"Latah: a mental disorder present in certain lower-class women past middle age characterized by involuntary compulsive utterance of obscenities, parodying of others' actions or other socially or morally offensive behavior" (Horne 1974: 332).

ABSTRACT. This paper examines the symbolic properties and cultural relevance of latah, a behavioral state noted in Malaya and Indonesia since the 19th Century. Most interpretations of latah have been psychological, latah being perceived as a 'mental disorder.' In the following, it is concluded that latah is intimately related to other aspects of Malayo-Indonesian culture and that it is a well-known cultural pattern and not a mental disorder as such, though it may occur among persons, largely women, in a socially and psychologically marginal situation. Latah is a symbolic representation of marginality, and it is as appropriate to certain mythological and religious figures as to the socially marginal.
involving involuntary obscenity or mimicry, in Siberia and elsewhere (Ellis 1897: 32; Manson 1910: 769; Czaplicka 1914: 321–25; Yap 1951: 318, 1952: 516, 1969: 38; Aberle 1952: 291; Honigmann 1954: 379; van der Kroef 1958: 99; Barnouw 1963: 368; Wegrocki 1967: 696–97; H. Geertz 1968: 96; Winstedt 1969: 124); but so little is known about the latter, and little enough known about latah itself, that any assertion of a fundamental similarity between them is unjustifiable.

If latah is specific to Malayo-Indonesia, as I take it to be, the question which then arises is that of the factors specific to this culture area which have led to it. The answer to this is less than clear. A certain amount is known about the social position of the latah. As the above definition indicates, it is mainly found among older women who are at the menopause or past it (cf. van Loon 1926–7: 439; Dentan 1968a: 138). It can be suggested as a provisional but reasonable hypothesis that menopausal women of lower station experience certain difficulties in these societies which may be conducive to mental disorder. In one sense this is probably true; but such personal difficulties are scarcely restricted to Malayo-Indonesia, and, while the personal problems of latah victims have a certain universality, the ‘symptoms’ of latah remain obdurately specific. Why latah? As steps toward an answer, the condition will first be more fully described, and this followed by a more detailed examination of what is known about those among whom it occurs.

It is generally agreed, both by Europeans and locals, that ‘shock’ or ‘startle’ is an important precipitating factor of latah (Clifford 1898: 189; van Loon 1926–7: 439; Yap 1952: 537, 1969: 44; Aberle 1952: 292; van der Kroef 1958: 99; Firth 1967: 197; H. Geertz 1968: 94); this applies to the first onset of the condition as well as to its subsequent recurrence. There is much obscurity about the nature of the onset of latah in most of the described cases; what may be involved, in addition to a specific shock or even instead of it, is the occurrence of certain peculiar dreams and personal difficulties such as the death of a child or the onset of menopause (Ellis 1897: 40; Wegrocki 1967: 696; Pfeiffer 1968: 37; Yap 1969: 44; Chiu 1972: 158). A shock, a death, or strange dreams are not necessarily the immediate cause of latah; they may be the initiators of a general disturbance in which latah behavior makes a slow appearance; and there are some cases in which there is no obvious pathogenic factor at all.

Once established, latah is easy to elicit; specific outbursts of latah in a susceptible person are commonly brought about by startling the victim in more or less public company, and often quite deliberately for the sake of the amusement which it provides (Neale 1884: 884; Ellis 1897: 33; Clifford 1898: 191; Fletcher 1908: 254; Manson 1910: 768; H. Geertz 1968: 95; Pfeiffer 1968: 35; Resner 1970: 376; Chiu 1972: 157). The latah person may be startled by a