

LOCAL KNOWLEDGE, TRADITIONAL HEALERS AND PSYCHOLOGY: CAUSES, SYMPTOMS AND TREATMENTS OF MENTAL DISORDERS IN TIMOR-LESTE

CONHECIMENTO LOCAL, CURANDEIROS E PSICOLOGIA: CAUSAS, SINTOMAS E TRATAMENTOS DOS TRANSTORNOS MENTAIS EM TIMOR-LESTE

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Alessandro Boarcaech¹

Abstract: This article presents the result of research on the perceptions about the meanings, causes, symptoms and treatments of mental disorders in contemporary Timorese society. To this end, semi-structured interviews were conducted with 48 *matan-dook* – healers, doctors and mediators between the world of the living and the world of the dead by ancestral customs and practices – in the municipalities of Aileu, Ainaro, Dili, Liquiçá, Los Palos, Maliana, Manatuto, Manufahi and Viqueque. In general terms, mental disorders would have a somatic-psycho-spiritual character and would be the consequence of actions perceived as deviant from the socially established norm, constituting a rupture in the conception of harmony and social order.

Keywords: mental disorder; *matan-dook*; traditional healers; spirits of the ancestors.

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Resumo: Este artigo apresenta o resultado da pesquisa acerca das percepções sobre os significados, causas, sintomas e tratamentos dos transtornos mentais na sociedade timorense contemporânea. Para tal, foram realizadas entrevistas semiestruturadas com 48 *matan-dook* – curandeiros, médicos e mediadores entre o mundo dos vivos e o dos mortos, de acordo com os costumes e práticas ancestrais – nos municípios de Aileu, Ainaro, Dili, Liquiçá, Los Palos, Maliana, Manatuto, Manufahi e Viqueque. Em termos gerais, os transtornos mentais teriam um carácter somático-psíquico-espíritual, e seriam a consequência de ações percebidas como desviantes da norma socialmente estabelecida, constituindo-se em uma ruptura na concepção de harmonia e ordem social.

Palavras-chave: transtornos mentais; *matan-dook*; curandeiros; espíritos dos antepassados.

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This article aims to analyse some of the perceptions about the meaning of mental disorders in Timorese society. For this, semi-structured interviews were conducted with 48 *matan-dook*. By the ancestral practices and the customary system, the *matan-dook* are the healers, doctors, and mediators between the world of the living and the world of the dead. In Timor-Leste, each household is related to others – connected by marriages or through common ancestors, mythical or direct – forming an extended family group that has a specific set of practices, rules, beliefs, stories, sacred places, etc., called *Lisan*. Divided into villages that form the *suku* which, in turn, form the administrative posts of the 12 municipalities of the country (and Oecusse's special zone), Timorese social groups have a hereditary hierarchical system that coexists with the governmental system established in 2002, after the independence.

The relationship between these two hierarchical systems is marked by disputes, mutual influences and boundaries that are flexible according to the circumstances (Cummins, 2010; Boarcaech, 2018). In this hereditary system, in addition to the *matan-dook*, there is also the *Liurai* – the political leader – and the *Lia Na'in*, who is responsible for mediating family conflicts, preserving the group's memory and conveying the rules, stories and customs of the ancestors. Therefore, holding the *matan-dook* position is a factor of social distinction, and exerts a significant influence on the power dynamics of the communities.

Although the *matan-dook* are present in all Timorese communities, they are not an homogeneous group – they have different language variants, cosmogonies, religious adhesions, customs, etc. –, and do not have a standardized training. They act alone, and the exchange of information between them about their healing methods and techniques is uncommon. A person becomes a *matan-dook* mainly through hereditary transmission. However, those who have shown 'talent' for healing, or even presented special signs sent directly from the spirits of the ancestors – and recognized by the community as so, also may become *matan-dook*. Nevertheless, no one can self-declare himself *matan-dook*, they must receive training and approval of other, more experienced, *matan-dook*, as well as have the community's recognition.

According to the 2010 National Census (Directorate, 2012), approximately 1.3% of the population had some type of mental disorder². In the 2015 Census, this number dropped to 1.0% (Directorate, 2017). However these statistics most probably aren't accurate, given that many people do not seek care in hospitals and health centres. In turn, the *matan-dook* also do not have reliable statistics about their attendance. While showing the medicines and plants he prescribes to clients, arranged in little straw baskets on a table in the back of his house, *matan-dook* Lourenço (60 years old, Dili) said that he does not know the exact number of people with mental problems he treats. According to him, "there are many people", but while several weeks can go without any case, 20 new clients may arrive in a single day.

The conceptions of what is normal and what is pathological, as well as the causes, symptoms, and treatments of mental illness, have many influences that can change in time, space, and are subject to interference from the social and historical context (Kleinman, Eisenberg and Good, 1978; Langdon, 2001; Canguillen, 2007; Foucault, 2010). In this sense, understanding a little more about how *matan-dook* perceive mental disorders may contribute to the development of public health strategies in this area. The interviews with the *matan-dook* were held between September 2018 and July 2019, in their houses – which usually is where they practice as well – located in the municipalities of Aileu (6), Ainaro (5), Dili (6), Liquiçá (4), Los Palos (6), Maliana (5), Manatuto (6), Manufahi (5) and Viqueque (5). The participants of this study authorized all statements reported here. However, to avoid stigmatization and possible conflicts over differing opinions among the participants, I chose to identify them by pseudonyms, while providing information on their age and municipality of residence.

SOME CAUSES OF MENTAL DISORDERS

According to the participants of this study, mental disorders would have specific causes that could be related or even be a consequence of each other.

² In this study I use the expressions mental disorder, mental illness, mental problem, and *moras mental* (in Tetun), interchangeably.

These causes are part of a complex system that involves the notions of body, soul, order, disorder, harmony, difference, respect, disrespect, the relationship between the world of the living and the world of the dead, physical and symbolic aspects, endogenous (thoughts, desires, motivations, actions, feelings, aggressiveness, among others) and exogenous factors (i.e. the intervention of ancestral spirits, supernatural entities, spells, poisonings, accidents, etc.).

The most frequent cause for mental disorders, cited by the 48 *matan-dook*, is associated with disrespect to the spirits of the ancestors and the norms and customs of the *Lisan*. This relationship between spirits and mental problems seems to be widespread in East Timorese society, as we can see, for example, in Silove et al., 2008; Boarcaech, 2013; Rodger and Steel, 2016; Palmer, Barnes and Kakuma, 2017; and Hall et al., 2019. This disrespect may be conscious or unconscious, intentional or involuntary, indirect, and intergenerational. According to *matan-dook* Francisco (77 years, Maliana) a person could have mental illness because he/she “does not respect the *Lisan*”, or “does not respect the spirits of the ancestors”. In the same sense, Belarmino (45 years, Liquiçá), comments that mental disorders can be the result of “bad behaviour” of those who “do not care about the ancestors, do not respect the parents, do not participate and do not respect the *Lisan*”.

The generational transmission of mental problems may be the consequence of the disrespect of an ancestor or close relative, where the mental disorder may not manifest itself in the one that disrespected the ancestral spirits and/or the rules, but sicken their descendants. According to João (65 years, Los Palos), “sometimes the father does something wrong and to punish him the spirits make the children, or the grandchildren, get sick”. Mental disorders may also be pre-existing for generations in the direct lineage of the family and, if not cured, could be transmitted through the blood. Calisto (58 years, Aileu) explains that blood contamination can occur “during pregnancy”, “at birth”, or through “some injury”.

Even when the type and the circumstance in which the disrespect to the ancestors occurred is not clearly identified, the attribution of the cause of the illness to the punishment of the spirits still holds. This is because, as Gustavo (61 years, Viqueque) said, “they know everything, they know what we do”.

Implicit in this narrative – with tautological and teleological characteristics – is the idea that the punishment of spirits would not be random or unfair, but a way of educating, restoring order in relationships, and thus preventing future disrespect to local customs and practices. Thus, the spectrum of the relationship between cause (disrespect to customs), consequence (diseases/accidents/death), and the objective (punishment/education) is broad, and can be used for all types of diagnosis and treatment.

The spirits of nature, in turn, do not necessarily need to feel disrespected to cause illness – as do the ancestral spirits. An example of this is the stories around Ponteana, a female entity that can be found, among other places, near old trees or in cemeteries. According to Fidelio (53 years, Ainaro), when men “hola sala Ponteana”, that is, approach the mythical entity by confusing her with a woman, they are bewitched and may go crazy, disappear or die. In cases such as these, which involve the spirits of nature, 29 *matan-dook* stated that mental disorders in women would be caused by male entities, and in men would be caused by female entities.

Another reason for mental disorders, mentioned by 24 *matan-dook*, would be the imbalance of the amount of blood in the body. For these *matan-dook*, the blood would be responsible for balancing the body and making all organs function properly. People, depending on their characteristics (ethnicity, place of birth, gender, height, weight, mother tongue, *Lisan*, etc.), would have an exact amount of blood that would keep their body and mind healthy. When the amount of blood is lesser or greater than what is considered ideal, many physical and mental problems can occur.

An insufficient nutrition, or a diet that disrespects parental guidance or contradicts *Lisan's* customs (eating some animal considered sacred, for example), as well as the ingestion of poisoned foods, can all cause mental disorders according to the opinion of 39 *matan-dook*. Twenty-seven participants declared that the use of drugs or the exaggerated consumption of alcohol may also cause mental disorders, or be a symptom thereof. For Ricardo (61 years, Manufahi), when a person gets drunk or is under the effect of drugs, they do not know what they are doing and could “harm the way they think”. Associated with this, according to Leonardo (47 years, Dili), when consuming alcohol or other

drugs one can lose consciousness and “disrespect the ancestors, do something wrong, a spirit can get into him and he can go crazy”. For 32 *matan-dook*, accidents – such as hitting the head on a rock, having problems during childbirth, be injured during a car accident, and so on – depending on the severity, could also be the cause of mental problems.

Another factor that can trigger mental disorders is related to “negative thoughts”. These thoughts, in excess, can cause sadness, aggressive behaviour, stress, depression, defiance and disrespect to parents and the elders of the family, the hierarchical power system and *Lisan* customs and practices. Associated with this, 13 *matan-dook* reported that when a person understands or thinks a lot about a particular subject, life can become difficult, because to perceive the reality around without having solutions to your problems, questions or concerns, can lead to despair, to “lose respect for the elders”, “not take care of the family”, and the person can get sick physically and mentally.

Mental disorders can also occur due to a spell or curse. For 17 *matan-dook*, spells can be cast directly on the victim or in some object – when a person, inadvertently, has an object that has been cursed by some supernatural entity. According to 31 *matan-dook*, the spells are performed mainly by women, because some women have supernatural powers enabling them to curse someone without mediation of the spirits. The spells and curses would be motivated by vengeance or to obtain personal advantage, and are forbidden by the local customs and the rules of the *Lisan*. Moreover, there is the risk that a wrong procedure during the ritual, the delay in payment for the realization of the spell, an offering that displeases the spirits, among other reasons, can bring several illnesses to its practitioners. According to Mariano (70 years, Ainaro), “The spirits do not always accept the offerings or agree to do harm to someone”. About this, Paulo (58 years old, Atauro) commented that the spirits of the ancestors “do not do evil, it is the people who ask, people do harm”. Regardless, the recurring practice of spells and curses to harm others in the long run could make the practitioner sick, as he or she would be in constant contact with negative and forbidden forces. To solve the possible ethical and moral contradictions among the *matan-dook* that perform these

practices, 43 participants stated that they would be only mediators and not those responsible for what people do.

As I mentioned at the beginning of this section, from the perspective of the *matan-dook*, the factors that trigger mental disorders may be intertwined in a succession of causes and effects. For example, mental disorder may be the result of negative thoughts that constantly invade the mind of a man after a fall where he hit his head on a stone, because he felt weak due to a decrease in the amount of blood in the body which, in turn, may be the result of food poisoning, caused by the disregard for the *Lisan's* rule of not eating turtle meat, causing the punishment of the spirits of the ancestors. This web of causes and effects is, at least in part, due to the fact that, for the *matan-dook*, it is necessary to understand when, how, where and why the illness has affected one person and not another, why this person has these symptoms and not others, and why did those arise at this time, and not in another time. The causes of mental disorders would have a somatic-psychic-spiritual character where the illness would, in general terms, be the consequence of actions perceived as deviant from the socially established norm. In turn, the *ema moras* (ill person) may have a direct/indirect or active/passive participation and, in a seemingly paradoxical way, be both the victim and the causer of his/her own mental illness.

ABOUT DIAGNOSIS AND TREATMENTS

The diagnosis of mental disorders goes through two interconnected processes, without a rigid order of precedence. The *matan-dook* conducts clinical observation to verify the existence of one or more of the following behaviours and symptoms: self-talk, physical or verbal aggression against him/herself or others, wearing dirty or torn clothes, sleeping on the street, spending long periods away from home, walking aimlessly, eating food thrown in the trash or on the ground, killing animals without authorization, feeding on raw animals or insects, behaving like animals, not bathing, consuming too much alcohol or other type of drug, seeing spirits everywhere, speaking unconnected or incomprehensible things, having obsessive thoughts, cognitive

deficit, learning disability, motor or speech disability, social isolation, selective mutism, hallucinations, unpredictable or decontextualized behaviour, crying or laughter for no apparent reason, trembling in the body, emotional lability, sadness, among others. Since there is no formal symptom list or a diagnostic manual, the symptoms described here should be understood as a compilation of the factors most frequently mentioned among the participants in this study.

In order to reach a diagnosis and determine treatment, the *matan-dook* also talks with *ema moras* and their relatives about the family past history. During the anamnesis, people are encouraged to tell their secrets in an attempt to identify what mistake or disrespect to social rules and to the spirits they or their relatives would have done. This method is not always effective as people may omit information. In the words of *matan-dook* Gilberto (52 years, Ainaro) “sometimes people don’t tell the truth [...] I always tell them that there’s no use in lying”. Therefore, when they cannot identify the ‘errors’ of the patients or their relatives, the *matan-dook* turn to the spirits of the ancestors to guide them and find out the cause of the problem.

The nosology, in general, separates mental illnesses from those with aggressive and nonaggressive behaviours, as well as according to the ability to socialize, duration of crisis and level of influence of spirits. *Pontu* and *bulak* are two generic categories whose cause and symptomatology may be the same, but differ in intensity, and in the personal and social consequences of symptoms. Based on the interviews with the *matan-dook*, I divided the *pontu* category into four groups – which are a heuristic reference for analysis and not diagnostic categories itself. The first group would consist of those people whose everyday behaviour apparently does not differ from others, but from time to time, they have crisis and need to receive treatment. The second group consists of those people who manifest behaviours that are different from the norm (clothing, actions, speech, ideas, etc.), but are still able to socialize and do not have crisis. The third group would consist of people who have some kind of permanent cognitive deficit, but preserve the socialization skills (even if limited), and do not necessarily present crisis. The fourth group are people who speak to themselves, walk in the street without apparent direction, present regressive behaviours, chronic symptoms or sporadic crisis, but they obey to

family orientation, have socialization skills, respect rules, and are not aggressive. The consensus is that *pontu* would be a type of mental disorder with a more stable, controllable, calm and sociable behaviour. The *pontu*, in the softer version can go to school, work and even marry and have children – although they do not have the same cognitive and social performance as other people. Despite their cognitive and emotional limitations, *pontu* are not considered a risk to their own physical safety or to their family and community.

The *bulak*³, in turn, would be people who present chronic symptoms that hinder their socialization, are aggressive, impulsive, need constant care, flee from home and do not obey the rules and orientations of their family. The local linguistic variants also have words to designate mental illness, the meaning of which is the same as *bulak*, such as *amaunu-leut* (Baikeno), *eru* (Kemak), *gira-gira* (Makasae, Makalero), *kebo* (Bekais), *leru* (Mambai), *like-ru* (Tokodede), *lilak* (Bunak), *manbuti* (Idate, Galole), *manubuti* (Uaimaa, Mediki), *molu* (Naueti), *moluk* (Hresuk), *nana-nana* (Fataluku).

There are some expressions that refer to what we can consider as a set of *bulak* symptoms (syndromes), for example: *fulan lotuk* (moon/month + thin/delicate), used for the set of undetermined symptoms that come and go with crescent moon phase changes; *hanoin barak* (thinking + too much), that may be associated with mental stress, concerns/worries, anxiety, paranoid or obsessive and negative thoughts and even depression and melancholy states; *bilán* (stupid/silly), which refers to the symptoms of loss of consciousness, severe cognitive deficit, disjointed and disorganized thoughts, lack of concentration and mutism (see also Silove et al., 2008; Rodger and Steel, 2016). According to some *matan-dook*, the *bulak* category include subtypes such as depression (42), schizophrenia (28) and Down syndrome (4). For 21 *matan-dook*, epilepsy may be in the *pontu* or *bulak* category, depending on the intensity of the symptoms. In describing the symptoms of epilepsy or *bibimaten* (goat + dead animal), in addition to emphasizing physical tremors, the *matan-dook* mentioned a number of other symptoms which are in fact typical of different psychological disorders or pathologies such as hallucinations, cognitive deficit, paranoid thinking, phobias, aggressiveness (*bibimaten moris*) and so on. Some

³ The word *bulak*, in Tetun, may be used as an adjective (crazy) or a noun (madness).

expressions associated with *pontu* syndromes can also be part of the *bulak* category, depending on the associated symptoms, intensity and frequency of crisis, and personal and social consequences of their behaviour, such as: *oin halai* (face + run/flee) – momentary loss of consciousness, fainting, dizziness; *oin manas* (face + heat/hot) – behaviour and speech that is inconsequential, disrespectful or disjointed; and *matan bulak* (eyes + crazy) – seductive or histrionic behaviour, manipulation, lying compulsion and mythomania. According to 27 *matan-dook*, other names for mental illness may be used by health professionals working in hospitals and clinics. According to Ramiro (58 years, Liquiçá), “they have more, there are three or four more, but I don’t know the names”. Although they could not specify what these other names would be, the *matan-dook* stated that, the causes and symptoms would be the same as the *bulak* they treat themselves irrespective of this difference in nomenclature.

The treatment is commonly performed at the *matan-dook* own houses, although some have a separate place specifically used for this purpose. Sometimes one may use the *uma lulik* (sacred house), or another place considered sacred, to perform healing ceremonies. Treatment methods involve a set of practices and narratives aimed at alleviating or eliminating symptoms, consisting of:

a) Phytotherapy with local herbs and plants, used to relieve or eliminate symptoms of anxiety, headache, fever, stress, body aches, aggressiveness, as well as sleeping disorders, to decrease ‘voices in the head’, to regulate (increase or decrease) the amount of blood in the body, to combat infections, colds, constipation, allergies, to facilitate wound healing, and so on. The medicines may differ in their composition and preparation methods, depending on the plants available in the region and the *matan-dook*’s knowledge level.

b) Ceremonies and offerings to ancestral spirits. In these cases, the spirits are consulted to identify the reason for the problem, to indicate the best treatment, to cure the illness they caused, or to interfere with another supernatural entity that caused the illness.

c) Amulets and magical or sacred objects to attract or remove spirits.

d) Prayer for the Christian God and participation in masses and religious ceremonies. Many *matan-dook* are Christians (Catholic or Protestant), and ask their patients to pray to God. According to them, the Christian God would be

the same *Maromak* of the Timorese tradition. This practice is not unanimous and provokes controversy among the *matan-dook* – this is discussed further in the section *tensions, ruptures and narrative disputes* below.

e) Allopathic treatment provided at health centres or hospitals. The *matan-dook* often advise their clients to seek for allopathic treatment when aggressive symptoms become uncontrollable, or when their treatment does not reduce psychotic symptoms (hallucinations and delusions, for example). However, they recommend that the patient return to their care so that they can complete the treatment cycle.

f) A set of tasks that *ema moras* or his/her family must perform, such as: housework, walking for a few hours, self-harm, working on small repairs to the *matan-dook* property, and so on.

The treatment has no definite duration and can continue for several years, while the possibility of a permanent cure for mental disorders is controversial among the *matan-dook*. To justify cases where symptoms do not subside, they usually argue that the identification of the issue causing the mental disorder was wrong, or the treatment was poorly planned (used mainly among the *matan-dook* to criticize each other). Alternatively, they say that the treatment was interrupted before its end, or the person (or his/her family members) has taken a new disrespect against the spirits and the *Lisan* rules. The lack of willpower of the *ema moras* to overcome their problems, leaving them vulnerable to the illness; or the rejection of the offerings and apologies by the spirits of the ancestors; are yet another explanations provided for cases where the treatment is not effective.

The process of diagnosis and treatment provides the patient with a set of signs and values that allow for the contextualization and signification of the illness as part of a recognizable, systemic and potentially reversible process. This is a narrative strategy used, with greater or lesser emphasis, by shamans, sorcerers, healers, blessers, fortune tellers, and different types of healers throughout the history of healing practices (for some examples see Lévi-Strauss, 1975; Chalhoub, 2003; Fierro Urresta et al., 2003; Krippner, 2007; Hoogasian & Lijtmaer, 2010). For the *matan-dook*, the illness would

be a kind of conflict/disharmony and the cure would be the search for harmony between the individual, his/her family, the social group to which he/she belongs and the spiritual world. The *ema moras*, despite being subjected to the guidance of the *matan-dook*, is not totally passive because he/she understands the symbolic codes, the logic that explains the symptoms, the reasons behind the treatment, and its objectives. The contradictions and cognitive dissonance in this relationship are mitigated by the ‘moderator system’, which organizes the heuristics, the cognitive biases, the limits of the ‘interpretant’ in relation to the ‘sign’ and the ‘object’, conditioning the plurality of ‘semiosis’ to recognizable binary logic.

In short, the *ema moras* and his/her family are immersed in the subjectivity that guides the narrative, being themselves agents (re)producers of the discourse that supports the explanation about the cause and treatment of the illness. Thus, suffering becomes meaningful, and the healing process itself becomes a personal and collective journey (through family and ancestors) to achieve physical, emotional and spiritual harmony. The treatment and cure, more than eradicating the symptoms of a mental disorder, mean the possibility of achieving peace, harmony, emotional acceptance, the feeling of belonging, as well as may provide a different social insertion and the chance of obtaining approval from the spirits of the ancestors.

AMONG SILENCE, STIGMA AND DISCRIMINATION

The *matan-dook*’s understanding of mental illness is not an idiosyncrasy shared by a specific group, on the contrary, it is part of a worldview, the set of mental heuristics and moral values, the notions of normal and pathological, the customs and social practices, and the symbolic and religious systems existing in East Timorese society that transcend mental disorders (see Traube, 1986; Hicks, 2004; Grenfel, 2012; Bovensiepen, 2014). Although the narrative is not homogeneous – as we will see in the next section –, the idea that mental disorders would be a punishment for possible transgressions of social norms is still common sense. Thus, people identified as *pontu* or *bulak* are often a

reason for shame to their family, as well as stigmatized and discriminated by society (see Boarccaech, 2013; Hall et al., 2019). While the *pontu* are relatively integrated in the community, the *bulak* suffer greater exclusion, where it seems there is an implicit pact that seeks to promote their social invisibility.

Most *bulak* live inside their homes, being allowed to leave only at specific situations. As observed in the interviews with the *matan-dook*, this may be associated with the belief that they can be aggressive towards other people and destroy their property, kill animals, be influenced to use drugs or alcohol, suffer or commit some kind of sexual abuse, and be vulnerable to possession by evil spirits, aggravating or causing new illnesses. Maintaining reciprocal relationships between families is an added concern, as the *bulak*, due to their unpredictable behaviour, could disturb cooperation between family groups. Another alleged factor is that family members have daily activities that they need to complete and would not have time to take care of the *ema moras* when he/she leaves home. In addition, there is social shame, and hiding these people indoors is an attempt to diminish comments in the community.

The case of José, a 28-years-old man, illustrates this dynamic. José is cordial, sociable and, because of his physical vigour, he is often called to help fix thatched roofs, carry water from the spring in the mountain, push boats from the beach to the sea, and to do massage for body aches. José wants to be a *matan-dook*, as he says, “I want to help people.” From time to time, he climbs the mountain alone to meditate and spend time with the spirits of the ancestors. On full moon nights, José sometimes buries himself in the ground – leaving only the head out – claiming that this would give him energy from the earth, making his body strong. Occasionally, he walks with dead animals hanging from his body – rats, bats, snakes, and so on – to scare away evil spirits. José never went to school, cannot read or write, received no psychological assistance, and his family was reluctant to allow him to leave home alone for a long time. José is considered a *pontu* and people often make jokes about his desire to be a *matan-dook*, claiming that he has no intellectual capacity and will never marry because “nobody can stand his smell”. According to some people in the community, José would have become “sick”

as a child, after falling and banging his head on a rock. However, in private conversations, the same people say that what caused José's illness was that his father disrespected the spirits of the ancestors.

Another situation is that of Justino, a 14-year-old boy, who attends 5th grade at the local public school where his father is a teacher. Justino has difficulty speaking, stutters and pronounces the words slowly. He says that he likes to play soccer but the other kids do not invite him, because "I can't run fast". According to Justino, he also likes reading, but has difficulty understanding some words for not being "very smart", as well as because "I do not see very well". The family comments that Justino's problem arose during birth, as he was born wrapped in the umbilical cord, having been unable to breathe for a few minutes. But, when talking to his father, he told that his son "got this way" – at this point, he passed his index finger over his forehead, a gesture used to designate both the *pontu* and the *bulak* – due to a mistake that his wife's uncle would have made, but the family is working to solve. There are veiled comments in the community that the punishment is actually directed to Justino's father, as he has a *pontu* son and four female daughters. In a patriarchal, patrilineal, and patrilocal community, this may represent the end of the direct lineage of his nuclear family and the inability of its members to assume prominent positions in the social hierarchy.

When I met Pedro, he was 45 years old. He lives with his wife and three children (two girls and one boy), high on the mountain, in a secluded location with room for agriculture, mild temperatures, and near a water source. They live off subsistence farming and fishing. Pedro has never attended school, but he is a creative and critical man who often analyses the social dynamics of his community. People say that Pedro is *pontu*, as he would have ideas and behaviours that make no sense, and avoid being close to him. He once proposed to build irrigation canals for the whole community, what he argues would favour agriculture production and crop diversification. Another of his ideas was to change the succession system of community leaders, so it would no longer use heredity (following local customs and practices, *Lisan*) or a closed list to be chosen by vote (state, *suku*). For Pedro, a system where each person could vote individually to choose who they think would be best prepared to hold leadership positions in

both *Lisan* and *suku* would better suit his small community, as everyone knows each other. People often laugh at Pedro's ideas, and sometimes frighten children by saying that they will "call Pedro" to catch them if they don't behave. Pedro would have inherited his father's illness, who was also a man who "spoke a lot but knew nothing", having displeased the spirits of the ancestors.

Francisca's age is uncertain, she is between 20 and 25 years old, but looks much older. She does not participate in any activities in the community, and during the day she is kept inside the house – sometimes tied so as not to escape. Talking about Francisca has become taboo in her community. However, sometimes Francisca wanders the village at dawn, when she eats small insects, dead animals that she finds along the way, sand and roots. Her family has already faced many issues, as Francisca enters into other families' land, releases the animals (goats, pigs and chickens), pushes the boats from the beach to the sea, and throws stones at those who try to approach her. Francisca is *bulak* and would have become ill – according to her family and the people of the community – when she was very young, after inadvertently entering a forbidden place where evil entities reside.

Joaninha is a 27-year-old woman, who lives within the boundaries of her family's land and spends her days talking to herself. She believes she can fly and has healing powers. In the community, people say she was "born sick", but that they don't know exactly why. One of the theories to explain her mental disorder is that one of her ancestors, although not being a *matan-dook*, performed incantations and prepared ointments to treat physical injuries. This was considered a disrespect to customs by the leaders of the community, and would have either caused the anger of the spirits or outraged someone who would have cast a spell on him. However, the mental disorder would have manifested itself a few generations later in Joaninha.

Around 40 years old, very thin, with slight body tremors and motor difficulties, Carlos spends his days walking alone. Every morning, he leaves the house and walks following the same path of about 5 km, coming and going non-stop, returning home in the late afternoon. According to Carlos's family, when he was young, he needed to be tied up inside the house constantly be-

cause he was aggressive and would beat people. However, now he is “calmer” and “just walks and talks to himself”. People in the community claim that he talks to the spirits and, while not being afraid of aggression, they avoid contact with him. The suspicion is that Carlos’s father, after getting a second wife (*feto ki’ik*), would not have fulfilled the *barlake* obligations (transfer of goods from the groom to the bride family) with his first wife’s family. This would have caused the wrath of the ancestral spirits. After the *matan-dook* mediation with the spirits – and even though the debt was still not fully paid – Carlos gradually, over the years, began to behave less aggressively and to move with a little more autonomy.

TENSIONS, RUPTURES AND DISPUTES OF NARRATIVES

The *matan-dook* are often required to treat all kinds of ailments, and although they have the ‘symbolic capital’ inherited from the belief system and local hierarchy, their practice is not free of tensions, and even mutual distrust. We can observe this in the different answers about the causes, symptoms and methods of treatment of mental disorders.

During this study, 25 nurses and 19 doctors who work in health centres in the interior of the country were heard. Although they treat patients with mental problems, none of them had adequate training or specialization in the area of mental health. Nine nurses and six doctors interviewed stated that they have tried to approach the *matan-dook* to develop partnerships, including on health access network, disease monitoring, and first aid training. However, these projects never materialized because, according to them, the *matan-dook* “think they know everything”, “don’t like to listen”, and “aren’t open to new treatments”. In turn, the *matan-dook* justify their difficulty in working with nurses and doctors by arguing that they “do not respect the culture”, “do not understand the diseases that we have”, “think that know everything”, and want to forbid them to treat certain types of illnesses. Despite the mutual difficulties and distrust, we can see that the *matan-dook* are slowly expanding their semantic repertoire by adopting psychological

terminologies to identify mental problems (as we can see in previous sections, they adopted expressions such as schizophrenia, depression, Down syndrome, and epilepsy⁴ in their lexicon), as well as referring cases involving psychotic crisis to receive allopathic treatment.

Participation in Christian masses, prayer and the sacrament of confession is another matter of controversy among the *matan-dook*. From the 48 participants, 26 said they are not against this practice, but only 11 said they use these as a complement to the treatment they offer. According to Lucio (55 years, Dili), this is because in Timor-Leste “all people are Christians”. Following this line of thought, Osvaldo (45 anos, Viqueque) says that “the Christian God and Maromak are one”. According to these *matan-dook*, the use of prayers, confessions and participation in religious activities can calm people. On the other hand, 22 *matan-dook* claimed to be totally against the use of Christian prayers and rituals as a method of treatment. For them, this would be disrespectful to the customs and practices inherited from the ancestors. As Mario (68 years, Aileu) said, some *matan-dook* mix treatment with Christianity, as they “do not respect culture”, and “do not believe in the strength of our ancestors”. For Luís (59 years, Manatuto), this would be a strategy to increase the number of clients, because “people believe in religion and go to *matan-dook* that believe, too”. As I observed, this practice is also part of the therapeutic repertoire of some doctors and nurses that I spoke with, which prescribe prayers and even pray with their patients during consultations.

Another point of contention is between Catholic and Protestant *matan-dook*. Protestant *matan-dook* supposedly concentrate their activities on healing physical symptoms by avoiding the use of ancestral spirits, which they

⁴ As we can see from some epidemiological studies and official government statistics, these are the most common diagnosis for mental disorders in Timor-Leste (see Silove et al., 2008; Directorate, 2012; and Directorate, 2017). An interesting question is why there is the prevalence of these mental disorders in official statistics. Perhaps among the reasons is the difficulty people have in seeking mental health support; the fact that most mental health cases only reach health centres and hospitals when they are beyond the control of the *matan-dook*; and the overall lack of adequate preparation of the health system in regard to mental health, including the small number of professionals trained to perform differential diagnosis, and identify the problems involving the psychodynamics and cultural and social aspects of symptoms.

perceive as ‘demons’. Catholic *matan-dook* claim that Protestants dishonour the traditions inherited from their ancestors, and Protestants, in turn, say that Catholics would not be real Christians (about tensions between Catholics and Protestants see Boarccaech, 2013). Beyond these stereotypes, what I could see by talking to the Protestant *matan-dook* is that some of them keep practicing rituals that evoke the ancestral spirits, but they do so privately to avoid reprisals from their religious community. According to the Protestant *matan-dook* Amaral (54 years, Los Palos), “I ask grandparents for help because they help us, but people in my church don’t understand”. Duarte (60 years, Liquiçá), also in relation to ancestral spirits, states that “some are demons who want to deceive people”, but the experienced *matan-dook* can identify “when they are grandparents’ spirits and when they are demons”.

The generational aspects represent another cause of tension between the *matan-dook*. It is common sense that, as a *matan-dook* ages, he would acquire more power. However, the older *matan-dook* claim that some young *matan-dook* do not respect their authority, use methods that are contrary to ancestral practices, and do not dominate the techniques of diagnosis, preparation of medicines, and rituals to invoke the spirits of nature and ancestors. In contrast, younger *matan-dook* argue that older *matan-dook* do not have the proper knowledge to treat “new diseases”, are not be open to learning new things, and that their accusations would be for that they are worried about losing their clients to the new generation.

The use of healing abilities as a business or as ways to achieve personal interests is another constant topic of accusations amongst the *matan-dook* themselves, and is often used in their disputes and quarrels. According to Arlindo (56 years, Aileu), some *matan-dook* charge a lot for their services, driving many people away. This, according to Roberto (70 years, Los Palos), would be a problem that affects the work and the image of all *matan-dook*, but “people know who exploits, they know those who only want money (...) they seek those who can help”.

The complexity of cases they treat, their popularity – often measured by the number of people they heal, and whether they are known and their healing services sought after by people in other communities/ municipalities,

or by wealthy people or people with higher social status –, are used by *matan-dook* to make comparisons amongst themselves. A strategy to enhance popularity and promote one's healing abilities would be to select patients and the type of disease they treat. According to 25 *matan-dook*, some of their peers would not treat “difficult cases”, justifying it with alleged lack of time in their schedules.

Regarding the cure for mental disorders, nine *matan-dook* stated that it is possible, 23 said that cure is possible depending on the person and the type of illness, and 16 stated that there is no permanent cure for mental illness. However, among the 36 who state they had treated patients with mental problems, only seven said they had cured some kind of mental disorder. For them, recurrent crisis would not necessarily be related to chronic mental illness, but may be similar illnesses unrelated to each other. For others, successful treatment would be associated with decreased anxiety and aggression symptoms during crisis cycles. The main objective would be to lessen the impacts of chronic symptoms or to control the intensity and duration of the acute crisis cycle, allowing the *ema moras* to live with their family again.

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ANNEX

Matadalan intrevista *(Interview guide)*

Naran (*name*):

Tinan moris (*year of birth*):

Data (*date*):

Fatin – aldeia, suku, munisípiu (*Location – village, suku, municipality*):

1) Ita boot atende ona ema ho moras mentál ka?

(Have you ever treated people with mental disorders?)

2) Iha ema barak mak buka ita atu kura moras mentál? Iha époka ruma mak sira buka trata moras mentál?

(Are there many people who seek for your help for curing mental illnesses? Is there a specific time of the year when people seek for treatment for mental illnesses?)

3) Saida mak signifika moras mentál?

(What does mental illness mean?)

4) Kauza saida mak bele mosu moras mentál?

(What are the causes of mental illnesses?)

5) Maneira oinsá ita identifika moras mentál?

(How do you identify mental disorders?)

6) Moras mentál bele kura ka?

(Can mental illnesses be cured?)

7) Aimoruk saida mak ita uza?

(Which medicines do you use?)

8) Tuir ita nia hanoin, sosiedade hanoin saida kona-ba moras mentál?

(In your opinion, what does the society think about mental illness?)

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