

THE STUDY OF MALAYAN LATAH*

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Introduction: The Problem of Latah

More than a century ago European observers began to describe an odd Malayan¹ malady known in the vernacular as *latah*. Upon provocation, usually involving a shock or acute fright, a *latah* person would shout an obscene utterance, imitate a word, gesture, or action, or automatically obey commands that he/she would not normally follow. Such reactions made a vivid impression upon the Europeans who witnessed them, partly because they involved a loss of self-control that was quite uncharacteristic of peoples who placed great emphasis upon decorum, equilibrium, and personal dignity. These observers also quickly became aware of certain other things about *latah*. It was apparently widespread among Malayan peoples, but affected only certain individuals. It was well known to the natives themselves, but they regarded it as a personal quirk rather than a form of insanity. What brought it on? Was it inherited or acquired? Was a narcotic substance of some sort involved? Or the tropical climate? And just what was *latah* anyway?—an odd form of hypnosis? hysteria? trance? Was it dangerous to others? Was it, for example, related somehow to that other well-known "Malay" practice of "running amok"? Was it curable? It was certainly not something that could be readily explained by reference to anything in an Englishman's or a Dutchman's own cultural system of psychiatric knowledge or experience, whether folk or medical.

At about the time that Europeans began to record their awareness of *latah*, reports began to appear in print in Europe of similar conditions among peoples elsewhere: the Ainu of Japan, French Canadians of Maine, Siberian natives, and others.² Information on such cases remained scanty by comparison with what was accumulated regarding Malays, so that the Malay word *latah* became and remained the general term of reference for all such afflictions. Nonetheless, wider comparative information eventually raised further questions. Was the malady in fact the

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1. The term "Malayan" is used throughout this paper in an inclusive sense to refer to both the Malays and Javanese, to which the great majority of *latah* studies pertain, as well as to the other related cultural groups to which occasional reference is also made (Iban, Ambonese, Balinese, Batak, etc.). The terms "Malay" and "Javanese" are reserved for those particular ethnic groups generally so identified.

2. G. M. Beard, "Experiments with the 'Jumpers' or 'Jumping Frenchmen' of Maine," *Journal of Nervous and Mental Disorders* 7 (1880): 487-90; G. de la Tourette, "Revue critique. Jumping, Latah, Myriachit," *Archives de Neurologie* 8 (1884): 68; A. Bordier, *La Géographie Médicale* (Paris: Reinwald, 1884).

same in very different places? And if it was the same, how was this to be accounted for? What could such divergent peoples have in common that would produce such a specific and peculiar syndrome? Or was it basically not so odd after all? Did all human beings share at least a physiological and mental tendency to develop latah or latah-like reactions? And was latah as it was first described even characteristic of traditional Malay society? Or was it instead some sort of consequence of the emergence of a particular relationship between European colonial and native Malay and Javanese society; for, if it were a common traditional occurrence in these societies, why did Europeans seem only to have become aware of it in the latter part of the nineteenth century? By then they had been describing many other cultural and behavioral characteristics of Malayan peoples for centuries. And if Malayan latah had developed late, had its occurrence undergone further basic change in the manner of either some cultural reactions, such as fainting in Western societies, or various infectious diseases? Was it, for example, now dying out altogether or becoming limited to traditional rural areas away from European or other modern influences?

Questions about latah are still being raised and argued. Indeed it is necessary to go back to the 1890s to find a time in which interest in, and controversy about, latah was at all comparable to that of the past fifteen years. However, the nature of the literature on latah has changed. Until the last few years of the nineteenth century articles or notes on latah were often written by travelers and nonmedical colonial civil servants, but subsequently most primary accounts were by medical officers. Interpretations of latah over much of the present century have tended to reflect the development of European interests and ideas in the realm of psychiatry--hypnosis, dreams, the unconscious, sexual repression. In the most recent period, anthropological analyses have also become prominent and have challenged the psychiatric findings on a variety of points.

The purpose of the present paper is not to advance yet another thesis about latah, but rather to discuss the considerable mass of information and ideas that have accumulated about it. There are two reasons for doing so. First, the reader who is familiar with some of the more recent articles on latah will note that they make extensive use of the older reports. But the literature has been mined by subsequent analysts mainly for support for their own ideas about what latah really is or how or when it developed. The results, though interesting, have tended to be rather selective. There is thus a need to lay out and examine in a systematic way the record of latah studies. A second reason is that latah studies are of some historical interest in their own right. The writings on latah are valuable as a textual record of European thought about a particular and rather dramatic aberration. Whatever the accounts tell us about latah--less perhaps than might be imagined given the bulk of published information--they tell us something both about the growth of certain European intellectual traditions and about the interaction of Europeans with Malayan and Indonesian society.

The First Accounts

The earliest account to be cited as possibly referring to latah is contained in J. R. Logan's journal of his trip from Malacca into Nanning, published in 1849. A visit to the house of a villager had been arranged. Upon arrival Logan was met at the gate by his host, whose character and behavior struck him as peculiar. It is his description of what occurred next that has been cited, though not quoted:

At first his manner was embarrassed and apparently dry, and his efforts to break through the restraint under which he laboured were abrupt and highly grotesque. When we ascended into the veranda he blurted out his welcome again, jerked his head about and bent his body forward, and shifted his

position every second. He was most delighted, he said, highly honoured, but oppressed with shame. His house was a miserable hut, and he was such a poor, ignorant, vile person, mere dung in fact! "*Saya orang miskin tuan, --orang bodo--tai,*" and so he continued vilifying himself, and accompanying each new expression of humility by a sudden and antic alteration of his attitude and position.³

As we shall see, certain facets of this episode are latak-like. The expressions of humility, while carried a bit further than normal, seem characteristic of Malay politeness. However, the "grotesque" mannerisms are not, and suggest that, as with some forms of latak, the man was suffering an attack of *malu* (embarrassment or shame) that was acute enough to cause him partially to lose control of himself. Moreover, the display was provoked by an encounter with a European. On the other hand, some typical features of even a mild latak episode are missing. There is no mention of the blurting out of any sexual obscenities or of any verbal or gestured mimicry. It is, of course, possible that the man did say something sexually obscene which Logan chose not to mention in his account. Even so, what is perhaps most interesting about the incident is that Logan, while finding it extraordinary, did not identify it as latak. Nor evidently did his Malay companions. As an ethnologist with a well-developed interest in Malay culture and language, Logan should have been familiar with latak, if it existed in its later characteristic form and had come to the attention of European observers.

Whether or not Logan had witnessed an instance of latak, the syndrome had entered European cognizance by the 1860s when it was clearly identified by F. J. van Leent in Jakarta.⁴ By the 1880s, references to and descriptions of latak in both Java and Malaya are common. For Java, the naturalist Henry Forbes provided descriptive and analytical notes on "that curious cerebral affection called by the natives latak." He reported that it was confined chiefly to women, but that he had also seen a man affected, and that it was caused by shock or excitement. It involved a loss of control of will, an imitation of whatever was seen or heard at the time, and the calling out of the name of the thing that excited the reaction: "*Heh-ih-heh, matjan!*" (tiger), or "*burong besar*" (great bird), etc.; he did not, however, mention obscene outbursts. Forbes found that latak was fairly common, at least among the Javanese with whom he had contact: his own "*boy*" (italics original) became latak at the sight of a caterpillar as did his host's maid when she unexpectedly met a large lizard.⁵ As was common among European observers over the next several decades, Forbes provided anecdotal material on latak attacks which he himself instigated, suggesting that the line between science and mischief was sometimes thin. For example, he described one incident in which he provoked a servant into eating a piece of soap, and another in which he caused the same person to tear off her clothes by flicking a caterpillar on to her dress.⁶

3. J. R. Logan, "Five Days in Nanning," *Journal of the Indian Archipelago* 3 (1849): 29.

4. F. J. van Leent, "Contributions à la géographie médicale," *Archives de Médecine Navale* 8 (1867): 172-73; *Geneeskundig-topographische opmerkingen betreffende Batavia, hare reede en het eiland Onrust* (The Hague: Visser, 1868).

5. Henry O. Forbes, *A Naturalist's Wanderings in the Eastern Archipelago* (New York: Harper, 1885), p. 69.

6. *Ibid.*, p. 70.

For Malaya, on the other hand, H. A. O'Brien's account is the most comprehensive and the most extensively cited in later writings on the topic.⁷ Although modest (as a "nonscientist") about his own abilities to interpret what he found, he identified many of the basic features of latak and attempted a classification of subtypes, an enduring preoccupation of latak scholars. He also sought to relate the condition to Malay character, and briefly explored the etymology of the term. Latak, he noted, was essentially a Malay malady, weakly exhibited in Bengalis, Sikhs, and Tamils, but never in Chinese--a claim that was contested at the time by other observers. More women were latak than men; but it was rare among younger women while common among mature women. O'Brien supposed further that latak was related to amok, in that both were a manifestation of an intensified nervous sensibility.⁸

O'Brien described and illustrated four classes of latak. First were those who were merely acutely nervous and who would respond to a shock with an effort to strike the object or person and with an indecent expression.⁹ Second were those who were provoked merely by the mention of the name of an animal ("tiger," "crocodile," etc.) of which they were afraid. These were individuals who, while showing mortal terror upon such occasions, were not otherwise timid. As an example he noted a "medicine man" (*pawang*) who was one of the few Malays he knew who habitually passed nights alone in the jungle.¹⁰ The third class consisted of persons who, upon provocation, would involuntarily imitate the words, sounds, and gestures of those around them. Here he referred to an episode involving a Malay man standing alone on a river bank as he (O'Brien) put off down stream in a boat. When he waved, the man waved back and continued to do so, and when he whistled a tune the man did this also. O'Brien's Malay companions then remarked in the stereotyped formula ". . . dia baniak [*sic*] latak tuan" (he is very latak sir).¹¹ The last class consisted of those persons who would obey any command given them by a person to whose will they had completely subordinated their own.¹² No instances were provided.

If the early nonmedical accounts of latak were clearly influenced by late nineteenth century European psychological ideas, they were also affected by late nineteenth century standards of propriety. Because of the "popular nature of the journal," O'Brien noted that he was unable fully to report the sexual obscenity which he took to be an important but puzzling dimension of latak. In younger women sufferers, he did assert, "there is an absence of virtue and self restraint (seldom a prominent characteristic of Malay belles)," while in older women ". . . a word, a look, or a gesture, can in a moment lead a woman of seventy-five to conduct herself like a hetaira of twenty-five, . . . a phenomenon so opposed to natural laws that I seek in vain for its satisfactory explanation."¹³

7. H. A. O'Brien, "Latak," *Journal of the Straits Branch of the Royal Asiatic Society* [hereafter *JSBRAS*] 2 (1883): 143-53. G. Metzger, "Sakit Latak," *Globus* 52 (1882): 381-83; R. Neale, "Miryachit or Latak," *The British Medical Journal* [hereafter *BMJ*] 1 (May 3, 1883): 884.

8. O'Brien, "Latak," p. 145.

9. *Ibid.*, p. 146.

10. *Ibid.*, pp. 146-47.

11. *Ibid.*, pp. 148-51; I presume that *baniak* [*banyak*] *latak* should correctly be *sangat latak*.

12. *Ibid.*, pp. 151-52.

13. *Ibid.*, pp. 152-53.

Early Medical Reports

By the 1890s latah was attracting considerable interest among colonial doctors in both Java and Malaya. For Java, C. L. van den Berg and P. C. van Brero both offered interpretations.¹⁴ The former argued that the locus of the problem of latah was in the central nervous system. Akin to hysteria, it thus consisted of an "increased irritability of the brain, which gives rise to peculiar functional disorders." The subsequent account of van Brero, who was then serving as a physician at the asylum in Buitenzorg (now Bogor), was similar. He suggested that latah, which he held to be very common, involved an "increased excitability of the nervous system which must extend to the cortex,"¹⁵ and a "paralysis of the will." Having a physiological basis, the condition was thus presumed to be hereditary. However, it also represented in acute form traits which were general among the Javanese, namely a "mental feebleness which prevents them from becoming independent in thought and action, so that there is always a weak development of individuality."¹⁶ Van Brero also felt that, since the disorder warranted serious medical interest, it needed a more dignified and scientific designation than the vulgar "latah." He thus proposed the title of "provoked imitative impulsive myospasia."¹⁷ This did not, however, catch on, and does not appear in the later primary literature, except when Yap held it up to ridicule many years later.

For Malaya on the other hand, Gilmore Ellis, then the medical superintendent of the government asylum in Singapore, defined the disorder as a transitory nervous condition that was difficult to classify.¹⁸ He ventured that there were two classes of sufferers, viz., "those in whom voluntary and frequently unwilling mimicry is the predominant symptom, and those whose symptoms are paroxysmal outbursts . . . in which coprolalia is the predominant feature." (Here we have, incidentally, the application of the first of a number of technical terms for latah symptoms, in this instance for what had been previously referred to as verbal "obscenity." It was to be followed by "echolalia" for verbal mimicry and "echopraxia" for bodily mimicry.)

Ellis raised or commented upon several issues that were to continue to interest analysts. One of these was the similarity of the mimetic form of latah to hypnosis, except that consciousness was not lost, and that the mimicry, though unwilling, was impossible for the latah victim to overcome. Another was the possible connection between the paroxysmal form of latah (which he noted involved striking out at someone) and amok.¹⁹ However, Ellis noted that latah attacks were of much shorter

14. C. L. van der Berg, *De Geneesheer in Nederlandsch-Indië* (1887), cited in F. H. G. van Loon, "Latah, a Psychoneurosis of the Malay Races," *Mededeelingen van den Burgerlijken Geneeskundigen Dienst in Nederlandsch-Indië* (Reports of the Dutch-Indian Medical Service, Foreign Edition) [hereafter *Mededeelingen*] Pt. 4 (1924), pp. 305-21; P. C. Z. van Brero, "Über das sogenannte latah," *Allgemeine Zeitschrift für Psychiatrie und ihre Grenzgebiete* 51 (1895): 537-38; "Einiges über die Geisteskrankheiten der Bevölkerung des Malayischen Archipels," *Allgemeine Zeitschrift* 53 (1896): 25-33.

15. P. C. van Brero, "Latah," *Journal of Mental Science* [hereafter *JMS*] 41, no. 174 (1895): 537.

16. *Ibid.*

17. *Ibid.*, p. 538.

18. W. Gilmore Ellis, "Latah. A Mental Malady of the Malays," *JMS* 43, no. 180 (1897): 32-40.

19. *Ibid.*, p. 33.

duration and that there was no evidence that latak sufferers were prone to amok, or that those who had run amok had been especially subject to latak. Finally, he sought to correct a point made in Tuke's dictionary of psychological medicine, viz., that latak was a "form of religious hysteria prevalent in Java, in which consciousness is lost during a paroxysmal outburst of inarticulate sounds and involuntary movements." Latak, he countered, had nothing to do with religion and was found not just in Java but among all Malay races, among whom, moreover, hysteria "as understood" was practically nonexistent. Ellis agreed, however, that latak was hereditary, in that it attacked a large portion of the members of a family. Women were more frequently affected than men, and older women more frequently than younger ones.²⁰

The bulk of Ellis's paper consisted of a discussion of a series of latak cases which were used to illustrate his two types of latak. Several of these resembled ones discussed by O'Brien or were taken from his article. His imitative cases--a Malay syce with no knowledge of English who would sing "Sweet Belle Malone" in English (and in tune), a Malay woman who would disrobe when provoked--added little to those of O'Brien. However, his cases of paroxysmal latak contained new material. One of these concerned a male latak who when startled would shout "*puki*" (vagina) and throw whatever he had in his hand at the nearest person.²¹ Here we learn for the first time that the words commonly expressed in latak reactions, which had before been referred to only as "obscenities," are terms for genitalia. We are also provided with a specific example of a latak sufferer who is Eurasian rather than Malay or Javanese. In another case we learn that sexual expressions were not always purely verbal, and that latak reactions could be provoked by a rebuke from a superior as well as by sudden fright.

One of my best female attendants, a half-bred Malay and Tamil, 48 years of age, is slightly affected with *latak*. Whenever I have occasion to admonish her she stands trembling for a few seconds, micturates and passes flatus, and then as if startled at the sound, she loudly utters a filthy word, and then promptly apologizes for her conduct.²²

Another medical report from Malaya published at this time was by John Gimlette (later author of a well-known work on Malay curing and poisons), who was then serving in the interior of Pahang. He also characterized latak in neurological terms as ". . . having its origin perchance with both hysteria and hypnotism in a neurosis which lowers nerve force and brings about an abnormal reflex discharge of it."²³ His clinical description of two latak women included information on the results of physical examinations given each (which in neither case yielded any particular clues about the affliction). One woman was a midwife; both were married and middle aged. Gimlette does not appear to have found the latak behavior of either woman amusing. Indeed, he referred to one as a "pitiable exhibition," and his descriptions of both are among the starkest to be found in the latak literature:

. . . the patient was gradually robbed of her power of self-consciousness and command. She invariably repeated aloud the suggestions offered to her, and not only imitated grimaces, however absurd, but mimicked different qualities of voice, and repeated strange English words with remarkable accuracy.

20. *Ibid.*, p. 34.

21. *Ibid.*, p. 36.

22. *Ibid.*, p. 37.

23. John D. Gimlette, "Remarks on the Etiology, Symptoms and Treatment of Latak, with a Report of Two Cases," *BMJ* 2 (August 21, 1897): 457.

On being handed a box of matches and told to eat it, the operator at the same time pretending to masticate, she had no hesitation in commencing and declaring it delicious; but on the suggestion of another person that it was pork, she readily threw the box away with an expression of great disgust.²⁴

Gimlette thought that heredity played a great role in the development of latak, while neither social position nor hygiene were involved. Nor did it seem that the "enforced burden of a complex civilization" had caused its development, for no increase in latak could be seen among boys educated under newly imposed government supervision. While latak was usually met with among the poor inhabitants of obscure villages, cases were also encountered in Singapore and in the larger Malay towns. He did not suggest that latak was a form of religious hysteria--a confusion that eventually found its way into the secondary European literature at one point. Gimlette did, however, suggest the condition might have links with the "mixture of religion and superstition with the fearful belief in devils, familiars, and ghosts so common among Malays," and he thought also that the Malays' "morbid proclivity toward imitativeness" was probably involved.²⁵ On the popular question of a connection between latak and amok, his position was that both might derive from "morbid impulses," a matter which he felt warranted special attention and which he viewed in a sort of Dr. Jekyll-and-Mr. Hyde perspective:

In both cases--self-control being lost for the time being--the attention is occupied mainly by a single idea--in the latak woman by an uncontrollable desire to imitate, in which the servile portion of human nature is unconsciously displayed; in an amok man, by a reckless idea to persist in killing, in which the wild beast part of a man comes uppermost.²⁶

As to preventing latak, he thought that ". . . the gradual removal of ignorant superstition by means of lucid education might prove to be the best prophylactic." A cure, on the other hand, seemed impossible without a more precise knowledge of the physiological pathology involved, which would have to be verified by *post mortem* examination. However, he also suggested that experimentation upon monkeys, which are by nature highly mimetic, might prove useful. Monkeys might be made latak or latak-like, thereby resulting in knowledge leading to a cure.²⁷ Neither of these suggestions appears to have been followed.

Swettenham and Clifford

The interpretation of latak was not left entirely to medical observers in the closing years of the nineteenth century. The British proconsuls Frank Swettenham and Hugh Clifford both published accounts at this time. These were popular, rather than technical or theoretical, and appeared in books of "tales and sketches" of Malaya, a literary form both men adopted extensively and successfully. Their approach to latak, as to other topics, was thus anecdotal, based upon actual events and persons, but embellished with the style of the essayist or writer of short stories. Their material was drawn from their own career experiences in Malaya, which extended from the beginnings of the establishment of the British protectorate in the peninsula in the 1870s. They claimed with considerable justification to have been familiar with Malays in all walks of life and in a range of locations in Malaya.

24. *Ibid.*, p. 456.

25. *Ibid.*

26. *Ibid.*, p. 457.

27. *Ibid.*

But judging from both the nature of the work they did and the content of their writings, they were especially familiar with two sectors of Malay society. The first of these was the traditional hereditary royalty and nobility, whom they first had to pacify and then work closely with in developing and administering the country. The second were their own personal retainers, consisting of household servants, bearers, boatmen, and police. In their writings on latak this latter category was especially significant, as it was with other Europeans. Thus, while both offered general accounts which made reference to the distribution of latak, Swettenham's study focused upon the case of two men who were members of his personal police force, and Clifford's dealt with latak among his household servants, especially his cook.

Swettenham wrote that he had never met a medical man who had interested himself in latak, and that he himself could not explain it, but imagined that it was a nervous disease "affecting the brain but not the body."²⁸ Latak appeared to him to be common, but much more so in some regions and among some Malay ethnic sectors than others. "Thus while there is generally one or more *orang-latak* to be found in every *kampong* in Krian, where the Malays are mostly from Kedah, in other parts of Perak it is rare to ever meet a *latak* person."²⁹ Otherwise he held it to be more common among the people of Amboina (in the Moluccan Islands of present-day Eastern Indonesia) than among the people of Java, Sumatra, or the Malay peninsula. How he knew this to be so, except that the two latak men in his police force were both Ambonese, he did not say. Of the two forms of latak he identified, by far the most common was that which was provoked by a start and involved the expression of "obscene words having no reference to the immediate situation."³⁰ The majority of those so affected were women. The other form was more severe and involved both imitation and obedience reactions. It was exemplified by his two policemen, whose amusing antics during their seizures formed the focus of his paper.

Beyond the fact that he provided vivid case material--of which by then, however, there was no lack--Clifford's discussion of latak opened an argument between what may be called medical and anthropological interpretations.³¹ His account was written in reaction to the existing medical reports of the period. He considered these (he did not cite specific ones, but probably had those of Ellis or Gimlette especially in mind) to be lacking in compassion and humanistic understanding: "It is doubtless difficult for a medical man to always bear in mind that a patient is a human being, in the first instance, and a 'case' purely incidentally."³² In contrast to the doctors who described a latak case as if it were a bug on a pin, he presented himself as a "mere untrained observer" who had gained his knowledge "from living among Malays, often in constant daily intercourse with latak folk," rather than being carefully educated in some school of pathology.³³ In this same vein, he was also caustic about European license in experimenting upon Malays by provoking latak reactions in the name of science.

Clifford's own explanation of latak was that it was an incipient feature of the Malay character that was rooted in nervousness, hardly a novel idea at the time.

28. Frank Swettenham, "Latak," *Malay Sketches* (London: Lane, 1896), p. 82.

29. *Ibid.*, pp. 65-66.

30. *Ibid.*, p. 66.

31. Hugh Clifford, "Some Notes and Theories Concerning Latak," *Studies in Brown Humanity* (London: Richards, 1898), pp. 186-201.

32. *Ibid.*, p. 187.

33. *Ibid.*, p. 186.

All Malays, he stressed, were to some extent latak, and capable of developing into a typical case if sufficiently teased, persecuted, or harassed. Moreover, he held that it occurred among all classes of Malays--"the well-fed and gently nurtured, as often as among the poor and indigent"--though among women more than men, and always among adults rather than children.³⁴ In fact, however, the cases he discussed were all among his male servants. The general nervousness to which all Malays were prone, and which underlay latak, was probably due to the climate. It was, he asserted, within the experience of every European who spent time in Malaya that his nerves were affected by the climate. And if a European became jumpy and nervous after a few years in Malaya, then it was no surprise that a race which had spent many generations there had become morbidly so.³⁵

In noting that overt latak was induced through teasing and harassment, Clifford came close to offering a sociological thesis. He departed from such an interpretation when he asserted--probably incorrectly--that it affected all sectors of Malay society equally. However, he made an additional brief observation about latak among his servants that is interesting in this regard, though it was not followed up. This was that latak appeared to be behaviorally contagious: "It was about this time that a number of other people in my household began to develop signs of the affliction."³⁶ He went on to say that what he meant by this was not that latak in his household had been spread by "infection," for he learned that those who had newly begun to display latak had already been previously subject to occasional seizures. However, once in his household, where they were exposed to the severe attacks of his poor bedeviled cook, Sat, they began to lose the control that they had previously exercised over their condition.

Latak, Hypnosis, and Crime

Clifford's sarcastic reference to the practice of provoking latak reactions does not appear to have discouraged further medical experimentation. Percy Gerrard, a surgeon posted in Pahang, published a brief article in which he described a single, advanced case of latak, which he had attempted to treat with hypnosis. He reported that, by putting the woman into a hypnotic state, he was able to relieve a severe attack:

Having ordered her to lie down the order was promptly obeyed, while she repeated it to herself. I then told her to go to sleep, and closing her eyes with my hand, I made some direct contact passes over her, the forehead and temples, suggesting at the same time, sleep. . . . I then suggested, "You are quite well again, and you must wake up." She opened her eyes and sat up, uttered a long sigh, and when asked what she had done, declared that she had done nothing.³⁷

Gerrard did not report whether or not he was able to cure the woman. He did, however, mention that the history of the woman's attacks included a recurrent dream: "During the post-latak sleeps she dreams invariably that she is flying amongst white ladies and men, all winged, and some of them riding on winged horses."³⁸

34. *Ibid.*, p. 195.

35. *Ibid.*, p. 198.

36. *Ibid.*, p. 192.

37. Percy N. Gerrard, "Hypnotism and Latak," *Dublin Journal of Medical Science* 118 (July 1904): 13-17.

38. *Ibid.*, p. 14.

Here we have the first reference to the association of dreams with latah. Gerrard did not, however, probe the significance of the dream or the possibility that sexual symbolism was involved. Nor did he identify the specific nature of the obscene utterances the woman made during the latah episodes that he witnessed.

A related effort at latah research at this time concerned crime. If latah behavior bore some resemblance to a hypnotic state, as several observers had suggested, then the possibility was conjured up that a latah person would obey a command to assault or even kill another person. This possibility, which had been raised earlier by several writers, was pursued by William Fletcher, a surgeon at the mental hospital in Kuala Lumpur.³⁹ Fletcher reported several instances--one told to him by Wilkinson--in which a Malay had maimed others during a latah seizure. These had involved men carrying *parang* (large chopping knives), with which they had struck out upon being startled. Such assaults had occurred as a result of an involuntary impulse. Fletcher thus posed the question of whether a latah sufferer would follow a command to attack another person during a seizure. To answer it he performed an experiment with a female latah patient, in which a large amputating knife was suddenly thrust into her hands and a command was shouted at her, "Kill that woman and steal her jewelry." In response, the patient "rushed at the bed and with great force drove the knife into the blanket and the raincoat underneath. Hardly had she struck before she uttered a cry of remorse and threw herself back with a look of horror on her face." Fletcher then shouted the command "kill" (*potong [sic]*) at her again and she fell to hacking the raincoat with her knife.⁴⁰

Neither of the foregoing lines of experimentation appears to have been pursued further. More generally, the pre-Freudian medical paradigm was beginning to be played out by the second decade of the century. Descriptions of Malay latah continued to appear in secondary works of both a popular and technical medical nature, but published evidence of primary investigations declined. Johnson Abraham, another surgeon, published two short items. The first was a popular account, in which he suggested that latah might be caused by the chewing of betel nut;⁴¹ the second, which appeared a year later, was an article in a medical journal in which he took back this suggestion, noting, in a display of sound elementary logic, that he had been informed that there were places where betel was chewed but where there was no latah. He also raised, and then dismissed for a similar reason, the possibility that latah was caused by the effects of tropical climate--Clifford's argument--and concluded that the causes of latah remained unknown.⁴² Otherwise he covered well-explored ground.

Freudian and Other Psychiatric Interpretations

Beginning in the 1920s a new series of accounts appeared. They differ from the earlier ones in a number of respects. Most notably perhaps, the earlier inclination to explain latah in terms of some organic malfunction of the central nervous system was replaced by interest in relating the syndrome to personality formation.

39. William Fletcher, "Latah and Crime," *The Lancet* 2 (July 25, 1908): 254-55.

40. *Ibid.*, p. 255.

41. J. Johnson Abraham, *The Surgeon's Log; Being Impressions of the Far East* (New York: Dutton, 1911), p. 249.

42. J. Johnson Abraham, "Latah and Amok," *BMJ* (February 24, 1912), p. 439.

One such study was by David Galloway.⁴³ It offered little that was new in the way of substantive information, for most of the material it contained was taken from earlier accounts. However, Galloway referred to Freud and Yung (*sic*), drew upon psychodynamic concepts at some points, and prefaced his interpretation with an attempt to develop a profile of the Malay personality. Here he suggested that Malays were generally happy and contented, acutely sentient, responsive to others, on the whole possessed of a "loveable personality,"⁴⁴ but that they also spent much time alone in daydreaming or abstraction, which was really an unconscious state. The warmth, stillness, and tranquillity of the traditional Malay village nurtured such tendencies, which amounted to a form of autohypnosis. Moreover, since the Malay tended to operate so much in the realm of the subconscious, he was readily influenced by suggestions or stimuli which would be rejected by the conscious mind. Moreover, the Malay had a primitive mind "in which many of the processes are reflex or instinctive and have not yet, or only recently, been subjected to the influence of education."⁴⁵

In some respects this interpretation differed little from the sketches of Malay character contained in the writings of Clifford and Swettenham, and in subsequent popular colonial accounts which pictured the Malay as fond of leisure, irresponsible, and pathologically sensitive, but also charming, loyal, and a good sportsman and companion, especially for adventurous activities. However, Galloway used clinical psychiatric terms and emphasized the role of the subconscious. He went on to say that the language that the latak women used when provoked reflected a breakthrough of repressed materials, a notion that has remained a central thesis of psychodynamic interpretations.⁴⁶

In Java, meanwhile, the work of F. H. G. van Loon was more substantial and enduring. A lecturer in neurology and psychiatry at the Medical School in Batavia, he published a series of papers on latak, amok, and Malay personality, that introduced new data as well as new ideas into latak studies.⁴⁷ He noted that the immediate causal circumstance of the onset of latak was dreams. Gerrard had already reported one instance of a link between latak and dreaming, but van Loon's observations went far beyond this. The dreams were of a highly sexual nature, which indicated repression since they ended with the dreamer awakening with a start. They were always basically the same: "one or more naked men, or penes in erection, wriggling like worms, trying to attack the dreamster, etc."⁴⁸ In some instances the penes had to be fried and eaten, in which case the repugnance which was always present was strong enough to provoke nausea verging on vomiting.

In such statements about the role of dreams in latak, van Loon was presumably referring to women rather than the infrequent male sufferer. He did not address the question of whether male latak reported comparable sexual dreams of female

43. David Galloway, "A Contribution to the Study of 'Latak,'" *JSBRAS* 85 (1922): 140-50.

44. *Ibid.*, p. 142.

45. *Ibid.*, p. 143.

46. *Ibid.*

47. F. H. G. van Loon, "Latak, a Psychoneurosis of the Malay Races"; "Amok and Latak," *Journal of Abnormal and Social Psychology* 21, no. 4 (March 1927): 434-44; "Protopathic-Instinctive Phenomena in Normal and Pathological Malay Life," *British Journal of Medical Psychology* 8 (1928): 264-76.

48. Van Loon, "Amok and Latak," p. 440.

genitalia.⁴⁹ He did regard the sexual dream as a key to understanding why women were more prone to latak than men; that is, that it involved sexual repression or frustration, and Malay men did not, he felt, suffer any check on their sexual needs.⁵⁰ Moreover, the greater sexual repression that Malay women experienced was combined with a greater degree of "infantile-primitiveness" that was characteristic of women in general. This combination provided the basis for hypersuggestiveness and loss of will that occurred with latak.

Van Loon's interpretation of the nature of latak was a major innovation, as were his efforts (to be discussed below) to gain wider and more extensive information about its occurrence. His studies were followed in the 1930s by several accounts by P. M. van Wulfften Palthe, also a professor of psychiatry at Batavia.⁵¹ These concerned psychiatric disorders in the Netherlands Indies, including amok and *koro* as well as latak, but otherwise made most of the same points as van Loon's analysis and appear to be mainly derived from it.⁵²

Following the studies of van Loon and van Wulfften Palthe, psychiatric interest in latak appears to have waned. It was revived by P. M. Yap, a British-trained Chinese psychiatrist, in the 1950s. In a long article, Yap glossed the development of Malayan latak studies, reviewed the literature on latak and similar syndromes elsewhere, and discussed the state of psychiatric knowledge regarding hysteria and other possibly related forms of psychopathology.⁵³ He also presented the results of his own field investigations in Malaya, and developed an interpretation of the social milieu and personality structure of the latak sufferer and the nosological status of the syndrome. In a subsequent article he offered additional theoretical contributions on latak and other "culture-bound" syndromes.⁵⁴

For Yap, latak was essentially a "primitive fear reaction" or neurosis. Those affected react with fright: ". . . because of an overwhelming sense of hazard they

49. There were in any case only a few men identified in the survey; specifically there were 157 women, 4 men, and 1 hermaphrodite. "Latak, a Psychoneurosis of the Malay Races," p. 308.

50. "Amok and Latak," p. 440. The explicitly phallic nature of the female latak dream did pose a minor theoretical problem which van Loon addressed. In Freudian or psychoanalytic theory, dreams stemming from sexual repression are governed by a dream censor which disguises sexuality so that the dream material is "symbolic" rather than explicit. (That is, a woman should dream of a banana, for example, rather than a penis.) He thus suggested that such dreams were poorly developed--as was the Malayan psyche in general, in his view--and that another mechanism took the place of the dream censor; namely the fear and revulsion which were provoked by the phallic image served to keep it out of consciousness during normal periods.

51. P. M. van Wulfften Palthe, "Psychiatry and Neurology in the Tropics," *The Malayan Medical Journal* 8 (1933): 133-39; "Psychiatry and Neurology in the Tropics," in *A Clinical Textbook of Tropical Medicine*, ed. C. D. Langen and A. Lichtenstein (Batavia: Kolff, 1936), pp. 531-32.

52. *Koro* ("turtle") refers to shrinking penis phobia, characteristic of Chinese rather than Malaysians, though van Wulfften Palthe thought it might be related to the Bornean penis pin complex.

53. P. M. Yap, "The Latak Reaction," *JMS* 98 (1952): 515-64.

54. Yap, "The Culture-Bound Reactive Syndromes," in *Mental Health Research in Asia and the Pacific*, ed. William Caudil and Tsung-Yi Lin (Honolulu: East-West Center Press, 1969), pp. 33-35.

are not able to mobilize their own biological apparatus of mastery. They react to fear stimuli by a disintegration of the ego, an actual dissolution of the body ego."⁵⁵ Yap did not stress the breakthrough of subconscious material, though he did clearly link latah to psychosexual factors.

Further psychiatric studies were published in the late 1960s and early 1970s, first by W. Pfeiffer for Java and then by T. L. Chieu, J. E. Tong, and K. E. Schmidt for Sarawak. Pfeiffer, a German scholar, sought information on latah in 1967, and was able to record information on twenty-two cases, all found in one psychiatric hospital and in a nearby village in East Java. He entitled his paper "New Research Findings Concerning Latah."⁵⁶ They were new, however, more in the sense of recent than different; they added to, rather than altered, existing knowledge. His discussion of the psychodynamics of latah was mainly descriptive and fairly close to the earlier psychiatric observations of van Loon and van Wulfften Palthe. The beginnings of the malady were typically linked to an erotic dream of a male organ or of naked men. One case he discussed in detail was typical--a middle-aged Javanese woman who had been married four times, with a sick husband and no sexual relations. Her latah had begun a year before the interview, following a dream of a penis that was large "like that of a horse" and that was being pulled into the air on a string.⁵⁷ And so on.

Pfeiffer's analyses were not the last to focus on the sexual aspects of latah, which appear to be among the most intriguing for Western observers, whatever the interpretation they give them. However, recent studies suggest that psychoanalytic interpretations have become exhausted as a mode of analysis.

Psychiatric Surveys and the Problem of the Milieu of Latah

Description and interpretation of psychological processes (ego disintegration, hysteria, repression, fright, and so forth) have been central interests in psychiatric studies of latah, but not the only ones. As is true of most accounts of latah from the earliest period onward, the psychiatric interpretations have been concerned with questions regarding the incidence and milieu of the syndrome. Early observers were fond of making generalizations about the extent to which peoples of various places or various ethnic sectors of the Malayan world were prone to latah. They also commonly generalized about the typical age, social status, and sex of latah persons. The basis of such information was often not clear but seems to have been some combination of personal experience and local folklore.

Beginning with van Loon, several attempts were made within the general framework of psychiatric inquiry to acquire more extensive epidemiological information. Van Loon's efforts involved a survey based upon a questionnaire sent to some 600 physicians throughout the Dutch Indies.⁵⁸ Of these, 106 replied, of whom 86 had witnessed latah and were able to provide satisfactory information on 169 cases. The questionnaire asked for information on the number of latah observed and on the age, sex, and ethnic group of each. It also asked whether the latah were *orang udik* ("country people"), that is, villagers living away from Europeans, or whether

55. Yap, "Latah Reaction," pp. 557-58.

56. W. Pfeiffer, "New Research Findings Regarding Latah," *Transcultural Psychiatric Research* 5 (1968): 34-38; *Transkulturelle Psychiatrie; Ergebnisse und Probleme* (Stuttgart: Georg Thieme Verlag, 1971).

57. Pfeiffer, "New Research Findings," p. 36.

58. Van Loon, "Latah, a Psychoneurosis of the Malay Races," pp. 308-9.

they were people who had had considerable contact with European society.⁵⁹ It found that 60 percent of the cases involved Javanese, about 12 percent were Malay, and a similar percentage were Batavians (a composite group), while 6 percent were Sundanese. The remainder consisted of small numbers of Buginese, Madurese, Ambonese, and others. Van Loon thus concluded that latah was especially characteristic of the Javanese, much more so than of the Sundanese (of West Java), even allowing for the larger size of the Javanese population. As to whether more latah cases were "country people" or people in contact with Europeans, he found the overwhelming number were the latter. This, in turn, was borne out by the information on the occupation of those affected. One hundred and thirty-two were servants of one sort or another, cooks and maids above all; the remaining thirty-two were artisans and unskilled workers.

As van Loon was aware, the survey was apt to have been biased in several respects. European doctors, and probably also Indonesian or Eurasian ones, would have been concentrated in the towns and in the regions of the Indies where there were larger European populations, above all Java. They thus would have tended to have treated or to have otherwise observed those natives in contact with European society to a much greater extent than they would the "country people." And of course latah among servants in Dutch colonial households would have been most often noticed. Van Loon himself noted that, whereas European doctors did not tend to report latah cases from among the ranks of the orang udik, the native doctors did.⁶⁰

Van Loon was not very successful at integrating the results of his survey with his own clinical observations and conclusions. He explained latah as a consequence of the primitiveness of affect and the hypersuggestibility of the Malay races, and of the greater sexual repression and primitiveness of the female psyche. But if this were so, why should it have been much more prevalent among those in contact with Europeans, especially servants? His only observation on this point was that servants were especially apt to be hypersuggestive. He did not, for example, raise what would seem the logically obvious question of whether they were also particularly apt to have been sexually repressed. More generally, neither van Loon nor any of the other psychiatrists, physicians, or other colonial interpreters of latah seem to have taken the affliction as evidence that European influence on natives might have been harmful in some ways. But if latah was somehow linked, as the clinical evidence suggested, to sexual trauma and repression, and if it was also especially prevalent among natives in contact with Europeans, then one would infer that such natives were especially apt to have experienced such trauma.

Like van Loon, Yap devoted considerable attention to questions of epidemiology and the milieu of latah. This was based upon both a study of the literature on latah elsewhere in the world and, evidently, his own research activities in Malaya, involving interviews with seven latah persons.⁶¹ Of these, four were persons classified as mild cases, and three were severe. The symptoms and histories so described added little to the existing body of case material, though he noted two minor behavioral characteristics (decomposition of speech and "auto-suggestion") not previously reported.

How typical Yap's cases were of latah sufferers in general--a persistent problem from the beginning of latah studies--is a question that was not raised. Six of

59. *Ibid.*, p. 309.

60. *Ibid.*, p. 311.

61. Yap, "Latah Reaction," p. 534.

the seven were middle-aged or older women, as would be expected from other reports. However, only three were Malays, while three were Nonya (Malay-acculturated) Chinese and one was of mixed Malay-Portuguese descent. Yap does not say how he came to choose these particular individuals. Unlike most of the other psychiatrists who studied latah, he did not draw upon his own patients. He presumably chose to do his research in the Malacca area, for that was where most of his cases were reported to live. It does not sound, from his few remarks concerning his research methods, as if he had easy access to latah subjects or to information from them, for he commented on the "great difficulty of obtaining adequate histories from patients who often do not even know their exact age," and that ". . . the process of interrogation carried out by one who is a comparative stranger is bound to inhibit people who have never been accustomed to it by schooling."⁶²

This matter of whom Yap studied and where he conducted his research seems very important in light of his observations and conclusions about the social and cultural milieu of latah. At the beginning of his analysis, he noted that the understanding of latah in earlier periods had been hampered by the fact that anthropologically oriented nonpsychiatrists were naive regarding the social and cultural conditions of Malay life.⁶³ He evidently did not consider himself, as a psychiatrist, to be so limited, for he wrote at length on the question of the kind of circumstances in which a condition such as latah was apt to develop, flourish, and decline. Indeed, a long section of the article was subtitled "Latah and the Malay Ethos." Here, for example, he took note that latah was by no means confined to Oriental or Mongoloid races, as had sometimes been suggested, and that, conversely, Chinese were never affected by latah unless brought up from childhood in a Malay environment. This observation is unexceptionable in light of the comparative evidence, but he went on to write that latah is found ". . . in culture complexes which are by comparison with modern civilizations, both East and West, little developed. The peoples showing it (not excluding the jumpers [French Canadians of Maine]) are peasants, graziers, hunters and fisher-folk and are naturally possessed of unsophisticated mentalities."⁶⁴ Such latah cultures, he continued, were marked by a fragile technological mastery of their environment. This made people insecure and prone to startled reactions. A further consideration, he argued, was a rural as opposed to an urban way of life. "The ignorant rural person tends on the whole to be a more timid person than the person who is brought up amidst the noise and rush of the city. . . ."⁶⁵ With increased education and urbanization in Malaya the incidence of latah was undoubtedly diminishing.

62. Ibid. Although he does not mention it, Yap's research was conducted during the Emergency. This evidently prevented or inhibited him from seeking cases in village areas which would have better illustrated his thesis that latah was essentially rural rather than urban. Judging from his subsequent discussion of the Malay latah milieu, he presumably inferred that, had he been able to seek them out, he would have found most latahs were traditional rural Malays rather than the deracinated or marginal individuals with whom he ended up. For whatever reason, he found his cases mainly in Malacca. This was a region that, while rural and traditional in some respects, had experienced colonial domination and ethnic assimilation and acculturation over a longer period than any other place in Southeast Asia.

63. Ibid., p. 516.

64. Ibid., p. 550.

65. Ibid., p. 553.

Yap failed to note that not all the available evidence on the milieu of latah supported such an interpretation. As we have already seen, the prevailing view of latah held by the Dutch psychiatrists in Java was that it was more typical of townspeople in contact with Europeans than of isolated villagers. While certainly open to dispute, such evidence was not even discussed by Yap, though he was clearly aware of the Dutch work, for he critically discussed it (at one point as racist) elsewhere in his paper. Nor did the latah which Yap himself reported really support his generalizations. Four of the seven cases were ethnically marginal individuals, and hence hardly fully typical of traditional rural Malay society.

In addition to offering a hypothesis on the general cultural conditions in which latah was likely to emerge, Yap also commented on how and why the position of a woman in Malay society favored latah. She was a:

. . . shy, retiring, unaggressive, self-effacing, changeable and colorless person, with little individuality, in as much as her whole life is spent within the confines of her family, and moulded by the monotonous demands of infancy, childhood, wedlock and motherhood in a simple static rural environment.⁶⁶

Further, the Malay woman who was latah was apt to have had a background of histrionic, sexual excitedness as an adolescent. This, he maintained, was because the Malay girl was afforded little or no opportunity during adolescence to come into social contact with the opposite sex. If she belonged to a family of higher social status, she would be even more oppressed.⁶⁷

Yap did not discuss why he felt that Malay women were more apt to have been sexually and socially repressed than, for example, rural Chinese, or Indian, or Middle Eastern women in purdah, who were not evidently prone to latah. Nor did he note that the general view that he developed on the position of Malay women was not in accord with a considerable body of literature, some of it available since the nineteenth century, which averred the opposite. It had long been part of the European view of Malay (and Indonesian) society that women were freer and less subservient than elsewhere in Asia.⁶⁸

Reports published by Pfeiffer, as well as a subsequent one by Chieu, Tong, and Schmidt, also contained epidemiological data or observations on latah. As noted earlier, Pfeiffer's reports were based upon information on twenty-two cases of latah encountered in East Java, and upon inquiries made in a number of other places. Since his inquiries revealed no instances of latah in West or Central Java, he presumed that the malady had by that time become rare. He was thus surprised to find a large concentration of cases in East Java and felt that, time allowing, he would have come across more. His inquiries also indicated latah in Jakarta.⁶⁹ This pattern of occurrence tended to parallel to some extent the findings of van Loon a half century earlier--that latah was much more common among the ethnic Javanese than among the Sundanese of West Java. To some extent, the cases which Pfeiffer described were similar to those reported by earlier observers in Java. They were

66. Ibid., p. 554.

67. Ibid., p. 555.

68. See, for example, my paper, "Sexual Status in Southeast Asia: Comparative Perspectives on Women, Agriculture and Political Organization," in *Women of Southeast Asia*, ed. Penny Van Esterik, Northern Illinois University, Center for Southeast Asian Studies, Monograph Series on Southeast Asia, Occasional Paper No. 9 (De Kalb, 1982), pp. 176-213.

69. Pfeiffer, "Transkulturelle Psychiatrie," p. 87.

mainly either lower-status workers at his hospital, petty traders, or agricultural laborers. He did, however, assert that, contrary to earlier reports, none of his cases included servants or former servants of Europeans: all were from traditional village backgrounds.⁷⁰ By that time, however, the Dutch had, for the most part, been long gone from Java. The likelihood of finding latah who were or had been servants of Europeans was far less than in the 1920s when van Loon gathered his data.

While Pfeiffer's study did not provide much new information about the distribution or milieu of latah, a survey carried out a few years later in Sarawak did. From the earliest period onward, the overwhelming bulk of information that had been accumulated concerned Malaya and Java. To be sure, scholars had claimed that latah was widespread among the peoples of the Malay Archipelago. However, the specific case material that was reported included only the most infrequent and cursory reference to latah outside these two areas. Swettenham suggested in 1900 that latah was especially characteristic of the Ambonese, but perhaps only because his two Ambonese policemen were both afflicted. Van Loon's survey of physicians in the Dutch East Indies in the early 1920s indicated latah among non-Malay and non-Javanese peoples, but provided no details or specific case material. Thus the Sarawak study carried out by Chieu, Tong, and Schmidt in the late 1960s, in the form of a survey, provided information on latah in a new region.⁷¹ The survey covered three ethnic populations: Chinese, Malays, and Ibans, and found latah among the last two, but not the first. Among Malays, in a total sample of over 6,000 persons, fifty-two cases were reported, all of whom were female. Among the Iban, on the other hand, in a similar population sample, there were seventeen cases, again all female. Further information was collected on thirty-seven Malays and thirteen Ibans, and this forms the main basis of the published report.⁷²

Much of the information conforms to the general picture of latah in Malaya. Most of the Malay women were older, although some were in earlier age categories. And again symptomatic behavior and allegedly precipitating factors involved deviant sexual themes. In addition to the usual coprolalia, "one elderly lady unexpectedly and embarrassingly masturbated openly with a knife handle before a young female interviewer during a latah episode."⁷³ Along with bereavement and giving birth, dreams were said by the local Malay population to be causes of the onset of latah; efforts were thus made to collect such information from the individual latah cases. Most dreams were of genitalia or sex. The latah of the woman mentioned above was reported to have begun after a dream in which she had been sexually penetrated by a ghost. Latah among the Ibans does not appear to have been strikingly different from the Malay pattern, though there were variations. Iban dreams did not involve explicit sexual themes as frequently as did Malay ones, though they also commonly involved ones implicitly so.⁷⁴

Perhaps the most significant questions to be raised about latah by the Sarawak study concern epidemiology. The authors appear to have assumed that the syndrome was a traditional rural Malay affliction and thus did not query how long it may have

70. Ibid., p. 89.

71. T. L. Chieu, J. E. Tong, and K. E. Schmidt, "A Clinical Survey of Latah in Sarawak, Malaysia," *Psychological Medicine* 2 (1972): 155-65.

72. Ibid., p. 157.

73. Ibid., p. 158.

74. Ibid., pp. 158-59.

been present in Sarawak or whether it may have been brought by Malays from elsewhere and then spread to the local Iban. It would thus be useful to know whether Iban with a longer history of contact with Malays have a greater incidence of latak than those with a shorter history. Nor is information provided concerning the rural-urban distribution of latak among Malays.

Anthropological Studies

Anthropological interpretations of latak and other phenomena may be said to be marked by a combination of a commitment to a comparative perspective and to contextual methods of analysis. Such interpretations are, in a strict sense, relatively recent in studies of Malayan latak; an important paper published by David Aberle in 1952 appears to have been the first.⁷⁵ The much earlier accounts of Swettenham and, especially, Clifford were contextual. Both men had broad knowledge of Malay culture, and Clifford emphasized that to understand Malay latak one had to understand the Malays. Yet neither was much attuned to comparative perspectives, except for those involving the differences between European and Malay (or Eastern) mentality, which European observers in general found fascinating.

Aberle's study was less concerned with Malayan latak *per se* than with the syndrome among Mongols and other Central Asian peoples. But since the literature on Malay and Javanese latak was particularly extensive, Aberle paid it considerable attention. Further, part of Aberle's purpose was to establish the psychological nature of the latak reaction, and in this regard he was committed to a psychodynamic interpretation.

The interpretation Aberle offered built upon the earlier psychodynamic formulation of van Loon, and, like Yap, he suggested that latak was basically a defense against a fear of being overwhelmed. The latak, he wrote, "faces a double danger: a threatening outside world and unconscious material which is evoked by certain stimuli in that outside world."⁷⁶ In the instance of coprolalia, the obscene shout seems to drive back the unconscious material while at the same time allowing it a partial but "meaningless" expression. The latak's problem in all cultures, Aberle concluded, was a matter of "disturbance and ambivalence" regarding submissive behavior. The latak somehow experiences an "unconscious connection between submission and a dreaded and desired passive sexual experience akin to being attacked."⁷⁷ This, he noted, is consistent with the fact that in most cultures women are more prone to latak than men, and with the observation that those in subservient or submerged social positions are especially vulnerable.

The other purpose of Aberle's analysis has been of greater significance for subsequent anthropological interpretations. This was to establish the fundamental

75. David Aberle, "'Arctic Hysteria' and Latak in Mongolia," *Transactions of the New York Academy of Sciences*, 2nd ser., 14, no. 7 (1952): 291-97. An earlier article did appear on this subject (Tassilo Adam, "Latak, a Peculiar Malay Disease," *Knickerbocker Weekly* [March 18, 1946]), in which the author identified himself as a governmental ethnologist and described latak as a malady which developed mainly in women in their forties and fifties who suffered "sexual frustration." This article, however, consisted mainly of a description of one particular instance he had witnessed at a Sumatran Malay wedding--that of a "beautiful Indonesian woman" who would imitate any gesture of the man who sat before her and who had taken command of her will.

76. Aberle, "'Arctic Hysteria,'" p. 296.

77. *Ibid.*

crosscultural similarity of at least a number of latah reactions. He found that the symptoms of the various instances of latah were so similar from one area and one reporter to another that they could be described in terms generally applicable to all. There was thus in all instances both an imitative reaction and a "startle reaction," the latter commonly involving coprolalia. Further, he asserted that in all instances latah persons were described as timid, passive, and easily frightened;⁷⁸ that generally a traumatic experience had precipitated the condition in the individual, who was, however, only rarely psychotic. In all cases, except that of the jumpers of Maine, more women were affected than men, and everywhere the onset of the condition occurred in late adolescence or after.

If highly similar reactions occurred among a number of different peoples, then it followed that these peoples should have something in common that was absent elsewhere. His conclusions on this point, however, were negative. He thus dispensed with the notion that latah was linked to tropical climates--an idea already abandoned in Malay latah studies--or to either hot or cold extremes of climate, as had also been suggested. Nor did he find comparative support for a link between latah and the "Mongol" race, or between latah and amok--an enduring, if controversial, idea in the Malayana latah literature. Nor, for that matter, did it seem possible at that point to form a theory of the nature of distribution of latah throughout the world by reference to cultural areas, types of social structures, or childrearing practices. The only factors which thus appeared to be widely characteristic of latah, beyond its own symptoms, were individual rather than cultural, social, or geographical.⁷⁹

When Hildred Geertz published a subsequent anthropological account of Javanese latah, she accepted the crosscultural similarity of latah, but suggested it constituted a theoretical paradox.⁸⁰ Specifically, the paradox she posed was as follows: Latah fits with Javanese culture in the sense that it is a complete inversion of right and proper forms of behavior. As such, it is a potent, if relatively harmless, means of expressing psychological trauma. Latah would be eccentric in any society, but such eccentricity is especially meaningful to the Javanese in several ways: it controverts highly valued polite behavior, and it involves the use of obscene language, which is particularly disturbing to the sexually prudish Javanese; it is provoked by shock or sudden fright, which is especially dreaded by the Javanese; and it parodies superior-subordinate relations, which are one of the pillars of Javanese society. Yet while latah is particularly, perhaps even uniquely, meaningful to the Javanese as an expression of deviance, it is found in many other societies--that is, ones beyond the Malayan world--which presumably have little in common with specific Javanese cultural prejudices. If latah were a culture-linked (or as it is now generally referred to, a culture-bound) malady, how could it be so similar in diverse cultures?⁸¹

Geertz answered by suggesting that, among the diverse peoples where latah was prevalent, the particular kinds of individuals affected may have had much in common in terms of their position in society.⁸² Here she referred to Aberle's generalization that in most instances latah was an affliction of women in a submerged or subservient social position; and to his formulation of the latah's basic psychological problem

78. This does not appear to fit the case of the Malay latah men described in the nineteenth century accounts of O'Brien and Swettenham.

79. *Ibid.*, pp. 294-95.

80. Hildred Geertz, "Latah in Java: A Theoretical Paradox," *Indonesia*, 5 (1968): 93-104.

81. *Ibid.*, p. 103.

82. *Ibid.*

as one of ambivalence regarding submissive behavior, which is subconsciously associated with a dreaded and desired passive sexual experience akin to being attacked. This partially--though only partially--resolves the paradox she posed, by suggesting that latah must be understood in sociological as well as cultural (and psychological) terms.

Geertz's analysis of latah was based upon her own two years of fieldwork in a Javanese town in the early 1950s. Latah itself was not the principal focus of her research, and she did not publish anything on it for a fairly long time. She reported that she had collected data on thirteen latah cases in the town, discussing two in some detail in the article. In addition, however, she and some of the other members of the Mojokuto research project made extensive inquiries concerning the occurrence of latah among various sectors of the town and rural society.⁸³

Most notably perhaps, her account dealt again with the matter of which Javanese were apt to be latah, and thus why. Here there does not appear to have been much change from the situation reported several decades earlier by van Loon. She reported that all of the cases were older women who were members of the urban lower class of landless, unskilled laborers. Although extensive inquiries were made by members of the project, no latah was found in rural villages, where most Javanese dwell; nor was there evidence of latah among middle- and upper-class town dwellers. However, she argued that social hierarchy in and of itself did not generate a tendency to latah, though this was clearly involved. An important element of marginality was also relevant. Geertz developed this point by noting that the proletariat to which all of her latah cases belonged was a modern development. Such individuals lacked the "support of a firm tradition which might provide such a lower class status with intangible satisfactions, or at least the conviction that membership in it is a part of the natural order of things."⁸⁴ The fact that so many latah women had been servants of Dutch families was further indication of the importance of marginality. One woman Geertz learned of was reported to have become latah upon beginning employment as a servant, while two others, who were also from the servant class, had been mistresses to Dutchmen.

In writing her article Geertz appears to have utilized only Yap and Aberle; these at least are her only cited sources. Had she delved more deeply into the literature, she might have gone further. The relationship between latah and sexuality was not fully explored. And she appears uncertain as to why women (rather than men or both) were latah, for women, she noted, were not subordinate in Javanese society, but quite the opposite in some respects. She tentatively suggested that the very freedom of Javanese women may have accentuated an ambivalent desire for, and fear of, submission, and that all of the latah women she studied were approaching or past menopause. Van Loon's earlier discussion of the typical sexual dreams of latah women and their significance might have been helpful here.

Revisionist Interpretations

The latest phase of analysis of latah has mainly involved reinterpretations of the existing body of literature; some (though so far not a great deal) new information has been added. One significant aspect of these efforts is that anthropological and psychiatric interpretations have become more closely engaged. Reinterpretations of various facets of latah, or of the nature of the syndrome itself, have been offered by H. B. M. Murphy (a psychiatrist), Michael Kenny (an anthropologist),

83. *Ibid.*, pp. 95-96.

84. *Ibid.*, p. 96.

and Ronald Simons (a psychiatrist with anthropological training). Each of them rejects some of what previous investigators had accepted, as well as much of what the other two seek to show.⁸⁵

In several papers focusing on a number of different aspects of the syndrome, Murphy tries to show that it cannot be reduced to a single causal process. In some respects his approach is psychoanalytical, and hence akin to that of van Loon, van Wulfften Palthe, Aberle, and Yap. He places considerable emphasis upon the sexual dreams of latak women, as not merely indicating repressed sexual hunger but a ". . . reawakening of or regression to, the childhood desire for incorporation of the father's penis."⁸⁶ They indicate the latak's ". . . desire for the loving, powerful father in place of the comparatively powerless husbands that these women are sometimes described as having." Hence the female latak's readiness to submit to the authority of superiors, ". . . whether they be white colonials, the higher or more sophisticated strata of their own society, or merely the more forceful members of their own villages."⁸⁷

However, most of Murphy's attention is devoted to other considerations, where his approach is more novel. There are two matters which seem especially significant. The first of these concerns the epidemiological history (and historiography) of latak.⁸⁸ Murphy attempts to show that both latak and amok have undergone specific and dramatic epidemiological changes since first noted and discussed by European observers--amok in the mid-fifteenth century, latak in the mid-to-late nineteenth. While earlier observers tended to see latak as traditional, Murphy argues that it is best seen as "transitional," a product of interaction between traditional elements and certain modernizing influences. Like earlier psychiatric analysts, Murphy applies a medical model to latak, but the model he chooses is that of an epidemic rather than an endemic affliction:

Some of these changes [that latak has undergone] might be interpreted as the result of an infection--a mild encephalitis, for instance--brought in by Europeans and spreading outward like the wave in a pond from a dropped stone, leaving immune populations in its wake. There are many details of the picture which do not fit this interpretation, however. . . . It seems preferable, therefore, to think of the Europeans not as bearing some infection but as creating or precipitating a new social problem and when one approaches the problem from this angle the obvious key is rapid social change. By mid-19th century, Europeans had changed from bizarre transients to people whom it could be profitable to copy or to serve, but the learning of their outlandish ways and the changed behavior they demanded

85. See the recent exchange in *The Journal of Nervous and Mental Disease* 171, no. 3 (1983): Michael Kenny, "Paradox Lost: The Latak Problem Revisited," pp. 159-67; Ronald Simons, "Latak II--Problems with a Purely Symbolic Interpretation: A Reply to Michael Kenny," pp. 168-75; H. B. M. Murphy, "Commentary on 'The Resolution of the Latak Paradox,'" pp. 176-77; Simons, "Latak III--How Compelling is the Evidence for a Psychoanalytic Interpretation?" pp. 178-81.

86. H. B. M. Murphy, "Notes for a Theory of 'Latak,'" in *Culture-Bound Syndromes, Ethnopsychiatry, and Alternative Therapies*, ed. William P. Lebra (Honolulu: The University Press of Hawaii, 1976), p. 16.

87. *Ibid.*

88. H. B. M. Murphy, "History and the Evolution of Syndromes," in *Psychopathology: Contributions from the Social, Behavioral and Biological Sciences*, ed. M. Hammer, K. Salzinger and S. Sutton (New York: Wiley, 1972), pp. 33-55.

could have posed a severe problem, one that might be relevant to the latak story.⁸⁹

The links that Murphy finds between latak and the European presence concern the importance of imitation in Malay and Javanese culture--an old if generally secondary idea in latak studies. Malay and Javanese societies combine hierarchy and learning by imitation and rote, as for example when children study the Koran. Malays and Javanese are thus socialized from an early age to observe closely and imitate the behavior of superiors. Latak involves an exaggerated, compulsive expression of this traditional tendency which developed once European colonial domination was well established. Murphy does not intend this as a complete explanation of latak, for while children of both sexes learn by imitation (and rote may be more important for boys, as in the study of the Koran), latak became a predominantly female syndrome.⁹⁰

Murphy's assertions about the development of latak in the Malay world assume that European accounts more or less accurately indicate its onset.⁹¹ He deduces that the affliction began to occur, or to occur with sufficient frequency to come to the attention of European observers, only by about 1850 in Java and presumably some time later in the Straits Settlements of Malaya. By the 1880s references to latak in both Java and Malaya were sufficiently numerous to indicate that it was by then very common.

This assessment may possibly be correct. Latak is a dramatic condition, and if less dramatic and certainly less threatening than amok, it seems odd that it escaped the attention of such knowledgeable observers of Malay society as Crawford, Newbold, and McNair.⁹² However, Murphy's subsequent inferences seem more questionable. He argues that over time the age of latak in Java increased and that the number of male cases in Malaya decreased until latak became an almost totally female syndrome. Most dubious, he derives from the available accounts the conclusion that:

. . . the condition is moving away from the centers of European influence and into the countryside. According to Fletcher's account (1908), it is now quite frequent in such locations as Pahang and upper Perak, with such cases encountered every day in the streets and courtrooms there, whereas anecdotal

89. Murphy, "Notes for a Theory of Latak," pp. 11-12.

90. Murphy, personal communication.

91. The first reference to the affliction, as it came to be known, which he was able to locate in a written European account was by van Leent in 1867. He found no reference to latak in Malaya this early, with the unlikely exception of the incident mentioned by Logan.

92. M. Kenny, "Latak: The Symbolism of a Putative Mental Disorder," *Culture, Medicine and Psychiatry* 2 (1978): 213, disputes Murphy's claim that latak did not emerge much before the latter part of the nineteenth century as resting on inadequate information. Specifically (and I think weakly), he suggests that, although earlier observers did not mention latak, which he appears to concede, this does not mean that it did not exist. Rather, Western writers did not bother to note or describe it because:

"It is possible that Europeans in earlier times perceived it as a 'native trait,' whereas later, under the stimulus of the development of medical psychology, they were more inclined to perceive it as a significant thing--a 'mental disorder,' one which resembled the hysteria already thought to be present among European women."

sketches and medical reports from Singapore, Batavia, Penang and Malacca almost cease to mention it.⁹³

Here the reader who has also read the relevant original accounts of latah is apt to part company with Murphy. In order to make such assertions he has gone further than the evidence warrants in some instances, and has been selective in his interpretations in others. The notion that latah first occurred equally among all Malays who were in contact with Europeans is based upon sweeping generalizations by several early observers, which were supported neither by full discussion nor specific examples. Not a single case of latah involving a noble or aristocratic Malay was ever reported by anyone claiming that latah was characteristic of all sectors of Malay society. The particular cases that the earlier as well as later observers cited were nearly all lower class, or marginal, and many were servants. The assertion that latah in Malaya in the early period occurred almost as often among men as women is also doubtful.⁹⁴ The fact that some of the cases described were male was probably due more to the circumstances of the early observers than to the real sex distribution of latah in Malaya at the time they wrote. All that can be reasonably inferred from the accounts is that, in Malaya at least, latah did occur among men as well as women.

The other new interpretation which Murphy offers concerns links between latah, childrearing practices, and adult trance. Information on childrearing practices, among the Malays as well as the Javanese, indicates a pattern in which there is strong parent-child affection and much bodily contact between parent and infant; but also a detachment of feeling from behavior, and repression as the main method of handling interpersonal conflict. Such tendencies lead, in turn, to hypersuggestibility and the dissociative states which are characteristic of Malay and Indonesian culture, both in adult curing or religious activities and in children's games. Murphy argues that latah and trance states tend to be alternative expressions of dissociation and hypersuggestibility. Hence cultures in which there is a strong tendency to adult trance activities will show less tendency to latah. Malay society, he argues, provides only limited opportunities for adult trance and thus tends toward latah. The Balinese and the non-Malay aborigines of Malaya have much more adult trance activity and hence little or no latah.⁹⁵

Murphy's approach to latah, though somewhat Freudian, assumes that the phenomenon is complex and multidimensional. The two other recent efforts at reinterpretation pursue simpler explanations. They move, however, in opposite directions. Kenny, the anthropologist, seeks to understand the cultural side of latah, in particular its symbolic significance.⁹⁶ Indeed he is unwilling to concede what most other interpreters have taken for granted—that latah is basically an individual psychological affliction rather than a cultural role. Conversely Simons, the psychiatrist, seeks to approach it mainly in behavioral terms.⁹⁷ Both writers illuminate neglected facets of latah, and Simons provides a certain amount of new information based upon his own field research.

93. Murphy, "History and the Evolution of Syndromes," p. 45.

94. Indeed, van Leent ("Contributions à la géographie médicale," p. 175), who Murphy claims to be the earliest European to describe latah, writes, "Elle ne se rencontre guère que chez les femmes indigènes."

95. Murphy, "Notes for a Theory of Latah," pp. 9-10.

96. Kenny, "Latah," pp. 209-31.

97. Ronald Simons, "The Resolution of the Latah Paradox," *The Journal of Nervous and Mental Disease* 168, no. 4 (April 1980): 195-206.

Kenny wants to show that *latah* is intimately linked to other aspects of these cultures, specifically

. . . to the *alus-kasar* distinction, to local theories about the constitution of the soul, to beliefs about spirits and the nature of mediatory activities between the spirit and the human world, and, in fact, to beliefs about the nature of reality.⁹⁸

He thinks that it is important to show that Malay-Indonesian cultural notions can be substituted for European psychological ones; for example, the European view that shock sets off *latah* because it suppresses an already weakly developed ego, enabling repressed material to break through. For this can be substituted the Malay-Indonesian notion of *semangat* or soul, which is central to well being, and is diminished above all by shock. He regards the European and the Malay-Indonesian concepts of "ego" and *semangat* as alternatives, and prefers the native category.⁹⁹

However, while Kenny argues that insufficient attention has been paid to Malay-Indonesian notions surrounding *latah*, he does not always accept such notions at face value. Various observers have reported that Malays and Javanese view *latah* as caused by dreams, and that the dreams are mainly phallic. Psychiatrists have thus made the straightforward assumption that the problems of a woman who reported that her *latah* began when she dreamed of an erect penis had something to do with sexuality, especially if she was divorced, widowed, or menopausal. Kenny is unwilling to accept a literal interpretation of a Malay or Javanese report of a phallic dream. Rather, standing Freud on his head as it were, he argues that the penis in the dream really symbolizes a spirit or a person. Noting that Iban *latahs* in fact dream of spirits or people rather than penises, his argument is that sexual dreams are not really "sexual" but rather animistic and magical. Sexual energy in Malay-Indonesian culture is conceived as an intrinsically undisciplined force and is therefore magical. The dream penis, which is usually detached, is thus an animistic part-for-whole symbol of a person. The *latah* woman's problems stem not primarily from repressed libidinal strivings but from liminality.¹⁰⁰

The core of his argument is that *latah* is a form of symbolic action, and that it symbolizes social marginality. *Latah* is not the unavoidable expression of psychic trauma. It is a meaningful cultural reaction to situations in which a lower-status woman finds herself, and a device by which she seeks to dramatize and surmount her predicament. Coprolalia is not the helpless outburst of repressed sexuality, and echolalia and echopraxia are not the weak-egoed, servile imitation of a superior by an inferior. They are rather dramatic mimesis, a parody of Malayo-Indonesian social norms like what is found, for example, in popular proletarian Javanese theater, where farce is a central mode and clowns are central figures. The *latah* is thus in touch with the metaphysical wellsprings of Malay-Indonesian culture:

. . . here, the *latah* gains power through a suppression of the ego, and transcends fear; she *becomes* the tiger. Through obscenity the *latah* transcends the constraints of normal morality. In Hindu-Javanese metaphysics such transcendence through loss of self, and the power it brings for good or evil, are the goals of religious meditation. The *latah* is at least receptive to supernatural power, in the same manner as someone with a diminished *semangat* (soul force).¹⁰¹

98. Kenny, "Latah," pp. 213-14.

99. *Ibid.*, p. 215.

100. *Ibid.*, pp. 221-22.

101. *Ibid.*, p. 219.

Kenny acknowledges that this is somewhat tentative, and that there is not a great deal of evidence that latah is directly linked to such practices. This is because the existing studies have mainly defined latah as a mental aberration and have thus not sought such cultural connections. Also, he claims that "Latah evidently once had more significance than it does now; there is little modern evidence that the latah has a significant place in other aspects of the culture, but no evidence that it does not."¹⁰²

Even so his efforts to show that a latah episode parallels the meaning and action of the clowns in Javanese and Malay drama seems at least dubious. Spectators may be amused by the antics of a latah as they are amused by the antics of the clowns. But there is no evidence that they identify with the latah in the way that they do with the clowns. Kenny may be on the right track in arguing that latah has a deeper or more complex cultural meaning than has generally been shown. But present information, scanty as it may be, gives little indication that such cultural meanings have the positive character that Kenny asserts.¹⁰³

In contrast to Kenny's interpretation, Simons tries to show that latah is basically a very simple process, subject to a certain amount of cultural elaboration but readily explicable in terms of behavioral psychiatry. He has thus chosen to de-emphasize facets of latah (e.g., dreams) which do not fit well with his scheme. Further, while Kenny has argued that non-Malay-Indonesian latah is insufficiently understood, Simons has made comparative material central to his discussion. He takes the position that the literature makes it clear that the syndrome in different places in the world is similar in many highly specific features. His explicit hypothesis is that the various instances of latah are "culture specific exploitations of a neurophysically determined behavior potential."¹⁰⁴ His interest, however, lies more in the latter part of this formulation than the former, and his inclination is to diminish the role of culture, as well as to eliminate consideration of psychodynamic factors.

Simons' argument is simple and, taken by itself, relatively uninteresting. However, he has evidently carried out varied and original field research on latah, both in Malaya and elsewhere, and both the evidence he presents and his interpretation have to be taken seriously by anyone attempting a further synthesis on the topic. His research included American subjects, whom he labels "Hyperstartlers," and considers to be much like latahs elsewhere.

American Hyperstartlers describe themselves as being startled extremely easily and hence frequently. They report exaggerated physical and mental responses, including throwing or dropping of held objects, uncontrolled vocalizations, and (rarely), uttering of normally inhibited, situationally inappropriate and embarrassing language. . . . they tell of this condition

102. *Ibid.*, p. 227.

103. If one is inclined to play Kenny's guessing game of what latah "really" means to Malayan peoples, I would suggest that one consider, for example, the cultural theme of human-animal distinctions. Kenny argues that latah behavior is apt to be regarded as child-like. I think that it is much more apt to be regarded as animal-like--indecent, uncontrolled, lacking in shame. Malay adults do not treat children in the manner that latahs are treated by those who tease or provoke them. Further, I suspect that the implicit moral justification for subjecting latah persons to the degradation of being provoked or commanded to perform painful, obscene, or merely absurd actions is that latah is regarded as somewhat subhuman, and therefore not quite subject to the constraints of normal human decency.

104. Simons, "Resolution," p. 196.

having begun in adolescence or later, and they describe how once this is noticed they are repeatedly intentionally startled for the amusement of others.¹⁰⁵

But if "latah" occurs widely in the United States and elsewhere, only in Southeast Asia has such a behavioral pattern been named and institutionalized. Some cultures, therefore, notice, expect, and shape latah reactions, while others do not. The question of why Southeast Asian societies should be unique in the extent of their cultural elaboration of latah is not answered. Simons concedes the significance of cultural analysis, though rather hypothetically it turns out, for he tries to show that some of the cultural specifics of Malay latah can be explained in simple behavioral terms. For example, Malays commonly gave him a cultural explanation that women are more vulnerable because they have less *semangat*, or soul substance. But Malays also told him simply that women could be teased with greater impunity than men. Hence latah would be more readily observable and better developed through recurrence in women than men.¹⁰⁶ Such a behavioral explanation also accounts for the greater prevalence of latah among poorer or lower-status persons. They are simply more vulnerable to provocation than others.

Much of Simons' discussion is concerned with the psychophysiology of shock, which he argues is characteristic not only of humans generally but of higher animals as well. Further, while he does not reduce all latah to a simple startled reaction, he does argue that what he calls "naughty talk" (rather than the more common "coprolalia") is a very elementary, crossculturally constant, feature of the syndrome. More or less everywhere "naughty talk" may be either blasphemous, sexually vulgar, or scatological:

In the United States what is usually said is "God," "Jesus," "Fuck," or "Shit"; in the Philippines, "Jesus-Maria-Joseph" or "Uten" ("prick"); in Malaysia "Allah," or "Puki."¹⁰⁷

Assuming that such crosscultural similarity exists (Hildred Geertz, for example, said that in Java latah utterances are *only* sexually obscene, never blasphemous or anal), the manner in which such exclamations have been interpreted has reflected the theoretical orientation of the writer. The psychodynamic interpretation has been that the phallic dream and verbal obscenity involve a breakthrough of repressed sexuality; for Kenny these are presumably "symbolic," "dramatic," and "culturally meaningful." For Simons they are simply stimuli which shock:

What deity referents and Naughty Talk have in common is the fact that negative social sanctions follow their appearance in casual speech. The terms themselves and not their meanings are unacceptable; their meanings can readily be expressed in acceptable alternative forms. That brain-injured subjects, otherwise aphasic, may still be able to utter them forcefully when excited is further evidence that they are neurologically encoded in some special manner.¹⁰⁸

Whether or not one agrees with this interpretation of latah utterances, it is the first effort to devote substantial attention to them. After all the emphasis that has been given to the fact that latah words are obscene, they have not been the focus

105. *Ibid.*, p. 198.

106. *Ibid.*, p. 203.

107. *Ibid.*, p. 201.

108. *Ibid.*

of much analysis. Simons does attempt this, and makes clear that this is a facet of latah on which significant research remains to be done.

Summing Up: The Story of Latah

For all the inherent fascination the phenomenon has held for Europeans, knowledge of latah has developed slowly. It was twenty years after the initial clinical description of latah before any of the "obscene" words involved were identified as terms for genitalia. And it was more than another twenty before the nature and role of dreams were discussed. Nor can it be said that adequate information exists at the present to resolve many of the questions or arguments about latah. Pfeiffer, a psychiatrist who studied latah in Java, has complained that past writings on the topic have been long on interpretation and short on detailed information on individual cases.¹⁰⁹ Neither symbolic nor epidemiological interpretations are more adequately supported. Indeed, the arguments in the most recent efforts at synthesis and reinterpretation suggest that agreement about the facts of latah hardly extends beyond the realm of the outward physical features of the reaction. Murphy has used the phrase "the latah story"¹¹⁰ to indicate that the syndrome itself has undergone a process of historical development, with a beginning, a middle, and, presumably, an end. My own conclusion is that this story--to the extent that it is such--is also partly a reflection of the telling of its facts over a long period of time by different observers with different kinds of experience, knowledge, and perspective.

The earliest observers of Malayan latah brought to their studies general medical or psychological notions current in the late nineteenth century, but were uncertain and eclectic about its nature and causes. They were inclined to see it as a manifestation of character traits they took to be common to Malayan peoples generally, especially "nervousness" and "imitativeness." The cases they described were of individuals they encountered in the course of their work and travels, and, in Malaya at least, these were often men. In offering observations about the distribution of latah among the regions or peoples of the Malayan world they seem to have generalized, perhaps extravagantly, from their own experiences.

The accounts published by medical observers, which became dominant around the turn of the century, were also based upon knowledge of latah persons they encountered, who were mainly patients. It is not clear whether such patients had sought help because of their latah, because of other problems, or even if they had sought help at all. In any case, latah was defined as a medical problem; that is, as a syndrome which a person suffered, which warranted diagnosis (and experimentation) leading, perhaps, to prevention and alleviation. A variety of medical and psychological ideas, including hysteria and hypnosis, were applied to such medical efforts, though none except hysteria really endured.

The situation changed once psychoanalytic notions came into circulation and the study of latah passed into the hands of colonial psychiatrists in the early 1920s. Freudian perspectives were in fact something of a revelation. They both explained and uncovered. The long-noted, but previously only circumspectly described, coprolalia and the newly revealed sexual dreams invited a diagnosis that latah involved a breakthrough of unconscious processes, and that it was caused by sexual repression. The Freudian revelation also seems to have increased awareness of the extent to which latah was a female syndrome, for it explained it as such. Hence, the change that Murphy has argued involved a shift from a sexually balanced to a

109. Pfeiffer, *Transkulturelle Psychiatrie*, p. 87.

110. Murphy, "Notes for a Theory of Latah," pp. 12-13.

female pattern of incidence was perhaps simply in part a change in perception by observers. A further likely consequence of the Freudian revelation was that male latak was subsequently neglected. The survey conducted by van Loon, as well as subsequent inquiries by Geertz and Pfeiffer in Java and by Chieu, Tong, and Schmidt in Sarawak, suggest that latak among males in these areas is rare. This may not be the case in Malaya for which no published survey information exists.

Another circumstance that has influenced the study of latak from the earliest phases has been the nature of the European presence in the Malayan world. During the colonial era, the relationship between the societies of the individuals who studied latak and those of the latak persons they studied was very unequal. This facilitated an easy and casual experimentation that, nonetheless, drew criticism. It also facilitated a tendency to believe that latak, as well as amok, indicated an important flaw in the Malayan racial character--a tendency more strongly manifest in Dutch than in British accounts, but present in both. On the other hand, it also may have discouraged the Dutch observers, who thought that latak was particularly characteristic of natives in contact with European society, from pursuing the matter of why this was so.

The latest phase in latak studies has been marked especially by the ascent of culturally contextual and comparative approaches. Freudian ideas have continued to be important, though they now clearly have less prestige, at least in anthropology, than they did in the early 1950s when Aberle published his study.¹¹¹ Kenny, an anthropologist, has rejected them out of hand as "unnecessary" and as pertaining to "hidden" psychological processes, and has sought to dismiss or reinterpret evidence in their favor.¹¹² So, however, has Simons,¹¹³ a psychiatrist, though from a different vantage point, while Murphy, also a psychiatrist, has continued to utilize them, though as only part of an overall interpretation of latak.¹¹⁴

Finally, the most recent work on latak reveals postcolonial values which favor cultural relativism and greater sexual symmetry. This is clearest in the case of Kenny. He wants to show that latak is not evidence of the weakness of the Malayan character or the female psyche, which earlier colonial interpreters held it to be, but rather of strength. We now have "the latak triumphant," surmounting her marginal social status by parodying her superiors, like the clowns in the *wayang*.¹¹⁵ Such values are also consistent with Simons' approach. His argument is that women are more prone to latak simply because they are more vulnerable in Malayan society to the teasing and other reinforcement which produces it; and that the basis of latak is a physiological response found in humans generally. Such a conclusion is more apt to appeal to recent observers than earlier ones, for whom colonial rule was partly justified by engrained assumptions of the superiority of the European character.

111. Aberle, "Arctic Hysteria."

112. Kenny, "Latak," p. 227.

113. Simons, "Resolution," and "Latak III."

114. Murphy, "Notes for a Theory of Latak."

115. Kenny, "Latak," pp. 217-22, 225-26.