Clinical Case Study

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CULTURAL FORMULATION OF PSYCHIATRIC DIAGNOSES

Sakit Jiwa, Ng(amuk), and Schizoaffective Disorder in a Javanese Woman

CLINICAL HISTORY

Patient identification. “Anik” is a twenty-nine year old Javanese woman. She was born in a rural area about twenty kilometers east of the south-central Javanese city of Yogyakarta, and had lived in the city for four years. She had been married about a year and a half, but was very unhappy with her husband and family obligations. Because of her illness, Anik was unable to care for their eight-month old daughter. She had hoped her mother would do so, but was told her mother was too old to care for a baby, so her daughter was being taken care of at the time by Anik’s aunt in Jakarta. I first met Anik in the in-patient ward of a public mental hospital in Yogyakarta. She agreed to be interviewed after I explained my research into cultural aspects of mental illness experience and treatment in Java. I met with her sister-in-law six months later, and twice I met again with Anik herself, once seven months after the initial interview, and then a month after that. While Anik’s first language is Javanese, she is also fluent in Indonesian. The interviews were conducted in Indonesian.

History of present illness. Anik said her current illness resulted from the stress of her marriage, the enormity of her family obligations, as well as being “startled” (kaget) by a harsh encounter with her landlady. Hospital intake notes also describe that her baby became ill after drinking an oil commonly used for household cleaning, which also served as a major stressor. Anik said the illness began six months after the birth of her daughter, that is, about two months before she was hospitalized. Anik described in some detail her situation and the events that precipitated her current symptoms, though the time-line she provided was vague. She was having marital conflict, describing a “lack of openness” and “compassion” from her husband, and she was very jealous and suspicious that he was having an extra-marital affair. She said he was disappointed about her inability for a period of time to produce breast milk for their daughter.
daughter. This, along with the stress of having to work at her job and take care of an extended household, caused her to become quiet and ruminative (melamun). She said she also became easily angered, such as when her house was messy and noisy, was quick to take offense, and sometimes slammed doors (ngamuk). She also reported feeling persistently sad, crying easily, feeling guilty, and having suicidal thoughts. Another precipitant was an incident when her landlady spoke harshly to her, which scared and startled her. She also described a distressing incident when she was six months pregnant, and a strange man entered her room at home and startled and disturbed her.

Anik said that at the beginning she considered it a “small” illness. She said it began when she became quiet and ruminative and then began to not sleep or eat. She also developed hallucinations (seemingly both auditory and visual), though the exact time frame in which these symptoms emerged was difficult to determine. My sense in talking with Anik and reviewing hospital accounts is that the hallucinations probably coincided with her social withdrawal and ruminative behavior, that is before the sleeplessness, loss of appetite, and other depressive symptoms, though how long before I could not determine. In general the voices Anik heard were accusatory toward her husband, his family, and their landlady, though they seemed to keep up a running commentary during our first interview as well.

It also appeared that Anik suffered from jealous delusions regarding her husband’s supposed infidelity. While I have no evidence whether or not he was having an affair, both the hospital intake notes and Anik’s sister-in-law report jealousy and suspicion of delusional intensity.

Anik claimed that these startle episodes frightened her and also caused her to remember her acute childhood fear when her mother was mentally ill. As a result of these stressors, she said she became fearful and irritable. Her sister-in-law reported that Anik had long been a quiet person who tended to be open about her problems, though sometimes sought attention through “over-acting” her feelings. She said that recently, however, Anik got “angry without reason” nearly every day.

Anik was brought to the mental hospital by her brother, and had been there four days before I met her. Her clinical symptoms recorded on admission included mondar-mandir (“wandering without purpose”), ngamuk, being easily offended and suspicious, talking to herself, crying, insomnia, and melamun (“daydreaming”). Her affect was noted as “labile,” and both visual and auditory hallucinations were noted. On admission her diagnosis was recorded as Schizophrenia, paranoid type.

While in the hospital Anik was treated with anti-psychotic medication, specifically chlorpromazine (100 mg three times a day) and haloperidol