



Traditional Beliefs Of The Minangkabau People, Between *Sijundai* And Schizophrenia: A Case Report

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Abstract

Schizophrenia is one of the most common of the severe mental disorders, but its essential nature remains to be clarified. The characteristic symptoms of schizophrenia involve a range of cognitive, behavioural, and emotional dysfunctions, but no single symptom is pathognomonic of the disorder.

Beliefs vary across cultures; those considered odd or unusual in one may be normative in another. For example, belief in witchcraft or supernatural forces or fears that transgressing cultural norms can lead to misfortune is typical in many cultures.

In the Minangkabau community, a region known for its matrilineal culture in Indonesia, there still exists a belief that individuals with schizophrenia are involved in witchcraft. This belief is deeply rooted in traditional practices and significantly influences how schizophrenia is perceived and treated.

Sijundai is one of the types of sorcery used to drive people insane. Many illnesses are known in Minangkabau culture, and one of the most popular arts, which was rich in mystical nuances in the past, is Sunday. *Sijundai* chant is one of many influenced by animistic beliefs, and its mantras often include the names of genies, demons, and even devils.

Introduction

Schizophrenia is a severe mental health disorder affecting about 1% of the global population and is one of the leading causes of disability worldwide.¹ Schizophrenia is often treated as a single disease, but it probably consists of a range of disorders with different causes. This group includes patients who differ in their symptoms, reactions to treatment, and progression of the illness. Schizophrenia typically manifests early in life and leads to considerable and enduring impairments. It often necessitates extensive hospital care and ongoing clinical management, rehabilitation, and support services, resulting in significant financial costs associated with the illness.²

Diagnosing schizophrenia involves taking a thorough psychiatric history and conducting a mental status exam, along with ruling out other potential psychiatric or medical causes of psychosis. Risk factors encompass birth complications, the time of year a person was born, severe maternal malnutrition, maternal influenza during pregnancy, family history, childhood trauma, social isolation, cannabis use, being from a minority ethnicity, and living in urban areas.¹

Schizophrenia shows up in many different ways, touching how people think, feel, and behave, with no single symptom that pinpoints the disorder. Diagnosing it means looking for a combination of signs that affect a person's work or social life. Everyone with schizophrenia is unique, as it's a complex and varied condition.³

Patients with schizophrenia can look very different from one another. Some might be disheveled, agitated, and loud, while others might be obsessively tidy, quiet, and still. In between, some might be chatty and display strange postures. Their behavior can sometimes become agitated or violent, often in response to hallucinations.

These patients often neglect grooming, might not bathe regularly, and may wear clothes inappropriate for the weather. Other unusual behaviors can include tics, repetitive movements, odd mannerisms, and sometimes mimicking the actions of others.³

In schizophrenia, auditory hallucinations are the most common type of hallucination, and Patients generally believe that their hallucinations are actual manifestations of someone, somewhere, talking to them or transmitting a voice or voices.³ If the hallucinatory experience is congruent with their delusional beliefs, the person is more likely to comply with the commands. Visual hallucinations are less common than auditory hallucinations in schizophrenia, but they are not rare. Delusions hold a special place in both the medical and popular perception of schizophrenia, with a view that delusions are a discrete category of thought that is generated and maintained through unique mechanisms and consisting of ideas that are inaccessible to standard reason. The appearance of a patient with schizophrenia can range from that of a completely chaotic, screaming, agitated person to an obsessively groomed, completely silent, and immobile person.⁴

Cultural and socioeconomic factors must be considered, particularly when the individual and the clinician do not share the same artistic and socioeconomic background. Ideas that appear to be delusional in one culture (e.g., witchcraft) may be commonly held in another.³ Beliefs vary across cultures such that those considered odd or unusual in one culture may be normative in another. For example, belief in witchcraft, supernatural forces, or fears that transgressing cultural norms can lead to misfortune is typical in many cultures. Cultural mismatch between the individual and the clinician may complicate the evaluation of schizophrenia and others.⁵ Primary psychotic disorders. Collateral information from family, community, religious or cultural reference groups may help clarify the diagnosis.^{4,5}

According to KBBI, *sijundai* is one of the type sorcery used to drive people insane. Many illnesses are known in Minangkabau culture, and one of the popular arts rich with mystical nuances in the past is *sijundai*. *Sijundai* chant is one of many influenced by animistic beliefs, and its mantras often include the names of genies, demons, and even devils.⁷

Sijundai is a kind of black magic where not only women are victims but also men. The people who are affected by this sorcery act as if they are insane. This usually happens due to disrupted love affairs. If a man or a woman is heartbroken because his/her love is rejected or if he/she is left by someone who marries someone else, he/she may perform this ritual. Those who are afflicted with the *Sijundai* illness always act beyond the reasoning of a normal human being. A myth that has developed in society is that sufferers of *Sijundai* disease have a habit of climbing house walls and sometimes laughing to themselves. They also disturb passersby by throwing sand or rocks at them.⁸

In the Minangkabau community, a region known for its matrilineal culture in Indonesia, there still exists a belief that individuals with schizophrenia are involved in witchcraft. This belief is deeply rooted in traditional practices and significantly influences how schizophrenia is perceived and treated.

This misconception often leads to stigmatization and discrimination against individuals with schizophrenia. They are frequently ostracized from their communities, subjected to harmful practices in an attempt to cure them, and denied access to proper medical treatment. This not only exacerbates their condition but also prevents them from living fulfilling and productive lives.

Furthermore, families of individuals with schizophrenia often feel ashamed and embarrassed, fearing social isolation and judgment.

Case Report

A 24-year-old woman was taken to health facilities by her family after exhibiting alarming behavior for the past eleven months. She frequently screamed and shouted, hit the walls, and spoke incoherently in all directions. Her appearance was disheveled, with messy hair and hollow eyes from lack of sleep, and an empty gaze. She

had occasional outbursts of yelling and sometimes pulled at her hair. She was restless and irritable, often pacing back and forth on the house porch. The patient was frightened and believed someone wanted to harm her, which made her afraid to leave the house. She frequently heard voices whispering in her ears, instructing her to hit anyone who tried to harm her.

Previously, the patient was employed but often arrived late to work due to the long commute, which eventually led to her dismissal. After losing her job, she began displaying more specific symptoms, believing that her colleagues disliked her and that this led to her termination. Her family suspected that she had been bewitched and took her to a shaman for several months, but her condition did not improve. Ultimately, they sought professional medical help at a community health center, where she was diagnosed with schizophrenia and referred to a psychiatrist. This intervention has helped her show significant improvement.

A 24-year-old woman began verbalizing specific symptoms after being terminated from her job, including complaining that all of her coworkers hated her and had caused the termination. Her family, however thought that she had been bewitched by someone with ill intentions and decided to take her along to one of the village shamans for several months. All studies were again assessed, with none showing an improvement. And they had sought help from a local community health center. In her medical history taking and comprehensive interview, Christmas was found to be a case of schizophrenia as she accepted together with the family much the same way when you are referred right into a psychiatrist.

One month later, the patient and her family came to seek an enclosed letter for referral from their community health center. The family mentioned that there was a great improvement in her condition. She stopped screaming, feeding herself and no longer heard voices or hallucinated so she was not afraid to leave her house. For which she was given antipsychotic risperidone 2 mg in the treatment. The healthcare professionals warned the patient and her family to not interrupt in treatment schedule.

From the outset, the woman exhibited symptoms consisting of non-stop screaming, shouting, hitting the walls, and a lot of nonsensical speech. Her dress was quite laxy and her hair was rough in addition to having sleepless hollow eyes. Every now and then, there were screaming instances and she would get entangled with her hair. She also presented some busy body element and negative emotion, walking to and fro on the porch of the house out of fear of being harmed, thus hardening her desire to stay indoors. She was rife with violent hallucinations in the form of women's mocking voices urging her to strike any person that posed a threat to her. Eventually, she was late for work so many times that she was fired due to her long commute from the previous workplace. The family's penchant for believing in witch craft made her go search for a shaman before they could consult a qualified doctor.

Discussion

We found several cases of mental disorders, especially schizophrenia, are still considered as something mystical and a result of witchcraft. Some areas that are still far from technology and information still think the symptoms that appear in patients with schizophrenia are taboo and embarrassing to be treated in health facilities. The widespread stigma among communities living somewhat far from urban areas leads to many cases of mental disorders, especially schizophrenia, not being handled and treated correctly.

A 24-year-old woman was taken to a healthcare facility by her family after experiencing severe symptoms for the last eleven months. According to her family, she frequently screamed and shouted, hit walls, and spoke incoherently in all directions. Her appearance was neglected, with messy hair and hollow eyes from lack of sleep, and her gaze was empty. She occasionally had outbursts of yelling and sometimes pulled at her hair. The patient was restless and irritable, often pacing back and forth on the house porch. She felt constantly frightened, believing someone wanted to harm her, which made her afraid to leave the house. She also reported hearing voices whispering in her ears, telling her to hit anyone who posed a threat to her.

Her family then sought professional medical help at a community health center. During the anamnesis and interview with the patient, the diagnosis led to schizophrenia, and the patient was referred to a psychiatrist, which both the patient and family agreed to. A month later, the patient and her family returned to the community health center to request a referral letter to the psychiatric department. The family said that the patient showed improvement; she no longer screamed, was willing to care for herself, heard voices, and was no longer afraid to leave her house. The patient is given antipsychotic risperidone 2 mg once daily. The patient and family are advised to continue treatment and should not stop treatment. Risperidone, an atypical antipsychotic medication, is commonly used in the treatment of various mental health disorders, especially schizophrenia. Risperidone blocks two dopamine receptors, reducing positive symptoms of psychosis and stabilizing affective symptoms.⁶

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Changing the harmful beliefs and attitudes towards schizophrenia in the Minangkabau community is essential. Education and awareness campaigns are key in this effort. By offering accurate information about schizophrenia, we can debunk myths, reduce stigma, and foster a better understanding and acceptance of individuals with this condition. This, in turn, will encourage more people to seek help and ensure that those with schizophrenia receive the appropriate treatment and care they need.

Efforts should focus on dispelling misconceptions that schizophrenia is a mystical or supernatural affliction. By educating the community about the biological and psychological factors that contribute to the disorder, we can begin to shift perceptions. Awareness campaigns can highlight the importance of early diagnosis and the benefits of modern treatment options, including both medication and therapy.

Community leaders and healthcare providers can play a vital role in these initiatives. By engaging respected figures and utilizing local resources, we can make the information more accessible and relatable. Workshops, seminars, and public talks can be organized to provide a platform for discussions about mental health and to address any questions or concerns from the community.

Additionally, sharing stories of individuals who have successfully managed schizophrenia can provide hope and reduce the fear associated with the disorder. Real-life examples can show that with the right support and treatment, individuals with schizophrenia can lead fulfilling lives.

Involving families in these educational efforts is also important. Families need to understand the nature of the disorder and how they can support their loved ones effectively. Providing resources and support for caregivers can make a significant difference in the lives of both patients and their families. Ultimately, challenging and changing these beliefs requires a multifaceted approach that includes education, community involvement, and continuous support. By working together, we can create a more inclusive and supportive environment for individuals with schizophrenia, ensuring they receive the care and understanding they deserve.

Conclusion

This case report describes the clinical features of schizophrenia and the Cultural and socioeconomic factors that must be considered. Ignorance of the family and the community around early detection and forced treatment of treatment at the Mental Hospital caused the patient to be not appropriately handled. Schizophrenia is a severe mental disorder with complex and varied causes. Although it may be seen as a result of witchcraft in some cultures, modern scientific understanding rejects this view and emphasizes the importance of an evidence-based approach in treatment and support for affected individuals. With proper treatment and social support, many people with schizophrenia can lead productive and satisfying lives.

Reference

1. Hany M, Rehman B, Rizvi A, et al. Schizophrenia. [Updated 2024 Feb 23]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024
2. Boland R, Verduin M, Ruiz P. Kaplan & Sadock's Synopsis of Psychiatry. 12th ed. Philadelphia: Lippincott Williams & Wilkins (LWW); 2021.
3. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Text Revision DSM-5-TR. Washington, DC.: Amer Psychiatric Pub Inc; 2022
4. Benjamin J, Virginia A, Pedro R. Kaplan & Sadock's Comprehensive Textbook of Psychiatry Volume I/II. 10th ed. Philadelphia: Wolter Kluwer; 2017
5. World Health Organization. ICD-10 Version 2024;2024.
6. Stahl SM. Psychosis and Schizophrenia. In *Stahl's Essential Psychopharmacology : Neuroscientific Basis and Practical Application*. 4th ed. Cambridge: Cambridge University Press; 2013. 717-719
7. Helfi, M.Ag. Sjech Hasbullah Dari biografi sampai tafsir keislaman dalam konteks lokal Minangkabau. 2022. Hal: 80
8. Rona Almos dan pramono. Leksikon Etnomedisin dalam pengobatan tradisional Minangkabau. 2015

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