

Family Expressed Emotion in a Javanese Cultural Context

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Published online: 20 July 2011
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Abstract This study aims at understanding the emotional milieu of families of psychotic patients, focusing on the concept of expressed emotion (EE). A combination of ethnographic and clinical methodology was employed. During the fieldwork in Yogyakarta, Indonesia, nine participants diagnosed as having first episode psychosis and their families were followed closely over the course of 1 year in their natural home setting. Through ongoing engagement with families, the researcher was able to gather data on the diversity of family responses to illness. Despite the fact that most families in this research could be considered to have low EE, ethnographic observation provided a more complex and nuanced picture of family relationships. This article discusses four issues concerning EE in relation to Javanese culture: the role of interpretation, the coexistence of criticism and warmth, the interpretation of boundary transgression, and the cultural concept of warmth and positive remark.

Keywords Expressed emotion · Java · Ethnography

Introduction

Within schizophrenia research and literature, the concept of expressed emotion (EE) and its measurement has been the subject of a great deal of scholarly attention. It is among the most widely investigated psychosocial constructs in psychiatry (Jenkins and Karno 1992). In this article, I provide an ethnographic account of emotional responses to psychotic illness within Javanese families. The research is based on a 1-year ethnographic study, conducted in the city and district of Yogyakarta in central Java, and it concerns nine families who had a member suffering a psychotic

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illness of recent onset. The larger study focused on social processes of recovery in Javanese culture (Subandi 2006). Here, I explore the nature of emotional responses to such illness among family members, with particular attention to three of the nine families that might be considered to have high EE. The data raise difficult questions about the complexity of family lives and a judgment of EE.

Expressed emotion research may be regarded as the most recent in a series of well-known approaches to the family dimension of schizophrenia. One of the earliest of these was the idea of the *schizophrenogenic mother*, developed by Fromm-Reichmann (see Falloon et al. 1984). It focused on several characteristics of the mother of the schizophrenic patient. On the one hand these mothers were perceived as cold, distant, lacking in warmth and affection, and thereby expressing rejection; on the other hand, they were also domineering and seen as overprotective. Other approaches focused on family interaction. These include the *double bind* hypothesis of Bateson et al. (1963), the concept of *pseudo mutuality* of Wynne et al. (1960), and work on *marital schism and skew* by Lidz et al. (1960). All shared a common idea that a defect in family relationships contributes to the development of schizophrenia.

The concept of EE was developed by George Browne, a sociologist at the Medical Research Council's Social Psychiatry Unit in London. Julian Leff, Christine Vaughn, and their colleagues played an important role in the further development of EE. According to this body of research, there are five types of emotional expression within families that play a significant role in the course of schizophrenia. They include positive emotions, marked by warmth and positive remarks, and negative emotions, displayed through critical comments, hostility, and emotional over-involvement. In its later development, EE research focused only on negative emotions because a number of studies indicated that positive emotions had no significant correlation with outcome (Leff and Vaughn 1985).

In preliminary work conducted during the late 1950s, Brown and his colleagues found that patients were more likely to experience a relapse of symptoms if they returned to living with parents or wives, rather than if they went to live in lodgings or with siblings (Brown 1985). Following the development of EE and its measurement, subsequent studies in the 1960s concluded that discharged patients returning to live with their family with a high EE score were more likely to relapse compared to those who returned to a low EE family (see Leff and Vaughn 1985).

These findings have been replicated in many countries across Europe, including Denmark, Italy, France, Spain, and Germany (see Kuipers 1992 for a review) and the US (Karno et al. 1987). They have also been reported in many non-Western settings, such as India (Leff et al. 1987), China (Phillips and Xiong 1995), Japan (Uehara et al. 1997), Egypt (Kamal 1995), and Iran (Mottaghipour et al. 2001). Butzlaff and Hooley (1998) conducted a meta-analysis of 27 studies of the EE–relapse relationship. The result confirmed that EE is a significant and robust predictor of relapse in schizophrenia across a range of settings.

Cross-cultural studies have shown that there is substantial cultural variation in the degree and type of EE (Hashemi and Cochrane 1999; Bhugra and McKenzie 2003). For example, Leff et al. (1987) found that in India very few (23%) households were rated as high in EE and relatives were less likely to make critical comments. Among

Mexican-Americans, Jenkins et al. (1986) also reported that most of the key relatives tended not to be highly critical (31%), while far more of their Anglo-American counterparts were highly critical (61%). Among Portuguese-Brazilian, Martins et al. (1992) found 59% of relatives were rated as high EE in the over-involvement dimension. In their review of cross-research on EE, Hashemi and Cochrane (1999) reported that Egyptian samples showed a high EE level (55%) in the criticism dimension. An even higher level of EE was observed in the families of a British Pakistani-Muslim sample compared to that found in a British Indian-Sikh sample. Meanwhile, in an Iranian sample Mottaghipour et al. (2001) also found 56% of family members were assigned to the high EE group.

An important criticism of EE research has been raised by Jenkins (1991), who commented that the problem of rating EE in different cultures not only concerned inter-rater reliability, but more importantly, cultural validity. The meaning and criteria of criticism and over-involvement, for example, differ from one culture to another. Jenkins has suggested that criticism becomes valid for cross-cultural research if it is grounded on the definition of “negative response to perceived cultural rule violation” (1991, p. 403). She has also suggested that over-involvement should be seen as “behavioral transgression of boundaries” (1991, p. 411).

Similarly, Hashemi and Cochrane (1999), as well as Bhugra and McKenzie (2003) have suggested that EE research should not be taken out of context. Cultural factors, family expectations, as well as internal processes within the family should be integrated into an understanding of EE. One way to address this issue of cultural validity is to use ethnography to gain an understanding of the family emotional environment. In what follows, I provide an analysis of interpretations of emotional climate and the expression of emotion toward a person with a psychotic illness in the context of Javanese families.

Javanese Family

For Javanese, the family is central to their lives. Emotionally, it provides a feeling of *tentrem* (peace), *hangat* (emotional warmth), and *kasih sayang* (unconditional love and giving) (Geertz 1961; Shiraisi 1997, p. 57). The importance of family is reflected in the proverb: *mangan ora mangan waton kumpul* (even if there is no food to eat, being together is the most important thing). The value placed on being together has diminished somewhat in the face of challenges posed by modernity. Nowadays, it is increasingly common for young Javanese to leave their family home in search of employment or higher education. (Three of the nine participants in this research, for example, left their village to find a job at some time prior to their becoming ill.) Even when living away from one’s family, however, emotional closeness is still maintained as much as possible. This can be observed in the annual *lebaran*¹ celebration, where people living in large cities return to their villages to gather together with family members and relatives. On this occasion large descent

¹ *Lebaran* is the Javanese annual festival conducted after 1 month’s fasting during the month on *Ramadan*. It is also known as *bodo*.

groups called *trah* or *bani* usually organize an annual gathering. This extended family network provides significant support in times of crisis. Javanese also like to establish new family networks by treating unrelated people such as tenants as if they were family members. The Javanese ‘family ideology’ or ‘family-ism’ has penetrated deeply into social, cultural, and political life in modern Indonesia (Shiraisi 1997, p. 164).

The Javanese kinship system is bilateral; both the mother’s and the father’s lines are treated equally (Geertz 1961, p. 15; Keeler 1987, p. 32; Mulder 1994, p. 23). However, in the establishment of a new household there is a marked tendency towards matrilocal practices. A newly married couple tends to stay in the house owned by the wife’s parents—uxorilocal residence. This practice is believed to minimize conflicts and tensions over household matters that often arise in the case of virilocal residence between a wife and her mother-in-law. A couple will only reside with the husband’s family for special reasons such as the availability of domestic space or the proximity to the husband’s place of work. Ultimately, as young couples become established and begin to have children, they will seek to set up their own separate house. However, it is not uncommon for a second sibling, usually younger, to marry before the earlier-married sibling has moved out. Thus, a situation can arise where two or more married siblings live together in the parental dwelling. This may generate conflict over shared responsibilities or jealousy with respect to material possessions.

With advent of modernity and the cultural changes, the Javanese family is also changing.

In her ethnography, Geertz (1961, pp. 55–56) wrote that a marriage was often arranged for a daughter soon after her first menstruation. This might have been true in the past, but the situation is now quite different. While arranged marriages still occur, they are not common. Having said this, however, children tend to take their parents’ advice into consideration when choosing a marriage partner. Generally, young Javanese, both men and women, tend to marry around the age of twenty, though often younger in village communities. The obligation to marry remains strong, with daughters ideally marrying before sons, and elder siblings before younger ones. Mulder (1994, p. 29) provides an illustration of an old fashioned couple who were more worried about their daughter being married than in her being successful in her study. In the present research the issue of arranged marriage emerged in two young women participants, but both of them rejected this idea. Their parents did not want to force them, despite the fact that they were already in their twenties. Both preferred to continue their studies through to University level, even though they lived in a village area.

Another impact of cultural change is evident in the changing patterns of family life in Java, which influences the family emotional environment. According to Geertz (1961, pp. 149–151), the Javanese family traditionally emphasized the value of *rukun* (harmonious integration), in which there was “no intense feelings of resentment, or at least are not expressed...look for compromise solution...to minimize conflict within family.” In this research I did encounter such an ideal family. However, there were also a number of other families who exhibited intense conflict, and who were highly critical and hostile (discussed below).

Method

My research on family emotional responses to psychotic illness was conducted as part of a larger ethnographic study of processes of recovery from psychosis in Java. This research itself grew out of a larger research project on first episode psychosis, initiated by Prof Byron Good, which I have been participating in since 1996 (Good and Subandi 2000, 2004; Good et al. 2007, 2010). The current study, conducted as part of my doctoral dissertation research, was carried out entirely by me. In the overall study, nine participants diagnosed as having first episode psychosis and their families were followed closely over a 12-month period. Three of the study participants met ICD-10 criteria for Schizophrenia, five for Acute and Transient Psychotic Disorder (ATPD), and one for Schizoaffective Disorder.

Most of the studies on EE employ the Camberwell Family Interview (CFI) as the primary method of collecting data. It is a semi-structured interview developed by Brown and Rutter (1966) which is considered as the golden standard to assess the emotional climate of family with schizophrenic patients (Van Humbeek et al. 2002). However, since the procedure to administer and to code take too much time, many alternative instruments have been proposed, such as the Relative Assessment Instrument (RAI), a modified version of the CFI developed by Barrowclough and Tarrier (Van Humbeek et al. 2002), and the Five Minute Speech Sample developed by Magana et al. (1985). Both of these instruments have similar characteristics with the CFI: a semi-structured interview to the relative. There have also been a number of questionnaires developed to assess the perceived EE from the patients' perspective, such as the level of expressed emotion (LEE) (Cole and Kazarian 1988). The Perceived Criticism Scale (PCS), the Family Emotional Involvement and Criticism Scale (FEICS) (see Van Humbeek et al. 2002, for a review).

In this research, I employ an ethnographic method to understand family EE in a cultural context. This method has been successfully applied by McGruder (2004) in her study of madness in Zanzibar. McGruder was able to identify patterns of family EE while at the same time providing a more realistic picture of the family emotional milieu as it is played out in the everyday life of the family. Similarly, my focus here is to understand family emotional milieu of psychotic patients in a Javanese setting. By following patients and their family members in a natural setting, I was able to capture the family emotional climate in a more comprehensive way.

Each family was visited at least one time per month, and the research included formal interviews, informal observation, as well as the use of clinical rating scales and projective tests. In addition to conducting in depth interviews and naturalistic observations of the participants' family life, an objective instrument of LEE, which measures a participant's perception of family EE (Cole and Kazarian 1988; Gerlsma and Hale 1997) was administered to the patients. The LEE assesses four components: lack of emotional support, intrusiveness, irritability and criticism. It consists of 38 items each with four options: (1) untrue, (2) more or less untrue, (3) more or less true, and (4) true. The main goal of administering this instrument in this research is to provide a triangulation data for checking the validity of observation and interview data. Therefore, I use the LEE data as a global measure to assess EE, without considering each of the components. To explore the nature of family

relationships, I also used an adaptation of the Sentence Completion Test (SCT) (Sacks and Levy 1959). In this test, participants were asked to make sentences from one or two words, such as: “My mother often ...”; “*I feel* my father ...”; “My family...” Participants’ responses were elaborated in a follow up interview to gain more information about the family emotional climate from the perspective of the patients.

Results and Discussion

Table 1 presents the results of the LEE scores. There are two caveats to the analysis of the result of this study. First, there are no cut-off points which have been developed in the original study to provide outside point of reference. Also, due to the small size of the sample of this study, it is also not possible to establish an appropriate cut-off point to distinguish between low and high scoring families.

However, on visual inspection of Table 1, it is evident that Sri and Endang obtained the highest and second highest scores and that they were well separated from the rest; the third highest, that of Rima, being 17 below that of Endang. Both the result of the SCT and ethnographic data support these findings. Second, Jenkins (1991) has cautioned against drawing conclusions from family EE in individual cases:

The predictive value of EE, like any statistical analysis, is limited and must be confined to discussion of large group differences. It tells us nothing about how given individuals might intend their communications or how these might be interpreted by persons to whom they are directed (1991, p. 418).

With these caveats in mind, I examine the two highest scoring families (Sri and Endang) because these are the families that if they formed part of a larger sample, would have EE scores likely to be associated with relapse. Rima’s family also needs to be considered because their situation carries significant implications for EE in relation to the idea of boundary transgression.

Table 1 The LEE score

No.	Pseudonym	LEE score
1	Wati	48
2	Rima	85
3	Budi	68
4	Sri	104
5	Endang	102
6	Priyo	40
7	Wulan	70
8	Bambang	59
9	Joko	55

The lowest score = 38, the highest score = 114

The role of Interpretation in Sri's case

I first met Sri, a 20-year-old young woman, at her house in a village some 30 km south of the city of Yogyakarta. She lived in a modest house with her parents and her brother.

Before she fell ill, Sri experienced several stressful family problems surrounding the issue of marriage. When her mother wanted her to get married to a man chosen from her extended kin, Sri refused. Meanwhile her younger brother married a girl from the same village. Feeling that she had been overstepped in the appropriate sequence of sibling marriage, Sri disagreed with her brother's marriage, but she kept silent about this.

Sri's LEE score was the highest among the participants, which is to say that Sri perceived her mother to exhibit a high level of EE. Ethnographic observation also revealed that her mother was often highly critical of her and overtly hostile toward her. These are two sub components of EE. Sri described her mother as being 'fierce.' In the SCT test she wrote: "My mother often loses her temper." When Sri came home late one evening from an organizational meeting, her mother became furious. Sri also told a story that after she had a hair cut and returned home with her friends, her mother suddenly lost her temper and hit her with a wooden stick in front of her friends. In addition, Sri's mother also showed a high degree of over-involvement, another component of EE. In one of my interviews Sri's mother disclosed that she thought deeply about the family problems, including the problem of Sri's marriage and her illness. She would often bring up these problems in discussion with Sri. Furthermore, Sri's mother said that these worries went round and round in her head so much so that she became depressed and wanted to die.

The criticism exhibited by Sri's mother can be examined in the light of Jenkins' (1991) idea of cultural rule violation. Jenkins has proposed that the critical comment component of EE should be defined in terms of cultural rule violation rather than personality-based criticism. In Sri's case, her mother's criticism and hostile behaviour occurred in the context of Sri's violation of cultural norms. By traditional Javanese values it would be considered inappropriate behaviour for a girl to return home late at night. Therefore, when Sri did this her mother became furious. Also, her mother became annoyed when Sri refused to get married. From her mother's perspective, Sri had violated the cultural norms of age appropriate marriage. At the same time it could be argued that Sri's mother's style of criticism itself violated a cultural rule insofar as she punished Sri physically in front of her friends. Given that hostility is so closely linked to criticism, the same argument could be mounted that the overt expression of anger by Sri's mother is best evaluated in terms of cultural rule violation.

Yet, despite her mother's strong criticism, open hostility, and over-involvement, Sri interpreted her mother's behaviour in a *positive* way. She said that it was the way her mother expressed love for her. In the SCT Sri's wrote: "My mother is very kind and very close to me." Thus, it could be argued, the high EE evidenced by Sri's mother, and the criticism and hostility, in particular, may not have had a major negative effect on Sri. Although Sri returned to live with her mother, she recovered well. This raises the issue of the importance of considering the meaning of EE

according to participants' interpretation. It bears out Jenkins (1991, p. 418) point, cited above, that it is critical to understand "how given individuals might intend their communication," as well as to understand "how these might be interpreted by persons to whom they are directed." To the best of my knowledge, the issue of meaning of EE from the ill member's interpretation has not been addressed in EE studies. It goes beyond the issue of 'perceived' EE that has been discussed in some of the literature (see Bachmann et al. 2006).

Most of the EE assessment, like the Camberwell Family Interview, takes account of the level of EE of one or two key family members. An advantage of ethnographic observation is that a more rounded picture can be developed of the emotional atmosphere within the whole family. In Sri's case it was only her mother who exhibited high EE. Sri perceived her father to be a distant figure, always busy with his work outside the home. But her elder brother emerged as a key figure, and he had a warm and supportive attitude. During Sri's recovery it was her brother who accompanied her to attend a class at the kindergarten college for the first time. He also helped Sri to establish a kindergarten class in her house at her later stage of recovery.

Sri's case thus highlights the fact that a participant's interpretation of criticism, hostility, and over-involvement may play a role in mitigating the effects of EE. Furthermore, it suggests that there may be more than one or two key family members that contribute to EE, and that taking account of the whole family may provide a more accurate view of the family emotional atmosphere.

The Coexistence of Criticism and Warmth in Endang's Case

Endang was a 26-year-old female university student. She was the second daughter of four siblings. After graduating from high school, she moved to Jakarta to escape from a troubled marriage. She lived in Jakarta for 5 years and worked as a shop assistant. There she developed an intense emotional relationship with a woman she called *kakak* (older sister). Endang's family became somewhat suspicious when *kakak* stayed in their house and slept in the same room with Endang, the two of them spending most of their time in the bedroom. Recognizing that their relationship was unusual, Endang's family tried to separate them. However, the two of them moved away, first to Medan (a city in North Sumatra) and then back to Jakarta, where Endang's father eventually caught up with her and forced her to come back to the village against her will. The conflict between Endang and her family was protracted, lasting from when she was 18 years of age to the present. It was still an issue of great importance to Endang when she became ill.

In Endang's family, the LEE score together with the results of the SCT and ethnographic observations, all suggested high levels of criticism. Her mother, father, and sister were all highly critical. In fact, they often criticized each other to the extent that her father asked in anguish: "Why is our family not united?" In one interview Endang's father criticized her mother for controlling Endang too much, for example by not allowing her to ride a motorbike. He wrote in one answer on the SCT test: "I feel my wife is quite good but she is still not able to be a good parent." He also criticized Endang's attitude of wanting to solve all her problems by herself.

In return, Endang criticized her father, writing: “I feel my father is a quiet person; he prefers to hear the opinions of other people instead of his family; when there is a problem, he does not want to share it with us.” Endang also criticized her mother, writing in the SCT test: “My mother often loses her temper; when she has an opinion, no one can change her mind.” Later she added, “My mother and I often quarrel, we have incompatible ideas.” On several occasions her mother defended herself by saying that she did not want to be blamed for causing the illness. In fact, she blamed Endang herself for the illness. Further, Endang disclosed that she often quarreled with her sister because her sister insisted that Endang follow her opinions and satisfy her demands. The following is an excerpt from field notes that I recorded. I was able to interview the whole family and record the tense emotional atmosphere that pervaded the home:

Firstly, I interviewed Endang and then her mother joined in, followed soon after by her sister. Endang said that when she was sick, she felt her family did not pay enough attention to her. Suddenly, her elder sister interrupted sharply:

“That means you were not sick! You were obviously aware of what was going on around you.”

“It was half aware and half not,” Endang replied.

“So you are just pretending!” her sister said in a confrontational tone of voice.

“No, I wasn’t!” Endang shouted. “I was being ordered by voices to do this and that.”

This argument continued to the point where Endang remarked that when she graduated from high school, she wanted to go to university.

“I wanted to have a part-time job and go to the university,” Endang said.

“We did not stop you,” her sister interjected, “but it depended on whether you could do it or not. If you were able to do it you could have gone.”

Her mother interrupted, turning to me and saying,

“It was her own fault. I don’t want to be blamed. When she graduated from high school, I said to her, ‘Do you want to go to the university or not?’”

“No, that was not so!” said Endang, raising her voice.

Here they argued about the issue of a man from the same village who was willing to marry Endang. Endang felt that her parents were trying to force her to get married. Her mother said that they did not want to force her. Her mother tried to explain the problem to me from her point of view. Endang interrupted, “Wait, wait! Daddy told me about that man!”

“We did not force you,” her mother said defensively.

Her father who had just joined the interview denied this:

“I didn’t tell Endang about the man,” he said to me.

“Yes, you did!” Endang shouted.

Endang’s father kept trying to say that he did not tell Endang about him.

“I am sure you told me!” Endang interrupted. “I swear I felt hurt!”

Notwithstanding this open hostility and criss-crossing criticism, Endang’s family still exuded warmth and maintained a supportive attitude. For example, Endang’s sister and mother would always accompany her when she was hospitalized. When she was at home they would all three work together in the kitchen, teasing each other, or sometimes watching TV together in the living room. They were able to achieve this by virtue of their capacity to express conflict and then resolve it quite quickly, so as to return to a state of *rukun* (harmony) again. The ability to resolve conflict was also partly due to the role played by a psychology student whom I refer to in the larger study as Nia (Subandi 2006). Nia rented a room in Endang’s house and was now regarded as one of Endang’s family members. Her involvement in and influence on family matters was significant, especially in regard to Endang’s illness. It became Nia’s role to act as a mediator in family communication.

Thus, the complexity of family EE in this case is shown by the coexistence of high levels of criticism with high levels of warmth. This apparently contradictory finding within one family is not uncommon. It was first observed by Wig et al. (1987) in Chandigarh in Indian families of patients with schizophrenia. They found that it is common for Chandigarh relatives to express high criticism and high warmth at the same. This phenomenon has also been found among Mexican decent families. Jenkins (1991) found a father who was very critical toward his ill daughter, but simultaneously he expressed warmth and affection.

The Interpretation of Boundary Transgression in Rima’s Case

Rima’s family provides further evidence that family EE may be shown to be subject to competing interpretations when it is examined in greater detail. Rima was a single woman, who was 18 years of age when the study began. She was the youngest daughter of four siblings. Due to family financial difficulties, she did not continue her studies after finishing secondary school at the age of 16. Instead, she took sewing lessons and worked for a furniture company. However, she left this job because she said that her work mates were teasing her, and she took what they said to heart.

In Rima’s case, I concentrate on the issue of over-involvement. The LEE score, at 85, was moderately high. Rima perceived her mother to be intrusive. In her response to the SCT test, Rima wrote: “My mother treats me like a small child,” and then, “My mother often pays too much attention to me.” These sentences were repeated twice in the test with slightly different wording. In a followed-up interview, she suggested that she did not like the fact that her mother paid too much attention to her. Later interviews with Rima’s father also suggested that he exhibited over-involvement, though to a lesser degree. He seemed to be preoccupied with his daughter’s illness and often expressed the suffering and burden that her illness had brought upon him.

During the course of my fieldwork, however, I met her mother only twice because she was usually busy working outside the home doing farm labor. My interviews with her suggested that Rima’s mother did not exhibit any significant

over-involvement; Rima, however, interpreted her mother's attention as being 'too much' and she said she felt she was being treated 'like a child.' From my observations, Rima's mother was a little under-involved if anything. In a collective society like Java the boundary between self, family, and community is often blurred. Parents often remain involved in their adult children's affairs, particularly marriage. When an adult daughter is sick a mother will often sleep beside her. When she is hospitalized the mother, or another family member, will usually visit almost every day. These behaviors might easily serve as indicators of over-involvement in another setting, but not in Java. From a Javanese cultural perspective Rima's mother definitely did not exhibit over-involvement. In fact she may have showing her capacity to *ngemong* Rima, caring for her gently as one would a child.

The disparity between my opinion and Rima's interpretation raises the question of how to recognize the threshold above which parental involvement is regarded as over-involvement. Here, Jenkins' (1991) idea of emotional over-involvement as the transgression of boundaries is helpful. It is possible to conclude that a culturally acceptable level of involvement was 'interpreted' as over-involvement because, for Rima, her mother's behavior transgressed her self-boundary.

'Ngemong': The Cultural Concept of Warmth and Positive Remark²

As mentioned in the previous section, most of the studies on EE focused only on negative aspects of family emotional milieu, despite the fact that the initial concept of EE also includes positive emotions, such as warmth and positive remarks (Leff and Vaughn 1985). Aside from the negative components of EE discussed above, this research also identifies a culturally specific feature of positive emotional climate in Java relates to the concept of *ngemong*.

Geertz (1961, p. 94) as well as other recent ethnographers (Keeler 1987, p. 58; Shiraisi 1997, p. 58) emphasize the importance of *ngemong* within Javanese family context. It refers to the ideal way that Javanese should look after their children. At a physical level, Javanese babies are carried around by their mother and other adults in a *selendang*, a long shawl worn over the shoulder to form a sling. This way of carrying a child, it is said, makes the child feel *tentrem* (peace) and emotionally warm. When children are able to walk, adults keep a close eye on them to prevent them from falling or experiencing physical injury. At an emotional level, adults constantly seek to engage and amuse the child, to make them contented, and protect them from *kaget* (shock). Javanese believe that children's contentment enhances their resistance to disease and misfortune. At night an infant sleeps next to her or his mother. This practice continues throughout early childhood, very often until school age. When a child is sick it is common for a mother to sleep next to him or her, even when the child has grown up. Good and Subandi (2004) encountered a mother who slept next to a 40-year-old single daughter because she suffered from a mental illness.

During my ethnographic fieldwork, a participant's father explained to me that the practice of *ngemong* is not limited to taking care of a small child who might be

² Some part of this section has been translated into Indonesian and published in Subandi (2008).

impulsive, demanding, and unable to control his or her behaviour. The basic principle of *ngemong* is a way of dealing with any person whose behaviour is similar to that of a child. For example, a husband may *ngemong* his demanding wife, or an adult daughter may have to *ngemong* her impulsive father. This concept also applies more widely to community settings. A village leader has to *ngemong* his people so that there is no conflict between them. The concept of *ngemong* may also be applied to adult children, legitimizing parents becoming involved in their affairs, such as marriage, to the extent that this can sometimes be perceived by children as interference.

Thus, the main idea underlying *ngemong* is a positive sense of tolerance and acceptance of aggressive and impulsive behaviour. In the study of how Javanese families respond to mentally ill patients, Zaumseil and Lessmann (1995) found that all of their participants emphasized the importance of *ngemong* in dealing with mental illness. They suggested that the family of a mentally ill patient should be tolerant, attentive, and caring. These researchers emphasized the absence of criticism, blame, and hostility directed towards the mentally ill in Javanese families. My ethnographic data support this idea. Therefore, I argue that the practice of *ngemong* is parallel to the concept of warmth and positive remark according to EE concept. Furthermore, in this research I identify three important characteristics of *ngemong* as they are practiced by family members, and as I observed them in my fieldwork.

The first characteristic of *ngemong* is displaying a tolerant and uncritical attitude. This characteristic is identified in Rima's case. In the previous section, I mention that Rima's mother practiced the principle of *ngemong*. This principle was also practiced by Rima's father, who said that during her daughter's illness he would treat her gently. He and other family members did not want to make Rima feel irritated or place her under pressure. This information was supported by my observation data. I observed that Rima's elder brother tried particularly hard to treat her gently and with warmth. For example, when Rima exhibited strange behavior during an interview, her brother put his hand on her shoulder to gently quiet her down. Rima's family also let her put up on the wall a number of pictures she had bought from village market. Moreover, her father was also tolerant enough to let her draw pictures on the wall, even though the wall had only just recently been painted. The same vein can be found in Joko's case (Joko was a 42-year-old married man with three children). Joko's wife said that her husband often hit her and the children in the early stages of his illness. Her response was one of tolerance and, although it was hard to endure, she learnt to be patient.

The second characteristic of *ngemong* is a non-demanding attitude. This was most clearly evident in Priyo's family. Priyo was a 19-year-old male, a student at a technical high school. He was the third son of five siblings. Priyo's father told me that he did not insist that his son help him in the rice field or does the household work. Even when Priyo had finished his high school education his father did not demand that he get a job like other young people in the village. This characteristic is also evident in Wulan's case. Wulan was a 16-year-old female, the elder of two siblings. She had recently finished secondary school and just entered a high school when she fell ill. Wulan was hospitalized for 2 weeks and made a rapid recovery.

My ethnographic data suggested that Wulan's parents did not demand that she return to school when she recovered. They did not want Wulan to feel *kagol* (disappointed) again as she was before she became ill.

The third characteristic of *ngemong* is the practice of fulfilling participants' needs. This was evident in Rima's family. On one of my visits I observed that Rima's brother took her to the village market to buy a necklace that she wanted. On another visit Rima's father told me that he had to sell his cow to buy an old motorbike to satisfy Rima's request. Similarly, with regard to Wulan, her parents acquiesced to her request to get married, even though she was still just 17 years of age. According to her mother, Wulan was too young to get married. She wanted Wulan to get a job first. Wulan's father told me that after a serious discussion with the father of Wulan's prospective husband they agreed to the marriage provided that both families *ngemong* the newly married couple.

Conclusion

In sum, although most families in this research indicated a low level of EE as measured by the LEE instrument, the emotional atmosphere within all nine of the families I studied was complex. I have illustrated this in my discussion of the families of Sri, Endang, and Rima, as they best exemplified the complexity of emotional interactions that were also present, though to a lesser extent, in all the families investigated in this study. Following the suggestion of Jenkins (1991), as well as Hashemi and Cochrane (1999), I have argued that EE must be understood within a cultural understanding of the family. Like McGruder (2004), I employed a primarily ethnographic methodology, supplemented by the use of questionnaire (the LEE) and a simple projective test (the SCT). On this basis, I have been able to provide an exploration of the nuances of family emotions that is not usually provided in the EE literature. I have also emphasized the importance of participants' interpretations of family members' emotions. From the data gathered in this research I postulate that a high level of EE may not necessarily have a negative effect on participants if it is interpreted in a positive way. Contrariwise, the behavior of a family member that is culturally acceptable may be interpreted by the ill member as an indication of high EE. I have also discussed the Javanese concept of *ngemong* which is relevant for understanding the positive components of EE: warmth and positive remark. My data strongly suggest that the principle of *ngemong* is pivotal to relapse-prevention, since tolerant, uncritical and non-demanding behavior is very much in line with the criteria associated with low EE. Finally, I have demonstrated that the SCT provides a useful complement to ethnographic research on EE and the family. My research suggests the potential importance of supplementing ethnographic research with simple projective tests.

Acknowledgments My sincere thanks go to all participants and their family members involved in this research who allowed me to come to their houses and shared their experiences. I wish to thank to Professor Robert J. Barrett (Department of Psychiatry, University of Adelaide), Dr. Rodney Lucas (Department of Anthropology, University of Adelaide), and Professor Byron J. Good (Department of

Social Medicine and Global Health, Harvard University) for their supervision of my dissertation from which this article is based.

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