THE CONCEPT OF “MADNESS” AND ITS MANAGEMENT: THE KERALA SCENARIO

Synopsis

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INTRODUCTION

“The madman is not the man who has lost his reason. The madman is a man who has lost everything except his reason.”

(Chesterton cited from Szasz, 2000)

According to Oxford English Dictionary the general meaning of madness consists of suffering from mental disease: beside oneself, out of one's mind, insane. Lunatic in modern use chiefly with a more restricted application, implying violent excitement as extravagant delusions: maniacal, frenzied. The word has always some tinge of contempt or disgust, and would not be quite inappropriate in medical use, or in referring sympathetically to an insane person as the subject of an affliction.

Even though there is a nomenclature prevalent to understand madness in a medical term, the contemporary social scientists problematised universal existence of this terminology. They asserted that any knowledge about madness is textured by the social and political contexts in which it arises. These contexts will produce different cultural meanings for madness. Any engagement with madness without these cultural meaning would be imperfect and less comprehensive. This study uses the word madness not merely as a medical term but as having various cultural and social meanings attached to it.

Similar to any another culture, Kerala, situated in the Southern part of India also has a unique understanding about madness. This uniqueness is reflected in the form of language, art forms, media, social, economic, political and other cultural symbols. These influences constructed a new
meaning and ‘episteme’ of madness. The present research approaches
madness in its culturally embedded form in the context of Kerala. People’s
conceptualization of madness is very significant to understand the cultural
meaning of it and the present research traces the historical root of this
issue. The last part of nineteenth and initial phase of the twentieth
centuries has witnessed remarkable shifts in the cultural scenario of
Kerala. Colonization, the advancement of technology and scientific
rationality created a new knowledge of madness that marked striking
movements in the mental health state of affairs. The Modern Medicine
brought the specialization in Psychiatry, which carried a new causality and
typology along with it that was not familiar to the natives of Kerala until
then. This shift created a lot of suppositions and apprehensions among
the natives. This study is an exploration in to these issues and
dimensions.

**Paradigmatic frame of the study**

The present study followed the ontological and epistemological
position of social constructivist paradigm. According to Lincoln and Guba
(2005) constructivism adopts relativist ontology (relativism), a
transactional epistemology and a hermeneutic, dialectical methodology.
Users of this paradigm are oriented to the production of reconstructed
understandings of the social world. Keeping social constructivist
ontological and epistemological position, the present study is pitched in to
the complex cultural psyche of Keralites. The conceptual map developed
for the present research is given in Figure 1.1.
Figure 1.1: The conceptual map of the present study

- Historical Context of Kerala
- Indigenous Healing Traditions
- Psychiatric Practices
- Context of Kerala
- Language of madness
- Concept of madness
- Management of Madness

Context in 19th & Early 20th Century, Kerala
Political Context of Kerala
Transitional Phase

The diagram illustrates the relationships between various contexts and practices in Kerala, including historical, indigenous healing traditions, psychiatric practices, and the concept and management of madness.
**Major research concern**

To explore and analyze the concept of madness and its management in the cultural context of Kerala

**Objectives of the study**

The following objectives are formulated for the present study.

1) To explore the concept of madness in the cultural context of Kerala.

2) To study the status of indigenous healing practices for managing mental illness in Kerala

3) To explore the emergence, establishment and practice of Psychiatry in nineteenth and early twentieth centuries in Kerala

**REVIEW OF LITERATURE**

The research studies and classic works, which influenced the researcher to formulate the present research questions, methodology and analysis are grouped into three heads: 1) Indigenous healing and cultural elements of madness and 2) Discourse of madness 3) Colonial modernity and psychiatry in India. As the studies related to the concept and management of madness in the context of Kerala owes very little to the mainstream literature in Psychology, the studies conducted in Social Sciences in relation to the historical evolution of the concept and management of abnormality in Kerala are included which are mainly from Psychology, History, Folklore, Philosophy and Anthropology. These studies
offer an interdisciplinary position to the subject matter under the present study.

The major studies conducted by Kakar (1982), Halliburton (2003) and Cladwell (1999) have been included to understand the indigenous healing and cultural elements of madness in the context of India. Foucault’s studies stand out among the traditional researches done on the history of madness. Instead of narrating the history he delve into the complex power dynamics between insane and Psychiatry. The section of discourse of madness illustrates the work of Foucault (1967) on madness and civilization. The emergence, establishment and practice of Psychiatry in India have a link with the colonial modernity. The major studies conducted by Mills (1999), Wright (1997), Hochmuth (2006), Brown (2003), Prasad (2005), Nair (2006) and Basu (2004) are explained in the third section, which provide a road map to the present research.

**METHODOLOGY**

The historical, sociopolitical and folk notions of abnormality bring more challenges to the researchers to study on the abstract concepts of madness. These challenges bring methodological possibilities to approach the subject matter in an interdisciplinary perspective. The researcher therefore has chosen an exploratory qualitative method to dissect the intricacies of madness in its historical, cultural and indigenous realms.
**Sampling**

The sampling technique followed in the present research is theoretical sampling adopted by Glaser and Strauss in 1967. It is a process of data collection for generating theory whereby the analyst jointly collects, codes and analyses his data and decides what data to collect next and where to find them, in order to develop his theory as it emerges. The researcher select sample according to their (expected) level of insights for developing theory in relation to the state of theory elaboration so far.

The sample consists of folklorists, historians, indigenous healers, Ayurvedic practitioners and *theyyam* artists. An informal discussion was also conducted with lay people to generate data about the folk understanding of madness. The researcher also used the nonliving data like Archival documents, dictionaries, notes of the traditional healers and published works like Malabar Manual, Travancore State Manual and Cochin State Manual.
Methods of data collection

For generating the data for present study in-depth/ unstructured interview and collection of documents were used.

The interviewees were approached in their respective places for the interview. The interviewer set out the interview topics guide and he attempts to be interactive as far as possible. The structure of the interview was sufficiently flexible to permit topics to be covered in the order most suited to the interviewee to allow responses to be fully probed and explore and to allow the researcher to be responsive to relevant issues raised spontaneously by the interviewee. The researcher also used a range of probes and other techniques to achieve depth of answer in terms of penetration, exploration and explanation.

Four types of documents were collected for the present study namely (1) Archival documents (2) Published works (3) Dictionaries (4) Fairy tales (5) notes of the practitioners and they were analysed further.

Analysis of the Data

Thematic and textual analyses were carried out to analyze the data collected. The various categories thus emerged are summarized into major themes which are further used for analysis.

RESULTS AND DISCUSSION

This chapter consists of the major findings derived from the thematic analysis and textual analysis of the data. The results obtained
are explored to arrive at a few hypotheses, which offer scope for further research and analysis. This chapter is divided into three sections. I) Concept of bhranth (madness) II) Madness: Indigenous healing traditions in Kerala III) the emergence, establishment and practice of Psychiatry in nineteenth and early twentieth century in Kerala

**Concept of bhranth (madness)**

- The meaning and nature of madness in the context of Kerala is tied up with the concept of reason- unreason, wandering existence and the perennial controversy over the characteristics and indicators of genius and madness.
- The medical meaning of madness is mixed with classic Ayurvedic tradition and indigenous healing traditions.
- The evolution of the concept of madness has greatly been influenced by Aryanisation, Tamil and Sanskrit languages and native understanding.
- The native understandings do not clearly demarcate or define the fault- line between normality, abnormality and divinity.
- Madness has a different literary meaning in Malayalam, which includes insanity as an emotional charged state of mind resulting out of the loss of loved ones, unrequited love or unfulfilled wishes.
- The belief and worship of metaphysical elements play an important role in constructing the meaning of madness in Kerala. These beliefs constitute a key component in the treatment of madness traditionally prevailed here.
Madness: Indigenous healing traditions in Kerala

- Kerala has a well-organized traditional system of managing mental illness, which is a combination of medicine and mathravada.

- Three forms of traditional healing practices co-exist in Kerala to manage mental aberrations, namely, family-based practices, religious center-based practices and ritual art forms.

- Mathravada, one of the unique management methods for madness had its origin from the methods practiced by the aboriginal communities of Kerala. At some point in history the manthravada tradition of managing mental branched out in to Brahminic and non-brahminic schools.

- Apart from these two streams, the State also have a strong Muslim tradition to deal with mental illness.

- The indigenous management system of healing mental illness is a teamwork, that includes Mathravadi, Vaidyan and Jyotsan and a good part of it is community based practices.

- The concept of mother goddess is predominant in the indigenous healing tradition to manage madness.

- A majority of the ‘mental’ patients visiting the indigenous healing centers in Kerala are having mild mental problems in contrast with the past.

- The traditional healing practices perceive the causes of madness as having physical, social and metaphysical moorings.
Faith is a key element in dealing with madness in the religious center based healing practices in Kerala. This element of faith is reflected in the causes and management of possession.

The healing practices in religious centers act as a preventive mechanism to deal with madness.

There are different art forms prevail in Kerala, which could manage madness in one way or another.

Theyyam, one of the popular ritual art forms in Malabar has significant power to manage mental illness and to influence the social and community life.

It provides a platform to settle many of the conflicts and issues among people and communities by reducing incidence domestic/social violence and tensions and acts as a divine intervention to solve differences or dictate solutions and even cure madness/reduce the causes that might lead to mental unrest at personal level.

By presenting the story of madness through Theyyam plots, they exemplify the social causes of madness, therefore setting a social lesson.

The emergence, establishment and practice of Psychiatry in nineteenth and early twentieth centuries in Kerala

The psychiatric asylums were originated in Kerala as a product and process of colonial modernity.
The number of admissions in the lunatic asylums was less in nineteenth and early phases of twentieth centuries in Kerala, the reasons of which can be found in the cultural resistance of the natives towards a new knowledge of madness that had just been introduced by Psychiatry.

The psychiatric asylum practise gradually marginalised the local and indigenous wisdom to manage madness and introduced a new meaning to madness.

The number of male patients had always outweighed the number of female patients in the Lunatic Asylums in Calicut during nineteenth and early phases of twentieth centuries.

The types of insanity found in Calicut Lunatic Asylums during nineteenth and early phases of twentieth centuries were Mania, Dementia, Melancholia, Idiocy, Toxic Insanity, Morbid changes in brain, Delusional insanity, Epileptic insanity and consecutive insanity from fevers and visceral inflammation.

Majority of the types of insanity reported in Calicut Lunatic Asylums in nineteenth and early phases of twentieth centuries was found to be Mania, Dementia and Melancholia.

The causes of insanity were classified into physical, moral and unknown. The physical causes are further classified as congenital, spirit drinking and Ganja and Bahng. Moral causes were grief, loss of property, fear and gambling.
• It is reported that the causes for the insanity were ‘unknown’ in majority of the cases treated in Calicut Lunatic Asylums.

• The physical causes were predominant in comparison to moral causes, which show the influence of organic causes in the asylum practice in Calicut Lunatic Asylums during nineteenth and early twentieth century in Kerala.

• The treatment practice in Lunatic Asylums in Kerala is mixed with medicine and moral management.

• The mortality rate was high in the Lunatic Asylum in Calicut during nineteenth and early phases of twentieth centuries.

• The majority of patients treated in the Lunatic Asylum in Calicut during nineteenth and early of twentieth century were within the age group of 20-40 years.

• The asylum reports show that the patients were classified according to their religion.

• There was discrimination between European and native attendants.

• There was well-structured rules and regulations implemented by the Colonial Government in the asylums which include Indian Lunacy Act and Cochin Lunacy Act. These Acts provided power to Psychiatrists and administrators to interfere in the matters of lunatics.
SUMMARY AND CONCLUSIONS

Through the analysis of the discourse of madness in the context of Kerala the present study envisages interdisciplinary and cultural implications. The documentation and analysis of historical documents related to madness would lead to new cultural context and heritage theorizations of madness in to the dominant discourse on mental health. As an introductory attempt, this research would provide a new possibility to the researchers to approach the concept, causes and classification of madness placing them in the cultural context and heritage of Kerala. This study also facilitates a search for finding the cultural symbols and images by integrating language, history and psychology. Studying the asylum practices in Kerala would open up a new possibility for studying the power relations between Psychiatry and indigenous knowledge. Through the exploration of the historical root of Psychiatry in Kerala the study attempts to reread the issues and crisis faced by the present mental health practices. The study unwrap the connection between insanity and law in the colonial Kerala. This needs to be further studied in connection with legality, criminality and madness. Finally, the study reassures the fact that the conceptualization and management of madness cannot be separated from its cultural, historical and social roots.