



SAKA: A CULTURE-SPECIFIC DISORDER IN MALAYSIA AND ITS EMIC AND ETIC PATTERNS



Alexander Stark¹⁺

Yohan Kurniawan²

Burhan Che Daud³

¹Lecturer, Center for Language Studies and Generic Development, Locked Bag 01, 16300 Bachok, Universiti Malaysia Kelantan, Malaysia.

Email: alexander@umk.edu.my

²Associate Professor and Deputy Director for Research and Innovation, Center for Language Studies and Generic Development, Locked Bag 01, 16300 Bachok, Universiti Malaysia Kelantan, Malaysia.

Email: yohan@umk.edu.my

³Senior Lecturer and Director, Center for Language Studies and Generic Development, Locked Bag 01, 16300 Bachok, Universiti Malaysia Kelantan, Malaysia.

Email: burhan@umk.edu.my



(+ Corresponding author)

ABSTRACT

Article History

Received: 18 February 2019

Revised: 28 March 2019

Accepted: 30 April 2019

Published: 22 July 2019

Keywords

Culture bound syndromes

Etic

Etic

Kelantan

Malaysia

Saka.

Saka is a medical disorder that can be found in the Malay-speaking world of Malaysia and Indonesia. The researchers focused on the Malaysian state of Kelantan, which is located on the East coast of Malaysia. There is not much literature available that looks into that phenomenon. In this article, the research team wants to illustrate this disorder both from an etic and emic point of view. The consideration of different perspectives helps to get a holistic picture. The emic viewpoint documents the folk beliefs, while the etic view looks into the scientific discussions. Furthermore, it is discussed whether *saka* can be considered as a Culture-Bound Syndrome (CBS). The research team followed a qualitative approach which should complete the picture. Unstructured interviews were conducted in which the respondents had the opportunity to explain their perspective about *saka*. It was discovered that *saka* has unique features and is closely interwoven to the Malay culture.

Contribution/ Originality: This study describes a culture-specific medical disorder, which is called *saka*. It is prevalent in the Malay-speaking world. The originality of this article is to describe it in a holistic way by considering the emic and etic viewpoint. This can be useful for biomedical specialists who are confronted with *saka*.

1. INTRODUCTION

There are medical disorders that are specific in different geographical regions. Such medical complications are often denoted as Culture-Bound Syndromes (CBS). In Malaysia, two of such CBS are well-known in the scientific community, namely *latah* and *amok*.¹ There is not much literature available regarding *saka*. Often it is referred to as a kind of ancestral worship [3]. Furthermore, in popular culture, there are television shows and movies in which *saka* is a well-known topic [4]. In the local understanding, *saka* is related to a *jinn* that is bequeathed within the family.² If the heir rejects to accept the *jinn* the disturbances start and can manifest themselves in various forms.

¹ For a further discussion of these CBS see Saint [1] and Winzeler [2].

² In the Islamic understanding, *jinn* are creatures that were created out of fire. They are invisible and can be either good or evil.

The research team intends to illustrate the disorder of *saka* both from the viewpoint of the local population and the perspective of anthropology and psychology. The aim is to get a holistic picture which can help medical and psychological practitioners to detect whether they are 'confronted' with *saka*. In addition, the research team discusses whether *saka* is a Culture-Bound Syndrome (CBS) or not.

2. LITERATURE

There is not much literature available that discusses the topic of *saka* in detail. One of the first peer-reviewed scientific articles is from Che, et al. [3]. These authors are psychiatrists who illustrate a case that is ascribed to *saka*. Their article is quite brief, but it looks into the field of *saka* from a psychiatric background.

From the viewpoint of social sciences, there is an article that was published by Hasbullah [5]. Both writers elaborate whether *saka* is a Culture-Bound Syndrome (CBS). The authors stress that for the people 'invisible creatures' are related to *saka*. Usually, these creatures are bequeathed within the family. It is argued that *saka* can be considered as a CBS with its specific way of treatment. The main contribution of this article is that the writers describe *saka* in-depth and introduce it to the scientific community.

Kurniawan and Stark [6] are authors who look into the field of *saka* from another perspective. They state that patients with that type of disorder are exposed to sudden emotional changes, like from a calm state to aggression. These changes can be seen by analyzing biomedical feedback and the pulse rate.

Besides the scientific literature, there are books that are written by local Islamic scholars. The most extensive book that belongs to this category was written by Haron and Mokhtar [7]. This book provides a comprehensive overview by considering both the clinical picture and the way of treatment. Other publications of Islamic scholars mention *saka* amongst other disorders [8, 9]. These books usually contain the features of *saka* and its treatment.

From the literature, it can be seen that there are two types of views, namely the 'outside' view, and the perspective of the authors who describe *saka* by considering their local understanding.

3. RESEARCH METHOD

This research included both an analysis of the available literature and qualitative research that contained open-ended interviews. The research setting was the Malaysian state of Kelantan. This state is located in the North-East of the Malay Peninsula. *Saka* is a well-known medical disorder in that area. The research team was intrigued by the fact that many people use this word to describe a variety of disorders. However, it was not always clear how to get a complete picture as the locals used different explanations. Some people used the term *saka* for all kinds of medical problems while others were more specific and applied certain criteria. The ten respondents who believe they have *saka* were interviewed in lengthy unstructured interview sessions. The advantage was that the respondents could include medical concepts that were not directly in the mind of the researchers.

Furthermore, two medical practitioners were interviewed to get a better picture. However, the research team did not only conduct interviews; they did also observe the behavior of the affected people. The data were then analyzed by using a qualitative approach that contained the description of 'strange' behavior.

4. DISCUSSION

In this section, the researchers look at *saka* from an emic and etic perspective in order to get a 'complete' picture of this medical disorder. In the field of anthropology, there is the mentioning of these terms in many introductory books. An exemplary definition could be the following: "Good fieldwork and ethnography are based both on the fieldworker's ability to see things from the studied person's point of view (the emic perspective) and on the ability to see patterns, relationships, and meanings that may not be consciously understood by a person in that culture (the etic perspective)" [10]. In the following elaborations, both aspects are illustrated in order to get a complete view.

4.1. *Saka: An emic Perspective*

In this section, *saka* is illustrated from the viewpoint of the local population. This perspective includes the view of Islamic scholars and patients. The research was conducted in Kelantan. Kelantan is a state where the influence of Islamic scholars is quite apparent. *Saka* is different from magic and witchcraft as it is bequeathed within the family. Let's say a family member is going to pass away. In such a case, the dying person is looking for a family member to whom he or she can hand down the *saka*. The term *saka* itself is derived from the word '*pusaka*' which mean 'inheritance'.³ So it is clear that the medical disorder of *saka* is part of the element of inheritance. One of the patients told:

"My *saka* is in tiger form, but I don't ever look at my *saka* form. I just feel it [to become] like a tiger. I did not know how it follows me. My *saka* is not inside my body, it is outside, but it will come when I face a dangerous situation like a *jinn* tries to attack me. I feel my body as an arena while they fight. It is like my partner; it will always guard me."

In this excerpt of an interview, the owner of *saka* describes that he owns an invisible kind of tiger that protects him. A holder of *saka* must take care of the *jinn* that is responsible for fulfilling a particular task. In the Islamic understanding, a *jinn* is a creature that exists in this world and was created from fire. In the Qur'an it is stated:

And the *jinn* He created from a smokeless flame of fire. (Qur'an 55: 15)

However, in the thinking of the local population, there are different types of *saka*. These kinds of *saka* are related to specific unseen creatures. The Malays differentiate between numerous ghosts. For example, there is a strong ghost, which is called *hantu raya*. According to the emic understanding, the people in the past used their help in the transportation of timber [7].

Furthermore, there are also other ghosts that offer their work. For instance, there are (the already mentioned) ghost tigers. These ghost tigers were used to protect the land and property [7]. In the past, the people looked for help, and these creatures were willing to assist. In return, 'the owner' took care of them: they offered them food and shelter. When the owner was about to die, he or she has to look for an heir who was willing to take care of the creature. Sometimes, the *saka* also helped the people to possess extraordinary abilities. Suddenly, some people could master traditional dances or martial arts. Some of these creatures could manifest themselves in dreams, or other strange things might happen. One of the respondents told:

"I always saw a snake in the toilet, at home, or at the office. I know it was not real. One night, I woke up from sleep, and I looked on the floor of my room. There were many snakes. I turned on my room lamp, and those snakes were gone - nothing. I always have weird dreams. In one dream I met two women, but I just looked at one woman, she looked like a good woman, I could not look at the other one, but I could feel that she was evil and that she was angry with me. Sometimes, I dreamt about a baby, I killed him and hid him. After that, the villagers were looking for the baby, and finally, they were chasing me because I killed the baby. This dream started when I was a boy, and I still have this dream until today."

"I often experience strange events in the bedroom like the sound of marbles falling to the floor, the sound of the door closing very tightly, and so on. After I received *saka*, all the *jinn*'s interference disappeared by itself. I currently have paranormal abilities now."

After generations, it was not easy to find a person who was willing to take care of the *saka*. As a consequence, the disturbances started. The Islamic scholars mention strange dreams, the bankruptcy of companies that belong to the family, often difficulties in getting offspring, and other mysterious disturbances that affect health [8]. Among these unexplained disorders is an inexplicable headache, to be always in stress, and so on [7]. In the research that was conducted in Kelantan, the affected persons mentioned:

³ <http://prpm.dbp.gov.my/Cari1?keyword=pusaka&d=205708&#LIHATSINI> (retrieved 12/08/2018).

“I felt very itchy in some parts of the body, and in my arm, there was a black dot that I did not know where it came from.”

“I know that I have a tiger *saka* when I first experienced hysteria around six years ago. After that, I often experience hysteria like on campus and in the dormitory. I am often affected by sleep paralysis too. At a certain point, I feel that my body is heavy, and usually, I am easily exposed to hysteria. Every year I feel this condition for around one week.”

The way of treatment is also different from a biomedical therapy as in the understanding of the locals invisible creatures ‘disturb’ the people. Therefore, the patients must be treated in a culture-specific way. The healer usually recites special verses of the Qur’an that are considered as effective in weakening the disturbing *jinn*. Furthermore, the patients should also take a bath in water in which leaves of the *bidara* tree (bot. *Ziziphus Mauritania*) were added [7]. These leaves (see Figure 1) are well-known among Islamic scholars.



Figure-1. The *bidara* leaves.

(Taken from: <https://lamosea.com/manfaat-daun-bidara/>; retrieved March 17th, 2019)

The *bidara* leaves are mentioned in the Qur’an:

27. The Companions of the Right Hand,- what will be the Companions of the Right Hand?

28. (They will be) among Lote-trees [*bidara*] without thorns. (Qur’an 56: 27-28)

Finally, it is hoped that the *saka* is willing to leave the body of the victim. For the majority of the Islamic scholars, *saka* is a condition that is not good as the believer is often distracted and in some extreme cases might rely on the *saka*, which affects the belief.

In the first part of the article, the emic description of *saka* was provided. In the following sections, the etic views of the scientists should be mentioned.

4.2. *Saka: An etic Perspective*

The etic perspective comprises the outside view. In general, it means to analyze medical disorders from the perspective of science. In this case, the different sciences lead to an understanding that enables it to get general patterns. These patterns help to gain a deeper understanding.

4.2.1. *Saka and Anthropology*

Anthropology is a vast subject that looks into different aspects of the culture of human societies. A medical disorder can be analyzed by looking into its religious background. The Malay people in Kelantan are Muslims. Islam is one of the great monotheistic religions, and some anthropologist would state that it is a so-called 'great tradition.' On the other side, there is a 'little tradition' which includes the ideas and belief which were already present before the upcoming of the great tradition. In the case of the Malays, it contains the belief in ghosts and entities that cannot be found in the Qur'an and *ahadith* (narrations of the sayings of Prophet Muhammad). Some Malays believe that there are ghosts that are responsible for certain disorders. Some anthropologists prefer the term 'folk religion' [11] to describe religious elements that cannot be found in the major religions. *Saka* belongs to that folk religion as it contains the belief that is part of the Malaysian environment. The tiger spirit which was mentioned above is an excellent example as it is mostly related to traditional healers (*bomoh*) [12]. Other well-known ghosts that are related to *saka* are the *hantu raya* (a very strong ghost) and the *pelesit* (a familiar) [7]. These ghosts are famous for the Malays but unknown in the greater Islamic world. Islamic scholars have a different classification of *jinn* [13].

In medical anthropology, there is a differentiation between the terms 'illness' and 'disease'. Both terms are defined in the following way:

"A key axiom in medical anthropology is the dichotomy between two aspects of sickness: disease and illness. *Disease* refers to a malfunctioning of biological and/or psychological processes, while the term *illness* refers to the psychosocial experience and meaning of perceived disease" [14].

In the case of *saka*, there are rarely biological processes involved. The respondents expressed their opinion that a *jinn* disturbs their well-being. Sometimes the 'victims' can become possessed and act unusually. On the other side it is possible that the person with *saka* can have special abilities: For example, it was witnessed that one of the patients suddenly became creative and was able to make movements of traditional dance. Sometimes the patients could become healers. In an anthropological way, there was a transition from an old position to a new one. For instance, the person was a clerk, but after he detected his abilities, he became a healer. In the field of anthropology, this is called *rites de passage* and mentioned by Van Gennep [15]. But what are the actual rites? It must be assumed that the medical disturbance itself serves as a rite. In such a situation, the condition of the patient is in a state in which he or she does not belong to any side. After he or she learned how to live with *saka* the former patient will be in a new state. Alternatively, the patient can decide to reject *saka*. In that case, the Islamic scholar has to drive out the spirit. After successful treatment, the person will be in the original healthy state again.

Summary: For an anthropologist, *saka* is part of the folk belief of the Malays. It is related to the belief in ghosts and spirits that follow a person and can be inherited. Furthermore, it can be a medical disorder. Sometimes an 'affected' person can act normally, but at other times an affected person shows peculiarities. It can be a psychically strange behavior: the person might act like the spirit. For example, if the *saka* is a tiger, then the affected person acts like a tiger. Alternatively, the person can suddenly behave weird by showing certain skills like dancing or healing without prior knowledge of that. Such disorders can be called illnesses in the sense of medical anthropology. The field of anthropology helps to detect some features of *saka* from an etic point of view by considering the emic perspective too.

4.2.2. *Saka and Psychology*

In transcultural psychology, there are medical disorders that can be found in particular regions of the earth. Such disorders are called 'Culture-Bound Syndromes' (CBS). Malaysia is quite well-known for two Culture-Bound Syndromes (CBS), namely *amok* and *latah*. The term Culture-Bound Syndrome is a term that is derived from the earlier term 'folk illness'. This word was popular in the 1950s and 60s [16]. It was defined as follows:

"Syndromes from which members of a particular group claim to suffer and for which their culture provides an etiology, diagnosis, preventive measures, and regimens of healing (Rubel, 1964)"(cited from Lux [16]).

Here, we can see that this definition considers that there are medical disorders which are specific to a specific culture and which cannot be found in other areas. So if there are medical disorders which cannot be detected in a strict biomedical sense, then it has consequences for at least three fields:

- a) Etiology and diagnosis: This is the way how a healer discovers these disorders. With the medical equipment of a Western-educated doctor, a useful diagnosis cannot be made. Therefore, the local healers must have their own ways.
- b) Preventive Measures: This comprises the precautionary measures which help that the people will not be affected.
- c) Regimens of Healing: This includes the actual local healing methods which are different from the healing methods of Western biomedicine.

In the following years, the term 'Culture-Bound Syndrome' was defined in a more precise way. The first scientist who systematically categorized these disorders was Yap [17]. These Culture-Bound Syndromes comprise medical disorders which are quite difficult to categorize in Western biomedicine or psychiatry. For a better understanding of CBS, it is necessary to look at the definition which was offered by DSM IV (Diagnostic and Statistic of Mental Disorders) (p. 844). It was characterized as follows:

"The term *culture-bound syndrome* denotes recurrent, locality specific patterns of aberrant behavior and troubling experience that may or may not be linked to a particular DSM-IV diagnostic category. Many of these patterns are indigenously considered to be "illnesses", or at least afflictions, and most have local names ... culture-bound syndromes are generally limited to specific societies or culture areas and are localized, folk, diagnostic categories that frame coherent meanings for certain repetitive, patterned, and troubling set of experiences and observations" (cited from Guarnaccia and Rogler [18]).

This definition stresses that there are disorders which are specific for one region and which cannot easily be defined by Western categories. However, in recent years the term Culture-Bound Syndromes was criticized by scientists. One of the reasons was that CBS were merely focusing on exotic disorders. Therefore, the term Culture-related specific syndrome was introduced. This term was defined in the following way:

"Culture-related specific syndromes are defined here as psychiatric syndromes that are closely and significantly related to certain cultural features in their formation or manifestation of psychopathology. The clinical manifestations tend to be different from those of psychiatric disorders that fit within existing psychiatric classifications" [19].

The advantage of this definition was that a particular disorder might often appear in a certain region but is not specific for that region. This means it can be found in other places of the world, too.

Saka is specific to the Malay speaking world. However, if we want to decide whether *saka* is a Culture-Bound Syndrome, then we have to look at the three features that were mentioned before: a) Etiology: Usually, a local healer can detect this type of disorder. A biomedical doctor cannot identify this disorder by merely referring to bodily functions, b) Preventive measures: This includes behavior that is specific for the culture. The person must behave in a proper way that does not seek the help of *jinn*. However, this kind of behavior can be found in the Islamic world in general. Typically for the case of *saka* is that it includes the local belief in the spirit of crocodiles

and tigers; c) The way of healing differs from healing methods of a Western biomedical doctor. These healing methods include casting out the *saka* spirit. For example, it comprises the recitation of Qur'anic verses and the trial to convince the spirit to leave the person. Traditional plants like the mentioned *daun bidara* are used to make the situation uncomfortable for the spirit. These healing methods are similar to traditional Islamic healing methods.

5. CONCLUDING REMARKS

Saka is a medical disorder which can be found in Malaysia and other areas of the Malay-speaking world. In this article, the authors analyzed *saka* from an emic and etic perspective. The emic point of view showed that *saka* is part of the folk beliefs of the Malay community. In general, other ethnic groups like the Indians or Chinese are not affected by *saka* as their beliefs are different. So it can be said that the folk belief of the Malays is still widespread and helps to get background knowledge for the researchers and medical practitioners.

Anthropology and psychology are the two primary subjects that help to understand the etic perspective regarding *saka*. Both views reveal that culture-specific components play an essential role. A biomedical expert must consider this during the healing process. A mere treatment with drugs could be unsuccessful. Therefore, it is recommended to treat the disorder by considering the local belief system.

For the field of psychology, it is useful, to note that there is a culture-specific disorder in the region of Indonesia and Malaysia, namely *saka*. This article helped to describe the most important general features of *saka*, and this can be useful for making a correct diagnosis.

REFERENCES

- [1] M. M. Saint, "Running Amok: A modern perspective on a culture-bound syndrome," *Primary Care Companion to the Journal of Clinical Psychiatry*, vol. 1, pp. 66-70, 1999. Available at: <https://doi.org/10.4088/pcc.v01n0302>.
- [2] R. L. Winzeler, *Latah in Southeast Asia: The history and ethnography of a culture-bound syndrome*. Cambridge: Cambridge University Press, 1995.
- [3] I. H. Che, S. R. Ishak, A. Hussein, and S. W. Mar, "Saka, an ancestral possession: Malaysia," *Asia-Pacific Psychiatry*, vol. 2, pp. 166-169, 2010. Available at: <https://doi.org/10.1111/j.1758-5872.2010.00081.x>.
- [4] J. B. Aziz and A. B. Asaari, "Saka and the abject: Masculine dominance, the mother and contemporary Malay horror films," *Asian Journal of Women's Studies*, vol. 20, pp. 71-92, 2014. Available at: <https://doi.org/10.1080/12259276.2014.11666173>.
- [5] H. W. A. H. Hasbullah, "Saka's disease as a culture-bound syndromes (CBS) in the Malay community in Kelantan, Malaysia: Diverse alternative medicine," *Sosiohumanika*, vol. 5, pp. 135 – 146, 2012.
- [6] Y. Kurniawan and A. Stark, "Saka's study of the science-based perspective of Aura. Melayu color," *International Journal of the Malay World*, vol. 10, pp. 43-65, 2017.
- [7] D. Haron and K. Mokhtar, *Method of treating Saka*. Batu Caves: PTS, 2015.
- [8] A. A. Engku and A. A. M. Mohd, *Fight magic*. Batu Caves: PTS, 2011.
- [9] F. Malik, *Spell of Quran & Hadith*. Batu Caves: PTS, 2011.
- [10] S. Nanda and R. L. Warms, *Cultural anthropology*. Belmont (USA): Thomson Wadsworth, 2007.
- [11] C. Leslie, *Anthropology of Folk Religion*. New York: Vintage Books, 1960.
- [12] K. M. Endicott, *An analysis of Malay magic*. Singapore: Oxford University Press, 1985.
- [13] S. a.-A. Umar, *The World of the Jinn & Devils. In the light of the Qur'an and Sunnah*. Riyadh: International Islamic Publishing House, 2005.
- [14] A. Kleinman, *Patients and healers in the context of culture. An exploration of the borderland between anthropology, medicine, and psychiatry*. Berkeley, Los Angeles: University of California Press, 1980.
- [15] A. Van Gennep, *Übergangsriten (Les rites de passage)*. Frankfurt, New York: Campus, 1981.

- [16] T. Lux, *Illness and its cultural dimensions*. In: Thomas Lux (Ed.), *Cultural dimensions of medicine*. *Ethnomedicine - Medical Anthropology - Medical Anthropology*. Berlin: Reimer, 2003.
- [17] P. M. Yap, "Words and things in comparative psychiatry," *Acta Psychiatrica Scandinavica*, vol. 38, pp. 163 – 169, 1962.
- [18] P. J. Guarnaccia and L. H. Rogler, "Research on culture-bound syndromes: New directions," *American Journal of Psychiatry*, vol. 156, pp. 1322-1327, 1999.
- [19] W.-S. Tseng, "From peculiar psychiatric disorders through culture-bound syndromes to culture-related specific syndromes," *Transcultural Psychiatry*, vol. 43, pp. 554-576, 2006. Available at: <https://doi.org/10.1177/1363461506070781>.

Views and opinions expressed in this article are the views and opinions of the author(s), Journal of Asian Scientific Research shall not be responsible or answerable for any loss, damage or liability etc. caused in relation to/arising out of the use of the content.