



# 'Breaking the chains': reflections on the making of an ethnographic documentary on human rights violations against people with mental illness in Indonesia

Erminia Colucci

To cite this article: Erminia Colucci (2024) 'Breaking the chains': reflections on the making of an ethnographic documentary on human rights violations against people with mental illness in Indonesia, *Visual Studies*, 39:3, 307-320, DOI: [10.1080/1472586X.2023.2274892](https://doi.org/10.1080/1472586X.2023.2274892)

To link to this article: <https://doi.org/10.1080/1472586X.2023.2274892>



© 2023 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group



Published online: 14 Nov 2023.



Submit your article to this journal [↗](#)



Article views: 550



View related articles [↗](#)



View Crossmark data [↗](#)

# 'Breaking the chains': reflections on the making of an ethnographic documentary on human rights violations against people with mental illness in Indonesia

ERMINIA COLUCCI 

Department of Psychology, School of Science and Technology, Middlesex University London, London, UK

*Breaking the Chains is an ethnographic documentary about the use of physical restraint and confinement of people with mental illness in Indonesia, a practice known as pasung. The film contributes to an understanding of the socio-cultural meanings of pasung, the sets of beliefs and customs that support such practices (including beliefs about mental illness and healing), and the challenges that must be overcome to eradicate this human rights abuse while highlighting the efforts to eradicate this practice at several levels. This article provides a reflection on the author's experiences and motivations for making Breaking the Chains. It also presents an opportunity to reflect upon the use of film as an applied, public and activist research methodology and the limits and possibilities presented by relying on film-documentary as a 'generator' of ethnographic knowledge.*

## INTRODUCTION: THE SOCIO-CULTURAL AND POLITICAL CONTEXT OF PASUNG

In Indonesia, as in many other low-and-middle-income countries (LMICs) and, albeit in different forms, also in high-income countries, people experiencing severe mental illness are often subjected to practices of physical restraint and confinement, such as chaining (Photo 1), caging (Photo 2) or with a traditional log (Photo 3).

Such practices, known in Indonesia as *pasung*, and other degrading or harmful treatment of people with mental health issues have been identified by Indonesian and international authors as breaching national as well as

universal constitutions and legislations (e.g. the Convention on the Rights of People with Disability). However, as Minas and Diatri (2008) observed, at that point 'the practice seems to have aroused little human rights concern, except when mentally ill people in chains have died' (1).

In March 2009 the Deputy Governor of Aceh announced the *Aceh Bebas Pasung* (i.e. free from *pasung*) programme, whose main goal was 'to release the mentally ill (...) from restraint and to provide appropriate medical treatment and care' (Puteh, Marthoenis, and Minas 2011, 1). He was later joined by the Indonesian Ministry of Health and its *Indonesia Bebas Pasung* initiative aimed to eliminate *pasung* from the whole of Indonesia by 2014, date that has been postponed several times as the implementation of this policy at national and local levels is complicated by several factors (Hidayat et al. 2023; Read and Colucci 2024).

As an interdisciplinary scholar in cultural and global mental health and a human rights and mental health advocate, I undertook the visual research project 'Breaking the Chains' (Colucci 2015, see <https://movement.org/breakingthechains>) with the objective to address the need for ethnographic research that would elucidate the social and cultural meanings of the practice highlighted by Minas and Diatri (2008) as well as the media/visual advocacy encouraged by Puteh, Marthoenis, and Minas (2011). This article provides my reflections on the making of *Breaking the Chains* and the use of film as an applied, public and activist methodological device. This feature-length ethnographic

---

Erminia Colucci is a professor of visual psychology and cultural and global mental health in the Department of Psychology at Middlesex University London (UK) and Visiting Professor at Gadjah Mada University (Indonesia). Her main area of research is human rights and mental health, suicide and suicide prevention, domestic violence against women and children, spirituality and faith-based/traditional healing, and first-hand stories of people with lived experience of 'mental illness' and suicidal behaviour, with a focus on low-middle-income countries, ethnic minorities and refugee populations. Erminia is passionate about using arts-based and visual methodologies, particularly participatory visual methods and ethnographic film-documentary, in her research, teaching and advocacy activities. Erminia is the founder of Movie-ment and co-chair of the World Association of Cultural Psychiatry SIG on Arts, Mental Health and Human Rights. Erminia's work has received several awards including the International Association for Suicide Prevention Andrej Marusic Award, which is dedicated to innovative research among young researchers. Recently she was also awarded a Rotary International prize for her ethnographic documentary about human rights and mental health 'Breaking the chains' (<https://movie-ment.org/breakingthechains>; <https://movie-ment.org/together4mh/> Together for Mental Health | [movie-ment.org](https://movie-ment.org)) and her latest ethnographic documentaries from the Together for Mental Health project also received several prizes and awards.



Photo 1. Example of pasung through chaining.



Photo 2. Example of pasung through caging.



Photo 3. Example of pasung in a traditional log.

## REFLECTIONS ON THE MAKING OF 'BREAKING THE CHAINS'

### Reasons Behind the Making of This Film and Ethical Challenges

While visual research methods have been relatively widely used for ethnographic inquiries in the social sciences (e.g. Pink 2009; 2011), their use in disciplinary fields related to cultural or global mental health has been minimal (Colucci 2009; 2011; 2016) and even rarer is the sharing of learnings among applied visual researchers (Colucci 2018; 2019; Lemelson and Tucker 2017). Out of my recognition of the necessity to integrate visual methods into my own activist research in the field, I undertook this research project primarily with the aim to research the cultural meanings of *pasung* and how the 'free from *pasung*' activities were carried out on the ground.

For the making of *Breaking the Chains*, I followed the activities undertaken by the community organisation *Komunitas Sehat Jiwa* (KSJ, translated as 'Community for people with mental illness'), which was based in Cianjur (West Java, 120 km Northwest of Jakarta).

In line with the advocacy/activist purpose of this film, I chose to follow this grassroots organisation because of its bottom-up approach and because it is led and run by people with lived experience of mental health issues. KSJ mainly works with people with symptoms of schizophrenia, which represents the great majority of *pasung* cases (Puteh, Marthoenis, and Minas 2011; Suryani, Lesmana, and Tiliopoulos 2011). Furthermore, the activism of KSJ volunteers (including by ex-*pasung* victims) is in direct contrast with the passive representation of people in *pasung* in the general media and reports (e.g. HRW 2016).

My intention was to closely follow the activities carried out by KSJ volunteers, take part in their initiatives and document the process that leads to freeing people in *pasung*. I filmed the way KSJ volunteers approach the families; how they work with them; the challenges they face in convincing the families and/or the persons in *pasung* to start treatments and then, eventually, release the person from *pasung*; and some of the issues (at the individual, family, community, and system levels) surrounding keeping the person free. Ideally, I would have followed a specific *pasung* story throughout the different stages: from the identification of the *pasung* victim, to the first contact between KSJ and their carers; the therapeutic approaches, including negotiations with the several parties involved (i.e. community organisation, government, mental health professionals, carers and community); and, eventually, the interruption

of the *pasung* practice and the reintegration of the person into the family and community's lives. However, because of the time limit of the journalist visa I was granted, it was necessary to film the practice of *pasung* through the stories of people who were in different stages of this process. I used a mixture of observational film and interviews with the key stakeholders, particularly Nurhamid, the leader of KSJ, and Dr. Syafari Soma, the only psychiatrist in Cianjur district.

The use of film as an activist research tool immediately raised ethical concerns. The topic of study is sensitive from two perspectives: it deals with human rights violations and with 'vulnerable people' (namely, 'the mentally ill'). Consequently, this project (and I) have undergone several reviews, including those by the University of Manchester Ethics Committee, the Directorate of Mental Health and other Ministerial offices in Indonesia (Ministry of Foreign Affairs, Department of Immigration, and Ministry for Research and Technology), and local police. When I arrived in the field, I followed the ethical (and legal) steps addressed in these reviews. I also took additional measures to increase the 'ethicality' of my work. The day after my arrival, I organised a workshop with seven people from KSJ (Photo 4) to discuss the film's aims as it was important for them to know my objectives and expectations and also for the film to meet their expectations and truly be a collaborative film. After we agreed about the key people and issues we would involve in the research and film, I asked KSJ participants to contact the families before our arrival to ask for verbal consent (ahead of the written consent). In the few instances when people in *pasung* were interviewed, verbal consent was sought directly from them (whenever feasible) in addition to the written consent from their families (usually both mother and father or the carer, e.g. Asep's uncle). In spite of all these precautions, when I started filming, I began to wonder how truly informed the participants who had given their 'informed consent' were. Informed consent is especially precarious when the people involved have low levels of literacy and educational attainments and are deemed to be



Photo 4. Workshop with KSJ volunteers – photo by KSJ.

of lower status than the filmmakers and local collaborators (see Hansen and Colucci 2020). This issue was also relevant to my previous work in India and with young refugees, but I felt it more strongly in this instance, especially in those circumstances where the families had no TV: would they know what a film-documentary is?

Never as in this project, I felt the power of the research medium: a semi-professional video-camera. Having this tool in my hands became a pass into people's lives. People would let me film whatever I wanted to film (although I was careful not to put myself in a 'director' position, as also suggested by Henley 2020). I found asking myself 'How far is it ok to go?' Is it ok to film people totally naked, even if their parents or guardians have agreed for me to film them? Or people living in or eating their excrements? At what point does 'intimate' knowledge become too intimate? I was faced with the challenge of deciding what would be too much in several circumstances.

Another important ethical issue with this film concerned the representation of 'the mentally ill'. This project was carried out in close collaboration with the local community, and I took every opportunity to consult with several stakeholders, including community and spiritual/religious leaders. Also in the editing process, I made every possible effort to be sensitive towards the way I represented the people I filmed, which included sending a copy of the film to the key people in the film for their final word and consulting with key global/cultural mental health experts and other selected audiences for almost 3 years before the film was publicly released. Nevertheless, trying to make sense ethnographically and represent issues around 'human rights violations' and 'mental illness', two constructs that are built within a specific Western-centred set of values and beliefs (Kirmayer 2012), constantly felt like walking on a minefield.

Finally, paraphrasing Pink (2009), I was constantly aware that the film product itself was not the most important outcome of this project. The ultimate aim of all my projects, hence the name of my website hosting this and other projects (<https://movie-ment.org>), is to change and intervene. Thus, I situated myself not only as the 'author' of the film (in the sense of the agency of a filmmaker in bringing a film into existence as expressed by Henley 2020) but also as an 'agent' of change, as discussed below.

### Multiple Positions: How I was Presented and Represented

An issue I faced right at the start was about how to represent myself: to my own eyes, to the eyes of the



people I was collaborating with, and to the eyes of the people they gave me access to (family, people with lived experience of mental illness, *pasung* victims and survivors). Was I Erminia the psychologist? Erminia the scholar in cultural and global mental health? Erminia the visual anthropologist/filmmaker? What are the implications of being introduced as ‘Dr. Colucci’ instead of just ‘Erminia’ or ‘my friend’, as Fery (one of KSJ volunteers) refers to me in conversations with Asep?

My multiple positions, as a researcher/filmmaker, mental health professional, human rights advocate and agent of change were reflected also in the way I was presented and represented to the families and communities I was filming. In one instance, when trying to convince the family of the man who had been half-buried for 12 years (Hadad) that the medicines would be helpful, Fery says: ‘She is also a doctor, from Australia’ (my clinical background). In the scene after Yayah is freed, Nurhamid includes me in his argument about how KSJ cared about her and her family (agent of change role), as shown in this sequence (Photo 5).

In an interesting exchange with the Narhim’s mother, I realised, once back home, that Nurhamid used the camera as a ‘testament’ that the woman had agreed to take better care of Narhim – almost like a visual contract that I was, unwittingly, made part of. In another instance, when we went to shoot a man who was locked inside a small room (not included in the film), his mother went to introduce me to this man as the researcher:

They said that this lady has been picked up in Cianjur by the Ustad [Islamic spiritual teacher] and the doctor. They wanted to see you. So you can get well soon. And she is doing a research about this ... Okay, drink your water first.

### Positioning of the Film-maker and the Viewer

Because of the bottom-up and on the ground approach indicated earlier on, I decided not to use interviews with experts and decision-makers involved in the planning of the ‘free from *pasung*’ programmes (although they were my on the ground contacts) as these interviews would give a ‘top-down’ feeling that conflicted with the spirit of the film. The same standpoint applied to my own positioning as ‘expert’, which is reflected in the use of a voiceover just once at the start of the film, only to make my presence and my role explicit. This concept has been argued since a while by authors such as Catalán Eraso (2006, par19) who stated,

In order to subvert power relations within ethnographic films, there must be some degree of reflexivity. Reflexivity can be either explicit or implicit, either way it shows that the researcher accepts that he/she is part of the process of data generation.

While I came to understand the benefits of stating right at the start who I was and why I was there, I did not want



Photo 5. Nurhamid's conversation with Yayah's father.

to have any other voiceover throughout the film as I did not want to position myself (or any other of the 'experts' I had interviewed) as the 'expert' in the film and put the viewer in a passive position (as in the expositional style of documentary widely seen on mass media). I wanted the viewers to be actively engaged in 'making sense' of what was happening in front of their eyes, and to become 'active participants in the construction of the meaning of the film' (Henley 2004, 116). I wanted for the participants in the film to be subjects of communication and not objects of information, so that the film represented an act of discovery not just 'for the maker, but also for the viewer' (119).

One of the complications in editing this film was that I aspired, because of its applied public activist framework, to reach different audiences with different initial levels of understanding about the topic of research. Thus, the film needed to have enough basic elements for a layperson to be able to follow and understand but also offer a new or deeper understanding to a person already familiar with mental health and even with human rights abuses in mental health (also beyond or alternative to my own understanding, as argued by Miyasaka 2008). In other words, there are multiple layers in this film: some intended for a lay audience totally new to the topic; others aimed at providing a more nuanced understanding for those already familiar with mental health, human rights, or both. For instance, the scenes in which Asep mentions plants and cows that talk to him or the 'Kingdom of chicken' were useful not only in allowing audiences to develop a 'feel' for the character, but also in helping them to understand some of the behaviours and thoughts (such as, delusions, disordered thoughts and speech, and tactile, auditory, visual, olfactory and/or gustatory hallucinations), typically regarded as symptoms of psychotic disorders and, more specifically, schizophrenia.<sup>1</sup> Thus, in the film we see Asep expressing some of these thoughts, which the uncle refers to as 'whispering' and Nurhamid labels as 'hallucinations'. Similarly, when Nurhamid goes to the jungle and meets the 'old woman', he explains first with technical and then lay words ('our language') what her son Narhim might be experiencing. On the other hand, experts in mental health and/or human rights can find elements in the film that increase their understanding about constructs of mental 'illness' and 'healing' in Indonesia, as well as the activities undertaken by other people with mental health problems to provide care for and free victims of *pasung*. These elements of the film include how to educate the families about mental health issues and the possibility of recovery, which involves also bringing along other people who have lived experiences of schizophrenia (like Lili) or were previously in *pasung* but were now living an independent life (like Kiki).

The film also describes (e.g. Dr Syafari's interview about Yayah's) and shows the process that leads to the freedom of the person, which involves both negotiations at the government level (as seen when Nurhamid goes to talk with government officers before going to South Cianjur) and at the family level (e.g. when Nurhamid and Dr Syafari check if the family is 'ready' to free Yayah). This visual content may also be new to mental health experts. Some of the issues I included in the final cut might, however, be fully appreciated only by (or gain particular meanings for) people familiar with the health sector. An example includes the reference, in a couple of instances, to the 'bridging role' of the KSJ volunteers, which reflects the widely acknowledged need, especially in low resource countries with scarce availability of mental health specialists, such as Indonesia, for bolstering outreach services, strengthening the human resources at community level, and shifting mental health care to the non-specialised sector (Bolton et al. 2023). Through this process, non-professional community members can create a link between professionals and the person in need and provide direct assistance, such as through home visits and community education. In the case of KSJ the home visits also entailed delivery of medicine, thanks to the health insurance card provided by the local government that they claim to be one of a kind in Indonesia. This outreach cuts out some of the key barriers to treatment especially in rural areas, that is length and costs of travelling to the hospitals (generally located in the bigger cities), because of the hospital-based mental health institution care still dominant in Indonesia and most LMICs. The difficulty represented by lack of transport in accessibility of care is expressed and shown also by Fery in one of his journeys on the scooter to Asep ('Every time people need to go to Cianjur town they need to use a motorcycle. If they have one. If they don't they usually walk. Because it's so far it takes a long time to get to town') and, above all, in the journey to the South, which required several hours of driving and walking (with high costs associated with it). These 'outreach journeys', which play a key role in the film, become even more meaningful if the viewer is aware that previous studies (Read and Colucci 2024) have identified travels costs as a major component of the cost of treatment that could not be afforded by the families of people in restraint.

In addition to different levels of understandings, the viewing of this film is also influenced by different sensitivities. Film has the capacity to present, or even construct, multi-layered 'realities' as well as subtle meanings and metaphors. On top of what was already indicated above, this phenomenon occurs in seemingly simple scenes (at least cinematographically), such as the

closing one in which *Yayah* stands outside smiling. A gentle breeze moves her hair, *Nurhamid* comments on how fair her skin is. Simple things like the sensation of the warmth of the sun on the skin, or the freshness of the wind (or even the movement of the leg as in *Sudikin's* story) can be taken away for 17 years, if for not a lifetime, because of mental health problems. Hints to another layer of meanings are scattered throughout the film, such as in *Asep's* story, where his references to music (British and traditional music) and his general cheekiness remind audiences that *Asep* is, after all, merely a teenager with the same personality quirks and interests as any other teenager. These are only suggestions, possible readings, which contribute to the power of audio-visual images.

Thus, while as the film-maker I am ultimately the 'author' of the film and part of the process of knowledge generation, I wanted to actively engage the viewer as a 'co-author' of the film (i.e. authors of their own reactions and understandings, and potential agents of change), and for the film to be its own being beyond my sense of authorship. In other words, while I worked towards making obvious and clear the key themes that emerged in the research through a thematic analysis process, I was also aware that this film might be viewed by different audiences, with different levels of understanding and sensitivities. While I wanted for the film to remain accessible to lay audiences, I also wanted to include metaphors that probe at more abstract meanings – metaphors that 'offer a moment of reflection that can go beyond what is actually portrayed' (Gonzalez 2012, 42). The issue of metaphors, meanings and interpretation will be exemplified through two of the key themes that emerged in this research.

### Traditional/Spiritual Understanding of Health and Illness

One of the fundamental principles of the Movement for Global Mental Health is human rights. Thus, several of the initiatives linked to this movement support the defence of human rights and the provision of adequate care for people with mental health problems. Such activities have been criticised by a few scholars (e.g. Poltorak 2016; Summerfield 2013). One of the criticisms towards this movement is that, because of its basis in Western models of illness, it represents a new form of imperialism and colonisation in terms of imposing the predominant biomedical model of illness and healing. Actually, several of the people involved in global mental health are the same people who have led the fields of (trans/cross-)cultural psychiatry and psychology, and related disciplines – disciplines that have questioned the

(positivistic, reductionistic, mechanistic and deterministic) biomedical Western/Anglo-American model of health and illness (which has been finally recently also been criticised by WHO/UN 2023, as contributing to human rights abuses). Yet it cannot be denied that 'development aid' efforts might result in an acquisition by local professionals of what still represents the dominant model of mental illness, which is a biomedical (and *biologizing*) paradigm (Colucci 2013). This phenomenon can be seen in this film when the KSJ volunteers educate the families and broader community using the conceptualisation of mental illness as 'a disease of the brain'. This neurobiological understanding of mental illness is clearly in contrast with laypeople's views about what represents a 'mental problem' and how this sort of problem arises (and thus how it can be healed, if at all).

These different kinds of knowledge and understanding (biomedical vs. traditional) emerge throughout the entire film and in each of the stories presented. But the story where this is more strongly played out is *Asep's*. In the film, *Asep* comes across (based on the narrative<sup>2</sup> that his uncle presents and in the exchanges between the young boy and *Nurhamid* and *Fery*) as a very religious young man who uses religious learning as a way to make sense of himself and the world. There is a scene where *Fery* goes to visit *Asep* and finds out that he is temporarily being freed from *pasung*. Our arrival at the house shows that this was unexpected news. The uncle informs us that *Asep* has unchained himself. A few moments later in the film, *Nurhamid* tries to convince *Asep*, who is not compliant with his treatment, to take medication. *Asep*, who has experienced the opposition of some Islamic schools and healing centres towards medication, replies in terms of Islamic teaching as his source of healing (Good Subandi and Good 2007). *Nurhamid* then accepts that spiritual matters are important for the soul but introduces a construct of 'mind' (pointing at his head when talking about healing) as a separate entity, which is then accepted by *Asep* who asserts '*Oh, the soul and the mind*' (Photo 6).

A similar tension between the model of health and illness that KSJ volunteers have integrated into their epistemology and the traditional and spiritual beliefs of the community, appears in each of the stories: *Sudikin's* father believes that his son's condition is the result of a ritual that his friends have performed on him (apparently because the son's friends performed *Gurah*, a physiological purification treatment to clear the nasal passages, rather than their spiritual leader); thus, *Sudikin's* father seeks a remedy in a local spiritual/faith-based centre. As indicated above, *Asep's* story exemplifies the most the dissonance between





Photo 6. Discussion between Asep and Nurhamid about medical vs. spiritual healing.

mainstream bio-medical and spiritual and faith-based perspectives. This is openly discussed also by Fery and Nuhamid (used as voiceover) in their journey to the South. Here, I juxtaposed the physical challenges they faced in reaching their destination with the challenges they describe in their voiceovers (Photo 7).

The attribution of the *pasung* victims' conditions to supernatural/spiritual forces was confirmed by Hadad's father ('*Maybe it's the devil*' or '*He's possessed*', Photo 8), Narhim's mother and is also discussed by Nurhamid and Fery in relation to Yayah.

The explanation of what we define as 'mental illness' in supernatural or spiritual terms (e.g. jinn or spirit possession, sorcery, spell or black magic) and consequently of healing as lying in the spiritual realms, has been observed in other parts of Indonesia (e.g. Broch 2001; Good Subandi and Good 2007; Suryani, Lesmana,

and Tiliopoulos 2011; Tyas 2008), and other low-middle income countries (Green and Colucci 2020). As also observed by Read and collaborators (2009, 1), such

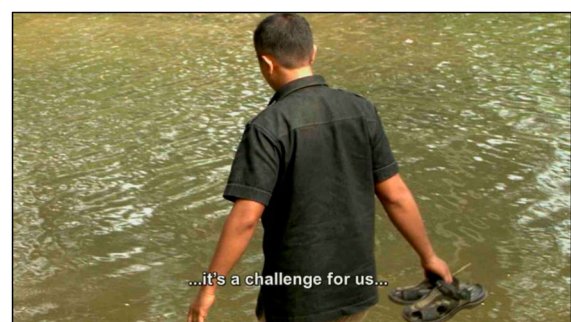


Photo 7. Fery: Why was Hadad half-buried and he's now in *pasung*? Maybe it's because the family is looking for a better way. Maybe because they think that that's the best way it's a challenge for us to guide them toward a better treatment. It's like converting someone from one religion to another.



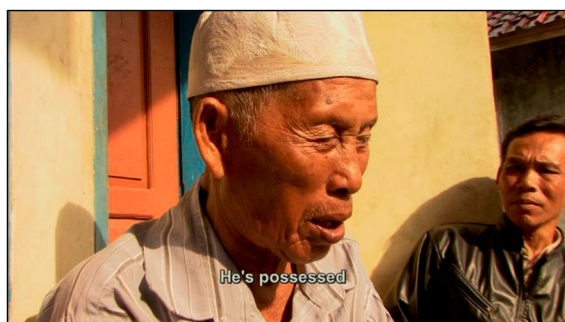


Photo 8. Hadad's father talking about his beliefs on the reasons for his son's condition.

traditional and spiritual/faith-based healers remain 'highly popular despite the routine maltreatment of the mentally ill in their facilities'.

Traditional (i.e. generally based on beliefs in *jinn*s, spells and black magic) understandings of the cause of the person's condition and why they were ultimately in *pasung*, as well as of the healing process for such conditions, were common to all the stories explored in the making of the film, including those not included in the final cut. Each of the persons in *pasung* I filmed had been taken to some healing centre at one point or another in their lives, usually more than once and in more than one location, as families typically tried alternative options when one failed. The reality is that for many of these families, traditional/faith-based healers may in fact be the only affordable and accessible form of mental health care (Ae-Ngibise et al. 2010). Thus, I decided to open the film inside a 'mental disorders' specific spiritual healing centre, as this was a central theme cutting across all *pasung* stories. However, no details are offered about the specific rituals or the views of the Imam who was leading it as those could differ in different centres. The same theme then returns at the end of the film, when Fery is introduced to a new *pasung* case and finds out that this young boy has only received spiritual ('alternative') treatment (Photo 9).



Photo 9. Fery is informed about a young boy in *pasung* by his neighbour.

What the film shows are these constant and delicate negotiations between the KSJ volunteers and families' and communities' understandings of mental illness and healing, so that alternative (to the traditional) healing methods could find a place to exist or co-exist with traditional/spiritual beliefs. The integration of Western/ biomedical and traditional systems of diagnosis and treatment has been advocated by a number of scholars, who noted that many families of people with serious mental health problems have tried both spiritual and medical treatments, alternatively or simultaneously (Green and Colucci 2020). It is often when these remedies fail or cannot be continued (also because of the cost and access barriers), that these families resort to *pasung* or similar measures (Miller 2012). That 'a pill' was not the solution to the problem but one of a series of 'to dos' (such as, 'talk to them', 'show your love', 'clean him', 'take him for a walk', as also shown in stills below from Nurhamid's conversation with Hadad's father) and an initial stage of the recovery process for the severe mental disorders that usually affect people in *pasung* was an issue I felt was important to express clearly in this film, as it was a main theme in this study (Photo 10).

Though medical treatment is often initially required for *pasung* victims to 'gain a functional enough state of mind to be released' (Suryani, Lesmana, and Tiliopoulos 2011, 143), it is only one stage of the recovery process. This reality is supported, for instance, by the psychiatrist's reference to the need for rehabilitation centres for *pasung* victims, many of whom suffer impaired or total loss of physical, social and cognitive functions during the confinement. These centres could help victims like Sudikin and Hadad, who lost the ability to walk during their confinement and restraint, to regain these capacities and acquire new skills.

It was critical to me not to give the false impression this film was propaganda for biomedical/pharmaceutical treatments. Thus, in the closing scene of Yayah's release, Yayah is shown sitting on her chair while the Islamic call is sung in the background<sup>3</sup> while Nurhamid and Dr Syafari are walking away; at this point, we hear their voiceovers talking about the need for rehabilitation centres and for Yayah to regain her skills 'back to zero'. Although not shown in the film (but hinted to in a closing title card), people released from *pasung* are often taken to hospitals, where different kinds of human rights abuses are also common.

While what described in the last pages was an important issue I was at some degree aware of before starting this project, the section below will discuss a process of 'discovery' that challenged my a priori perspective about *victims of pasung*.



Photo 10. Voiceover of Nurhamid talking with Hadad's father.

### Victims and Perpetrators

Even before starting the film/fieldwork, based on my prior knowledge about human rights abuses against people with mental illness and *pasung*, I had very clear in my mind – based on the existing literature and media portrayals – that this film would involve some ‘victims’, the *pasung victims* as they are referred to in the literature – victims primarily, it seemed, of the families who had initiated, and were responsible for maintaining, their restraint or confinement. However, it did not take much time to find out that the situation was much more complex than I thought. The families I had constructed as the ‘perpetrators’ of this practice are, in many ways, victims themselves.

The suffering experienced by people whose family member was unwell was very tangible. Although I preferred to convey it in a more subtle, less invasive manner by only using her voice, this suffering was pungently presented to me through Asep's mother's tears. Feelings of fear, concern and powerlessness were also dominant in Yayah's father conversation about the decision to chain Yayah for 17 years and his resistance to freeing her. This is powerfully represented in the closing of that scene, when he talks to her in the room and then leaves, in silence and in the darkness. A ‘heavy’ darkness that I tried to capture and communicate to the viewer with the camera exposure settings and framing.



Photo 11. Narhim (in the background) and his mother.

The reasons why families initiate and maintain *pasung* originates not from cruelty, but out of various concerns for safety: that the person might wander off and get lost as in Yayah's and Asep's story; be harmed, including the risk for suicide or homicide; or harm other members of the community, as in Hadad's and Sudikin's story; or damage property, as in Narhim's story. The unavailability of affordable treatment and alternatives, including cost of transport and caregivers' time, completed the scenario. In such circumstances, physical restraints become accepted (and even socially expected) responses to mental health problems, resulting in an overall lack of protest by community members towards these practices, as shown in *Breaking the chains* and also documented in Ghana by Read, Adiibokah, and Nyame (2009).

Where the overlapping of the perpetrator with the victim was most obvious is the scene with Narhim's mother. She is ‘very old’, as Lili comments, and her neighbour feeds her whenever he can. The only source of light in her hut is a candle made out of a tomato can. We discover, to the astonishment of everyone, that the *dukun*<sup>4</sup> has told her that it is ‘his [Narhim's] fate to be like this’. A destiny that, like a life sentence, is displayed by the lack of entry or exit points in his cage. We can also assume Narhim mum's lack of knowledge about what her son might be experiencing (the visual, auditory, and feeling distortions that Nurhamid describes) and their respective rights, where to look for professional help, and how to access that help, if even available. I filmed the closing shot, where we see both Narhim and his mother from a point of view that suggests a metaphor: the respective cages into which mother and son are confined (Photo 11).

### REFLECTIONS ABOUT FILM AS RESEARCH METHOD

In this closing section, I will reflect on the use of film as an (applied, public and activist) research method. When I started this project, I was familiar with the use of non-

mainstream research methods in psychology and mental health, including arts-based methods. For instance, I had just completed action research on domestic violence among Indian migrant women based on community participatory theatre (Colucci et al. 2013). I was also co-curating an arts exhibition on suicide, which also involved collaborative documentary (Eales and Colucci 2017). But this was my first attempt to use film (and, to a lesser extent, photography) for ‘ethnographic discovery at all stages of production’ (Henley 2020).

In addition to the ethical considerations regarding the use of film that were raised earlier on, what I feared the most in making this film was that, when looking at the rushes upon my return to the UK, I would realise that film and photographs would function very well in ‘illustrating’ ethnographic knowledge generated by other means, but poorly as a self-standing research outcome. Basically, I did not just want to incorporate the image in anthropological (and psychological) discourses (Canals 2011) and use film as a way of communicating knowledge and understanding that had been generated by other means (Henley 2020). My aim was to make use of the image as method (Canals 2011) and of film as a process of discovery in itself (Henley 2020). However, when I returned from the film/fieldwork, I realised the limits created by what is not on camera or not enough or good enough to be ‘usable’ in the final film, compared to other methods including arts-based. In those circumstances, we can resort to ‘tell and not show’ tools such as voiceover commentaries (by the film-maker or some ‘expert’) or title cards but, in my opinion, that would only confirm the ‘failure’ of visuals as we, after all, had to resort to text (written or spoken) to fill in the gaps, to complete what was not on camera. This is not to say that voiceovers and cards should not be used in observational-style of documentary. However, I am aware that a ‘voice’ expressed as voiceover or written text risks facilitating that passive position I indicated earlier on, which can even ‘distract’ the viewer from the lived experiences of the people in the film. These tools can certainly be useful to provide contextual information that could not be filmed, be visually summed up in a few minutes, or poses ethical challenges that cannot be solved by de-identifying the data (as can usually be done with other forms of data). Nevertheless, I prefer to not use these tools to ‘cover up’ something that did not emerge in my research, or something that I simply did not film (or did not film enough of). An example of this was from Narhim’s story, where it seemed that a *dukun* was involved in the decision to keep him in *pasung* because this is ‘his fate’ (Photo 12). Later I found out that *pasung* in some cases is seen as having a healing function that did not emerge in my film/fieldwork.

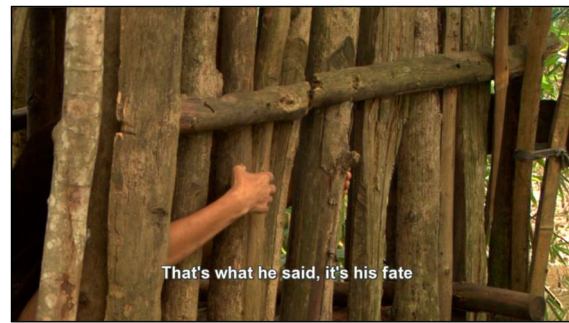


Photo 12. Scene where Narhim’s mother states that this is his fate.

I see this as a potential limit of using film as a primary medium of research, that can be partially addressed (as for any other research) by making a series of films about the same research topic (e.g. MacDougall 2000), by complementing the visual with the textual outcome while maintaining their respective significant autonomy (Canals 2011) or through follow-up visual research projects, as I did with ‘Together for Mental Health’ which focuses precisely on healing (Colucci 2021a; 2021b, see <https://movie-ment.org/together4mh>).

Another limit I felt in my film was that, as for Gonzalez with the textile in her film that was still unfinished when she concluded her fieldwork, my stay was restricted to the time available (also because of the film visa duration). Thus, I left the country before I could see, for instance, if Asep would become totally free or keep transitioning between chaining himself, being chained by others, and periods of freedom. Nor was I able to witness when two of the people in the film (Sudikin and Hadad) were placed in a mental health hospital and one of them died in it.

Stories evolve and continue after any kind of research experience, which is always set in time, but I felt this being ‘set in time’ even more with film than with other research tools (perhaps also because with other methods the ‘author’ can more easily add additional recent literature or new experiences to enrich, reinterpret, and connect what they previously studied). Thus, the metaphorical painting of the ricefields is included immediately after the film title as a hint that each story in the film was, in some way, a frozen moment in time, but there are also metaphors for their dynamicity as every story evolves, continues and is re-interpreted all the time. The dynamic and continuing life of what is (re)presented in a film is expressed, for instance, in the closing scene, when Nurhamid, Fery and other volunteers leave in their motorbikes for their next journey. The same setting of the opening scene reappears, but this time all the rice has been harvested and new seedlings planted. This new starting cycle is also



a metaphor for the closing encounter with Fery, where we see him taking his notepad and writing down information about a new *pasung* story.

While the limits indicated above are intrinsic to some extent to any research tool, there are 'limits' intrinsic in 'editing as data analysis' that are specific to film. It is undeniable that the process of 'analysis' and presentation of the data (i.e. the editing) was much more complicated by the fact that, at difference of other qualitative data, I had to also consider the way the content was filmed (both visually and auditorily) and how it would fit within the narrative I was creating. In my previous projects, I could select the key themes and quotations, move them around and create connections between them and the broader contexts with greater facility than I was able to do in an observational-style ethnographic documentary where the editing was a visual representation of the key themes emerged through analysis of the footage and fieldnotes. On the flip side, the richness of the content, the potential impact, the ability to capture the complexity, the possibility of engaging the viewer at emotional, sensorial, experiential, 'phenomenological' levels (on top of the conceptual, rational level), while also connecting to the abstract, imaginative, metaphorical offered by film are incommensurable and impossible to be reproduced by words and text (Torresan 2011).

Film (<https://movie-ment.org/together4mh/Together for Mental Health | movie-ment.org>) is particularly well-equipped to show relationships in the interaction between participants and for transmitting not just information but also an ethnographic experience (Canals 2011).

MacDougall (2006) argued that, because images allow us to learn experientially, they produce a *different* kind of knowledge. He wrote, 'Not only are certain social phenomena particularly suitable for study by visual means, but they are also extremely difficult to approach in any other way' (268). I know I would have not been able to achieve the richness and depth of understanding I reached if it were not for the camera. But sometimes I wondered if I would have even been able to have that much access to knowledge had it not been *because* of the camera. Of course, a paramount factor for the access I was given was the trust and support by key people involved in the 'free from pasung' programmes. The trust they gave me was, in a vicarious way, then given to me by the KSJ volunteers who were also trusted members of the community. However, I was also astonished to see how the camera became a tool that *legitimised* in some ways my presence and, in a few instances, helped also to make my presence ('the *bule* – Westerner- with the camera') wanted. Often while

filming one of the *pasung* stories, a neighbour, family member or someone else in the community would call us to visit their village as there was another person in *pasung* nearby. In addition to the way people related to me also because of the camera, I related to the people and the situations differently because I experienced them through the camera. By this I mean that the camera became also metaphorically the 'lens' through which I was observing and inquiring. It allowed me to seek and notice details that I might have missed had I not searched or looked at them through the camera (which at times was also a protected space where to hide my tears).

Torresan (2011, 127) argued that film 'serves more than to simply inform the findings of a research and illustrate a text: it is rather part of our process of discovering and theorizing'. The power and potential of filming as methodological device were shown to me at every stage of the research process, as I have not done with any other of my previous quantitative or qualitative research tools. Furthermore, the level of interest and engagement of the public with the research outcomes (i.e. the films and photographs) has been unlike anything I have previously experienced with my previous published research. 'Breaking the Chains' and its companion participatory short-film 'Breaking the Chains: Anto's story' (Anto and Colucci 2015, available on <https://www.youtube.com/@Moviementorg>) have been widely used in policy, practice and educational settings (in addition to been screened at festivals and other events) both in Indonesia and internationally.

As I have discussed in previous work (Colucci and Lester 2013), there is no such a thing as a better or sounder research method and there are topics, research aims, and typology of outcomes that would be better addressed using a different methodology. On the other side, based on this project, I am convinced that there are research topics and issues that can be understood and experienced in their complexity, and aims that can be reached in their fullness, *only* through visual methods (Colucci 2016). The issue of physical restraint of people with mental health issues and the activism to free them and provide better care, although possibly a 'risky business', I state with no doubt at the end of this journey, was one of them. The experience from this journey (including the pitfalls) has formed the basis for a longer and larger comparative collaborative visual research project recently completed in Indonesia (Colucci 2021b; Setiyawati et al. *forthcoming*) Ghana (Colucci 2021a; Kpobi et al. 2023) and another on domestic violence and suicide in the Philippines currently under completion.

## CONCLUSIONS

Despite the protections available in laws, and in some instances a human rights infrastructure, violations of the rights of people with mental problems remains widespread, and largely unnoticed and unabated, in Indonesia as in many other countries (including high-income countries), as recently also stressed in the WHO/UN Guidance (2023). *Pasung* and the ‘free from pasung’ activities represent a challenging situation for the several parties involved: the governmental and non-governmental bodies that are trying to face this affliction with low resources; the families that resort to the use of this practice and are unaware of – or have no trust in or access to – possible alternatives; and for the *pasung* victims themselves, who suffer from the physical, social and emotional effects of *pasung*, including potential death as occurred to three of the people I filmed while I was still editing the film. While positive developments have been made in Indonesia greatly thanks to the *Indonesia Bebas Pasung* programmes, ‘top-down’ approaches that focus on the development of legislations and policies to protect human rights and provide better mental health care have a limited impact on their own (Irmansyah, Prasetyo, and Minas 2009; Read and Colucci 2024) as do stand-alone mental health laws (WHO/UN 2023).

Interventions that operate at a community level and engage the local actors in providing accessible help while also changing attitudes towards the mentally ill are crucial (Read, Adiibokah, and Nyame 2009). This research film and the others (ethnographic and participatory) generated since have contributed to impacting such attitudes, also as self-advocacy tools (see participatory videos in <https://movie-ment.org>).

We live in a (global) society whose language of communication is largely digital and visual. If they want to reach their goals, cultural and global mental health disciplines cannot continue to escape this reality. Paraphrasing Pink (2011), visual research allows, in a very direct way, the experiences of those who are generally invisible to be seen and their voices and feelings to be heard. Thus, the current context is one where applied, activist and public uses of Visual Anthropology and Sociology and the emerging Visual Psychology (Hansen and Colucci 2020) have an increasing role to play. This research-film is my contribution to understanding and sharing the ‘voice’ of those who have seen their basic rights as ‘humans’ be taken away because of their mental problems and my invitation to others for an applied, public and activist visual mental health research.

## Notes

- [1] ‘Typically’ here refers to the fact that some of his thoughts and behaviours, including Asep’s recount of visits to him by his deceased father and other dead relatives, would be considered normal and acceptable in certain cultural contexts and situations (e.g. ‘possession cultures’ as defined by Broch 2001; Ahmad and Dein 2016).
- [2] Particularly the belief that Asep ‘might be possessed by jinns because he’s still young (but) has been learning spiritual things to a high level’. A similar explanation (‘[his] brain did not manage to process all the complicated thinking required [to interpret and read the Koran]’) was given by the villagers in the *pasung* story presented by Broch (2001, 301) and in Tyas’ work where she specified that ‘the term *pungo nahu* is commonly known as a person’s madness due to over learning the reading of Qu’ran and thereby living in their own world detached from the real world’ (2008, 39).  
Kirmayer (2012) discussed the consequences of replacing religious explanations with an account in terms of disturbed brain chemistry, as this may ‘undermine the positive meanings and social support mobilised through religious or sociomoral explanations’ (98). At the same time, he observed that ‘religious explanations may expose individuals to disturbing and disorienting interventions and, when these methods fail to achieve a cure, those afflicted may be blamed for their conditions and rejected’ (Kirmayer 2012).
- [3] Note that the call to pray was happening in that part of the footage and it did not intentionally suggest an association between Islam and *pasung*. In this sense, as emerged in a post-screening Q&A, films can suggest meanings that go beyond what is shown, and this can be a potential as well as a danger of using audio-visuals to study sensitive issues.
- [4] Although the division between these categories is blurry, *dukun* often refers to a traditional healer usually based on witchcraft (such as black magic), *tabib* to a traditional healer who uses herbs and alternative medicine (thus translated in the film as ‘traditional medicine-man’), whereas *Ahli hikmah* or *Ustad* to an expert in religion who uses spiritual/religious healing.

## ACKNOWLEDGEMENTS

The author is grateful to all parties involved in the making of this research film and this accompanying text, in particular the generous protagonists/participants especially Nurhamid Karnaatmaja and Dr Syafari Soma, A/Prof Harry Minas, Dr Hervita Diatri, Prof. Paul Henley and Dr Angela Torresan. Partially funded by One World Media Award, Benjamin Rinaudo and other crowd-funding donors, thank you! An earlier version of this manuscript was submitted as part of my MPhil dissertation ‘Breaking the Chains: Human rights violations against people with mental illness in Indonesia’, Granada Centre for Visual Anthropology, The University of Manchester (UK).

## DISCLOSURE STATEMENT

No potential conflict of interest was reported by the author.

## ORCID

Erminia Colucci  <http://orcid.org/0000-0001-9714-477X>

## REFERENCES

- Ae-Ngibise, K., S. Cooper, E. Adibokah, B. Akpalu, C. Lund, V. Doku, and Mhapp Research Programme Consortium. 2010. "Whether You Like It or Not People Are Going to Go to Them': A Qualitative Exploration Into the Widespread Use of Traditional and Faith Healers in the Provision of Mental Health Care in Ghana." *International Review of Psychiatry* 22 (6): 558–567. <https://doi.org/10.3109/09540261.2010.536149>
- Ahmad, A., and S. Dein. 2016. "Does Culture Impact on Notions of Criminal Responsibility and Action? The Case of Spirit Possession." *Transcultural Psychiatry* 53 (5): 674–682. <https://doi.org/10.1177/1363461516661642>
- Anto, S. G., and E. Colucci. 2015. "Free from Pasung: A Story of Chaining and Freedom in Indonesia Told Through Painting, Poetry and Narration." *World Cultural Psychiatry Research Review* (Special Issue: Arts, media and mental health) 10 (3/4): 149–167.
- Bolton, P., J. West, C. Whitney, M. Jordans, J. Bass, G. Thornicroft, L. Murray, L. Snider, J. Eaton, and P. I. Collins. 2023. "Expanding Mental Health Services in Low- and Middle-Income Countries: A Task-Shifting Framework for Delivery of Comprehensive, Collaborative, and Community-Based Care." *Cambridge Prisms: Global Mental Health* 10: E16. <https://doi.org/10.1017/gmh.2023.5>
- Broch, H. B. 2001. "The Villagers' Reactions Towards Craziness: An Indonesian Example." *Transcultural Psychiatry* 38 (3): 275–305. <https://doi.org/10.1177/136346150103800301>
- Canals, R. 2011. "Studying Images Through Images: A Visual Ethnography of the Cult of Maria Lionza in Venezuela." In *Visual Research Methods in the Social Sciences*, edited by S. Spencer, 225–238. London: Routledge.
- Catalán Eraso, L. 2006. "Reflecting upon Interculturality in Ethnographic Filmmaking." *Forum: Qualitative Social Research* 7 (3): Art. 6.
- Colucci, E. 2009. "Knowing Differently: Arts-Based and Collaborative Research Methods." *International Journal of Social Research Methodology* 12 (2): 173–176. <https://doi.org/10.1080/13645570902752340>
- Colucci, E. 2011, 8–10 July. "Arts-based Research in Cultural Mental Health". *Proceedings of 2010 International Association of Cross-Cultural Psychology Conference*, Melbourne.
- Colucci, E. 2013. "Cultural Meaning(s) of Suicide: A Cross-Cultural Study." In *Suicide and Culture: Understanding the Context*, edited by E. Colucci, and D. Lester, 93–196. Cambridge: Hogrefe Publishing.
- Colucci, E., dir. 2015. *Breaking the Chains*. London: Royal Anthropological Institute. <https://raifilm.org.uk/films/breaking-the-chains/>
- Colucci, E. 2016. "Breaking the Chains: Ethnographic Film-Making in Mental Health." *The Lancet. Psychiatry* 3 (6): 509–510. [https://doi.org/10.1016/S2215-0366\(16\)30034-7](https://doi.org/10.1016/S2215-0366(16)30034-7)
- Colucci, E. 2018. "Applied Visual Anthropology: Reflections from the RAI Film Festival 2017." *Anthropology in Action* 25 (1): 49–56. <https://doi.org/10.3167/aia.2018.250106>
- Colucci, E. 2019. "Book Review: Robert Lemelson and Annie Tucker, *Afflictions: Steps Towards a Visual Psychological Anthropology*." *Anthropological Quarterly* 92 (3): 943–948. <https://doi.org/10.1353/anq.2019.0050>
- Colucci, E., dir. 2021a. *Nkabom: A Little Medicine, A Little Prayer*. London: Royal Anthropological Institute. <https://raifilm.org.uk/films/nkabom-a-little-medicine-a-little-prayer/>
- Colucci, E., dir. 2021b. *Harmoni: Healing Together*. London: Royal Anthropological Institute. <https://raifilm.org.uk/films/harmoni-healing-together/>
- Colucci, E., and D. Lester. 2013. *Suicide and Culture: Understanding the Context*. Hogrefe Publishing: Cambridge.
- Colucci, E., M. O'Connor, K. Field, A. Baroni, R. Pryor, and H. Minas. 2013. "Nature of Domestic/Family Violence and Barriers to Using Services among Indian Immigrant Women." *Alterstice. International Journal of Intercultural Research* (Special Issue: Intimate partner violence and cultural diversity) 3 (2): 9–26.
- Eales, M., and E. Colucci. 2017. "A Vibrant Living Process: Art Making and the Storying of Suicide." In *Postvention in Action: The International Handbook on Suicide Bereavement Support*, edited by K. Andriessen, K. Krynska, and O. Grad, 212–224. Gottingen: Hogrefe Publishing.
- Gonzalez, M. E. dir. 2012. "Ronin, Plants & Dreams." MPhil diss., The University of Manchester.
- Good Subandi, B., and M. Good. 2007. "The Subject of Mental Illness: Psychosis, mad Violence, and Subjectivity in Indonesia." In *Subjectivity: Ethnographic Investigations*, edited by J. Biehl, and B. Good, 243–272. Berkeley: University of California Press.
- Green, B., and E. Colucci. 2020. "Perceptions of Traditional Healers and Biomedical Practitioners Towards Collaborative Mental Healthcare in low and Middle-Income Countries: A Systematic Review." *Transcultural Psychiatry* 57 (1): 94–107. <https://doi.org/10.1177/1363461519894396>
- Hansen, S., and E. Colucci. 2020. "Towards the Development of Ethics Guidelines for Visual Psychology: A Review of Relevant Visual Research Ethics Guidelines." *QMiP- Qualitative Methods in Psychology Bulletin* Autumn (30): 83–97.
- Henley, P. 2004. "Putting Film to Work: Observational Cinema as Practical Ethnography." In *Working Images: visual research and representation in ethnography*, edited by S. Pink, L. Kurti, and A. Afonso, 109–130. Routledge.
- Henley, P. 2020. *Beyond Observation: A History of Authorship in Ethnographic Film*. Manchester: Manchester University Press.
- Hidayat, M. T., C. Oster, E. Muir-Cochrane, and S. Lawn. 2023. "Indonesia Free from Pasung: A Policy Analysis." *International Journal of Mental Health System* 17 (12).
- HRW (Human Rights Watch). 2016. *Living in Hell: Abuses Against People with Psychosocial Disabilities in Indonesia*. Jakarta: Human Rights Watch.



- Irmansyah, I., Y. Prasetyo, and H. Minas. 2009. "Human Rights of Persons with Mental Illness in Indonesia: More Than Legislation is Needed." *International Journal of Mental Health Systems* 3 (1). <https://doi.org/10.1186/1752-4458-3-14>
- Kirmayer, L. J. 2012. "Culture and Context in Human Rights." In *Mental Health and Human Rights: Vision, Praxis and Courage*, edited by M. Dudley, D. Silove, and F. Gale. Oxford: Oxford University Press.
- Kpobi, L., U. M. Read, R. K. Selormey, and E. Colucci. 2023. "We are all Working Toward one Goal. We Want People to Become Well': A Visual Exploration of What Promotes Successful Collaboration Between Community Mental Health Workers and Healers in Ghana." *Transcultural Psychiatry*. October
- Lemelson, R., and A. Tucker. 2017. *Afflictions: Steps Towards a Visual Psychological Anthropology*. USA: Palgrave Macmillan.
- MacDougall, D. 2000. *Doon School Chronicles*. USA: Berkley Media LLC.
- MacDougall, D. 2006. "New Principles of Visual Anthropology." In *The Corporeal Image: Film, Ethnography, and the Senses*, edited by D. MacDougall, 264–274. Princeton: Princeton University Press.
- Miller, G. 2012. "Who Needs Psychiatrists?" *Science* 335 (6074): 1294–1298. <https://doi.org/10.1126/science.335.6074.1294>
- Minas, H., and H. Diatri. 2008. "Pasung: Physical Restraint and Confinement of the Mentally ill in the Community." *International Journal of Mental Health Systems* 2 (1). <https://doi.org/10.1186/1752-4458-2-8>
- Miyasaka, K. 2008. "Challenges for Issues Concerning the Filming of Visual Sensibilities: The Case of Clinically-Oriented Ethnographic Filming." *CARLS Series of Advanced Study of Logic and Sensibility*, 311–329.
- Pink, S. 2009. "Applied Visual Anthropology. Social Intervention and Visual Methodologies." In *Visual Interventions. Applied Visual Anthropology*, edited by S. Pink, 3–28. New York: Berghahn Books.
- Pink, S. 2011. "Images, Senses and Applications: Engaging Visual Anthropology." *Visual Anthropology* 24 (5): 437–454. <https://doi.org/10.1080/08949468.2011.604611>
- Poltorak, M. 2016. "Anthropology, Brokerage and Collaboration in the Development of a Tongan Public Psychiatry: Local Lessons for Global Mental Health." *Transcultural Psychiatry* 53 (6): 743–765. <https://doi.org/10.1177/1363461516679072>
- Puteh, I., M. Marthoenis, and H. Minas. 2011. "Aceh Free Pasung: Releasing the Mentally ill from Physical Restraint." *International Journal of Mental Health Systems* 5 (1): 10–14. <https://doi.org/10.1186/1752-4458-5-10>
- Read, M. U., E. Adiibokah, and S. Nyame. 2009. "Local Suffering and the Global Discourse of Mental Health and Human Rights: An Ethnographic Study of Responses to Mental Illness in Rural Ghana." *Globalization and Health* 5 (1): 13. <https://doi.org/10.1186/1744-8603-5-13>
- Read, U. M., and E. Colucci. 2024. "Human Rights and Psychosis." In *Psychosis: Global Perspectives*, edited by C. Morgan, A. Cohen, and T. Roberts. Oxford, UK: Oxford University Press.
- Setiyawati, D., W. N. Jatmika, U. M. Read, and E. Colucci. *forthcoming*. "They Think We Are Trying to Combine Knowledges, Whereas We Are Trying to Harmonize Them': Facilitating Factors and Barriers to Pluralistic Collaboration for Mental Health Care in Indonesia".
- Summerfield, D. 2013. "Global Mental Health is an Oxymoron and Medical Imperialism." *British Medical Journal* 346: f3509. <https://doi.org/10.1136/bmj.f3509>
- Suryani, L. K., C. B. Lesmana, and N. Tiliopoulos. 2011. "Treating the Untreated: Applying a Community-Based, Culturally Sensitive Psychiatric Intervention to Confined and Physically Restrained Mentally Ill Individuals in Bali, Indonesia." *European Archives of Psychiatry and Clinical Neuroscience* 261 (S2): S140–S144. <https://doi.org/10.1007/s00406-011-0238-y>
- Torresan, A. 2011. "Round Trip: Filming a Return Home." *Visual Anthropology Review* 27 (2): 119–130. <https://doi.org/10.1111/j.1548-7458.2011.01096.x>
- Tyas, T. H. 2008. "Pasung: Family Experience of Dealing with 'The Deviant' in Bireuen, Nanggroe Aceh Darussalam, Indonesia." MA diss. Amsterdam: University of Amsterdam.
- WHO/UN. 2023. *Mental Health, Human Rights and Legislation: Guidance and Practice*. Geneva: World Health Organization and the United Nations (represented by the Office of the United Nations High Commissioner for Human Rights).