

Disease, Illness, and Sickness: The Difficulty of Classification. The Example of Saka in The Malay World

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ABSTRACT

Saka is a medical disorder that appears in the Malay speaking world. However, it is difficult for medical or psychological experts to denote whether it fits one of the well-known categories like disease, illness, and sickness. In psychiatry, the term Culture-Bound-Syndrome (CBS) was introduced to cover psychiatric abnormalities, and in the Malay speaking world, CBS like *amok* and *latah* are well-known. In this article, the authors argue that the Western concepts and categories might not suffice to understand and categorize emic concepts of non-Western societies. The authors conducted qualitative field research in the North-eastern Malaysian state of Kelantan. Kelantan is considered to be a traditional Malay state. The researchers observed and interviewed five persons with *saka*. They discovered that there are no uniform patterns of people with the medical disorder of *saka*.

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Contribution/Originality: This article documents the difficulty of using well-known classifications like disease, sickness, and illness in the case of *saka*. Therefore, the authors argue to consider and integrate an emic point of view.

1. Introduction

In many regions of the world, there are medical disorders that are specific to one geographical area or ethnic group. In psychiatry, such disorders were denoted as "Culture-Bound Syndromes (CBS)". This term intends to consider medical or psychiatric disorders that are difficult to classify by merely using Western biomedical terms. In Malaysia, for example, some disorders are called *amok* or *latah*. These two disorders were recognized as Culture-Bound Syndromes. However, that does not mean that there are only two culture-specific mental or medical disorders. In the literature and medical discussions, other culture-specific ailments can be found. One of them is *saka*.

In Malaysia, *saka* is a medical and psychiatric phenomenon that is well-known within the population (Kurniawan et al., 2020). Nevertheless, this term is not recognized as CBS, even though there are authors who recommend doing so (Hasbullah & Yusoff, 2012). However, this is not so easy as *saka* is difficult to classify.

The term *saka* is closely related to the Malay word '*pusaka*' which means 'heritage' or 'heirloom'. This meaning indicates that *saka* will be bequeathed from the parents or grandparents to the children or grandchildren. The person who receives *saka* gets the 'support' of an invisible spirit or a particular gift that he or she did not possess before. For example, an owner of *saka* can suddenly become a healer or expert of martial arts even though he or she did not know anything about these things before. Other owners of *saka* have an 'invisible friend' who accompanies and helps them.

Furthermore, *saka* is frequently related to medical, particularly psychiatric symptoms, and for a medical practitioner, it would be useful if *saka* could be classified. The 'problem' is that the healers who treat *saka* use categories that cannot be found in a biomedical context. For example, in a local understanding *saka* is related to *jinn*. According to an Islamic understanding, *jinn* are creatures that were created out of fire and belong to the world of the unseen.

1.1. Disease, Illness, Sickness

In medicine, psychiatry, and medical anthropology, there is differentiation on how to categorize a medical disorder. The English language uses the three terms disease, illness, and sickness, and sometimes the definitions amongst the scientists differ. Nonetheless, there are features that can be found in many publications. A typical definition is the following that is given by Boyd (2010):

"Disease then, is the pathological process, deviation from a biological norm. Illness is the patient's expression of ill health, sometimes when no disease can be found. Sickness is the role negotiated with society." (Boyd, 2000, p. 10).

This definition mentions three terms. A 'disease' refers to physical changes that are 'unusual' while 'illness' refers to self-perception and behavior. The third term, 'sickness,' focuses on the view from society's perspective. Some authors use the term sickness as a generic term:

"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." (Kleinman, 1980, p. 80).

In this article, the researchers will refer to the definition of Boyd. The reason is that the concept of sickness as a 'public mode of unhealth' (Boyd, 2000, p. 10) should be taken into account. Another reason is that it is useful with respect to Culture-Bound Syndromes (CBS). Within a specific society, there might be a particular CBS or disorder that is 'accepted' in society. A researcher can detect such disorders only because society uses a specific term. However, this ascription does not mean that it is a CBS per se. In such a case, a research team has to investigate this.

The triad of the three terms (disease, illness, sickness) helps to get a 'closer' understanding of a medical disorder. There can be a 'mix' of the three terms. For example, if someone feels that he or she is sick (illness) and a biomedical cause was detected, then the patient has a medical disorder that can be described as disease and illness. There are plenty of examples. Another example is the following: A patient might have an indisposition and sometimes gets slight seizures. He or she will consult a medical specialist, and further examinations will be conducted. It can include EEG (Electroencephalogram) and CT (Computer Tomography) scans. The examiners might detect that one part of the brain is responsible for a malfunction. Their diagnosis might say frontal lobe epilepsy. In this case, the patient's biomedical malfunction is confirmed. However, there are biomedical dysfunctions but no 'feeling' that the patient is sick. Alzheimer's is an excellent example of a medical disorder that can be denoted as a disease but not as an illness (Moretti, 2019). Often the patients are not aware that they suffer from that disease.

In this article, the researchers will illustrate the difficulty of classifying a medical disorder that does not fit in that system easily.

1.2. Objectives

The hypothesis of this article is that it is difficult to classify a medical disorder like *saka* by merely relying on biomedical terminology. Integrating a local understanding is useful and can also help medical practitioners in the treatment process. It must be considered that a person's life-world determinates how a person 'sees' the world. Therefore, the research objectives are the following:

- i. To illustrate the difficulty to classify a medical disorder like *saka* by using categories like illness or disease.
- ii. To integrate local (emic) categories to detect a medical disorder.

2. Literature

About the phenomenon *saka*, there are not many publications, and we must pay attention to whether the writer writes for an academic readership or non-academic readership. The first category comprises mainly articles that are published in journals. Che et al. (2010) wrote a case report in which the peculiarities of *saka* were portrayed. The reader gets a good impression of what the symptoms of *saka* look like.

Another general article was written by Stark et al. (2019). The authors use the terms emic and etic in order to look at the phenomena of *saka*. Emic refers to the local categories and reflects the point of view of the local population, while the etic perspective comprises the 'outside' viewpoint (mostly) of the scientists.

The probably most important article for the discussion of this research is the article of Hasbullah and Yusoff (2012). Both authors argue that *saka* is a Culture-Bound Syndrome (CBS) as it is closely related to the Malay population in the Malaysian state of Kelantan.

Saka is a well-known topic within the Malay community. It is discussed in Malaysian TV talk shows, and there are even 'horror movies' that thematize the topic. So, it is not surprising that there are books that were written for the local market. These books contain the emic point of view, and describe the symptoms of *saka* and how to get rid of it. The most well-known book was published by Haron Din and Mokhtar Kassan Azizan

Ramly (Din & Ramly, 2015). The book gives a very general overview of the local worldview. It describes the different types of *saka*, its symptoms and the way of healing. This book is very useful for the reader as it illustrates *saka* in a simple way. A similar book was written by Hanafi Rahman El-Fesfanji (El-Fesfanji, w.y). This book could also serve as a book for people who assume that they have *saka*. Sometimes, they do not know that *saka* was given to them by one member of their family.

3. Research Method

In this research, the researchers conducted qualitative research. The sample was found through snowball sampling. The researchers were informed about persons who possess *saka*. Slowly the number of informants increased until it reached 5. However, some persons became primary informants as they were more 'talkative' and liked to talk about their living conditions with *saka*. The following five persons were the informants during this research:

- i. K.A: He is a man in his 30s and was one of the main informants. He suffered from hallucinations and sleeping disorders. Furthermore, he had a series of dreams. These dreams were like a consecutive story. He is considered to have *saka* as he inherited the gift of traditional dance movements and healing. Nowadays, he is an active healer.
- ii. Y. S.: She is a lady in her 20s. She inherited the so-called *saka harimau* (the tiger *saka*). In this case, it is assumed that an invisible tiger spirit protects her. Sometimes she has hysterical outbursts, but she feels not sick.
- iii. Y.L.: She is also a lady in her 20s. However, she is not very talkative. Nonetheless, it is known that she sees herself as a person who is connected to the legendary figure of *Puteri Saadong*.
- iv. O. L.: She is a lady in her 70s. Her form of *saka* is the so-called *saka bidan* (midwife). This means she suddenly got (inherited) the abilities and knowledge of a midwife. So, she is active as a midwife. She is physically weak and constantly fatigued.
- v. O. W.: She is in her 80s. She was physically strong, and the people mentioned that she was so strong because of her *saka*. She decided to remove *saka* with the help of a healer, and afterwards, she became weak and vulnerable (see Plate 1).

The research setting was the Malaysian state of Kelantan, which is a traditional state with a predominant Malay population.

The research was ethnographic and followed the research paradigm of participant observation. However, the researchers could participate within the setting only on a minimal basis. The reason was that the topic was quite sensitive as many patients were stigmatized to have connections to the spirit world. Moreover, the researchers were no healers, and therefore, the research mainly followed a non-participant approach.

The interviews were unstructured. The advantage of that approach was that the interviewees could express their opinions freely. Afterwards, the interviews were transcribed and analyzed.

The researchers also considered the books that were written by local experts. It was decided to include these books too. There were two reasons for doing that: First, the local experts were often contacted by patients, and therefore they had a huge experience

with many different types of *saka*. *Saka* is a sensitive topic, and often people with *saka* become stigmatized by the local population. There are some reasons for that, the people are afraid of coming into contact with the *jinn*, or they assume that people with *saka* did something forbidden by calling the *jinn* for help. Consequently, many people were reluctant to talk about that topic. Second, people who have *saka* can have uncontrollable outbursts due to the influence of their *jinn*. So, it was something that the people wanted to conceal.

4. Findings

The people that had *saka* showed the following symptoms:

- i. Unusual strength. One old lady was very strong, but after the *saka* was removed, she became weak and vulnerable (see Plate 1)
- ii. Sleeping Disturbances: sleep paralysis, nightmares
- iii. Hallucinatory Visions: Snakes in the bathroom, shadow figures
- iv. Hearing 'strange' sounds
- v. Behavior that leads to a kind of self-isolation: not going to prayer, cannot interact with others, getting angry fast.
- vi. Changes on the body like red dots.

Plate1: One of the respondents after the removal of *saka*.



In the literature, there are further symptoms. Some are very general, like headache or foot ache (El-Fesfanji, w. y., p. 16). Therefore, the healer has difficulty finding out whether the physical complaints are related to *saka*. In the local understanding, *saka* originates from a *jinn* that lives in the body or nearby environment. It was bequeathed by the ancestors or parents. If the patient does not take care of it, there will be disturbances.

Disturbances by *jinn* are well-known in the place of the research setting, and some symptoms resemble the list mentioned above. Sometimes there is even a kind of

hysteria that can appear. There are some kinds of questions for the traditional healers that must be asked (Din & Ramly, 2016), for example, was one of the ancestors a traditional healer (*bomoh*)? This question refers to the idea that the ancestors used non-Islamic healing techniques. He or she might have used *jinn* for the healing process. Another question can reveal whether one of the ancestors was a famous artist or warrior. In such a case, the ancestor could have asked a *jinn* for help. Furthermore, the healer can investigate whether the patient owns things like a traditional dagger connected with *saka*. If one of these points can be answered positively, then it might be *saka* and not a 'simple' disturbance by a *jinn*.

It makes sense to look at psychological symptoms. Some symptoms of *saka* are similar to psychosis. The National Council for Behavioral Health lists five negative symptoms of Psychosis, namely 1) lack of affect, 2) impoverished speech, 3) lack of motivation, 4) decreased ability to enjoy things, and 5) social withdrawal (Care Transitions Network, w.y). Moreover, there are often hallucinations.

The traditional healers have their culture-specific ways of healing. The religious (Islamic) healers recite verses from the Qur'an that were taught by Prophet Muhammad or well-known Islamic scholars. This way of healing is called *ruqyah*, and it is intended to make the *jinn* uncomfortable. The researchers could witness that the patients who listened to such verses reacted and sometimes began to talk. The healers try to convince the *jinn* to leave the body. However, there are also healers who do not recite Islamic incantations.

5. Analysis and the Problem of Classification

The huge variety of symptoms shows that *saka* is a medical disorder that cannot be classified easily. Therefore, some researchers preferred to focus only on one or a few cases. Furthermore, some 'patients' do not consider *saka* to be a disorder. They know that they have an 'invisible friend' who helps them if necessary, and so they provide him or her with food.

In the field of psychology, there are psychological disorders that seem to appear mostly in one region. For example, in the region of Malaysia and Indonesia, there is the disorder of *latah* (Winzeler, 1995). The problem for the practitioners there was the challenge of treating these disorders. The symptoms, treatment methods and patient behavior differed from the understanding of science. Therefore, the term 'Culture-Bound Syndromes' was introduced to categorize these disorders. It accepted the fact that the culture provides the etiology, preventive measures and how to heal with them (Lux, 2003). In the following years, this term was also integrated into the DSM-IV (Diagnostic and Statistical of Mental Disorders). Some features were stressed: It has local-specific patterns of aberrant behavior. "Many of these patterns are indigenously considered to be "illnesses", or at least afflictions, and most have local names" (Guarnaccia & Rogler, 1999, p. 1322). The term illness is interesting here. A Culture-Bound Syndrome can be locally classified as an illness. This statement takes into consideration that there are different perspectives or life-worlds (Schutz & Luckmann, 1974) if we want to use a phenomenological term. The people live and grow up in different environments. In the case of *saka*, they grew up in a place in the Malay-speaking world and learnt during the socialization process that there is a disorder which is called *saka*. However, in the scientific community, it is difficult to name such a disorder. So, the term CBS could help, but in the case of *saka* there could be physiological symptoms that would make it

problematic to denote *saka* as an illness. On the other side, classifying *saka* as a disease could be problematic too. The reason is that people assume that invisible *jinn* are the origin of the disorder. Spirits and other invisible entities are usually elements that can be found in folklore. From a scientific perspective, it can be assumed that the environment itself is important (Wiseman et al., 2003).

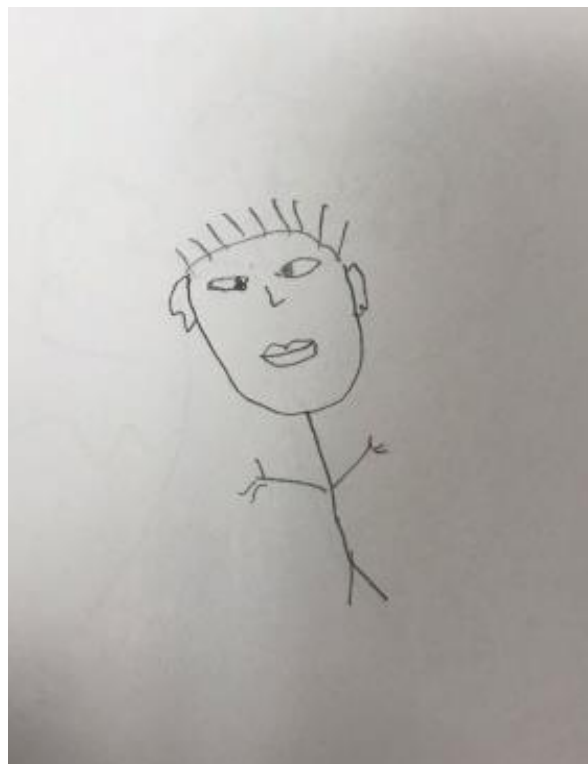
It makes sense to look at the three main terms that usually classify medical disorders (see Table 1) in relation to *saka*. Table 1 considers the 5 cases of this research and how far there are features of disease, illness, and sickness:

Table 1: A Classification of *saka* Cases

CASE	DISEASE	ILLNESS	SICKNESS
1	X	✓	✓
2	X	X	X
3	X	✓	X
4	X	X	✓
5	X	X	✓

In Table 1, it can be seen that there is no uniform pattern. Most of the patients have no physical complaints, and some have headaches or other similar problems. It is interesting that for many people, *saka* is not a psychological illness, or they do not perceive it as such. Therefore, the researchers decided to make a psychological test by letting the people draw a person. Interestingly, the drawings of the patients with *saka* were quite 'simple' and showed a lack of cognitive capabilities (see Plate 2). However, this does not mean that it is necessarily an illness.

Plate 2: The Drawing of a Respondent



Considering all the mentioned points, it makes sense to consider the local (emic) point of view.

- i. Disease: *Saka* sometimes is related to physical symptoms (according to literature). However, this is not the case in the majority of cases. Therefore, it can be said that *saka* is no disease.
- ii. Illness: The term illness is used in the case of most Culture-Bound Syndromes. The term illness is used for disorders that express a person's ill health. In relation to *saka*, it can be said that for some patients, *saka* was a burden, and they wanted to get rid of it. For others, it was something that did not affect them at all.
- iii. Sickness: The term sickness refers to society and how society sees the disorder. In many Malaysian TV programs, there are healing procedures on how to get rid of it. It is, in many cases, considered to be a sickness, as the 'owners' of *saka* cannot control their bodies. For example, if they do not care or feed the *jinn*, they might get sicker and sicker.

6. Towards emic Categories of Understanding Medical Disorders

In the field of anthropology, the ideal way of understanding another is to include emic categories. There are two ways how to analyze a society: an emic and an etic way. The etic way is the way, that is, in general, used by many scientists by using scientific categories. In the case of *saka*, the most promising category would be the Culture-Bound Syndrome (CBS). However, it was illustrated in the chapters before that there are problems as the symptoms are not consistent. A consideration of emic values that includes local categories would be much more promising.

The research showed that *saka* is a kind of disorder that shows psychological peculiarities. All the patients had problems in drawing a man in a way that would be according to their age. Nonetheless, all the respondents were inconspicuous with 'normal' intelligence (one respondent, for example, was a student). Here, it would make sense to consider that *saka* was not a disease in all five cases. In only two cases, it was considered to be an illness. It was even a way to be strong, respected or feared by some. Therefore, it would be useful to include the emic concept: The healers have their own concept. This includes the idea that there are four humors (air, fire, earth, and water) (Mohd Zawawi & Nur Azuki, 2019, p. 23). They must be in equilibrium. A reason for a medical disorder can be a weakness of the life force (*semangat*), an outside force (like magic), problematic food, a punishment, or a reminder from Allah. The authors encourage using the terminology of the local population and, by doing so, showing that it is a medical disorder that cannot be easily classified as CBS. In the case of *saka*, the authors propose to use the Malay term *penyakit* as it is a term that is used if something disturbs the well-being of the body or psyche. Furthermore, there should be a term that shows that the disorder is specific to a culture. So, it could look like *Saka* (*penyakit – culture-specific disorder*). The English term shows that there is a disorder related to one culture and the local term refers to the culture itself.

7. Conclusion

This article showed that the classification of culture-specific disorders is not easy for psychological and medical practitioners. The symptoms are inconsistent, and sometimes it is not even clear whether the disorder is a CBS at all. In this research paper, the researchers illustrated the problematic situation by describing five cases of people who

suffer from *saka*, a culture-specific disorder in some Malay-speaking societies. Even though some symptoms could be similar to psychological complaints (in this case, a Psychosis), the researchers propose to include an emic perspective, that considers the local point of view. Therefore, the researchers argue that it is useful to use one local term (in this case *penyakit*) and the term 'culture-specific disorder' for medical or psychological disorders that are difficult to classify.

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Conflict of Interests

The authors declare no conflict of interest in this study.

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