

Posttraumatic Politics: Violence, Memory, and Biomedical Discourse in Bali

Leslie Dwyer and Degung Santikarma

In June 2004, as we were preparing this chapter¹ on the emergence of discourses of trauma in Indonesia, two incidents occurred. The first was a conversation between Santikarma and Bre Redana, an editor at *Kompas*, an Indonesian newspaper. After hearing that we were writing about trauma, Redana asked Santikarma to explain something. Why were a number of social welfare organizations in Jakarta changing the names of their programs from "crisis centers" (*krisis center*) to "trauma clinics" (*klinik trauma*)? Both *krisis* and *trauma* – the words borrowed directly from English – were, they agreed, far from neutral terms. "Crisis" had entered widespread usage in Indonesia in 1998, when the "Asian economic crisis," along with a "crisis of legitimacy" of former President Soeharto's government, were claimed by scholars and journalists to have ushered in the end of 32 years of dictatorship and the new era of political possibility known as *reformasi*. So popular had the word "crisis" grown that for many Indonesians it came to signal a generic lack: *krisis moneter* or "monetary crisis" (usually abbreviated as *krismon*) meant that people no longer had money; *krisis kepemimpinan* or "leadership crisis" meant that no one had belief in those in power; and "*saya lagi krisis*" or "I'm in a crisis," with one's empty hands extended, meant that one had nothing to spare. But what, they

¹ Sections of this essay are taken from a paper prepared for the Foundation for Psychocultural Research Fourth Annual Workshop on Integrating Biological, Clinical, and Sociocultural Approaches to Trauma's Effects, Yogyakarta, Indonesia, July 28–31, 2004. It is based on ongoing collaborative field research in Bali, begun in 1998, on the cultural, political, and emotional aftermath of the violence of 1965–66. This research has been funded by a MacArthur Foundation research and writing grant, an H. F. Guggenheim Foundation research grant, and a grant from the Haverford College Faculty Research Fund. For discussions of many of the ideas we present here, we thank Byron Good, Mary-Jo DelVecchio-Good, Hildred Geertz, Gung Ayu Ratih, and John Roosa. Special thanks are due to Robert Lemelson, whose support of critical thought about trauma and of recognizing injustice in Indonesia has been inspirational to our project.

wondered, did it mean for a rhetoric of “crisis” to be replaced by a language of “trauma”?

An easy explanation for the shift would be to view it as a mirror of changing international funding priorities, in turn reflecting a post-September 11 interest in psychosocial repair in the wake of terrorism. But did this move also reference something more broad and complex about how Indonesians were imagining themselves as subjects of history? If *krisis* had come to signal a temporary jarring condition of absence in which society as a whole suffered, what did it mean to speak now of *trauma*, with its implications of personal victimization, of the deep-rooted presence of pain? And why did it seem necessary for a “center,” with its connotations of community, to become a *klinik*, a space where individual pathology could be addressed by experts? They arrived at no answers, only a strong sense that these were important questions to consider.

The second incident was a performance art project organized by a collective of young Balinese artists calling themselves Klinik Seni Taxu (“Taxu Art Clinic”). This performance, which opened at the Cemeti Art House gallery in Yogyakarta, Java, on June 9, 2004, was entitled “Memasak Sejarah” (“Cooking History”). On the opening night, the artists, dressed in traditional Balinese ritual attire, washed and chopped and cooked sweet potatoes – a food associated with Indonesia’s poor – for their audience, who were then invited to share the meal. Only after the meal was finished did the artists inform the audience that they had grown the sweet potatoes on a field in west Bali that covered a hidden mass grave from 1965, the year when state-sponsored terror began its sweep across Indonesia, leaving some 1 million alleged communists dead and Soeharto’s New Order regime ascending to power.²

One of the young artists, Ngurah Suryawan, explained that the aim of the performance – which culminated in a number of audience members vomiting in disgust – was to move away from the “exoticization of violence” he claimed characterized media coverage of the conflicts that had emerged after Soeharto’s resignation, in which violence was reduced to the reemergence of “primordial sentiments” in the absence of state control. He argued that by evoking the history of 1965, which had long been suppressed under the New Order, the links among violence, entrenched political repression, and injustice could be exposed. What the artists had

² For more on the events of September 30, 1965, and their political ramifications, see Anderson, McVey, and Bunnell (1971), Cribb (1990), and Crouch (1978). For an overview of the events in Bali, see Robinson (1995). For an examination of the cultural and political repercussions of the violence in Bali, see Dwyer (2004) and Dwyer and Santikarma (2003). For discussions of the important place that “1965” as history, imaginary, and threat has held in state discourse and public culture, see Anderson (1994), Pemberton (1994), Shiraishi (1997), Siegel (1998a), and Steedly (1993).

intended, Suryawan said, was to “traumatize” the audience into an embodied relationship with history that could substitute social memory of atrocity for a willful forgetting (N. Suryawan, personal communication, June 13, 2004).³

In this chapter, we take these two incidents and some of the questions they raise as entryways into an exploration of the social and political life of discourses of trauma in Indonesia. Such a starting point, we realize, might seem oddly anecdotal or irrelevant to those used to thinking about trauma in clinical or laboratory contexts. Recognizing that these incidents might seem to point away from the biological and experiential reality of trauma toward its naïve popularization or political/artistic manipulation, we wish to make our theoretical orientation clear from the outset. We begin from the premise that trauma is most productively understood not as a universal human response to certain inherently traumatizing events unassimilable by the human psyche, but rather as a socially positioned process. Trauma, in this view, includes, first, identifying what constitutes experience that cannot or should not be integrated into everyday life; second, engaging in culturally mediated responses that may range from withdrawal to resistance, from alienation to solidarity, and from disruption to the creation of new forms of emotion and interaction; and third – depending on the cultures of treatment present in a given setting – formulating means of attempting to alleviate distress.

To emphasize the embeddedness of trauma in social, cultural, and political relations is not to ignore the importance of scientific research on the biology of fear, arousal, pain, or memory (see Section I of this volume). It is, however, to stress that trauma is always more than a biological state.⁴ Like any experience of embodied suffering, it emerges and takes on force and meaning in dialogue with a host of cultural, ethical, and political discourses that address what it means to suffer and what – and whose – pain should be ameliorated (see Biehl, 2005; DelVecchio-Good, Brodwin, Good, & Kleinman, 1994; French, 2004; James, 2004; Kleinman & Desjarlais, 1995). Just as “crisis” – and its counterpoint, “stability” – can be understood not as empirical givens but as culturally and politically produced attributions of particular historical conditions (see Aretxaga, 2003; Greenhouse, 2002; Spyer, 2003), so designations of and attempts to respond to trauma can be seen as drawing on and producing political subjectivities that delineate what constitutes the normal, the disordered, and the utterly unthinkable. Especially when events viewed as traumatizing are caused

³ For more information on the exhibition, see the Web site of the Cemeti Art House (www.cemetiarthouse.com).

⁴ Biehl (2005) frames a similar point as follows: “This is not to say that mental disorders are basically a matter of social construction, but rather that such disorders do take form at the most personal juncture between the subject, his or her biology, and the intersubjective and technical recoding of ‘normal’ ways of being in local worlds” (p. 316).

by human agency, as in the case of terrorism or political violence in Indonesia, we suggest that limiting our understandings of trauma to a naturalistic model of generic physiological response and universally applicable treatment neglects to account for the varied contexts through which experience is rendered traumatic and emotion and social engagements are targeted for attempts at transformation or cure. To separate attempts to produce trauma from its phenomenology, its identification, and its treatment is to ignore the social networks that both give rise to suffering and potentially make healing from it possible.

Likewise, we argue that the diagnosis and treatment of PTSD, often viewed by natural scientists and clinicians in terms of individuals' pathological responses to acute stressor(s), must be placed within frameworks that transcend the boundaries of the clinic to account for the lived experience of both patients and those survivors of violence who reject or do not qualify for such categorization. Clinical settings are specific social, cultural, political, and economic domains that can and should be studied for the particular practices and conceptual frameworks that arise within them; however, what takes place within their walls both draws on and shapes more general understandings. Similarly, the biomedical discourses that set limits and create possibilities for engaging embodied phenomena impact not only clinicians and patients but also broader cultural and political fields as they are spread through social interaction, popular media, and the narratives created to justify and promote practices of diagnosis and treatment. And perhaps most importantly, a focus on the social and political life of discourses of trauma allows us to grasp the processes by which the aftermath of certain kinds of events – and not others – are marked by the emergence of clinical spaces.

Grounding our theoretical concerns ethnographically, we begin by tracing the emergence of “trauma” in Indonesian psychiatry, public culture, and the language of humanitarian aid organizations at work in the archipelago. We argue that the use of the Indonesianized word *trauma* and the diagnostic category PTSD emerged not out of a unidirectional export trajectory in which Western knowledge of human biology and behavior is disseminated to a scientifically underdeveloped world, but out of the social and political relations that coalesced at a particular juncture in Indonesian history. The fall of Soeharto's dictatorship in 1998 made it possible for many Indonesians to speak publicly – often for the first time – about certain kinds of violence and the terrible psychic damage it has caused. It has also enabled international and national actors to engage more directly in projects seeking to transform Indonesian society and subjectivity in the name of development, democratization, transitional justice, or the protection of various strategic interests.⁵

⁵ See Dwyer and Santikarma (2004) for a discussion of how projects to promote “reconciliation” in the post-Soeharto era have delineated certain politically appropriate forms of

We caution, however, that the introduction of concepts of trauma in Indonesia has not been without its ambivalences and complexities. If for many Indonesian clinicians and patients *trauma* references the lingering effects of a long history of repressive rule and the violence that marked it, for the international aid organizations supporting programs of postconflict social repair, trauma has been tightly tied to a contemporary politics in which terrorism is of primary concern. Focusing on the case of Bali, where an outpouring of international aid in the aftermath of the October 2002 terrorist bombings led to the creation of highly publicized programs for the treatment of PTSD, we show how discourses of trauma have not only influenced clinical practice but also produced social and political contest. Attention to the psychological sequelae of violence has had the effect – welcomed by many Balinese – of opening social spaces closed by the Soeharto regime where acknowledgement of the emotional implications of political terror could take place. However, by framing the terrorist bombings as an event of extraordinary, unprecedented horror – as an exemplary site of trauma – PTSD programs have not only tended to negate the experiences of tens of thousands of Balinese survivors of one of the worst mass crimes of the 20th century, the state-sanctioned anticommunist violence of 1965–66, but also have risked ignoring the continuing suffering of Balinese living with structures of social and economic inequality that became even more pronounced after the bombings. In their broader discursive effects, PTSD programs have also served to bolster relations of power by demarcating forms of subjectivity considered appropriate to citizenship, ethnic identity, and capitalism in the form of cultural tourism.

We conclude by suggesting that such issues raise concerns about the social life of trauma and the treatment of suffering that extend beyond the borders of Bali. As Breslau (2004) has noted, programs to identify and assist those said to be experiencing PTSD in the wake of political violence, natural disasters, terrorism, and forced migration have expanded rapidly over the past decade, to the point that they have become packaged as a standard component of humanitarian relief efforts and postconflict aid programs. As trauma increasingly serves as a lens through which to frame and address varied forms of suffering across the globe, attention to how it engages with particular social, cultural, and political contexts becomes increasingly important. In our insistence on the social location of trauma, our analysis joins an emergent anthropological literature exploring how violence and other presumed triggers of trauma may be experienced through cultural frameworks quite different from those described in the Western clinical literature (e.g., Goldstein, 2003; O’Neill, 2000; Scheper-Hughes, 1992) and

subjectivity for Indonesian victims of violence, in the name of postconflict peacemaking and nation building. Discourses of “trauma,” we suggest, have been linked in Indonesia (and elsewhere) to those of “reconciliation” in their framing of psychological and moral orientations as key concerns of the state and the international development apparatus.

how, as French says, “culture has been created around PTSD” (2004, p. 211) as the diagnostic category and attendant modes of evaluating and intervening in the psychological spread across the globe (see Gross, 2004; Han, 2004; James, 2004; Zarowsky, 2004).

Yet our hope is that such work is taken not merely to represent local interpretations of or reactions to PTSD, or to the kinds of events said to spark it – for example, to present simply a “Balinese response” to terrorism or a “Balinese critique” of biomedical models of mental health. Such analyses risk relegating culture to the fixed context in which global forms of experience and knowledge are read, interpreted, and possibly resisted, rather than being constitutive of claims to universality and the production of their allure and authority. Rather, we hope to show that what is often thought to be unproblematically universal – including ways of embodying, evaluating, and addressing psychological distress – are, as Tsing (2005) reminds us, “charged and enacted in the sticky materiality of practical encounters” (p. 1) at the same time that their global assumptions and pretensions create new relations of both power and collaboration. In short, we consider Balinese experiences to offer not just a case study in trauma, but also a call to reconsider the ethics, politics, and cultural assumptions of the concept itself.

THE EMERGENCE OF “TRAUMA” IN INDONESIA

During the era of Soeharto’s New Order regime (1966–98), the word “trauma” was rarely heard in Indonesia. Although other terms borrowed from an English-language psychological vocabulary, including *depresi* and *stres*, were spread by the mass media through a host of advice and lifestyle programs and publications, trauma was generally restricted to the esoteric realm of imported scientific literature. Trauma first entered limited popular circulation in media accounts of the violence that preceded Soeharto’s fall from power, especially in discussions of the May 1998 riots and the thousands of ethnic Chinese women who were terrorized or raped by gangs said to have been backed by the military.⁶ Yet even as *trauma* began to signal the effects of a striking moment of general social upheaval, it also served to reinscribe the marginality of those – ethnic Chinese, women, the urban masses – who had long been imagined to inhabit the edges of Indonesian society and to prescribe a “cure” based on compliance with state authority. If Indonesia as a whole was in *krisis*, those said to be suffering from

⁶ Siegel (1998b) interprets this new discourse of trauma as engaging with older Indonesian discourses of the supernatural, in which history emerges to haunt the present. His analysis does not, however, trace the routes by which notions of trauma emerged in Indonesia, thus missing the opportunity to explore the broader power relations in which they are embedded.

trauma were the nation's disempowered, whose affliction was viewed as yet another sign of their inability to be integrated into full national belonging. Combined with widespread stigma attached to psychiatric or psychological treatment for mental health, such discourses ensured that, even where such care was available, few Indonesians were willing to seek treatment for trauma-related problems.⁷

In the clinical realm,⁸ the use of PTSD as a diagnostic category was likewise rare in New Order Indonesia, where biomedically trained mental health practitioners overwhelmingly tended to focus on disorders considered to arise from purely organic rather than social causes, such as schizophrenia or psychosis. Lemelson (2003) has suggested that clinicians in Bali have also tended not to diagnose other mental illnesses, such as bipolar disorders or obsessive-compulsive disorder, because the scientific knowledge or medications needed to identify and treat such problems have been unavailable or prohibitively expensive. However, in the case of PTSD – a disorder whose identification is premised on the destructive presence not only of individual psychopathology but also on a traumatizing event precipitating it – the barriers to its entrance into the clinical lexicon have been much more deeply entrenched, reflecting Indonesian psychiatry's embeddedness in broader currents of power. During 32 years of a military-backed dictatorship, the state security apparatus was responsible for carrying out many of the acts of violence, terror, and dislocation perpetrated against Indonesians. Corruption in the police force and judicial system and censorship of the media similarly ensured that domestic and community violence often went unaddressed publicly.

Especially in Bali, where approximately 80% of the population directly or indirectly depends on tourism for their economic survival, there have been strong incentives for perpetrators and victims of violence alike to censor the recounting of memories of conflict or public discussions of its

⁷ That the first Indonesians said to be suffering from trauma were ethnic Chinese women (see Siegel 1998b) delineated, we would suggest, a particularly marginal subject position for those experiencing psychological distress in the aftermath of violence. This stood in contrast to the ways the designation of traumatic victimhood has often been commodified, with victims jockeying for recognition and access to resources, as described by James (2004) in her discussion of the "trauma portfolios" of Haitians.

⁸ This realm, it should be noted, is indeed a small one. Estimates for the number of psychiatrists practicing in Indonesia range from 400 to 600 for a population of approximately 220 million. Estimates for the number of practicing psychologists range from 2,000 to 10,000, although most of these are said to be working for private industry as human resource consultants. Mental health treatment for victims of violence, where it has been available, has been frequently provided by nonspecialist physicians or healthcare workers or, more commonly, by community activists working for social welfare organizations. Biomedical discourses of mental health and illness have thus been spread to Indonesia's population less through personal interactions with clinicians than through engagement with public culture.

continuing occurrence in order to maintain touristic images of a peaceful, premodern Bali immune from the stresses of the contemporary world.⁹ Given such a background, it is perhaps unsurprising that Balinese psychiatrists have been unlikely to diagnose a disorder often connected to political or domestic violence, or long-term structural inequalities and state repression, aspects of Balinese life and history whose acknowledgment was suppressed by the New Order state and the tourism industry (Santikarma, 2003b). In such a context, the psychiatric diagnosis of PTSD could be viewed less as a neutral scientific endeavor 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.

This social and political milieu underwent a radical shift, however, on October 12, 2002. That evening, bombs exploded in two crowded nightclubs in the Kuta Beach tourist district of Bali, leading to 202 deaths and over 300 injuries. Because the majority of the victims were Western tourists, the international media focused considerable attention on the events, with the press in Australia, where Bali has long been a popular holiday destination, going so far as to dub the bombings "Australia's 9/11." In the aftermath of the Kuta blasts, hundreds of journalists, police, and forensic investigators descended on Bali from across the world, subjecting what, with the echoes of September 11th strong in the air, was now called "Ground Zero" to intense scrutiny. Teams of Western forensic scientists combed through the rubble of the blasts, identifying bodies and unearthing the clues that eventually led to the arrests and convictions of the Indonesian Islamists involved in the planning and execution of the attacks. At the same time, scores of foreign medical personnel and humanitarian aid workers arrived to treat the wounded and to address the social damage caused by the bombings.

Although a number of countries, including Australia, Japan, and members of the European Union, offered assistance to Bali in the aftermath of the bombings, the United States Agency for International Development (USAID) was among the largest donors, committing over US\$5 million to projects to address the impacts of the bombings. Much of this assistance was channeled through USAID Indonesia's Office for Conflict Prevention and Response (OCPR), which in the year prior to the bombings had not considered Bali to be problematic enough to place on its funding agenda,

⁹ On the production of romantic images of Bali, see Boon (1977) and Vickers (1989). On the erasure of violence in Balinese touristic discourses, see Dwyer (in press), Santikarma (2001, 2003a), and Zurbuchen and Santikarma (2004).

viewing the island, long described in tourist literature as an oasis of social harmony, as having little need for peace building. But if the OCPR's entry into Bali signaled a radical shift in the way the island was now viewed by the development industry – from a relaxing weekend retreat for the Jakarta-based consultant to a site of transnational terror requiring substantial international aid – many of their programs reiterated long-standing assumptions about Balinese history, culture, and emotion. The supposed inherently peaceful nature of Balinese society and of the Balinese themselves was not questioned; rather, interventions were framed by the slogan “Bali Recovery,” implying that the challenge now facing the island was how to return it to what it had been prior to the bombings. In turn, the bombings themselves were portrayed through a lens, fixed into focus by coverage of the incidents of 9/11, that viewed terror as fundamentally disconnected from the workings of the society under attack, as a historical aberration with little relation to Bali itself.

This mass-mediated attention to the bombing and its effects was not, however, trained evenly across the cultural and political landscape. While the dead were being identified and social distress diagnosed, sites of potential political disorder were also being mapped. Surveillance, by both the state and local village militias known as *pecalang*, was turned on Bali's gateways, with all who would enter Bali asked to show their national identity cards. Acting on authorization from the provincial government, *pecalang* in ethnically mixed areas of the island carried out what were called “sweeping” raids, checking the identity cards of non-Balinese residents and exacting payment from Indonesian immigrants who wished to remain on the island.¹⁰ Yet even as Bali's landscape was being surveyed for potential dangers, investing ethnic and religious difference with sinister new meaning, these sweepings were rarely mentioned in the local press or acknowledged by Balinese cultural observers in their conversations with Western journalists. The lines of demarcation erected around Bali after the bombing had taken the form not only of security officers manning entry ports, but also of a symbolic boundary that isolated Bali as free from the effects of encounter with historical complexity or conflict. Bali could be victimized by violence, but its essence remained stable and, above all, safe. Bali had become a terrorist target, but terror itself was alien to Balinese.

In a November 2002 fact sheet on the impact of the bombings in Bali, the OCPR's subcontracting agency acknowledged a potential for conflict to arise in the wake of the bombings. The document's greatest emphasis, however, was not on addressing the historical or political context for possible social tensions but on “image rehabilitation” – both for potential

¹⁰ See International Crisis Group (2003) and Santikarma (2003a).

tourists and for the Balinese themselves – as the key to Bali’s recovery, stating,

Bali’s image and self-image has [sic] been fundamentally damaged. Many in Bali have spent the past few weeks introspecting to determine whether there was something in themselves that caused this tragedy to be thrust upon the island. . . . USAID will seek to support those groups who will work to rehabilitate Bali’s self-image and who will carry out activities that promote harmonious relations throughout Bali’s diverse society. . . . In addition to activities aimed at preserving Bali’s multi-ethnic harmony, USAID is supporting activities that repair and strengthen Bali’s image of itself. USAID is funding a number of local organizations to carry out an integrated cleanup and rehabilitation of Bali’s physical environment. . . . In addition, USAID is supporting organizations that address Bali’s psycho-social needs in the aftermath of the bombing. These activities include clinical and cultural approaches to counseling and a media outreach to affected populations. (Development Alternatives, Inc., 2002)

On one level, this document’s message seems quite simple: If the key to Bali’s development is tourism, an industry that produces and distributes alluring representations to attract visitors, it would be appropriate to aid Balinese in polishing their now-tarnished image to stimulate development. Although Bali’s physical environment was not damaged by the blasts (with the exception of a several-hundred-square-meter area around the actual bomb site), funding efforts to “clean up” Bali would make sense as a way to render the island more attractive in tourists’ eyes. Likewise, with violence proven to be one of the most potent disincentives to tourism, supporting programs to promote interethnic harmony promised benefits that exceeded the humanitarian dictum that peace is a good in and of itself.

But what of Bali’s “self-image?” Why was it so important not only for Bali to “look good” but also for the Balinese to “feel better?” In the weeks after the bombings, a small number of Balinese intellectuals, most of whom were proponents of cultural conservatism in the face of rampant tourism development, suggested that the bombing of the nightclub, with its “whites only” policy, its reputation for a hedonism notable even for Kuta, and its location in the most overdeveloped area of Bali, exposed a dark side of tourism that demanded attention. Such statements, stripped of much of their critical import and posed against the large-scale state-sponsored post-bomb Hindu-Balinese rituals – rituals that were described in the Western media, in crude translation, as “re-balancing the cosmos” or “placating the angry gods” who had allowed the bombings to occur¹¹ – were taken as evidence that Balinese, rather than responding to terrorism with anger

¹¹ For a critique of understandings of Balinese ritual that claim “balance” to be their organizing principle, see Geertz (1994, 2004). Geertz suggests that such notions are recent imports to Bali, derived from modernist Hindu teachings in India and influenced by (mis)interpretations of Western scholars.

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 naïvely failing to see the broader politics at work outside their insular island.

One of the goals of post-bomb programming was therefore to effect a delicate balance in Balinese subjectivity: to restore the "self-image" of Balinese who felt themselves at fault, thus enabling them to be healthy participants in the project of repairing their island's image, while at the same time discouraging any anger toward ethnic others, which might explode into a new bar to tourism. In the months after the bombings, we talked to hundreds of Balinese and found none who expressed the opinion that they had been to blame for the bombings, and many who were indeed angry, not only that the bombings had occurred but also at the resurgent Islam they blamed for the attacks. Yet the spectre of a damaged self-image continued to haunt international media accounts, functioning to construct parallels between Western and Balinese victims of transnational terror networks while at the same time maintaining Bali's exotic and attractive difference.

It was in such a discursive context that programs to identify and treat Balinese suffering from PTSD and to raise awareness of the disorder were inaugurated. The organization most involved in trauma work, a U.S.-based nonprofit organization, provided clinical treatment to approximately 200 Indonesians whom they identified as suffering from post-bomb PTSD. The scope of influence of these programs, however, extended much further than these numbers suggest. A large-scale campaign, financed by a roster of international organizations, worked to spread community knowledge of PTSD and its symptoms and encourage Balinese to seek treatment. Programs included placing large advertisements in Bali's major newspaper, holding radio call-in shows, buying television airtime to host a weekly talk show devoted to PTSD, and sponsoring a *wayang trauma* – a shadow puppet play in which the characters display posttraumatic symptoms, including nightmares, flashbacks, and exaggerated startle responses, and receive advice on how to treat them, which was performed in schools and villages across the island and screened on television, reaching an audience estimated at over 50,000.

Many Balinese we spoke with were ambivalent about these initiatives, given that clinical treatment was, during the first stages of the program, offered only to those small numbers of "direct victims" who had incurred PTSD through proximity to the blast, not to the large numbers of those experiencing depression, anxiety, or despair from the severe economic fallout caused by the drop in tourism or the mandatory financial contributions required for the state-sponsored post-bomb rituals. Especially for those whose lives had little to do with the tourist center of Kuta, the focus of these extensive media outreach programs on individuals' symptoms of

PTSD seemed to have little relevance to their struggles to hold families and communities together in the face of a sudden economic downturn whose ramifications extended out across the island. But even for those who had been nowhere near the blast nor sought out PTSD treatment, these programs succeeded in introducing *trauma* into a common Balinese lexicon. A year after the blasts, there were few Balinese we met who were unfamiliar with the word “trauma” applied not only to individual suffering but also to Balinese as an imagined cultural whole, victimized and in desperate need of a recovery grounded not in critical social and historical analysis but in bolstering a cultural self-confidence and idealized notions of citizenship suitable for promotion by a revitalized tourism industry.

MEMORY, TRAUMA, AND TREACHEROUS SPEECH

At first glance, the landscape surrounding Pak Nyoman appears abandoned and traceless, marked only by small hillocks and a carpet of wild grass. . . . For Pak Nyoman, however, this place is instead a field of terror, saturated with memory. It stands as silent witness to a night in 1965 when Balinese were hauled one by one off of trucks and made to stand on its ground. After fleeing in fear, Pak Nyoman heard shots exploding and watched as a squad of Balinese paramilitaries herded their victims, thumbs tied behind their backs, to line up before four wide holes that men of the village had been forced to prepare. By Pak Nyoman’s count, around 220 people met their end on this field, under the deadly command of rifle-wielding soldiers.

Near another beach, around 20 kilometers to the south, dozens of foreign tourists stand transfixed, their heads bowed in sadness before a small shrine crafted from young bamboo stalks sprouting their first leaves. . . . “Ground Zero” has become an arena opening onto memory: memories of the 202 people who were buried in the ruins, burnt by the horrific explosions. . . . And it is not only the victims’ families who are bound by the collective memory that has emerged from the rubble of the Sari Club. The traffic that passes along the main road bordering the ruins moves slowly. Drivers pause to take a brief look, and bus passengers jostle to hang their heads from the windows, eager to become momentary witnesses to human brutality.

Two fields of terror, each of which claimed more than 200 human lives. One has become a center of public attention, with debates raging over how best to commemorate it with a monument. The other lies hidden, with neither gravestone nor ceremony to mark it. One has produced witnesses who pile into the courtroom to make public their memories. The other has witnesses who are silenced, and perpetrators who are not only free but have been called heroes. One has become a site of pilgrimage, a mandatory stop on the Bali tourist itinerary. The other has been erased from the historical map, visited only by one man who still remains beholden to memory.¹²

Attempts to address the effects of violence in Bali did not, however, enter a vacant social and political field. Despite the international media’s shock

¹² Translated excerpt from Santikarma (2003c). For an English-language version of this essay, see Santikarma (2004).

and horror at the Bali bombings and the governor of Bali's statement in December 2002 that the blasts were "the worst tragedy the island has experienced" (Beratha, 2002), this was far from the first time mass violence had taken place in Bali. From December 1965 to March 1966, some 80,000–100,000 Balinese (approximately 5–8% of the island's population) were killed as alleged communists,¹³ and tens of thousands of others sexually assaulted, imprisoned without trial, widowed, orphaned, or left to survive as they could within severely fragmented communities. For over three decades after the violence, survivors continued to suffer political repression from the "clean environment" (*bersih lingkungan*) policy of the New Order government, which claimed that spouses, parents, siblings, children, and even grandchildren of those marked as communists were "infected" by political uncleanness and thus were to be subject to strict government surveillance and barred from full social participation.

This history, despite its scale, brutality, and continuing relevance, was not addressed by PTSD programs in Bali, nor were survivors of 1965–66 offered participation in clinical treatment. There are a number of possible explanations for this omission, including a widespread sense on the part of observers of Indonesia that the events of 1965–66 belong firmly in the distant past and a hesitance to draw parallels between the state-sponsored massacre of alleged communists and contemporary antistate terrorism. There has also, historically, been a reluctance on the part of U.S., U.K., and Australian donor agencies to involve themselves in addressing 1965–66, given their governments' prior support for the Indonesian military's goal of destroying the Indonesian Communist Party (PKI) (see Robinson, 1995). And there is, of course, the fact that funds raised specifically for victims of particular disasters are not in practice easily transferable to those seen as suffering from other causes.

But although aid organizations may draw boundaries around particular events or populations, it is far more difficult for Balinese to sustain such categorizations in their everyday lives. Many survivors of 1965–66 described their feelings of terror, panic, or despair being reactivated after witnessing graphic television footage of the bombings. Other Balinese viewed the

¹³ The exact number of Indonesians killed is unknown and will likely remain so, despite recent efforts at fact-finding by victims' advocacy groups such as the Yayasan Penelitian Korban Pembantaian (Foundation for Research on the Victims of Massacre). Estimates for the number killed across Indonesia have ranged from around 300,000 deaths to as many as 3 million, with a figure of 1 million frequently cited in academic and journalistic accounts of the violence. Robinson (1995) cites 80,000 for Bali, while local activists engaged in fact-finding projects often cite a figure of 100,000. The politics of numbering the dead is, of course, far from straightforward, speaking both to the state's desire to block access to nonofficial historical research and to activists' desires to ground calls for attention to the violence in statistical claims of its significance.

bombings through a political lens that has long posed 1965 as an icon of disorder and threat, worrying that any criticism of government policy to address terrorism could be read as a sign of subversion. Yet this ongoing presence of the past makes it crucial, we argue, to bring an awareness of 1965–66 and its continuing effects to bear on discussions of trauma in Bali. The powerful hold that the history of 1965–66 has had on both the national political imagination and local social relations comprises a fundamental aspect of the ways Balinese now understand violence and imagine the limits and possibilities of recovery from it.

Engaging with the history of 1965–66 not only illuminates the context in which trauma discourse is embedded in Bali, but it also leads us directly toward one of the most crucial aspects of trauma: the place of memory in the phenomenology and treatment of posttraumatic experience. Studies of trauma and PTSD are above all studies of memory and its effects – of the terrible impact on individuals and families of violence and terror, of efforts to forget and the intrusion of painful memories, of the consequences of such memories for individual psychological development and functioning, and of their sequelae in everyday social lives. Such studies often focus rather narrowly on individuals and individual psychology. However, in recent years, scholars from diverse disciplines have begun to look closely at forgetting, repressing, remembering, or reworking memories as social processes. They have discussed “how societies remember” (Connerton, 1989) or how they refuse to recall, and have investigated specific social mechanisms – from ritual to myth to informal narrative to formal truth and reconciliation commissions – established to reconsider history and to engage traumatic memory communally.

In Bali, post-bomb PTSD programs directly addressed the issue of traumatic memory in their outreach materials, framing it as a challenge to social functioning. For example, one organization sponsored the placement of large public service advertisements in Bali’s major newspapers with the headline “*Ingin Melupakan?*” or “Do You Want to Forget?” The trauma shadow play echoed the notion that memory was a problematic bar to recovery, describing a key theme of the performance as how “taking what is negative and putting a mask over it can transform it into a positive energy to harness your emotions, your anger, and your sorrow” (Yayasan Kemanusiaan Ibu Pertiwi, 2002). Through such narratives, trauma programs spread assumptions about the intrusion of history into the mind as a troubling symptom and the importance of gaining control over the past in order to move beyond it.

A focus on 1965–66 makes it clear, however, that for many survivors of violence, forgetting or remembering are far more complex matters than empowering sufferers to gain conscious mastery over history. Memory is not simply a matter of individual agency, but rather is embedded in past and present social and political relations. For most Balinese, the violence

of 1965–66 is not an event definitively past against which one can take a distanced stance. It is not something that one intentionally chooses to either “remember” by way of, say, a Truth Commission or an updated national curriculum, or to “forget” by way of erasure from the mass media or official histories or through more personal attempts to deny or disregard. It is not, as some Western psychological models might encourage us to think, an experience located safely in individual or social history, recovery from which involves a “working through” or “letting go” of a destructive past, or the arrival at “closure” through an imposition of meaningful narrative on the chaos of pathologically insistent and fragmentary memory. Rather, the events of 1965–66 have channeled and dammed possibilities for speech, social action, and religious and cultural meaning.

In part, this endurance of the events of 1965–66 has been an effect of the New Order state’s persistent attempts to promote its version of history to authorize ongoing political oppression. The state’s strategies for discursive management included not only the repressive imposition of silence upon survivors, but also an enthusiastic program of commemoration and symbolic control of history. Under Soeharto, public debate of the events of 1965–66 was banned. For a new generation of Indonesians, the halting tales their parents might have told of their experiences – or the deep silences they may have effected to preserve their safety – were drowned out by the insistent rhetoric of the New Order, which staged regular “remembrances” of the state’s victory over communism and which spread images of communist evil and bloodthirstiness through the school curriculum, public monuments, and propaganda pieces. Up until Soeharto’s fall – and even after – state officials animated the specter of communism, dismissing almost any sort of social or political protest as the work of “formless organizations” of communist sympathizers or as the result of provocation by “remnants” of the PKI. Warnings to remain on guard against communism were typically expressed in the command *awas bahaya laten PKI/komunisme* – “beware of the latent danger of the PKI/communism” – rendering communism less a matter of party affiliation or intellectual position than an invisible but inevitable aspect of any virtually any challenge to Soeharto or his military regime.¹⁴

The continuing power of 1965–66 to shape Balinese social life and subjectivity has also been an artifact of the context in which the killings and their aftermath were embedded in Bali. Violence became entangled in local communities and kin groups, as neighbors killed neighbors and relatives killed relatives, and the very assumptions and expectations brought to bear on

¹⁴ Honna (2001) details how Indonesian military ideology framed and reframed the notion of “communism” from 1966 to 1998 to address changing threats to its power, ranging from pro-democracy activism to globalization. Heryanto (1999) discusses the deployment of and resistances to the term “communist” under the New Order.

social life shifted.¹⁵ Given such a context, moving past or working through memory is a highly complex cultural and political negotiation, rather than a self-evident goal of treatment. As one Balinese man, who lost his brother to the violence and was himself imprisoned for three years for membership in a leftist high school organization, told us after we apologized for asking him questions that we thought might have brought traumatic memories to the surface, "It's not you who has made me remember. I will have these memories until I also am dead. It is these memories that make me know I'm still alive."

Just as memory, in this case, can be understood to entail a deeply ethical position essential to the construction of selfhood, it must also be seen as something that takes place not in clinical isolation but in engagement with one's everyday social world and those who inhabit it. For most Balinese with whom we discussed memories of 1965–66, attending not only to what people remember but also to how and where and with whom, memory emerges in relation to a social landscape, as victims of violence encounter those they believe responsible for their suffering in regular community interaction. The maintenance of memories of 1965–66 is often seen as essential for navigating a social terrain made treacherous by the open possibility of violence, at the same time as memory and the emotions it entails are often socially managed through strategies of temporary concealment that rarely reach a state of "closure."

A focus on 1965–66 and its aftermath also leads us to consider the discursive landscapes that emerge from violence. Both traumatic memory and treatment to address posttraumatic suffering, although not limited to the linguistic, are nevertheless deeply implicated in it. Memory often emerges into consciousness in dialogue with imagined interlocutors – or potential informers – whereas clinical spaces rely on spoken narratives for diagnosis and monitoring, if not therapy. Yet speaking memories of violence is not always a straightforward process. Indeed, the intensity and openness of public discussion of the Bali bombings, and the attention paid by international organizations to its traumatic effects, pose a stark contrast to the public silence that has prevailed around 1965–66.

For decades, those who lived through the terror have feared that any challenges to official state history could unleash new state violence and suppression of human rights. Even with Soeharto's exit from the presidency in 1998, the historical narratives that were used by his regime to create a kind of mythic charter for its existence, justifying its absolute rule as a benevolent protection against communism, seemed to have been invested with lingering powers. Three decades of warnings by the state to be on guard against an ever-present threat of communism – a threat left

¹⁵ For fuller discussion of the intimate dimensions of the violence in Bali, see Dwyer (2004) and Dwyer and Santikarma (2003, *in press*).

sinisterly vague – endowed speech about 1965–66 with an almost uncanny ability to evoke fears of violent retribution. With the 1966 law banning both the PKI and what the Indonesian state called “Marxist–Leninist ideology” still intact, many survivors remain uncertain as to the very legality of speaking about their experiences. Even after the fall of Soeharto, national history textbooks still retain the New Order’s version of the events, making no mention whatsoever of the vast numbers of those slaughtered in the violence.¹⁶

Although the dismantling of the New Order has undoubtedly loosened restrictions on the press and on freedoms of speech and assembly, this new openness has reflected unevenly in the lives of those affected by the violence. The ambivalence many survivors feel about articulating memory indexes not only their fears of state repression, but also the forms violence took as it became embedded in their communities, which were exhorted by the state to participate in annihilating communism “down to its roots” (*sampai ke akar-akarnya*) by uncovering and destroying the intimate “enemy under the blanket” (*musuh dalam selimut*), be they neighbor, spouse, sibling, or friend. There has often been a reluctance to make public what Veena Das (2000) has called “poisonous knowledge,” the implicit understanding that violence does not necessarily create solidarity among victims but rather exposes normally hidden possibilities of betrayals, reprisals, and social tensions within families and communities. In Bali, unlike many other places in Indonesia, most of those who lived through the violence have remained in the same communities, tied by customary law (*adat*) and ritual practice to their villages and temples of origin. Those who carried out violence regularly come face to face with those they terrorized on the streets, in the markets, and at communal ceremonies. Speaking about 1965–66 does not, in such contexts, place a narrator in relation only to the state and its dark history – or only to a clinician, sympathetic or otherwise – but channels memory through the complex local politics of the present in which speech may become a treacherous instrument of harm.

In Bali, the violence has also entered into an economy of memory, in which particular versions of the past become narratively packaged and standardized as tourism commodities, whereas other histories are viewed as lacking in value or even undermining the smooth functioning of this market. With so many Balinese dependent on tourism for their livelihoods, it has been, survivors say, often painfully hard to voice publicly memories that threaten to destabilize the linkage stressed by government officials

¹⁶ The national high school and junior high school textbooks were revised in 1999 to include a brief statement that the history of 1965 is debated by historians. The high school textbooks also include a new section presenting differing theories about the alleged coup and whether it really was carried out by the PKI. These books still do not make mention of the violence against alleged communists.

and the tourism industry between foreign arrivals and the production of images of peace.

This is not to imply, however, that the state was successful at completely repressing or silencing memory or precluding processes of remembering and signifying suffering. In Bali, memory may take non-narrative forms familiar to Western clinicians, including recurring nightmares, suicidal impulses, domestic violence, and depression. But Balinese also speak about memory as being located not only in individual or collective recollection but also in the material world as traces of the past (*laad*) that shape how social space is used and interpreted. Memories too painful or politically dangerous to be uttered may also take forms that avoid spoken language altogether, or may shift into indirect registers, most commonly as debates over ritual practice, especially those centered around death and the rebirth of souls. Some of the family members of those killed in 1965–66 maintain more direct contact with their lost relatives, communicating through spirit mediums (*balian peluasan*), hearing their whispers (*pawisik*) in dreams, or speaking with the voices of those dead considered to have become deified ancestors in trance (*kerauhan*), reasserting the social influence of the dead denied by the state. Another means by which memory has often been articulated is in the form of circulating stories concerned with karmic retribution, including stories of killers who died young, fell ill, or suffered various misfortunes of supernatural origin. Such local histories, spread through community networks by rumor and gossip, exist in stark counterpoint to official government narratives, reaching as they do for a realm of justice and historical diagnosis outside the control of the state apparatus. Yet they share the same premise: The violent past is very much a present matter, the articulation of which is fraught with tension and ambivalence.

POSTTRAUMATIC POLITICS

Another crucial concern that a focus on the violence of 1965–66 brings to our understanding of trauma and PTSD is the political context and implications of psychiatric discourses and treatment programs, and how the subjectivities they delineate in defining pathology participate in relations of power. The importance of this issue was made clear to us one afternoon, 10 months after the Bali bombings, when we were visited in Bali by a dozen university students and human rights activists. These young people had read a newspaper article in which Santikarma had discussed the politics of remembering violence in Indonesia, arguing that the experiences of those hundreds of thousands of Indonesians who still lived with deeply painful memories of 1965–66 were not being acknowledged by the new post-bomb surge of interest in the individual effects of terror (Santikarma, 2003b). They had come, they said, to talk about a concern of many of those involved in human rights activism in Bali.

Small grassroots non-governmental organizations (NGOs) that had for years struggled to find material and political support for their work protecting indigenous or women's rights, advocating for democratization or new labor regulations, documenting state and military human rights abuses and corruption, or providing legal aid to the politically and economically disenfranchised were now being solicited by international aid organizations to integrate post-bombing PTSD awareness activities into their programming. This opportunity had left many activists deeply ambivalent. On the one hand, they said, they sympathized with those killed or traumatized by the bombings and their families. Many of the activists were also eager to gain a measure of financial stability and international or national recognition for their organizations, which they hoped to capitalize on to fund future projects. But others were concerned that the wave of new interest in PTSD as a matter of individual suffering threatened to drown out the voices of those working against more dangerous long-term structures of violence and inequality. The divide on this issue had grown so wide, they claimed, that it threatened to split at least one respected human rights NGO into opposing "pro-PTSD" and "anti-PTSD" factions. What they needed to understand, they told us, was whether participation in PTSD programs was compatible with their commitment to social justice. "What we need to know to make our decision," one young man explained, "is what's political about PTSD?"

Most theorizing about PTSD has not engaged such questions. Many individual mental health practitioners have certainly recognized through their day-to-day contacts with victims of violence that the work in which they are engaged has a political background and political implications. Indeed, Breslau (2004) notes that among many of those engaged in international mental health work there has emerged what he calls a culture of "PTSD activism," in which diagnosis of the disorder among particular populations is seen as a crucial step in calling for international attention to certain conflicts or disasters. A small but influential number of these clinicians have sought to reframe traditional assumptions about the neutrality of the therapist's role and the private nature of the clinical encounter to position themselves as "partisan witnesses" (see Sanford, 2003), taking professional responsibility for supporting human rights and making space in treatment for "therapeutic testimony" with explicitly political aims (e.g., McGorry, 1995; Weine & Laub, 1995).

However, the majority of the literature on PTSD has not engaged such themes, but has focused instead on the disorder's relevance as an analytic or treatment model implemented within psychiatric institutions or on debates among mental health professionals about its etiology, symptomatology, or treatment. Likewise, the bulk of trauma research has chosen the laboratory, the clinic, or a group of persons said to be suffering from PTSD as the site of research. A growing body of critical literature has explored the PTSD model's genesis within a particular historical and political context

(Young, 1995), its continued embeddedness within Western notions of self and body as analytically separable from broader social fields (Alexander, Eyerman, Giesen, Smelser, & Sztompka, 2004), and the ramifications of what Kleinman (1995) has called “the medicalization of violence,” in which the wide-ranging cultural, social, and political effects of violence tend to be reduced to individual pathology deemed to require the specific intervention of medical experts (Ong, 1995; Summerfield, 1999). Yet to date, comparatively little scholarship has examined how PTSD, as both a biomedical category and a discourse that channels particular theories of memory, emotion, subjectivity, history, and society, as well as funds for research, treatment, and humanitarian intervention, has been interpreted, appropriated, or critiqued by the communities it is being used to identify and treat.

Such a focus is crucial, however, to a better understanding of trauma, its effects, and its amelioration. Ethnographic attention to the social and political life of PTSD as it is spread across the globe by biomedical literature, clinicians, and humanitarian agencies offers the opportunity to examine how survivors of violence live not only with the embodied aftereffects of terror but also with the framings that are offered to interpret such experiences. It allows us to understand how people may resist incorporation into discursive regimes that recast their experiences as illness and, conversely, how PTSD programs may be selective in their identification of populations to target for attention based on assumptions as to what constitutes sufficient psychic pain and which events are extraordinary enough to warrant the implementation of treatment programs. Grounding theories of PTSD in subjects’ experience of suffering not only provides a means of giving voice to those whose struggles take place outside the scope of the clinic, but also holds the potential to assist in the creation of more appropriate and effective means of alleviating individual and social distress.

Most of the lay Balinese responses to the model of PTSD put forth in the months following the Bali bombings took as their starting point the premise that categories of suffering are inherently cultural and political discourses that must be evaluated within local frameworks. For example, Balinese we spoke with tended to describe their emotional distress in the aftermath of the attacks not as individual pathology but as shared confusion (*bingung*), shock (*mekesyab*), or panic (*genting*). Although some Balinese used the newly introduced term *trauma* – usually in the plural (“*kita kena trauma*”) – others used local terms such as *ngeb*, a form of withdrawal from ordinary social interaction that may be collective, which is generally not thought of as an illness (*penyakit*) and often has political connotations as a form of resistance against unjust authority.¹⁷ These narratives were in

¹⁷ This notion of withdrawal as an assertive expression of conflict or resistance is also found in the Balinese practice of *puik*, when two or more individuals enact silence and social

keeping with traditional Balinese taxonomies of mental illness that locate emotional disorder in disturbed relationships with both the visible (*sekala*) and invisible (*niskala*) realms of life, including interactions with family, neighbors, ancestors, gods, spirits, and demons (see Connor 1990, 1995; Jennaway, 2002; Lemelson, 2003; Wikan, 1990).

They fit poorly, however, with PTSD treatment models that saw the encounter between clinician and patient, rather than social and spiritual relations, as the appropriate site of addressing emotional distress. They also, in the case of *ngeb*, contradicted psychiatric diagnostic tools that view “avoidance” as a pathological symptom of illness indicating a retreat from social reality, rather than an assertive act of social commentary.¹⁸ Yet despite these obvious cultural contrasts, Balinese critiques of the PTSD model have not, for the most part, been culturalist critiques that seek to explain illness and its treatment through reference to fixed, shared patterns of belief and behavior. After the bombings, local biomedically trained psychiatrists and psychologists did, in ways quite resonant with Western discourses of cultural competence or cultural sensitivity, tend to caution against the blunt application of PTSD models in Bali because of differences between Western and Balinese culture. They noted that Balinese place great emphasis on spiritual and ritual approaches to healing and spoke of the need to recognize such orientations in PTSD treatment programs in order to make them appropriate for their patients.

Yet critiques by Balinese nonclinicians tended not to follow such lines. Rather than constructing a dichotomy between an essential, homogenous Balinese culture and (an equally homogenous) Western medicine and asserting wariness of the latter, those Balinese we spoke with in the months after the bombing claimed that they had no hesitancy about the Western origins or secular orientations of PTSD treatment programs in Bali, having had long experience of relying on both local healers and biomedically focused clinicians to address their various health concerns. What was at stake for them was not “culture” as an abstract field of norms, but the divides of history, power, and social position that became more painfully visible after the bombings, showing up any notion of unitary “Balinese-ness” as a tenuous construction.

In the aftermath of the bombings, the majority of those Balinese with whom we spoke identified the traumatic event that had caused them the

avoidance against each other, or in practices of failing to *ngayah*, offer labor for the rituals or other events held by those claiming higher status than oneself. It also references the popular Balinese expression *koh ngomong*, roughly translatable as “fed up with speaking,” in which silence becomes a pointed commentary on an excess of “empty” speech.

¹⁸ According to the *DSM-IV-TR*, “persistent avoidance of stimuli associated with the trauma, and numbering of general responsiveness” is one of the six definitive diagnostic criteria of PTSD (APA, 2000). We would argue that what constitutes avoidance, much less responsiveness, is highly locally variable.

most suffering not as the deaths of 202 people in the explosions, but as the economic and political aftershock of terrorism. For example, Pak Ketut, a tour guide who dropped a group of British vacationers at the Sari Club hours before it was engulfed by explosions, described to us his restlessness, inability to concentrate, tendency to startle, and repetitive dreams of the faces of the tourists he had left at the site of their deaths. Yet after hearing that free care was available for Balinese suffering from bomb-related PTSD, he insisted that he was in no way a candidate for psychiatric treatment. He responded that, for Balinese, "death is something usual, something we know how to deal with," referencing the highly elaborated set of traditional Balinese rituals that work to ensure the spiritual well-being of the deceased and their families and to protect the living from the spiritual pollution (*sebel*) of contact with the dead.¹⁹ His statements also evoked the fact that death is far from unusual on an island whose maternal and child mortality rates far exceed those of the industrialized West, where life expectancy averages only in the mid-60s, and where medical treatment for serious illnesses is outside the financial wherewithal of most people.

What Pak Ketut claimed to be most concerned with, and what he attributed his symptoms to, was the fact that within a month of the bombings he had been summarily laid off from his position at a hotel – part of a well-known international chain – where he had worked for the past 15 years. Pak Ketut – like many other Balinese – pointed to the exploitative labor relations that often occur in the Balinese tourism industry, allowing local workers – unlike their Western counterparts who may be employed by the same multinational corporations – little recourse to unemployment or severance compensation. He also noted the pressure exerted by the Indonesian police and military against the few organized attempts to protest unfair labor policies after the bombings, and the claim by government officials that any visible manifestation of dissent was a "social ill" (*penyakit sosial*) that was counterproductive to the quest to restore touristic images of Bali,²⁰ a claim that resonated neatly with previous state attempts to deny

¹⁹ By referencing traditional Balinese ritual, we do not mean to imply that death ritual has been immune from historical change or contemporary contest. Indeed, the rituals held after the Kuta bombings produced a high degree of debate, with various factions within the Parisadha Hindu Dharma Indonesia, the national state-sponsored Hindu governing organization, fiercely debating whether the rituals that were to be held should be those for victims of natural disaster – a position that would have erased any notion of agency in the commission of terror – or for victims of war – a position that would have cast Muslims as the enemy. Lay Balinese likewise debated whether it was appropriate for them to be asked to hold (and pay for) separate rituals in each household and village temple to address the spiritual pollution of the bombings.

²⁰ See Good and DelVecchio-Good (2001) on the New Order regime's tendency to pathologize social protest using colonially influenced notions of *amuk*.

the suffering of victims of 1965–66 in the name of social and economic development.

Pak Ketut's emphasis on the social and political context of trauma has, we suggest, implications not only for the work of social scientists but also clinicians. Indeed, it is in such contexts that symptoms are read as either reasonable or pathological responses to political conditions. For example, "avoidance of stimuli associated with the trauma" is cited in the *DSM-IV-TR* as one of the primary criteria for diagnosing PTSD (American Psychiatric Association [APA], 2000). Thus, a New Yorker who persistently avoids lower Manhattan in the wake of the World Trade Center attacks and a Balinese who, claiming to be experiencing *ngeb*, avoids returning to the Kuta Beach tourist district where the bombings occurred might, on a PTSD diagnostic instrument, show certain similarities. They would, however, be responding to very different political situations. In the New Yorker's case, it might be possible to identify a certain measure of emotional and behavioral inconsistency with the reality of a potential threat. In the Balinese case, however, where the Indonesian government has not responded to terrorism with the dramatic security measures implemented in the United States and where political tensions rooted in extreme economic inequalities, a long history of state repression, the post-Soeharto rise of local militias, and newly hardened ethnic and religious divisions appear to be growing, the fear that traumatic events may repeat themselves is grounded in a very different contemporary reality, one saturated with previous experiences of political violence and the lessons learned from it about how to protect oneself and loved ones. For Balinese, it would be irrational to imagine that terror had retreated safely into the past, leaving only the task of coming to terms with a horror now historical. At the very least, there is something ironic about using USAID funds to treat Balinese for symptoms of avoidance, at the same time as the U.S. State Department has issued a blanket warning for Americans against all nonessential travel to Indonesia, singling out Kuta and other places where tourists are known to gather for special mention.

Balinese responses to post-bomb PTSD programs point not only to how individuals' experiences and embodied expressions of trauma unfold within cultural and political contexts, but also to the fact that the boundaries separating the clinic from the broader social arena are, to a large extent, fluid and porous. PTSD treatment programs, even when they are framed as purely biomedical interventions, are far from immune from complicity in politics. In the Bali case, where neither survivors of episodes of violence other than the October 2002 bombings nor those who experienced emotional suffering due to very real readings of the foreshortened possibilities for employment, education, or future economic success were offered participation in the highly publicized PTSD programs, those who felt that their pain was being ignored or downplayed often expressed resentment.

Pak Wayan Santa, one of the leaders of the of the Bali chapter of the Yayasan Pelelitian Korban Pembunuhan (YPKP, the Foundation for Research into Victims of Massacre), an Indonesian organization involved in fact-finding and victims' advocacy related to 1965–66, was one of those dubious of the exclusive attention trained on the victims of the bombings by humanitarian agencies. Pak Santa framed his critique by first describing his memories of 1965, when he was a high school student active in a leftist youth group. After escaping from a group of machete-wielding paramilitaries, he was arrested and detained without trial for several years under conditions of extreme brutality. He faced social, political, and economic discrimination after his release, losing the job he had managed to find in a hotel after his employer performed a background check and discovered he was a former political prisoner. Pak Santa then recounted his continuing nightmares, depression, and pervasive fear, claiming that a fair number of the 1965–66 survivors he knew suffered similar emotional difficulties.

He told a story of how, in 2000, he had tried to organize group therapy sessions for other members of the YPKP, but he could not find a local clinician willing to work with victims of 1965–66, who are frequently still stigmatized either as “communists” whose punishment was just or as politically infectious people with whom public contact could lead to one's own ostracism. “All we could find was a ‘trainer’ from the John Robert Powers School of Personality Development,” Pak Santa recounted, referring to a U.S.-based for-profit franchise offering courses in “self-management,” “image projection,” and “social graces” popular among Balinese tourism industry personnel who wish to improve their professional persona. As Pak Santa related,

He came and met with us and told us to think positive thoughts and not be trapped in the past, and that if we were feeling tense to imagine ourselves sitting on a beautiful white sand beach. Most of us were confused, and some of us were angry, too, hearing him talk as if we were the ones who had the problem, as opposed to the state having made problems for us. Finally one older man, a poor man, stood up and said, “Why should I think about a beach? I'm a fisherman – I see the beach every day and all it makes me think about is hard work! You sound like a tour guide, not a doctor!”

This exchange, amusing as it might be, does hide some bitter realities. Treatment for those in distress depends on the presence of a social and political space in which their experience can be recognized as painful and problematic, rather than as mundane, malingering, or deserved (James, 2004). Indeed, as Breslau (2004) notes, the discourse of trauma “deals fundamentally with the legitimacy of suffering” (p. 15). It is also linked to social and political processes through which certain kinds of events are identified as harboring the risk of producing large numbers of cases of mental illness. For international organizations without a wide pool of

local expertise to draw on and which are themselves beholden to government or private donor interests, this generally involves drawing comparisons with what is known of the psychological effects of other events seen as similar, as well as considering how trauma treatment might provide broader economic and political benefits. Local clinicians or activists seeking to access funding for their efforts often must reproduce such framings, constructing their descriptions of local conditions in terms that resonate with international categories and priorities (Breslau, 2004; Watters, 2001). Likewise, those seeking medical treatment or social resources must often represent themselves as one-dimensional patients suffering psychopathology rather than as complex political actors (Gross, 2004; Zarowsky, 2004). As Ong has described in the case of aid programs for Cambodian refugees in the United States, "Getting the money is tied to the official designation of Cambodians as a 'depressed' minority" (Ong, 1995, p. 1247).

In Bali, support for the treatment of trauma has likewise been contingent on the construction of particular internationally resonant narratives, including that of similarity between the Kuta bombings and the terrorist attacks of 9/11, and of the bombings as an extraordinary violent event unprecedented in Balinese history, enacted upon victims untainted by blame. The experiences of survivors of 1965–66, which fit poorly with such models, have remained unaddressed, leaving them in a discursive "zone of social abandonment" (Biehl, 2005) in which access to care depends on denial of their experience – on a fisherman imagining his reality from the perspective of a tourist. Not only do such models fail to recognize certain forms of suffering, but also by refusing to analyze the political conditions of their production they can engage only with presumed individual pathology, rather than the broader "pathologies of power" (Farmer, 2003) in which distress is embedded. Instead of seeking to dismantle the binds – at once material and discursive – restricting victims of violence, it becomes the victims' own responsibility not to be "trapped in the past."

The Balinese case also demonstrates how PTSD programs, especially when they include educational or public awareness components designed to encourage potential clients to seek treatment, may also have important political effects as they enter broader discursive fields. In the post-9/11 United States, PTSD models were used to treat those who had been in the vicinity of the World Trade Center. Yet PTSD discourse, which was spread past the walls of the laboratory and clinic through the media and public health apparatus, had a social and political impact extending far out from Ground Zero. Discussions of the high rates of PTSD said to be experienced by Americans after September 11 engaged with a public culture that equated the experience of trauma with victimization and with conservative nationalist rhetoric about an America under attack, strengthening battle lines between good and innocent victims and evil perpetrators of senseless acts of aggression. Likewise in Bali, descriptions of the bombings

as “shattering” Balinese life or “destroying” Bali’s tourism-driven image as a peaceful island paradise presumed a stable pre-bomb Bali, erasing the experiences of contest, conflict, and past violence. By characterizing PTSD in their educational materials as “a normal response to extraordinary events,” the program coordinators no doubt wished to lessen the strong social stigma attached to psychiatric treatment in Bali. But they also helped to spread a sense that Bali was indeed experiencing remarkable violence, that the causes of this were located elsewhere, that through its relations with Western experts and techniques Bali could recover, and that the aim of treatment was to put the past behind, rather than to question power relations in the present in which suffering might be implicated. Albeit for the most part unwittingly, focus by medical and aid industry “experts” on the trauma of the bombings as a singularly horrific event authorized inattention to the presence of long-term structures of violence and inequality that have caused arguably far more psychic damage to Balinese.

It is important as well to recognize that discourses of psychic and social healing from violence are not solely the province of biomedicine. Rather, they engage with a broader political context and are often used by social actors seeking to shift or maintain relations of power. PTSD, with its aura of scientific fact, can become an especially powerful rhetorical tool. This point has been made for the case of South Africa, where “trauma” became a new key word authorizing the dismantling of many of the social and political structures of apartheid, the granting of monetary reparations to victims, and the dissemination, through the Truth and Reconciliation Commission (TRC), of personal narratives of structural and political violence. Trauma can be seen here as a tool of liberation, yet Lund argues that the discourse of healing that emerged out of the South African TRC also worked to “cast apartheid as an illness turning South Africans into victims requiring the ministrations of a new nationalism” (2003, p. 89). In Bali, where the term “trauma” escaped its origins in clinical discourse to stand for the experiences of an entire ethnic group, PTSD programs likewise became not simply clinical endeavors but a rationale for reconstructing Balinese society in ways that privileged tourism capital and government authority and silenced local dissent.

To take such critiques seriously is not, of course, to deny the intense suffering that those who have lived through violence and terror have experienced, nor the relief that individuals may obtain through psychiatric treatment – indeed, a knowledgeable and sensitive clinician was precisely what Pak Santa and his friends were seeking. Nor is it to cast aside what is known from clinical and basic science research about the psychological effects of trauma on individuals, how traumatic memories are stored and processed in human brains, or how they shape psychological and emotional functioning. And it is certainly not to deny the commitment of those

who seek, through clinical or humanitarian programs, to acknowledge and ameliorate the suffering of victims of violence, whose pain is so often denied by perpetrators, states, and societies.

It is, however, to shift focus to the social, political, and economic discourses that render trauma visible or that, through their inattention, authorize the continuing destructive presence of other forms of violence. It is to question what relations of power and meaning make a "clinic" seem more sensible than a "center," and how the authority of experts is created and contested in such spaces. It is to recognize that clinical interventions may have unintended – even perverse – effects as they intervene in landscapes of postconflict memory that are fundamentally social and political. It is to push past simplistic models of "cultural competence" in designing local programs to address suffering, recognizing that contests over who gets to define "culture" may be deeply implicated in the conflicts that provoke trauma. And it is, ultimately, to open to discussion the crucial question of how clinicians can be incorporated into broader struggles to create more inclusive responses to suffering and to prevent the perpetuation of various forms of violence, from the blunt trauma of terrorism and mass murder to the insidious trauma of ongoing repression, silence, and disregard.

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