

Hametin Hatutan Lisan no
Ai-moruk iha Timor-Leste



***Holding Tightly: Custom
and Healing in Timor-Leste***

Information kit and study guide by
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Synopsis

Healing in Timor-Leste is rarely straightforward. Timorese people acknowledge and embrace multiple pathways to healing in a complex interplay between spiritual care, comfort and interpersonal connection. Through lifetimes of observation and learning entwined with ancestral tradition, they trial a variety of practices and pass down their knowledge to the next generation.

Holding Tightly observes seven approaches to healing in remote, rural and urban parts of the Baucau Municipality in the country's east, spanning contexts and experiences from the armed resistance era to Timor-Leste's independence period. According to their circumstances and access to resources, families share treatments for everyday ailments, while specialist healers hone their diagnostic and therapeutic skills for more complicated medical and/or spiritual conditions. Medicinal plant, divinatory and other knowledge is continually developed and refined in response to need and opportunity. Within this diversity are common threads of shared belief, respect, cultural vitality, commitment, and resilience. While working apart from formal health institutions, the insights of these practitioners underscore some challenges and opportunities for mutual coordination.

Background to the making of *Holding Tightly*

Filmed over a three-year period, *Holding Tightly* is a contribution to a larger research collaboration between the directors and a diverse set of healing practitioners in the young nation-state of Timor-Leste. The filmmakers Susanna Barnes and Lisa Palmer have each carried out extended ethnographic research in locations across the country. Between 2013 and 2015, Barnes, Palmer and Ritsuko Kakuma, with funding support from the University of Melbourne, initiated an interdisciplinary scoping study in partnership with the Timor-Leste Ministry of Health and the National University of Timor-Leste (UNTL). Led by global mental health expert Kakuma, this study aimed to improve understanding of Timor-Leste's customary health and healing practices, and to explore the potential of integrating these practices with modern psychological and clinical methods. The findings of this research informed the ideas for this film, its structure and approach.



Celastinu Freitas carrying out an interview in Wai Daba rice fields

The making of *Holding Tightly* is also grounded in Palmer's ongoing research collaborations with Tetun, Waima'a and Makasae language speakers in the Baucau region. More recent partnerships with Barnes, former mental health nurse Francisco Almeida and local customary specialist and veterinary officer Celestinu Freitas have focused on customary approaches to health and healing in the town of Baucau and the rural community of Venilale in the Baucau municipality. In collaboration with Almeida and Ministry of Health mental health nurse Luis da Cunha Rego, Palmer and Barnes first interviewed the healers in the opening and closing sequences of the film in 2015. In collaboration with Almeida and Freitas, Palmer then began establishing relationships with other healers in the Baucau municipality and commenced filming in early 2017. Contributing to this collaborative process, Palmer had a pre-existing long term research relationship with Baucau-based healer and custodian of the water Jose da Costa. Felizarda da Costa (Nyoti in the film), and her children are related to Palmer through marriage. Filming visits, usually two or more, were made to each of the healers between 2017 and 2019. In mid-2019, Barnes flew from Canada to join Palmer, Almeida and Freitas in the field for one week to film additional footage and consolidate the narrative sequences of the film. On this final occasion, several healers invited their own patients and neighbours to be a part of the filming process.



Lisa Palmer filming the final lakadou sequence in *Holding Tightly*

In the tradition of ethnographic filmmaking, and firmly emplaced within a layered soundscape incorporating prayer, music and environmental sounds, *Holding Tightly* closely observes the performance and practice of a series of healing encounters. Ethnomusicologist Ros Dunlop observes that music, including song, dance and traditional instruments, is integral to all aspects of Timorese life. In the realm of ritual, music plays a central role in agricultural and other livelihood practices, in the reconstruction of origin houses and, in some contexts, in healing practice. The *lakadou* (tubed zither) played in consort with dance in the opening and closing scenes of the film is used by ritual specialists to communicate with the *Dai* (ancestral nature

spirit) that will eventually enable healing. We hear the lakadou and traditional song featuring in transition scenes between healing locations, as well as other instruments such as buffalo horn and drums. While these musical sounds create an intimate space for the viewer, the film's immersion in the sounds of everyday Timorese life is also pronounced. The sounds of vehicle traffic, pot-holed roads, flowing water, wind, birdsong, chickens, mobile-phone pop music, pen on paper, medicinal preparation, rice harvesting, children playing, laughter, voice, and footsteps make for a rich and lively soundscape. Evolving from the combination of this soundscape and the variety of modalities depicted is the sense that healing in Timor-Leste emerges from forms of belief and care that are grounded in deep connections between people and their environments. In this way, *Holding Tightly* also asks viewers to examine their understandings of health, medicine and intergenerational wellbeing, and to consider how healing is performed in other places and contexts.

Timor-Leste: the country and its people

The Democratic Republic of Timor-Leste is a small half-island nation located in south-east Asia, on the eastern end of the Indonesian archipelago approximately 650 kilometres north-west of Darwin, Australia. The current population is estimated at around 1.3 million, 70% of whom live in rural and remote areas.



Map of Timor-Leste and its municipalities (source: Chandra Jayasuriya, adapted by Susanna Barnes)

Timor-Leste was a Portuguese colony for over 450 years. In December 1975, after a brief period of independence, Indonesia brutally annexed and occupied the country. Approximately 180,000 people are estimated to have died as a direct or indirect result of the occupation.

Following Indonesian invasion many Timorese fled to the mountains of the country to take shelter with and support the East Timorese resistance force FALINTIL. Medicines and medical specialists were in short supply. As recounted in the film by Manuel Pinto (who later became known as Mau Solda: the barefoot doctor), members of the resistance took on the responsibility of educating themselves in the area of primary health care. They drew on the knowledge of the limited number of formally trained health professionals who had also fled to the jungle, as well as knowledge of forest medicines and healing practices from within the broader Timorese community. Some, including Mau Solda and Fransisco Almeida, formed organised primary health care units to care for the armed and civilian populations and developed their own specialist knowledge of medicinal plants and healing, continuing to practice in formal or informal roles when they were captured or returned to the Indonesian-occupied towns and villages [7.12 and 8.49].

On 30 August 1999, East Timorese overwhelmingly voted to reject ongoing integration with Indonesia in favour of independence. Indonesian military and militia responded by running rampage. An estimated 1,500 East Timorese were killed before, during and after the UN-sponsored ballot and more than 250,000 were forcibly displaced into Indonesia. About 80% of infrastructure was destroyed.

After a period of United Nations transitional oversight from 1999 to 2002, the country officially regained its independence on 20 May 2002. Over the subsequent two decades, Timor-Leste achieved a considerable amount. It laid the foundations for key state institutions, enabled an environment for freedom of expression, secured peace and stability, and developed a roadmap for sustainable national development. However, basic services such as access to clean water and sanitation, quality and accessible health services and education, and sufficient nutritional support for children and pregnant mothers remained poor, especially in rural areas.

Despite, and perhaps because of, their nation's turbulent history and basic needs challenges, East Timorese people's sense of social solidarity and their diverse linguistic and cultural traditions remain vibrant. In rural areas in particular people's daily life remains entangled in shared concerns for a sociality that embraces deep, multi-temporal connections with each other and their environments. It is within this context that customary understandings of health and wellbeing across Timor-Leste are embedded in the interrelationships between people, the ancestors and the more-than-human world.

Social organisation in Timor-Leste

The population of Timor-Leste is culturally and ethnically diverse with some 36 different local languages and dialects. Despite this considerable socio-cultural and linguistic diversity, there is also widespread cultural commonality and interconnection between customary communities across the country.

Families of particular lineages are organised around clan groups linked to particular ancestral origin houses (Tetun: *uma lulik/uma lisan*) which embed these families in intimate, intergenerational social, political and economic relationships with their extended kin from other origin houses. These houses are both material structures and units of social organisation and alliance.



Timorese ancestral origin house, Venilale

Links between these family lineages and alliances and with the surrounding environment are rooted in local spiritual ecologies, lifeworlds of obligation and reciprocity between people and a network of place-based ancestral and nature spirits. Symbolic and material exchanges between these houses form the basis of local customary economies and the intra- and inter-familial wellbeing that are central to customary healing practices. For example, the healer Palmira talks about how she and her husband learnt her skills from a grandfather at her husband's Makasae-speaking Dirí Falu origin house [16:21]; off-camera she also talked about learning them from members of her own Kairui-speaking origin house. Throughout his narration of the film *Celastinu Freitas* talks about communicating with *Dai* (ancestral nature spirits) associated with particular houses [14:21] or how the healing approach depends on 'our house, our ancestors and nature' [19:51].

At the same time these customary economies and practices continue to be shaped by processes of colonisation, missionisation, post-conflict state building, international development, and transnational capitalism.

Multiple pathways to diagnosis and treatment

Anthropologists have noted the capacity of East Timorese to navigate multiple ways of being and knowing. East Timorese draw on a plurality of sources of health-related knowledge and practices including customary forms of healing, clinical or biomedical models, popular knowledge and Christian faith-based healing. As Mau Solda comments on the development of his healing practices after his capture in the mountains, 'Our Lady is my Doctor. It was her who taught me how to heal' [9:58]. There is a rich tradition of Chinese folk-medicine among the Chinese-Timorese and healers also operate within the Islamic community in Dili. Most individuals and families choose a combination of treatments, or may switch between treatments if one is deemed ineffective. Celestinu Frietas explains how people might be transferred to a different healer or the formal health system if a treatment is unsuccessful [2.22]. Mau Solda attests that following his capture he began practising from his new residence in Baucau town where people (including Indonesian health professionals) would come to him with illnesses 'the hospital couldn't treat' [9.06].



Mau Solda and Our Lady

As described above, the treatment and/or eventual recovery of a patient may be enabled by either clinical or traditional means — or both. However, the perceived causes and consequences of illness are greatly shaped by cultural attitudes and expectations, and healing often requires not only physical but also spiritual attention. For many East Timorese, understandings of health and wellbeing are bound up in assumptions about social collectivities rather than individuals per se. Consequently, diseases, disorders or accidents affecting the 'body-self', be they natural or 'supernatural' in origin, are related to transgressions against the 'body-social'.

In relation to customary healers and practices, the anthropologist Andrew McWilliam writes that therapies for specific illnesses form part of wider range of strategies and practices aimed at restoring individual health and establishing community wellbeing. Customary healers often concern themselves with determining and resolving the social origins of illness and misfortune as

much as addressing the physical symptoms. In the first instance, diagnosis involves identifying the source of affliction before addressing the physical symptoms experienced by the patient. For example, in the opening scene of *Holding Tightly* Jose da Costa performs an augury on the carcass of a small chicken to determine the cause of illness. His divination (x-ray) powers are enabled by the ritual sacrifice of a young chicken and a reading of the marks on its body and internal organs. He also interviews the sick person's family members, taking notes prior to recommending a treatment to address the patient's symptoms.



Reading the markings on the chicken liver

If a social or spiritual cause of affliction is determined, a healer will often recommend repairing relations by repaying any debts or making offerings to ancestors and/or house-based alliances. In nearby Sumba, where anthropologist Janet Hoskins has documented similar healing practices, she argues that customary healing de-centres the modern medical focus on patient and symptoms; instead, attention is given to the importance of social factors such as restoring social relations and healing the group before the 'cure' of the patient can be enabled or addressed by whatever means.

The sudden onset of illness or rapidly deteriorating symptoms for any illness and unusual behaviours, especially those associated with mental disorders and disability, are sometimes thought to involve 'supernatural' origins. 'Supernatural' causes of illness can be ambiguous or malevolent and may be attributed to witches (Tetun: *buan*). From a more Christianised

perspective, ‘supernatural’ causes are linked to ‘demons’ and other manifestations of evil. At the same time, most people recognise that diseases and disorders have natural, biological or physical causes, and local explanations that consider supernatural interventions also recognise the influence of social contexts and causal links of poverty, exclusion and violence.

Illnesses may also be attributed to the intervention of non-human entities that enliven the natural world (Tetun: *rai na'in*), ancestral nature spirits (Waima'a: *dai*, Tetun: *malae*) or ghosts (Tetun: *matebian*) and these are usually associated with social and environmental transgressions. These transgressions can include entering a sacred site without performing the appropriate rituals, eating taboo foods, contravening marriage rules between lineage groups and houses, or cases of ‘bad death’ (murder, accident) and outstanding burial rites. In all such cases, for illness to be treated successfully, it is believed that reciprocal relationships across the social, spiritual and ancestral realms must be properly addressed.

In reflecting on our research, we drew on the concept of ‘entanglement’ to understand how individual and groups engage with, and often times transform or make their own, multiple sources or repertoires of healing in pursuit of health and wellbeing.

Customary healers and their modalities

Healing in Timor-Leste takes place across what cross-cultural psychiatrist Arthur Kleinman describes as the popular, folk and professional sectors. Familiar and familial knowledge of medicinal plants, massage techniques and other remedies for everyday ailments are shared, learnt and transmitted from one generation to the next, as demonstrated in *Holding Tightly* by Noyti and the children. Additionally, non-specialists healers recognise the need for, and expertise of, ‘specialist’ customary healers, as well as professional health care workers.



Cerly and Alicia applying leaf medicine

Most language groups use a range of terms to describe customary healers who may be men, women or more gender ambiguous. In Tetun, these include *liman urat* (diviner), *badaen liman* (masseur; also traditional midwife), *kukun na'in* (ritual specialist) and *matan dook* (diviner, soothsayer). Different designations relate to the particular modality and/or specialisation of the healer. At the level of the origin house, it is often the case that either the ritual elders of the house or the spokesperson (*lia na'in*: keeper of the words) for the house takes on responsibility for the spiritual care and protection of their kin. In *Holding Tightly* we are introduced to Jose da Costa who is a *matan dook* (diviner) in the town of Baucau and who is also a well-known as a local ritual specialist and Kabu Bee (irrigation water controller and custodian). Towards the end of the film, Jose refers to the karst springs that comprise a network of water flows connected to people and their origin houses. Referring to water's capacity for healing, Jose states that 'water cures people. ... The power of water comes from its coolness. Because all medicine gets its life from water.' [25:48, 26:21] These comments, and the subsequent healing ceremony involving water, illustrate the intertwined nature of bodily and spiritual health, as well as the deep place-based connections between people, their environment and wellbeing.

Different diagnostic techniques are linked to specific healer's practices. These may include watching the patient, listening to their life history, divination, augury and prayer. Customary healers use a complex vocabulary for describing illness, symptoms and causes. They employ different therapies, techniques or treatments based on diagnosis including invocation; laying of hands; manual techniques including massage, often with *bua malus* (betel leaf and areca nut spittle); animal sacrifice; candles and herbal medication.



Betel leaf, areca nut and turmeric

'Specialist' healers may or may not have kin relations to a patient. These healers draw their powers from a variety of sources including their own ancestral house, nature or the divine. The healing gifts of these 'specialists' may be received as a hereditary gift, through dreams or acquired through life experience and practice. For example, the bonesetter Januario da Silva first learnt to heal the bones of prize cock-fighting cockerels and small animals before trying out his skills on friends and family. Others have recounted how Januario's knowledge was augmented

by an interaction with an ancestral python who he intervened to save. Knowledge of the botanical components that Januario mixes in his water treatments was later passed on to him by the python in a dream. By contrast, Palmira, acquired her knowledge of medicinal plants and healing techniques through a combination of learning from elders of her husband's ancestral house, her own natal family traditions and by harvesting and testing remedies on herself.



Palmira massages a patient with a candlenut paste

Healers often consider themselves to be vessels for healing; their power lies in their ability to enable healing by acting as an intermediary between the patient and the spirit or natural world. This is carried out either through the medium of an ancestral presence or animal or through intermission. In the opening and closing sequences of *Holding Tightly*, the ancestral spirit has been called in by the sound of the lakadou and entered the body of the healer. In the case of Jose da Costa's, whose medicinal practices draw on an expansive suite of plants, the use of some botanics creates onerous debts that must be repaid to the spirit of the tree. For example, medicines harvested from *nunu wala* (a type of ficus tree) used in muscular-skeletal healing must be repaid with an offering of one chicken or goat (*bibi Timor*). When harvesting medicinal plants, some healers (including Palmira and her husband) will speak to the plant, invoking the patient's name and asking the spirit of the plant to activate its healing power in favour of the patient. In return, the patient will make a small offering to the healer which is taken as a return gift to the plant. While the specific return gift to the plant will often be prescribed, as Jose da Costa remarks in the film [2.31 to 2.49], for any additional gift made to the healer, it is the patient who must decide what to offer, not the healer.

A knowledge of herbal medication means that some medicinal plants may be cultivated in home gardens or forested areas. Mau Solda maintains an extensive home garden of medicinal plants that he has collected over the years, building on the ethno-medicinal knowledge he developed and documented during the resistance period. As noted above, knowledge of medicinal plants was critical during the early years of the Indonesian occupation and throughout the period of armed resistance. In FRETILIN (Frente Revolucionária de Timor-Leste Independente)–held areas,

health teams were formed as part of a popular health campaign, with a view to improving hygiene and sanitation and to highlight the importance of local medicines.



Mau Solda in his garden

Healers are not necessarily averse to including readily accessible over-the-counter pharmaceuticals in their repertoires of healing. Bone setting may also involve the use of antibiotics to fight infection. Although some healers require patients to refrain from using formal health services while they are under their care, other healers may actively encourage patients to consult the local clinic after performance of the necessarily rituals to enable a cure.

In more urban contexts, attitudes to health and healing have also been shaped by the influence of Christianity and charismatic (and universalising) faith-healing practices common to both the Catholic and Protestant traditions. Individuals and families seeking assistance for themselves or relatives may also consult their parish priest and seek improvement through Church attendance and prayer. Often this is done while simultaneously consulting a customary healer.

Interactions with the formal health sector

While East Timorese draw on a multiplicity of practices, it is also the case that recourse to formal health services is often seen as a last resort. To understand health-seeking behaviours we must take into account the political and economic disparities as well as variable standards of care, which produce both health ramifications and hesitancy for people accessing these services.

The violence that followed the retreat of the Indonesian military and civilian administration in 1999 resulted in 77% of health facilities being damaged, in addition to an exodus of doctors and other health professionals. Since independence, the focus of the health sector has been towards the provision of community-based services that are integrated into the formal health sector. The state health service operates on a three-tiered system with a national hospital in the capital Dili, 5 referral hospitals at municipal level, 66 community health centres (including the health centre in Venilale featured in *Holding Tightly*), and 205 health posts located across the country. The *Saude na Familia* national health programme is modelled on the Cuban primary health-care system. It aims to provide care through a network of doctors, nurses and midwives who make regular assessment visits to each household across the territory.



Nurse Francisco Almeida, outside Centro Saude Posto Venilale

Although significant progress has been made since independence in the control of vaccine preventable-diseases, and the country is on track to eliminate malaria after reducing the incidence of the disease by over 99% through the distribution of insecticide-treated nets and other complementary interventions, Timor-Leste continues to grapple with one of the highest tuberculosis incidence rates in the world (500/100,000), high rates of malnutrition and child stunting (53% of boys, 47% of girls) and one of the highest rates of maternal mortality in the south-east Asia region (215/100,000). Timor-Leste remains a poor country overall. With a GDP per capita of USD\$1,560 and an estimated 42% of the population surviving on less than US\$1.90 per day, poverty seriously impacts health and the quality of medical care available to the average person.

Health services are provided free to East Timorese at the point of use. Yet, the Timor-Leste government spends less on health care than most other countries in the world. The uptake of health services is affected by a complex set of behavioural, social and economic characteristics. On the supply side, the provision of medical equipment and supplies has been a constant issue since independence. Not infrequently, equipment does not work, and the only medicines left in

stock are analgesics. Quality of care is further impacted by weak health-care management, a lack of on-going professional development for health sector workers and poor working conditions.

Individual and collective decisions regarding accessing formal health services are influenced by a range of practical and financial factors. Practical issues include long distances needed to travel from remote villages to health services, the poor state of roads, and lack of access to transport. There are often prohibitive costs associated with procuring transport and accompanying family members to health facilities. Other considerations are variable standards of care among service providers and the subjective experience of patient interaction with the health sector. An individual or family's decision to consult a customary or religious faith-based healer instead of or at the same time as accessing the formal health sector is also motivated by their perception of the underlying cause of illness (or inquiry into the cause). The scene involving Jose da Costa's interview with a patient's mother is one example of this approach [4.15].

Opening the path to healing

In the film, the clinic director of the Venilale Health Centre, Senhor Domingos Guterres, refers to customary healers and healing practices as 'first aid' and 'emergency treatments' [24.20]. His comments can be interpreted in a number of ways. Guterres seems to be suggesting that there is nothing wrong with resorting first to these practices and then accessing formal health care at a later stage. His comments also indicate that issues of accessibility and location of health services are factors in people's decisions to attend the clinic or not. Later in the interview, Guterres seems to affirm that these practices and 'forest medicines' are valuable in their own right, whether as treatments in a biomedical sense or for the care and comfort they enable patients to obtain [25:01]. The perceived quality of treatments within formal service provider settings is something that patients frequently refer to when justifying their own health care decisions. Palmira and her patients recount stories of unsatisfactory visits to the clinic and the way in which Palmira's home-based care enabled their healing. Januario's patients tell how the bone healer's clinic was their first choice for treatment, despite the Baucau hospital's nearby location [21:38].

Currently there are no formal mechanisms for collaboration between formal health workers and customary or religious faith-based healers at the day-to-day level. These relationships tend to be facilitated and fostered through family ties and extended networks of kin. For example, mental health caseworkers working together with staff in rural health centres in Venilale sub-district have engaged with local customary healers, raising awareness of mental illness and encouraging them to refer patients to the local health post.



Venilale Health Centre director Domingos (right) recording Palmira and Joaquin's medicines

Some patients, health workers and bureaucrats within the formal health sector have raised concerns regarding the effectiveness of customary and religious healers and healing practices, suggesting that they provide short-term fixes but not long-term treatment or solutions. They argue that customary practices in particular can have a high financial cost to the family and their unregulated nature is perceived to be more vulnerable to harmful practices and abuse. Among some health workers it is also felt that interactions with the customary sector can delay engagement with the formal health service, resulting in their conditions being more severe and difficult to treat when they reach the formal sector. Despite these criticisms, some health experts, especially those working in the area of mental health, make the case that recourse to customary or religious healers may have positive impacts on patients insofar as healers act as an external locus of control, taking on and confronting the causes of illness head on, on behalf of the patient. Moreover, health workers also agree that in enlisting the help of customary and religious healers, patients and families demonstrate a desire to take responsibility for themselves and seek diagnosis and/or treatment. In doing so, they are also more likely to address any problematic relations within the family and others which may influence long-term health outcomes.

In our research, the beliefs or attitudes of state and NGO health workers towards customary forms of healing differed greatly depending on the circumstances in which information was elicited and whether they were based in rural areas or in the capital Dili. During official meetings, health workers seek to distance themselves from customary healers and healing practices or qualify their support for some aspects of customary healing with the need to identify healers, document practices, and scientifically investigate the efficacy of treatments and therapies they provide. This stance aligns them with WHO traditional medicine strategy that stresses the need to regulate 'traditional medicine' focusing on 'safety, efficacy and quality'. In private, however, some health workers shared personal stories of successful use of customary medicines and the healing powers of near or distant family members.



Januario, Salvador and his father in Januario's bone setting clinic

Research suggests that patients, families and health workers across Timor-Leste overwhelmingly recognise that customary and religious healers and practices are often essential to 'opening the path' to healing processes of all kinds. However, this recognition is qualified. Health workers across both government and non-governmental organisations emphasise the need to make a clear distinction between clinical treatments and customary or religious faith-based forms of healing to ensure that patients and families can distinguish the basis of effective outcomes. They also call for the regulation of 'informal' healers and investigation into the efficacy of the treatments they provide. Such attitudes are reflective of processes of professionalisation and bureaucratisation within the Ministry of Health and the formal health sector. They also reflect relationships of power that serve to reinforce the social and cultural authority of clinical treatment methods.

Yet, these differences need not preclude co-ordination and collaboration. Health workers recognise the need to create pathways for communication and dialogue with the 'informal' sector, and to build up knowledge and understanding of customary and religious (faith-based) diagnostics, therapy and treatment in order to provide the best care options to those in need. It is likely that patients and families in Timor-Leste will continue to draw on multiple health systems and modalities when seeking help with recovery or cure from illness. As such, initiatives that enhance understanding of the cultural resources available to people in distress, and that foster respectful and considerate dialogue, build trust and share knowledge between customary healing practitioners and the formal health sector, can only be of benefit to patients.

Reflections on *Holding Tightly*

Following your viewing of the film and reading of this study guide, here are some questions to think about or discuss:

- In the film, health and wellbeing is shown to be inseparable to people's relationships to land, place, nature and the substances around them. How you understand the concept of relationality in the context of these healing practices? What types of exchanges are involved?
- Reflect on a situation where you have received treatment for an illness. Do you seek out different treatment through different and/or complementary modalities? If you were to be asked if you received 'good care', what would that mean to you? Is it medical, emotional, spiritual?
- Music and dance are integral to some of the healing encounters documented in *Holding Tightly*. This is in contrast to the sterility and silence of many Western medical settings. How might sound and movement contribute to healing?
- Knowledge of medicinal plants, healing techniques and practices depicted in this film are founded on observation, experiential learning and experimentation. What is 'customary' or 'traditional' and what is 'formal' medicine in this context?
- Think about the ideas of efficacy attached to these differing modalities and the multiple ways of thinking and practicing health care in these settings. In what ways are they similar or different? Is there potential for collaboration? If so, what factors should be considered?

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The filmmakers



Susanna Barnes and Lisa Palmer during the filming of *Holding Tightly*

Susanna Barnes is an Assistant Professor in the Department of Archaeology and Anthropology at the University of Saskatchewan. Her research focuses on customary relations and land, as well as customary approaches to health and healing. She is a co-author *Property and Social Resilience in Times of Conflict: Land, custom and law in East Timor*, an interdisciplinary study of property relations and social resilience in Timor-Leste (2016, Routledge). *Holding Tightly* is her first visual methods collaboration. She may be contacted at susanna.barnes@usask.ca

Lisa Palmer teaches and researches on indigenous environmental knowledge and practices at the University of Melbourne. She lives in Melbourne and regularly travels to Timor-Leste to carry out research and visit extended family. Her research is focused on south-east Asia (particularly Timor-Leste) and indigenous Australia. Lisa directed *Wild Honey: Caring for bees in a divided land* (2019, Ronin Films), a short film documenting a community-based nocturnal honey harvest on island Timor. She has published widely and is the author of an ethnography on people's complex relations with water in Timor-Leste titled *Water Politics and Spiritual Ecology: Custom, environmental governance and development* (2015, Routledge) and *Island Encounters: Timor-Leste from the outside in* (2021, ANU Press). She may be contacted at lrpalmer@unimelb.edu.au

Fransisco Almeida lives in the town of Venilale in Baucau. He is a retired mental health nurse and began working as a health worker during his time as a FALINTIL resistance fighter in the mountains in the 1970s. Prior to the Indonesian invasion he was a Timorese member of the colonial Portuguese military.

Celastinu Freitas is a senior custodian of the Ledatame Ikun origin house in Darasula, Baucau. He studied to be a veterinary officer during the Indonesian occupation and works for the Ministry of Agriculture, Forests and Fisheries in Baucau.

Credits and thanks

The filmmakers acknowledge the custodians of the country and elders past and present both in Melbourne and Saskatoon where we work and on the island of Timor where this film was made.

Camera, audio and directors	Lisa Palmer and Susanna Barnes
Cultural consultants	Fransisco Almeida and Celestinu Freitas
Research contributors	Celestinu Freitas, Fransisco Almeida, Egas da Silva, Jose da Costa, Mariano Dionesio, Luis da Cunha Rego, Herculano Seixas dos Santos and Ritsuko Kakuma
Production assistants	Quintiliano Mok and Kiku Moniz
Translation	Lisa Palmer
Creative producer	Seth Keen
Editor	Cormac Mills Ritchard
Assistant editor	Susanna Barnes
Sound mix	Amias Hanley
Photos	Susanna Barnes, Quintiliano Mok and Lisa Palmer

Music

Lakadou Healing	Mateus Magno, Mateus da Costa Freitas, Jose do Rego, Recorded by Lisa Palmer and Susanna Barnes
Tebedai	Musicians: Grupu Rebenta and Ameta Jorge Ximenes Mendonça; recorded by Ros Dunlop
Karau Dikur	Musician Rosario da Silva; recorded by Ros Dunlop
Lakadou 3	Musicians Manuel Pereira and Pedro Tilman; recorded by Max Stahl
Augustus 3	Musician Augustus; recorded by Max Stahl
Blaro5	Musicians Gruppo Blaro and George da Costa Martius playing <i>lakadou</i> ; recorded by Ros Dunlop
Blaro18	Musicians Gruppo Blaro and George da Costa Martius playing <i>lakadou</i> ; recorded by Ros Dunlop

List of people who appear in the film:

Celastinu Freitas (narration), Mateus Magno, Mateus da Costa Freitas, Jose do Rego ,Antonia Rangel, Elsa Sarmento, Ostinina Everista, Laurencio Alberto Sarmento, Jose da Costa, Marta Elu, Manuel Pinto (Mau Solda), Cerlita Taolin (Cerly), Tifania Taolin (Trisia), Alicia Pinto de Sousa, Felizarda da Costa (Noyti), Palmira Ximenes, Joaquin Sarmento, Januario da Silva, Salvador da Costa Belo and father, Domingos Reinaldo Guterres Fransisco Almeida.

Special thanks:

Timor-Leste Ministry of Health, World Health Organization Country Office for Timor-Leste, Rui Maria de Araujo and Josh Trindade, Balthasar Kehi, Ros Dunlop, Rohan Spong and Paul Ritchard.

For further information and video materials (including a perspective from the former Timor-Leste Health Minister Dr Rui Maria de Araujo) see the Wai Mata Films site:

<https://arkivukulturaekolojia.com/waimata-films#/films-holding-tightly/>

The making of *Holding Tightly* was supported by the University of Melbourne, RMIT University, the University of Saskatchewan, the Firebird Foundation for Anthropological Research and by the Australian Government through the Australian Research Council's Discovery Project Funding Scheme (DP160104519). It is distributed by Ronin Films.



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