that *jinn* are not dead humans but creatures that live in the 'invisible realm' (*alam gaib*). This taxonomy usually broke down soon into our conversation however, and a sense of ghosts and spirits as intrinsically mysterious and unknowable took over these attempts at taxonomy. Describing the nature of *jinn* in possession cults in Northern Sudan, Boddy (1989:137) writes:

> ... if they are symbolic, spirits defy conventionalization: they are beings, actors, agents. They are inherently capricious, amoral, ambivalent, and by villagers' own accounts, incompletely understood. In possession of a human, one might modify its characteristics, or exhibit different sides of its personality in different women. Spirits' selfhood, too, is constituted in relationships with others.

Boddy's (1989) account resonates strongly with my interlocutors' descriptions of *jinn*. In addition to their mysterious, trickster-like nature, my interlocutors also consistently mentioned three other characteristics of *jinn*. Firstly, *jinn* are sentient beings with free will. Like humans, *jinn* have the ability to distinguish between good and evil. Secondly, since *jinn* are sentient beings they display both desirable and undesirable human-like attributes and feel both positively valued and negatively valued emotions. Finally, *jinn* inhabit the invisible realm (*alam gaib*), in which they can see humans and other *jinn* but cannot, or ought not themselves be seen. The issue of visibility is crucial here.

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[44] A paper by Masquelier (2002) also describes the process of a woman coming of age and becoming a healer amongst social debate and conflicting personal goals. Masquelier's (2002) paper reminded me strongly of Eliani.

Since Islamic cosmology places knowledge (*ilmu*) as an objective reality but human access to knowledge as intrinsically dependent on light (*nuraini* lit. light of God) the invisible realm exists both as an objective, external reality and as a source of continual human self-doubt and critical reflection (Peletz 1996:158-161; Stange 1984; Florida 1995:262). Knowledge (*ilmu*) exists as a concrete reality, but human access to *ilmu* is partial and contestable. Everybody wants knowledge in its many manifestations, since *ilmu* literally strengthens a person against the chaotic fluctuations of the world. Knowledge of religion (*ilmu agama*) brings a person closer to God. Knowledge of the human spirit (*ilmu jiwa*) enables a person to understand the unspoken desires of others and hence successfully negotiate social relationships. Invulnerability magic (*ilmu kebal*), famously used by GAM and Acehnese anti-colonial fighters, protects a person against untimely death (Bowen 1992:77-82; Siapno 2002:132; Reid 1979:17; Aspinall 2009:99-102). But *ilmu* used alone without a qualifying term frequently suggests the manipulation of the realm of spirits and improper access to knowledge.

Early in my fieldwork I didn't appreciate the contentious nature of the term itself and often used *ilmu* to mean knowledge in the broadest sense. One day one of my interlocutors scolded me: "ok I'll explain it all – but stop using *that word*!" While even the word *ilmu* can provoke anxieties about the proper means of accessing knowledge, there is no question that everybody wants more *ilmu*. Some forms of knowledge are controversial and some safely respected. But all knowledge is a little bit magical in Aceh because knowledge is deeply transformative. One of the most pervasive and important sensibilities within Acehnese culture is that the more different kinds of knowledge that a person accumulates the more powerful they become. Certainly different forms of *ilmu* give a person authority and add "cultural capital" (Bourdieu 1986) to their engagements with others. However, it is important to emphasise that *ilmu* is not merely symbolic but corporeal. *Ilmu* literally transforms a person's embodied sociality and endows them with the attributes necessary to live a good life, be a devout Muslim and to endure suffering (Florida 1995:262).

The religious debates about how a person may access and accumulate knowledge directly affect the ways that an encounter with *jinn* is likely to be interpreted. While I didn't meet anybody that questioned the existence of *jinn*, people often doubt whether or not a *jinn* is actually involved in a particular case of illness or misfortune. As Steedly (1993:35) found in North Sumatra, the distinction between a belief (*percaya*) in spirits and a trust (*percaya*) in spirits is subtle and easily misrecognised to English speakers. In other words, the question is not whether or not a person believes that spirits exist, but how an individual person believes that humans ought to manage the presence of spirits in their life. Some anthropologists have suggested that moral ambiguity is itself an essential attribute of healers, playing a central role in the efficacy of exorcism (Woodward 1985:1011; Snodgrass 2002). Steedly's (1993) observation rings true for Aceh, in that what is debated is not the existence of *jinn* but the precise role that *jinn* play in a particular context and the ways in which humans and spirits ought to interact.

Healers are also by default scrutinised and often themselves issue warnings about fraudulent healers living in places far away (Woodward 1985:1007). While stories about unscrupulous healers usually take the form of generalised rumour, it is not uncommon for particular healers to become subject to sorcery accusations either in person or through the media. Newspapers sporadically run stories of malevolent healers exploiting or hurting their patients (*Harian Aceh* 14 July 2008; *Harian Aceh* 15 July 2008). Less common, but concerning, are reports of people having their houses burned down, and sometimes killed, after being accused of sorcery or actions seen as causing the possessions of others (*Harian Aceh* 22 February 2011; *Serambi* 17 October 2011). Such reports often stimulate debate in the form of opinion pieces in newspapers (cf. Miswar 2011).[45]

[45] This opinion piece discusses the targeting of this *dukun* and reflects on the various roles of *dukun* within Acehnese society. The moral ambiguity (rather than the absolute denouncement) of *dukun* is clearly illustrated here. The writer presents this attack as an example of people 'taking the law into their own hands'. There are regularly reports of vigilante violence in the Acehnese media. In most cases such violence is targeted at couples accused of adultery or sexual immorality (see Newman 2009).

Like healers, *jinn* themselves are morally ambiguous creatures. In fact, the healer is often said to have no personality of his/her own, since the healing powers reside not in the healer themselves, but in the healing *jinn* that comes to have a lifelong association with a particular healer. *Jinn* play tricks on humans but they are not intrinsically 'evil' (*jahat*). *Jinn* themselves have individual idiosyncrasies and human-like personalities, including gender, religion and ethnicity. Since *jinn* 'accompany' humans and can see and understand human action, *jinn* sometimes mimic the humans around them and take on attributes of the humans they possess. *Jinn* are the most common explanation for nightmares and are often implicated in unexplained sickness or negative emotional states, although as Grayman, Good et al (2009) demonstrate, many Acehnese dreams more closely resemble classic PTSD symptoms than the kinds of trickery practices that popular narratives about *jinn* often describe. *Jinn* are unquestionably recognised as a feature of everyday life and dreaming. *Jinn* are mentioned in the Qur'an so it would be difficult for an Acehnese to question their reality. Nonetheless, it is common for people to doubt or question whether a *jinn* is implicated in a particular dream, distressing event or unexplained illness. Searching for alternative explanations for sickness and contesting another's claim to possession is a central element of the possession rituals I observed.

While observing exorcisms in Banda Aceh, I noticed that while the onlookers often recognised and valorised the forms of human suffering announced by the *jinn*, the same onlookers also often remained sceptical about or even actively disavowed the suffering of others. In some cases, healers refused people treatment. It was common for people waiting for their treatments to chat about their families, give each other health advice and 'diagnoses' for common ailments, without speaking directly about the forms of social suffering that the *jinn* declared to be prevalent in the lives of particular women. Spirit possession certainly brings to the foreground common patterns of social suffering and marginalisation, especially the everyday forms of suffering that are faced by women (Lewis 1966; Ong 1987; Boddy 1989). Nevertheless, possession is itself a highly contested practice. Far from offering a ready source of 'displaced agency', possession is a site of contestation and often produces new forms of

social exclusion. In some cases a possession is acknowledged by others and the possessed person positioned as an innocent victim of *jinn*. But at other times, possession invites speculation about moral transgressions, scandal or is met with scepticism and moral refusal. Importantly, this recognition or disavowal can occur either within the space of the healer's house by others engaged in the same ritual context; or it can occur through broader social debate, where the entire phenomenon of possession and its treatment can be called into question.

Even if a person is identified as being possessed or troubled by *jinn*, the question of how to treat possession often triggers new forms of anxiety. Bowen (1993:189) argues that Gayo (highland Aceh) sorcery, magic and possession practices only became seen as controversial in the late 1980s, and interprets this shift as reflecting a "modernist critique of spirit manipulation". However he also notes that the growing hesitation around sorcery he observed may have reflected changes in the particular healer Bowen worked with, who was by that stage ageing and so preparing for death. Certainly the 'modernist critique' that Bowen refers to is now a prevalent part of social debate within Aceh. However there is also a convincing body of literature that argues that moral ambiguity facilitates rather than undermines the efficacy of exorcism and healing, and is in itself nothing new (Woodward 1985; Steedly 1993; Boddy 1989). Woodward (1985:1007) describes Javanese healers (*dukun*) as follows:

> The Javanese health care system includes highly complex theories of anatomy, the origin and treatment of disease, an extensive complex of herbal and mineral medicines and a system of social interaction directing potential patients towards specialists who treat only a small subset of the culturally recognized ailments. The system is, however, fundamentally paradoxical. While Javanese consult *dukun* concerning medical and other, primarily religious, problems, they rarely trust them. It is often said that most *dukun* are charlatans, that their primary goals are the acquisition of wealth and social status, and that many are sorcerers. Many *dukun* agree with this evaluation.

While the atmosphere at exorcisms I observed was clearly characterised by curiosity, contestation and moral ambiguity, there is also no question that many

are actively trying to intervene in exorcism practices to make them more 'Islamic'.

After the tsunami the Prosperous Justice Party (PKS), one of the biggest Islamic political parties in Indonesia, sent a team of people to Aceh to carry out exorcisms in a manner that they saw as 'in accordance with Islam'.[46] Usman, a 25-year-old Javanese university student who leads such exorcisms in Aceh, described their objective to me as to: "ensure that *trauma* healing is carried out in accordance with Sharia Islam". They did so by training local religious leaders and university students, particularly medical and psychology students, to carry out exorcisms using what they saw as the 'original' and therefore 'correct' healing practices that were used at the time of The Prophet. Their original concern was to treat children in orphanages "who were talking to themselves because of the *trauma* of losing their parents". Through recruiting university students, these healers also started an informal campaign to actively discourage Acehnese people from seeking exorcism that involved "direct contact with *jinn*", which they promote as "un-Islamic" and "evil".

Most PKS affiliated healers are from urban, lower-middle class backgrounds though they travel to *pesantren* (Islamic boarding schools) and plan to expand into rural areas. The three healers I met describe themselves as *ruqyah*, attempting to revive an Arabic term for a religious healer that is not to my knowledge in wide circulation in Aceh. They describe themselves in sharp contradistinction to *dukun*, who they see as Javanese healers who use black magic (*ilmu sihir*) and intentionally summon jinn. Note however, that while the term *dukun* is often associated with Java, that this term is in common usage on the Malay Peninsula (Peletz 1996). One *ruqyah*, Adi, emphasised that:

> It is not in accordance with Islam to deliberately come into contact with *jinn*. *Jinn* live in the invisible realm, they are all around, but it is evil for humans to make contact with them. In fact if a person makes contact with a *jinn* they are insane, not simply *trauma*, but insane. Anybody can become possessed, a man, a woman, a good person, an ignorant person. But if a

[46] See Fealy (2010) for a summary of how PKS has transformed from a campus-based movement into a major political party in Indonesia.

> person sees a *jinn* in their eyes, that means they are insane, or they are evil, a *dukun*.

Adi dropped out of medical school and became a *ruqyah* after having an argument with one of his lecturers about the meaning of the term 'psychosomatic'. His lecturer had said that exorcism is efficacious because it has psychosomatic effects that bring about healing. To Adi, this "reduced Islam from the status of a religion (*agama*) to the status of a belief (*kepercayaan*)". Adi is committed to carrying out exorcisms to protect individual people from *jinn*. But his methods and the ways that he describes exorcism also aim to rid society of what he sees as 'improper' religious practice. Adi, and the other two *ruquah* I knew, all shared the common principle that if a human intentionally encounters a *jinn*, or if a person has a visual encounter with a *jinn* (as in a vivid nightmare), that this should be taken as an indication that the person is either evil or insane.

To distinguish themselves from *dukun*, these *ruqyah* emphasise that they use only the recitation of Qur'anic verse to heal, although in fact I observed all of them use their own combination of healing practices. Adi, the former medical student, combines his treatment with strong, sturdy advice about everyday moral conduct and a brief biomedical examination, which generally includes taking the person's pulse, checking for swollen glands and asking general questions about their sleep, diet, family and religious practice. Usman uses moxibustion, cupping, blood letting and Chinese herbal medicine to remove the 'dirty blood' that he sees as both a cause and an effect of possession. He also gives what can only be described as a fiery sermon between each treatment. And the third, a psychology student named Liza, carries out what she describes as 'informal counselling' and gives general health advice such as what foods to avoid when feeling upset and what kinds of everyday herbal remedies (such as honey and turmeric) can help to restore health.

To a much greater extent than most Acehnese, these *ruquah* are preoccupied with matters of the occult. Many Acehnese enjoy debating Qur'anic interpretation and can spend hours discussing what does and does not count as proper religious practice (Bowen 1992). What is notable about these healers is not that they debate religion, but that they are concerned that 'improper'

religious practice indicates a broader process of moral decay within Acehnese society, and the world at large. They draw strongly from imagery from horror movies and soap operas that suggest that possession and sorcery stems either from the unrestrained revenge or jealousy of individual people or from spirits seeking to fulfil their own hedonistic desires. They also draw from imagery they have encountered online, talking about the evils of voodoo, vampires and other iconic horror imagery. One once angrily denounced to me a website that describes middle-class American women performing séances. Usman cited these practices as evidence of growing evil in the world and the need for the project of reformist Islam he supports.[47]

Although these narratives are specifically about religious practice, they also carry a subtext about revenge and indicate more than a little paranoia about the mysterious everyday practices of 'ignorant people in the villages'. This to some extent resonates with Bubant's (2008) account of post-conflict Maluku, where *trauma* has also entered into widespread circulation and in that context articulates fears of spirits enacting revenge told through vampire stories. The implicit understanding of conflict here is that violence and class-based tension results from the improper religious practice of the poor, who are frequently referred to through the derogatory term, 'ignorant people' (*orang bodoh*). It is too early to see whether these mostly middle-class revenge narratives will transfer through into actual violent conflict or not. These narratives of revenge are marginal to the broader social memory of the conflict currently being generated in Aceh, which overwhelmingly fosters positive narratives of transformation and healing, not social decay. In the meantime, these narratives are influencing religious debate and healing practices. These *ruquah* and other healers take up the globalised idiom *trauma* as a secondary explanation for the possessions they seek to heal. But in this context the use of this medical idiom intensifies rather than alleviates anxieties about how to treat possession. It does

[47] It is important to emphasise that not all PKS members encourage the fear of evil to this extent, and many do not legitimise these class-based critiques of religious practice. For instance, one academic I knew told me that she frequently mentioned Casper, as in 'Casper the friendly ghost' to her students, when they began to strongly condemn exorcism. Her logic is that even though Casper is a child ghost, he is not seeking revenge but acceptance. I understood this allegory to persuade her students not to assume revenge as the only response to suffering.

not explain the occult away in medicalised language, but rather states that *trauma* and biomedicine belong to the world of spirits.

These PKS healers and other reformist groups are concerned with evaluating Acehnese religious practice for its 'Islamic' appropriateness. However, it is not only these reformists who express anxiety about how to respond to spirit possession. Unlike Bubant's (2008) account of Maluku, in the Acehnese context *jinn* do not usually seek revenge but often act as messengers or 'witnesses' to the conflict and often suffer from their own *trauma*, since *jinn* are sentient beings who suffer in a similar manner to humans. But the doubts about how possession can be interpreted, and how people can access the invisible realm, also influence the meaning of *trauma* in this context. I turn now to exorcisms I observed not by these *ruquah* but by a Javanese *dukun* living long-term in Banda Aceh, who was usually referred to euphemistically as an *orang pandai* (lit. a 'clever person'). The exorcisms I observed at his house make it clear how *trauma* and possession coincide to articulate particular forms of suffering, core idioms of corporeality and subjectivity, and concerns about how to 'prove' (*membuktikan*) the efficacy of exorcism, biomedicine and other healing practices.

One day at the healer's house …

Although I began discussing spirit possession fairly early in my fieldwork, and while I observed exorcisms carried out by the PKS *ruqyah* who denounced other healers, it wasn't until the second last month of my fieldwork that I finally met a healer that works by making contact with *jinn*. I had given up asking when one day a friend said quite unexpectedly:

> I could introduce you to an *orang pandai* but it's impossible to interview him because he doesn't have any of the knowledge (*ilmu*). All of the *ilmu* belongs to the *jinn*, he himself is just an ordinary person but usually he can't speak.

I replied: "then I'll interview his *jinn*". She quickly arranged for her friend to take me along to her healer, Ismail.

Ismail's house was in the middle of Banda Aceh in a very ordinary *kampung* with a sprinkling of middle class public servants living amongst much poorer market women and motorcycle taxi drivers. At first glance the inside of the house appeared like any ordinary urban *kampung* house. An elaborate couch for guests directly in front of the door, sparsely placed plastic furniture on ceramic tiles, concrete walls dotted with family portraits and a crushed velvet wall hanging depicting pilgrims circumambulating the Ka'bah. But the house was crowded with at least one hundred people. The vast majority were women. As is usually the case for the inside of a home, it was a female dominated space, the men sat around quietly. But it clearly wasn't an ordinary home. Many people were curled up sleeping. Others sat around in the heat of the day looking very uncomfortable. Some of those waiting looked quite sick and tired, but most appeared simply hot and bothered. People weren't chatting in the usual intimate way but appeared to be strangely disinterested in each other. My friend and I tiptoed our way through the crowd and into the back room where she introduced me to Ismail himself. I told him that I was researching health and the conflict, and wanted to learn how spirits (*jinn*) affect people's mental and physical health, and how 'matters of the spirit' can affect the body. He greeted me enthusiastically: "Great! I can teach you my knowledge and you can teach me your knowledge, take our stories back to Australia!"

Ismail's outgoing personality is an important part of his reputation. He is charismatic, funny and often flirtatious with his patients. But he is also moody, unpredictable and potentially dangerous. While he is usually empathetic to his patients he also often ignores people, publically embarrasses them, or refuses them treatment. He is Javanese, having moved to Aceh in the late 1980s. He became a healer after recovering from mental illness as a child. He is famous for having once treated Suharto, a fact that impressed many, including those that despised Suharto. The walls of his house are covered with photographs of him shaking hands with uniformed military officials and with GAM rebels. 'Ismail' is in fact not the healer's name at all but the name of the healing *jinn* that possesses him daily to carry out the exorcisms. Sometimes his three-year-old son announces the arrival of Ismail by running over to his father, looking

into his eyes, and to everybody's delight exclaiming: "Ismail!" It is this *jinn* rather than the healer himself that is said to have this personality, possess all the healing knowledge (*ilmu*) and carry out the healing by making contact with the *jinn* that are 'disturbing' the possessed person.

Although Ismail sometimes goes to people's houses to treat people who have spontaneously become possessed most of his patients walk in to his house of their own accord, wait their turn in the crowded room and enter a trance-like state only after the exorcism process has begun. Most patients suspect '*gangguan jinn*', disturbance from a *jinn* that has not displaced their *jiwa* (spirit/psyche) to the point that they are no longer lucid, but causes unexplained pain, dizziness, headaches, nightmares, agitation or feelings of internal pressure. In a lesser number of cases, a person spontaneously becomes possessed while going about their daily business and the *jinn* speaks through the body of the possessed. Others visit Ismail because they suspect sorcery (*sihir)* has caused them to become ill or is impeding their ability to carry out conventional social interaction. The most common reason that people seek help from a healer is not possession per se but relationship problems, described as 'an obstacle between them and their true love *(jodoh)* that needs to be removed'. In many cases sorcery is suspected as having been sent from the patient's husband, her husband's not-so-secret lover or second wife, or from the remnants of a Dutch grave.

As I was introducing myself to Ismail, a woman in her 50s interrupted us and said to me: 'he can't talk, Ismail is already here, sit down, sit down and we'll watch together'. I sat down next to her while Ismail called up the first patient, an old man who lay on the ground looking more resolute than possessed, his face red, his fists clenched. "Mmmm", the woman said, "he doesn't want to talk yet." Ismail began prodding his chest and stomach. I asked her: "What kind of sickness do you have?" She responded with a complex and intriguing narrative:

> We can't really say that I'm sick, because I've been to the doctor, I've had a blood test and no sicknesses showed up. But every day I feel sick. Everyday I feel dizzy (*pening*), everyday I

feel weak. I had an operation for a cyst a few years ago, and since then I haven't recovered. Maybe the doctors made a mistake, they are very careless in Aceh. Yes, indeed maybe that operation was the cause of my sickness, the doctors that didn't treat me properly. I have a sharp pain down my side [gestures, grimaces] … Or maybe my husband [is sending] sorcery from his grave …

I'm so ashamed … so ashamed of my husband. When we were [first] married he was a good man … he worked and made money as best he could … but during the conflict everything changed. My husband became lazy. He refused to work, then he refused to leave the house to drink coffee, then he refused to even talk to the neighbours in the street, at last he was completely silent. He would just sit there, staring at the wall, eating with the food falling out of his mouth! [impersonates him angrily] I was so ashamed! And when I told him: 'why don't you go outside and make some money?', 'why don't you go outside and talk to your friends?!' he would become angry, yelling and punching me.

Then my son ran away to the mountains – he became a provocateur! I was ashamed. I was scared for his life (*nyawa*). I didn't understand why he had done such a thing. I told my husband: 'go and find our son, go and find him and order him to come home!' But my husband didn't want to. He preferred to be silent and just sat there constantly. If I spoke to him, he became angry. Humiliating! Even though we were safe during the conflict, we just had to stay inside the house and we were safe, even though my husband had education, we weren't poor, I have a job as a public servant … he couldn't accept [heal] his *trauma*. Actually he did nothing! He even stopped praying. He just sat there [impersonates him eating with food falling out of his mouth]. Imagine … a husband that isn't brave even one little bit. He doesn't even try to talk to his own son. Everybody laughed at me. I was humiliated. That's when I started to frequently become possessed, and started to come here every day [to the healer's house].

She stopped and chatted to another woman next to her for a few minutes, then turned to me and continued:

> When my husband died I didn't want to bury him in my village. I returned his body to his parent's village because I didn't want his grave near my house. But his parent's village is close to mine … [she gave me a knowing look but I didn't understand] … sorcery. Even though his body already smells, he is still evil. It's not clear what the best solution is. It's not clear if this method [exorcism] is compatible with Islam. But I won't sit there silently like my husband until I go insane. The most important thing is that I get treatment (*obat*) so that my children don't carry sorcery to the future. Even though this method is improper, the most important thing is to have treatment (*obat*) so that we can protect ourselves from evil knowledge (*ilmu jahat*) so the sorcery isn't carried forward into the future.

In addition to the extreme frustration she felt at her husband, to the point that she made a sorcery accusation against his corpse, I was struck by the class element to her narrative. Firstly, she felt that as a public servant she and her family ought to have been safe and out of harm's way during the conflict, and was devastated to learn the hard way that the conflict did not in fact, follow such a simple division of rural and urban, poor and middle class. But I was even more struck when she suggested that health insurance and quality biomedical healthcare could act as a protection against sorcery and possession. She continued her narrative:

> Actually things are better these days. These days we have *trauma*, it's much lighter than before, in the past if a person was insane (*peungo*) [their] family would be forced to lock them up or carry them to the psychiatric hospital. Now we have *trauma*, and Acehnese are very clever at healing *trauma*. If a person isn't lazy like my husband [shakes head angrily]. It's easier for public servants like me to protect ourselves from sorcery, because public servants have health insurance so we don't need to come to places like this. If there is rivalry, envy, revenge … if there is fear, pressure, shaking … we can go to the doctor, get a thorough examination. The pressure doesn't push, push, push until we are in pain, until *jinn* enter us, until we are weak.

This woman's extraordinary story was a powerful introduction to my first day at the healer's house. Her frustration with her husband and her son was not in itself unusual, nor was her disappointment at the perceived inadequacy of Acehnese doctors. But I was surprised at the level of resentment she held toward her dead husband. And I was stunned to hear her suggest insurance as a protection from sorcery.

While I often encountered rumours in Banda Aceh about the 'ignorant people in the villages' carrying out 'black magic', I in fact never heard my interlocutors on the rural North Coast making sorcery accusations against each other, although they certainly practice invulnerability magic (*ilmu kebal*). It is possible that sorcery accusations are a daily affair in villages, and that I was not able to observe any since I only visited and did not live in a village. I doubt this very much however, since so much of what I observed involved people taking great risks to avoid participating in socially divisive behaviour. I think it far more likely that these are class-based critiques of imagined religious practice. In addition to class, there is a clear imagined geography within these narratives. It is common to hear people from the North Coast describe the West Coast and South Aceh as places of 'black magic', and I believe it is common for those on the West Coast to level the same criticism towards the rural North Coast. People from both the West Coast and the North Coast often describe people from the Gayo highlands as mystical, powerful, untrustworthy and therefore important allies. And throughout Aceh it is common for people to describe Java as a place of mysticism and magic.

So while it sometimes seems that these PKS healers and some other middle-class Banda Aceh present harsh criticisms of poor rural Acehnese carrying out sorcery, it is important to remember that these accusations are not limited to religious reformists, or to the urban middle-class but have become part of the common narratives that differentiate the different districts of Aceh. Nevertheless, when sorcery accusations are made against not a particular person, but against a whole social class (the 'ignorant people', the 'people from the mountains'), it is clear that sorcery accusations are a site through which many major forms of political conflict can play out. Mass violence was carried

out in conjunction with sorcery accusations in Java in the later years of the New Order (Siegel 2001, 2003) and is currently a feature of post-conflict Maluku (Bubant 2008). Despite the potentially controversial nature of exorcism, spirit possession is extremely common in Aceh. Ismail alone treats more than two hundred people a day. And while many of the women I met at Ismail's house were wary that they were engaging in a religious practice that may be challenged by others, the same people returned to his house for treatment day in and day out.

By the end of the story Ismail had finished treating the old man. He didn't take any *jinn* from him that day. He called up the woman I had been talking with for a sorcery divination and concluded that she was the victim of both sorcery and possession. She lay down for an exorcism. Like the old man she clenched her fists and slammed them against the ground. Ismail mumbled, placed limes on her stomach and prodded her. But again he didn't remove a *jinn* from her that day. After a few minutes Ismail blew into a plastic water bottle, and instructed her to mix the 'medicated water' and the limes that were on her stomach in with her bath water. She left. He called up a woman who appeared to be in her mid thirties.

As she lay down she said "take the rest out today, won't you Ismail". This time his reaction was quite different from the previous patients. Ismail immediately started making very loud hissing sounds, moving around her body poking and twisting her arms, legs and stomach. She reacted suddenly, moaning loudly and rolling around, slapping her hands against the ground. After four minutes of hissing Ismail screamed loudly and fell to the ground. A *jinn* spoke through Ismail while the patient lay on the ground, silent and passive:

> I'm going to disturb her until I destroy her ... [hissing sounds] ... I will destroy those brave [enough] to help her ... I'm tired ... I'm tired of the disturbance ... disturbance until destroyed ... suddenly disturbance ... suddenly no disturbance again ... the man ... slit the person's throat ... I am a witness ... you remember, don't you? ... On the West Coast ... forced to join GAM ... to give money ... intimidation ... almost until s/he [had] *stres* ... then came the military ... five people ... the throat

was slit … I saw it … this woman saw it … you still remember don't you?"

The *jinn's* words were broken into short aggressive statements, interspersed by the loud hissing sounds of Ismail's breath. The *jinn* continued to tell the same story, in slightly different versions for almost ten minutes. Her two companions held her feet, looking back and forth between the patient and Ismail, listening and nodding.

I said to the woman sitting next to me: "Her family seem to understand the words of the *jinn*, as if the experience of the *jinn* is the same as her experience. Can *jinn* talk about the experience of the person they possess? Or is it a different story?" She replied:

> Mmmm… that's it. Actually we don't know. A *jinn* can follow a person for a long time. They can become the same as the person they follow. This *jinn* is a witness (*saksi*) to her life, to her *trauma*, so it's possible that the *jinn* can see her life. It's possible that this is close to her experience, but it's also possible [that it's] not [the case]. Sometimes *jinn* lie and try to deceive people, we don't know. Sometimes the words of the *jinn* don't relate to the person they possess at all. There are cases where the *jinn* is a young child, or an old man, in that case the experience is clearly not the same as the person possessed. It's not clear. The important thing is that the *jinn* is removed so it can't interfere with her anymore.

About twenty minutes later a man in his early forties was carried in by another man and laid on the bed. Ismail stood up and announced to the room:

> This one has been insane (*sakit jiwa*) for 19 years. For five years he was in the psychiatric hospital. He has been returned to his family but he is still crazy (*gila*).

Ismail placed a chicken on his stomach while the man accompanying him held his feet. Ismail began talking to the possessing jinn: "What is your name?! Why have you been disturbing this man for so long?! Why aren't you brave enough to speak?!" The man started crying. Ismail began again: "you're still conscious! You're still intelligent! Wake up! Wake up!" Ismail moved the chicken from his

stomach, to his feet, then a few minutes later back again. He twisted his torso and prodded his stomach. He moved along his body squeezing his arms and legs, and returned to twisting his torso. He ran a razor blade gently (without cutting) across the old man's forehead and down his arms. Ismail sat back and recited Qur'anic verse (*Yasin)* into a bottle of water for several minutes. He gave the bottle to the man's friend who carried him out.

These people have all experienced great suffering. The first woman told me of the humiliation and anger she feels toward her husband who didn't stop her son from joining the rebels, then cut off all of his own social ties, and who she suspects continues to send her sorcery after his death. The second woman was possessed by a *jinn* that witnessed the woman's 'disturbances' during the conflict as she attempted to negotiate competing demands placed upon her until she 'almost had *stres'*. *Stres* indicates high levels of agitation that are more serious than *trauma.* It suggests a person at the brink of irreversible madness, or sometimes is used euphemistically to describe a person who is already considered to be permanently mad. The *jinn* also witnessed a killing that it insists must be remembered. The final patient was a man whose madness could not be cured by the psychiatric hospital, caused by a *jinn* that 'was not brave enough to speak'. But many people were seeking treatments for less extreme forms of suffering that nevertheless shape their lives in important ways. I spent some time sitting next to a 26-year-old woman named Dharia who was preparing for her marriage.

Dharia: No matter what I do, I can't get better ... everyday I have a headache, pain, I often get a fever, already for four years I have been sick. The doctor says it's because I think too much, but it's not. I have strange dreams and a lot of pain in my stomach and my head - I know I don't think too much - I can't think about anything at all. I know the cause is a person. The men in my *kampung* say that I hate men. My neighbours are angry with me because I refuse to marry my ex-boyfriend. They say that he is my *jodoh* (pre-destined ideal marriage partner) but I never had the

feeling that he is my *jodoh*. So I told them: 'he isn't my *jodoh*, you all are trying to force me to marry him because of money (*rezeki*)'. Yes, he is intentionally sending me sorcery (*sihir*) because he is broken hearted.

CS: Have you spoken to him, or his family?

Dharia: I'm not brave enough to approach them directly. My parents ordered me to come here and be treated. I've been coming here every day for three months, and already I'm starting to get sick less often. My attitude is getting better, and my environment is already good again. The pressure is starting to decrease, though sometimes I night I still feel *jinn* pressing on my chest. Next month I am going to get married so it's important that all of the sorcery from my ex-boyfriend and all of the *jinn* are removed before I get married.

CS: Do you feel that he is your *jodoh*, the man you want to marry?

Dharia: Yes, yes, I feel that he is my *jodoh*. Because I've been coming here, because the attitude of my ex-boyfriend has changed.

CS: Do you neighbours accept that you want to marry this other man?

Dharia: No, no my neighbours are still angry. My ex-boyfriend is very close to all the men in the *kampung*. They sit in the coffee shop together all day. They think I'm arrogant (*sombong*) because I don't want to marry him. But my family support me. They know that he isn't my *jodoh*, they don't want me to marry a man who isn't my *jodoh* and suffer later.

CS: Does your new boyfriend, the one you're going to marry, know that you are coming here?

Dharia: No! [surprised]. Nobody knows except my parents. They support me coming here. My father ordered me to come here, but nobody else knows: my boyfriend, ex-boyfriend, my neighbours, no.

When Ismail called Dharia up for treatment she lay down on her back and Ismail immediately began making very loud hissing sounds, poking her shoulders, her chest and her stomach aggressively. She began to grimace and roll from side to side. "There are six [*jinn*] remaining!" yelled Ismail. She started stamping her feet and crying loudly. As usual, some of the onlookers watched attentively, while others carried on their own conversations paying no attention at all. Within a few seconds Ismail had removed the first *jinn* and it spoke through him. Dharia lay there passively. At that point more people began to listen to the *jinn* crying out in an anguished tone:

> men … they want everything … but they don't want anything … if I marry a GAM, *trauma* … if I don't marry a GAM, *trauma* … my face is pretty … my family are good … but the men run from me … I'm not arrogant … I'm an ordinary person …

Dharia started screaming and sat up, stamping her feet and punching the ground. Ismail screams: "there are five more, why aren't you brave enough to speak?!" But Dharia just fell back to the ground and started whimpering. After a few minutes she became still and Ismail took out a razor blade and gently guided it across her forehead, closed eyes and face. He blew into a bottle of water and instructed her to drink it. She got up and left.

One patient stood out conspicuously, firstly because he was one of the few men in a room full of women, but also because he was openly sobbing in a way that I had never before seen an Acehnese cry publically. When I got closer, I saw that his arm was broken. It was swollen and badly bruised, the bone was not protruding through the skin but it was visibly broken. He was clearly in pain. When not openly crying, the tears stayed permanently in his eyes. A few days previously he had been involved in a motorcycle accident in which his girlfriend was killed. He said that the hospital would not treat his broken arm, for reasons that I did not understand. He had come to Ismail to send away the *jinn* that had caused his accident.

> The *jinn* appeared in my eyes … in my eyes … immediately I was on the road … my girlfriend's brain was on the road …

> blood … she was dead … the *jinn* caused the accident because we were dating.

He said that when he told his family that the *jinn* appeared in his eyes they became very angry and told him he was evil. Only his mother would speak to him. She told him to go to the healer to take away the *jinn*. After that, she said, he mustn't be evil again. His girlfriend was already dead because they were dating.

He was clearly in a lot of pain and much more visibly upset than most of the people awaiting treatment. I suggested he go to the hospital to have his broken arm set first and then come back for an exorcism. It turned out that I wasn't the only person encouraging him to go to the hospital, though for different reasons. The other women around were irritated by his crying and laughed at me for being worried about him. They said to him quite bluntly: "yes, it's true, you are evil". But while the onlookers seemed to be atypically unsympathetic toward his predicament they were also curious to observe him and give their own diagnoses. While they waited for their own treatments, they speculated about whether he was still treatable or in fact already permanently insane and therefore beyond treatment, since he saw, rather than felt or sensed the *jinn*.

They all agreed, as did Ismail, that a *jinn* caused the accident because he and his girlfriend were 'dating in secluded places' (*khalwat*) but not married. One woman who was obviously quite annoyed at him said:

> He's already long been insane (*sakit jiwa*). If a person sees a *jinn* with their eyes, it's clear that he is insane. Certainly the *jinn* caused the accident, but if he is medicated still he will be insane, that is not disturbance from a *jinn*, he's crazy (*gila*).

Another woman disagreed:

> It's true that a *jinn* must have caused the accident, but he is not insane. He is an educated student from a good family. It's not possible for him to be insane. But he's very weak, clearly he has *trauma*, he's crying constantly. I'm sure that if he is medicated, if the *jinn* are taken away that he will recover.

The young man himself just sat there, listening, and sobbing, shaking his head and holding his broken arm together. I didn't ever see Ismail perform an exorcism on him to remove the *jinn*, even though that was the only sure element of his diagnosis. He came every day for two weeks, and every day I saw Ismail poke and prod him, and say, "yes, yes, there are lots of *jinn*". Every day he burst into tears and the other women laughed quite smugly.

Most people that day and over the next few weeks were treated for aches and pains, nightmares, headaches and dizziness. Many of the people present were regulars who visited daily or weekly. Often, the possessing *jinn* told stories about women being alone, about their unhappy polygamous marriages and their husband's infidelities. They spoke about being afraid, 'witnessing' killings and violence, seeing blood or being angry or disappointed. While some people looked quite bored, others looked on attentively. Certainly, some cases of possession seemed more interesting to the onlookers than others. Sometimes the onlookers seemed intrigued by the statements of the *jinn*, nodding in agreement, looking concerned and mumbling to each other: "a lost husband", "a dead baby" or "she's disappointed".

At other times, they laughed. One old man came in carrying his wife who was talking to herself and seemingly unaware of where she was. She was scratching herself uncontrollably. Her husband looked serious and dignified, but everybody else was laughing hysterically: "there's an itchy one, the *jinn* is itchy!" the woman next to me exclaimed several times, poking me in the ribs. When a *jinn* told a spectacular story a lot of people listened. Occasionally the onlookers debated the diagnosis of a particular sufferer (as in the man with the broken arm). But they often seemed disinterested and annoyed with one another, impatiently waiting for their turn. As they waited they often discussed their own physical and emotional symptoms and gave each other health advice. They told me about their sicknesses, marriage problems and the like. But they rarely discussed with each other the kinds of fears and dilemmas that the *jinn* described.

These spirit possessions offer insight into the everyday social suffering of many Acehnese women and kinds of predicaments and violence many faced during

the conflict. But they also reveal the model of the body underpinning *trauma* and possession. Before returning to a discussion of spirit possession, I turn to a closer analysis of the key metaphors of sickness and healing within these possessions, and the imaginary of the volatile body they reveal.

Towards a model of the body

While Ismail uses a different combination of techniques for each patient he treats, one technique common to all the treatments I saw was the way that he uses his breath. He makes very loud inhalations, exhalations and hissing sounds over the body of the patient. He often blew forcefully into a bottle of water that the patient took away to bathe with or drink. I asked Ismail about his breath:

> Because in possession the pressure of the inner body (*batin*) is increased. Some places are pushed against. Some places are empty. The breath can change the internal pressure [of a body]. The *jiwa* (spirit) becomes weak. When the pressure inside is restored to normal, the empty spaces reduce, the *batin* becomes strong, and the *jinn* is pushed out.

Although Ismail himself didn't tell me about the composition of *jinn*, many of my interlocutors explained that *jinn* are composed entirely of air, so that the breath of the healer, and the strength of the healing *jinn* that acts through the healer, is an important source of his or her healing powers. But the idiom of internal pressure (*tekan dalam / tekanan dalam*) is the single most recurring idiom I heard to describe the sensation of both *trauma* and possession.

The concept of corporeality at work here builds from a core concept of Islamic cosmology that conceptualises phenomena as belong to either an 'outer' (*lahir*) or an 'inner' (*batin*) world. The outer world (*lahir*) refers to everything that can be perceived through the human senses. The inner world (*batin*) refers to those phenomena that humans cannot directly access through sensory perception, but that nonetheless interact with phenomena of the *lahir* that are accessible to humans (Bowen 1992:106-107). In turn, the human body is composed of an 'outer body' (*lahir*) that can be perceived with the senses (including internal

organs etc); and an 'inner body' (*batin*) that is beyond direct sensory perception (Bowen 1984:23; Woodward 1985:1008). The inner body (*batin*) is made up of the *jiwa* (spirit or psyche) and the *roh* (soul). Sometimes the terms *semangat* or *nyawa* also signify the spirit (Bowen 1984:23; Peletz 1996:204-209), especially in discussions of death. A small number of my interlocutors used the terms interchangeably, though *jiwa* was by far the most common term in my conversations and interviews.

The inner body (*batin*) and the outer body (*lahir*) are all corporeal matter, though only the *lahir* is generally accessible to the human senses. Occasionally I heard *jiwa* and *roh* used as interchangeable terms and it would be misleading to make these categories overly rigid. However, my interlocutors often emphasised the fluid nature of the *jiwa* when describing their healing practices. Unlike the fluctuating *jiwa* which my interlocutors constantly sought to strengthen and protect, the *roh* and the *nyawa* are much more stable. It is the *roh* that resides in the grave after death and that will eventually enter heaven (*sorga*) after the Final Judgement.

In contrast the *jiwa* is seen as volatile and continually recreated through a person's lifetime. It is the *jiwa* that contains the individual personality, although that individuality is highly dependent on the actions and experiences of the person in the world around them. The conduct of others impinges directly on a person's *jiwa* and influences an individual's ability to strengthen their own *jiwa*. One of the psychiatrists explained to me: "It's hard to be independent when you're alone". Precisely because of the highly intersubjective nature of the *jiwa* each individual person has a responsibility to strengthen and protect both their own *jiwa* and that of those around them. While this 'strengthening' occurs through a variety of healing practices, the most important means of 'strengthening the self' is through proper social and religious conduct, a theme I take up in detail in Chapter Five. When people say, as they frequently do, that Aceh has a tough spirit (*jiwa keras*), *jiwa* signifies a broader ethos of bravery, although it is literally a part of the body and self.

The way I came to understand these terms is not that each corresponds to a different part of the body, but that each carries a different perlocutionary force,

and so these terms are taken up by the speaker according to the effect they intend to convey. The term *nyawa* is strongly associated with death, and so is used to remind people of mortality. The term *semangat* implies life and vigour, and so is often used when emphasising strength, tenacity and healing. The term *jiwa* reminds the speaker of the precarious nature of intersubjectivity. As such *jiwa* is most commonly used to describe worldly knowledge, the ethos of collective bravery, the effects of war and suffering and mental illness. All of these terms however, signify different characteristics of the (human) spirit.

While these descriptions of the body and healing are strongly informed by these important Islamic principles, in fact the Acehnese medical landscape is highly pluralistic. Biomedicine is highly valued although doctors are paradoxically widely despised. Despite overt racism towards Chinese-Acehnese, Chinese medicine is intriguing and sought after, although herbal and 'blood cleansing' medicines are prohibitively expensive to most.[48] In my conversations about *trauma* I gauged only an occasional rudimentary reference to the humoural system. But my discussions of menstruation, pregnancy and childbirth with the same women were replete with imagery of the humoural system and the everyday measures that they continually took to minimise 'disturbance' and maintain health. A recent public health survey about stroke in Aceh concluded that stroke is understood through images of 'blockage', 'flow' and 'disturbance' that can be enhanced or undermined by the diet, physical strength, moral conduct and religious practice of the person (Norris, Allotey et al 2010). The authors of this study said that 'flow'[49] can be positively or adversely affected by social and political determinants and always remains vulnerable to the actions of *jinn* and to the will of God (Norris, Allotey et al 2010). Similarly, another public health study of tuberculosis in Aceh found a semantic illness network that connects tuberculosis with biomedical ideas of contagion, breaches of

[48] In April 2008 I went to a pyramid selling scheme 'medicine party' at which a travelling medicine sales woman was selling 'Chinese pollen tablets' for 1 million rupiah a bottle (approximately US$110). That is about the monthly salary of a public servant. Nobody bought the pollen tablets, but as is typical for a pyramid selling scheme party, everybody was obliged to find something affordable to buy. Other options were Acehnese honey, anti-inflammatory pain killers, 'vitamins' promoted as 'food replacements', coffee, toothpaste, skin whitening powder, ginseng and eucalyptus oil.

[49] Note that the authors don't say what term they are translating as 'flow'.

moral conduct, sorcery and *trouk*, an illness characterised by extreme fatigue and pain that affects poor, elderly farmers (Caprara, Abdulkadirb et al 2000).

However, the sense of the body that I developed throughout my fieldwork is not one of an innate homeostasis that needs to be preserved. Rather I continually encountered narratives that described the body as highly volatile and continually transforming, the fluctuations of which should be minimised by some combination of healing practices, religious practices and by everyday moral conduct. My intention here is not to attempt an exhaustive account of Acehnese medical systems, but to discuss the most important ways in which the adopted concept of *trauma* interacts with these medical systems. The most common generic term for mental illness, *sakit jiwa*, translates literally as a sick spirit.[50] And the workings of the *jiwa* that we can see from the possession incidents above also hold true for mild forms of emotional distress and social suffering, for *trauma*, and for more serious mental illness that is seen as irreversible. I asked some of my interlocutors: 'What does it feel like, if a person has *trauma*?'; and 'What does it feel like if a person is healthy?'. Their responses reveal some important key idioms and the 'political etiology' (Hamdy 2008) that underpins *trauma*.

What does it feel like if a person has *trauma*?

Pressure. If a person has *trauma*, the *batin* is pressed/oppressed (*tertekan*). — Sharifah

Confusing. There is no certainty because all the senses (*rasa*) become mixed together. — Nurhaiyati

If a person has too many thoughts, yes, *trauma*. They will become dizzy (*pening*). If we think too much, if we cannot learn to release our thoughts and become tranquil and content, that is *trauma*. — Eliani

Not brave anymore. Weak. When I had *trauma* I cried all day. — Nurmillah

[50] Another common generic term for mental illness is *saraf*, which literally translates as the nervous system.

I couldn't move around and talk like normal people. I became weak, I had headaches, dizziness. I often became possessed.

If a person has a difficult life, the pressure pushes on their *batin* (inner body). The pressure causes pain and sickness in the muscles and joints of a person. The *batin* becomes compressed, and *jinn* can live in the empty spaces. — Soraya

If a person has *trauma*, they think of things that are heavy. If a person thinks heavy thoughts, it's difficult to move around, it's difficult to pray smoothly, it becomes more difficult for them to release. — Khairina

Trauma is fear that can't be released from the body … it's pressure inside … it's so painful! — Wardiana

Headaches … a shaking heart … a shaking head … my head is destroyed. — Fatimah

If there are too many disturbances (*gangguan*), we [feel] dizzy (*pening*), have headaches (*pusing*). — Rosa

Fear. During the conflict I was afraid to go outside to urinate at night, there was always the sound of gunfire … until now if I need to urinate at night I am afraid, I start to shake. — Nurlaila

What does it feel like if a person is healthy?

There is no pressure, there is no dizziness, we are just strong together. — Rukaiyah

Energetic/spirited (*semangat*) … strong … tranquil … content. — Eliani

Brave again … free to move around ... strong … no pain. — Nurmillah

If a person is healthy they feel strong, tranquil, content, they feel release (*lepas*). — Soraya

Yes, the fear is released (*lepas*). Wardiana

Tranquillity … we feel tranquil (*tenang*) and content (*puas*). Fatimah

Strong … brave … a happy heart … not afraid or weak. Nurlaila

Trauma is informed by a "political etiology" (Hamdy 2008) that explains 'history', colonialism, poverty and other forms of suffering as political processes that act on the body in the same way that a spirit acts on a person. These social processes can compromise the ability of a person to strengthen their *jiwa*, undermine their ability to fulfil their conventional social responsibilities, to cause pain and suffering, and in the worse case scenario, insanity. *Trauma* is characterised by feelings of pressure; weakness; fear; shaking; dizziness; pain; too many thoughts; an inability to move 'smoothly' or act 'calmly' and a breakdown in social relationships. To the contrary, these women aspire to be brave; strong; to feel release (*lepas*); to be tranquil (*tenang*) and content (*puas*). If they are healthy and strong, they can easily carry out 'normal' social interaction. In turn proper moral conduct and 'open' social relationships make a person strong, brave and healthy, protected from disturbance and the suffering that can come from having a difficult life. This is the 'good life' and the model of health to which these women aspire. Years of war and hardship act to make this model of the good life all the more alluring. However the multiple forms of illness that many Acehnese face after decades of war are not easily addressed by healers, psychiatrists or by biomedical doctors.

Demonstrating efficacy, knowing the body

It is clear here that *trauma* is not a biomedical discourse that is simply inscribed onto a pre-existing medical system. In a highly pluralistic medical landscape like Aceh's, there is no reason that a new nosology of mental illness needs to be seen as a contradictory or competing discourse or even to be forced into conversation with older healing practices. *Trauma* coexists alongside Aceh's other medical traditions. It has been incorporated into semantic networks explaining spirit possession and the somatic and emotional manifestations of suffering and the idiom *trauma* is iterated in specific ways in a context of spirit

possession. It does not replace these practices, but has become entangled with them in complex ways. Nevertheless, there are anxieties associated with spirit possession, and limits to the extent to which exorcism is seen to carry the capacity to heal *trauma* or any other condition.

One day eating lunch with Nurlaila and Zakaria I mentioned that I had recently been observing exorcisms and learning about how people heal their 'problems of the spirit (*jiwa*)'. She replied:

> that's very interesting but I don't believe it. I don't believe that people who have *trauma* can be healed … if we are afraid in our *jiwa* we alone are capable of healing ourselves.

But then she told me a story about her own healer, who she greatly admired and whose power she said was given 'directly by God'. She asked me: "What do you think, Catherine, is it allowed for people use magic to heal themselves?" I replied:

> It's not up to me to say if it's allowed or not. Some Acehnese people I know go to the healer, some people say it's evil, lots of people go to the healer but they worry about it a lot … they hesitate, they don't know how they should heal themselves.

To which Nurlaila responded:

> yes, yes, that's what I believe, I believe in God … We can try to use any kind of medication … if it works than that is evidence that it has been given by God … if we don't recover that means it isn't given by God.

Her husband shook his head and said disapprovingly: "that isn't allowed! We can't just innovate and make our own medicine!" She pinched his leg under the table and he giggled.

She went back to eating her lunch and then a few minutes later said:

> Before the tsunami I used to go to a healer *(dukun)*, she was very clever. She used to do *zikir*[51] over the body of her patient

[51] *Zikir* (literally to remember), is a devotional practice that involves the recitation of the 99 names/attributes of God. I discuss *zikir* in detail in Chapter Five.

> and she would become hot like electricity ... if you hold my hands [she held my hands] you can't feel anything, I am an ordinary person ... but when I held her hands her body was hot and my body became hot and released ... She would do *zikir* and rock from side to side, she became hot, and the heat and the movement from her body healed our spirit. But her power is natural, she didn't learn from another person, it was given to her directly from God.

Her healer went missing during the tsunami and Nurlaila never learned whether she was killed or whether she had possibly returned to her family in Medan. She didn't bother to look for a new healer after the tsunami since she was too preoccupied helping her family to economically recover.

The idea that medical legitimacy is dependent on 'evidence' of efficacy, and of having a certain kind of sensory knowledge of the body, is also an important point emphasised to me by all four psychiatrists. I asked them what they thought about exorcism. One said:

> The most important thing is evidence. Acehnese people are very stubborn. If we tell them it's forbidden to go to a *dukun* they won't accept it. So I tell them, 'yes, you can go to a *dukun*, I don't prohibit it, but continue to take your medicine, continue to take other treatment'.

Another said:

> Yes, *dukun* can help. I'd guess that about it's about 50-50, that about fifty percent of Acehnese go to the *dukun* because they don't trust doctors. The problem is they don't trust *dukun* either. If a person is lonely and starts to join society again by going to a *dukun*, yeah, that's ok. But *dukun* are quick to suggest sorcery as the cause of almost every problem. And if a person is already traumatised, and then a *dukun* suggests, 'maybe this is sorcery from your neighbour', that can add to their paranoia. Acehnese don't like *dukun*. But they don't like doctors either because mental illness stigmatised. Mental illness is difficult to treat. It usually needs a long period of repeated treatment. But people want to be healed immediately. They want to feel release. They want to see that they have

> recovered and be able to go back to work like normal. They don't believe in psychiatry because it's difficult to prove.

Many of the anxieties and debates surrounding exorcism are, it seems, an intrinsic element of spirit possession itself. Possession involves debates about how one can know if a spirit is involved in a particular case of illness or misfortune or if a biomedical or social explanation is more likely in a particular circumstance. While exorcism sometimes facilitates the recognition of one person's suffering by those around them, it also often involves the refusal to recognise that suffering. In the same manner, just as exorcism can be sought after as a powerful healing method, it can also be rejected as fraudulent, harmful or 'un-Islamic'. While exorcism can act as a site of social protest, as many anthropologists have argued (cf. Lewis 1966; Ong 1987), both the suffering of individual people and the practice of exorcism itself is strongly contested. As such, these same ritual contexts can also generate social exclusion and the disavowal of suffering.

The same doubts about how to know *jinn* and how to trust (or not trust) healers, extend to a broader anxiety about how to know the body. One of the women who seek treatment from Ismail said to me one day: "the problem with Ismail is that he can diagnose, but he can't cure". As I discuss further in Chapter Six, psychiatrists are deeply mistrusted, and it is commonly feared that if a person is 'carried to the psychiatric hospital' that they will in fact, never return. This is, I argue, not only because of the stigma of mental illness (as the psychiatrists point out), but also because of the legacy of colonial psychiatry that I discussed in Chapter Two. In other words, it is both the patient and the healer that is stigmatised. Acehnese doctors are also widely mistrusted and accused of being 'arrogant' (*sombong*), causing large numbers of Acehnese to flock to Malaysia to access biomedical health care abroad, though this critique stems largely from the erosion of primary health care during the conflict (see Chapter Six).

In summary, the sense of corporeality that operates in post-conflict Aceh is of a volatile, intersubjective body that is both strengthened and undermined by the continual stresses of war. Although the soul (*roh*) is strong and constant, the spirit/psyche (*jiwa*) is in continual flux and is vulnerable to the actions of others

in the world. While the Acehnese medical landscape is highly pluralistic, it is also highly contested and the difficulty of accessing quality 'medicine' is a common everyday grievance. My interlocutors took many different types of medicine, and engaged in many different types of healing practices to attempt to heal their *trauma*, alleviate their pain, and strengthen their spirit. Many had, in fact, successfully recovered from the great hardships they have experienced. However there are few healing modalities that are adequate to cure the intense 'internal pressure' that almost all of my interlocutors report feeling, nor do their more mundane chronic conditions (such as bladder infections, headaches and muscle pain) seem to respond to pharmaceuticals. While medicine (*obat*) is an important catalyst to facilitate healing, everyday religious practice is also an important way that my interlocutors seek to 'strengthen' their *jiwa* and to generate feelings of 'release' and 'tranquillity'.

In the next chapter I explore some of these religious practices and the desirable forms of embodied subjectivity they enact. This chapter focuses on the ways in which the tsunami worked to generate a particular understanding of suffering, and how this in turn shaped the ways my interlocutors came to understand the conflict. I discuss the forms of 'victimhood' that were constructed through the post-tsunami political economy, in addition to the narrative interpretation of the tsunami as an act of God. I demonstrate that the tsunami reinforced an important enduring sensibility that all death is ultimately ordered by God and thus must be accepted as destiny. In this context, many of my interlocutors came to articulate *trauma* as 'the inability to accept destiny'.

5. Accepting destiny: An Islamic etiology of *trauma*

I first encountered the idea of 'accepting destiny' on the second day of my fieldwork, speeding down the highway with an Acehnese academic. He was swerving all over the road. He looked at me and said: 'Are you afraid?' 'A little bit', I said, gripping my seat as we drove past a sign: 'Warning: Accident Zone'. 'Ha!' he laughed, swerving into oncoming traffic:

> We Acehnese people aren't afraid of death, because we believe that the date of [each person's] death is destiny (*qadha*), [it] has already been decreed by God. After the tsunami the government tried to make the people live inland, they didn't want to rebuild the houses near the coast, [but] the tsunami victims wouldn't accept it. 'We live on the coast, we need to fish for a living', said the victims (*korban*). We Acehnese weren't afraid of another tsunami because we believe that our date of death has already been decreed by God before we are born. Acehnese are brave because we surrender to God.

This was the first of many times that I would hear stories connecting destiny (*qadha*) with death, fear, bravery and piety. This cluster of idioms acts at the centre of my interlocutors' articulations of *trauma.* In fact several women I interviewed explicitly defined *trauma* as the 'inability to accept destiny'. Many of my interlocutors made major life decisions after reflecting on the distinction between *qadha* (an individual's predestination determined by God), and *qadhar* (a form of potential destiny that an individual can strive toward). Death however, is always predetermined by God, leaving the living little other option but to accept the death of their loved one as *qadha,* or suffer *trauma* that may escalate into more serious and permanent forms of mental illness and social marginalisation.

This chapter explores the ways in which the December 2004 Indian Ocean tsunami acted to transform, reinforce and interject in this understanding of *trauma* as the inability to 'accept destiny'. The sensibility that one ought not to

verbally grieve, but rather must accept the death of a loved one as God's will is an enduring Acehnese sensibility discussed in depth by Siegel (1969:104-108). It is also present within the broad ethos of suffering I describe throughout this thesis, which says that an individual ought to constrain the expression of their own suffering and instead build solidarity by protesting the suffering of others. In this chapter I explore how religious narratives surrounding the tsunami together with the political economy of the post-tsunami period came to shape Acehnese understandings of death, and how this process in turn influenced the ways that *trauma* is popularly imagined in Aceh.

I draw attention to a mutual misrecognition that, I argue, was exacerbated by the political economic context of the post-tsunami period. This mutual misrecognition involved two conflicting apocalyptic narratives that came into tension with one another. On one hand, Acehnese people almost ubiquitously understood the tsunami as an act of God, many that it was literally, *kiyamat*, the destruction of life prior to the Final Judgment. Some religious leaders and media claimed that the tsunami was as a punishment of Aceh by God, a discourse that caught the attention of many international NGOs and journalists and led some academics to see the tsunami as bringing about an 'Islamisation' of Aceh (Miller 2011). In contrast, the prominent narrative that I encountered in 2008 and 2009 described the tsunami as a benevolent act of God intended to end the conflict and usher in a new wave of social, political and economic transformation for Acehnese people. This preparation for death is at once a preparation for a prosperous future. Perhaps unsurprisingly, many international aid agencies misrecognised these religious narratives and in many cases set about to secularise them. In place they promoted 'disaster preparedness' programs, which is in itself, I argue, strongly informed by an apocalyptic narrative, and certainly shaped by a completely different understanding about how best to prepare for an uncertain future.

The misrecognition of religious narratives surrounding the tsunami was compounded by the attempt of most international NGOs to enforce a strict separation between the tsunami and the conflict. The post-tsunami political economy was strongly informed by a discourse of 'victimhood', in which a

depoliticised 'tsunami victim' (imagined as innocent, inhabiting a bounded geographical space and deserving of assistance) was differentiated from a highly politicised 'conflict victim' (imagined as demanding trouble makers, implicated in their own suffering, and living far away in the mountains). The more the aid agencies attempted to separate the tsunami and the conflict, and the more they insisted on the truth of these idealised tsunami and conflict victims, the greater their misrecognition of the complex ways that the two disasters were entwined in the lives of the vast majority of Acehnese.

This chapter explores the agendas and discourses taken up by international aid agencies, government institutions and other powerful actors acting within the post-tsunami context. However I give central focus here to the creative ways in which my Acehnese interlocutors have interpreted, engaged with and responded to these political economic processes as part of their own response to the tsunami, the conflict, and their rapidly changing political world. My key aim is to explore the relationship between the broader political economy and narrative interpretations of the tsunami and conflict, rather than to challenge these policy decisions in themselves. The chapter focuses on my interlocutors' own reflections on the interconnections between the tsunami and the conflict, and the ways in which these perceived interconnections led many to reinterpret their own earlier conflict experiences and their understandings of the nature of *trauma*.

I begin the chapter with a discussion of the political economy of the post-tsunami context and the assumed forms of 'victimhood' that this political economy revolved around. I then discuss how multiple, vernacularised understandings of trauma were at play within this sense of victimhood, and how the apocalyptic narratives surrounding the tsunami worked to disguise the fact that quite different sensibilities about how to prepare for death and disaster were at play in post-tsunami Aceh. I then give this discussion of the tsunami a more detailed ethnographic context, by discussing Acehnese funeral practices, other situations in which death and destiny work together to inform suffering and *trauma*. I include case studies of several women who were involved in both the conflict and the tsunami and discuss the healing practices they engaged in

to generate the strength that is seen as necessary to perform the difficult task of 'accepting destiny'.

The chapter argues that despite the misrecognition that occurred between Acehnese and international responses to the tsunami, that both the narrative interpretation of the tsunami and its political economic context reinforced, rather than disrupted, the religious interpretation of the tsunami as an act of God. Consequently the tsunami became a key event through which many of my interlocutors narrate the importance of 'accepting destiny', and the sense that *trauma* will eventuate if the death of a loved one is not 'accepted' as God's will. My interlocutors generally saw PTSD and disaster preparedness programs as well-intended and occasionally helpful but largely incongruent with Acehnese priorities. However, few of my interlocutors saw them as disruptive or criticised their secular nature, although some religious leaders did raise this criticism. Within Aceh, the international aid effort was more commonly interpreted as part of a much larger picture in which the tsunami and the post-tsunami humanitarian intervention worked as part of a larger intervention by God to end the conflict. In this way, we see how the tsunami consolidated the vernacularised understanding of *trauma* as the inability to accept destiny, which despite the secularising intentions of many international NGOS, came to be narrated by my interlocutors as an explicitly Islamic etiology of *trauma*.

Two disasters, two interventions and an apocalypse or two

When the Indian Ocean tsunami struck Aceh on 26 December 2004 it suddenly and radically changed Aceh in a number of ways. The tsunami killed an estimated 167 000 Acehnese people in one day (TGLL 2009:10). It destroyed houses, rice fields and physical infrastructure. Those living on the west coast, Aceh Jaya, Aceh Besar and Banda Aceh were most directly affected. But contrary to the assumptions of most international NGOs and some academics (Miller and Bunnell 2011:7), I argue that the impact of neither the conflict nor the tsunami were easily geographically contained. The high mobility of most Acehnese meant that even those from districts not directly affected by the wave, earthquake, landslides or massive coastal erosion, usually had extended family

living in or visiting the tsunami zone at the time of the disaster. Almost all Acehnese I worked with in North Aceh – a place typically associated with the conflict and not the tsunami – in fact had lost loved ones to the tsunami. And almost everybody I knew in Banda Aceh had been either directly or indirectly involved in the conflict. In addition to the massive scale of the disaster itself, the political economic impact of the tsunami was complex and extended far beyond the bounds of the designated 'tsunami zone' in ways that ironically, were overwhelmingly positive for the majority of Acehnese despite the tragic nature of the tsunami itself.

The tsunami struck in the midst of a military operation that saw intensified armed combat, high levels of surveillance and mobility restrictions in virtually all districts of Aceh. President Megawati Sukarnoputri had declared a 'military emergency' in May 2003, announcing her intention to destroy GAM through force. Aceh had been closed to foreigners, including most international NGOs, since May 2004.[52] Prior to 1998 the conflict was most strongly (but not exclusively) concentrated on Aceh's north coast. By the time of the tsunami however, Banda Aceh and many parts of the west coast had been highly militarised spaces for several years, with 50 000 troops stationed in Aceh (to a population of approx. four million). The Indonesian government 'opened' Aceh to foreign humanitarian organisations fairly quickly after the disaster, although they imposed limited restrictions on the movement of international organisations for the first three months (Zeccola 2011b:113-114). The tsunami is widely acknowledged as a major factor that helped to resume the peace negotiations that had been underway throughout 2004 but that were suspended at the time of the tsunami. These negotiations culminated in the signing of the Helsinki Peace Agreement on 15 August 2005 (Aspinall 2005a; Kingsbury 2006).

By the time I arrived in Aceh in January 2008, I found that the eight months of fighting that had occurred between the tsunami and the peace agreement was quickly fading from social memory. To the contrary, the tsunami and the large-

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[52] The presence of international NGOs before 2003 was minimal. Zeccola (2011b:103) reports that there were between 12 and 15 expatriates living in Banda Aceh between 2001 and 2003. Some aid agencies funded government programs or local NGOs but there was very little international presence visible to the general public.

scale presence of international NGOs was widely perceived to have made the resolution of the conflict possible and brought Aceh safely into the international limelight. Consequently it is the tsunami more than the peace agreement that Acehnese commonly perceive to have ended large-scale violence and completely transformed both the emotional landscape and the political economy of Aceh. This widespread sense that it was God, through the tsunami that brought about the end of the conflict completely transformed the nature of the peace agreement in the public eye, at the same time as it deeply shaped my interlocutors' emotional experiences of both the tsunami and the conflict.

During my fieldwork, Banda Aceh was continually undergoing a marked visual transformation as old and damaged buildings were demolished and new buildings constructed in their place. While most people I encountered were cautious about discussing the conflict in public in anything but the most anecdotal terms, I found it was extremely common for people to speak openly about their experiences of the tsunami in street-talk, in casual meetings at the market and with strangers on the bus. I've seen many people forge new friendships by asking others where they were at the time of the tsunami. The stories my interlocutors told in private were even more detailed, expressing both the great losses they had endured and the admiration they held for those who helped their families. People could always tell me precisely how many people in their extended family and *kampung* were killed: "our *kampung* lost 138 people"; "every baby in our family was killed". Sometimes people would climb up on the furniture to show me where the water level came in their house. Many told me how far they were carried by the water. Several pointed out the places around their gardens and compounds where corpses were left hanging. Many vividly remembered the feelings of thirst, and the precise view of the destruction they observed while sitting on their roofs for several days or longer waiting for help to arrive.

An old woman I met early in my fieldwork gave me a tour of her house, describing her experience of the tsunami. She told me that she thought the tsunami was *kiyamat*, the destruction of all life that precedes the Final Judgment. She described the tsunami as follows:

> Everything was destroyed by the wave, there, there, there [pointing] destroyed! All of it! I climbed up onto the roof and I was safe … all of my neighbours climbed onto my roof with me … together we sat … together we waited … for four days we had no water … we ate only mangoes for four days … that mango tree over there was standing and so we could eat mangoes but we had no water until the NGOs arrived.
>
> I prayed that it was the last day … I thought it was *kiyamat* … I prayed but I didn't have a shirt, I didn't have a headscarf … I wore only an undershirt … but a neighbour gave me his shirt and I prayed that it was the last day … the water was high – so high! – it was dirty and salty, everything was all mixed together … the corpses … there was a motorbike in the mango tree … when the water retreated the corpses were black … some of them were burned black from the sun, they cooked from lying on the road … the smell was terrible. The young girl from next door was killed and we could see her body from the roof … it was a catastrophe … indeed I thought it was *kiyamat*.

"Do you have *kiyamat* in Christianity?" she asked me. "We have it", I replied with hesitation, "but we don't think about it very often". "Mmmmm", she nodded, and continued:

> that's great you don't need to worry about *kiyamat* … in Aceh we think about it often, we are ready for *kiyamat*. In Aceh, the Indian Ocean comes up through the ground, everything is salty, dirty. We Acehnese are ready for *kiyamat*. I am old, I am ready to die. We Acehnese people are indeed ready for *kiyamat*, at the time of the tsunami I prayed it was the last day.

Looking back to that conversation early in my fieldnotes, I later realised just how wrong I was to tell this woman that westerners don't think in apocalyptic terms very often. Through the course of my fieldwork it became increasingly obvious that there was in fact, a very strong apocalyptic vision informing the international response to the tsunami. Just as many Acehnese thought the tsunami was literally *kiyamat*, many internationals involved in the tsunami response applied a secular apocalyptic imaginary to the tsunami that was strongly informed by risk-thinking, together with tacit assumptions about the

nature of victimhood. This secular apocalyptic logic came to interact with this Islamic narrative in complex and surprising ways.

It would be hard to find an Acehnese person whose interpretation of the tsunami is not inflected by Islam in some way. Every one of my interlocutors saw the tsunami as a benevolent act of God designed to end the conflict, and many described the tsunami as *kiyamat,* the annihilation of life that precedes the Final Judgment of all beings by God.[53] Note here that preparing for death is not the act of a traumatised individual that has lost their passion for life. Rather preparing for death is part of preparing for a prosperous future. While the tsunami is often narrated in apocalyptic terms, it would be misguided to think that an apocalypse may translate into 'senseless' loss, or even that an apocalypse could be experienced in only negative terms. This 'natural' disaster is steeped in cultural and religious meaning, and is often read as intervention. Regardless of the scale of destruction and the losses that so many Acehnese people experienced because of the tsunami, the tsunami was only one tragic incident in Aceh's long history of suffering. By the time I arrived in Aceh the tsunami was already narrated in a tone that still recalled the destruction and loss of life it caused, while simultaneously celebrating the substantive positive transformations that the tsunami brought to Aceh.

The tsunami has come to be seen as synonymous with the peace agreement, and it is God, more than any political actor, who is seen to have brought this blessing in disguise. Nazarina for instance described the tsunami as follows:

> The MoU was ordered by God – not Jakarta! The Acehnese people prayed for justice like they did in the time of Iskandar Muda[54], and God ordered the tsunami to kill all the military because they were carrying out operations near the ocean at the time. God allowed the tsunami to occur because Sharia law had already been returned to Aceh. Then the outside world

[53] *Kiyamat* is characterised by prophetic signs, followed by the destruction of all life, the resurrection of the dead for ultimate Judgment by God, and finally the gathering of the faithful. For a summary of *kiyamat* see Gardet (2011[1980]).

[54] Iskandar Muda was the Sultan of Aceh from 1607 to 1637.

> took pity on Aceh because of the tsunami and Aceh could have peace.

Nurlaila expressed a similar view of the tsunami, in her case giving more emphasis to the role of the NGOs as unintentional (and sometimes unwilling) peacekeepers:

> The tsunami opened the thinking between the two sides – people saw all the corpses of people who had died in the tsunami scattered everywhere, and their families, and focused on helping them instead of fighting each other. Also, because there were so many foreigners around everybody hid all their weapons.

I asked her: "But wasn't there conflict after the tsunami?" She replied:

> Yes but much less, they weren't brave to fight in front of the foreigners – the westerners and the UN. But I don't know what will happen when they leave – if there is more disorder (*kacau*) it's possible that the conflict will start again – that's for certain don't you think?"

Fatimah was even more direct, bluntly saying: "If it weren't for the tsunami, every Acehnese would be dead by now".

The failure on the part of many non-Acehnese to comprehend how the tsunami could possibly be interpreted as a benevolent act of God, I believe, stems not only from the secular tendencies of most international NGOs, but from their failure to appreciate the scale of suffering that Acehnese experienced during the conflict. This misrecognition, together with the false notion that the tsunami and the conflict affected different groups of people, would together become a significant dimension of the post-tsunami intervention. As we will see however, this misrecognition did not undermine, but indirectly reinforced the religious narratives surrounding the tsunami, and the sense of *trauma* as the inability to accept destiny.

And yet the narratives that equate the tsunami with the peace agreement are a conspicuous part of everyday street-talk, particularly in Banda Aceh. Equally apparent are the positive feelings of solidarity (*keakraban*) that the tsunami

generated between Acehnese, and between Aceh and an imagined 'outside world' that responded to Aceh with compassion. Within both street-talk and in my interlocutors' life histories, it is not only the destruction but also the camaraderie they recall feeling in the days immediately after the tsunami. People gave each other food, water and clothing. Those who were stranded on roofs together have formed strong bonds. One of the families I worked with adopted a whole family into its household for two years. They now consider themselves one family. The tsunami changed Aceh's perception of the generosity (or otherwise) of other countries, leading to a more abstract form of camaraderie and new imaginaries about the relationship between Aceh and many countries around the world. Aceh, which had been 'closed' for many years during the conflict, began to feel 'open'. Travelling around Banda Aceh on public transport, the people next to me would routinely offer commentary such as: "that's the mosque that Yemen built, Yemen is great", "those houses were built by Germany, they're not as good as the houses that Turkey built".

For a short time, the tsunami attracted the international attention that advocacy groups had long seen as necessary to bring about an end to the conflict. The international media gave saturation coverage to the tsunami, frequently repeating the same potent images of people running from the wave followed by aerial shots indicating the enormous scale of physical destruction that the tsunami caused.[55] This unprecedented media attention attracted the highest sum of public donations ever generated for a natural disaster (Waizenegger and Hyndman 2010). Television stations broadcast intermittent updates on the steadily rising sum of donations, as governments and NGOs literally raced each other to pledge funding that in the end was in excess of US$13.5 billion (Cosgrave 2007:19-21). Approximately US$8 billion of this total pool of funding was allocated to Aceh (World Bank 2009:4). Although it is not clear how much of this pledged money actually entered the Acehnese economy, it is generally accepted that Aceh's tsunami funding was enough to reconstruct Aceh's rudimentary physical infrastructure several times over (Waizenegger and

[55] CARMA found that 40% of the media coverage of the tsunami in western countries focused on tourists, even though tourists only accounted for only 1% of the total deaths (Cosgrave 2007:6-7)

Hyndman 2010). In fact, many international NGOs claim that too much funding was a hindrance to their programs (Waizenegger and Hyndman 2010). Some Acehnese became richer, while overall poverty levels escalated in the years following the disaster and the influx of aid (World Bank 2008:12). Acehnese people are well aware that ordinary people around the world donated generously after the tsunami. Many of my interlocutors were puzzled about how this money became 'lost on the road', figuring that US$8 billion shared between 4 million Acehnese should be more than enough to make everybody rich.

Sorting the victims from the victims

One of the defining features of the post-tsunami, post-conflict aid economy was the attempt by the vast majority of aid agencies to separate the conflict from the tsunami (Zeccola 2011a; Waizenegger and Hyndman 2010). This decision was motivated by a number of factors, including long-running debates within the humanitarian sector about maintaining 'neutrality' to ensure access to disaster zones. Funding was also key, since some aid agencies were instructed by their donors to exclusively fund the tsunami and not the conflict. However, as Waizenegger and Hyndman (2010) and Zeccola (2011a, 2011b) show, only a small number of international organisations attempted to contact their donors and most simply followed the broad consensus that they would give exclusive focus to the tsunami.

Since international organisations were primarily responding to the tsunami and not the conflict, the geographical area most directly hit by the tsunami became the focus of the vast majority of development programs. International organisations literally draw up maps, dividing Aceh into a 'tsunami zone' and a 'conflict zone'. With few exceptions, most aid agencies instructed their staff to work only in the designated tsunami zone and to actively avoid the conflict (Zeccola 2011a; Waizenegger and Hyndman 2010:797-798).[56] Only a small number of international agencies attempted to work in the so-called 'conflict

[56] See Zeccola (2011a; 2011b) for a discussion of the reasoning behind this policy in relation to debates about humanitarianism; and Waizenegger and Hyndman (2010) for a discussion of how this demarcation of the conflict initially reinforced but later jeopardised the peace process.

areas', often in response to lobbying by key local Acehnese NGOs. Many Acehnese NGOs saw the conflict and the tsunami as interconnected disasters and attempted to rechannel attention and funding toward the conflict (Zeccola 2011b:117). While these local NGOs were to some extent successful in asserting their own place in the development sector, the overall political economy was still strongly influenced by this artificial separation of the two disasters. This division continued to inform the political economy of Aceh long after the peace agreement, and long after the 'emergency phase' of the tsunami response had ceased. Whatever we think about this aid policy, it would be a mistake to confuse it with the lived experience of Acehnese people, the vast majority of whom were affected by both the conflict and the tsunami.

One of the key effects of this division of the two disasters has been to produce an imagined geographical distribution of suffering within Aceh. Villages in the 'tsunami zone' benefited from extremely high levels of funding, with aid agencies literally fighting over territory, although there were still many 'tsunami victims' that were never able to access funding. Many other parts of Aceh however ('the conflict zone') were marginalised by the official aid economy though as we will see, they were to some extent taken care of by the black market. These newly imagined geographical spaces were also seen to be inhabited by different demographic groups – 'tsunami victims' (*korban tsunami*) and 'conflict victims' (*korban konflik*). While this artificial separation of victims was clearly a product of this aid policy, the rhetoric of 'tsunami victims' and 'conflict victims' also became part of popular discourse throughout Aceh, though no Acehnese I know tries to police the boundary between the tsunami and the conflict with the urgency of many of these aid agencies.

The experience of Kharina, illustrates how this imagined geographical distribution of suffering affected the life of one family. Kharina is a 24 year old woman living in a coastal village in Aceh Besar, not far from Banda Aceh. She was born in Sigli, but her whole extended family left during the DOM period of conflict in the 1990s at her older brother's request. Soldiers frequently approached him with photographs of people who had been tortured and forced

him to admire their torture techniques. He had to pretend to be impressed at their violence, when in fact these photographs repulsed and terrified him.

Eventually the whole family left Sigli for what they hoped would be the comparative safety of coastal Aceh Besar. However, soon after they moved the conflict intensified, and their family still endured several more years of violent conflict in Aceh Besar. Kharina lives near the coast, in a village that lost close to half its population in the tsunami. Both of Kharina's parents, all of her aunts and uncles, most of the small children and all of the older generation of her household died. Many of her siblings and cousins also died. At 21-years-old, Kharina became the oldest surviving woman in her family. Together with her older brother, she now looks after her 13 year old sister and two of her young cousins who are still in primary school.

She regrets not being more assertive in looking for aid funding after the tsunami:

> After the tsunami we looked around and everything was destroyed … my brother said to me 'we have lost a lot but there are people who have lost more than us … don't ask for too much … we have enough'. I agreed because at the time I was grateful to God that I was alive. But now I look around and I see that some of my neighbours have two houses, three houses. Some people rent their houses to others who are also victims and who couldn't receive aid. It's difficult because my cousins are still children … never mind … we are tsunami victims and we are conflict victims. We received one aid house but it isn't big enough for all the people that need to live in it … but never mind … my brother and I are both educated so we can work in Banda Aceh … we have enough …

As Khairina's story illustrates, this attempted separation of the tsunami from the conflict did not fit the reality of the highly mobile Acehnese population. I met many people who spent much of their life moving from district to district hoping to find a place free from conflict. But in fact even Banda Aceh was militarised towards the final years of the conflict. The uneven distribution of aid caused 'disappointment' for people like Kharina. But since Khairina lived

inside the 'tsunami zone', she was able to access some aid. Her situation differed markedly from those that chose to stay in Sigli, where aid money was scant.

While the tsunami attracted media attention and funding to Aceh, the conflict continued to be marginalised by the aid agencies. This demarcation offered both more funding and more legitimacy to the tsunami. For many years after the tsunami, tsunami victims consistently but peacefully protested outside BRR, the government body set up to coordinate the aid effort. It was this government body and not the international agencies that were the target of most popular critique of the reconstruction effort. Local media coverage of these protests was always sympathetic, carrying headlines such as: "41 938 tsunami victims still waiting for rehabilitation funds" (Serambi Indonesia 3 April 2009). These articles often depicted photographs of dignified Acehnese women reciting Qur'anic verse. Sometimes there were stand-alone photographs with no accompanying article. One such photograph was entitled "Crying", depicting a woman crying as she recited the *Yasin* in front of BRR (Serambi Indonesia 17 April 2008). More detailed articles were often accompanied by photographs showing men and women holding placards clearly stating their grievances: the poor quality and tiny size of aid houses; the large numbers who were still waiting to receive a house; and the inconsistent standards and policies of the many different organisations operating in Aceh.

This stood in stark contrast to the limited options available to 'conflict victims' and former combatants, who rarely protested publically but rather relied heavily on personal networks to hook into government and NGO bodies that may offer them jobs, houses, livelihood programmes and other forms of compensation. A government body (the BRA), was established to coordinate post-conflict reintegration projects, and some large international organisations such as the International Organisation for Migration (IOM) and the World Bank also funded projects targeting ex-combatants and conflict affected communities (World Bank 2006; IOM 2009). Conflict programs had only a tiny fraction of the funding allocated to the tsunami (Waizenegger and Hyndman 2010:788; TGLL 2009:43-45). The vast majority of people living outside the 'tsunami zone' were

unable to access compensation or livelihoods projects, especially those with no connections to influential former rebels, public servants or development workers. Even Fatimah, who we met in Chapter Three, couldn't receive a house to replace the four houses she had burned down by the military in her lifetime, this despite being a well known GAM woman with powerful connections. She was also confused at the difficulty she had accessing compensation, saying that:

> we're just patient ... it's not clear what our GAM friends at the governor's office are doing ... we need to be patient, sit and wait, trust that they will look after us.

Certainly many of my interlocutors were discontented about ongoing poverty, the unclear policy agendas of international agencies, the uneven distribution of post-tsunami funding and the difficulty they had in accessing aid organisations.

Despite the fact that the post-tsunami political economy established a conspicuous stratification of victimhood however, I observed very little on-the-ground tension between 'tsunami victims' and 'conflict victims'. Protests were aimed at the government agency the BRR, not at international aid agencies, and not at other Acehnese who had received aid. I don't know of any case of vigilante violence committed against somebody who had successfully received aid money. Most of my interlocutors remained confident that eventually the tsunami funding would circulate through Aceh and come to benefit all Acehnese.

While waiting however, rumours circulated about the intentions of the international aid agencies, who rarely communicated to the general Acehnese public. Throughout 2008, many feared that the NGOs were about to suddenly leave Aceh in a mass exodus, triggering a return to conflict. Although this was far from the intention of most international organisations, many of my interlocutors imagined them as proxy bodyguards and felt reassured that neither the military nor GAM would dare return to full scale violent conflict in their presence. Towards the end of 2008, Nurlaila said to me:

> We're frightened, we're frightened that after the NGOs go home there will be chaos again. But we're also frightened to

> say that, because if we express this opinion, we'll be considered as people who don't support the MoU.

Several speculated that the aid workers were secretly "sending messages back to the media and their home governments", who they hoped would come to the assistance of Aceh again in the future now that solidarity had been built through the powerful experience of the tsunami. These rumours were a source of ongoing anxiety for many of my interlocutors, especially those who saw the peace as dependent on the ongoing presence of international organisations. Most of my interlocutors however, took the more pragmatic, but equally hopeful stance that regardless of the demographic groups that directly benefited from post-disaster funding, that any money for Aceh would eventually filter throughout and benefit all of Acehnese society.

To some extent, an unofficial redistribution of funding did occur. In the months following the tsunami large numbers of people from rural Aceh moved to Banda Aceh looking for work and for the first few years many were able to receive relatively high salaries working as drivers, cleaners and cooks for the development workers. Acehnese university students were often hired as interpreters, and in some cases trained as professional staff within international organisations and established new careers. Many other Acehnese tapped into or tried to develop personal networks to gain access to funding that was allocated to a depoliticised 'tsunami victim'. In fact many 'tsunami victims' and 'conflict victims' alike were highly politically savvy. While some of my interlocutors were able to navigate through the policies and find ways to use them to their advantage, others fell through the gaps and found themselves entitled to no assistance, despite having survived both the conflict and the tsunami.

The expansion of the extralegal economy into aid projects also complicated this attempted division between the tsunami and the conflict. After the MoU, GAM quickly began to reinvent itself as an actor within the development sector and by 2008 had transformed from a guerrilla movement into a part government, part NGO and part corporate entity, all dimensions of which were deeply interwoven into the post-tsunami political economy (Aspinall 2009b). In

December 2006 the charismatic ex-GAM propaganda figure Irwandi Yusuf was elected as governor, and in an election in April 2009 the GAM successor party the Aceh Party (*Partai Aceh*), won just short of a majority in the Acehnese provincial parliament[57]. Many former GAM fighters formed small businesses, successfully winning tenders for tsunami construction contracts (Aspinall 2009b). And so while most aid agencies remained committed to the concepts of 'neutrality' and 'apolitical' humanitarian aid, this enforced separation of the tsunami and the conflict became increasingly incongruent with the political and economic reality of Aceh. Nor did it reflect the lived experience of these interconnected disasters for most Acehnese people.

While illegal logging and some other elements of the war economy continued (McCulloch 2005:30), others ended and were replaced by new extralegal shadow economies. Nordstrom's (2004) term "shadow economy" suggests that the economies underpinning war blur the boundary between the legal and the extralegal to such an extent that the terms seem deeply misleading. It further illustrates the irony that the same war economies that perpetuate war and cause suffering also become an indispensible means through which ordinary people can survive war. For example, pharmaceuticals often enter war zones through the same supply chains as weapons. In Aceh's post-disaster context, while the immediate threat of war had subsided, poverty was escalating for many, due in part to the inflation caused by the aid economy (World Bank 2008). Those excluded from official aid channels found alternative avenues through which to tap into development funding, building on well established shadow economies.[58] Although they tapped into extortion practices that had at times been used to terrify the population, many of these new economic practices were, in fact, very much welcomed by many Acehnese, especially those marginalised by the aid agencies.

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[57] The next election is planned for January 2012.

[58] The most disturbing of these to me are the large numbers of young men along the North Coast who seem to be taking the methamphetamine that they previously traded for weapons. This is an extremely sensitive topic in Aceh and so I have poor data on the topic. However, the Acehnese media regularly reports large quantities of meth-amphetamines being confiscated by police and from my observation there are many very angry young men on the North Coast who seem clearly to be regularly taking methamphetamine, and are still armed.

The ex-GAM contractors are a classic example of the ambiguous, part legal part extralegal shadow economies that Nordstrom (2004) describes as occupying a major part of the global economy. Despite often coming from poor, rural backgrounds, many of the contractors intuitively formed small businesses or NGOs and skillfully navigated their way around the development sector. These contractors capitalised on the political authority they carry within their local areas, as well as the shadow economies and dubious political connections they developed during the conflict (Aspinall 2009b:17-22). The conflict economy was strongly shaped by deals made between rebel fighters and corrupt state and military officials, despite being official enemies (Aspinall 2009b:7). After the peace agreement, many former combatants tapped into these same networks to gain access to funding for tsunami reconstruction contracts. These ex-GAM entrepreneurs channelled much needed funding into otherwise neglected conflict-affected areas, even as they continued to engage in extortion and other predatory business practices that characterised the conflict. However, as Aspinall (2009b:34) shows, these contracts amounted to a fairly small piece of the pie, spread widely across ex-GAM networks. In many parts of Aceh poverty worsened despite the unprecedented amounts of development funding entering the Acehnese economy.

When I first arrived in Aceh many Acehnese activists told me that they were concerned that Aceh was about to slip into 'horizontal conflict', due to the uneven distribution of aid and the ongoing neglect of the conflict, a concern that was mirrored by some commentators (Waizenegger and Hyndman 2010:796). This aid environment set up precisely the kind of stratification of suffering that James (2004) describes as an "occult economy of suffering", where financial benefits and political legitimacy are awarded to those who fit into a narrow category of victimhood. This has been a persistent feature of trauma economies and subject to much critique by anthropologists (James 2004; Gross 2004; Malkki 2007; Kleinman and Desjarlais 1995; Fassin and Rechtman 2009). However despite aid agencies inadvertently laying the groundwork for new forms of inequality to arise, such an 'occult economy' did not eventuate, since the division between the tsunami and the conflict was not invested with legitimacy by Acehnese people to the degree that it was by many aid agencies.

Contrary to the understandable concerns of many Acehnese activists and academics critical of this division of disasters, I observed very little on the ground tension between those who were able to access aid and those who were not. Acehnese people developed creative (often illegal) ways to expand the avenues through which they could access aid. While this did produce a new elite, and while it did fuel the corruption and extortion of the extralegal economy, it is equally true that many people did in fact redistribute funds through their broader social networks, buffering what may well have been perceived as an unequitable aid environment.

This imagined geographical distribution of suffering did however lead to a major misrecognition that I came to see as a conspicuous feature of the post-tsunami moral landscape. This misrecognition involved the ways in which international agencies misread the religious narratives surrounding the tsunami. While Acehnese tsunami narratives were explicitly apocalyptic, the international agencies, I argue, also viewed the tsunami through an unacknowledged, apocalyptic lens. The more that international agencies insisted on dividing the conflict and the tsunami, and the more they insisted on imagining tsunami victims and conflict victims as separate demographic groups, the less well equipped they were to understand Acehnese narrative interpretations of the tsunami as an act of God. These religious narratives were not well received by the international agencies, many of which quickly set about to 'correct' them through the twin discourses of 'disaster preparedness' and PTSD.

How to prepare for an apocalypse

One evening in October 2008 I arrived at a friend's house at the end of her neighbourhood *wirid* (Qur'anic recitation gathering), where the women had earlier been practicing *zikir*. *Zikir* is at the centre of everyday religious practice in Aceh. It is regularly practiced collectively, individually, after daily prayer (*salat*), while going about everyday tasks and spontaneously if a person has 'sudden remembering' (*teringat*) or feels distressed. *Zikir* involves the recitation of the 99 attributes of God, through which the faithful are said to generate

feelings of gratitude to God (*syukur*) and embody each of the attributes recited. The regular practice of *zikir* makes a person increasingly devout and 'close to God'. *Zikir* also generates a feeling of tranquillity (*ketenangan*) and 'lightness' in the body and alleviates pain and suffering (Werbner 2003:41-43).

Zikir is a central element of Acehnese everyday religious practice, while also being connected with more esoteric forms of Sufi practice (*tasawuf*). People often excitedly encouraged me to go and interview "Sufi's who live in the mountains, learn special techniques, don't eat meat and *zikir* all day long". But I was most interested in observing the everyday forms of *zikir* and the ways my interlocutors turned to the principles surrounding *zikir* to think through and respond to the pressing and immediate concerns of their lives. While they may not have 'lived in the mountains' or 'studied special techniques', many of my interlocutors did *zikir* at any opportunity, just as they reflected upon teachings about the nature of *zikir*. Many of my interlocutors explained that the Arabic etymology of the term literally means 'to remember', and explained that *zikir* replaces distressing memories of worldly suffering with the memory that one lives before God.

I first learned about *zikir* because several women I met early in my fieldwork began to spontaneously *zikir*, usually for just ten seconds or so, during our conversations when they became upset while talking about the conflict. *Zikir* is strongly associated with the ideal state of tranquillity (*ketenangan*), and helps people to embody that religious disposition as well as its emotional correlate. *Zikir* is closely related to the breath, a common expression being: "we should remember God with every breath".[59] Entering trance and audible recitation is frowned upon by some (Zamhari 2010:35-47). However most of the women I knew well, young and old, often went into trance while practicing *zikir*. Eliani described the feeling of *zikir* to me as follows:

[59] Indonesian *nafas* is breath. This is from the Arabic root *nafs*, a life force. Acehnese use the term *nafsu* to describe the sense that life is driven by passion, and should be regulated by reason, however *nafsu* is usually used as a negative term in Aceh, not as a general term for life. See my discussion of the terms *semangat* (life force), *jiwa* (spirit/psyche), *roh* (soul) in Chapter Five.

> We don't know that we rock, but when we *zikir* we rock from side to side and the motion of our body accompanies our heart speaking, directly to God.

After finishing *zikir*, my interlocutors reported feeling both strong (*kuat*) and tranquil (*tenang*) and seemed to me to be quite euphoric.

In was in this state of post-*zikir* euphoria that evening that an old woman, who I barely knew, came up to me, pounded me on the chest and exclaimed:

> Why don't you convert to Islam, who wouldn't want to convert to Islam, if you are Muslim you can endure anything. Look at Aceh. We Acehnese people have endured conflict, we have endured the tsunami. Why? Because we Acehnese are strong with God! Convert to Islam and you will become strong too!

She went to serve both of us a slice of cake and a drink of cordial and then came back to me and asked: "What is it that you're researching, the conflict?" "Yes", I answered, "the conflict, and the meaning of the term *trauma* to Acehnese people". "Ahhh", she smiled, and then began:

> At the time of the tsunami the whole world entered Aceh! There were white people, black people, Chinese people ... there were people who wore yellow dresses like Indians, but they were white people, and they danced around in circles like this ... [she jumps up to standing, holds her arms out to her side and spins her head in circles, laughing hysterically. She sits again, quickly becoming serious].
>
> They came with sincerity. They brought us new houses, new good roads. They wanted to help our *trauma*. They didn't know that Acehnese people are capable of accepting destiny (*nasib*). Acehnese people have strong faith. At the time of the tsunami everybody immediately performed *zikir* ... we did *zikir* immediately, immediately we were calm ... we were immediately aware, this is our destiny (*qadha*).

She returns to laughter and an impersonation of the 'white people dressed like Indians' dancing.

Although this woman was particularly jovial in her descriptions of the tsunami, possibly due to her post-*zikir* bliss, her broad attitude of acknowledging the presence of international NGOs with both gratitude and confusion is typical. Also typical is her recognition that the internationals deeply misunderstood Acehnese responses to the tsunami, but that this misunderstanding proved to be of little consequence to the broader post-tsunami context, which she remembers positively as an 'opening' of Aceh to the broader world. Her recollection that Acehnese responded to the destruction of the tsunami by practicing *zikir* and by framing the tsunami as destiny (*qadha*) resonates with the view of many of my interlocutors and the dominant public narrative during 2008 and 2009.

Shortly after the tsunami however, and extending into the period of my fieldwork, these religious narratives were read quite differently by many international organisations. Some organisations interpreted these Islamic religious narratives through the Judeo-Christian notion of 'guilt', and many saw them as self-blame. While PTSD interventions and more recently 'disaster preparedness' are standard discourses that mobilise many humanitarian interventions, the religious narratives at work in Aceh influenced the way that these programs were implemented in this context.

The focus on disaster preparedness has emerged in recognition of the fact that most life saving work is performed by ordinary people in the first hours after a disaster, while it is usually several days before international organisations arrive on the scene. The kinds of activities that fall under the rubric of disaster preparedness vary from training school children in first aid, to replanting mangroves, to mapping escape routes through villages and building the complex and expensive 'tsunami early warning system'. In Aceh, attempts to build a 'green zone' preventing people from rebuilding on the coast were widely rejected by coastal villages, who wanted to return to their homes and to their livelihoods in the fishing industry (Cosgrave 2007:27). Tsunami evacuation drills were also very unpopular.

One Acehnese woman working for an international NGO told me about her experience trying to convince the unwilling residents of a coastal village to participate in a tsunami drill. She said that:

> Some people say that they don't want to have a tsunami drill, some people think it's like inviting another tsunami from God. But lots of people just don't want to do it, they're not afraid of another tsunami and they want to get on with their lives. Then there are other people who are poor who just want the NGOs to help them to make money. I met an old man at the drill. He had a huge bag of peanuts that he wanted to sell to the people on the [evacuation] trucks. But nobody participated in the drill, so he couldn't make any money. He said to me: 'How am I supposed to make a living when the government can't even organise a tsunami drill?!' …

Lakoff (2007:247) argues that 'preparedness' is a security discourse that comes into play in contexts that seem to be beyond the control of "probabilistic calculation". He argues that the discourse of preparedness "provides a way of understanding and intervening in an uncertain, potentially catastrophic future" (Lakoff 2007:248). 'Disaster preparedness' is strongly apocalyptic in nature, not just because it prepares for future catastrophe, but because it privileges future, hypothetical disasters over addressing the immediate concerns of a current, unfolding disaster. This was conspicuous in Aceh, firstly because the conflict was so strongly marginalised from the aid effort; but secondly because the preparedness discourse clashed so strikingly with my interlocutors' narratives about how to prepare for an apocalypse. There is no question that my interlocutors were also preparing for an apocalypse. But they were doing so through religious practice that aimed to bring them 'closer to God' and to 'strengthen themselves' and by building strong social ties with their neighbours – not by building early warning systems or marking evacuation routes through their village. For the rest of this chapter I explore how these two, conflicting apocalyptic visions became interconnected. This misrecognition was exacerbated by the attempted division of the tsunami and the conflict, but nonetheless shaped my interlocutors' understandings of the interconnections between the tsunami, the conflict and *trauma*.

The religious interpretations of the tsunami were noted by international agencies from the very beginning. Shortly after the tsunami the World Health Organisation (WHO) reported that:

> The disaster has been invested with religious meaning and is understandable, and manageable, in this context. As a result the prevalence of trauma-related psychiatric disorder may be substantially less than that which would be expected based on the international literature (WHO 2005:4).

Médecins Sans Frontières (MSF) was much more aware of the conflict than most other organisations, emphasising in one report that "the tsunami exacerbated what for many was already a fragile existence" (K de Jong et al 2005:486). Nevertheless they also described religious narratives as 'superstition' and a form of self-blame:

> In Banda Aceh, the Muslim religion is central to people's culture and traditions, but mixed with this is superstition and magic. Without exception, the people we spoke with during the assessment understood the tsunami as a punishment or a warning from Allah for being 'immoral'. Many believe that the earth will continue to shake until all the dead are buried. Religion is an important tool that helps give people in Banda Aceh meaning and helps them accept what has happened. In our psychosocial activities, we incorporate the importance of religion as a coping mechanism, and we have active links with local religious representatives (K de Jong et al 2005:487).

While they may have seen religion as potentially offering a 'coping mechanism', they also saw these particular religious interpretations of the tsunami as problematic 'superstitions' in need of correcting. Here disaster preparedness and trauma healing came together.

One international development worker who had spent several years in Aceh told me that:

> Immediately after the tsunami people thought that the tsunami was punishment from God, so we set up information booths explaining to people the actual scientific causes of the

> earthquake and the tsunami - to give them another way of thinking about it.

These booths included flip charts with diagrams identifying the movement of tectonic plates, explained as the 'actual' causes behind the earthquake and tsunami. I replied: "Are you sure they said punishment? Now most people I meet say that God wanted to protect Aceh by sending the tsunami." He replied:

> Well for the first year the conflict was still going ... so it was only after a few years that people started to think about it like that. Immediately after the tsunami, they thought it was punishment.

Certainly, the media regularly gave coverage to the statements from preachers, many of whom were in Malaysia or Jakarta, who described the tsunami as God's punishment for Acehnese rebellion. One controversial Malaysian preacher even claimed that he himself (and not God) had caused the tsunami to punish Aceh (Jakarta Globe 27 May 2010). This should not be confused with everyday discourse about the tsunami within Aceh.

While it is possible that this was the dominant narrative immediately after the tsunami, and that this narrative changed over time, I argue it is more likely that this was misrecognised by international agencies from the outset. Many of my friends were deeply offended at the suggestion that God would punish Aceh, and the narrative I consistently encountered in 2008 and 2009 described the tsunami as God's intervention in the conflict. The Judeo-Christian notion of 'guilt' has no salient counterpart in Aceh that I am aware of, although 'guilt' was part of vernacularised understanding of trauma and victimhood that many aid workers brought with them to Aceh.

Even if the narratives did change over time, NGOs were continuing in 2008 to respond to these religious narratives as an alarming indication of the 'Islamisation' of Aceh and as an impediment to psychological recovery. By that stage, I am certain that these narratives about punishment were promoted only by a small number of religious leaders. By 2008 the narrative that the tsunami was a benevolent act of God intended to resolve the conflict was a highly

apparent feature of everyday discourse, particularly in Banda Aceh, a place where people were ostensibly naïve to the conflict. The misrecognition here was considerable. Nevertheless, neither this disaster preparedness discourse, nor the stratification of Acehnese victimhood came to dominate Acehnese responses to the tsunami. Nor were they successful in secularising the tsunami narratives. As one woman said to me: "They were very thorough the NGO people. They even taught us science. God is great!"

This misrecognition indicates not only the secular underpinnings within many INGOs, but their failure to comprehend the extent to which the majority of Acehnese people, and not just archetypal 'conflict victims', were effected by the conflict. The almost exclusive focus on the tsunami and the exclusion of the conflict compounded the misrecognition of narratives describing the tsunami as an act of God. This contributed to the failure of many internationals to comprehend that the tsunami, no matter how horrific the scale of destruction it brought, was but one episode in a long history of tragic events to have confronted Acehnese people, and from which the vast majority have successfully recovered. These policies greatly underestimated the resilience of Acehnese people, just as they underestimated the many ways that Islam shapes Acehnese society by reducing it to a 'coping mechanism'.

To illustrate how it was that the impact of this political economy brought attention to rather than undermined local narratives, I will next discuss the idiom 'accepting destiny' in a much broader ethnographic context. I then discuss some of my interlocutors' own reflections upon the interconnections between the tsunami and the conflict, before returning to reflect upon the overall significance that the political economy carried on shaping understandings of *trauma.*

Death, destiny and trauma

From the early days of my research I noticed that women often punctuated their narratives with the statement 'that's what can't be accepted!' when recalling distressing experiences in their lives. Fitting in with the Acehnese sensibilities of bravery and solidarity, these acts that 'could not be accepted' were usually

extreme and morally abhorrent acts of violence such as people being forced to humiliate or injure a loved one. For example, in Chapter Three Nurlaila used this expression when showing her outrage at hearing a story of the woman forced to carry home her husband's tortured corpse. At other times what 'could not be accepted' was a heartbreaking irony, such as when Safrina recalled that the soldiers who forced her friend to strip to her underwear and sing karaoke for them were fellow Muslims. It was at these points of my interviews that people offered to me the most explicitly articulated definition of *trauma* I encountered: "the inability to accept destiny".

In conversations about *trauma*, my interlocutors divided the general category of destiny (*nasib*) into two forms: *qadha*, a fixed destiny predetermined by God that an individual has the obligation to accept; and *qadhar*, a form of potential destiny that an individual ought to strive toward. Conventional Acehnese sensibility says that hardship or difficulties ought to be accepted as *qadha*, while opportunities should be recognised as *qadhar* and pursued with a feeling of gratitude towards God (*syukur*). In both cases, an individual is expected to put effort into cultivating the right disposition to be able to firstly recognise whether an experience represents their personal *qadha* or *qadhar*, which in itself is no easy feat, and secondly the ability to act on this recognition, to accept *qadha* in the case of difficulty and suffering while simultaneously taking appropriate action towards achieving *qadhar*. When the two forms are joined together as *qadha/qadhar*, this expression means the Decree of God (Gardet 2009).

Importantly for the purposes of understanding the moral implications wound up in the idea of *trauma*, contemplating *qadhar/qadha* also reminds people that a person's destiny is at once both individual and interconnected with the destinies of others. *Qadha* is individual in that each person's date of death is predetermined by God and unique to their own soul (*roh*), just as their accumulated sin (*dosa*) and merit (*pahala*) is largely determined by their individual conduct before God. One becomes immediately reminded of the interconnectedness of human destinies however, when the death of another, or experiences of another, thrusts a person unexpectedly into a new form of

sociality – widow, orphan, suddenly hated neighbour – for which they may be unprepared, unwilling or unable to 'accept' as destiny as moral discourse dictates they must. In such an instance the death of one person, almost unquestionably taken as their *qadha*, enters the destiny of others. In order for a person to remain without *trauma* it is essential, according to this sensibility, for that person to 'accept' their experience, direct or indirect, as the will of God and as part of their own destiny regardless of how difficult a task this may be.

In many circumstances *qadha/qadhar* operates as a hermeneutic device through which many of my interlocutors engage in contemplative prayer to think through dilemmas in their lives. When Eliani needed to decide whether to take a lucrative job in the city or stay in her village and get married, she told me that she combined contemplative prayer on *qadha/qadhar* together with her daily dawn prayer. Now when she occasionally wonders whether she made the right decision in taking the job in the city, she also contemplates this in terms of *qadha* and *qadhar*. She chose to pursue *qadhar* in moving to the city, and now in the present, the consequences of that decision have become her *qadha*. She is keenly aware that if things change however, she must be able to recognise and respond to a new emerging *qadha* or *qadhar*. In this way, her ongoing religious practice helps her to be alert to and resolve dilemmas associated with the changing circumstances of her life.

In the case of extreme suffering such as the sudden destruction and loss of life caused by the tsunami or the ongoing fear and distress of living in a situation of violent conflict it is considered even more urgent to accept suffering as destiny. A prolonged inability or unwillingness to recognise and accept hardship as destiny destabilises the psychological and religious wellbeing of the person, leaving them in the fragile state of being signified by the term *trauma*. In this temporary state of *trauma*, the usual social obligations of a person necessarily become suspended, as their religious disposition becomes compromised together with their physical and mental health. Eliani explained to me:

> A key religious obligation for a Muslim is to develop the ability to discern between what is *qadha* and so therefore must be accepted, and what is *qadhar*, and so therefore must be strived

> toward with correct action and intent. Parents teach their children from an early age to distinguish *qadha* from *qadhar*, to accept the limitations of their lives, or to put effort into achieving things they are capable of. It is the mark of an intelligent person to be able to do this. [This is] much more important than schooling. Sometimes it is very difficult to know what is *qadha* and what is *qadhar*. We usually know from the feeling - for instance if we feel angry that we can't do something usually that is because we are trying to do something that is not in our *qadha*. But there is no question that death is *qadha*.
>
> Death is the only aspect of life we know with certainty is *qadha*. So there is no question that the tsunami was *qadha*. The tsunami was *qadha*, so it must be accepted. If *qadha* is not accepted, we are certain to go mad. After the tsunami Acehnese people knew that it was *qadha*. We buried people quickly in the mass graves. We were sad but we did not verbally mourn (*meratap*), we did not say "why did my husband die?!" There are lots of people in Aceh who have *trauma*, that can't accept *qadha*, but the tsunami was a reminder that we must accept destiny (*nasib*).

While there are many words in Aceh that could be translated as 'destiny', here I will only address the forms of destiny that my interlocutors used to describe their understandings of death and *trauma*. The principle of 'accepting destiny' is unquestionably at the centre of Acehnese understandings of death. A young woman from Banda Aceh said to me:

> Actually there are different ways that people in Aceh think about death. Some people think that we should dedicate *Yasin* to the dead, some people think this isn't good. Some people have a feast for seven days, some people for ten days. My mother thinks that the soul (*roh*) of a person returns to the house of their family for two weeks after death, but I don't believe that, because the Qur'an clearly says that the *roh* is in the grave being tortured by the angels. But I remember that there is one rule about death in Aceh: don't verbally mourn! It's forbidden to verbally mourn! (*meratap*).

> I remember when I was a child at the *pesantren* (Islamic boarding school) they said: 'if you cry, the dead will be tortured more in the grave'. But maybe this is just something they say to frighten children ... [long pause] ... Last month the young son of my neighbour died and I went to their home and they had completely accepted his death. They said, 'yes, this was his destiny', I knew they were sad, but they didn't cry or complain.
>
> It's not good to cry, to mourn, we know that people cry and that people are sad, but if a person cries and says: 'Why did my husband have to die?! I love my husband! Why did my husband have to die?!' that is very bad. If a person mourns in that way we become dizzy (*pusing*). Because in Islam we say that the date of a person's death is already in our destiny (*nasib*), it is already determined by God.

Siegel (1969:104-108) gives us a case study of a woman named Sjarifah who responded inappropriately to the death of her child. Siegel describes how immediately after the boy's death, the women gathered together and wailed while the men sat together smoking and "subdued but not much different than usual" (Siegel 1969:106). Seeing the other women crying, Sjarifah's aunt scolded them, and reminded them that crying for the dead is sinful. They should, the aunt said, remember that "the baby is free of sin and will be received by God" (Siegel 1969:106). They had seven days of funeral feasts after which time any crying, already considered inappropriate, would supposedly be no longer tolerated.

But Sjarifah continued to cry for another month, and refused to visit her husband's mother even though it was Lebaran (the end of Ramadan), a time when it is obligatory to visit relatives. Siegel (1969:107) was close to the woman's husband, and cites him saying:

> If an *ulama* sees anyone mourning, he immediately becomes angry. It is sinful. I loved my son but I won't grieve. When I think of him, I pray or read the Koran instead.

Siegel interprets the difference between Sjarifah's crying and her husband's self discipline as stemming from association between women and *hawa nafsu*

(emotion framed as animal like pre-rationality), and men and *akal* (rationality).[60] Destiny (*qadha*) and not *nafsu*, was not the central idiom my interlocutors used to describe responses to death. Nevertheless, the central principles about normative responses to death and the importance of avoiding public displays of negative emotion that Siegel illustrates here resonates strongly with my observations.

Verbally mourning, crying or complaining in a way that emphasises individual suffering is considered to be bad behaviour. Note that there is no noun for an emotion that we could gloss as 'grief' in English. People often talk of 'loss' (*kehilangan*) or 'sadness' (*kesedihan*) but nothing that correlates with the connotations of 'grief'. There is however, a verb for expressions of mourning *(meratap)* though, as one of my interlocutors exclaimed: "we *never* say that word!" Excessive crying over ones own hardship is regulated in the first place by the person themselves and if need be by others. However, my interlocutors connected this with the ethos of solidarity (*keakraban*) and with the principles of 'accepting destiny' *(nasib/qadha)*, and 'strengthening the self', and not with ideas about controlling *nafsu*. If a person cries and protests about the suffering of another however, this is generally considered an expression of solidarity *(keakraban)*. As we will see, for those who are given a social diagnosis of *trauma*, a quite different cluster of moral sensibilities enters the picture.

If a person has a social diagnosis of *trauma*, the period in which they are excused from crying and other behaviour that would usually be considered inappropriate is considerably extended. To demonstrate this, I first offer a case study of a person considered to have avoided *trauma*, and two case studies of

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[60] Siegel used this example to illustrate his argument that controlling *hawa nafsu* through the application of rationality (*akal*) was a central sensibility informing the reformist movement in the 1960s. No doubt controlling *nafsu* is still important, however I often heard it used in a different context to Siegel's description. My (mostly female) interlocutors used *nafsu* most frequently to refer to inappropriate sexual desire, especially to protest about their husbands' infidelities and non-consensual polygamy. *Nafsu* resides in the genitals, whereas emotion generally resides in the liver. Occasionally people use *nafsu* to describe other sensations such as hunger or craving to smoke cigarettes during the day during Ramadan. There are many terms for emotion, and many emotions carry positive values and are considered integral to being a rational person (for example, *weuh*, an empathic understanding of another's emotions is considered critical to everyday interaction).

women who are described as having *trauma* resulting from their 'inability to accept destiny'.

Case 1

When Halemah's husband died of a heart attack towards the end of my fieldwork she said to me:

> I'm just fine, I'm just fine Cat. We can't cry constantly. We all will return to our bodies, that is certain, what we don't know is when or where. It's forbidden for us to cry, if we cry every day we become tired, our hearts [livers] become sick, there are those that become arrogant (*sombong*), there are those that have *trauma* because they cannot accept the death of their husbands. But we must remember that every death is ordered by God.

She was, however, very sad and complained of terrible headaches/dizziness. She spent most of the weeks following her husband's death reciting *Yasin*, sleeping or sitting quietly under the house. The seventeen other adult women in her household ensured that she had no work and few social responsibilities during the time that she was recovering from her husband's death. They held a feast (*kenduri*) in their house every night for ten nights after her husband's death. Neighbours, friends and extended family from throughout Aceh visited during this time. The other women in her household and their women neighbours cooked together from dawn until late at night while Halemah rested and talked with guests.

The whole household seemed sad, much quieter than usual, and the women seemed particularly tired after ten full days of cooking from dawn until late at night. They often cried, and went into one of the houses alone, but they did not cry collectively or complain. I accidently walked in on of the aunts crying and she seemed embarrassed and said to me: "I'm remembering my son [who was shot in the conflict]. It's good that you're here, I can [cook for you to] make you fat instead of crying" and went back to cooking. As was typical for this household, the men were largely absent until late at night, but when they were at home they did not scold the women for crying.

The men did appear to be 'subdued but not much different than usual', just as Siegel describes. But so did the women. Everyday a group of women came to the house to perform a devotional recitation *(salawat)*. But nobody watched them or joined them. When not cooking or working the women sat under the house as usual. I often didn't know where to sit during this time as the women didn't want me to cook with them but to be in a role as a guest. I wanted to watch the *salawat* being performed inside the house but nobody was inside watching it, except when they excused themselves to go and cry. I went home each night but visited everyday, and spent most of this time sitting and talking under the house. The conversation was quite ordinary. They didn't euphemise the death at all to the young children. Halemah said repeatedly to her two year-old daughter: "you're an orphan now, your father is dead". While all the women in the household were consciously striving to 'accept destiny', not cry, not become 'arrogant' and not develop *trauma*, nobody scolded anybody when they did cry.

Case 2

We can see similar sensibility at work in the story of an elderly woman who I interviewed in rural Pidie. But in this case, she is considered to have *trauma*. Her husband was shot in the early 1990s, in a highly visible assassination while he was working in the rice fields. She was prevented from attending his funeral. She said to me: "the TNI came into the village like this", she jumped to her feet, grabbed a dish towel which she used to make an improvised weapon, distorted her face into a terrifying scowl, and stalked across the room like a soldier. "They said, 'if anybody feels compassionate love/pity (*sayang*) for this man I will kill every person in this village!'" And so they were not able to give her husband a proper burial or hold funeral feasts (*kenduri*) for him. She was very upset telling the story, saying repeatedly: "I wasn't allowed to feel pity for (*sayang*) for my husband, I wasn't allowed to feel pity for (*sayang*) my husband".

She was upset to the point that I abandoned the interview. Then she saw me chatting with her sister. She became angry: "She didn't love her husband! I married my husband for romantic love! She didn't love her husband!" The

other women around were clearly unimpressed with her outburst but said nothing. The woman quickly walked to the corner of the room and started doing *zikir*. Her daughter said to me:

> She is still in *trauma* even though it has been a long time since her husband died, she still can't accept his death.

The other women nodded in agreement, they seemed annoyed, but they did not criticise the old woman. But then they hardly needed to, since she quickly began to do *zikir* almost as soon as she became angry at her sister. It seemed to me that her sisters described her behaviour as *trauma* not only because of her ongoing attachment to her dead husband, but because she drew attention to her own suffering at the expense of her sister. A friend who was with me at the time said to me quietly:

> That's what happens if *trauma* continues for a long time, if it repeats and repeats, either people become completely mad *(peungo)* or they become arrogant *(sombong)* to the point that they can't even show compassion for their own sister.

I later found out that the sister's husband was also shot in the same year. This was the only time in my fieldwork I saw somebody actively deny that another person had suffered during the conflict.

Case 3

Another young woman I met only once in a different village in rural Pidie also illustrates a similar sensibility of accepting destiny. She was the neighbour of another family that I knew well. She married when she was 14-years-old, had a baby at 15, and became a widow before she was 16-years-old. Her husband was missing for approximately a year before they declared him dead.

> When my husband was missing I was *trauma*. I almost never left the house. My baby was born a few months after my husband went missing, but he died before he was one year old. I was *trauma*, I couldn't pick up my rice to eat [holds her hand to show that she was unable to move it]. I was dizzy, I was frightened, I was weak. I often became possessed. I couldn't breastfeed my baby and he died. After that my *trauma* became

> deeper, so that my father almost had to carry me to the psychiatric hospital. My father saw that I was almost lost – that I was almost insane (*saraf*) – so my father asked the village leader (*geucik*) to help. The village leader said: 'indeed it is now certain that he has left the world, now we need to prepare a feast'.
>
> After we had a funeral feast our neighbours came back to our house. Everybody came. We began to study the Qur'an together *(wirid)* again. Before they were afraid that my husband was GAM and that if they came to our house that they would also be considered GAM, [but] after the funeral feast we started to care for each other again. My father is very wise, he knew that I could not accept destiny if I hoped that my husband was still alive. Before the feast I was extremely *trauma,* but afterwards I began to feel released *(lepas)*.

She no longer cries all day. But she is still considered to have *trauma* because she does not want to remarry even though she is only 21-years-old and has no living child. She said to me:

> Because I look around my village and I see that all men chase women, they all want to marry second wives even though they don't look after their families. It is an obligation for men to look after their first wife before they are allowed to marry again, but they don't care, they want to marry out of sexual desire (*nafsu*). They look for money to smoke cigarettes, chase women and drink coffee, not to look after their family. That's what can't be accepted! If I meet a man who doesn't chase women, who earns money for his family, then maybe I will marry again. If not, I'd prefer to be alone.

Her sisters shot each other a concerned glance and immediately broke into a round of "*trauma*! She has *trauma*!" They led her away holding each of her elbows. Not in the intimate way that women often link arms when walking along, but rather they held her arms with both of their hands, as if she were sick and unable to walk. But she appeared both physically strong and resolute as she walked away with her sisters, head held high.

These case studies illustrate that 'accepting destiny', a key element of tsunami narratives, is an important dimension of comprehending death and suffering in many contexts. *Trauma* in this usage suggests the temporary inability of a person to 'accept destiny'. This response to the death of a loved one is considered morally and socially inappropriate and a potential cause of irreversible madness. An inability to accept destiny, especially if it leads to public crying or self-pity undermines feelings of solidarity vital to a sense of communal safety. It weakens a person's proper religious disposition, causing sickness and destabilising the relationship between the soul and the psyche. *Trauma* is a temporary response that allows the possibility that a person may slip into irreversible madness.

In the old woman's case *trauma* is indicated by emphasising personal suffering at the expense of her sister. In the young woman's case, she describes the sensations of her *trauma* as characterised by crying, being easily and frequently possessed, being unable to leave the house and being unable to pray properly. She is still considered to have *trauma* by others since she is avoiding some of her conventional social obligations, in her case to marry again and have more children. But both women are allowed to breach these conventional social norms since they are described as having *trauma*.

In these case studies, a social diagnosis of *trauma* is a form of gentle coercion, reminding the person of the need to accept destiny and the other social obligations women are usually expected to fulfil: being married, having babies, having solidarity with others in their *kampung* or village, not making others 'dizzy' through improper conduct. At the same time, *trauma* extends the period in which a person's social obligations become suspended so that they are able to 'accept destiny' and recover from their suffering. *Trauma* does not challenge but reinforces the idea that people must accept destiny, since after all *trauma* is an undesirable state of being. But *trauma* recognises that doing this can be difficult. *Trauma* protects these women to a much greater extent than it disciplines them. *Trauma* also makes the rules around death much more flexible, so that if a person is described as having *trauma*, they can be either

protected or chastised or both, according to circumstance and according to how well loved they are by those giving the diagnosis.

Acehnese psychiatrists are trained in psychoanalysis and biomedical psychiatry and actively participated in psychiatric epidemiology programs that used PTSD as a lens for interpreting *trauma*. However, they also bring Acehnese cultural idioms such as destiny, strength and bravery to their understandings of Acehnese experiences of *trauma* and resilience. One explained to me:

> If an Acehnese person is killed in battle [we] don't need to be disappointed. If there is one killed during war they become martyrs, they immediately enter heaven. In the villages if somebody dies the people pray together for one week, they call it a *kenduri* (feast) … for seven days … the people can quickly accept [death] because the people pray together. Later at 40 days they pray again, at 100 days they pray again, feast again. The 'loss of love object' [Eng.] can quickly be accepted.
>
> Also Acehnese people can quickly accept destiny because it has already become ordinary here … the loss of husbands … because Aceh constantly struggles. In Aceh there are lots of cases of *trauma*, there was the conflict, there was the tsunami. The tsunami is lighter because it was a 'natural disaster' [Eng.], because it was clearly ordered by God, it is easier to accept. Acehnese people are indeed strong, like I said before, Acehnese people are strong with religion, strong with each other, but when I go to the field, to the villages, I see that there are lots of cases of mental illness *(sakit jiwa), stres,* depression *(despresi),* because they can't yet accept. There are also people that accept destiny but [the] *depresi* repeats, it had already been accepted but later *trauma* emerges again, because of 'social-economic pressure' [Eng.], because of poverty.

These psychiatrists recognise that *trauma* is informed by major catastrophes such as the conflict or the tsunami. They also recognise that *trauma* is shaped radically by the ways that suffering is interpreted by ordinary people: by notions of strength, bravery, and by the contrasting forms of past suffering a particular person has experienced. They emphasise that poverty is a form of suffering in itself, that poverty exposes people to particular patterns of violence,

and that poverty can exacerbate the effects of other forms of violence. I turn my attention now to the way that the narratives that posed the tsunami as destiny influenced this association between death, destiny and *trauma*. And to the ways that the post-tsunami political economy worked to influence the sensibility that trauma is the inability to 'accept destiny'.

The tsunami as destiny

The understanding of *trauma* as the inability to accept destiny clearly draws on enduring sensibilities pertaining to death and the control of displays of emotion that may be socially divisive. However, I do not wish to suggest that this concept is a timeless cultural trait that would have inevitably informed *trauma* in the Acehnese imagination. Siegel (1969) argues that controlling *nafsu* was an important idiom attracting people to the reformist movement in the 1960s. 'Accepting destiny' and 'strengthening the self' are important idioms in the post-conflict, post-tsunami context. These are all important Islamic sensibilities, but they are drawn upon by different people in different socio-political contexts, at particular moments in time. Here we see one way that the tsunami, its narrative interpretation and its broader political economic context shaped Acehnese religious practice and Acehnese understandings of *trauma*.

I carried out my fieldwork in a period of rapid and unpredictable fluctuations in the sense of safety and in the Acehnese political economy. Almost all of the women I worked with had their lives severely interrupted by the conflict and many by the tsunami as well. Especially for these women that were directly affected by both disasters, the sense that the tsunami was not only destiny, but was ordered by God to stop the conflict dramatically transformed their experiences of the tsunami, the conflict and their conceptualisation of *trauma*.

The narratives about the tsunami, destiny and *trauma* often carried a characteristic historical consciousness, as one Acehnese academic explained to me:

> Actually, Muslims everywhere in the world accept *qadha*. But it's easier for Acehnese to accept *qadha*. That's because we Acehnese have never been independent. We had to fight the

> Dutch, after that the Japanese, after that we had DOM and then Megawati. This has made the spirit (*jiwa*) of Acehnese people strong – so it's easier for us to accept *qadha*.

An Acehnese activist emphasised this idea to me proudly in contrast to an imagined Javanese character:

> At the time of the tsunami the whole world entered Aceh and everybody was surprised that Acehnese people didn't have *trauma*. That's because the *jiwa* (psyche/spirit) of the Acehnese people is strong - because the conflict had already made us strong. At the time I was talking to a Javanese woman who came with an NGO and she said that if the tsunami had happened in Java that everybody would have gone crazy straight away – that after the earthquake in Yogyakarta all the psychiatric hospitals were full – that's because the Javanese are silent (*diam*) – but Acehnese are open (*terbuka*) and strong (*kuat*). Violence is already normal here.

To see more closely the consequences of these intersecting disasters, I turn to the experience of Nurmillah, who lives in a coastal village near Banda Aceh. Nurmillah explained to me that:

> The tsunami was different from the conflict. The tsunami was ordered by God to stop the conflict. Maybe God knew that Acehnese people had conflict – that there were those lost – that there were those tortured and raped – God arranged for the conflict to be ended. After the tsunami the MoU happened immediately. After the tsunami people helped each other, during the conflict we didn't look after each other (*saling peduli*) because we were afraid of being considered to be GAM. During the conflict I was alone, I was *trauma*. I sat in my house for a whole year and I cried. Nobody helped me. But after the tsunami, our *trauma* was shared ... I still 'suddenly remember' (*teringat*) my husband and I still feel *trauma* but when I feel *trauma* I read *Yasin* and I remember that I am not alone ... that makes me calm (*tenang*).

Nurmillah lost 12 members of her family including her father and older brother in the tsunami. The rice fields that her family worked on were permanently

destroyed. She was also the wife of a low level GAM fighter who was tortured to death in her house in front of her and her 4 year old son. After her husband's death, soldiers displayed his tortured body in front of the house for a full day before she was allowed to retrieve it for a funeral. Then a soldier stood on guard in her *kampung* for a whole year and kept her under close surveillance, making cruel jokes together with one of her neighbours every time she went outside. During this year, Nurmillah recalls, she rarely went outside and sat by herself and cried:

> I was too weak to pray, I was too weak to eat, I sat, I cried, I was so angry at the soldier who stood in front of my house … cruelty … they tortured my husband in front of my son's eyes - that's what can't be accepted! I was too afraid to go outside, I was disappointed in my neighbours, for one year I was *trauma.*

One day her young son scolded her and she suddenly began to recover: "this isn't allowed, mum, crying isn't allowed mum, go and look for money (*rezeki*)".

She started working, trading between the Banda Aceh market and her local market. At the same time, she began diligently reciting *Yasin* every night, and doing *zikir* on the minivan while travelling between her village and Banda Aceh. She credits her son for interjecting in her *trauma,* and her religious practice for transforming her emotional suffering. She sees that the tsunami had the biggest effect on her thoughts on *trauma.*

> When the tsunami hit I entered the water. … it was black, salty, dirty … I was confused … my only thought was: 'Where is my son? Where is my son?' Later I was reunited with my mother and my son. My father had died, my brother had died, but God is great, my son was alive. I was grateful to God. We thought that it was *kiyamat* … everything was destroyed … a lot of people in my village died, almost half if I'm not mistaken … but the conflict stopped almost immediately in my village. God ordered the tsunami at the time that all of the military were working near the coast. At the time their objective was to kill every Acehnese person. The NGOs entered Aceh … The NGOs, the military, the government, everybody began to help each other instead of killing each other.

Nurmillah still feels intense distress at her son's ongoing nightmares. Several times a day she utters the phrase: "he saw everything in front of his eyes". In 2009 she moved her son (then 8 years old) to another school after she discovered that he had been skipping class and spending his days sitting on the beach alone. When she asked her son why he didn't want to go to school he told her that he had been humiliated by his teacher:

> Finally my son told me … 'no mum … I can't return to that school it is humiliating' … his teacher said in front of everybody: 'don't talk to him, he's the son of a dead GAM, he's too ignorant to understand'. I was furious! It is expensive to buy a new uniform and to pay for him to travel further to a new school, it is expensive and I am poor, but it didn't matter, I took my child, I took him from that school and I enrolled him in a new school. The most important thing is that my son's nightmares don't become *trauma.* It is true that I am an ignorant person (*orang bodoh*), but what about the future if my son doesn't get an education – *trauma* and more *trauma*!

Nurmillah's case study highlights the multiple factors influencing her experience of *trauma* and *trauma* healing. She herself attributes her *trauma* to: witnessing the violent death of her husband; having this aggravated by ongoing fear and humiliation by the soldier who followed and harassed her; a breakdown in what she saw as 'normal' sociality in her *kampung* due to fear; and her inability to pray properly due to her *trauma.* Together these experiences undermined her ability to 'accept destiny' and left her in *trauma.* She fears that if her son continues to be surrounded by people who humiliate him he will also develop *trauma.* If he does not get a good education she fears that he will always have the difficult life of the poor and so develop *trauma.*

She attributes her partial recovery to: her son for forcing her to return to her normal responsibilities as a mother; the tsunami as an act of God to stop the conflict; that her community started to look after each other after the tsunami; the opportunity to make a basic income through a GAM related NGO after the tsunami; and her religious practice as an ongoing means to replace negative emotions with positive emotions and 'strengthen the self'. The last time we met she told me that her neighbours no longer 'accept' one of the men who acted as

an informant for the military during the conflict: "I used to be afraid of him but now he's afraid of me", she said, "now I'm the strong one".

Reframing trauma: a different kind of intervention

This chapter demonstrates that the emotional suffering caused by the tsunami, the narratives that surrounded it, and the political-economic transformations it brought about together worked to reinforce the sensibility that suffering must be met by 'accepting destiny'. 'Accepting destiny', already a central idiom informing responses to death, became a prominent element of narratives of *trauma* following the tsunami. The tsunami moved destiny to the centre of popular narratives about *trauma*, since it was clear to all that the tsunami was an act of God that brought both mass death and positive socio-political transformation. Both of these emotional experiences together informed my interlocutors' responses to the tsunami. Since ultimately all death must be accepted as destiny *(qadha)*, these religious narratives greatly accelerated the ability of my interlocutors to accept the losses they suffered through the tsunami.

In addition to this narrative response, my interlocutors responded to the tsunami through devotional religious practices such as *zikir* and the recitation of *Yasin* that are well-known to 'strengthen the self', generate 'tranquillity' and bring about 'release' from suffering. Contrary to the assumptions of most international NGOs that a 'secular', 'scientific' explanation of the tsunami was necessary for trauma healing, these women's stories illustrate that their engagement with religious tsunami narratives was of vital importance to their own conceptualisations of suffering and to their own healing practices. Equally important were their personal reflections that the tsunami brought about the end of the conflict, and therefore signalled a transformative moment in Acehnese history.

The impact of the humanitarian response may have been otherwise if *trauma* were not already a salient idiom of distress within Aceh before the tsunami, or if a diagnosis of PTSD became part of the criteria for legitimate victimhood that the NGOs established. But *trauma* was already a multi-dimensional idiom of

distress within Aceh well before the tsunami, and while there was an attempt to intervene in Acehnese narratives surrounding the tsunami, this was not a condition for accessing funding or legitimacy. My interlocutors had long incorporated *trauma* into their understandings of medicine and healing practices, and into moral discourses that tell of the dangers of slipping into madness if one does not appropriately respond to suffering.

The international NGOs brought not only medical but moral frameworks to their assumptions about the psychological impact of the tsunami and the importance of preparing for a future disaster. At the same time, my Acehnese interlocutors also responded to the tsunami with both medical and moral *trauma* narratives, and with their own sense of the importance of 'strengthening the self' as the most important preparation necessary for future suffering. While the mutual misrecognition involved here was considerable, the consequences it had were negligible. The humanitarian intervention did not displace Acehnese *trauma* narratives, or the religious interpretation of the tsunami, but rather came to reinforce them in my interlocutors' reflections, and bring attention to the ways in which these responses to suffering seemed uniquely Muslim and uniquely Acehnese.

In the next and final chapter I bring attention to the forms of stigma that are associated with *trauma* and other common Acehnese concepts of mental illness. *Trauma* operates in protective, coercive and utopian registers within everyday 'diagnoses' that are given by Acehnese to each other to both compel their conformity to normative responses to suffering, and to protect that person from more stigmatising discourses. I discuss the intense fears surrounding the psychiatric hospital that remain as a legacy from colonial psychiatry. In this way we see that while *trauma* is itself a medical-moral idiom, it is one that allows people to interject in the stigma that surrounds many other concepts of mental illness. Although *trauma* is a psychiatric idiom, in its everyday use it also often protects people from being labelled with more stigmatising diagnoses. This final chapter illustrates how the process of vernacularising a medical idiom can significantly transform the social meaning of an illness. It demonstrates the ways that war has shaped the ways that Acehnese people

imagine medicine, and the role that medicine plays within post-conflict worldbuilding.

6. "All of Aceh Suffers from *Trauma*": Stigma and the problematisation of madness

In his classic work entitled *Stigma*, Goffman (1963:14) distinguishes between two types of stigmatised person: the discredited and the discreditable. While the discredited are widely regarded as a less-than-human category of people, the discreditable live on the brink of stigma. They do not yet suffer the marginalisation experienced by the discredited, but they measure their day to day lives in the knowledge that they belong to a group of people who may easily become discredited. As such, the discreditable employ a variety of strategies to continually manage their behaviour and avoid falling into a stigmatised, discredited social group. Goffman's term 'discreditable', aptly describes the precarious form of stigma surrounding *trauma* in post-conflict Aceh. But unlike Goffman's North America of the late 1950s, in Aceh stigma management is not carried out by lone individuals. Rather, mental illness is carefully managed through storytelling by family, neighbours and broader society.

This final chapter explores the language employed by ordinary Acehnese, the media and politicians to manage stigma and reconfigure the meaning of mental illness in the post-conflict context. One of the reasons that *trauma* carries so much legitimacy to Acehnese people is that it interrupts the forms of stigma that are often generated through other language that describes madness or extreme breaches of normative behaviour. As we saw in Chapter Two, by pathologising colonial resistance as a psychiatric disorder, colonial psychiatrists set up an association between madness and colonisation. I argue that this association continues to inform perceptions of mental illness in Aceh today. Collective stigma management usually takes the form of euphemistic storytelling about people who may be labelled as mentally ill through more deeply stigmatising labels, such as *peungo, gila,* or *sakit jiwa.* Sometimes, those seen as mentally ill are kept locked in shackles, a fate sadly seen as preferable to 'losing' the person to the psychiatric hospital. Both of these practices are intended as a means of protection from the social marginalisation that often

follows a psychiatric diagnosis, while they also themselves iterate the importance of enforcing normative social relations. While *trauma* is itself a psychiatric diagnosis, it produces unique forms of biosocial relations that soften the stigma of mental illness and that are comparatively desirable within Aceh's volatile post-conflict environment.

Anthropologists studying the relationship between language, illness and healing have long recognised that even slight transformations in the framing of an illness can significantly shift the social significance of an illness and consequently the ways in which that illness becomes "embodied in a particular life trajectory" (Kleinman 1998a:31; also Mattingly 1994). This chapter explores how *trauma* operates as a speech act within everyday discourse; the various forms of biosocial relations that *trauma* enacts; and the forms of stigma that are created, eroded or prevented when a person chooses to describe another in the language of *trauma*. Outside of a clinical context, *trauma* acts simultaneously as a discourse of inclusion and protection and as a coercive discourse that threatens social exclusion.

Within everyday storytelling *trauma* produces a particular form of subjectivity that subjects the bearer to scrutiny while sometimes allowing them concessions to breach some norms of conventional moral conduct. In Goffman's (1963:14) terms, those suffering *trauma* are rendered discreditable, but they are not discredited. This status stands in stark comparison to other popular categories of mental illness, which discredit the bearer and which lead to not only the discursive but often the physical removal of a person from society. While those with *trauma* usually become discreditable, those with more deeply stigmatising diagnoses are often chained up in their homes or 'carried to' the psychiatric hospital. By situating *trauma* within the broader imaginary of psychiatry and mental illness in Aceh, we see that *trauma* works to interrupt the close association of mental illness with the violent past and to consolidate the semantic links between healing, modernity and emancipation.

Throughout this thesis I have argued that through the vernacularisation of the idiom *trauma*, that ordinary Acehnese people problematise madness. Here I build from Fassin and Rechtman's (2009) insight that humanitarian

psychiatrists "problematize violence" through the globalisation of post-war psychiatric epidemiology. Rabinow's (2008:18) translation of Foucault describes a 'problematisation' as follows:

> 'A problematization', Foucault writes, 'does not mean the representation of a pre-existent object nor the creation through discourse of an object that did not exist. It is the ensemble of discursive and nondiscursive practices that make something enter into the play of true and false and constitute it as an object of thought (whether in the form of moral reflection, scientific knowledge, political analysis, etc.)'

Throughout the thesis I have shown the various ways that my interlocutors have participated in the vernacularisation of psychiatry by taking up the idiom *trauma* and made it an 'object of thought'. It is only possible to see this as a process of vernacularisation if we expand our conceptualisation of *trauma* beyond the psychic suffering of individuals, to see *trauma* as an idiom of distress (Nichter 2010) through which people understand and respond to suffering. I have demonstrated how my interlocutors engage with the globalised idiom *trauma* to problematise particular elements of their own experience of suffering. In Chapter Three I demonstrated how my interlocutors problematise history as a cause of both suffering and bravery; in Chapter Four I examined that ways that spirit possession and knowledge of the body becomes problematised through the idiom *trauma*; in Chapter Five my interlocutors engaged with the concept of *trauma* to problematise normative responses to death and narratives surrounding the tsunami. In all of these contexts, *trauma* can operate in a protective, a coercive or a utopian register. This chapter examines what is perhaps the most important problematisation that the idiom *trauma* produces: the problematisation of mental illness and the reconfiguration of the forms of stigma that accompany mental illness.

When ordinary Acehnese people problematise madness, they do so with an acute awareness of Aceh's deeply mistrusted health care system. During the conflict Aceh's primary health care system fell into disarray, leading to widespread narratives that posed Acehnese doctors as 'arrogant' (*sombong*), untrustworthy and poorly educated. Instead Acehnese flock in large numbers

to Malaysia for medical treatment. This chapter explores the ways in which fear, vulnerability and the material shortcomings of Aceh's health care system continue to cause suffering for my interlocutors after the conflict has resolved. As the Acehnese provincial government takes up mental illness as a post-conflict project, the strong association between emancipation and healing I described in Chapters Four and Five is becoming consolidated into public political discourse. As in many places, Acehnese psychiatrists and politicians advocating for improved health care for the poor increasingly frame access to medical treatment as a human right and a benchmark of complete citizenship (Petrnya 2002; Farmer 2003; Biehl 2004). But the fear surrounding the psychiatric hospital remains. And the majority of Acehnese prefer to do their healing within what is imagined as a safer space provided by the Malaysian state. The chapter concludes by reflecting on the gap between everyday narratives of *trauma* that clearly express a desire for healing, and that aim to establish a new position for medicine, and the reality of Aceh's health care system, which faces a major crisis of legitimacy.

Stigma, speech and the language of madness

For a short time at the beginning of my fieldwork I had a field assistant, Nurjannah. One day we were sitting together transcribing one of Fatimah's interviews. I asked her how she understood the different ways that Fatimah used the words *trauma* and *stres*.

> Nurjannah: The certain thing is that this woman [Fatimah] has a lot of *ilmu* (magic/knowledge/wisdom). She is very intelligent (*pandai*), very strong. Maybe her head shakes, as she says, maybe she used to have trauma, but it's certain that she could never become insane (*gila*), she is very brave!
>
> CS: What is the difference between these words, between *trauma, gila, stres, sakit jiwa* ...?
>
> N: *Saraf, sakit jiwa, gila* or [in] Acehnese *pungo*, that is a person that doesn't have *ilmu* anymore. They can't look after themselves. They talk to

themselves or to the sky. They wander around all over the place and sometimes don't wear clothes.

CS: How can a person who is *sakit jiwa* or *pungo* be healed?

N: It's impossible. They cannot enter society again. It's not possible if it is already as serious as that.

CS: What if a person has *stres*? What does *stres* imply?

N: It means they have a lot of problems. They think too much or worry about something. They get headaches or aren't patient anymore. They do things quickly, they are busy, they don't talk anymore, they move too quickly. *Stres* is very serious, it can easily become insanity.

CS: I read a newspaper article about a woman who killed her child. They said she did it because of *stres*. What do you think about that?

N: Actually she is already insane. If a person killed a child they are insane. But if we say that they are insane (*saraf*) or crazy (*gila*) they will [be] *shok* (shocked). If they hear that they are being called crazy they will *shok* and then it is certain that it will be impossible for them to heal. If we use the word *stres* it's more polite, we don't want to *shok* [people] ... We use the word *stres* because people who are considered insane aren't prosecuted/included in the law (*nggak ada sangsi hukum lagi*). Who wants to prosecute (*menghukum*) a crazy person? Who wants to take care of/regulate (*peduli*) a crazy person? If a person is mad, they are carried straight to the psychiatric hospital. They don't return.

From the early weeks of my fieldwork, well before I was intending to study mental illness per se, it became clear to me that the language my interlocutors were using to describe suffering was very precise. They were well aware of the consequences of framing suffering in a particular language and not another. But unlike in some post-war economies (James 2004), there was no economic or political incentive compelling people to narrate their experience through the concept of *trauma*. On the contrary, as I described in Chapter Five, my interlocutors were well aware that the post-tsunami political economy actively marginalised conflict-related suffering from its activities and focused on the

material reconstruction of property and infrastructure damaged by the tsunami (Waizenegger and Hyndman 2010). This conversation with Nurjannah confirmed my sense that the language of mental illness is one through which people navigate very carefully. But this careful use of speech is not shaped primarily by an imagined dialogue with international NGOs, but has developed in awareness of the forms of stigma that mental illness carries in Acehnese society.

This was one of my earliest motivations for attempting to seriously consider what my interlocutors meant by the term *trauma*. When they said *trauma*, they were not merely telling me what they thought I wanted to hear, they were saying precisely what they wanted to say. But it was not until much later in my fieldwork that I realised that framing suffering as *trauma* is in itself a form of healing practice, albeit one with ambiguous consequences. Toward the very end of my fieldwork I realised that I had been immersed in storytelling about mental illness from the very beginning of my fieldwork.

One of the first stories of I heard that illustrated the importance of protecting people from being labelled as mad, was about a man named Amir. Amir is a dearly loved character in Banda Aceh, particularly amongst university students living and studying in Darussalam, the location of Aceh's two major universities on the outskirts of Banda Aceh. There are very few homeless people in Aceh, so Amir is highly visible. He wanders around the streets of Darussalam with long matted hair wearing only a towel tied around his waist. I asked 'Who is he?' to one of the lecturers on campus early in my fieldwork. She replied:

> He isn't insane. Some people from Medan think he is insane when they first see him, but actually he isn't insane. He was an economics student, he is very smart. He has a broken heart because his girlfriend married another man, now he is just lazy (*malas*).

Later she added:

> Sometimes people are careless and they call him crazy (*gila*), sometimes when they are nearby so that he might hear. But I live in Darussalam so I know how to take *peduli* (take care of/regulate) him. I know that he's not crazy, just lazy.

I also lived in Darussalam and found that Amir's daily movements were a common topic of afternoon street conversation. These stories emphasised that he used to be an economics student, a highly prestigious title in Aceh. Not only that, but he was the favourite student of a well-known and respected economist. He occasionally sits outside the economics faculty, which one neighbour explained proves that "he is sane, he still remembers who he is, that he is intelligent". In late afternoon street-talk, people often recounted his daily movements, laughing that his intelligence made it impossible for him to be 'truly insane'. They instead complained about his 'laziness' and mused at his overly 'romantic' nature. But one day after one such relaxed group conversation somebody lagged behind, pulled me aside by my elbow and whispered:

> You understand that actually he is already insane, don't you? We say he is lazy or romantic because we don't want to believe it, we want to protect him, but actually he is already insane.

This happened several times. I have introduced Amir here not because the stories people tell about him give a social diagnosis but because they protect him from one, keeping him firmly within the Darussalam community. But in many other instances people give very precise social diagnoses for odd or anti-social behaviour or public expressions of negative emotion.

Another local character in Darussalam is an old woman who I will simply call Nek (grandmother). Nek is a well-known in the area since every day she collects precisely Rp 1000 (about US10 cents) from every shop and food stand in Darussalam. But unlike Amir, nobody I met knows her real name or her story. She is simply Nek, the tough old woman in Darussalam who suffers from *stres*. Despite her old age, Nek walks through the streets with a fast sturdy stride. She carries an enormous walking cane that she pounds into the ground as she

walks, so that her cane adds to rather than detracts from her sense of power. She rarely speaks to others but often mutters to herself as she walks around. People often watch her with a smile as she strides past, and make comments admiring her physical strength, bravery (cheekiness) and her cleverness, despite, some add, her poverty and *stres*. As well as food and her daily money, Darussalam residents give Nek amulets for her protection. Her body is covered with pieces of string that people have turned into protection amulets ('medicated') through a recitation of the *Yasin* and then tied onto her fingers, wrist and ankles when she stops to collect food or money.

But an even more important form of protection comes from the stories people tell about Nek. As for Amir, when Nek wanders far afield a ripple of excitement passes through the late afternoon street talk. People view her physical strength and agility as evidence that she is "still clever (*pandai*), still sane (*waras*)". One recurring story I heard was of a time that a security guard at the university campus refused to give Nek money:

> She yelled, but she didn't yell at him, she yelled at her own shadow. So then the security guard was embarrassed and gave her 500 rupiah. He's not from here, so he didn't know she is given 1000 rupiah, not 500. But Nek is still clever you see, she is still sane, she knows the difference between 500 rupiah and 1000 rupiah. If she were truly insane, she wouldn't understand the difference. People with *stres* can still understand.

One day I was buying food from a street stall and Nek approached me. I gave her the usual money and she exclaimed: "Convert to Islam! Marry an Acehnese!" This in itself is certainly not unusual, non-Acehnese usually get encouraged to convert to Islam and marry an Acehnese several times a day. But when Nek (who rarely speaks to others) said it to me the others laughed and kept laughing for a good half an hour. The man who ran the street stall said to me:

> She is still Acehnese that old woman. She isn't crazy. She still wants you to convert to Islam, to marry an Acehnese. She is still *berani* (bold).

In both of these cases, the language that people use to suggest or restrain from suggesting mental illness creates a precise social role for otherwise marginalised people. Darussalam residents conspire to protect Amir by publically discrediting outsiders' suggestions that he is 'crazy' and by scolding him for being 'lazy', that is, for not participating in conventional social life. But it is also a well-known secret that people do this as a strategy of protection, since to dismissively call somebody through the colloquial 'crazy' or the more polite 'mentally ill' or 'psychologically disturbed' is socially divisive and in contradiction to the important value of displaying solidarity (being *akrab*). Nek is known as a person with *stres*, a form of psychological disturbance (*gangguan jiwa*) that is serious but considered still reversible. Through storytelling that emphasises Nek's physical strength and agility, her boldness and her occasional ability to perceptively respond to her surroundings, Darussalam residents keep Nek in the precarious category of *stres*: not quite mad, but dangerously close.

Importantly, these forms of social diagnosis occur not only through everyday storytelling but also in the media and statements by political leaders. As we saw in Chapter Two, the media have played a central role in vernacularising psychological terminology in Indonesia and shaping the socio-political ramifications mental illness is imagined to carry. For many years the Acehnese media has kept a close eye on mental illness, periodically reporting statistical accounts of the numbers of Acehnese suffering 'psychological disturbance' (*gangguan jiwa*). Usually, these statistics give breakdowns comparing the levels of mental illness in each district. Headlines such as: "7000 Acehnese women experience psychological *trauma*" (Serambi Indonesia 30 Nov 2004); "Thousands of residents of West Aceh experience psychological disturbance" (Serambi Indonesia 1 Oct 2009); "2 212 Residents of North Aceh experience psychological disturbance" (Serambi Indonesia 3 February 2010) and "Almost 10 000 Acehnese 'Crazy'" (Serambi Indonesia 18 May 2008) occur only sporadically but have a powerful impact. These articles report the statistical

accounts of mental illness produced through psychiatrists, medical clinics and international aid agencies. They present a depersonalised account of mental illness 'at large' in Acehnese society.

But exposing mental illness that is so careful hidden in everyday life is a potentially perilous pursuit. For many people, these articles give the impression that mental illness is worsening rather than being healed in the post-conflict period, despite the healing practices that so many Acehnese earnestly incorporate into their day to day lives. I once showed Nurlaila one such article and she shook her head and commented sadly: "everyday it gets worse mental illness such as this, even though we have already had three years of peace." The psychiatrists told me that they themselves were shocked at the statistics generated by their epidemiology. I noticed these accounts to have a dual effect. On one hand they often motivated genuine empathy toward others ('conflict victims'), who were seen to have suffered extreme violence. This is in line with the normative sensibility of protesting the suffering of others that I have illustrated throughout the thesis. On the other hand, these statistics acted as an ominous reminder of the scale of social healing yet to come, and to some of my interlocutors, generated a sense of mental illness as flourishing when it ought to be diminishing.

Overall however, these statistics form only a small element of public discourse about mental illness and the conflict, and were only one style of media coverage about *trauma.* Another common style of media coverage gave highly personalised accounts of a particular person's illness and the life circumstances their family believed led to their mental illness. These stories of personal tragedies preserve the important kinds of ambiguities created through everyday storytelling about mental illness and its causes. If the quantitative, statistical media articles were disempowering in that they generated a sense of mental illness as continuing to increase after the conflict had been resolved, then these narrative-based articles can seen to carry more precise moral commentary on mental illness, its causes and the appropriate ways that it ought to be treated. Although they seem to validate psychiatric diagnoses, these

articles tell of the extent to which people will go to avoid the psychiatric hospital.

Take for example the article "Suffering *Stres*, Saniah Disappears" (Serambi Indonesia 28 Jan 08). The story explains that Saniah, a 55-year-old woman from East Aceh, went missing after travelling to the town of Langsa to have a photo taken to replace her identity card (KTP). She was in Langsa with her son, who left Saniah at a food stand while he prayed at a nearby mosque. When he returned she was gone. Saniah needed a new identity card because hers had been destroyed when she "lit a fire too close to the wall of a hut [in their vegetable plantation] causing it to burn down". Saniah's husband described her as "experiencing *stres* that has occurred since the conflict a few years previously caused them to flee [to North Sumatra]". He said that "because of psychological disturbance (*gangguan kejiwaan*), [she] often talks to herself and wanders around on her own." Her husband was appealing for help to find Saniah and bring her home.

I showed the newspaper article to Nurlaila, who commented that:

> It's very sad, people who have *stres* like that, because she was displaced, she even went so far as to burn down her hut. Actually she is probably worse than *stres*, probably she is already mentally ill (*sakit jiwa*).

She added:

> But her husband and son are looking after her. She won't be carried (*dibawa*) to the psychiatric hospital.

Media articles about people with *stres* are common and became noticeably more frequent in 2010, the year after my fieldwork. One article told of a 52-year-old man with "*stres* resulting from *trauma* from the conflict" who hanged himself from a rambutan tree. His family said that: "We don't know how it is possible that he ended his life. Except that a few years ago, [he] experienced *stres* and liked to be alone" (Serambi Indonesia 4 January 2010). Other headlines include: "Man suspected of *stres* falls into Aceh River" (Serambi Indonesia 6 March

2010), two days later a story that his body had been found (Serambi Indonesia 8 March 2010); "A youth with *stres* rampages through a gold shop" (Serambi Indonesia 21 February 2010) and "A youth with *stres* sleeps [lives] in the top of a coconut tree" (Serambi Indonesia 1 July 2010). In these articles, like Nek's story, *stres* emphasises that a person is not yet insane (*pungo*) but on the brink of irreversible madness. *Stres* carries a warning.

However *stres* and *trauma* can also be used euphemistically to describe a person who is in fact widely thought of as being permanently 'psychologically disturbed', but who is at the same time sheltered from this diagnosis. Here we see the importance of euphemistic language, and the powerful effects that a diagnosis can enact. It illustrates the words of Nurjannah:

> If we say that they are insane (*saraf*) or crazy (*gila*) they will [be] *shok*. If they hear that they are being called crazy they will *shok* and then it is certain that it will be impossible for them to heal.

One of the many differences between the term *trauma* and other common Acehnese terms for mental illness, is that *trauma* is usually seen as a temporary and reversible condition (Grayman, Good et al 2009:299). Here, mental illness is not popularly imagined as a collection of different diseases (as in biomedical psychiatry), but as stages along a trajectory of mental illness that progressively worsens until a person reaches a state of permanent, irreversible madness. If a person can no longer be protected by storytelling they are very likely to be 'carried to the psychiatric hospital' or kept locked in shackles.

The central premise of this chapter is that the differing kinds of biosocial relations created by *trauma* are central to its salience as a concept. Terms such as *trauma* and *stres* are multivalent speech acts in the sense that they simultaneously create inclusion and exclusion, and also in the sense that they carry a slightly different implication in each different context in which they are used. The ambiguity of *trauma* is the most powerful element of its work as a speech act, and is central to its widespread legitimacy as a medical-moral idiom. Framing suffering as *trauma* leaves open the possibility for healing, whereas other diagnoses create permanent and irreversible forms of stigma that

discredit the person to the point that they are no longer considered fully human. Even when intended as a form of protection, storytelling about mental illness always reminds the listener of a possible descent into madness and of the need to 'strengthen the self' and be a brave Acehnese. Before I compare *trauma* to its more deeply stigmatising alternatives, I revisit some of the case studies of this thesis and look at them closely in terms of stigma. Each of these women conceptualise *trauma* in slightly different ways, and each became embedded in slightly different biosocial relations as a result of being identified or identifying another as having *trauma*.

Some key characters revisited

Fatimah (Chapter Three) saw herself as having *trauma*, which she also described as characterised by a 'destroyed head' and a 'shaking heart'. Through the concept of *trauma*, Fatimah reflected on the nature of history and violence. She saw *trauma* as a product of a reified 'history' at large and the specific ways that 'history' has played out in her life in which she was 'caught up in' the conflict as a young girl. But those around her do not describe Fatimah as having *trauma*. Rather she has a reputation as a powerful and respected woman combatant *('inong bale')* and is widely seen as a pillar of strength and bravery. When Fatimah says that she has *trauma*, the others around grimace sadly and deny that it is possible, then admire her strength, and tell stories about her life in which she becomes the personification of all things Acehnese. Through the concept of *trauma*, Fatimah conveys her sense of having a chaotic life, shaped by a chaotic history. But others are saddened by her use of the term *trauma* to describe her own suffering, since to her neighbours and friends she is a symbol of strength and resilience. Although she describes her suffering as *trauma*, Fatimah is unusual in that she is neither discredited nor discreditable, since her intimates amiably refuse to believe her self-diagnosis, preferring to narrate her as a 'typical' brave Acehnese woman.

But for Nurmillah (Chapter Five), *trauma* plays out quite differently. Although Nurmillah and her husband were both active in GAM, they were low status fighters who joined GAM late in the conflict. As such she is not widely

considered a woman fighter but a 'conflict widow', a status that also accords respect but of a different order than an esteemed *'inong bale'* such as Fatimah. Nurmillah also thinks of herself as a conflict victim and not a fighter, though she does frequently refer to herself as a person loyal to GAM. Nurmillah spoke matter-of-factly about the *trauma* that she suffered after she and her son were forced to watch her husband's torture and death, after which she could not leave the house, pray or speak to any neighbours for two years. She described this *trauma* as her inability to 'accept [the] destiny' that death is always ordered by God, although her husband was killed by a soldier in cruel circumstances. When her friends were present during our conversations they wept openly at the story of her husband's murder and her subsequent *trauma*. They admired the methods she used to heal her *trauma*.

Like Fatimah, Nurmillah frames the violence she has endured as part of a broader Acehnese collective suffering. But unlike Fatimah, Nurmillah's self-diagnosis of *trauma* does not detract from others' perceptions of her as truly Acehnese since she is generally spoken of as a widow rather than a fighter. For Nurmillah *trauma* adds to rather than undermines her bravery. Nurmillah's use of the term *trauma* consolidates her status as 'conflict victim' and 'widow', a woman who has bravely endured extreme suffering. Her past *trauma* notes her recovery while also establishing her as a person who may potentially slip into madness once again. Nurmillah remains a discreditable person, even as she is accorded some level of respect as a conflict widow and a person who has quite successfully healed her own *trauma*.

Also in Chapter Five I introduced Azriana, a woman much younger than Nurmillah whose husband was also killed in the conflict. She told of her ordeal during the long year that her husband was missing. She said that during that time she had *trauma* so that she "almost had to be carried to the psychiatric hospital". Azriana now feels almost completely recovered, but her family and neighbours describe her as having *trauma* since she refuses to remarry even though she is still in her early 20s. Not only is she young, she is also beautiful and desired by many of the men in her village. But she steadfastly refuses to remarry, saying that all men except her beloved deceased husband are

womanisers. But while Azriana is currently liked and tolerated by the others in her village, she is too young to be a widow. While Nurmillah is likely to be able to stay a conflict widow for some time and is under no pressure to remarry, it is unlikely that Azriana will be allowed the same flexibility.

Like Nurmillah, *trauma* marks Azriana as a woman who has bravely suffered the loss of a husband through war. And like Nurmillah, the death of a husband and enduring *trauma* shows her to be brave, while also stigmatising her as a discreditable person who needs close monitoring. But Azriana's youth leaves her in a much more precarious situation than Nurmillah, and the pressure for her to leave her role as a widow, remarry and have children is constant. When her sisters and neighbours say she has *trauma*, they chastise her for failing to comply with the gender norms of her age group and remarry. They warn her of the risk of developing mental illness or being socially excluded and considered 'arrogant' if she doesn't accept the death of her husband and remarry. But they also protect her from others who may label her non-compliance in harsher and more stigmatising language.

It is interesting to compare Azriana's circumstance to the story Safrina told (Chapter Three) about 'the little boy who grew up to be the bravest boy in the village'. He was shot in the arm as an infant as the military drove through the village shooting at random and is now disabled as a result. Nevertheless he is happy and runs around and plays easily with all the other children. Even though people often tell stories reminding him that he was shot by the military as a baby, he is not angry and is widely admired for not having *trauma*. Safrina marvelled at his bravery, while also retaining some hesitation: "maybe the *trauma* will emerge, but maybe [it] won't". While the little boy to some extent remains discreditable since he is marked as a person that could have and may still develop *trauma*, he is more commonly held up as an example of Acehnese resilience. And yet Safrina narrates his bravery awkwardly in negative terms 'not having *trauma*'. When Safrina admires and reinforces his sanity through storytelling, she narrates his bravery, her affection for him, and her own reflections on the unpredictable nature of *trauma*.

In each of the case studies of this thesis, *trauma* works in subtly different ways to stigmatise and/or protect a particular person. Much depends on the reputation of the person seen as having *trauma*, the extent to which they are seen to display bravery, and what the social consequences of 'losing' a particular person to *trauma* are assumed to be. Nurlaila is allowed to live on the fringes of society, while Fatimah is brought right back to the centre of her village as an important symbol of women's bravery. As a young conflict widow Azriana's *trauma* is tolerated, but she is under tremendous pressure to heal her *trauma* and remarry. Safrina's little boy without *trauma* is in the precarious position of being marked as a person that may have developed but didn't have *trauma*. The stories that remind the village of the cause of his disability at once protect him through storytelling that celebrates his bravery and identify him as a person for whom *trauma* might 'emerge'.

Up to this point this chapter has examined the most common ways that *trauma* works as a multivalent speech act, both in everyday informal storytelling and in official public discourse. Storytelling about *trauma* is in many cases an effective means of acknowledging the suffering of others, allowing them to make minor breaches of moral conduct after experiencing extreme suffering, while also warning them of their ultimate duty to 'strengthen the self', conform to conventional social and religious conduct or else become progressively more mad. *Trauma* is always used with either an explicit or an implied contrast to more deeply stigmatising ways of describing mental illness. It leaves the person in an ambiguous situation where they are considered no longer sane, no longer strong. But unlike those given more stigmatising diagnoses, *trauma* is temporary and reversible. The flip side of this tolerance however, is that *trauma* is expected to be reversed through proper social and religious conduct and the other kinds of healing practices I discussed in earlier chapters.

But storytelling has limits, and when a person begins to 'disturb others' the protection storytelling accords suddenly stops. This dialogue with Fitriana illustrates what can happen when *trauma* becomes more serious or no longer tolerated:

CS: Why do we say that some people have *trauma*, but some people have *stres*? What is the difference?

F: *Stres* is more serious. People with *stres* have too many thoughts, they too strongly remember the sense of the past, they're not normal anymore, they can't sit around and talk like normal people because they have too many thoughts, they run from place to place. Sometimes they can still work, harvest rice or look after buffalo[61], but they can't hang out like normal Acehnese and sit around and talk about their family, their neighbours, money, religion ... they run from place to place and don't talk normally anymore. In my village there is a person with *stres*. Every year during the conflict she had a baby, and every year that baby died, because of her fear maybe, she couldn't feed her baby. Now she has *stres*. We laugh as we see her run from place to place in the village, but she doesn't disturb anybody, she is still accepted by the people because she doesn't cause a disturbance.

CS: What if a person has *trauma*? Are they still accepted by the people?

F: It depends, usually they are accepted. If a person has *trauma* because they lost a husband, lost a child, lost their livelihood, they are accepted. We understand because all of Aceh can empathise (*merasakan*) with victims. All of Aceh suffers from *trauma*. But if a person has heavy *trauma* so that they don't look after each other anymore, if they become lazy and arrogant, that is tiring. If *trauma* repeats and repeats again, certainly it can become *stres*, they can disturb others.

CS: If a person disturbs others ...?

F: If a person disturbs others they can be carried to the psychiatric hospital. But often the family will chain up that person because they don't want to go as far as that. If ... we don't know what to do ... if a person becomes very angry, violent, steals [things], threatens people including their family ... we don't know what to do in situations like that. Rather

[61] This is a reference to one of her elderly neighbours who spends most of the day dragging a buffalo from place to place around the village.

than carry the person to the psychiatric hospital they can be chained up by their family. [Grimacing, crying and seeming ashamed] ... it's terrible isn't it?

Like Fitriana, many of my interlocutors expressed some combination of self-consciousness, shame and shock when the media began running articles about people with mental illness who had been kept confined in their houses by their families. At the same time, many like Fitriana and Safrina sympathised with the families they saw as forced into a situation of needing to lock up a loved one who had begun to 'disturb others' and who could no longer be protected through storytelling. What was most striking in my conversations on this topic was the enormous fear that surrounded the psychiatric hospital. The psychiatrists were also troubled by the practice of people being kept in shackles, which they also understood as stemming from the deep stigma surrounding mental illness in general and the psychiatric hospital in particular. They became determined to release these patients and embarked in a new campaign aimed at breaking down stigma. This campaign advocated improved medical treatment for the poor and framed health care as a human right. But even when supported by charismatic political figures, stigma does not dissolve easily, and people do not come to trust doctors simply by being told that they ought to.

"This year Aceh will be free from chains"

Beginning in 2009, Aceh's main daily newspaper Serambi Indonesia began to run a series of articles about people who were locked in leg shackles by their family because they were mentally ill and causing a 'disturbance', meaning that they had become overly aggressive or were committing anti-social acts such as theft or drug use. Rather than take them to the psychiatric hospital where they were assumed to become 'lost' or 'never to be returned', their families kept these people locked up in leg shackles inside their homes. Many of the families I worked with seemed sadly familiar with this practice, though I never observed this myself or met a person who had been directly involved in chaining up a loved one. It was however, a topic that many of the families I

spent time with discussed, particularly in the last six months of my fieldwork in 2009 when this topic was becoming topical in the media. One woman from North Aceh for example said, grimacing and shaking her head:

> In my village we have a man chained up like that ... from taking amphetamines during the conflict ... his sense of injustice became revenge ... add drugs and it became insanity. His family chained him up because they didn't know how to look after him. They didn't want him to be carried to the psychiatric hospital.

Halemah was characteristically matter-of-fact about the practice:

> He must have [caused a] disturbance. Insane people are accepted by society, so long as they don't interfere, but if they disturb others, if they steal, threaten their neighbours that are usually close, they need to be locked up. It's not good if it's as serious as that ... Acehnese must be brave.

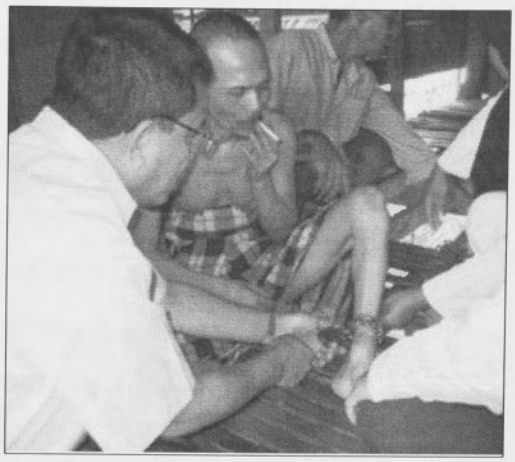
Others were shocked and seemed unaware of the practice. When I first told Nurjannah I had read such an article she exclaimed: "That's something that belongs in the time of the Dutch!"

When I interviewed Aceh's four psychiatrists in April to June 2009 they were well aware of the intense fear that surrounds the psychiatric hospital and the stigma associated with mental illness. They had finished the psychiatric epidemiology that they had undertaken in the post-tsunami and post-conflict context, and were shifting their attention toward releasing those kept in shackles. Like the majority of my interlocutors, the psychiatrists were sympathetic to the predicament of families who chained up a mentally ill family member. I was struck by the extent to which they felt a personal obligation to heal all of the wounds of war suffered by Acehnese people, considering they are just four men, working out of an underfunded and overcrowded hospital with only limited access to pharmaceuticals. While development organisations donated large quantities of older generation anti-depressants after the tsunami, there is a shortage of new generation anti-depressants, anti-psychotics and

other common psychiatric pharmaceuticals. Such pharmaceuticals are also prohibitively expensive to the vast majority of Acehnese. And while a small number of international aid agencies established collaborative projects with the psychiatrists (most notably the Harvard-IOM project), core funding for the psychiatric hospital remains very low. As the psychiatrists pointed out to me, the post-tsunami aid effort failed to support the recovery of Aceh's collapsed primary health care system or the longer term development of psychiatric care.

Despite the stigma of the psychiatric hospital it has been at overcapacity since the early 1990s, with patients occasionally forced to sleep in the corridors. Although the psychiatric hospital is located in a populated part of Banda Aceh and close to several other hospitals and clinics, it is widely imagined as being 'outside society'. Since it is a deeply stigmatised place, the patients in the hospital are generally those who have been socially outcast rather than those that the psychiatrists consider most in need of medical intervention. Although each of the four psychiatrists had noticeably different approaches to their practice, they shared several key priorities: to release those chained up; to train doctors to treat mild forms of mental illness at the level of the village clinic so that the psychiatric hospital could be reserved for more serious mental illness; and to lobby the provincial and central governments to increase core funding to the psychiatric hospital. To achieve these ambitious goals with the limited resources available they used their prestige as academics and doctors to persuade the provincial government to take on stigma and mental illness as one of their many post-conflict recovery efforts.

The photograph below accompanied a newspaper article carrying the headline: "This year Aceh will be free from chains" (Serambi, 21 February 2010).



"Opening Chains"
Serambi Indonesia, 21 February 2010
Photo by Serambi Indonesia/Herianto

The photograph is titled, 'Opening Chains', and features none other than the popular, ex-rebel Governor Irwandi Yusuf, unlocking the chains around the ankles of a man who had been confined for 14 years by his family in a village in Aceh Besar. Irwandi appeals to the public in the article:

> This is not a program to look for popularity, but simply because of humanitarian values, where sufferers of psychological disturbance like this also have the right to decent medical treatment along with a free life like other normal humans (Serambi Indonesia 21 February 2010).

Visiting medical students from Norway said that the same practice occurred in Norway "40 or 50 years ago", later to be replaced by lobotomy (Serambi Indonesia 24 October 2009). The comparison with lobotomy is not explained, but I assume it is intended as an example of violent medical practices within Norway, and as a gesture of condolence and encouragement. Another article describes the practice as "between love and a human rights violation" (Serambi Indonesia 23 October 2009). Virtually all the media coverage I have collected shares this tone, calling for an end to the practice while also sympathising with the predicament of the people that locked up their family members. In doing so, these articles clearly draw associations between mental illness, backwardness and violence, and healing, modernity and emancipation.

As Fassin and Rechtman (2009) note is common for 'humanitarian psychiatrists', these Acehnese psychiatrists also share a moral imaginary of psychiatry as enabling social improvement as well as individual healing. But, at least in their interviews with me, they did not frame this moral duty exclusively in the language of human rights and modernity, nor did they speak in purely medical terms. Rather, they combined these languages with the ethos of bravery and suffering that I commonly encountered throughout my fieldwork. They emphasised bravery and resilience and the historical nature of Acehnese suffering. Since at least the early 1990s the psychiatrists have been vocal in the Acehnese media, encouraging people to seek medical treatment for their illnesses, mental and otherwise (cf. Serambi Indonesia 9 Oct 1998). But the involvement of the provincial government and prominent figures such as governor Irwandi in public campaigns relating to psychiatry has taken the association between healing and emancipation to a new level. Increasingly, media discourse emphasises medical care as a human right and an obligation of the state. The tone of urgency in the statements by political leaders is unmistakable. Take vice governor M. Nazar's appeal: "Aceh is the head of the Republic of Indonesia, don't become sickened" (Serambi Indonesia 16 September 2010).

While none of my interlocutors engaged the idea of 'human rights' to talk about the desire for health, there is no question that this discourse resonates with the everyday storytelling and the views of my key interlocutors, who commonly conceptualised healing and emancipation as interconnected processes. There is a widespread fear in Aceh that people may descend into mental illness. The stories I featured in the first half of this chapter illustrate some of the everyday speech practices people use to protect people from being harshly labelled as 'crazy' by others who may not express due care in their daily interactions. However, what the 'unchaining' campaigns do not acknowledge that was overwhelmingly evident in my interviews is the intense mistrust that Acehnese have of doctors in general and the psychiatric hospital in particular. Only rarely did I meet Acehnese hostile to these kinds of psychiatric programs on

principle.[62] Most of the people I came to know deeply desired both healing and emancipation and were markedly open to new and additional approaches to healing. But the stigma associated with mental illness runs deep, as does the fear of the psychiatric hospital as a place from which one never returns.

Madness: "Something that belongs in the time of the Dutch"

This pervasive image of the psychiatric hospital as a space outside of society from which nobody 'returns', is I argue, primarily a legacy of colonial psychiatry. In fact the contemporary psychiatric hospital in Banda Aceh is adjacent to a major hospital and only a few blocks away from the governor's office. While there is a security guard at the front door, I observed him to smile affectionately at the patients as they wandered in and out of the hospital. One family that runs a kiosk just in front of the hospital told me that many patients spend their days wandering up and down the street, although few wander far from the hospital itself. Very few patients are held against their will, and according to the psychiatrists themselves, most are there not because of the severity of their condition, but because they have committed anti-social acts such as theft or threats of sexual violence that led them to be ostracised from their communities.

As we have seen, it is not that psychiatric patients are healthy individuals sent to the psychiatric hospital purely as a form of punishment, but that generally when a person who is respected becomes mentally ill the community will go to great lengths to protect the person. As we saw in the case of Azriana, *trauma* can be used in a tone that is at once protective and coercive, reminding the person of the danger of refusing to conform to proper moral conduct and to carry out the social and religious practices necessary for healing. Azriana's sisters make it clear to her that she is discreditable, and that she must act in ways to avoid permanent mental illness and permanent social exclusion from developing (ceasing to cry, re-marrying, being more friendly to the men in her village). The cases of Amir and Nek show that sometimes those whose mental

[62] Here I am thinking of rare but prominent debates between psychiatrists and religious leaders, and the argument I discussed in chapter 4 between the PKS exorcist and his teacher about the term 'psychosomatic'.

illness has already developed past the stage that they are able to engage in social interaction, can also be protected through euphemistic storytelling that denies their mental illness and constitutes them as well loved local characters.

It is those who have failed to garner respect from their communities, or those who came to be seen as 'arrogant' or 'traitorous' who are most likely to be 'carried' to the psychiatric hospital if they show signs of mental illness, commit violence against intimates, or carry out socially divisive acts. Although contemporary psychiatric treatment does not, in fact, mirror the horrific images of permanent detention that many of my interlocutors' fear, common narratives about the psychiatric hospital work to constitute it as a space that once entered, will render a person no longer fully human. When I told Halemah's grandmother that I had interviewed the psychiatrists she became very angry, and walked away waving her hand dismissively. About an hour later she came back to me and said: "So what are they [the psychiatrists] like? They're arrogant aren't they?" I replied reluctantly: "Actually *nenek* they are very good people, they are very proud of Aceh." She looked shocked. "Maybe they like you because you're a westerner", she replied, "They don't care about Acehnese people. If an Acehnese is carried to the psychiatric hospital, they never return".

In Chapter Two I discussed the ways that colonial psychiatry operated as a means of social control in Aceh. It is quite explicit within the colonial documentation that one of the primary purposes of the Sabang asylum was to remove potential dissidents from society (Kloos 2010). After a long war against Acehnese resistance fighters the Dutch eventually claimed victory, and subsequently came to reframe ongoing colonial resistance as a phenomenon they called 'Aceh Murder'. Here they described anti-Dutch violence as the fragmented actions of pathological individuals rather than as a form of organised political resistance. This remained despite the fact that it is quite clear that the colonial authorities understood the ideology and tactics used by Acehnese anti-colonial fighters. Likewise, it is clear in the records of psychiatrists that they did not themselves believe that 'Aceh Murder' was a psychiatric disorder, but rather that it reflected what they saw as instability and an innate violence in Acehnese society. None of my interlocutors drew a direct

connection between the actions of colonial psychiatrists and the extent to which the psychiatric hospital is today feared. Nevertheless I suggest that this legacy is very likely to have contributed to the fear that many of my interlocutors have toward the psychiatric hospital.

While the psychiatrists were well aware that mental illness and the psychiatric hospital is highly stigmatised, it is equally true that psychiatry as an institution is stigmatised. The practice of keeping violent or 'disruptive' mentally ill people chained up within the family home is to all of my interlocutors a source of both shame and great sadness. However, it is often seen as a preferable to the fate they imagine their loved ones will face if sent to the psychiatric hospital. Chained up in the family house, the mentally ill at least remain a part of society. Abandoned to the psychiatric hospital, these people are imagined to become 'lost'. While clinical psychiatry is a very small realm that casts a wide shadow, the basic health care system in Aceh currently faces widespread social critique.

Elsewhere (Smith 2011), I have written about the current practice of Acehnese flocking to Malaysia in large numbers for the treatment of even minor illnesses. Fortunately for many Acehnese, the Malaysian government are avid promoters of medical tourism (Whittaker, Manderson and Cartwright 2010). Budget airlines and relatively open borders provide Acehnese people with access to much needed primary health care. At the centre of this cross-border medicine are widespread accusations of the 'arrogance' and incompetence of Acehnese doctors. The failure of Aceh's health care system is widely seen as reflecting a much larger pattern of violence and systematic neglect of Aceh by the Indonesian state. For instance, Fitriana expressed her mistrust of Acehnese doctors to me as follows:

> [Because] the Indonesian government is the most corrupt government in the world ... In Aceh the children who become doctors don't become doctors because they're intelligent - they become doctors because they are rich, because their parents give money to the university. Maybe their ancestors were clever a long time ago, maybe that's how they became rich, but

> they're not intelligent themselves, they're just rich and corrupt. Can you imagine allowing them to cut open your body?!

Fatimah believes that her doctor is a military informant and responsible for the torture of several people in her village. Here, Fatimah's mistrust is extreme. But it is very common in daily life to hear people protesting that Acehnese doctors are 'uneducated', 'uncaring' and 'untrustworthy'. Sometimes these narratives protest structural violence, such as poor equipment, counterfeit pharmaceuticals, and the fact that almost half of Acehnese doctors have second jobs so that clinics are often unattended. Narratives about structural violence reveal high levels of corporeal vulnerability that mirror the overtly horrifying stories such as Fatimah's fear that her doctor is a torturer. For instance many are afraid of dying on the operating table, being given the wrong pharmaceuticals, or having their bodies cut open and pulled apart by incompetent physicians (Smith 2011).

In Malaysia however, my interlocutors report being picked up from the airport in ambulances and swept away to clean and high-tech hospitals, where they are treated with respect by doctors who they, in turn, respect. As one of my interlocutors phrased it:

> Going to the doctor in Aceh … it's like an interrogation … the doctors want us to *admit* that we are sick … as if we are the ones at fault … they want us to tell all of our secrets. But in Malaysia, when the doctors find out that we are Acehnese they just smile and quietly examine us … they test our blood … they don't ask a lot of questions … it doesn't feel like an interrogation.

These cross-border clinical encounters generate powerful political narratives that protest the many forms of violence that Acehnese have suffered living within a violent and neglectful state. The structural violence of underfunded and poorly equipped clinics acts as a "point of imagination and longing" (Pinto 2004:337) that guides my interlocutors' desires for a political world that they see as enabling healing. The 'friendly' doctors and the seemingly high-tech clinics that my interlocutors report encountering in Malaysia, work to generate the sense that this healing is possible in other political spaces, but is not a priority

of the Indonesian state. Consequently, after returning from these desirable clinical encounters in Malaysia, my interlocutors often entered a period of deep sadness and anger reflecting upon what they see as the state's failure to care.[63] What many desire most is to live in a political world that can generate healing, rather than a political world in which violence is endemic. Drawing from Farmer (1988), I have argued that my interlocutors treat their ongoing illnesses as a "moral barometer" through which they measure the integrity of the state.

In their campaigns to unlock the mentally ill who are kept in chains, the Acehnese psychiatrists are attempting to interject in a social practice that has itself resulted from the deep fear and stigma that surrounds psychiatry in particular, and medicine in general. The psychiatric hospital is imagined as a place from which people never return. This association is, I have argued, a tragic legacy of colonial psychiatry. This fear of psychiatrists is compounded by a more general mistrust of doctors throughout Aceh, and a deep sense that the health care system in Aceh is itself a casualty of war. The psychiatrists, and politicians such as Irwandi involved in this campaign are aiming to "Free Aceh from Chains". They need to do so not only by criticising this practice but by restoring the health care system, and restoring the trust in Aceh's doctors. And this in fact is precisely what Acehnese are demanding.

It seems contradictory that Acehnese people vernacularise medical idioms and use biomedical language such as *trauma* in everyday discourse while biomedicine is in practice so widely mistrusted in Aceh. But this suspicion is not directed at the epistemological basis of biomedicine. To the contrary, biomedicine is strongly shaped by utopian imaginaries that have been established through positive clinical encounters in Malaysia. Similarly, one of the key strands of media coverage about *trauma* has always promoted a strongly utopian vision of *trauma* as a response to violence that is carried out 'by developed countries'. What is rejected through these popular criticisms of medicine, are the specific power relationships in which Acehnese biomedicine is embedded. The vernacularisation of medical idioms to some extent subverts

[63] Note that since my fieldwork ended the Acehnese provincial government have attempted to address grievances with the healthcare system by introducing free or low cost primary health care. It is beyond the scope of this thesis to discuss these new policies here.

these power relationships, while also describing the ways in which my interlocutors desire medicine to act in the world. One of the most important everyday practices that shapes this imaginary of medicine is the everyday storytelling that manages stigma, that gives a medical 'diagnosis', while simultaneously protecting loved ones from the harsh realm of biomedicine itself.

Stigma and the problematisation of madness

This chapter has demonstrated the forms of everyday stigma management that are wound up in the idiom *trauma*. I have argued that one of the key elements underpinning the salience of the concept of *trauma* is the particular forms of stigma that are created and eroded through a social diagnosis of *trauma*. In everyday storytelling, a diagnosis of *trauma* produces particular forms of stigma while simultaneously erasing other forms of stigma. *Trauma* generates modes of inclusion and exclusion that vary according to the reputation and social status of the person seen as having *trauma*, the ways in which that person is widely assumed to have experienced the conflict, and the ways in which they are seen to have responded to their suffering and attempted to enact the important Acehnese sensibilities of bravery, piety and solidarity. While some are protected through a diagnosis of *trauma*, others are subtly or not so subtly chastised, and reminded of their ultimate obligation to heal, to become strong again, to conform to everyday moral conduct.

Trauma differs from other psychiatric diagnoses since *trauma* makes a person discreditable, rather than discredited. While many forms of psychiatric diagnosis are closely associated with the colonial past and the permanent removal of a person from social relations, people considered to have *trauma* are still expected to heal and eventually 'return' to social life. They remain in a precarious, liminal state in which they are both scrutinised and protected. All of my interlocutors had either already healed their *trauma* or were considered to have *trauma* but were tolerated and protected by their intimates. However, as Azriana's case study suggests, it is highly unlikely that most of them will be sheltered indefinitely by a social diagnosis of *trauma*. As Jackson (1992)

illustrates for those suffering chronic pain, people who live permanently with conditions that are seen to be liminal and temporary (such as pain) are generally only tolerated for a limited period of time, after which their claims to suffering tend to become increasingly scrutinised and contested by those around them. Like pain, *trauma* is also expected to be fluid and temporary. A social diagnosis of *trauma* gives a person time and flexibility to respond to their suffering, since *trauma* acknowledges that living up to the ideals of bravery, piety and solidarity is sometimes difficult. At the same time, it reinforces those sensibilities as intrinsic elements of Acehnese sociality to which everybody must eventually conform.

This chapter has demonstrated how carefully Acehnese people consider the use of language to describe suffering, mental illness and the anticipated consequences of medical diagnosis. To dismissively call somebody 'crazy' is a highly socially divisive act, while softer or euphemistic terms such as *trauma* create forms of stigma that are much more amenable to the desired ethos of the post-conflict period. This deliberate attempt at stigma management, together with the stories showing widespread fear and resentment of doctors and psychiatry, again shows that the incorporation of *trauma* into the Acehnese popular imaginary should be seen as a vernacularisation of psychiatry, rather than a medicalisation of suffering. Not only does this give us more space for analytic reflection about the way that *trauma* operates within contemporary Aceh, this is more congruent with the way that *trauma* has developed historically in the Acehnese imaginary.

I have demonstrated throughout the thesis that although the globalisation of trauma has the potential to produce profoundly disempowering effects, in reality that has not occurred in Aceh. *Trauma* has been incorporated into the pluralistic Acehnese medical system, rather than being merely transposed on top of it. Likewise, *trauma* has been incorporated into Acehnese narratives of violence, suffering and morality rather than undermining these modes of understanding. Furthermore, I have shown that *trauma* was not imposed solely by the political economic weight of the development industry, but popularised

gradually through the media, in ways that have been deeply inflected by various Acehnese and Indonesian social movements and by Islam.

And yet *trauma* is a medical term, it is associated with mental illness and psychiatry, and it produces not merely inclusion and exclusion, but systems of power that are authorised through an appeal to medicine. Always deeply nationalistic, psychiatrists and political leaders alike are increasingly framing medicine as a human right and obligation of the state, encouraging Acehnese to be more active in seeking medical assistance. In everyday discourse *trauma* also carries the authority of biomedicine, even though its effects as a speech act generate a particularly Acehnese ethos (and not a typical biomedical subjectivity). Although *trauma* certainly produces new forms of biosociality, it stops short of being the kind of citizenship project that Fassin and Rechtman (2009) and James (2004) associate with the globalisation of psychiatry, wherein claims to political belonging became dependent on associating with a deeply disempowering, psychiatric diagnosis. This is not the case in Aceh, firstly because *trauma* does not monopolise the language of suffering, nor claims to collective identity, but merely appears within it. Secondly, the impact of these official psychiatric discourses is limited because the official *trauma* discourses do not to acknowledge the extent to which psychiatry is feared and resented by ordinary Acehnese.

The case studies of this thesis illustrate that although many Acehnese people employ medical idioms to describe their suffering, they certainly do not automatically legitimise doctors and psychiatrists themselves. Despite the fact that the psychiatrists' vision for social justice resonates strongly with that of many of my interlocutors', psychiatrists like other doctors remain deeply disliked. This is most clearly seen in the mass movement of Acehnese to Malaysia. It is not medicine as a system of knowledge that is legitimised or delegitimized, rather what is scrutinised is the precise social, political and historical context in which medicine is seen to be embedded. Mental illness is still associated with colonisation and psychiatrists with forms of diagnosis that bring about the removal of people from society. Rather than continuing this association between mental illness and colonisation, the use of the term *trauma*

in everyday storytelling to the contrary attempts to interrupt this stigma, since it prevents the person from the harsher diagnoses that are considered untreatable and worthy of removal from society.

In the conclusion to the thesis, I return to the literature on the anthropology of violence and consider how the Acehnese case can help us to develop an understanding of war, medicine and the moral imagination. Although medical historians have long written about the ways that war brings about transformations in medical practice, ethnographies of violence tend to focus on the destructive effects of war on the lives of ordinary people and the ways in which oppressive regimes become created and resisted. Medical anthropologists studying violent conflict are in a unique position to examine the ways that the embodied suffering of war and the discourses within war work to shape the emergence of medical practices and the moral imaginary that creates and undermines medical legitimacy.

Conclusion. Reimagining Medicine: War and the moral imagination

Fassin and Rechtman (2009:xi) argue that trauma is "a major signifier of our age". The globalisation of trauma represents a "problematisation of violence" that Fassin (2880:532) sees as a defining feature of late modernity. Fassin and Rechtman (2009) argue that trauma is the key idiom through which contemporary societies imagine their relationship to the broader, global political sphere. In this thesis I have expanded the current debate surrounding the globalisation of trauma by examining how the globalised and vernacularised idiom of trauma plays out in one particular locale, Aceh. As an Acehnese idiom of distress, *trauma* has come to signify myriad forms of suffering in Aceh, just as it does in the European imaginary. In Aceh, *trauma* operates as a key root metaphor bringing together the domains of medicine and violence. *Trauma* has become a powerful idiom through which Acehnese people conceptualise the effects of violence and suffering and imagine their relationship to broader modernity. In addition *trauma* has become an important idiom shaping the ways in which Acehnese people have reimagined the broader moral role that medicine plays within society.

In drawing the thesis to a conclusion, I wish to reiterate that I was initially hesitant to recognise that *trauma* had come to have genuine significance within Acehnese society. Prior to my fieldwork my understandings of trauma had been strongly shaped by anthropologists critical of the concept of trauma and PTSD. Like many anthropologists, I was wary of the Eurocentric underpinnings of the concept of trauma and the disempowering forms of subjectivity that the concept of trauma can produce (cf. Kleinman and Desjarlais 1995; James 2004; Zarowsky 2000; Malkki 2007; Kidron 2003). But more significantly, I was simply not expecting to find ordinary Acehnese people articulating their life experience through what seemed to be English psychiatric terminology. In the ethnographies I had read, trauma was presented as a language used by psychiatrists, humanitarian organisations, lawyers, activists

and academics to describe the psychic and sometimes the social impact of violence. What I encountered in the field were not "trauma stories". My interlocutors did not offer me lists of human rights violations, although their narratives certainly described acts of violence. Rather their narratives contained complex reflections on the nature of *trauma* and the unexpected ways that violence shapes society. My interlocutors identified precisely the features of the state that cause human suffering, while also describing the kinds of political worlds in which they wish to live.

Trauma is an important idiom of distress within a broader semantic field through which my interlocutors reflected on the experience of war and attempted to transform their post-conflict society. This thesis sought to understand the many meanings of *trauma* to Acehnese people, and ways that this vernacularised psychiatric idiom has shaped broader Acehnese society. I have explored the political imaginaries that are wound up in *trauma*, as an Acehnese idiom of distress. In doing so, this thesis has offered a case study of the ways that the moral imaginary of medicine has been transformed through war. Vernacularised understandings of biomedicine now play an important role within post-conflict world-building in Aceh.

In approaching *trauma* as an Acehnese idiom of distress, this thesis has contributed to three key bodies of literature. Firstly, this thesis offers a case study of how a globalised medical trope has become vernacularised into one locale. I have demonstrated how *trauma* has come to shape Acehnese medical practice and political imaginaries. I have argued that it is necessary to situate seemingly globalised medical practices within the specificities of their local histories. Secondly, I have engaged with medical anthropological studies of the body and the narration of violence. Here I have shown how the despite the destruction of conflict, Acehnese people have been able to generate new modes of understanding from the corporeal experience of suffering and the many discourses they engage with to articulate those experiences. I have shown how biomedicine has come to shape, but not monopolise these modes of understanding. Finally this thesis contributes to the emerging literature on the ethnography of post-conflict societies, making a case that medical

anthropologists working in conflict and post-conflict contexts are in a unique position to consider how medical practice can be transformed through war. I conclude here by drawing out these three major themes of the thesis.

Situating the globalisation of trauma

This thesis offers a new possibility as to how anthropologists might analytically frame 'trauma' and its apparent globalisation as a language of suffering. Rather than taking trauma as a psychic process revealed only through its symptoms, I have approached *trauma* as an idiom of distress that has been incorporated into Acehnese languages, medical practice and the moral imaginary. In this regard, my argument builds from Fassin and Rechtman's (2009) insight that trauma is a powerful moral idiom informing late modernity. However, I have departed from Fassin and Rechtman (2009) by arguing that since there are multiple modernities, it follows that there are also multiple imaginaries of trauma. Since trauma has thoroughly permeated the social consciousness, it is not sufficient to study trauma exclusively as a discourse of elite institutions such as psychiatry, government and large humanitarian organisations. As anthropologists, we are in a unique position to ethnographically study the globalisation of trauma as an idiom of distress (Nichter 1981). Approaching the study of trauma as an idiom of distress reveals the shifting conceptualisations of both violence and medicine.

As Cohen (1998) demonstrates, if we assume that globalised biomedical practices will always remain captive to their enlightenment origins, we will not grasp the significance that seemingly globalised medical practices carry to people as they travel through different cultural and political milieu. To the contrary, the globalisation of medicine reveals the ways in which medicine itself is transformed through the diverse contexts in which it operates. Many anthropologists have been justifiably critical of the political economy that has recently developed around trauma (cf. James 2004; Gross 2004; Kleinman and Desjarlais 1995). However it is important to remember that the globalisation of psychiatry is not a recent phenomenon but a long historical process that has occurred in a dialogical engagement with local histories of medicine.

Although this thesis offers only a glimpse at the history of psychiatry in Indonesia, it is sufficient to interrogate the common assumption that trauma has been globalised primarily through clinical psychiatry itself or other elite institutions such as humanitarian organisations. Beginning with the colonial period, Chapter Two demonstrates that psychiatry has had a powerful and yet complex political role in Indonesia since the colonial period. Importantly, psychiatry has never operated exclusively in a clinical sphere, but always in an ambiguous and at times problematic dialogue with multiple political and religious processes. In Aceh colonial psychiatry was clearly geared toward identifying, segregating and incarcerating potential dissidents (Kloos 2010; Reid 1979. But Indonesian psychiatrists also later became active in anti-Dutch colonial resistance, and under the Indonesian state psychiatry continued to be shaped by this nationalist sentiment. The Acehnese version of this nationalism was certainly evident in my interviews with Acehnese psychiatrists, whose pride in Acehnese resilience combined seamlessly with their conviction that access to psychiatric care is a human right that ought to be available to all Acehnese. Despite this, the legacy of colonial psychiatry continues to stigmatise not just those Acehnese that are diagnosed with mental illness but even more strongly to stigmatise the psychiatrists themselves.

Just as Young (1995) highlights the important roles that non-medical actors play in legitimising PTSD, I have demonstrated that, the Indonesianised notion of *trauma* has also developed through a complex process through which psychiatrists, activists, the media and the militarised state in dialogue and debate with one another produced a moral imagining of a clinical concept. The earliest uses of *trauma* in the Indonesian language were made not by psychiatrists but by military and state officials, who in the early 1990s used the terms *trauma* and *shok* within their campaigns of terror. In this early use, the initially unfamiliar loanword had the ominous effect of reminding people of the state's capacity to inflict widespread violence while also avoiding any direct discussion of that political violence (Siegel 1998a, 1998b; Heryanto 2006; Dwyer and Santikarma 2007). Here, it is not only that the military committed mass atrocities, but that they also introduced psychiatric terminology as a language for the iteration of violence.

In 1998 *trauma* was a prominent discourse within media coverage of the rapes and street violence associated with the end of Suharto's rule. In many of these articles *trauma* acted to explain both the cause and the effect of the mass rapes (Siegel 1998a, 1998b; Dwyer and Santikarma 2007). Here *trauma* had a complex effect of stigmatising and marginalising some people, while simultaneously protecting others. At the time, some psychiatrists and other academics joined many journalists and activists in condemning the rapes. These public intellectuals described PTSD in a utopian register: to signify the suffering that results from political violence and to signify the response to political violence that is seen to be carried out by the governments of 'developed countries'.

The media coverage of such events shaped the ways that *trauma* became integrated into a broader semantic field that forges interconnections between violence and medicine. *Trauma* is multivalent, and carries significantly different perlocutionary effects in the many contexts in which it is employed. In its broadest sense trauma came to signify social disorder brought about by mass violence which in turn undermines a person's ability to enact moral personhood. This is what I have described as *trauma* in its conservative register, where the term *trauma* acts a reminder of the destruction that can occur from non-normative behaviour in a highly militarised society. The very same media coverage however, also used *trauma* in a utopian register, so that while *trauma* described the impact of living in a militarised space, it also introduced modes of knowledge that were imagined to belong to a political world without violence and suffering. Although the contemporary uses of *trauma* I encountered in Aceh vary considerably from these early media and political discourses, this paradox, and the somatic idioms underpinning *trauma* carry through into contemporary Aceh.

Through tracing this local history of *trauma*, both as a clinical diagnosis and a moral idiom, it becomes clear that *trauma* in its Indonesianised form is aimed at much more than demonstrating the traces of violence to an international audience, although this may in the future become a discursive function that *trauma* serves. My point here is not to downplay the power that psychiatry carries in creating systems of subjectification, but that as in the United States,

Australia and many other contexts, Acehnese people also draw from biomedical tropes to narrate their own life experience. This needs to be contextualised within a local history of medicine, and the local history of the vernacularisation of medicine. By framing *trauma* as an idiom of distress through which people think, it becomes possible to ethnographically study how Acehnese people engage the idiom *trauma* to bring about certain transformative effects. *Trauma* offers moral commentary on experiences of suffering, in addition to reshaping the broader medical landscape.

Medicine, the body and the narration of violence

The thesis as a whole has demonstrated that *trauma* has entered widespread circulation in Aceh and become a significant idiom within many of my interlocutor's life histories (Chapter Three), religious and medical practices (Chapters Four, Five and Six), and political imaginaries (Chapters Three and Six). When my Acehnese interlocutors use the term *trauma* to describe the effects of war, they are neither valorising nor critiquing American psychiatry, nor are they seeking a term to describe suffering that cannot be described through their own languages. I have argued that Acehnese people have taken up the concept of *trauma* because it performs particular narrative work in the post-conflict context. Overall I am committed to the position that if *trauma* is a significant vocabulary to Acehnese people, then it is problematic for academics to delegitimise that language of suffering. But what might the consequences be when *trauma*, a term which in English often denotes a breakdown in speech and an inability to comprehend the world, becomes part of the language through which Acehnese people narrate their experience?

One of the central lines of enquiry within the anthropology of violence literature has queried the extent to which violence can be narrated. Many have argued that pain and terror produces a breakdown in language, while speech reconstitutes sociality and as such allows healing to become possible (cf. Scarry 1985; Caruth 1996; Suárez-Orozco 1990). Much of the critical literature about trauma has focused on the ways in which trauma produces a particular mode of 'victimhood'. Here the traumatised person is expected to 'bear witness' to

violence. While a diagnosis of trauma establishes the 'victim' as credible, their claim to experience is often surrounded by doubt, since the discourse of trauma tells us that traumatic events are innately 'incomprehensible' (Leys 2000; Fassin and D'Halluin 2005; Das 2003; Malkki 2007). If there is in the future, a truth commission or any legal investigation into the conflict in Aceh, it is possible that the vernacualised use of *trauma* may produce a misrecognition. But in its everyday use in the period of my fieldwork, *trauma* performs complex discursive functions that are not adequately captured through the idea of 'victimhood'.

In everyday discourse, *trauma* has become an important idiom shaping Acehnese understandings of history, suffering, the body, piety, life and death. In Chapter Three I demonstrated how several women have taken up *trauma* as a hermeneutic device through which they reflect on the nature of history and suffering. Here *trauma* identified the paradox that 'history' makes a person strong at the same time as it causes pain and suffering. I have argued that these narratives constitute a 'moral practice' (Lambek 1996) through which these women generate the bravery necessary to endure the hardship of war. In Chapter Four, I developed the discussion on the relationship between spirit possession and *trauma*, arguing that *trauma* has come to work alongside possession practices in multiple ways. This chapter drew attention to the common somatic idioms my interlocutors used to conceptualise the body. I highlighted the key idioms my interlocutors used to describe the feeling of *trauma* (internal pressure, shaking, dizziness) and healing (tranquillity, release, strength).

In Chapter Five I continued this theme by exploring the sensibility that *trauma* is the inability of a person to 'accept destiny'. I argued that this sensibility reflects enduring normative understandings of death in Acehnese society that were brought into direct conversation with ideas about *trauma* through the tsunami. Both the narrative interpretation of the tsunami as an act of God, and the political economy of the post-tsunami response worked to foreground this sensibility. The misrecognition between normative Acehnese responses to the tsunami and the misreading of those responses by many international

organisations led many of my interlocutors to think of 'accepting destiny' as a uniquely 'Islamic' way of understanding trauma. Chapter Five also discussed the religious practices through which many Acehnese aim to heal trauma, to 'strengthen the self', to enable themselves to do the sometimes difficult task of 'accepting destiny' following the death of a loved one. Finally Chapter Six examined the forms of stigma that are created and dissolved through the application of the term *trauma*. Borrowing from Goffman (1963), I demonstrated that in contrast to other ways of describing mental illness, *trauma* makes a person 'discreditable' but not 'discredited'. Following Fassin (2008), I have demonstrated how Acehnese people problematise madness through the idiom *trauma*. Acehnese articulations of *trauma* attempt to interject in the stigma of mental illness that continues from colonial psychiatry and to create a new imaginary of mental illness. However, psychiatry itself remains deeply stigmatised, and doctors mistrusted. Narratives describing the emancipatory potential of biomedicine are a conspicuous feature of everyday life in post-conflict Aceh. However Aceh's collapsed health care system and deep seated mistrust of Acehnese doctors means that medicine continues to act as a "point of longing and imagination" guiding Acehnese desires for the state (Pinto 2004:337).

I have argued that by making the crucial shift from framing trauma as a dehumanising psychic process from which people suffer, to seeing trauma as an idiom through which people describe their experiences of pain and suffering, we can come to appreciate how Acehnese people have vernacularised the idiom *trauma* and made it a meaningful part of their medical and political imaginaries. This highlights the unique significance that medicine holds as a moral practice allowing people to make sense of their corporeal experiences and to locate bodily suffering into the changing political landscape in which they live.

Medicine, war and the moral imagination

The final key theme I have discussed throughout the thesis is the role that medicine plays within post-conflict world-building. Here I am primarily interested in the ways that perceptions of medicine change through war, rather

than the role of top-down medical interventions in conflict zones. Medical anthropologists studying violent conflict have contributed greatly to our understandings of violence, its destructive effects on people's lives and the possibilities of recovery that people find within the destruction of war (cf. Nordstrom 1997; Green 1999; Skidmore 2004; Aretxaga 1997). Politically engaged anthropologists speak against the 'violence of everyday life', especially the forms of marginalisation that target the global poor (Scheper-Hughes 1992; Bourgois 2001; Farmer 1992, 2003). A smaller body of work has ethnographically explored post-conflict societies, examining processes of social memory and healing and contributing to debates about transitional justice (Scheper-Hughes 1998, Shaw 2007; Ross 2003). I support anthropologists whose work is focused on the destructive effects of violence in people's lives, and I join politically engaged anthropologists in their project of "writing against terror" (Skidmore 2004:8 see also Green 1999; Nordstrom 1997; Scheper-Hughes 1995; Bourgois 2001; Sanford 2006). However in addition to the harm war has inflicted on my interlocutors, this thesis also brings attention to the ways in which war has generated and valorised new modes of understanding within Acehnese society.

In this thesis I have concentrated on how the vernacularisation of psychiatry has influenced Acehnese understandings of embodied suffering, and how this in turn has informed the expectations Acehnese have of biomedicine. I have demonstrated that the Acehnese medical imaginary has transformed through several processes that occurred simultaneously during the conflict. Most directly, I have shown how the globalisation of psychiatry and the vernacularisation of *trauma* have come shape Acehnese understandings of embodied suffering. I have also demonstrated that the corporeal effects of violence itself can transform understandings of the body and healing in complex ways. My interlocutors experienced many forms of illness caused by violence, fear, poverty and decreased access to medicine during military operations. This suffering made the demand for efficacious healing stronger. As a result of the conflict, biomedicine has become all the more alluring as a technology that can enable both healing and socio-political change.

At the same time, the Acehnese health care system was itself a victim of conflict. The conflict undermined health services and adversely affected the ways that doctors, psychiatrists, shaman and midwives were perceived by broader Acehnese society. In colonial times psychiatrists colluded with Dutch forces. In the recent conflict some doctors, healers and midwives collaborated with the military while others joined rebel groups. Others again were inadvertently caught up in these social divisions. We know that medical knowledge is produced historically through a dialogical exchange between science and politics (Young 1995; Hacking 1995). During a context of war, this process deeply marks the extent to which medical knowledge will be given or denied legitimacy.

The psychiatrists I interviewed were unquestionably committed to the vision that quality psychiatric care can alleviate social suffering. While the nationalistic language they used to describe medicine differed from that used by the majority of my interlocutors, there were many ways in which these discourses were compatible. Despite this, psychiatrists are still today widely associated with colonialism and forms of diagnosis that bring about permanent social exclusion. Doctors also are deeply disliked, and widely accused of arrogance. Rather than risking maltreatment, Acehnese people tend to self-diagnose, develop their own combinations of healing practices and when possible travel to Malaysia for medical treatment. In this way they attempt to transform their own sickness by transforming the political context in which medicine is embedded.

Overall this thesis has demonstrated the extraordinary capacity of Acehnese people not just to withstand decades of violent conflict but to continue to reflect on their own experiences and generate new modes of understanding. My interlocutors narrate the conflict in ways that has transformative effects on Aceh's broader post-conflict environment. The Acehnese vernacularisation of *trauma* certainly reflects the unique power that medicine holds as a moral practice. But it should not be read as indicating Acehnese conformity to a broader project of a globalised psychiatry. It is only if we ethnographically study how globalised medical practices come to be adopted, transformed and

animated by the popular imagination in specific contexts that we can understand the effects that biomedicine carries in shaping lived experience. And it is only through grounding that ethnography in local political and medical histories, that we can see the ways in which the moral imaginary of medicine is produced and transformed through the suffering of war.

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