

RELATIVE DEPRIVATION OF BALINESE SOCIETY TO BALINESE USADA

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Abstract

Historically, diachronically, through the study of ancient texts, various forms of medicine have been known, even since the Warmadewa Dynasty, from usadha buduh to the introduction of various plants, their benefits, and their effects in taru pramana, and their association with mystical processes. However, the mystical context skews more than the cognitive one, leading Balinese society to increasingly rely on Chinese medicine in its traditional medicine choices. This is diagnosed as relative deprivation. Through qualitative descriptive methods and the use of contemporary social theories such as modality and power theory, four underlying issues emerge. First, Balinese culture is sometimes considered a peripheral or subordinate culture, rather than a central culture. Discussions of Bali in the context of usadha are always directed towards Java, Majapahit, and India. Second, Balinese usadha is sometimes labeled for its mystical aspects rather than its cognitive aspects, resulting in the emergence of mystical rituals. Third, the emergence of professional medical personnel, labeled "modern health schools," emphasizes traditional vegetative medicine. Finally, the physical space that once housed various traditional plants has now become an economic space.

Keywords: Usadha Bali, relative deprivation, treatment.

Abstrak

Dalam konteks sejarah, menengok secara diakronik, pada masa lalu melalui penelusuran teks-teks kuno telah dikenal berbagai jenis pengobatan bahkan sejak era Dinasti Warmadewa, dari *usadha buduh* sampai pengenalan berbagai jenis tanaman, manfaat dan pengaruhnya dalam *taru pramana* serta dikaitkan dengan proses mistik. Namun konteks mistik lebih condong daripada konteks kognitif sehingga dalam perkembangannya masyarakat bali dalam memilih pengobatan tradisional lebih mengacu pada refrensi pengobatan China, hal tersebut didiagnosis sebagai Deprivasi relatif. Kenapa hal tersebut dapat terjadi, melalui metode kualitatif Deskriptif serta penggunaan teori sosial kontemporer seperti odalitas dan teori kuasa diperoleh empat isu yang meletarkannya. Pertama kebudayaan Bali terkadang disebut kebudayaan pinggiran atau sub ordinat, bukan kebudayaan pusat dalam membicarakan Bali dalam konteks Usadha selalu terarah pada Jawa atau majapahit, dan India. Kedua usadha bali terkadang dilabeli sebagai aspek mistiknya bukan pada aspek kognitifnya sehingga yang bermunculan adalah ritual mistik. Ketiga muncullah tenaga medis profesional dengan label sekolah Kesehatan modern memberi tekanan pada pengobatan tradisional berbasis vegetative, terakhir ruang

fisik yang dulu menjadi rumah dari berbagai tanaman tradisional tumbuh kini telah menjadi ruang ekonomis.

Kata Kunci: Usadha Bali, deprivasi relatif, pengobatan.

I. Introduction

It's a fact that restaurants with essential identities adorn the streets, such as Warung Muslim, Sate Kambing Muslim Madura, or Padang restaurants with Arabic script. Identity essentialism also occurs among Balinese people, who often address meatball vendors by the common term "mas." There's a kind of permanent placement of conditions on the phenomenon at hand.

This situation involves labeling or identity attached to certain phenomena. According to Jenkins (2022:2), identity is a social product: our understanding of ourselves (who I am) and others' understanding of us. There are two poles in understanding identity: how a perspective is formed and shapes the self. Cultural phenomena such as the Muslim Warung reflect how someone views themselves and displays them in the public sphere, thus becoming consumed as part of their identity. In essentialism, identity is patented or inherent.

Often, this essentialist mechanism benefits various aspects of a society's

social and cultural life, as an inherent identity confers exclusive expertise. This includes the grouping of Chinese and Indian descendants as tenacious traders, the tight financial system of the Chinese community, and their market networks.

However, in the other pole, such as Cakravorthy Spvak, Edward Said, Homi K Bhaba, The Liang Gie, the essentialism of identity even tends to have a negative effect, and is seen in several depictions that are more racially inclined and degrade social positions and morality. We can find in the view of Papila (2008:13) by borrowing postmodernist thinking that the depiction of Chinese society as always slanted eyes and stingy characters, people of Indian descent who speak always shaking their heads and look shabby, Balinese people as an apolitical society and eastern society that upholds its ethics and mysticism. This process then legitimized colonialism as a search for a new world and the process of civilization of the western world to the east.

On the other hand, Van Klinken (2021:49) argues that identity is not rigid, but rather flexible, often shifting and changing. However, its formation takes place in a broader arena. This arena narrows down to the existence of media, which provides space for identity promotion. Within the media, identities intersect, compete, and leverage each other.

Competition demonstrates how one cultural identity defines itself in the public sphere and confronts or contrasts with others. In the Balinese context, the existence of Javanese stalls, Muslim stalls, and Madurese barbers represents a thriving identity competition. Advertisements appearing in the media regarding traditional medicine portray religious leaders or Chinese medicine and their concoctions as more dominant than those based on Balinese culture and traditions. In contrast, Balinese medicine is seen as more spiritually or mystically based.

In the historical context, looking diachronically, in the past through the exploration of ancient texts, various types of treatment have been known even since the Warmadewa Dynasty era, from *usadha buduh* to the introduction of

various types of plants, their benefits and influences in *taru pramana* and associated with mystical processes (Ardhana, 2009:49). Bali has had strong roots in the traditional medical system but its development, mystical rituals are much more prominent in society, on the other hand traditional medicine based on vegetation is better known as part of the identity of the Chinese people, what happened to the sluggish promotion of Balinese *usadha* based on vegetation so that people are more accepting of traditional Balinese medicine based on mysticism, is interesting to explore further.

II. Method and Theory

This study of Balinese attitudes toward cultural products, specifically Balinese *usadha*, is descriptive-qualitative in nature. The data obtained are narrative descriptive, drawing on facts from the field and quoting expert opinions from printed literature, books, magazines, and newspapers. The analysis is based on a triangle, selecting objective ideas that support and are circulating in the field. Theoretically, by borrowing postmodernist analysis, namely identity studies, and Pierre Bourdieu's cultural

sociology, this paper is more focused and has a structured structure.

III. Discussion

Borrowing Atmaja's (2017:8) idea, Balinese society has experienced both globalization and glocalization. Since the Dutch colonial government's policy of "Bali-sheering," followed by the development of tourism, Bali began to search for its identity both internally and externally. "Outwardly," Bali, as a tourism destination, sought to present itself as part of the world stage, with its people on an equal footing with travelers. Meanwhile, "inwardly," by engaging with the outside world, Balinese began to explore self-authentication regarding their Balinese identity, what could make them uniquely known and give them value amidst the prevailing diversity.

The search for self-identity often involves friction with other identities, creating space for cultural tensions and overlaps. Liliweri (2020:73) warns of the emergence of identity politics, where groups often use identity politics to demand recognition for their differences.

This emerges as a critique of abstract universalism and an attempt to legitimize various political voices. Furthermore, the development of information technology has made postmodern humans susceptible to identity crises due to the multitude of choices and images offered (Jenkins, 2022:4). Between the inward and outward search, amidst the flow of identity traffic in the context of how Bali promotes itself or demonstrates its identity, there is one issue concerning one of its cultural products that is rarely brought to the fore compared to others: Balinese *usadha*.

Traditional Chinese and Indian medicine using plant or leaf materials has a fairly large market, even available in retail outlets. This promotion was once widespread due to its constant broadcast on radio and television, and is now also available on social media. Similarly, *usadaha* Balinese medicine is associated more with mystical rituals than with herbs and plant-based treatment procedures. The choice of traditional Chinese medicine is also popular among Balinese people, drawn from claims of ancient healing. Following this line of thought, it is interesting to note Outhwaite's

(2008:7280) view of the relative deprivation of Balinese people towards *usadha* Bali.

Relative deprivation is a state experienced by a person or group of people who feel lost or uprooted from other people or groups and also from their conditions and situations. People's feelings or behaviors that arise from these feelings may lead to surprising actions (2001:55). The condition of relative deprivation that can be explained in this research is, firstly, the feeling of being in a coordinate position rather than a superordinate. Suryanata (2019:5) reveals that the Chinese perspective in understanding the world is between the center and the periphery. China is the center and the countries Overseas as supporters, also when Europe, in this case, England, Spain and Portugal began to have strong armed forces with firearms, they labeled themselves as the center of the world (Craig, 2022:4). In the Balinese context, culturally they have always been identified with two other cultural systems, namely Javanese and Indian.

The search for who influenced and how much of that influence remains a matter of academic debate. A pattern

that states that Balinese culture does not stand alone, regarding the origins of Balinese *usadha*, must also be linked to the values contained in earlier texts, or traced back to the *Ayurveda*. This also includes when Bali entered the Republican era and joined the unitary state of the Republic of Indonesia. Picard (2020) concludes that the identity of Bali and its Balineseness is a complex and tug-of-war identity, between traditionalism-agrarianism-religion-apolitical, with modernism-bureaucraticism-partisanship. When discussing religion, references are often drawn to Java, Majapahit, and India. Furthermore, when trying to understand regionalism, the bureaucratization of party centers becomes the reference.

Second, the inherent label of a mystical society. Ever since Miguel Covarrubias wrote about his travels in "The Island of Bali," the enduring idiom of an exotic island from the east has become a staple of tourism. Little is said about the intellectual legacy of the past, but the focus is always on superficial things like large trees bound in cloth, large rocks, sacred beaches and valleys, and the like.

Following Utama (2016:193), exotic regions in Indonesia have been defined, shaped, imagined, managed, controlled, exploited, and built through various discourses and practices that take place through academic work, government policies, national and international activism, and the understanding of the general public. Rather than prioritizing the various cognitive processes of elders written on palm leaves, Bali, with its tourism and nature, is more managed or built with its mystical discourse, an island that has a belief in the supernatural that is thick with all its rituals, rather than trying to explore the meaning of those rituals.

Third, the emergence of an intellectual-medical society. Advances in medicine have also produced professional medical personnel with sophisticated equipment and chemical drugs, and have gained state legitimacy. Health issues, primarily the modernization of medical equipment, drug nationalism, and the discovery of new drugs through various research, along with healthy lifestyles according to modern life map measurements, have provided a broad and legitimate platform for the modern health world. This clearly

poses a challenge to the more alternative world of traditional health sciences.

The lack of health insurance due to the alternative label attached and the shrinking stage for cultural promotion is a challenge in itself. Borrowing from contemporary philosophers such as Michel Foucault (Jones, 2010:140), this cannot be separated from the relationship between knowledge and power in the state's bureaucratic system. Professional health workers are those who have undergone modern learning processes and therefore have the right to claim truth in their fields. By showing their certificates, with strong symbols of legitimacy, it cannot be denied that all instructions from health workers have valid truth. This is different from the Balian Usadha, who also need to borrow cultural modalities in the form of professional and traditional health workers.

Fourth, cultural and physical space is narrow and limited. Various types of medicines on the market, labeled "jamu," are often not the primary or complementary recommendation for supporting the healing process or resolving illnesses. Clearly, chemical drugs hold a huge and legitimate market,

playing a leading role in the medical world.

Exploration of usadha-based medicine is often limited to cultural figures, literary scholars, religious scholars, cultural observers, archaeologists, and sociologists. Very few medical professionals or individuals attempt to explore this ancient wisdom in the health sector. Furthermore, the increasingly limited land available for cultivating usadha plants due to spatial planning that favors physical development has made it increasingly rare to find various wild plants used as traditional medicine. Culturally, usadha is limited to a few cultural and religious circles, and physically, the plants are rarely encountered, even known by name.

These four issues make Balinese usadha less popular as a means of promoting traditional healing culture. These four issues represent a long accumulation of experiences from pre-colonial to modern times, which have contributed to the discourse on Balinese usadha as a traditional medicine alongside Chinese and modern medicine. The usadha healing modality relies on cultural modalities as part of ancient

culture, but its political, social, and economic aspects are rarely explored further.

III. CLOSING

The shift in identity within the cultural arena creates a competitive process for each cultural center. Bali, which has experienced and is currently experiencing globalization, maintains an authentic identity in the form of usadha (traditional medicine) and is situated amidst other cultural centers, such as markets, playgrounds, schools, malls, and hospitals. In its development within the context of medicine, Balinese usadha must also compete with legitimate modern medicine, Chinese medicine with its ancient medical jargon, and Indian medicine with its primary source, Ayurveda. In this context, the Balinese people often marginalize Balinese usadha, sometimes preferring traditional medicine labeled ancient Chinese or Indian medicine. This is because, first, Balinese culture is sometimes considered a marginal or subordinate culture, not a central culture. Discussions of Bali in the context of usadha are always directed towards Java,

Majapahit, and India. Second, Balinese *usadha* is sometimes labeled for its mystical aspects rather than its cognitive aspects, resulting in the emergence of mystical rituals. Thirdly, professional medical personnel emerged with the label of modern health schools, emphasizing traditional vegetative-based medicine. Finally, the physical space that used to be home to various traditional plants has now become an economic space.

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