THE CONCEPT OF "MADNESS" AND ITS MANAGEMENT: THE KERALA SCENARIO

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in
PSYCHOLOGY

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DECLARATION

I, Baiju Gopal**,** do hereby declare that this thesis entitled **"THE CONCEPT OF "MADNESS" AND ITS MANAGEMENT: THE KERALA SCENARIO",** has not been submitted by me for any Degree, Diploma, Associateship, Fellowship, Title or Recognition in this or any other institutions. This work or any part of it has not been sent anywhere for publication or presentation purpose.

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CERTIFICATE

Certified that this report on **THE CONCEPT OF "MADNESS" AND ITS MANAGEMENT: THE KERALA SCENARIO,** is a record of bonafide study and research carried out by Mr. Baiju Gopal under my supervision and guidance. The report has not been submitted by him for any award of Degree or Diploma, in this or any other University.

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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.

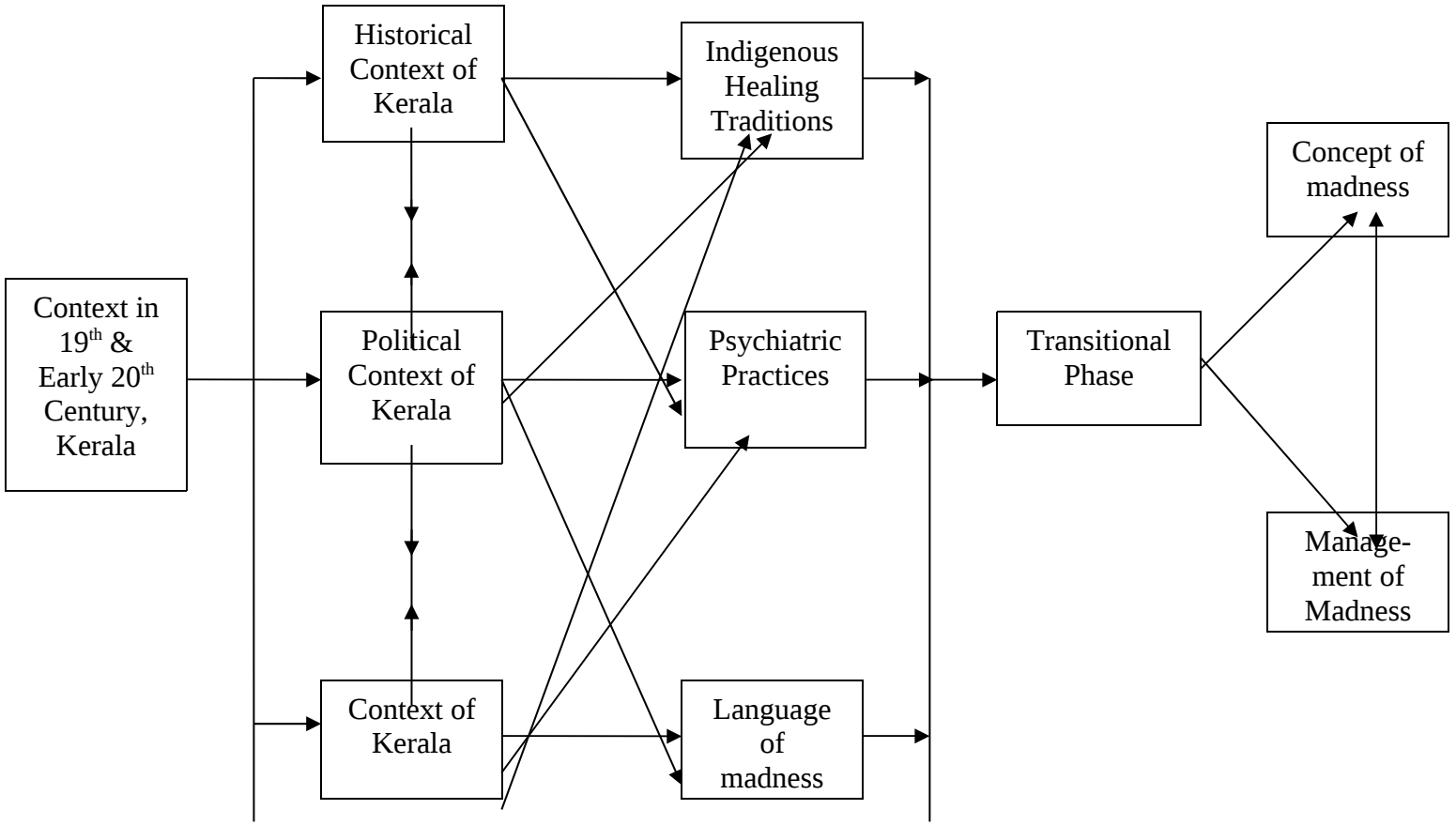
Similar to any another culture, Kerala, situated in the Southern part of India also has a unique understanding about *madness*. This uniqueness is reflected in the form of language, art forms, media, social, economic, political and other cultural symbols. These influences constructed a new

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.

Figure1.1The conceptual map of the present study



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.

Chapter I

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).

In the initial phase of twentieth century, W.B. Bannerman, Surgeon General of Madras Presidency expressed his deep concern about the less insanity incidence in south India when compared to Europe. Bennerman says: *"The true explanation of the astounding difference between the insanity incidence in Madras and the Europe is probably to be found in the fact that sanity and insanity are relative terms and that the standard of sanity is lower in the Madras Presidency than in European countries, just as the standard of sanity was lower amongst English people fifty years age than it is now. The increased keenness of the competitive struggle, the fineness of the margin between success and failure, the intensity of application to business and to pleasure, the higher standards of living, the worship of financial and social success, the discontent with conditions which satisfied preceding generations, and the view of life exhibited by the business maxim of Get on or get Many who, in less strenuous timer, would have pursued their inconspicuous, if eccentric, way from their cottage cradle to their village grave, have been found now a days to log the wheels of the social machine, and have been bundled into the lunatic asylums. These conditions have*

not yet arrived in Madras; but with the advent of industrialism, the spread of education, and the increase in the competition for this world's goods, they will come in time; when their times comes, we must be prepared for an increase in the incidence of lunacy in the Madras presidency just as striking, but just as fundamentally unreal as the extraordinary increase in the lunacy figures in Europe during the nineteenth century. The times and conditions change, but the men remain the same – the old adage not withstanding (Lunatic Asylum, Madras Presidency 1914, p3-5).

To support his argument of less insanity incidence in south India, he included the statistical report of the total population of three Asylums in South India namely Madras, Vizagapatnam and Calicut. The total population in these three Asylums in 1914 was 754,100 and 190 respectively. The report of the Lunatic Asylum Travancore in the year 1932 also supports the observation of Bannerman. The total asylum population of Travancore in the year 1932 was 191 (Velupillai, 1940). But once we analyze the total population of the same Travancore Asylum (now Mental health center Thriruvannthapuram)after 92 years ,we can find the increasing number of insanity incidence .

The report of mental health center, Thriruvanthapuram in the year 2006 shows that the total number of patients treated in this center during the year was 37326. Among this 4528 are inpatients

(Medical Report of mental health center, Thiruvanthapuram ,2006). This is the statistics of patients treated in Thiruvanthapuram mental health center alone! When we add the number of patients who seek treatment in the numerous other government and private centers, the actual number of patients in need of care and the incidence of insanity would be alarmingly higher than that of 1914.

Bannerman's prediction has come true, quite unfortunately! The advent of industrialism, the spread of modern education, and the increase in the competition for these worlds' goods have made it! Probably psychiatry can be proud of its success in reaching out to the common people and endow them with 'the psychiatric gaze'. But behind this success story lies the glaring fact that mainstream psychiatry left many crucial socio-cultural aspects and questions unanswered by ignoring the unique traditional wisdom, local definitions of madness and ways of understanding it. An increasing influence of modern psychiatry, combined with modern education and dominant values of industrialization- both products and projects of colonial modernity- have been successful in inculcating a sense of psychiatry, as people grew more and more accustomed to modern psychiatric practices and values by internalizing its causalities, typologies and classification. When the modern psychiatry won ideological predominance, the traditional system, ethnic wisdom of healing mental disorders and the very local understanding of madness were written off as things of past and as

having no scientific or social importance. In the transition from the indigenous practices to modern psychiatry, the traditional practitioners with strong cultural links and lineage who earlier served the communities as divine healers/manthravadis/traditional family- based curers, were mercilessly sidelined. Their seasoned wisdom of medicines and healing techniques gradually went in to oblivion leaving just a few remains behind. The present study is an attempt to trace back the history and meaning of these fast-fading remnants by documenting and analyzing them with a special emphasis on the traditional understanding of madness and the ways of curing it. The first and most important question at hand is about the cultural specificities of the state, which is a key component in the construction of the meaning of madness. Another prime focus of the study is to figure out the conjunctures and anxieties brought in by the advent of the new knowledge of psychiatry. It is also an attempt to delineate the difference between the modern (read western/alien) and traditional understandings of mental disorders.

According to Oxford Dictionary the word *mad* is originated from Old English 'gemaed' which corresponds to Old Saxon gimêd means *foolish*. In the Middle English form of the word *mad* is *medd* and *madd.* It is commonly stated that the old English survived into Middle English in the form of mād. The word madness is originated from the Middle English *madness* (mad + ness). *Ness* means *more*

*at ma*d. (Oxford Dictionary, p. 13). It is also observed that the word mad is the variation of *mathe.* A *Maggot* as grub especially the larva of the blow-fly, which causes a disease in sheep.[1]

The general meaning of madness according to Oxford English Dictionary 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.

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[1] Sheepe wringling taile hath
mads without faile(Tusses Hurb, 1878 cited from Oxford Dictionary)

Fearnley 2007) observed, “[t]heoretically [medicine] ought to go on its own straightforward inductive path, without regard to changes of government or to fluctuations of public opinion. But [there is] a closer relation between the Medical Sciences and the conditions of society and the general thought of the time, than would at first be suspected.” Saravanan et al. (2007) also made a similar observation. They have noted, *patients and carers often seek help from sources, which match their own explanations of the illness. Also their cultural, social and educational background will influence their own views on the causation, course, prognosis as well as actual diagnosis. Their pathways into care are strongly affected by the cultural expectations of the therapeutic encounter.* Cultural factors modulate health perceptions, illness presentations and interaction between the consumers and providers of health care. The transition from illness experience to disorder is determined by social decision points rather than biomedically determined levels of disorder. Important works by the likes of Elaine Showalter (gender), Elizabeth Lunbeck (gender), Paul Lerner (class), and Jonathan Metzl (culture), have also extended the point, showing how social factors have shaped and directed knowledge about the mind and its disorders. (Fearnley, 2007).

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.

The present chapter summarizes the theoretical background of the study. It deals with the traditional and contemporary understanding about the history of madness. This includes the basic assumptions of mainline histories, anti-psychiatry movement and the historiography of Foucault. To provide the context of the study, this chapter also gives a brief introduction about cultural and sociopolitical context of Kerala in nineteenth and early twentieth centuries. The researcher also put forward the paradigmatic

framework and conceptual map of the study. This chapter ends with the significance and objectives of the study and organization of the rest of the chapters.

1.1 New crisis in understanding the history of madness

In recent years, the challenge of interpreting the history of mental illness in its relation to the emergence of psychiatry has assumed fresh urgency yet also new difficulty. This is a situation, which has been brought about by a conjuncture of anxieties and advances, both in debates about psychiatry and in the practices of history. On one hand, the anti-psychiatry movement, spearheaded by R.D. Laing's and Thomas Szasz' exposes of the myth of mental illness, helped to precipitate what Charles Rosenberg has called a 'crisis of psychiatric legitimacy,' thereby forcing scholars to delve back into the past for the roots of the present crisis, and in search of the possibilities of alternative psychotherapeutics. At the same time, but rather more generally, the mounting critique of welfarism and of today's curing professions has reopened for historical interpretation the meaning of the rise of professional mental health-care services and of the modern hospital – developments traditionally hailed as milestones in the march of humane progress out of the dark ages of unreformed Bedlam and all its horrors.

On the other hand, today's trend in history writing itself has also shed new light on madness. Judt (1981) hold that the new

social history with its commitment to viewing society from below has diverted social historians from the traditional Fabian favorites of scandals and inquiries, reformers and legislation, pointing them instead towards the heartlands of personal experience: the family, sex and marriage, the politics of household and community pressures, vernacular culture and its struggle with elite power. In these contexts, discovering how madness appeared doctors, magistrates, and bureaucrats but within the knotted skeins of personal and social relations, has become a major challenge. The history of madness is now self-consciously being written not just as the history of disease or affliction, but also as the story of power relations, paternalistic, legal, institutional, therapeutic, and commercial.

Bynum, Porter and Shepherd (1985) pointed out that focusing on the politics of madness in times past historians have been repudiating many time-honored readings of the subject. Mainline histories of psychiatry and the mental health movement – for example, the works of Zilboorg, Alexander and Selensnick or Kathleen Jones – are now accused of committing the crimes of whiggishness, presentism, and scientism, and found guilty of being in-house jobs written by or on behalf of the psychiatric profession, and providing legitimations for enriched psychiatric orthodoxies.

The important approaches in the history of madness are included in the next section, which starts with the mainline narrative history of Alexander, Selensnick, Zilboorg and Screech .

1.2 The mainstream history of mental health practices

The mainline historians like Alexander, Selensnick, Zilboorg and Screech emphasize on the linear history of psychiatry. They have focused on the narration of various events in the history of mental health practices. All these historians explained how psychiatric knowledge progressed from prehistoric periods to modern psychiatric hospitals. They have given detailed description of the march of psychiatric progression from magicoreligious treatment to the contemporary psychiatric thought. Many anthropologists and historians believe that throughout prehistory and up to fairly recent times, madness was almost universally believed to be the result of the possession of a person by evil spirits.. This idea that possession was responsible for the strange and incomprehensible behaviors of the mentally all person – was for a long time the dominant theory of madness. The mainline historians classified the history of madness corresponding to the major historical periods .Its starts prehistoric periods to the contemporary psychiatric development.The following table shows the milestones in the history of psychiatry .

Table: 1.1 The milestone in the history of Psychiatry

Time period	**Mile stones in the history of**

	madness
Pre-historic period	• Beliefs of the people in demon and demonology • Hippocrates: Mental illness had biological causes. • The mentally ill need to be treated with humane approach. • Mental disorders are classified into Mania, Melancholia and Phrenitis
The classical era	• Replaced magic – mystical – religious explanations with a rational orientation toward the world • Witch hunting and exorcism was prevalent in the west
The Medieval Period	The period of irrationalities and unscientific practice practices
Sixteenth century	• Special institutions called asylums, meant solely for the care of the mentally established in many countries. • Early Asylums in 1547 the monastery of St. Mary of Bethelehem (Bedlam) at London was officially made into an asylum by Henry VIII.
The Renaissance, the Age of Reason (Seventeenth century) & the Enlightenment (Eighteenth century)	• Scientific method came to replace faith and dogma as ways of understanding the natural world. (The era of reason and scientific observation) • Major advances in diverse fields as astronomy, biology, and chemistry made methods of psychiatry and its practice more scientific in its outlook
Hospital Reform Movements	• Humanitarian movements of Reforms of Philippe Pinel • William Tuke's work in England • T Rush and Moral Management in America • The work of Eli Todd
19th and early 20th century (the modern era)	• The organic approach • The contribution of Kraepelin • The period of neuro psychiatry • The psychological approach: contribution of psychological theories

(Alexander and Selesnick, 1967)

1.3 Antipsychiartric movement and its assumptions

Antipsychiatric movement questioned the concepts, system of classification, patterns of diagnosis, and methods of treatment proposed by psychiatry.

1.3.1 Mental illness as Metaphor

In the late 1960's R.D. Laing postured as a radical critic of Psychiatry. His close collaborator, Psychiatrist David Cooper, coined the term 'Antipsychiatry' to identify their work with Psychiatry. The media embraced them as dissident psychiatrists. However, Laing, 'worked with' involuntary mental patients, treated schizophrenic with drugs (LSD), and never criticized Psychiatry's paradigmatic procedures, civil commitment and the insanity defense.

The American humanistic psychiatrist Szasz (1976) believes that the concept of mental illness has replaced beliefs in demonology and witchcraft. He argues that mental illness exists or is real in exactly the same sense in which witches existed or were 'real' in the old times and served the same political purpose. In the 'Myth of Mental Illness' Szasz (1976) argues that psychiatrists basically mean that mental illness is caused by disorders in the nervous system, most often in the brain, and that it would therefore be right to call them disease of the brain or neurophysiological disorders. According to Thomas Szasz mental illness are not

disease, despite the fact that medical and legal authorities call them ‘disease’ that they are treated with drugs, that those receiving these drugs are called ‘patients’ and that the professional treating them are called ‘physicians’. According to Szasz, diagnosed neurophysiological disorders can be labeled diseases of the brain, but the rest of *the disorders are merely problems in living*. In Szasz’s view, it is only in a metaphorical sense that non-organic illness can be attributed to the mind. In his observation, if mental illness means brain disorder, then it is not a disease of the mind and Psychiatry would be absorbed into Neurology and disappear.

In *Ideology and Insanity,* Szasz (1974) argues that people use stigmas (mentally ill, criminal, foreigner) to remove other people from their circles, and most people labeled as mentally ill have been defined so by others, not by themselves. They have upset the social order and are labeled, stigmatized. According to Szasz ,the diagnostic label represents a symbolic recapture, which might be followed by a physical capture (hospitalization). Unlike medical diagnosis, which focuses on damaged or diseased part of the body, the psychiatric diagnosis gives the patients a new identity (Szasz, 1999).

Szaz analysed the documents of pioneers of Psychiatry such as Feuchtersleben, Emil Kraepelin and argued that they accepted

the scientific concept of disease as restricted to the malfunction of the body and acknowledged that the term mental illness was a figure of speech. And cited from the lecturers on Clinical Psychiatry, Emil Kraepelin who created the first Modern classification of mental diseases that in the strictest terms, we cannot speak of the mind as becoming diseased. Szasz concluded that a sick mind, like a sick economy is a metaphor (Szasz, 1999).

The Antipsychiatrist Movement emerged from the groundwork or this theoretical notion. It argued that psychiatry was repressive and based on a mistaken medical ideology and its proponents wanted to liberate mental patients from its clutches.

1.4 The History of Science and Succession of Paradigms

Kuhn describes the history of science and its succession of paradigms and transitions resulting not only from the emergence of empirical phenomenon. An existing paradigm is unable to explain but also from socio-political interests within the scientific community. In a discussion of Kuhn's writings about what constitutes a shift in paradigm loosely characterizes it as a framework of beliefs and standard which define legitimate work within the science for which it applies. He states further that defining paradigm rigorously is inherently problematic. He does, however, offer some suggestion for what, at least in part, characterizes a paradigm; although worded with science in mind,

some of these can be seen to apply to the concept of paradigm in general.

Much animated debate occurs regarding what constitutes a shift of paradigm and what does not. Kuhn writes what is the face of scientific revolution; the “new” world-view is virtually incompatible with that which it replaced. Bohm and Peat (cited by Kuhn, 1970) characterize this interpretation as overly restrictive. They suggest that it introduces significant fragmentation within the growth process of the scientific endeavor. This is interpreted as a more recent attitude as there is more potential for benefit than harm in the coexistence of (even contradictory) paradigms. It is argued that, in fact, this is more the norm than Kuhn seemed to feel was the case (Kuhn, 1970). Kuhn’s ideas had opened up possibilities for researches to look closely at the practices of science and scientific workers, which was hitherto ignored by his contemporaries. Similarly, Foucault encouraged focusing on what goes on instead of looking at rationally conceived objects of knowledge

1.5 Contribution of Foucault to contemporary Historiography of Psychiatry

Foucault’s work on *‘Madness and Civilization’* embarks upon a genealogical history of the experience of madness between the sixteenth and nineteenth centuries. The text functions as a limit-

experience that transforms our relationship to madness and to the institutional discourses and practices that constitutes it and is constituted by it.

He claims that in the classical age madness was regarded as a unity of the mind and body—as a case that occurs when the mind blindly surrenders to the desires of the body, when the mind displays an "incapacity to control or to moderate" the passions of the body. As he writes, "*Madness is precisely at the point of contact between the oneiric and the erroneous; it traverses, in its variations, the surface on which they meet, the surface which both joins and separates them"* (Foucault, 1967.P. 106). Foucault maintains, *"Madness begins where the relation of man to truth is disturbed and darkened".*

According to Basu (2004) the history of lunatic asylums never remained the same after Michel Foucault. Foucault not only raised serious questions toward these kinds of histories but also opened up possibilities to a new range of studies on mental hospitals and psychiatry. Instead of carving out a 'reality' out of the past, Foucault was more interested to see how discourses in a specific context produce episteme that govern our thinking in a particular way. He generated hostility, with his study on madness from the mainstream medical historians, as he was keener to look at insanity in the age of reason, rather than a history of psychiatry.

"Foucault never defines madness; madness is not the object of knowledge, whose history must be rediscovered; one might say instead that madness is nothing but this knowledge itself: madness is not a disease, it is variable and perhaps has a heterogeneous meaning, according to the period; Foucault never treats madness except as a functional reality: for him, it is a pure function of a couple formed by reason and unreason, observer and observed. And the observer (the man of reason) has no objective privilege over the observed (the madman)." (Basu, 2004).

Foucault introduced new terminologies like archaeology (later genealogy) to distance himself from history and wanted to dig on texts and trace the branching and network of ideas, concepts in a discourse to lay bare the constructions of seemingly natural categories and de-familiarize them. Social historians accused him of not doing justice with historical evidence and making a rather hasty generalization from the specific case of France. Foucault did not see power is something negative which had to be exposed from the hidden and centralized site of the modern state and then demolished.

1.6 Psychiatry in India

Basu (2004) notes that the coming of psychiatry in India as modern, rational, and Eurocentric set of knowledge did not happen in a space full of magic, witchcraft and the like. Medical systems

like Ayurveda and Unani were being practiced along with numerous localized but systematic practices that dealt problems of mind. So, unlike the European case, psychiatry here neither evolved from a naturally growing medical knowledge nor it followed a similar Foucaultian course that happened with Enlightenment. Its special character is marked with its colonial in our case. The struggle of Western rationalism in India was more insidious, complex, and incomplete, more so in the case of psychiatry. So, the coming of psychiatry in colonial India is a disjuncture from the continuity in the sense that it brought in a new concept where the mind and body is divided. The scholarly practice of indigenous medicine in spite of its rich heterogeneity shared a common concept where dividing the line between mind and body is absent. Even the Nyaya Dualistic Tradition is not a Cartesian Dualism. It does not operate on similar logical grounds. Same thing happens with Unani Medicine, which draws from Koran and things that body divorced from soul or mind is against the very spirit of Koran. Unlike Foucault's madmen who were driven out from the towns and village and the uncertain voyages of ship of fools, madmen could find a place in our society and largely were not given similar hostile treatments that we find in pages of Foucault's book. So, history of insanity in the age of colonial modernity is quite different. As its theoretical challenge lies in it's explaining the hybridity, which is produced from the impact of colonialism (Basu, 2004).

The present study focused on the discourse of madness in the milieu of Kerala. It explores the origin of madness and related concepts in Kerala. The status of indigenous healing traditions for managing mental illness is also subjected for study. The researcher also looks into the history of asylum practice of psychiatry in nineteenth and early twentieth centuries in Kerala. The emphasis of the study is mainly on the transition from indigenous healing traditions to the modern psychiatric treatment. To give a context to this exploration the following section includes the cultural and sociopolitical history of Kerala in nineteenth and early twentieth centuries.

An understanding of the social, economic and political transition of 19th and early 20th century is significant to understand the discourse of madness. Most of the studies conducted in Kerala about this transition were not focused on the impact it made on mental health practices. It is an under-researched area. The present study approaches this question in a historical frame.

1.7 Kerala: The period of transition

Historians observed that nineteenth and twentieth centuries are very crucial in the cultural and political history of Kerala. These centuries witnessed the emergence of a new social order in Kerala under the impact of diverse social, economic and cultural influences. Even towards the end of the 18th century the traditional social

structure had begun to show signs of tottering. (Menon,2007; Tharakan, 1999; Namboodiri, 1999). This structural change mainly was the resultant of colonial supremacy and the scientific modernity. The 19th century witnessed the British colonialists initiating thoroughgoing changed, in the Indian subcontinent, and the society on Malabar Coast was no exception to the rule. Thus economic, political and ideological interventions of the colonial agent radically altered the caste-based social ensemble of Kerala from early 19th century onwards. A series of military, economic and socio-political measures taken by the colonial state had a lasting impact on the societal change of Kerala from early 19th century onwards. Lemercinier has reviewed the several legislations that were introduced by the colonial agent and their implications for the various caste and religious groups of colonial Kerala. (Namboodiri, 1999).

Any enquiry into the consolidation of colonial supremacy is to be backed by a general understanding of the phenomenon of colonialism. The most important question with regard to the origins of colonialism is that how do we explain the fact that it was Europe who colonized Asia, Africa and the Americas and not the other way round. To date, the dominant explanation of this development is based on some form of Eurocentric world Scale diffusion process. This doctrine, which evolves as a rationalization and in support of colonialism, is based upon some assumptions. It assumes that

Europe is capable of expansion all by itself, while non-European societies remain stagnant, traditional and unchanging. It also assumes that the European expansionist of progressive culture evolved out of, among others, intellectual and social ideas of individualism and private property. Linking up these two spheres of human existence, it further assumes that progress comes to non Europe only through familiarity with European ideas transmitted through direct or indirect colonialism. Once these pre suppositions are accepted, then the progress of non-European societies can be marked out within the framework of stages of growth already travelled by advanced European countries (Tharakan, 1999).

There were several perspectives on the retarding effect of colonialism, which led to a comprehensive theorizing of a world system having emerged as the modern era.

Different studies have been conducted about the economic, social and political impact of colonialism on Kerala region. Tharakan (1999) observed about the strategies of colonial supremacy in Kerala. He observed that the colonial appropriation of surplus in Kerala region operated through trade and revenue. He pointed out that, the interest of the colonial region were not seriously challenged as the earlier trade region but to very well blended into the dictates of colonial pattern. He further observed that it was not only in the case of trade alone, but also in land revenue policy that

the vestiges of an earlier pattern were allowed to be continued. Administratively it was possible because of the relative autonomy granted to the princely states. Once again the preservation of vestiges of earlier pattern was really blended into satisfying the colonial interests.. (Tharakan, 1999)

1.7.1 Early Administrative and Social Changes

The British and Indian administrators who were actuated by liberal impulses introduced even in the early decades of the 19th century a series of administrative and social reforms with a view to modernizing administration and society in Kerala. The abolition of slavery was one of the important steps taken in Malabar, Travancore and Cochin towards the establishment of a new society. The administration in all the three territorial units was overhauled with a view to bringing it into conformity with the modern concept of government. Hereditary offices were abolished. Corrupt officials were dismissed from service. A judicial organization based on Western principles was introduced. Apart from a regular chain of civil and criminal courts, codes of civil and criminal laws on the Western model were introduced with a view to systematizing judicial procedure and establishing the rule of Law.

1.7.2 Economic and Educational factors Responsible for social change

The introduction of Western education acted as a catalytic agent. The British administration recognized no caste barriers in the matter of recruitment to the services, though this was not fully true of the administrations of Travancore and Cochin where the upper castes were patronized by the princely order. The different communities of the land, particularly the Nairs and Christians, soon took to Western education in order to become eligible for recruitment to Government service. The role of the Christian missionaries in the spread of Western education and liberal ideas deserves special mention in this context.

The work of the Christian missionaries and the spread of Western education helped to bring about a radical social change. Moreover, the special attention bestowed by the missionaries on evangelical work among the backward classes in Hindu society and the large number of conversions that took place to Christianity from among the ranks of the Hindus served to highlight the evils in Hindu social organization and to create an atmosphere in favour of radical religious and social reform. In the meantime, the opening of factories in urban centres, the increasing migration of population from rural to urban areas and the rapid expansion of the means of communication also helped to usher in an era of social mobility and to mitigate the evils in the traditional Kerala society.

1.7.3 Religious and Social Reform Movements

In the 19th century, Kerala witnessed a cultural and ideological struggle against the backward elements of traditional culture and against the ideological hegemony of Brahmins. This struggle was due to structural changes in the society and the consequent emergence of a new class, the educated middle class. Although the upper caste Hindus and Christians were mainly affected by this, no community, including the backward communities like, ezhava, was outside the purview of these changes. The reform movements in Kerala were initiated and led by the middle class under the influence of both traditional and Western ideas. (Namboodiri, 1999)

The initiative for social reform in Kerala was first taken by the Christian Missionaries. The missionary activities became quite widespread in Kerala in the beginning of the 19th century on account of the exertion of London Missionary society, Church Mission Society, Malabar Basel Mission, Salvation Army etc. In their zeal for spreading education and abolishing slavery and forced labour as well as their fight for granting low caste women the privilege of covering their breasts, they became the precursors of social reform movements in Kerala. Although the activities of Christian Missionaries were aimed primarily of either the protection of the interests of the European Capitalists in the state or at the proselytization of the members of the bail ward communities to Christianity their work did spread enlightenment among the certain

sections of the society by dispelling to an extent superstition among its members and by engendering in them a feeling of self respect and equality (Namboodiri, 1999)

The early decades of the 20th century witnessed the beginning of powerful social reform movements in Kerala, the impact of which was felt by the members of the upper castes too. Even the Brahmins, the Kshatriyas and other upper castes came within the fold of these movements and advocated radical social reform. The all India Hindu reform movements led by such organizations as the Ramakrishna Mission, the Theosophical Society and the Arya Samaj helped to create in the minds of the Hindus of Kerala too a keen awareness of the evils of the caste system. The services of Swami Agamananda (1896-1961) of the Ramakrishna Advaitha Asramam, Kaladi, the cause of eradication of caste barriers and Harijan uplift deserve special mention. But the reform movements which made the greatest impact on the public life of Kerala were of local origin and were led by Chattampi Swamikal (1853-1924) and Sri Narayana Guru (1854-1928). The services of Brahmanda Sivayogi Swami Vagbhatananda and Vaikunta Swami also deserve notice in this context

1.7.4 Caste and social reform movements in Kerala Caste and the changes in the occupational structure of colonial Kerala

Namboodiri (1999) observed that various legislations in 19th century primarily attempted to produce new social practices in the region. Significantly they reflected the underlying power equations between the contending classes and groups of the region. He also observed, several legislations passed, in the meantime, granted more autonomy to Christians as well as intermediate and lower castes in their sociopolitical and economic spheres of life. “These exempted the Christians from the duty of service in the temples and granted them access to employment in the public sector, recognized the freedom of the missionaries to work in the country and donated land and subsidies for the foundation of the mission in Nagarcoil and of the seminary in Kottayam” (Namboodiri, 1999, p 428). Occupational structure of Kerala underwent significant changes during the colonial period. Unlike most other parts of India Kerala witnessed a pronounced shift both in its economy and the structure of the work force away from agriculture to processing industries, which, by and large, catered to foreign markets.

1.7.5 Rise of the new economic and professional classes

The last but not the least important factor that has contributed to the evolution of a new society in Kerala in recent decades is the emergence of the new economic and professional classes and the increasingly important part they have come to play in public life. The traditional Kerala Society in which the caste of a person and the extent of the landed property owned by him

determined his standing in the social scale is now a thing of the past. The revolutionary economic and social changes that have taken place in quick succession in recent decades have brought the new economic and professional classes to the fore. The disruption of the old Joint family and *Marumakkathayam* system of inheritance, the eradication of untouchability, the spread of Western education and liberal ideas, the increasing entry of the lower classes into the pubic services, the introduction of adult franchise, the progress of industrialization, the decline in the power of the land owning classes, the rise of the new peasant classes with rights in the soil and above all, the disappearance of royalty have dealt the blow to the old social order. At the same time the industrial workers, the businessmen, the Government officials, the teachers, the lawyers, the doctors, the engineers and journalists constitute the new economic and professional classes that have taken the place of the members of the old caste ridden and landed aristocracy in Kerala. In recent decades, there has been a steady outflow of Keralites to foreign countries, particularly to the Gulf area, in search of employment. This had led to the emergence of a neo rich class which has come to exercise a deep influence on modern Kerala society and economy. Thus a new and dynamic society is gradually taking the place of the decadent and stationary one of the 19th and early 20th century.

1.8 Paradigmatic frame of the study

To put the research into a right paradigmatic frame is one of the challenge in qualitative research. Paradigm is a basic set of beliefs that guide action of the researcher. Paradigms deal with first principles, or ultimate. They define the worldview of the researcher as interpretive bricoleur (Guba and Lincoln, 2005, p.183). A Paradigm encompasses four terms ethics (axiology), epistemology, ontology and methodology. Ethics asks "How will I be as a moral person in the world". Epistemology asks "How do I know the world". What is the relationship between the inquires and the known. Every Epistemology indicates, implies an ethical moral stance toward the world and the self of the researches. Ontology raises basic questions about the nature of realty and the nature of the human being in the world. Methodology focuses on the best means four acquiring knowledge about the world.

Linclon & Guba (2005) suggest that in the present moment, all paradigms must confront seven basic, critical issues. These issues involve axiology (ethics and values) accommodation and commensurability (can paradigms be fitted in to one another), action (what the researches does in the worlds), control (who initiates inquiry, who asks questions), foundation of truth (foundationalism Vs ante-and non foundationalism), Validity (traditional positivist models vs. post structural- constructive criteria), and voice, reflectivity and postmodern representation (single-multicoated).

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. The traditional positivist criteria of internal and external validity are replaced by such terms as trustworthiness and authenticity, constructivists value transactional knowledge.

1.8.1 Basic Assumptions of constructivist Paradigm:

Keeping Foucaultian theory of discourse analysis in the background, Burr in 1995 offers four ideas that social constructionist often work with. 1) A critical stance towards taken for granted knowledge and understanding.2) That our knowledge of the world is both historically and culturally specific. 3) That this knowledge is created sustained and renewed by social processes. 4) That our knowledge and actions are intimately related and reflexively inform each other (Rapley 2007). So, social constructionists asks questions about everything we might take for granted – our identities, practices, knowledge, and understandings. Such discussions do not necessarily have to lead us into debate about what is real and what is not real. As Rose notes, “The realities that are fabricated out of words, texts, devices, techniques, practices, subjects, objects, and entities are no less

real because they are constructed, for what else could they be" (Rapley, 2007). It offers a direction of research, one in which we take seriously one concept is produced and negotiated, the practical, active knowledge, and action that is engaged in as part of our everyday lives and take seriously the historical, social, and cultural specificity of these knowledge and these actions.

Lindoln, (1995) observed that Constructionist camp do not believe that criteria for finding either reality or validity are absolutist; rather they are derived from community consensus regarding what is real, what is useful and what has meaning (especially meaning fraction and further steps. The belief that a goodly portion of social phenomenon consist of the meaning making activities of groups and individuals around those phenomenon. The meaning making activities themselves can be incomplete, faulty (e.g. discriminatory, oppressive, or non-liberator) as malformed created from data that can be shown to be false).

1.8.2 Ontological position.

Social constructivists followed relativist ontology that emphasis on the local and specific co-constructed realities. The primary field of interest to be precisely that subjective and inter subjective social knowledge and the active construction of such knowledge by human agents that is produced by human consciousness. It decants with positivist position of objective reality and absolute truth of social phenomenon. Constructivists

tend toward the anti foundational stand on knowledge. Foundational is the term used denoting refusals to adopt any permanent, unvarying (or foundational) standards by which truth can be universally know. Truth arises from the relationship between members of some state holding community. (Lindoln, 1995).

Agreements about truth may be the subject of community negotiations regarding what will be accepted as truth. Or agreements may eventuate as the result of dialogue that moves arguments about truth claims or validity past the warring campus of objectivity and relatively toward a communal test of validity through the argumentation of the participants in a discourse**.**

1.8.3 Validity position

One of the issues around validity is the conflation between method and interpretation. The post modern turn suggests that no method can deliver on ultimate truth, and in fact "suspects all methods" the more so the larges their claims to delivering on truth. Thus although one might argue that some methods are more suited than others for conducting research on human constructed social realities (Lincoln, 2000). No one would argue that a single method- or collection of methods – is the royal road to ultimate knowledge so instead of scientific validation social constructivist suggested five potential criteria to improve the trustworthiness of the enquiry.

1) Fairness
2) Ontological Authenticity

3) Educative authenticity

4) Catalytic authenticity

5) Tactical authenticity

1.8.3.1 Faireness Was thought to be a quantity of balance; that is all state holders' views, perspectives, claims, concerns and voices should be apparent in the text. Omission of state holder or participant voices reflects a form of bias. This bias however was and is not related directly to the concerns of objectivity that flow from positivist inquiry and that are reflective of inquiry blindness or subjectivity.

1.8.3.2 Ontological and educative authenticity Were designated as criteria for determining a raised level of awareness, in the first instance, by individual research participants and is the second, by individuals about those who surround them or with whom they come in to contact for some social or organizational purpose.

1.8.3.3 Catalytic and tactical authenticities Refers the ability of given inquiry to prompt, first action on the part of research participants and second the involvement of the researcher evaluator in training participants in specific forms of social and political action of participants desire such training. It is here that constructivist inquiry practice begins to resemble forms of criteria theorist action, action research or participative or cooperative

inquiry each of which is predicated on creating the capacity in research participants for positive social change and forms of emancipate very community action.

Using these basic assumptions of social constructivist in to consideration the present study approach the discourse of madness in Kerala context.

1.9 Significance of the study

The contemporary social science theories and perspectives such as post structuralism, social constructivism and Feminism have questioned the universality of the concept of madness. These theories problematised the medical nomenclature of psychiatry practiced all over the world. The mainstream psychiatric practices in Kerala modeled on the westernized concept and classification of mental illness, largely address the mental aberrations as diseases/disorders based on the theories developed in the West. Kerala, with its various social and historical transformations that significantly contributed to the construction of meaning of madness in the unique cultural and social context of the state, was then subjected to a new imported definition of madness as it is coined in a totally alien socio-cultural condition of the West.

Keeping social constructivist ontological and epistemological position, the present study is pitched in to the complex cultural psyche of Keralites. Using a qualitative exploratory method the

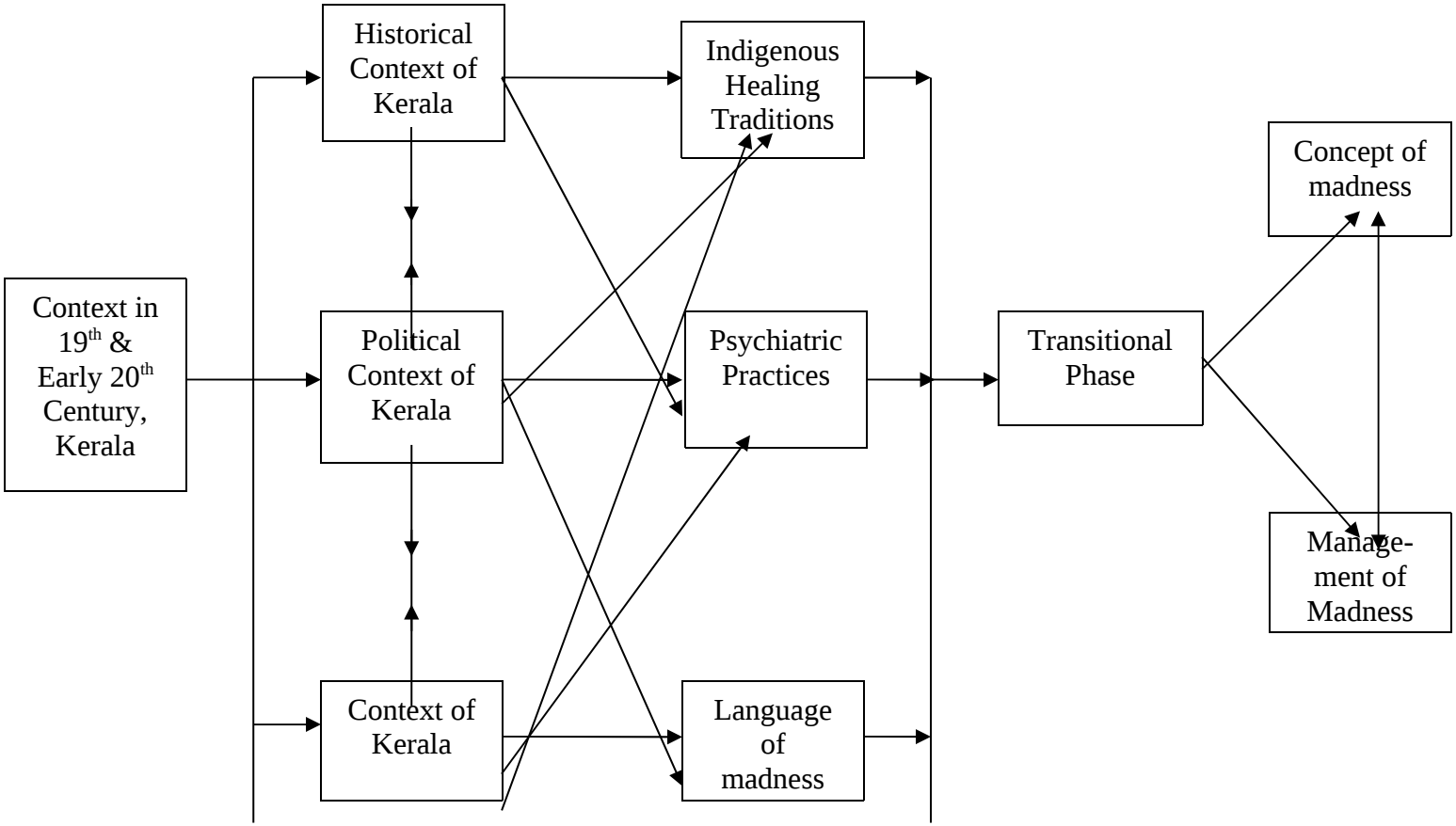
present study delves into a search of a new meaning about madness in the milieu of Kerala. Through the conceptual analysis of *Bhranth* (madness) and related words in Malayalam, the present study attempts to reconceptualise the knowledge about madness in Kerala. This analysis also opens up a new possibility of deconstructing the meaning of madness in popular stories and epics in Kerala .It also search the folk notion about madness which is reflected in various colloquial words. Through this analysis the present study explores the linguistics transformation in the word madness and its related concepts in Malayalam.

The present study also analyzes the indigenous healing practices for managing mental illness in Kerala. Through the analysis of indigenous healing practice, the present study explores the different tradition of indigenous healing practices in Kerala. It analyzes the concept, classification and management process of these traditions to deal with insanity .The field based observations of these practices delve in to the organized and fragmented notions about the madness in Kerala which is another take of this study.

Through analysis of the Archival documents about the Asylum practices in Kerala, the present study looks in to the transformation from indigenous healing tradition to the modern psychiatric practices. This analysis further treated the stories of Asylum practice in last phase of nineteenth and early phase of twentieth

century in Kerala .It sheds lights into the anxieties and conjunctures brought by the Psychiatry to the soil of Kerala's mental health practices. Through this analysis the present research takes a step to explore the crisis of psychiatry and its cultural unspecificities in historical frame. It explains the process of engulfing the native knowledge of madness in to a universal form of Psychiatry. Through the analysis of the origin of words related to madness, indigenous healing tradition and the Asylums practices in Kerala, this study takes an introductory attempt to explore the meaning of madness and its management in the context of Kerala, that is an under researched area. In that sense, the study hopes to provide new ways of approaching the mental health practice in Kerala imbibing and incorporating local specific knowledge system and appropriating it in to practice. The study hopes to provide a new impetus to further study and theorizations on the subject by documenting relevant historical material.

Figure1.1The conceptual map of the present study



1.10 Major research concern

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

1.11 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

1.12 Structure of the report

This thesis is structured into five chapters. After the **introductory chapter**, the **second chapter** consists of review of related studies under three main sections – indigenous healing and cultural elements of madness, discourse of madness and colonial modernity and psychiatry in India. The **third chapter** gives details of the methodology followed for the present study. The **fourth chapter** includes Results & Discussion. It further subdivides into three sections. Section one deals with the concept of madness, which explores the word *madness (bhranthu)* and related terms in Malayalam. Section two explains the present status of indigenous healing traditions for dealing with mental illness. Section three

elucidates the history of psychiatric treatment in Kerala. The main archival documents are attached in the appendices. The **fifth chapter** consists of major research findings and implications of the study.

Chapter 2

REVIEW OF LITERATURE

"They said I was mad; and I said they were mad;
Damn them, they outvoted me."

(Nathaniel Lee, 1975)

This chapter comprises of the research studies and classic works, which influenced the researcher to formulate the present research questions, methodology and analysis. These reviews 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. The studies related to the concept and management of madness in the context of Kerala owes very little to the mainstream literature in Psychology. So the present chapter reviews the studies conducted in Social Sciences in relation to the historical evolution of the concept and management of abnormality in Kerala. These studies have been taken from 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.

Section I:

2.1 Indigenous Healing and Cultural Elements of Madness

Sudhir Kakar's (1982) study on *Shamans, Mystics and Doctors: A Psychological Enquiry into India and its Healing Traditions* explores the traditions of India that are concerned with the restoration of what is broadly termed 'mental health' in the West. Without going into complicated definitional and conceptual issues, he notes that mental health is not a narrow theoretical concept that would indeed be a dubious undertaking - but as a rubric, a label which covers different perspectives and concerns, such as the absence of incapacitating symptoms, integration of psychological functioning, effective conduct of personal and social life, feelings of ethical and spiritual well-being and so on.

By looking at a wide variety of historical documents, experiences with Gurus of mystical cults, shamans, practitioners of ancient systems of medicine and other indigenous colleagues, he classified the broad healing system of India into three main categories: (1) Local and Folk tradition, (2) Mystical Tradition and (3) Medical Tradition. In this major work of cultural interpretation, Kakar also gives fascinating account of the many ways in which India's healing traditions deal with emotional disorder. In comparing Indian and Western notions of human and his psychic distress, this study challenges (and should enhance) the present understanding of mental health, psychotherapy, and human freedom.

He coined that the concept of the body and the understanding of its processes are not quite the same in the Ayurveda and Western Medicine. The self too – the Hindu 'subtle body' is not primarily a psychological category in India though it does include something, of the Western psyche. According to the Hindus, the disturbances in the order of the self, for instance, are not seen to have their genesis in early family connections, but are related to the notion of the working of karma over the whole of individual's life cycle as well as across the cycle of his many lives. Kakar argued that shamans and other healers of folk traditions correcting disturbances in the individual's social order, then many Indians the *polis* consists not only of living members of the family and the

community, but also of ancestral spirits the *pitris* and other spirit beings who populate the Indian cosmos.

In his study, Kakar made a journey through the legend of the divine healers, different temples and healing rituals, Mosques and their healing tradition, *tantra* and *tantric* healing, cultural and theoretical perspectives on *Ayurveda*, etc. Kakar attempted to compare between the Indian and Western views of the person and on the nature of psychotherapy itself, in both its traditional and its modern aspects. He began this issue with the human freedom.

Human freedom in the traditional Indian context, then, seems to imply an increase in the potential to experience different inner states while limiting action in the outer world to stereotypes and unquestioning adaptation. Kakar viewed that the Indian emphasis has been on the pursuit of an inner differentiation while keeping the inner state constant to that of a rational, waking consciousness from which other modes of inner experience have been excluded as deviations. Each culture, though has consistently underestimated the strength and attraction of the other's freedom ideal.

Kakar reveals that Indian society is organized around the primacy of the therapeutic in the sense that Indians seem to emphasize protection and caring in their social (and political) relations more than the values of performance or equality. This stress on the therapeutic is reflected in many facets of Indian

culture, including its myriad gods and goddesses (three hundred and thirty million at last count corresponding to the country's population at the time this figure was calculated) and the profusion of myths and legends that surround them. There is a god for every psychic season, a myth for every hidden wish and a legend for every concealed anxiety. For instance, if it is the birth fantasy that is someone's unconscious preoccupation, then the person has a choice between different myths – even about a single god, which canalizes the fantasy and works it through to different and sometimes surprising resolutions. Indians, myths through a press of creative listening, reading or watching, their enactment in Folk plays and dance dramas, are readily available to the person for the lifelong task of strengthening psychic integration and maintaining continuity of the self. There are other aspects of Indian culture, including many of its rituals, which also incorporate the therapeutic in a way that has largely disappeared from the every day life of most Western societies.

Kakar observed that the third cultural difference between India and the West lines in their ideals of mental health. In the West, there seems to have been two broad approaches to this problem. In the traditional biomedical approach, mental health is sought to be comprehended as analogous to the health of the body, namely as "that condition in which its functions are duly and efficiently discharged" (Kakar, 1982). As far as the body is

concerned, such a definition is clear enough. There can be little argument about the beating of the heart, the bile secreted by the liver, the kidney's work in producing urine and the labour of pancreas as it maintains blood sugar. The notion of what constitutes the efficient discharge of mental functions, however, is much hazier than the corresponding knowledge about bodily functions – a fact which is not too surprising. Since the mind itself is a much more ambiguous entity, the talk of theories of the mind in the plural and discuss different models of the mind. Given the difficulty in determining what constitutes the efficient discharge of such mental functions as intellect and thought, perception and fantasy, feeling and affect, will volition and learning, the medical approach has retreated to a minimal perspective wherein mental health is seen as the absence of disabling symptoms that interfere with a reasonable functioning of the person.

The second approach to setting up ideals of mental health has come from psychotherapy. He added that in its pioneering years psychoanalysis did not advance any explicit criteria of mental health, perhaps also because early psychoanalytic treatment took place in a social setting in which there was an unspoken consensus and homogeneity concerning values, many later analysts as well as psychotherapists of other persuasions have been adding various details to the Western image of the healthy personality. Most Western psychotherapists today would agree that a health adult

has the ability to tolerate anxiety without being crippled. He has the capacity to experience pleasure without guilt and can distinguish between his fantasies and the objective reality, irrespective of the reality's painfulness and the intensity of his own needs. He has insights into his conflicts, an acceptance of his strengths and weaknesses, and can use his aggressive energies for achievement, completion and the protection of his rights. These and other similar notions of mental health are pervaded by the humanistic ideals of moderation and responsibility of balance. In short, a balance between inner needs and the demands of outer reality.

Kakar observed that the ideals of many Indian therapeutic approaches: balance between the three humors (*Guruji*), balance between emotions and intellect, *ida* and *pingula* (*Mataji*). Even the *tantric* effect to enhance a man's receptivity and femininity can be seen as seeking to restore a balance between activity and receptivity, masculinity and femininity. What makes the majority of Indian approaches to mental health different from the dominant Western view on the subject, however, is their emphasis on the relational. In the Indian perspective lists, one is struck by the number of ideals of mental health that prescribe the person's behavior in relation to others, especially family and community. A restoration of the lost harmony between the person and his group was one of the primary aims of the healing endeavors in the local

and folk traditions. Kakar concluded that traditional psychotherapies, then, like other modern Western counterparts, also take into account – in some fashion or the other, at their periphery or nearer the center – the core human preoccupations around man's biological destiny and this relationship with significant others.

2.1.1 Ritual art form and its cultural roots

Caldwell (1999) investigates *Mutiyettu,* a six hour Keralite ritual drama of the goddess's battle with the demon *Darika.* The fierce warrior goddess *Bhadrakali* possesses male oracles *(velichaappatu*) who don elaborate ritual makeup, red blouses, white loincloths, multicolored skirts, and false breasts fashioned of either coconut or "jackwood," brilliantly colored in either red or gold, often encircled by snakes.

The study is organized into a prelude and seven parts, which Caldwell artfully models on the prelude and seven scenes of *Mutiyettu*. The prelude describes her method. Caldwell combines standard scholarly analysis of social and religious norms with selections from her field journals and letters home to expose "the entire process" of the ethnographic enterprise She reveals elements of her own psychological trauma and Personal experience of the goddess that, in the end, support Obeyesekere's ritual theory of "progressive orientation." This theory posits that individuals

maybe able to transform their traumas by means of available cultural symbols into authentic religious experience, liberating them in a manner analogous to a psychoanalytic cure.

The first part of the study ably introduces the Keralite people, *Mutiyettu* ("the carrying of the headdress *[muti], and Bhadrakali*, whose origins are indebted to the tribal warrior deity *Kottavai* The second chapter centers on *Mutiyettu* itself, gleaned from Caldwell's attendance of fourteen full performances and dozens of in-depth interviews.

The third part provides important insights into the imagining of landscape and *Bhadrakali;* Caldwell successfully argues that a complex of symbols converges to support her identity as a menstruating, fertile, virgin female, carrying with that identity an ambivalent nature suspicious to men. Subsequent chapters examine men and women's experience with *Mutiyettu*, and concluding sections focus on this art form's psychological significance.

Mutiyettu has ancient roots and appears to have developed into its modern *form with features common to both Kathakali and Kutiyattam. Kutiyattam* is a form of Sanskrit theater whose age has spawned claims of it being the oldest surviving dramatic art in the world, and its influence is seen in the stylized foot and leg movements of the demon *Darika*.

Folk elements also contributed, particularly in the stylizing of possession and the makeup used on the rituals. *Mutiyettu*'s full mythology does not appear in any of the Sanskrit texts, and in discussion of the origin of the oracles, Caldwell successfully demonstrates that many of the roots of the male, high-caste *velichappatu* reside in the low female shaman called the *matangi.*

In *Mutiyettu* nonverbal expressive forms predominate; music, body movement, costume, and use of light are the four most important elements invoking the energy of possession, and it is they, not language, that make the rite effective. Indeed, out of the five or six hours that the ritual lasts, Caldwell estimates that no more than a total of ninety minutes consists of singing or speaking. By contrast, she describes in vibrant terms the loud and relentless drumming that can be heard throughout the rite except for during the two comic scenes. Caldwell’s thick description of these four elements offers a rich examination of the complex art forms that together enliven the *Mutiyettu*.

Caldwell's sensitive discussion of caste differences, family structures, and societal change in modern Kerala, together with numerous insights into the ambivalence that Keralite men feel about women's sexuality, are fascinating and crucial background for her theses about gender in Kerala. She notes that, as has been pointed out elsewhere in India, "*the construction of gender in the Sakta worldview, when dominated by and serving men, ironically*

denies to women the very sense of embodied power that the male ideology asserts they possess" This thesis is nowhere more clearly demonstrated than in the contrary depictions of *Bhadrakali* and the rape victim *Kuli*.

On the one hand, *Bhadrakali* is empowered, but she functions as reinforcement of the stereotyping of women as aggressors in the very contexts in which they have the least control. Women revealed none of the intimacy, devotion, or personal feelings toward *Bhadrakali* that men expressed Women are never allowed to enact the role of Kali or perform as oracles in higher caste art forms such as *Mutiyettu.* Nor do women identify themselves with her, leading Caldwell to conclude that the ritual is profoundly centered on male experience and that "*Bhadrakali* embodies all that a *Malayali* woman should not be.

The rape victim *Kuli*, on the other hand, is portrayed as a comic female figure; her impromptu dialogue and antics include chasing grown-up men in the audience, carrying them to center stage, forcing them to sit on her lap, and thrusting a pointed breast into their mouths. *Kuli* is directly associated with forest-dwelling and thus low status tribal females, conflating gender inequality with caste prejudice, resulting in a profound powerlessness and victimhood. Yet *Kali* is spurred to kill *Darika* only after learning of his rape of *Kuli,* succeeding in "giving voice, however marginalized and ridiculed, to real feminine anger provoked by male abuse.

Troupe members frequently disparage the recent amplification of the *Kuli* character as inessential to the ritual. They grudgingly admit that *Kuli*'s segment has gained in popularity and hence has been expanded in recent years to encourage attendance, revealing a fascinating societal influence on this ritual art form that the ritualists themselves are powerless to combat because of financial stresses caused by breakdowns in traditional patronage.

Male spectators have long enjoyed taunting and provoking the goddess, and now they extend their range of abuse to include *Kuli*, who responds by taunting and provoicing the audience herself. Ultimately, however, "*the rituals, rather than allowing women to express distress and anger, model for women their own dangerousness and the need for them to continue to bind and control their bodies for the benefit of their husbands and sons*"

In the final part Caldwell documents numerous themes of sexuality, abuse, and vengeance in Keralite religion and culture. She concludes, *Mutiyettu* actors who are particularly talented at playing the role of Kali might be traumatized individuals whose particular psychological propensities and histories compel them towards this form of performance.

From the psychosexual dynamics of male transvestite performance to a rigorous rethinking of contemporary anthropological practice, Caldwell weaves together a personal narrative of discovery with a scholarly critique of social and

religious norms. This study is both reveling, profound and unflinching, and which challenges researchers to reassess their assumptions of female sexuality gender hierarchies and the relationship between symbols, culture, and the lived realities of social life of Kerala.

2.1.2 Culture and Treatment

Halliburton (2003) analyses significance of the positive and negative aesthetic qualities of different therapies—in other words, how “pleasant” (a term that is elaborated in the paper) it is to undergo various treatments. Interviews were conducted with patients undergoing three forms of healing for mental illness and related problems in the state of Kerala in southern India—*ayurvedic (indigenous*) psychiatry, allopathic (biomedical) psychiatry, and religious healing. Informants revealed concerns about the aesthetic process of therapy, reporting adverse reactions to allopathic treatments and in some cases asserting that they enjoyed ayurvedic procedures. Some informants with long-term illnesses had chosen to live in the process of therapy and reside indefinitely in the aesthetically engaging environment of a mosque, temple, or church after pursuing medical therapies for years. Thus considerations of the quality of the process of therapy also call for an examination of the limitations of the concept of “cure” for describing what is accomplished in healing in some therapeutic settings.

Halliburton examined the significance of positive and negative aesthetic experiences-that is, the relative “pleasantness”-of treatment, after an intensive field study he suggested that this issue is not of great importance to many or most people

undergoing treatment. Halliburton pointed out that after all, only a minority of present and former allopathic patients who offered complaints about allopathic treatments, and most of these were patients presently using *ayurveda,* which may represent a group of individuals who are particularly sensitive to allopathic treatments. It is possible that the majority of patients in allopathic care who did not complain about the aesthetic process of treatment easily tolerated these therapies. Halliburton (2003) observed that it is possible that some unpleasant experiences were not revealed. It is also possible that patients tolerate uncomfortable procedures for a period of time and change to a new form of treatment only when and if they decide that the unpleasant effects of therapy are not worth bearing. Thus some informants may not have reached the point where they might complain or change therapies. However, if it is true that only a small group of individuals are significantly bothered by the aesthetics of allopathic treatment, we can at least say that the pleasantness of the process of therapy is important to *some* patients, and it is important enough to some that they will choose an alternate therapy hoping to avoid abrasive treatments. Meanwhile, the patients with intractable problems who have decided to live at a mosque, temple, or church draw attention to the importance of the aesthetic environment of healing that is experienced for an extended time. The degree of the importance of a pleasant process of treatment could be further ascertained by

conducting additional interviews to see if the number of complaints about allopathic therapy becomes more evenly distributed between patients currently using allopathy, *ayurveda,* and religious healing or if these complaints continue to be more prevalent among people who changed to ayurveda. Further interviews could also address more explicitly the reactions of patients to specific procedures and examine patients who are about to change or have just changed therapies due to aesthetic concerns. It would also be useful to explore possible connections between ideologies of therapy, methods of therapy, and patients' reported experiences.Some researchers have examined biomedicine's use of war metaphors, revealing that healing is often conceived of as "fighting" an illness or "destroying" a pathogen (Bastos 1999, Martin 1994). Does this ideological/discursive stance have some role in obscuring attention to how it feels to undergo therapies? Does an ayurvedic orientation to treating patient discomforts and restoring balance rather than destroying a pathogen lead to practices that are more palliative? It should also be pointed out that, related to the suggestion presented earlier that overemphasis on the goal of cure could lead to a de-emphasis on process, allopathic medicine does cure, or complete treatment, more quickly than the other therapies presented here. For this reason, many people feeling time pressure from work and other obligations prefer allopathy. And while pleasantness is important to some, it seems that a certain amount

of abrasiveness can be tolerated to accommodate time pressure. Whether such pressure could be considered “modern,” or part of changing work conditions, is another issue for future consideration. In order to interpret such trends, and more broadly, in order to comprehend the concerns and the experience of people suffering distress, anthropologists should attend to the quality of the process of therapy and widen our understanding of the variety of ways of coping with an illness to include care, living with a problem, curing, and attaining a higher state.

Section II

2.2 The Discourse of Madness

By looking wide variety of historical documents, the outstanding postmodern theoretician Foucault challenge the existing traditional notion of abnormality .He argued that knowledge and truth produced by the human science for regulate and normalize individuals .In his outstanding work on Madness and civilization : A history of insanity in the age of reason (1967) he strongly hold that madness do not just exist it is produced by disciplinary knowledge .He pointed out that the State drafts the policies and laws that determine legally who is normal and abnormal. Science and institutions produce this knowledge. In other words, knowledge in a sense authorize and legitimize the exercising of power .He put forward that in many ways in which

European Governments and communities have classified and treated insane people .He traces history of insanity in the age of enlightenment and problematized the concept and management of mental illness. Foucault also challenges the traditional notion of categorizing madness. He argued that in the middle ages around 13th century madness was classified as vice rather than a condition or a category and insane people were imprisoned, beaten, sometime left their own resources, or even expelled from their communities though in some cases they were cared for their communities. (Foucault, 1967)

He has not written the history of madness, as he says, in a style of passivity: from the start he has refused to consider madness as a nosographic reality which has always existed and to which the scientific approach has merely varied from century to century. Indeed Foucault never defines madness; madness is not the object of knowledge, whose history must be rediscovered; one might say instead that madness is nothing but this knowledge itself: madness is not a disease, it is variable and perhaps has a heterogeneous meaning, according to the period; Foucault never treats madness except as a functional reality: for him, it is a pure function of a couple formed by reason and unreason, observer and observed. And the observer (the man of reason) has no objective privilege over the observed (the madman).”

Foucault introduced new terminologies like archaeology (later genealogy) to distance himself from history and wanted to dig on texts and trace the branching and network of ideas, concepts in a discourse to lay bare the constructions of seemingly natural categories and de-familiarize them. Social historians accused him of not doing justice with historical evidence and making a rather hasty generalization from the specific case of France. Foucault was studying how madness was experienced and what is the history of significance of madness. Foucault did not see power is something negative which had to be exposed from the hidden and centralized site of the modern state and then demolished.

He opens up a new method for analyzing various narratives in social science. Analyzing the customs called 'ship of fool's 'prevailed in Germany in15th century, he explored the philosophical questions about the wandering existence of mad men. He has taken some of the literary composition as well as paintings, which narrate the wandering existence of madman.

According to him *"The Narrenschiff, of course, a literally composition probably borrowed from the old Argonaut cycle, one of the great mystic themes recently revived and rejuvenated, acquiring an institutional aspect in the Burgundy Estates. Fashion favored the composition of these Ships, whose crew of imaginary heroes, ethical models, or social types embarked on great symbolic voyage, which would bring them, if not fortune, then at least the*

figure of their destiny or their truth. Thus Symphorien Champier composes a Ship of Princes and Battles of Nobility in 1502, then a Ship of Virtuous Ladies in 1503; there is also a Ship of Health, alongside the Blauwe Schute of Jacob van Oestvoren in 1413, Sebastian Brant's Narrenschiff (1494) and the work of Josse Bade: Stultiferae naviculae schphae fatuarum mulierum (1498). Bosch's painting, of course, belongs to this dream fleet." (Foucault, 1967, P7).

Considering all these romantic or satiric vessels he argued that "But of all these romantic or satiric vessels, the Narrenschiff is the only one that had a real existence – for they did exist, these boats that conveyed the insane cargo from town to town. Madmen then led an easy wandering existence. The towns drove them outside their limits; they were allowed to wander in the open countryside, when not entrusted to a group of merchants and pilgrims. The custom was especially frequent in Germany, in Nuremberg, in the first half of the fifteenth century, the presence of 63 madmen had been registered; 31 were driven away; in the fifty years that followed, there are records of 21 more obligatory departures, and these are only the madmen arrested by the Municipal authorities. Frequently, they were handed over to boatmen. In Frankfort, in 1399, seamen were instructed to ride the city of a madman who walked about the streets naked; in the first years of the 15th century, a criminal madman was expelled in the same manner from Mainz. Some times, the sailors disembarked

these bothersome passengers sooner than they had promised; witness a blacksmith of Frankfort twice expelled and twice returning before being taken to Kreuznach for good. Often the cities of Europe must have seen these 'ships of fools' approaching their harbors" (Foucault, 1967, P7).

He explained this particular custom as the symbol of the haunted imagination of the West on madness. Indeed, from the fifteenth century on, the face of madness has haunted the imagination of Western man (Foucault, 1967, P12).At the opposite pole to this nature of shadows, madness fascinates because it is knowledge, first, because all these absurd figures are in reality elements of a difficult, hermetic, esoteric learning (Foucault, 1967). Foucault explores all the possible elucidation about this particular custom and arrives at the conclusion about the relationship between madness and power. His analysis opens up a new possibility of approaching the discourse of madness.

Foucault in his study observed the logic of locking insane in the asylums. Foucault pointed out that madness was understood to be a condition that was in opposition to reason, and various forms of madness were identified and classified in the eighteenth century .He observed that it was during this period that great houses of confinement were established, not only for the mad but also for the poor and the sick. This which he connects to the

economic crisis that was then affecting Europe, was a way of separating the mad and the unemployed from society at large, and getting some work out of them: these houses were rarely well enough to work effectively, reliability or in a disciplined manner, and so were now also classified as socially useless, and hence as shameful, as creatures that should be hidden away. And, certainly the insane continue to be seen as potential threats to the community. He documents the work of Pinel and Tuke, considered to be the founding fathers of the civilized, kind asylum and reveals the changes they instigated as mere substitutes for preexisting methods of control of the insane. No progress in the betterment of treatment is discernible.

He wrote “confinement (of the insane) hid away unreason, and betrayed the shame it aroused but it explicitly drew attention to madness, pointed to it, if in the case of unreason, the chief intention was to avoid scandal, in the case of madness that intention was to organize it. A strange contradiction: the classical Age Enveloped madness in a total experience of unreason. It reabsorbed its particular forms, which the middle ages and the renaissance had clearly individualized into a general apprehension in which madness consorted indiscriminately with all the forms of unreason (Foucault,1967). He holds that one method of control was simply replaced by another equally flawed method. In that sense

Foucault Problematised the so-called progressive movement of modern psychiatric hospitals.

Section III:

2.3 Colonial modernity and psychiatry in India

The confinement of the insane in purpose-built institutions spanned the modern western world. Between 1800 and 1914, no western country was spared the rapid construction of asylums and an apparently insatiable demand for institutional accommodation. Three hundred thousand persons were committed to asylums in England and Wales in the nineteenth century; by the Great War, close to one quarter of a million Americans occupied state mental hospitals (Wright,1997). The residential population in Ireland and New South Wales approached one in every 300 people. Similar patterns of confinement appeared in France and Germany. Confinement crossed national, religious, ethnic and class divides; it occurred where national legislation compelled the erection of purpose-built institutions, and where no such legislation existed. Monographs on the rise of asylums in different national contexts tell, at least superficially, a remarkably similar tale. In the early part of the nineteenth century there emerged a lunacy reform movement based on the premise that madness could be cured given proper institutional treatment. Originally associated with religious institutions such as the York Retreat, moral treatment was

co-opted by an emerging group of medical men intent on creating national systems of public asylums under medical control.

The period between 1800 and 1860 witnessed legislation enabling, and in some cases obliging, local authorities to provide for their insane poor. In response, counties, provinces, states, districts, and departments constructed purpose-built institutions for the treatment and cure of insanity on humanitarian, financial, and scientific grounds. But the optimism proved to be unfounded. Judged even by the standards of its proponents, these new institutions proved to be a disaster. Asylums originally built for one or two hundred patients tripled in size, apparently silting up with 'chromes' and 'incurables'. Many institutions exceeded a thousand inmates. Meanwhile public officials looked with despair upon the increase in insanity, the relentless demand for accommodation, and the spiralling costs of these institutions. By the turn of the century, the era of therapeutic optimism had been replaced by darker fears of race degeneration and social Darwinism as second and third generation medical superintendents, now reconstituted as psychiatrists, groped for explanations for their professional failure (Wright, 1997).

The asylums and psychiatric practices are not only emerged in the west but also spread across other part of the world. Colonial India was also not an exceptional. The new establishment of

psychiatry engulfed the wisdom of the native Hochmuth (2006) explored this confrontation of psychiatry and the indigenous healing traditions He analyzed this issue in the context of Bengal. He observed that One axiom of colonial medical discourse in nineteenth-century British India was the presumed superiority of scientific medicine over indigenous Medical systems. He pointed out that this was the case for the Orientalist as well as for the Anglicist tradition. While Orientalists appreciated the sophistication ofAncient medical writings, they complained about their alleged decline during the ensuing centuries and about the present state of the indigenous medical system. Proponents of the Anglicist tradition, on the other hand, went a step further and denied the possibility of finding much of value in vernacular texts. Other commentators went so far as to claim that indigenous practitioners were shameless impostors who would not hesitate to use the most dangerous drugs and poisons on their patients. From this viewpoint, indigenous practitioners were regarded as a danger from which the population had to be protected by colonial authority. Thus, the eradication of indigenous practices would save the lives of the people. Directly connected to the condemnation of indigenous medical practice was the objective of disseminating scientific medicine. It was hoped that a kind of trickle-down effect would be achieved: first and foremost, an increasing band of practitioners should be educated in scientific medicine.

Hochmuth (2006) examined three layers of the relation between scientific and indigenous medicine in colonial Bengal. The study was based mainly upon three different sets of primary sources: governmental reports on educational practices at the newly established Calcutta Medical College, reports on in-patient and out-patient work at Bengal dispensaries as performed by indigenous practitioners, and finally, medical texts written by Indian authors. From the analysis of the large documents he concluded that scientific medicine was not easily transplanted from the colonial center to the Indian periphery; rather, scientific medicine was negotiated and accommodated. Based on the case studies he observed that negotiation processes as well as the condition of medical pluralism were prevalent in the medical discourse in the colonial context.

In the article on Emergence of a marginal science in a colonial city: Reading psychiatry in Bengali periodicals Basu (2004) explores how psychiatric knowledge was being organized through a ’vernacular’ language, Bengali. He observed that the history of colonial psychiatry in India is a recent scholarly concern exploring both the context of domination and racially informed medical practices. From various perspectives, these writings showed the powerful attempts of colonial psychiatry to homogenize a plural culture of healing.’ Through reading colonial records and numerous Bengali texts, he attempted to reconstruct a process that produced

a psychiatry, which carried an internal critique of the received science. He also discussed the emergence of asylum psychiatry in the nineteenth century and the milieu of science writings in colonial Bengal. He argued that asylum practice informed with a new knowledge was a disjuncture from the prevailing indigenous practices, and problems of translation revealed the tension between the power of two languages, producing a hybrid science.. Finally, he shows how this new psychiatry is related to the urban cape and the colonial city with its modernity, which is weaved into discourses of sexuality in Bengali. He pointed out that western medical science arrived in India with colonialism. By mid-nineteenth century, lunatic asylums grew around the major metropolitan centers. By the early twentieth century, this new mental science had percolated to the vernacular periodicals of popular science. It has been argued that the process of vernacularisation opened up new possibilities of an alien science. The cultural negotiation of colonial psychiatry was neither smooth nor seamless enough to establish a new code of norm/abnorm guided by the Enlightenment. Based on the analyses of Bengali texts, it is argued that by transforming itself culturally, psychiatry could challenge a universalistic science by constructing an indigenous theory

Through this study he asked relevant questions about the colonial modernity .He keenly addressed the questions such how was the power of Reason deployed in a colonial modernity

operating in a space called India? How would it be to dig up the discourses that formed the knowledge of psychiatry, which eventually created a new division of sane and insane in a society that did not emerge from witchcraft and magic?

Basu observed that the coming of psychiatry in India as a modern, rational and Eurocentric set of knowledge did not happen in a space full of magic, witchcraft and the like. Medical systems like Ayurveda and Unani were being practised along with numerous, localised, but systematic practices that dealt with problems of the mind. Psychiatry here neither evolved from a naturally growing medical knowledge, nor did it follow a similar Foucauldian course that happened with Enlightenment in Europe. Its special character is marked by its coloniality in our case. Our modernity is from the very beginning deferred and different. The struggle of western rationalism in India was more insidious, complex and incomplete, more so in the case of psychiatry.

Basu argued that Foucault did not address the question of colonial modernity. According to Basu (2004) Foucault did provide a tool to explore the formation of a discourse on psychiatry that brings in new codes of normativity, at the same time, one could not but notice his silence on colonialism and colonial power. The way conflicts occur in western epistemology and construct the hegemony of Reason in post- Enlightenment modern society is

specific to Europe. Knowledge of western psychiatry in the Indian subcontinent was not only a colonial import but also had to negotiate a range of epistemological systems and cultural practices that were already operating here.

He pointed out that unique relationships with western medical science bring a mind body divide in the understanding about mental illness. So, the coming of psychiatry in colonial India is a disjuncture in the sense that it brought in a new concept where the mind and the body are divided. The scholarly practices of indigenous medicine, in spite of its rich heterogeneity, shared a common concept where the dividing line between mind and body is either absent or defused. He observed that the Nyaya dualist tradition is not a Cartesian dualism. It does not operate on similar logical grounds. The same may be said of Unani medicine, which draws from the Koran and is based on the belief that the body divorced from the soul or mind is against the very spirit of the Koran.

He also argue that unlike Foucault’s mad men who were driven out from the towns and villages to the uncertain voyages of the ship of fools, mad men could find a place in our society and were largely not given the hostile treatment that we find described in pages of Foucault’s book. Thus, the history of insanity in the age of colonial modernity is quite different as its theoretical challenge lies in understanding the hybridity, which is produced from the

impact of colonialism. Also, following Foucault, if we agree that reason created its other in exclusion, then in colonial modernity its other, the colonized, can be considered unreasoned. In this way a plural civilization gets homogenized as 'unreasoned'. Basu's study explore how an alien knowledge was able to establish its hegemony in colonial India by making various negotiations with established systems of knowledge by both exclusion and appropriation. In order to relativise psychiatry in the Indian context he attempted to locate discursive spaces where two incommensurable cultures met and a complex process of contest and consent was released.

2.3.1 Colonialism and medical discourse are integral to each other

Mills (1999) in his study on Re-forming the Indian: Treatment regimes in the lunatic asylums of British India, discussing issues of lunatic asylums in 19th century India. He pointed out that colonialism and medical discourse are integral to each other and thus it operated through individual subjectivities. After analyzing large archival documents of asylums in British India Miller concluded that "There is plenty of evidence that British authorities were intent on creating institutions in India where those among the local populations that they deemed to be mentally ill would receive treatment. Recovery from illness was seen as the ultimate goal" (Mills, 1999). It seems that in the eyes of the British, 'recovery' or 'cure' in the Indian insane was denoted by an exhibition of certain qualities in the individual linked to self regulation and productivity:

what might indeed be described as ‘the Victorian fetishes, of. ‘Hard work’ was also included (Mills, 1999).

Mills (1999) observed that by scrupulous cleanliness, liberal diet, affording them means of recreation or occupation, and attention to all the functions of the body are the foundation of the medical treatment and moral management of lunatics. The insane are not slow in sagacity and the power of comprehending what is done for their good and thus will appreciate kindness. Mills argued that the way in which British medical officers used the therapeutic regimes developed in nineteenth-century Europe to assert themselves and their agendas over the bodies and minds of those who came under their jurisdiction in the asylums will be explored by examining the two stages in the process of assertion:

2.3.2 Controlling the Indian Inmate-the project of colonial government

Mills cited Annual Administration and Progress Report on the Insane Asylums in the Bombay Presidency for the Year 1873-74,According to this report the first task for the medical officer on being confronted with a new inmate was to establish authority over that individual and to ensure that his/her behavior and body met a basic standard from which the procedures of re-form could take place. The body was the first site to be prepared. ’On a patient being brought to the asylum he or she is placed in a single room for

two or three days, well washed, carefully fed, the state and condition of the excretions and secretions examined ... where there is any obvious bodily disorder found to exist, appropriate medicines are prescribed for its removal.

The body was to be ordered and made efficient through the regulation of its functioning, so that cleanliness and eating were emphasized and the working of the body was observed closely. ’Every patient is daily bathed’, insisted the superintendent at Cuttack. The superintendent at Dacca elaborated on the regime in his institution: The lunatics, both males and females, are bathed daily.... The dirty and intractable patients are rubbed with khullee (mustard oil culee) made into a thin paste with water and then washed under the shower bath. This cleanses the skin and leaves it soft, and is better than soap which makes the skin dry ... one of the day keepers is particularly set apart for the bathing duties. (Asylums in Bengal for the Year 1862,cited from Mills, 1999).

The suggestion that cleanliness was imposed~ on the patients comes through even more clearly in the assertion of the Surgeon-Major at Delhi who stressed that: cleanliness is enforced both as regards the wards, the grounds and the persons of the lunatics. Nothing can prevent entirely some of the most debased of the lunatics from being guilty of filthy actions, but they are cleaned and washed and all traces of pollution at once removed. Coercive

measures were also used to ensure that a patient's reluctance to feed or be fed was overcome.

According to the Asylums report of the Bombay Presidency for the Year 1874-75, *there were 6 cases of refusal of food. One was of a very obstinate and protracted nature in a young Parsi suffering from acute mania; he had to be fed with the stomach pump regularly for about two months; he was in consequence very much reduced. One day he was accidentally given some beer, which had the desired effect, as he began to eat soon after of his own accord. Indeed, the administration of nutrition could be even more violent still for: 'Tea was also given by injection through the rectum. In other words, patients had no control over their own intake. Their diet was determined by the colonial medical officer, and was then administered forcibly if necessary. The body was not just subjected to washing and feeding, it was also rested deliberately.*

Dr. Wylie at Ahmedabad is frank in accounting for his use of certain drugs: 'Hydrate of Chloral ... is a useful addition to the available means of controlling insomnia. The medical officer in charge of the asylum at Moorshedabad mentions 'the administration of Morphia to allay undue excitement and procure sleep'. (Asylums in Bengal for the Year 1862, p. 66,) and the superintendent at Madras notes that *'a little wine or arrack at bedtime induces a quiet sleep, and I do not consider the use of*

opiates desirable where simple means can be employed to effect the desired result'. (Annual Report of the Three Lunatic Asylums in the Madras Presidency during the Year 1873-74,cited from Mills 1999).

Reviewing the report of Asylums in the Madras Presidency during the Year 1873-74, Mills observed that Vaccination of the asylum inmates also seems to have been routine in many cases. John Murray at the asylum in Madras mentioned that 'vaccination has been carefully attended to' and Arthur Payne in Calcutta indicates that not much choice was given to the patients, for 'vaccination has been practised in every case.'(Asylums in Bengal for the Year 1868, cited from Mills 1999.)

Mills cited more extreme examples of the medical officer at the asylum asserting himself over the body of the Indian inmate in order to fully comprehend the project of the doctor in treating the patient's physique. Consider, for example, treatments like those meted out to the patients in the asylum of the Civil Surgeon of Rangoon.

"The very obnoxious practice of masturbation which is the cause of insanity in many cases, and which aggravates the disease, is very common amongst the inmates of the asylum here. I have perplexed myself about the vice and in former years endeavoured to prevent it by blistering the penis with crotenal etc., but without

effect, and various medicines were given in vain with the view of moderating or repressing the desire.During the past year I have tried Dr. Yellowless's mode of prevention very recently practiced in asylums at home, and so far as it has gone, I am very much satisfied with the result. The suggestion was founded on the anatomical fact that the prepuce was anatomically necessary for the erection of the penis. Its anatomical use was to give a cover for the increased size of the organ. If you prevented the prepuce going to that use, you would make erections so painful that it would be practically impossible, and emissions therefore unlikely. The operation is very simple: the prepuce at the very root of the glans is pierced with an ordinary silver needle, the ends of which are tied together. (Civil Surgeon Rangoon to IMD Burma, 15 January 1877, GOI (Medical), October 1877,cited from Mills 1999)

This is an explicitly disciplinary measure in the context of which the control assumed by the medical officer over the feeding, cleaning, sleep and blood of the asylum patient can be understood better. The British officer was deciding the legitimate use of the inmate's body, and by inflicting pain and depriving him/her of the right to decide about his/her body, was assuming control over it. Indians were being denied access to their personal physical experience of the world and were being prevented from using their own bodies to convey personal and individual messages or to satisfy their own desires. Quite simply, the Indian inmate's body

had been colonized and it was to be disciplined. The doctors had their own ideas about what should be done with the body of the 'insane' Indian.

Despite this rhetoric, restraint and violence in a variety of forms were sanctioned by the medical officers in charge of the institutions. There were superintendents who simply ignored fashionable opinion and went ahead with mechanical restraint: 'When refractory patients are confined in these wards it is generally found necessary to secure them with strait waistcoats, as most of them are very destructive'. (Asylums in the Punjab for the Year 1871-72, p.1.) Surgeon-Major Payne in Bengal was similarly dismissive of non-restraint, although he was more concerned to justify his opinions: So much has been said and written of late years respecting the treatment of lunatics without personal restraint, and popular feeling has been so largely enlisted in its favour, that non-restraint has given its name to the modem system and has come to be an expression for every thing that is kind and humane, while all that savours of restraint is condemned in the popular mind as belonging to an age of barbarism ... It would seem however that the time has now come when it may be said, without fear of outside indignation, that personal restraint is good or bad in the absolute, precisely as it is good or bad in the individual subjected to it. (Asylums in Bengal for the Year 1868, cited from Mills, 1999) He goes on to describe fixing the maniac on a mattress, with a broad

sheet covering his entire body' and 'a long canvas bag with a collar fitting loosely on the neck, sufficiently wide to prevent any active or dangerous movement of limbs ... this bag envelopes the whole person except the head, and its edges are made fast by strong tapes to the cot on which the mattress is placed'

Other officers decided to devise alternative ways of achieving control over the excited patient's behaviour and effecting desired changes in the inmate's conduct. In the asylum at Colaba, the superintendent exposed in a sentence how medical officers could overcome the restrictions on restraint and devise acceptable ways of punishing errant behaviour in patients: No mechanical restraint is adopted in the treatment of violent or unnily patients. Such patients are placed in one of the dark, boarded cells, or merely shut up for a few hours in an ordinary room until the excitement subsides (Asylums in the Bombay Presidency for the Year 1873-74, p. 4). Exclusion and isolation, rather than direct physical contact, were used to chastise and frighten the inmate. Indeed, medical officers had recourse to other strategies to temper and restrict the physical behavior of the inmates. These strategies were available in pharmaceutical form. The superintendent at Calicut admitted that 'the treatment has consisted in subduing great mental excitement by large doses of bromide of potassium, hydrate of chloral, morphia, and lately tincture of digitalis has been tried'. (Asylums in the Madras Presidency during the Year 1877-78, p. 6) There was a

similar enthusiasm for the chemical straitjacket elsewhere in the Indian asylum system. The doctor at the Dullunda asylum near Calcutta reported that: digitalis and hydrocyanic acid have been largely used in the treatment of maniacal phrenzy, and the hypodermic injection of morphia has at times appeared more powerful than either. The latter is indeed seldom without beneficial effect. Such procedures were the first step that the British officers took in asserting control over the behavior of Indian patients with the medical men dictating acceptable behavior and using various means of restraint to restrict the possible modes of expression available to the patient. The next stage came when the medical officers attempted to punish or attack aberrant conduct through a series of shocks.

These were designed to shake and shock the patients out of their own ways of interacting with the world and to make them more amenable to the re-forming programmes of the institution, or as the medical officer would have it, ’to afford in fact any means of escaping from themselves for ever so brief a period, and turn the current of their thoughts into a more natural and healthy channel’ (Asylums in the Madras Presidency during the Year 1877-78, Mills, 1999).

2.3.3 Reforming the Indian Inmate

Reforming Indian inmates were the another project of psychiatry in India Mills pointed out that Having gained control of the inmate, the next problem for the superintendent was how to get the patient to ‘recover’ or how to make the patient an ‘ordered’, productive individual. Work was both the means and the measure of ‘recovery’ in the inmate.

In this way, work was central to the modes of treating the Indian inmate for it became, as already stated, both the means and the measure of ’recovery’ in the patient. The British wanted patients to be re-formed into useful and productive individuals by learning the virtues of obedience, regularity, forbearance and the like, through constant work. Medical officers also used constant work as an indicator of a patient’s ’recovery’, in as much as the individual’s progress towards the re-formed, ’recovered’ state was signified by the frequency with which work was willingly undertaken (Mills, 1999).

A strict division of labour was being enforced in the asylums by the medical officers: the emphasis was on women performing domestic tasks and men executing outdoor work involving agriculture and rudimentary construction. The gendered division of labour in Indian asylums was intended to reinforce sex identities that the British thought proper. Indeed it was not just the labour regime of the asylum, which was constructed to reassert gender

identities. There was much else in the asylum set-up, which enforced gender difference. It was a matter of course that women's wards were separated from the male ones, as emphasized at Poona where: the construction of the asylum provides for the complete separation of the female patients in a distinct ward. Three other compartments, communicating with the central hall or keeper's room, are set aside, one for criminals, another for cases of amentia and dementia, and the third is occupied by the stationary and generally quiet class. (Asylums in the Bombay Presidency for the Year 1873-74, p. 30. cited from Mills, 1999)

Surgeon-Major Taylor at Delhi revealed a further practice that emphasized sexual difference: 'The diet scale is the same as it was last year. I think that the women should have more food. I recommended last year that they should have the same quantity as the males (Asylums in the Punjab for the Year 1874, cited from Mills, 1999). 'Dietary practices in the asylum also represented British ideas about what India was and what it should be. The superintendent at Dacca refers to 'cooking, which is carefully done: lunatics assist in both the Hindoo and Mussulman cookrooms', (Asylums in Bengal for the Year 1862, p. 28.) and Surgeon-Major Niven at Colaba includes the details that: the 1st class includes Europeans and Eurasians, and the nature of the diet is the same as that supplied in European regimental hospitals; the 2nd class includes Parsees, native Christians of all sorts, mixed races and a

few non-descript people who are fond of changing their character, and wish to be a Christian one day and a native another; the 3rd class consists of Hindus and Mahomedans, and the diet is composed of flour, rice and dhall, and a small quantity of meat and vegetables; the diet of the 2nd class contains baker's bread, tea and sugar, milk and meat, as well as rice and dhall. The native Christians and Parsees are very fond of tea, and it would amount almost to an act of cruelty to deprive them of that article of diet (Asylums in the Bombay Presidency for the Year 1873-74, p. 8.).

Thus, the asylum was also arranged to reproduce the British belief in the separateness of the races, and in some cases even of the Hindu and Muslim communities, and to emphasize to the inmates of the asylum that observance of this separateness ought to be maintained. What is especially intriguing about the passage cited above is the suggestion that while in some asylums there was a separation of Hindu and Muslim diets, in Colaba there was not, and that meat was administered to all. If this was the case then it seems that the superintendent's conviction that he ought to be turning out healthy physical specimens, a state which he considered to be dependent on the inclusion of meat in the diet, had meant that he attempted to impose such a diet on those Indians who may never have before eaten meat and who could have had cultural and religious reasons for not wishing to do so.

Overall then, the asylum treatment regime, and work especially, was devised not simply to detain or to control those whom the British deemed insane. The asylums were fostered environments where the inmates could learn the roles that the British wanted all Indians to play. The asylum's population was to be productive and ordered, divided into neat religious communities and observant of a gendered division of labour. As was demonstrated in the discussions of work within the asylum, the ultimate fantasy, however, was to make each Indian discipline himself/herself to conform to the roles that had been defined by the British.

2.3.4 Civilizing mission of psychiatry

Basu (2004) in his study on 'A new knowledge of madness – Nineteenth century Asylum Psychiatry in Bengal ' pointed out that one of the important project of colonial psychiatry in India was to civilize the native insanes. Basu cited the observation of C.J. Lodge Patch, Superintendent of the Punjab Mental Hospital, about the mental health status in colonial India: "In so large a problem as the salvation of the mental health of India, it may appear to some that the Central and Local Governments may well hold their hand until such time as the cry comes from the General Public of India. But all the time, and every year, hundreds of thousands of imbeciles and potential lunatics are being born or made simply because the

Indian in his ignorance does not known that insanity is a disease, a curable disease, and a preventable disease. It goes on from one generation to the next in the firm belief that insanity is due to possession by a benign or a malignant spirit, and as such, that is neither preventable nor amenable to any treatment except exorcism”(cited from Basu, 2004). Analyzing this lengthy monograph Basu observed that throughout the monograph, he took a critical position that none of he psychiatric theories produced by the Europeans were properly used here and the indigenous concepts also held back the advancement. This was a generally held view of the colonial psychiatrists of that time. Through the study he observed that the colonial force in India perceive the Indians as a unprogressive group and mission of psychiatry as progressive attempt to save the Indians from their mental health problems

Prasad (2005) observed that *Colonialism as Civilizing Mission* takes a fresh look at one of the most complex yet productive tensions that remained at the heart of colonialism the civilizing mission undertaken by British imperialism across much of its colonial territory. The researchers to ask a fundamental question to what extent was this colonial grand narrative a success? The answer to this, they argue, lies in deciphering some of the paradoxes and inconsistencies that have defined the very ideological and moral core of this civilizing mission, instead of

accepting interpretations, which call for straightforward affirmation or negation. But what the volume argues in a novel way is that such irregularities were not anomalies in an otherwise well-scripted endeavor. These very uncertainties were productive precisely because they were appropriated by colonial ideologues and enabled the British to react flexibly to changing colonial parameters and to improve the means and mechanisms of self- legitimating.

In the context of this broad intellectual agenda, in their Introduction Fischer and Mann make a case for their particular enquiry by arguing that while historians have analyzed some of instances of the European colonial civilizing mission, the very formation of this ideology has never been looked at critically. According to them, historians who have written so far on the multifarious colonial attitudes towards British India and the other colonies have never paid close attention to the British civilizing mission in India and elsewhere as programme, concept and ideology. The authors explore the emergence, consolidation, execution, and eventually some of the internal limitations of this classic instance of imperial-humanitarianism par excellence through a selection of empirically rich essays collectively reiterating the centrality of the *mission civilisatrice* as, the sole ideology of British colonialism in India and elsewhere in the world, except in the white-settler colonies.

What is intellectually stimulating is the variety that this volume offers ways in which individual essays bring into light a new body of archival sources as well as the manner in which each essay offers a specific geographical-cultural episode of a larger pan-Indian narrative around the colonial civilizing mission. Also productive is the way in which these essays have been brought together to document the chronological unfolding and articulation of this mission. For example, in the introductory essay to the section titled, Trial and Error, Michael Mann discusses some of the juridical reforms undertaken by the British in Bengal between 1772-93 when civilizing became a legal codeword to control the powers of the Oriental despot in an attempt to consolidate once and for all the legal framework of Bengal that would be vital to the future colonial administration. What is interesting to note, as Mann points out, is the way some of the discourses and concepts around improvement in Bengal, India or elsewhere in the British colonies were developing contemporaneously with the Enlightenment discourses in 18th century Britain. These discourses were therefore far from being complete and definitive.

The second and third sections, Ordering and Modernizing and Body and Mind, trace the more concrete phase in the program around the civilizing mission. In her essay, Melitta Waligora stresses the need to make caste an object of historiography since it was one of the central objects of oriental knowledge that in turn gave a

material and moral justification to the British civilizing mission. She shows how the trajectory of knowing, naming, and ordering castes changed over time. Similarly, in explicating how the civilizing mission was an embodied ideology that found expression in the potential upliftment of Indian bodies and souls, James Mills and Mridula Ramanna show respectively (through practices around asylums and preventive medicine) that here as well, the civilizing mission was in reality a set of undertakings that would at best grant to the colonizers what Jacques Donzelot in a different context has termed, supervised freedom that had to be forever policed. The last section delves into the provocative question as to the degree to which the colonized was in fact civilized and how such internalization, if at all, was expressed in political discourses around anti-colonial nationalism and nationalist conceptions around society, polity, and economy.

What is interesting about *Colonialism as Civilizing Mission* is its reiteration that British colonialism or more broadly European modernity was at best an enterprise that required constant working upon both at the material and ideological levels. The other agenda that the volume directs us to is the crucial fact that, early orientalism developed alongside the European Enlightenment facilitated the coalescing of important notions of modernity, citizenship, and rationality.

2.3.5 Knowledge making institutions and colonial administration

Different scholars analyzed the relationship between knowledge making institutions such as law, science and education and colonial administration. Brown (2003) examines the central role of ethnology, the science of race, in the administration of colonial India. He observed that this occurred on two levels. First, from the late eighteenth century onwards, proto-scientists and administrators in India engaged with metropolitan theorists through the provision of data on native society and habits. Second, these same agents were continually and reciprocally influenced in the collection and use of such data by the political doctrines and scientific theories that developed over the course of this period. Among the central interests of ethnographer-administrators was the native criminal and this study uses knowledge developed about native crime and criminality to illustrate the way science became integral to administration in the colonial domain. The purpose of this study is to examine the contribution of ethnology, the science of race, to administration in nineteenth-century British India. During this period ethnological investigations were conducted into a wide range of questions on native society and conduct where administrative and scientific interests coincided. The theories of liberal governance that developed during this period sought to provide an intellectual justification for British rule at home and

perhaps less successfully – abroad and, in doing so, both drew upon the product and influenced the direction of scientific enquiry. Colonial administrators were subject to both these forces. Their thinking about how India ought best to be governed was structured in light of metropolitan political doctrines, such as those advanced by James Mill, John Stuart Mill and James Fitzjames Stephen. Yet the armory of that theorizing was a certain kind of knowledge about Indian society and culture, knowledge developed, shaped and elaborated in the process of colonial administration. Brown also attempted to draw out these connections, showing, first, how the approach to ethnological investigation was crucially structured by ideas of individual autonomy, civilization and governance and, second, how the raw material of such ethnological investigations became critical in decisions about the governance of marginalized and supposedly criminal communities. Through this study Brown explained how law, science and colonial administration interact and support the process of controlling the natives in India.

Nair (2006) also analyzed the relationship between science and colonial coercive power. After analyzing the case of Indian meteorite she problematised affiliation between knowledge making institutions and colonial administration. She pointed out that the period after the 1850s saw a dramatic shift in the nature of collecting and the practice of colonial science, with the emergence of public museums in India. These colonial museums, represented

by the Indian Museum, Calcutta, began to compete with the British Museum for the possession of locally formed collections in an effort to form an exemplary ‘Indian’ scientific collection. This resulted in conflicts, which changed the very nature of colonial science. She shows how the 1860s marked a break with the past. A new breed of colonial scientist arrived, prepared successfully to challenge the status of the British Museum as the ‘centre of all sciences’ and to defend scientific institutions in the land of their practice, the colony. Rather than being driven by a feeling of scientific dependence or independence, or even the patriotic aspiration to build a national collection in London, it was scientific internationalism backed by the strength of local knowledge that now determined their practice.

The sections of indigenous healing and cultural elements of madness, discourse of madness and colonial modernity and psychiatry in India demonstrate that the number of studies done in the field of the concept of madness and its management is of particular cultural relevance. The cultural elements, colonial power dynamics and the rich and diverse history of Kerala cannot be separated from the treatment and conceptualization of madness. These reviews offer a cultural frame to the present research which emphasize the fact that the direction of science and scientific enquiry are not value free.

Chapter 3
METHODOLOGY

"...Social science research has to confront a dimension of human activity that cannot be contained in the consciousness of the isolated subject .in short, it has to look at something that lies beyond the world of atomistic individuals "

(Prior in 2004 cited from Biber and Leavy,2006)

The researcher primarily intended to place the concept and management of madness in the cultural milieu of Kerala. The concept and management of abnormality is mixed with the historical, sociopolitical and folk notions of the culture. Any engagement of madness without analysing these notions of culture will be immature. Cultural, historical and sociopolitical impact brings 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 a exploratory qualitative method to dissect the intricacies of madness in its historical, cultural and indigenous realm.

Review of related literature in the field of study also supported the position of present research work. As I mentioned before, the classic work of Sudheer Kakkar on *Shamans mystics*

and doctors. The psychological enquiry into healing practices of India, Mills (1999) work on *study on Re-forming the Indian: Treatment regimes in the lunatic asylums of British India* Cladwell's(1999) work on *Sexuality, violence and worship of the Goddess Kali* also followed qualitative enquiry for understanding the abstract term of madness and related concepts.

Qualitative exploratory method is very well suited for the present research is because of its flexibility, possibility of in-depth analysis of the subject matter and interdisciplinary nature. In such methods what is derived out of the research is more significant than the methodological constrains.

3.1 The basic assumptions of qualitative research

According to Denzin and Lincoln (2005) qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that makes the world visible. These practices transformed the world. They turn the world into a series of representations, including field notes, interviews, conversations, photographs, recordings and memos to the self. At this level, qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in this in their natural settings, attempting to make sense of or interpret phenomena in terms of the meaning people bring to them.

In qualitative research, it is important to recognize that there is no single, accepted way of doing qualitative research. Indeed, how researchers carry it out depends upon a range of factors including their beliefs about the nature of the social world and what can be known about (ontology), the nature of knowledge and how it can be acquired (epistemology), the purpose and goals of the research, the characteristics of the research participants, the audience for the research, and the position and environment of the researchers themselves (Ritchie and Lewins, 2003)

Qualitative methods are used to address research questions that require explanations or understanding of social phenomena and their contexts. They are particularly well suited to exploring issues that held some complexity and to studying processes that occur over time.

The natures of research design in qualitative research adopts a flexible strategy. It is also sensitive to the social context in which the data are produced (Ritchie & Lewis, 2003; Grbich, 2007). The qualitative research adopted methods, which usually involve close contact between the researcher and the people being studied, where the researcher is the primary instrument.(Ritchie & Lewis, 2003)

The qualitative research reflects the complexity, details and context of the data, using the qualitative research, researchers attempts to identify emergent categories and theories from the data rather than imposing a priori categories and ideas. Based on

these categories qualitative researchers attempt to explore meaning rather than cause.

3.2 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. This process of data collection is controlled by the emerging theory.

3.2.1 The logic of using theoretical sampling

In contrast with statistical sampling the probability assumption is not relevant in theoretical sampling. Rather, the researchers select sample according to their (expected) level of insights for developing theory in relation to the state of theory elaboration so far.

In contrast with statistical sampling the extension of the basic population is not known for the researcher in advance. In each step researcher drawn repeated sampling elements for generating various themes understanding research objectives. Once the researcher reached a theoretical saturation data collection was stopped.

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.

To support the theory formation 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.

3.2.2 Sampling frame

Primarily sampling frame gives clarity to the researcher about the exclusion and inclusion criteria, sufficient number of potential participants and number of practical consideration. It also helps the researcher to focus his study on a relevant sample. Two key types of sampling frame are relevant in the present study, they are the sample frames that need to be specifically generated for the research study and existing sources.

3.2.3 Sample frame generated for the present research

As I mentioned before the sample selected was from Kerala. The sample consists of Historians, Folklorists, Sorcerers, Ayurvedic healers, psychiatrists, Linguists, Theyyam Artists and lay people. Snowballing procedures were used to the study, which involves asking people to identify other people they know who identify the new participants who have already been interviewed in the selection criteria. Considering the wide area of subject matter the

sample is not limited to any specific localities in Kerala. Using a theoretical sampling procedure the primary focus was on the data generation from the heterogeneous sources. The primary stakeholders of this sample were the practitioners of indigenous healing and the secondary stakeholders were the experts and lay people.

3.2.4 Existing sources

The researcher has taken various documents as the sample for the present study. This document includes, the Lunatic Asylum report of Madras Presidency from 1873 to 1915, various hospital records from the Lunatic Asylums at Travancore and Thrissur. The researcher also consulted different old nd new dictionaries in Malayalam and Sanskrit to identify the words related to madness. Some of the folktales related to madness were also selected for analysis

The principal shortcoming of existing sources is that, because they are not generally designed for research purposes, they are unlikely to contain all the information that qualitative research sampling requires and further screening is therefore likely to be needed. (Ritchie and Lewin, 2003)

To give a sample frame for the existing data, the researcher limited the asylum documents from the last decades of 19th century and first decades of the 20th century. The fairy tales were collected

only in relation with the concept of madness. And the dictionaries were searched limited to the word related to madness.

3.3 Methods of data collection

For generating the data for present study the following methods were used.

3.3.1 1) In-depth/ unstructured interview

In depth or unstructured interview is one of the main methods of data collection used in qualitative research. (Hammersley & Atkin) in 1995 observed that

“The expressive power of language provides the most important resource for accounts, a crucial feature of language is its capacity to present descriptions, explanations, and evaluations of almost infinite variety about any aspect of the world, including itself. (Ritchie & Lewin 2003, p 138)

There are debates about how far knowledge is constructed in the interview or is a pre existing phenomenon, and about how active or passive the role of the interviewer should be .Gubrium (1997) observed that researcher is an active player in the development of data and of meaning. He stresses that the researcher is not simply a pipeline through which knowledge is transmitted; rather knowledge is constructed continuously in the interview, through collaboration between interviewee and researcher. In that sense the interviewers’ subjectivity also played an important role in the theorization process. To overcome these, postmodern constructivist suggests some alternatives. Douglas (1985) a well-known constructivist suggests that it can be overcome by using a creative interviewing strategy. He observed that, in creative interviewing the researcher moves away from the

conventions of interviewing, with lengthy or repeated interviews taking place in people's everyday, world situations and an emphasis on free expression. In the present interview process the researcher was attempted to overcome this issue by conducting the interview in their own natural setting and provide a platform to express their own ideas feely.

3.3.1.1 The process of interview

Through the telephonic conversation the consent was taken from the interviewee. They were approached in their respective places, or house to conduct the interview. As an in-depth interview, no structured questionnaires were prepared but to setting out the interview topics guide was followed. The interviewer attempts to be interactive as far as possible. That provides an environment to express the ideas of the interviewee freely. 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 duration of the interview was generally from half an hour to two hours. The language used in the interview was Malayalam. Some of the interviews were recorded using audio devises and other interviews noted in the form of field notes.

The researcher also used a range of probes and other techniques to achieve depth of answer in terms of penetration, exploration and explanation. An initial response was often at a fairly surface level the interviewer used following up questions to obtain a deeper and fuller understanding of the participants meaning.

3.3.2 2) Collection of documents

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

3.3.2.1 1) Archival document

The researcher approached the central Archieves in Nalanda, Thiruvanthapuram and seeks permission to consult the Archival documents in central archives Thiruvanthapuram, Regional Archive, Calicut and Ernakulam. The permission was obtained. Various general and specific fields dealing with the matter of madness were identified. Some of the files were in brittle form so that the researcher was unable to get a copy of it such files were copied manually. The files in good conditions were copied and attached to the appendixes.

3.3.2.1. Documents collected from the archives

1. General File No. C15883/1866. Establishment of Lunatic Asylum Travancore: Kerala State Archives. Trivandrum.

2. General File No. 3634 Bundle 141/1899. Lunatics-private their release from the Asylum. Trivandrum: Kerala State Archives.
3. Series Files NO. 376 B.31/1684-1869. Ernakulam. Regional Archives.
4. Administration Report of the Medical Department for the year 1953-54. Ernakulam. Regional Archives.
5. Sign Manual Copies of Acts B.No.16/1921. Regulation VII of 1096. The Cochin Lunacy Regulation. Ernakulam: Regional Archives.
6. Medical Report. Mental health centre, Trivandrum for the year 2007.
7. Sign Manual Copies of Acts B.N.13/1940. The Cochin Lunacy (Amendment) Act. Ernakulam. Regional Archives.
8. Annual Report on the Lunatic Asylums in the Madras Presidency During the year 1873 to 1915. Madras: Madras Government Press. (43 years)

Compare to the files related to other fields the madness related files are very less in number.

3.3.2.2 Published works

Published works are used as secondary sources of data. It includes (1) Malabar Manual (2) Cochin State Manual (3) Travancore State Manual. Other historical textbooks also used for observing. (See Reference)

3.3.2.3 Dictionaries

Dictionaries also consulted to identify the etymological origin of Bhranth (madness). The following dictionaries were consulted.

1) Balakrishnan, B.C. and Narayanapilla, K.S. (2001). *Shabthasagaram Vol I* Kottayam: D.C. Books.

2) Gundert, H. (1872). *Malayalam – English Dictionary. 2nd edition.* Kottayam: National book stall.

3) Namboodirippad, K.V. (2003). *Dictionary of Verb roots*. Mysore: Central Institute of Indian Languages.

4) Balakrishnan, V. and Leelavathi, R. (1973). *Sanskrit Malayalam Dictionary*. Kottayam: Vidyarthi Mithram Press.

5) Numudirippad, K.S. (1980). *Sanskrit – Malayalam Dictionary*. Kottayam. National bookstall.

6) Webster, A.M. (1971). *Webster's Third New International Dictionary of the English languages.* Massachusetts: G&C Merriam company.

7) *The Oxford English Dictionary*. Being a corrected Re. issue with an introduction supplement, And Bibliography of a New English Dictionary on Historical principles (1970). Oxford: Clasrendon press.

8) Nambudiripad, K.V. (1976). *Malayalam Lexicon A Comprehensive Malayalam – Malayalam English Dictionary on H istorical and philosophical principles Vol III.* Trivandrum: Government of press.

9) Balakrishnan, B.C. and Narayanapilla, K.S. (2001*). Shabthasagaram Vol II Kottayam:.* D.C. Books.

10) Balakrishnan, B.C. and Narayanapilla, K.S. (2001*). Shabthasagaram Vol III Kottayam:.* D.C. Books.

11) Balakrishnan, B.C. and Narayanapilla, K.S. (2001). *Shabthasagaram Vol IV* Kottayam:. D.C. Books.

12) Kunjapillai, S. (1970*). Malayalam Lexicon. A Comprehensive Malayalam – English Dictionary on historical and philosophical principles. Vol II*. Trivandrum: The Government Press.

13) Padmanabapllai, S.G. (1978). Shabdhataravali.. Kottayam: National book stall.

14) Aiyyappanikkar, K. (1976). *Malayalam Thesaurus*.. Kottayam. D.C. Books.

15) Achuthanpillai, P.S. (1978). Unmadam. In V. Arjunan (Ed.), *Sarvavejana Kosham.* Thiruvanthanpuram: State Institute of Encyclopedia publications.

16) Williams, M.M. (1970*). Sanskrit English Dictionary. Etymologically and philosophically arranged with special references to cognate Indo-European languages.* Delhi: Sharada publishing House.

3.3.2.4 Fairy tales

Fairy tales related to madness were collected. The primary source of this collection was from (1) Aidihya mala, by Kottarathil

Shankunni (Malayalam), 1926. (2) Aidihiya Sanjayam by Chittoor Narayanan Namboodirippad, 2002. (3) Theyyam Tirakalude Tottam by Vishnu Namboodiri, 2005. (4) Indian Folk stories by Jacob.(see reference)

3.3.2.5 Notes of the practitioners.

The notes on indigenous healing practices were used for the study. The notes collected by Ravindran, Payyannur from his fathers diary was also used for analysis.

Analysis strategies of these documents were included in the next section.

3.4 Research strategies

The 19th century, Kerala witnessed lots of structural, political linguistic and economic changes. The researcher assumes the necessity of placing the dynamics of madness in this rich cultural context. To begin with the researcher reviewed the historical textbooks to understand the scenario of Kerala in 19th century. In parallel with this researcher also reviewed various books and journals to understand theoretical and conceptual foundation of madness in the west as well as in India. To clarify the methodological and conceptual issues of the study, researcher approached and discussed with the experts in the field of History, Psychology, Linguistics, Folklore, and Psychiatry and cultural studies. Based on the discussion and review of related research, researcher realized the interdisciplinary relevance of the present research work. To interact with this interdisciplinary nature, the present study was framed an explorative qualitative research design. The review of the related works and discussion with the

experts also helped the researchers to place the major research concern into the right epistemological and ontological framework.

The next stage in the research was listing out the traditional/ indigenous healing centers/ practices/ traditions prevalent in the present kerala. Based on the preliminary information about the traditional healing centers the researcher traveled all over Kerala to locate traditional healing practice centers. Interaction with lay people, doctors and experts give a road map to identify these centers. From this preliminary journey to the research field helped the researcher to identify and scrutinize the important centres, and practitioners in Kerala for treating mental illness in a traditional way. These centres were scattered all over Kerala. That was one of the difficulty as well as strength of the study. The difficulty faced by the researchers was to integrate these heterogeneous data into major research .On the other hand this heterogeneity of data helped the researcher too.

Keeping its historical significance in mind those practices/ traditions were categorized under the following heads by the researcher.

1. Family based
2. Religious centers based
3. Ritual art forms

3.4.1 Family based practices

To explore the nature of this practices in the families, the researcher adopted an exploratory approach. Interview methods were primarily used to understand this practices. The primary stakeholders of this work were the practitioners in various healing centers in Kerala.

3.4.2 Religious centers based practices

To understand the religious centers based practices, the researcher visited the important centers like *Chottanikkara* and *Beemapally* and observed the practices for managing mentally ill people. An in-depth interview was also conducted with practitioners of the centre.

3.4.3 Ritual Art forms

To explore the nature and practices of ritual art form based strategies to deal with mental illness; researcher visited the place of such art forms. Primarily the Theyyam, a ritual dance form were selected to understand this tradition. The place called Payyannur, Kannur district was selected for studying this unique arts form called Theyyam.

The researcher stayed in this place in Theyyam season and observed various 'Theyyam' performed in houses, temples and public places. To understand this Theyyam dance form and its implication in management of mental illness, the researcher

interviewed Theyyam Artists, folklorists and lay people. The folk academy in Chirakkal, Payyannur was also visited to analyse the documents about Theyyam. Field notes and process notes were prepared to keep in track of the present research work. In the next phase discussion with historians, folklorists, Linguists, psychologist and psychiatrist and review of related research gave some new question about the concept on madness. The researcher realized that, language is an important tool to understand the cultural psyche of any society keeping this question in mind the study seeks the etymological origin of the concept of madness. To understand the etymological origin of madness (Bhranth) the researcher explored origin of the concept of madness. Primary source of the data collection was from the various dictionaries in Malayalam Sanskrit and English. The Thunjathu Ezhuttachan Grandha Shekaram (Manuscript Library),Calicut also visited as part this objective. To verify the hypothesis of the researcher analysis of folk tales and interview with linguists were also conducted. These three sources of data collection and analysis helped the researcher to formulate new categories and themes about the historical root of the concept of madness and its management. It also provided an insight about the present form of indigenous healing transaction in Kerala.

In the next phase of the study the researcher traced the transition from indigenous healing tradition to modern psychiatric

treatment in Kerala. To trace the root of this question the researcher consulted various historical documents primarily from three achieves in Kerala. The details of the documents consulted were noted in the previous section.

The analysis of this archival document helped the researcher to understand the psychiatric practices in Asylums of 19th century Kerala. It helped the researcher to formulate new questions and hypothesis about the anxieties and conjectures brought by the colonized psychiatry to the soil of Kerala.

These data were analyzed using discourse analysis method that will be discussed in the next phase. Based on the analysis of the data from these three sources, the researcher traces the root of the concept of madness and its management in Kerala Scenario.

3.4.4 The process notes

A Process notes were prepared to keep in track with the research. A process note is nothing but writing the details of the observation of the researcher about the major research concern. It also gives the detailed accounts of the researcher's insights and thoughts about the research. It was very helpful to formulate the theory based on the data generated from the field.

3.4.5 The Field notes & recording

Detailed field notes were prepared by the researcher to generate the data. The field notes were one primary method adopted by the researcher to document the interviews and observation. Most of the interviews were conducted in healing centers or in the natural setting of the interviewee so the technological devises such as audio tapping were avoided to document the data. It provided more convenience to the interviewee. At the same time the field notes were limited in its detailed verbatim. The field notes were primarily includes only the important content of the interview.

3.5 Analysis of the data

For analyzing the data primarily two methods were used.

1. Thematic Analysis
2. Textual Analysis

3.5.1 Thematic analysis

Thematic Analysis was carried out to analyse the data collected through interview. The grounded theory strategies were used to explore the various themes from the data.

3.5.1.1 Different phase of thematic Analysis

First Step: Data Management

As I noted in the previous section, majority of the data generated through the interview, observation were noted in the

form of field notes. Some of the interviews were recorded using audio recorder. Such interviews were transcribed into the textual form. The field notes were not strictly ‘raw’ data because the entries of data were selective, having already been filtered according to the particular focus of the present study. But the transcripts were not filtered in terms of the relevance of the major research concern. So in the initial phase researcher organized and filtered transcripts according to the relevance of the present study.

Second Step: Identifying initial themes

The researcher went through the transcripts and fieldnotes many times. That helps to get familiarized with the data. Through this process of reviewing the chosen materials, some of the basic themes were identified. This initial themes helps the researcher to develop an initial conceptual framework for the data analysis

Third Step: Coding/ Indexing

After identifying the initial themes and conceptual framework for the analysis the next step was to apply this conceptual framework into the raw data. This process is called coding or indexing in qualitative research analysis. This indexing or coding process help to show which themes or concept is being mentioned or referred to within a particular section of the data.

Fourth Step: Sorting the data by themes or concept

In this stage, the researcher sorted or ordered the data in terms of its content or properties. The purpose of sorting the data allowed the analyst to focus on each participant in turns so that the details and distinction that lies within could be unpacked.

The Analyst primarily used the index categories to bring material together in thematic sets.

Fifth Step: Summarizing or synthesizing the data

In this stage the researcher summarized or synthesized the original data. This not only serves to reduce the amount of material to a more manageable level but also begins the process of distilling the essence of the evidence for later representation.

Sixth Step: Refining categories and classifying the data

The critical stage in descriptive analysis was intended to unpack the content and nature of a particular phenomenon or theme. The main task was to display data in a way that is conceptually pure, makes distinctions that were meaningful and provides content that is illumination. There were three steps were used to achieve this higher level of analysis.

- Detection in which the substantive content and dimensions of a phenomenon were identified.
- Categorisation in which categories were refined and descriptive data assigned to them.

- Classification in which groups of categories were assigned to classes. It was higher level of abstraction.

Seventh Step: Developing higher-level themes

Based on the categorization and classification of the data higher-level themes are developed. Connecting the higher-level themes the researcher developed new questions and formulation of hypotheses and theories addressing the major research concerns.

3.5.2 Textual Analysis

Perakyla (2005) pointed out that, qualitative researchers who use written texts as their materials do not try to follow up any predefined protocol in executing their analysis. By reading and rereading their empirical materials, they try to pin down their key themes, and thereby, to draw a picture of the presuppositions and meanings that constitute the cultural world of which the textual material is a specimen.

Textual analysis can be performed for the written and spoken text. There are many methods of text analysis from which the researcher can choose. The degree to which they involve predefined sets of procedures varies; some of them do to a great extent, whereas in others the emphasis is more on theoretical presuppositions concerning the cultural and social worlds to which the texts belong.

Discourse analysis is one method of analyzing the texts. The term discourse analysis may refer depending on context, to May different approaches of investigation of written texts. In the context of linguistics, discourse analysis usually refers to research that aims at uncovering the features of the text that maintain coherence in units rather than the sentence. This is a procedure of rereading the existing texts. In social psychology Discourse Analysis, as it has been called more involves research in which the language use (both written and spoken) underpinning mental realities, such as cognition and emotion, is investigated. Here, the key theoretical presupposition is that mental realities do not reside 'inside' individual humans but rather are constructed linguistically.

Critical discourse analysis developed by Fairclough, constitutes yet another kind of discourse analytical approach in which some key concerns of linguistic and critical social research merge. Critical discourse analysis are interested in the ways in which texts of different kinds reproduce power and inequalities in society.

Historical discourse analysis constitutes yet another form of discourse analysis followed by the basic assumption of Foucaultian analysis of text. The present research adopts this method for analyzing the major concepts evolved in the context of Kerala and

also analyses the Asylum documents in 19th century Psychiatric practices in Kerala.

Foucault did not propose a definite set of methods for the analysis of texts; hence the ways of analyzing and interpreting texts of scholars inspired by him vary. For all of them however a primary concern is, as Potter (2004) aptly puts it, how a set of statements comes to constitute objects and subjects. The constitution of subjects and objects is explored in historical context or in Foucaultian terms through archeology and genealogy.

David Armstrong's work is a good example of the Foucautian, or historical approach in text analysis. He investigated medical text books and journal articles, showing how objects such as bodies, illness and death as well as subjects such as doctors, patients and nurses, have constituted in these texts during the past two centuries. Armstrong's approach is radically constructionist; he argued that these objects and subjects in the sense that we know them now did not exist before they were constructed through textual and other practices.

Using these assumptions of discourse analysis, the first section present & third section of the present research adopted a discourse analysis methods to identify the underlying discourse of madness in the context of Kerala. Using various folktales like Naranathu Bhranthan, Vararuchi and dictionaries words related the

concept of madness. It explores the meaning of madness in the context of Kerala.

The historical discourse analysis method was followed to analyse the large archival documents from three archives of Kerala namely, Thiruvanthupuram, Ernakulam and Calicut.

3.5.2.1 The process of analysis

First step

In the first step researcher went through the Historical documents related to mental illness and treatment in last decades of 19th century and the first decades of 20th century. This helped the researcher to familiarize with the documents related to psychiatry and its practices in the 19th and 20th century asylums in Kerala.

Second step

The familiarity of the data helped the researcher to identify various issues in asylums' practices. Based on the theoretical assumption of social constructivism in the background, the researcher identified various themes from this data. The nature of the report was primarily in two forms. One part of Asylum reports was detailed statistical tables. These statistical data were categorized based on its content. The descriptive part of the report reviewed to identify the themes related to the present research concern.

Third step

Based on the identified themes from the asylum report, the researcher explored theories to support the notions developed by the researcher. Through these processes, the researcher explored how psychiatry constructed a new knowledge in Kerala about madness and its causation and treatment.

Chapter IV
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.

Section I: Concept of bhranth (madness)

This section addresses the objectives to explore the concept of madness in the cultural context of Kerala. The concept is studied using the texts and fairy tales.

Section II: Madness: Indigenous healing traditions in Kerala

Second section deals with the objective to study the status of indigenous healing practices for managing mental illness in Kerala. It is further sub divided into a) family based practices, b) religious centre based practices and c) ritual art forms.

Section III: The emergence, establishment and practice of Psychiatry in nineteenth and early twentieth century in Kerala

To explore the history of psychiatric treatment in Kerala, this section is planned. It provides huge data and its analysis from the archival documents of Lunatic Asylums in Kerala.

Section I
CONCEPT OF BHRANTH (MADNESS)

> *"Texts, then, are defined as being the semiotic manifestation of material social processes"*
>
> (Ledema, 2001, p. 187)

Psychologists' turn to language was inspired by theories and research, which had emerged within other disciplines over a period of time. From the 1950s onwards, philosophers, communication theorists, historians and sociologists became increasingly interested in language as a social performance. The assumption that language provides a set of unambiguous signs with which to label internal states and with which to describe external reality began to be challenged. Instead, language was reconceptualized as productive; that is to say language was seen to construct versions of social reality, and it was seen to achieve social objectives. The focus of inquiry shifted from individuals and their intentions to language and its productive potentials. Wittgenstein's philosophy, Austin's speech act theory and Foucault's historical studies of

discursive practices are important examples of this shift (Willig, 2003).

Lovlie (1992) observed, “We may believe ourselves to be masters of language. In fact it is more apt to say that language masters us. Language can then be described as a structure of signs which is itself the repository of meaning, independent of reference to the facts of the world or the intentions of a subject” (Lovlie, 1992, p 119).

He also pointed out that, instead of being defined by the correspondence between word and world or between sign and its factual referent, meaning is now found in the relation between signs. That is to say, signs do not have meaning in themselves but get their meaning by the distinctive place they occupy in contrast to other signs in the networks of language. This incidentally, makes the traditional search for definitions not only dubious, but also futile (Lovlie, 1992, p. 122).

According to Norris (1987) “The word is a hybrid between ‘destruction’ and ‘construction’, conveying the idea that old and obsolete concepts have to be demolished for new ones to be erected. Norris defines it as the vigilant seeking out of these ‘aporias’, blind-spots or moments of self contradiction where a text involuntarily betrays the tension between rhetoric and logic,

between what is manifestly means to say and what it is nonetheless constrained to mean (Norris, 1987, p. 19).

The radical deconstructionist move is to constitute the subject as a text (or the text as subject), making it impossible for that subject to refer to itself in any consistent way, independent of the world of signs it is enmeshed in. In this scheme the subject is doomed to perpetual exile from itself. It is exposed to the endless substitutions of meaning (Lovlie, 1992)

In this section, the researcher studies the first objective, which state that, the concept of word *bhranthu* (madness) in the cultural context of Kerala through textual analysis. The following section is divided into two; the first part talks about description of words related to madness in Malayalam and the second part analyze these words based on the themes and its categories.

4.1.1 Part I: Word description

Malayalam belongs to the family of Dravidian languages, so it is quite evident that in tracing any words to its source, we must take into consideration the all-important cognates of this word in the other Dravidian languages. Tracing the origin of the word *bhranthu* and related words in Malayalam, we frequently come across with words, which are declared to be 'of unknown origin'.

Historians claimed that Malayalam originated from Tamil. Menon (2007) pointed out that till about 800 A.D., Kerala was

almost a part of *Tamizhakam* and the language of the region was *Tamil* with its own peculiar local characteristics. Some of the leading Tamil poets like *Paranar Ilango Adikal* and *Kulasekhara Alwar* hail from Kerala. The origin of Malayalam as a distinct language may be traced to the 9th century A.D. In fact, Malayalam was the last of the four Dravidian languages to take distinct shape, the other three being Tamil, Kannada, and Telugu. It had its origin in the primitive Tamil spoken in Kerala but its gradual evolution to its present form was influenced by the circumstances that prevailed in Kerala during the various phases of its history. Having originated as an offshoot of Tamil, it came under the influence of Sanskrit and when the Brahmins became an important element in the population of Kerala in due course it came to have a literature of its own. It may be mentioned here that with its emergence as a distinct language Malayalam discarded the old *Vattezhuthu* script and evolved a new script based on *Grantha* used in South India for writing Sanskrit.

According to Nambudiri (2002), the history of a particular language begins only once it developed a script for writing. In that sense Malayalam developed as an independent language in the 9th century A.D. The first script of Malayalam has been found in 832 A.D., which is known as '*Vazhaappilly shasanam*'., which was written in mixed *Vattezhuthu* and *Grantha* script.[1] That does not

[1] Old Malayalam scripts

mean that Malayalam was not prevalent before 9th century as a language. Before 9th century Malayalam was under the influence of Tamil and it come across various transformation through the centuries. Some of these transformations of Malayalam will be explained in the next section. So the development of the concept of madness also comes across these transformations.

This section gives a comprehensive picture of the common Malayalam words used in the discourse of madness. The researcher has reviewed and analyzed a few dictionaries and historical textbooks to trace the evolution of the word ‘madness’. The details have given in the methodology chapter.

There are different words used in Malayalam to express the word ‘madness’. The common words are found to be (1) Bhranth, (2) Vattu, (3) PĒ, (4) Ulan, (5) Cittabhramam, (6) Ilakkam and (7) Unmadam The following section analyses the origin and meaning of these words. Exploring the meaning of these words has helped the researcher to arrive at and deal with the cultural intricacies of the word ‘madness’. The impression of the researcher on the social structure of Kerala and its role in the formation of the concept and management was quite an interesting fold in this research.

4.1.1.1 Word 1 - Bhranth

According to Nambudirippad (2003) most of the words are originated from verb roots. (Verb root means which holds verb)[2].

The word *bhranthu* originated in Malayalam from the verb root of '*bhram*'. The verb root of '*Bhram*' has originated from Sanskrit.

The general meaning of Bhram is to wander or roam about, rove ramble, to wander through or over a country; with bhiksham, go about begging, to fly about, to roll about etc. (Williams, 2005). According to the experts' opinion and available text about the etymology of words in Malayalam; the words may receive new propositions and that lead to new meanings. In the case of *bhranthu* it could be a symptomatic meaning. A symptomatic meaning generally originate in the context where the existing word could not stand for.

In Sanskrit we can find some other words, which originated from the verb root of 'Bhram' for example 'Bhranta, Bhranti'. These two words have the similar meaning of wandering or roaming about. The word Bhranti also has a meaning of false impression of mistaking something for, supposing anything to be or to exist. An old Sanskrit grammar text written by Panini used an Alangaram (rhetoric) called Bhranthiman. (Gundertt, 1872)[3]

[2] ദധാതി ക്രിയാമിതി ധാതു

[3] ലക്ഷണം (സാദൃശ്യം കൊ് ഒന്ന് മറ്റൊന്നാണെന്നു ഭ്രമിക്കുന്നത്)

Gudertt (1872) has also observed that *bhrantha* has a meaning of elephant in rut, moving about unsteadily, rolling. Analyzing the general meaning of the verb root of Bhram, it has been seen that two meanings are predominated:

1) The wandering and moving nature

2) Unsteadiness

The researcher then analysed one of the famous folk narratives of *Naranathu Bhranthan* (the madman of Naranathu), which has been prevailed in the folk notions of Kerala. The researcher thus hypothesized that the existing folk knowledge also supports the origin of the word *bhranthu* from the general meaning of roaming and wandering and unsteady nature of the *bhranthan* (Madman). The following section explores this construction of the word *bhranthu* through the analysis of Naranathu Bhranthan epic existing in Kerala.

4.1.1.1.1 The narrative of Naranathu Bhranthan

(The mad man of Naranathu)

The folk stories of Malayalam are unique in richness and variety. It reflects the psyche of *Keralites* better than anything else. In that sense, to explore the origin of the word *Branthu* in Malayalam, there is also a possibility to analyze some of the popular folk stories about madness. One of the most interesting folk stories that give some inputs into the historical evolution of the concept is the story of Naranathu *Bhranthan* (The Mad man of Naranathu). The acts and the philosophy, which the Naranathu *Bhranthan* represent throws light on the complex existence of *Bhranthan* (Madman) in the context of Kerala. So the narrative of *Naranathu Bhranthan* is an inevitable thread, which makes us to

explore the cultural psyche of *Keralites.* While understanding the madman story and its connection with the etymology of the word 'madness', there are few questions need to be addressed. Who is this madman? What is his origin? Why is he so popular among *Keralites*? What does he represent?

There are numerous stories about Naranathu Bhranthan stay alive in different parts of Kerala. These stories have been taken from the Puranic Encyclopedia and folk tales of Kerala. Based on the general assumptions of social constructivist perspective in the background, the present study explores the possibilities of Naranathu Bhranthan episode for understanding the discourse of madness in the context of Kerala.

The Great King Vikramaditya had many fine scholars at his court, Vararuchi was a learnt Brahmin, was the chief among them. One day, the King asked him, "tell me now, which is the finest verse in Ramayana?" Vararuchi was at a loss. How could he choose one verse among so many excellent verses? The King, with the usual unreasonableness of royalty, said, "Unless you can give me the answer, you need not come to this court." Vararuchi began his wanderings. He met great scholars and asked them the same question, but he was none the wiser for all his efforts. Weary and dispirited, he laid himself down under a peepal tree in a forest which was said to be haunted. He prayed to gods to keep him safe. The peepal tree was the abode of evil spirits. They used to drink human blood, especially of women during confinement. During the night, he heard a conversation among the spirits on the tree. "If you had come from a village nearby, there is a woman in the village nearing her confinement." The newcomer said, "if you want a feast, come." But spirit on the tree declined. "We

have to keep watch here," they said. "A great Brahmin scholar is sleeping under this tree. You come back and tell us all the news." At about midnight, the spirits returned. They said, "it was a paraya[4] woman and she delivered a girl. The girl will be married to a Brahmin whose name is Vararuchi. He is a great scholar, but he does not the most excellent verse in the Ramayana." Saying this, they recited the verse. Vararuchi was happy that his quest was over.

He knew the verse now but to be married to a paraya girl: Oh! That was indeed terrible. Something must be done about it and speedily. So, he went back to the court and repeated to the king the verse he wanted so much to hear. The king was happy, but he also warned him: "Oh king! A grave danger is threatening Your Majesty. There is a Chandala girl born in your kingdom who will bring ruin upon the land." The king knew that Vararuchi was a great scholar and astrologer, so he lost no time in sending his servants to find the girl. He ordered that the baby should be put on a small raft and floated down the river, with a candle fixed on its head. After some years, Vararuchi left the king's court and wandered all over the land. One night, he was a guest of a Brahmin gentleman who knew about him and received him with great honor. He invited Vararuchi to dinner, but the latter said, "there are some conditions to be fulfilled before I take my food. First, I must have veeravalli pattu (a kind of soft silk) to put on after my bath. Second, one hundred persons must be fed before I eat. Third, I must have 108 curries for my dinner. Four, I must eat three people after taking food. Fifth, four people must carry me afterwards."

The host felt that these were impossible conditions, but he had a very wise daughter who said, "father, don't be worried. We can do what he wants." "How is it possible my daughter?" he asked. "Don't you see father that he is

[4] Paraya- according to the caste hierarchy in Kerala, paraya community is considered as one of the lowest castes. Brahmin is the supreme caste. There exists clear demarcation between people in terms of their caste, even untouchability.

merely using figurative language? He wants veeravalli pattu to wear. He is referring to his underwear, which need only be of ordinary cloth. He has to feed 100 people, that means only that he must perform the ceremony of vysiam, we have to supply some sandalwood, some flowers, etc. - nothing very hard to get. He says that after taking food he must eat three people. He is merely referring to pansupari, which consists of three things, betel leaf, areca nut, and lime," said the girl. "He says four people should carry him? What does he mean by that?" "Oh, that! That means only that he should sleep on a cot with four legs." "Is that all? I will tell him that we will fulfill his conditions. You are indeed a blessing to me, my daughter." So Vararuchi was informed that he could have all that he wanted. He wished to know how his host had managed to find out his meaning. "I have a very clever daughter who understood your meaning." Vararuchi decided that he should marry that wonderful girl. Her father was very happy to give his daughter to so learnt a man. So, he married her and took her to his own home.

One day, Vararuchi combed the lovely hair of his wife. He found a healed wound on her head. "What is this, my love?" he asked. "Oh that! There is a story connected with it. You see, I am not the Brahmin's daughter. My parents, for reasons best known to them, put me on a small raft, set a candle on my head and floated me down the river. This mark is of the nail with which they fixed the candle on my head. That Brahmin saved me and brought me up as his own child." Vararuchi then knew that no one could escape one's destiny. He had married a paraya girl afterall. So he left Vikramaditya's land and wandered South and came to Kerala.

His wife conceived, and he asked her to have her confinement in the forest. When she informed him of the child's birth, he asked, "has the child a mouth?" "Yes, replied his wife." "Then leave him in the forest. The god who gave him a mouth will give him food also (this is a usual saying among

Malayalees – vaa thanna daivam irayum tharum)The wife obeyed him and left the child in the forest. The same question Vararuchi asked her every time a baby was born to her and being answered in the affirmative, the infant was left in the forest. The mother did not wish to lose all her children, so when the twelfth child was born, she told her husband he has no mouth! And when the baby was brought to his father, it had no mouth. The mother was such a loving and faithful wife that even her lie became truth! The father's prophecy also became true. All the children survived. No one died of starvation. The last one who had no mouth became a god and is known as 'Vayillakkunnilapan' i.e., the mouthless god on the hill. The first child was called 'Melatthol Agnihothri,' since he was brought up by a Namboodiri Brahmin of the Agnihotri family. The second son was the famous 'Naranathu Bhranthan' i.e., the madman of Naranathu. The next became a princess and was known as 'Karakkalamma.' The next, who was known as 'Akavoor Chatthan,' became a physician. The next was named Vaduthalanair. The sixth was called Uppukottan. The next, Rajakan, was a washerman. The next, Perunthachan, was a carpenter. Another son, Valluvan, became a weaver. The tenth, Pananar, was a tailor, and the next, Pakkanar, was a Paraya. These eleven are believed to be the founders of many different casts in Kerala. They are all said to be really Avatars of Mahavishnu. This is how it was discovered. In course of time, they all came to know each other after their father's death. They had got together at their eldest brother Agnihothri's house.

It was the Sharaddha ceremony of the father Agnihotri's wife was a Namboodiri woman, of very high caste, did not like to have them all in her house. But her husband took her to the rooms in which brothers were sleeping and when she looked at them, she saw that each of them had the divine signs of Mahavishnu on him. (Jacob, 1972, P.99-104)

The *Naranathu Bhranthan* story is a folk composition borrowed from the folk tales. *Naranathu Bhranthan* is probably the

best known and most interesting character among the sons of Vararuchi. The worse *Bhranthan* means “mad man”, and it could not be denied that he was a very queer person. Still, He had divine gifts. His one amusement was to take big stones to the top of the hill and see them roll down. He went about begging for his food. During the night, he would boil the rice that he got by begging and eat and sleep wherever he found himself.

4.1.1.1.2 Conversation with Bhadrakali[5]

One evening, he was in a cremation ground which people usually avoided, but he did not know what fear was. Quietly, he began to cook his food. In the night, the terrible goddess Bhadrakali and her minions came to the place. They began to dance and make noise. Then they saw Naranathu Bhranthan

.**Bhadrakali**: “You must get away.” The goddess told him.

(Naranathu Bhranthan was surprised.)

Naranathu Bhranthan: “Why should I get away?” he asked. “You just mind your business, and I will mind mine.”

Bhadrakali: “When we dance no one should see us.”

Naranathu Bhranthan: “There is plenty of space here. You have your dance.”

Bhadrakali: “No, you must go. I will not allow you to be here.”

Naranathu Bhranthan: “Oh! Why should I take orders from you, if I might be so bold as to ask? Am I your slave?”

[5] Bhadra Kali is one of the powerful goddesses in the ritualistic history of Kerala. She is believed to be the daughter of Shiva. She represents the mother goddesses’ tradition of the natives of Kerala.

Bhadrakali: “No, but I will see that you go.”

Naranathu Bhranthan: “You may try.” The goddess then made a determined effort to frighten him. She looked very frightful, so did the other spirits with her. They howled and rushed at him, but he looked at their antics with a smile of amusement. At last, the goddess found that he was no ordinary man. She gave up her efforts to frighten him.

Bhadrakali: “If I meet a man, I must either bless him or curse him. I will give you a blessing. What would you have?”

Naranathu Bhranthan: “Nothing, only leave me in peace.”

Bhadrakali: “No, no, you must ask me some blessing.”

Naranathu Bhranthan: “Then you increase my life’s allotted span by a single day.”

Bhadrakali: “That I cannot do.”

Naranathu Bhranthan: “Then you reduce it by a single day.”

Bhadrakali: “That also is beyond my power.”

Naranathu Bhranthan: “Oh! Then you cannot do anything really.”

Bhadrakali: “You ask for some other blessing.”

Naranathu Bhranthan: “Oh, bother! You will not leave me alone. If you are very particular, do one thing. I have elephantiasis on my left foot; transfer it to my right foot.” (The goddess did this and left him in peace.) (Jacob , 1972 P102-107)

It is not easy to discover the exact meaning of this story. One might suppose that it is general means of genius madness controversy. One might contemplate that this is just a romantic fairy-tale of madness so it is not to be well thought-out for the

further analysis. On the other hand it is possible to approach the same narrative as highly symbolic representation of the images of madness. It also represents the historical evolution of the discourse of madness in the cultural milieu of Kerala.

The researcher interprets the epic of Naranathu Bhranthan to explore the word *bhranthu* in the light of the complex interconnected linguistic and socio-cultural traditions of Kerala. The analysis of the above would be carried out in the last part of this section.

4.1.1.2 Word 2 - Unmadam

Unmadam is originated from the Sanskrit word un-matta which means that disordered in intellect, distracted, insane frantic and mad (William, 2005). According Dash and Kashyap (1980) the word *unmatta* is cited in the old *Ayurdevic text Charaka Samhitha and Sushruta sutras.*

In the *Caraka Samhita Vithana Sthān, Chapter VII*, the *unmatta* is classified in two types.

(1) Insanity due to *Doshas.*

(2) Insanity due to *Agantuka.*

(1) *Unmatta* (Insanity) due to *doshas*

Ayurveda theory of health and illness is based on tridosa principle. *Vata, pitta and Kapha* are three dosas (humours) and

mental illnesses are classified as aggravations of them. They are *Vatikonmada, Paittikonmada, Kaphajonmada and Sannipatonmada*.

(2) Unmatta (Insanity) due to Agantuka causes

Insanity can also be caused due to some exogenous factors. They are generally known as *Bhutonmada, Devonmatta, Gurvadynmatta, Pitronmatta, Gandharvonmatta, Yaksonatta, Rakshasonmatta, Brahmaraksasonamatta and Pisaconmatta* (Dash & Kashyap, 1980).

Susrutha classified the drugs into various groups. In the preface of the classification he stated, "It has been stated by the Sages that the human body which suffers from diseases is a conglomeration of *doshas, dhatus* (tissue elements), and malas (waste products). If there is morbidity in this body, the physician should alleviate these ailments by the administration of drugs. Now some of these drugs are being described by putting them into different groups for the convenience of treatment. These groups are thirty-seven in number after ascertaining predominance of either Vayu, Pitta or Kapha and the nature of the compound, disease and the patient, the physician should administer these drugs after proper selection (Dash & Kashyap, 1980, p. 411).

Among this classification *Susrutha* mentions a drug called *dhattura*, which comes under the group of drugs for alleviation of *Vayu. It* belongs to the V*idarigandhadi* group. Unmatta found to be one of the synonymous for *dhattura* (Dash & Kashyap, page 488).

Ummathin kaya, the fruit of Ummam tree is one of the common ingredients of medicine for mental illness in Kerala Ayurvedic tradition. Namboodirippadu (1980) has given Ummathu as one of the meanings for *bhrantham*, which has a similar meaning to *bhranth.* Dr. Sundaran, Ayurvedic physician commented that there could be a connection between the use of Ummam and the word Unmadam. Thus the researcher might assume that the word Unmada is very much related to the Ayurvedic medicinal history of Kerala. The origin of the word could be from the pharmacological and therapeutic traditions of Ayurveda and other folk theories of illness.

Charaka, the author of the first Classic text about Ayurveda, Charaka Samhita used the word 'unmada' to denote mental illness. (Sharma and Dash, 2008). This illustrates that the word Unmada is at least popular in the Ayurvedic medical circle since A.D. 1st century.

Another Ayurvedic text Unmadabhoothapasmasachikitsa also explains the symptoms of unmada (Kunjanpillai, 1970). This text narrates the rhetoric of Unmada, which says that Unmada is divided into eighteen. They are made up of tridosa – Vata, Pitta,

and Kapha and out of eighteen, seven are incurable (asadhya).[6] (Kunjanpillai, 1970)

In Malayalam Lexicon Kunjanpillai (1970) identified six-contextual meanings of the word unmada. He includes Ayurvedic as well as literary meaning of the word.

Sense 1 - Imbalance of vatha, pitta and kabha.

The first sense holds the Ayurvedic notions of the vitiation of tridosas as a prime reason for Unmada.[7]

Sense 2 - Intense passion causing forgetfulness

This sense represents the literary connotation of the word Unmada. Kunjapillai (1970) analysed the classic text, Krishnagadha, Nalacharitham Attakkadha, Manipravala Shakunthalam and explain that the word Unmada also represents intense emotional states like passion and that might cause forgetfulness.[8] Here, Unmada is the state of forgetfulness. [9]

[6] ഉന്മാദമാവിതുഗ്രഹപീഡൈ
വിനായകം ചാവാഗ്ദേവീം വണങ്ങിക്കൊ്
ഭാഷയായ് ഉന്മാദലക്ഷണം ചൊല്ലാം പതിനെട്ടും
ചുരുക്കി ഞാൻ;
ഉത്തമ, രോഹിണി, പിന്നെ ആത്മദ്വേഷി,
പിശാചിക, വ്യാജഗന്ധവ്വ, കൌമാരം ബ്രഹ്മബോധിക, ചഞ്ചല, ശുനിയും
ബ്രഹ്മരക്ഷസ്സും, മഹതീ, രാക്ഷസ പുനഃവാത
പിത്ത കഫം കൊും മുന്നും കൂടീട്ടുമങ്ങനെ
ഉന്മാദം പതിനെട്ടും ഏഴുതിലസാദ്ധ്യമായ്

[7] വാതം, പിത്തം, കഫം ഇവ കോപിച്ചും

മനോദുഃഖം ഇവയാലും ഉന്മാദം.

[8] ഉന്മാദം കൊു ചെയ്ത കല്മഷം ക്ഷമിക്ക നീ

(Nalacharitham Attakatha, 18th Century)

[9] "D·mZw s]cp-¯p-Wp-dipw Adth sslbv \o«n
Xncp-{]` Xobmbvt¸mbnXp Xon t\S-a-gepw
ap¯pw aeÀs¯âepw'' (eo-emXn tÇmlw)

a·-Y-s\-¶pÅ \mas¯ti«-t¸mÄ

Sense 3 - One of the ten stages of love in separation

This sense also explains the state of Unmada due to the separation/ loss of loved ones. Unmada may arise out of this severe loneliness. It also denotes a kind of unfulfilled sexual longing for Intimate ones.[10]

Sense 4 - Intoxication

In different contexts unmada used as intoxication. This could be evolved from the verb root of 'matt', which means destroy (Williams, 2005). The researcher observed that the folk knowledge also supports this meaning. Toddy (kallu) is known as Bhranthan Vellum in Malabar, the northern part of Kerala. Here, Bhranthan Vellum denotes drink, which causes intoxication and madness.

Sense 5 - One of the five arrows of cupid

Unmada again stands for the sexual desires and acts. It is known as one of the arrows of cupid (Kamadevan). One who is struck by the arrow would tend to become sexually stimulated. Unmada here stands for the state of such sexual stimulation. [11]

D³amZw]qqÅ \msam-gn-amÄ

(Krishna Gadha, 15th Century, cited from Kunjanpillai, 1970)

[10]കാമോച്ചാദാൽ കനിവൊടും ചമഞ്ഞുവ്വശീനിവ്വിശങ്കം
ഭൂമിശ്വരനിൻ മരുവീടിന്റെ നാൾ വിക്രമാഖ്യേ''
കഷ്ടം ആര്യന് ഉന്മാദാവസ്ഥ നേരിട്ടിരിക്കുന്നു.
അവളുടെ വിയോഗം മൂലം ഉന്മാദവും ഇഹ കിഞ്ചുക
മൂർച്ചയും വഹിച്ച്.
(Bhashanisadam - Translation of Sree Harshan's Sanskrit Poetry)

[11]:അന്നു ഭാര്യയില്ലാതായ വൃഷഭധ്വജനെ കിട്ടു
പുഷ്പായുധനായ കന്ദപ്പൻ അദ്ദേഹത്തിന്റെ മേൽ
ഉന്മാദാസ്ത്രമെയ്തു. പെട്ടെന്ന് ഉന്മാദാസ്ത്രമേറ്റതിനാൻ

Sense 6 - One of the thirty three minor feelings

The sixth sense of unmade indicates one of the thirty-three minor feelings. Here it includes heightened expression of sex (Kama), sorrow (Shoka) and fear (Bhayam). A person affected by these might laugh, cry and talk irrelevantly.[12]

4.1.1.3 Word 3: Ilakkam

The word ilakkam could be originated from Ilakuka. The word meaning of ilakkam is agitation caused by excitement, exhilaration, fear, pitty, commotion, stir, etc. (Kunjanpillai, 1970, page 403).[13]

Illak-k-aran one who is unsteady, fickle as wayward is also another common usage in Malayalam. The other meanings of this word are shake, shaking, movement, trembling, tremor, unsteadiness and vacillation .The researcher assumes that this word must probably related to the beliefs about demonic possession. If the demon enters into the body of a man/woman

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ശിവൻ ഉന്മത്തനായിത്തീർന്നു. (Vallathol, Vamanapuranam, 1921)

[12] ബദ്ധപ്രലാപാദി ഉന്മാദം കാമാമാഭിയാൽ
(Akneyamahapuranam, Sanskrit Translation)

13:ഉന്മാദം ചിത്തസമ്മോഹം കാമശോക
ഭയാദിയാൽ, പാടിൽ ചിരിക്കും, കരയും
പേയോതും പാടുമായതിൻ

(Sahithya Dharpanam, rhetorics cited from Kunjunpillai, 1970, p. 403)

[13]ബുദ്ധിയിൻ അവന് ഒരിളക്കം വരുവാൻ
പകം ഇത് എന്ന് അടയപ്പമതാദികൾ
ഭക്ഷണംഅനുനയമോടു കൊടുത്താൾ (Kanassa Ramayanam, 15th Century, cited from Kunjanpillai)

വട്ടൊത്തീടുന്ന പോൾ കൊങ്കുകളിലിഴുകമ
ക്കൂങ്കുമച്ചെങ്കളി ശ്രീമുഷ്ഠം കൊാശുമേച്ചേൻ
അകതളിരിലിളക്കം വളത്തംഗഭാജാം (Chandrothsawam, 15th Century cited from Kunjan pillai)

they seem to get agitated or excited (Ilakkuka). Badha Ilakkuka (possession by spirits) is very common practice in the villages of Kerala. This word could be part of this folk understanding about insanity.

4.1.1.4 Word 4 - PĒ

PĒ is another word used in Malayalam for madness. According to Gundertt (1872) PĒ is originated from the Tamil word PEY which means a demon. Gundertt cited the reference from Ramacharitham.

Sense 1 –

The word meaning of PĒ[14] is to make one possessed, charm a field or fruit tree.[15]

(Gundertt, 1872)

Sense 2 Rage

There are different applications of PĒ in Malayalam. Krishna Gadha one of the middle age text written by the great poet Cherussery mentioned some of these application Eg. PĒ Akaluka (to give away PĒ). PĒ Irakkuka (to placed down PĒ). Cherussery also used the word PĒ Rogam which means disease. In Mrga charitam also used some of these application eg. PĒ Kudiya pamppu (an

[14] ശകലങ്ങൾ പരുന്തിന്നും പേക്കും ഊന്നാക്കി (Gundertt, 1872)
[15] പേയറ്റ ചേവടി പോടഗ്ഗു നിന്നൊരു ജായ (Krishna Gadha)

irritated serpent), PĒyum pichum parayuka (Delirious) etc. (Gundertt, 1872).

Sense 3 - Confusion, viciousness

It also used as an adjectives in different texts.

PĒ Kuthira (A vicious horse)

PĒ Kurangu (Devil of a monkey)

(Ramayana Sanskritanam)

PĒ mula - A poisonal breast (Mahabharatha)

PĒ patti - Mad dog

PĒ Kurukkan - A mad jackal

PĒ Kuhn - A poisonous fungus

PĒ Koothu - Devil’s dance, also peyattam

PĒ Kranthan - A mad man

PĒ Kolam - A figure in devil's dress, scare-crow.

On Tamil tongue we can also find PECHI means a female fiend (Gundertt, 1872, p-667-668).

4.1.1.5 Word 5 - Kirukku

Kirukku probably originated from the word kirukkam which means dizziness, giddiness etc (Nambudiripad, 1976). The general meaning of this word is eccentricity. This word is not used to denote severe mental diseases. This was a synonym for the people who act like insane. This word indicatess traditional understanding about madness. The folk idea about madness was some

aberrations in head. This aberration may true in case of the genius also. We frequently come across with these kinds of expressions in colloquial usage of Malayalam.

4.1.1.6 Word 6 - Cittabhramam

According to Williams (2005) Citta means thinking, reflecting and imaging. This word was mentioned in ancient texts Rigveda and Atharva Vedas. Those texts used the word chitta bhrama synonymous for the heart, mind, memory, intelligence and reason (William, 2005).

Bhrama means derangement or movement (Williams, 2005). Later probably these two word together might have formed the word cittabhramam. Gupta (1977) also observed in the similar way, "By the ancient concept 'Buddhi Bhramsa' evolved unmada.

Once the Sanskrit word chittabhram is borrowed to Malayalam it could be transformed into a new form. In that transformation, 'makaram' must be added to the word cittabhrama (cittabhrama + am).

4.1.1.7 Word 7 - Ūlan

The dictionary meaning of ulan is a jackal. But Ūlan is colloquially used to indicate madman. It may have originated from 'ula' which means to howl (ulayittuka) and later receive symptomatic meaning of ulan which indicates insanity. The

extravagant nature of the insane probably attributed to the word that leads to origin of this word.

4.1.1.8 Word 8 - Vattu

This word is colloquially used to indicate mad person. The dictionary meaning of 'vattu' is a ball, round lump of metal (Gundertt, 1872). The nature of the ball is revolving and moving. The word vattu in this context is indirectly linked to the concept of 'Bhram' the verb root of Bhranth. The always moving and wandering nature of madman is asserted by the use of these words.

4.1.2 Part II: Thematic Analysis of Words

In this section, the researcher explores the concept of madness in the cultural context of Kerala through the analysis of the words and epics. Using the social constructivist paradigm, the present section identified a number of categories and developed new themes, which explain the discourse of madness in the context of Kerala. The following table indicates the categories and themes derived from the narration of words.

Table 4.1: Thematic analysis of the concept of madness: Major categories and themes emerged

	Categories	Themes
•	Wandering nature of bhranthan (madman)	Nature of madness
•	Unsteadiness and confusion	
•	Knowledge seeking nature	
•	Reason Vs. Unreason dichotomy of madness	
•	Herbal and Pharmacological tradition	Medicinal origin of the concept of madness
•	Ayurvedic theory of disease and intoxication	
•	Treatment of disease	
•	Demoniacal possession	Metaphysical correlates of madness
•	Relationship between madness and astrology	
•	The insanity from severe emotions	Madness and intense emotions
•	Loss of loved ones	
•	Sexual unfulfillment	
•	Aryanisation	Influence on the evolution of the concept of madness
•	Influence of Tamil and Sanskrit language	
•	Influence of folk understanding	

4.1.2.1 Nature of madness

Understanding the nature of madness would provide information about how a society conceives madness, how they deal with it and how knowledge of madness is created in a society. The pattern of linguistic development of madness would show us how social values and priorities are constructed which further opens up the uncertainties, confusions and issues a society faced while dealing with madness.

Analyzing the words and epics related to madness reflect three major categories of the nature of madness. They are:

- Wandering existence of the mad man
- Knowledge seeking behaviour of the madman
- Reason vs. unreason dichotomy of madness

4.1.2.1.1 The wandering existence of madman

The researcher has realized that one of the major categories emerges from the words analysis and epics are that of a ‘roaming’ or ‘wandering’ nature of madman. The wandering behaviour of madman could itself be traced back to the verb root (dhatu), ‘bhram’. Madman was always found to roam around, travel and wander over a place. The verb root ‘bhram’ and the word ‘bhranthu’ indicate the unsteady, flickery, and so-called ‘erraneous’ life of madman. The dictionary also gives the meaning of the word ‘bhrama’ as confusion, perplexity and mistake. (William, 2005). The researcher could say that the word madness is defined in relation to its unrealness in the context of Kerala. When someone mentions about bhranthan or bhranthi, we need to understand these concepts on the above meanings common.

Other words, which indicate madness, are Vattu, Ilakkam, Kirukku and Chittabhrama. These words share somewhat similar meaning that of ‘bhranthu’. All these words represent the meaning of the State of madness as something related to dizziness, out or order, giddiness, etc. which cannot be explained through the existing reality. Even though the dictionaries are not providing an

exact meaning of the word ‘Vattu’ as madness, colloquially ‘Vattu’ represents madness. It could be assumed that revolving/ moving nature of ball (Vattu) could be attributed to the wandering nature of madness.

The wandering existence of Naranathu Bhranthan is of special relevance here. He stands as a strong representative of the madness discourse in Kerala. We need to trace why Naranathu Bhranthan is so important in the analysis of madness in Kerala. He represents extremes of knowledge in one side, he was a genius and had mystical powers and on the other side, he wandered all over the place, begged for food and slept wherever he found himself. Naranathu Bhranthan, made himself as a genius and fool at the same time by his acts. He amused people by taking big stones to the hill top and made them roll down. Through these acts, the madman of Naranathu frequently and repeatedly jumps from reason to unreason. The researcher assumes that this shift from reason to unreason makes the existing dichotomy more complex. Naranathu Bhranthan, with his queer wisdom, which is expressed through his conversation with Bhadrakaali, reflects his philosophical stand about his madness. He believed in the philosophy of nothing.

The wandering existence of the madmen is subjected to analysis by Foucault (1967) in his classic work on madness and civilization a history of insanity in the Age of Reasons. Analyzing

the customs called ‘ship of fool’s prevailed in Germany in15th century, he explored the philosophical questions about the wandering existence of mad men. He has taken some of the literary composition as well as paintings, which narrate the wandering existence of madman.

“Madmen then led an easy wandering existence. The towns drove them outside their limits; they were allowed to wander in the open countryside, when not entrusted to a group of merchants and pilgrims. The custom was especially frequent in Germany, in Nuremberg, in the first half of the fifteenth century, the presence of 63 madmen had been registered; 31 were driven away; in the fifty years that followed, there are records of 21 more obligatory departures, and these are only the madmen arrested by the Municipal authorities. Frequently, they were handed over to boatmen. In Frankfort, in 1399, seamen were instructed to ride the city of a madman who walked about the streets naked; in the first years of the 15th century, a criminal madman was expelled in the same manner from Mainz. Some times, the sailors disembarked these bothersome passengers sooner than they had promised; witness a blacksmith of Frankfort twice expelled and twice returning before being taken to Kreuznach for good. Often the cities of Europe must have seen these ‘ships of fools’ approaching their harbors”. (Foucault, 1967, P7).

4.1.2.1.2 The knowledge of madness

Foucault explores all the possible elucidation about this particular custom and arrives at the conclusion about the relationship between madness and power. Taking into account the navigation of the madmen, he also digs up the knowledge of madmen. According to him “Navigation delivers men to the uncertainty of fate; on water, each of us is in the hands of his own destiny; every embarkation is potentially, the last”. “Thus, we better understand the curious implication assigned to the navigation of madmen and the prestige attending it. On the one hand, we must not minimize its incontestable practical effectiveness to hand a madman over to sailors was to be permanently sure he would not be prowling beneath the city walls; it made sure that he would go far away; it made him a prisoner of his own departure. But water adds to this the dark mask of its own values; it carries off, but it does more: it purifies” (Foucault, 1967, P7).

It is possible that these ‘ships of fools’ which haunted the imagination of the entire early Renaissance, where pilgrimage boats highly symbolic cargos of madmen in search of their reason. Some went down the Rhineland Rivers toward Belgium and Gheel; others sailed up the Rhine toward the Jura and Beasancon (Foucault, 1967, P7). One might suppose it was a general means of extradition by which Municipalities sent wandering madmen out of

their own jurisdiction (Foucault, 1967, P7). One might then speculate that among them only foreigners were driven away, each city agreeing to care for those madmen among its own citizens (Foucault, 1967, P7). These madmen were housed and provided for in the city budget, and yet they were not given treatment; they were simply thrown into prison. We may suppose that in a certain important cities – senders of travel and markets – madmen had been brought in considerable numbers by merchants and mariners and lost there thus riding their native cities of their presence (Foucault, 1967, P7). Navigation delivers men to the uncertainty of fate; on water, each of us is in the hands of his own destiny; every embarkation is potentially, the last. The madmen knew too well the secrets of the common place not to have been from another, yet nearby, world. He did not come from the solid land and its solid cities, but indeed from the ceaseless unrest of the sea, from these unknown highways, which conceal so much strange knowledge, from that fantastic plane, the underside of the world. If folly leads each man into a blindness where he is lost, the madman, on the contrary, reminds each man of his truth; in a comedy where each man deceives the other and dupes himself, the madman is comedy to second degree: the deception of deception; he utters, in his simpleton's language which makes no show of reason, the words of reason that release, in the comic, the comedy: he speaks love to lovers, the truth of life to the young, the middling reality of things

to the proud, to the insolent, and to liars. Even the old feasts of fools, so popular in Flanders and Northern Europe, where theatrical events, and organized into social and moral criticism, whatever they may have contained of spontaneous religious parody (Foucault, 1967, P11). Indeed, from the fifteenth century on, the face of madness has haunted the imagination of Western man (Foucault, 1967, P12). At the opposite pole to this nature of shadows, madness fascinates because it is knowledge, first, because all these absurd figures are in reality elements of a difficult, hermetic, esoteric learning (Foucault, 1967, P1).

Madness, in Foucault's analysis of the classical period, presents itself as the failure of the mind to control, to discipline, the passions of the body; it signals the subsumption of the mind by the body "the unity of mind and body" and the "surrender" of the subject to *unreason*. Hence, later in his genealogy, Foucault claims that madness in the classical age was conceived as the negation of reason and thus was represented as having no positive content of its own; it was defined as nonbeing, as nothingness (Heiner, 2003). He argues from this point that the institutional practice of confinement "restored [madness] to its truth as nothingness. Confinement," Foucault continues, "is the practice which corresponds most exactly to madness experienced as unreason, that is, as empty negativity of reason; by confinement, madness is acknowledged to be *nothing*". Foucault's genealogy shows how the

institutions of classical reason dissipated the positivity of madness first through the discourse of unreason a discourse that produced an experience of madness as the empty negativity of reason and then through the corresponding visible practice of confinement—a practice that restored madness to its "truth" as nothingness. Through this Foucault reveals that there is nothing prior to or behind the knowledge of madness, that knowledge is nothing more or less than an assemblage of discursive and nondiscurssive practices. Whereas the discourses of classical reason produced madness as the negativity of reason, Foucault's discourses produce knowledge of reason as a process of articulations, visible practices, and desires. As Foucault maintains, "Madness begins where the relation of man to truth is disturbed and darkened" (Foucault, 1967).

Thus, the researcher says that the meaning & nature of madness in the context of Kerala is tied up with the concepts of reason – unreason, wandering existence and genius – madness controversy. Questioning the traditional inquiry of truth, the madman finds his space as an independent being in the cultural history of Kerala.

4.1.2.2 Medicinal origin of the concept of madness

The history of Ayurveda in Kerala is seemed to be a mixture of the classic Ayurveda and the indigenous healing traditions.

Analysis of the Malayalam words related to madness has given insight to the researcher that the conceptual evolution of madness is closely linked with the Ayurvedic theory of health and illness. There can be two possibilities for this influence. First, the word ‘Unmada’ from Ayurvedic textbooks might have come to Malayalam through the mixing up of Malayalam with Sanskrit. This mixing up provided a new meaning to madness, which marked a clear medical origin. The second possibility is that the existing folk understanding provides a meaning to madness based on their healing traditions for treating mental illness.

The influence of classic Ayurvedic principles conceptualized madness in a much more organized and established manner. It would have of course interacted and synthesized with the prevailing unstructured notions about madness and its management. This knowledge constructed a meaning about madness based on its strong physiological theory of tridosa. The process of Sanskritisation of Malayalam reconstructed the word ‘madness’ in medical language. This medical language brought new terminologies and different causalities to explain the mystery of madness. Even though many of these concepts have evolved from different parts of India, it could achieve a successful co-existence with the folk notions of madness in Kerala. For instance, as noted before, the origin of certain words related to madness could be from the medical usage of some particular herbs viz., Ummathin

Kaya (a herb) is used as an ingredient for the medicine for madness. The word Ummath (means madness) could be related to the word, Ummathin Kaya. A similar reference is given by Dash & Kashyapa (1980) about dhattura which comes under the group of drugs for alleviation of Vayu[16].

Intoxication also has a similar meaning of unbalanced or destroyed state of the body. While analyzing early documents of causes of insanity, intoxication has been found to be one of the important causes of madness. This reveals the fact that intoxication and madness have a close connection with each other.

4.1.2.3 Metaphysical correlates of madness

Till 8th century A.D. Malayalam was not an independent language. It sounds like a unique Tamil language, which has its own peculiar local characteristics. Some of the Malayalam words related to madness were originated from Tamil. PE is one among them, which has its origin from the Medieval Tamil. This means badha. The possession by spirits was one of the common understandings of madness in Kerala. Casting out of evil spirits and exorcism gained a prominent place in the folk healing practices in Kerala during that time. The possession of spirits was not only limited to human beings; animals were of no exception. The words like Pekkuthira (vicious horse), Pekkurangu (devil of a monkey),

[16] Vayu is the predominant dosa responsible for mental illness. The vitiation of Vayu could otherwise vitiate Pitta and Kapha. Dhattura is a synonym for Ummath

Peppatti (mad dog), and Pekurukkan (mad jackal) shows that the word Pe represents one of the popular colochial usages of madness. In northern part of Kerala, the ritual ‘Pena Kodukkuka’ was prevalent as a form of management of possession.

A person might be possessed because of different reasons. Sudhir Kakar (1982) mentioned that madness is said to be due to possession by the gods, ancestral spirits and various heavenly and demonic beings. This is true in the context of Kerala when spirit possession and its treatment through magical means and exorcism rituals have a religious and philosophical basis as well (Kakar, 1982).

The word ‘lunatic’ in English also gives the same meaning that of Pe. The word ‘lunatic’ is originated from Latin word, luna-moon. The lunatic cycle depends on the change of the moon. (Oxford Dictionary, 1970). In Kerala, astrology was one of the strong disciplines evolved in the earliest history of Kerala itself. Many of the astrology textbooks are the contributions of Keralites. The contributions of astrologers were significant in the diagnosis of the right cause of demoniac possession based on their astrological calculations.

So in that sense, the metaphysical elements in understanding and treating mental illness played a significant role in the context of Kerala. Indigenous healing practices in Kerala dwell upon this

metaphysical correlates in dealing with mental illness. Some of these aspects will be discussed in the next chapter.

4.1.2.4 Madness and intense emotions

Apart from the medical and folk knowledge about madness, there is also a literary connotation for madness. This literary meaning has been depicted in various classic texts in Malayalam and Sanskrit. As I noted before, Krishnagadha, Manipravala Shakunthalam, Kannasa Ramayanam, Nalacharitham Aattakkatha are examples for this. Analyzing some of the contents which denote madness in these texts, the researcher found that they are expressions of the unique and intense formation of emotions.

One of the dominant categories in the literary meaning is the sexual desires and its various manifestations. The citations were given in the above section of the word ‘Unmadam’. Kunjanpillai (1970) analyzed intense passion causing forgetfulness, one of the ten stages of love in separation and one of the thirty-three minor feelings. This explanation reveals that ‘Unmada’ also had a meaning apart from its medical language. It needs to be traced and studied to understand how does the construction of madness is linked to the emotional life of a common man.

4.1.2.5 Influence on the evolution of the concept of madness

It is evident from the researches that the period of 8th and 9th century is very important in the cultural and political history of

Kerala. These centuries witnessed for some transformation in Kerala. According to historians two important swings happened in this period: 1) Aryanisation reached its climax and 2) Malayalam becomes more influenced by Sanskrit than Tamil.

4.1.2.5.1 Aryanisation reached its climax:

According to Menon (2007), the people of ancient Kerala followed Dravidian practices, which were not based on any particular religious philosophy. Their way of life was an incongruous mixture of primitive rites and practices. The people worshipped totem gods and innumerable spirits inhabiting rivers, trees, hills etc. They had also many local deities guarding the borders of their village and demons that caused diseases (Menon, 2007). The 8th century is very important in the cultural and political history of Kerala. According to Menon(2007) In the 8th century A.D., the Aryanisation of Kerala reached its climax with a major batch of Brahmin immigrants coming here and strengthening the already existing forces of Brahmanism. According to tradition, six eminent Brahmin scholars also came along with the immigrants, met the Buddhists in argument, completely defeated them and established the supremacy of Vedic faith. They founded a school for the propagation of Vedic studies in the land and enlisted a number of disciples of whom the most illustrious was Prabhakara, the great Mimamsaka. Prabhakara is said to have eventually become the head of the school founded by the Bhattas. He came to be called

Guru and his system of philosophy Gurumata. The Aryan influence increased considerably in the 9th century as is evidenced by the work of Shankaracharya and other Hindu reformers. .

Logan has expressed the view that the Vedic Brahmins proper must have come to Malabar only in the early years of the 8th century A.D. and that they must have come by way of the coast from the Tulu country. According to him, they did not migrate to the South in 605 A.D., although during the period, there was a large influx of Brahmin immigrants into Kerala through the South Canara region (Logan, 1887).

It is not correct to say that Brahmins had not migrated into Kerala during the period prior to the 8th century A.D. The consensus of opinion among scholars is that the process of Aryanisation of the Deccan and South India began about 1000 B.C. and it reached a decisive stage by the time of Katyayana (4th century B.C.), the grammarian who mentions the kingdom of the south (Menon, 2007).

It seems that the first batch of Brahmin immigrants came to Kerala in the 3rd century B.C. itself immediately following the advent of the Jains and the Buddhists (Menon, 2007). With the predominance of the Brahmins, elements in public life far reaching changes took place in all spheres of human activity even from the later Sangam age. Bishop Caldwell has made the following

comment on the tactics employed by the Aryan immigrants in spreading their ideas among the people. “The Aryan immigrants to the south appeared to have been generally Brahminical priests and instructors rather than Kshatriya soldiers, and the kings of Pandyas, Cholas, Kalingas, and other Dravidians appeared to have been simply Dravidian chieftains, whom their Brahminical preceptors and spiritual directors dignified with Aryan titles and taught to imitate and emulate the grandeur and the cultivated tastes of the solar, lunar, and Agni – Kula races of kings (Menon, 2007).

The increased influx of the Aryans in the 8th century A.D. had its impact in the religious and cultural fields as well.

The new Aryan missionaries all their attention to propaganda against Buddhism and Jainism whose hold on the people was a main stumbling block to the success of their ideology and before long these religions lost their following among the people. The Brahmin immigrants also established Hindu temples on a large scale with a view to popularizing the Hindu religion. Several temple arts and festivals were also instituted with the same motive.

Based on this historical observation there is a possibility to say that the story of the vararuchi is a story of Brahmin invasion into the land of Kerala .The journey of the sage is the journey of the Brahmins to conquer the south through their intelligence and the administrative capacities.

4.1.2.5.2 Malayalam becomes more influenced by Sanskrit than Tamil:

The King Kulashekara Varma bid many Sanskrit scholars to Kerala and encourage them to write poetry in Sanskrit. Kulashekaravarma himself initiate writing poems and a drama in Sanskrit. He has written a few dramas and poetry in Sanskrit. (Nambuduri, 2002). The political and cultural mix of Aryan, Dravida race then leads to a new language of Malayalam (Namdudiri, 2002). Gradually Malayalam evolved as an independent language but it is evident from the history that the influence of Sanskrit on Malayalam is very high.

This section summarizes the concept of madness by reviewing the Malayalam words of madness. The researcher's thematic analysis on the concepts led to the development of certain categories and finally some themes. The nature of madness has a complex existence in the context of Kerala. It has been found to be the mixture of medical/ Ayurvedic and indigenous tradition of mental illness. It has also reflected the metaphysical realm in dealing with madness. Beyond these medical and metaphysical explanations, madness is also expressed as the vibrant and intense emotional experience of people. Analyzing the sociopolitical history of Kerala, it was evident that the evolution of the word 'madness' progresses across various sociopolitical events. In that sense, the concept of madness is not just a representation of images; instead it is the process of how the meaning of madness is constructed in the particular sociopolitical context of Kerala.

SECTION II

4.2 Madness: Indigenous Healing Traditions in Kerala

"The moment when, together, the work of art and madness are born and fulfilled is the beginning of the time when the world finds itself arraigned by that work of art and responsible before it for what it is" (Foucault, 1967).

Kerala's tradition of conceptualizing and dealing with mental illness is jumbled with religion, beliefs, myths, magic and medicine. The word indigenous means 'native' or 'from within'. Revived interest in ethnographic studies indicates the necessity to look into one's own culture and interpret and reinterpret its symbols, images and meaning

Kerala has a variety of healing traditions with surprising diversity and an equally impressive strength of practitioners spread across different religious and geographical space. These healing practices are unique to the concerned geographical area and the traditions are determined by the cultural values and their evolution over ages. Kakar (1982) who looked into the healing traditions in India observed that healing in its manifold aspects is a central cultural preoccupation.

According to Oxford's Dictionary, healing defines 'to restore (a person, etc.) from some evil conditions or affection (from sin,

grief, disrepair, unwholesomeness, damage, destruction), to save, purify, cleanse, repair and mend (Oxford Dictionary, 1970)

Bhugra (1997) observed that Medical care literature seldom mentions traditional or indigenous medical practitioners who may be living in rural or urban areas and may often be the first to be consulted. Practitioners of traditional medicine treat their patients using several approaches. Kakar (1982) has reported that 90% of the times that people experience illness symptoms they rely entirely on home remedies or other forms of self-treatment. This is not unique to developing countries; similar figures have been reported from the United States (Bhugra 1997). There is no doubt that class differences account for help-seeking pathways into care, as well as explanatory models of illness. In the survey by Kakar (1988), higher caste people showed greater recognition of "natural" causes of illness, while lower castes believed more in witchcraft and other spiritual concepts. (Bhugra, 1997)

Mohan (1972) has reported from a study in north India that 84% of cases being seen in psychiatric institutions had been to a local temple prior to their attendance. Madan (1969), in another study from north India, has concluded that although 80% of his sample preferred allopathic treatment, 66% had used multiple forms of treatment. Rajaram (1976), in a study from south India, has observed that psychiatric consultation was sought only after

outside management (including religious and faith-healing) (Bhurgra, 1997).

A survey was carried out over a 3-month period to determine experiences of religious healing in a group of 198 consecutive psychiatric patients attending a hospital in Tamil Nadu, South India. Of these, 89 (45%) had sought between 1 and 15 sessions from either Hindu, Muslim or Christian healers. The number of patients visiting healers was linked significantly with their income, while a significantly higher number under the age of 17 years had received such help compared with older age groups. A significantly higher consultation rate was observed in those patients with schizophrenia and delusional disorders when compared with other mental illnesses. An average of 30% of patients claimed some benefit from healer consultation, although the majority (91%) had discontinued such treatment at the time of their hospital attendance. The role of social support, methods of traditional healing and the underlying implications for service delivery are discussed. The implications for service providers to ethnic minorities need to be taken into account while planning services. (Bhugra 1997).

Science and scientific rationality has always been critical about the indigenous healing traditions. It termed indigenous healing practices as ‘unscientific’, ‘primitive’ and ‘irrational’. But recently, the ethnographers and cultural theorists attempted to

read the indigenous healing traditions placing them in their rich cultural space. This approach provided a deeper understanding of the local knowledge about various cultural elements embedded in people's psyche. Considering the history of mental health in Kerala, we can find the power struggle between the indigenous healing system and the westernized psychiatric practices. In 19th century, Kerala witnessed this struggle of accommodating the modern psychiatric concepts and treatment in the mental health scenario. Looking at the present mental health scenario in Kerala, one could find that the dominant treatment procedures pursued are adopted from western psychiatry. Not withstanding the dominance of the Western system, the indigenous healing practices continued to be practiced in its various forms by a large segment of the society. This stands to show the strong cultural roots of indigenous healing knowledge in the psyche of the people in Kerala. It also reveals that any foreign healing system, which is evolved outside a particular cultural frame, would not be sufficient to address the mental health issues of the natives of that culture.

Since the traditional mental healing practices do not keep a prescribed form or a specified uniform system, they have left not much of artefacts or historical evidences so as to recreate the real ethnic healing practices in their traditional form. So, one has to go to the remains of the traditional system as it is practiced today, in order to have an understanding of the roots of the system. The

approach of the present study is to begin with the present state of traditional practices to explore the roots of ethnic knowledge on mental health and healing.

4.2.1 Description of the indigenous healing practices in Kerala

In the initial phase of the study, the researcher consulted various historical textbooks, historians, folklorists and traditional mental health practitioners. Based on the information collected from them the researcher travelled all over Kerala and identified various centers for mental illness treatment. Through this process, the researcher realized that there are different forms of indigenous healing traditions prevailing in Kerala. The diversity of healing tradition in Kerala includes *manthravadis*[1] of the Hindu religion and *thangals*[2] of Muslim tradition. *Manthravadis* were again divided into Brahminic and non-Brahminic traditions. There are palmists and astrologers who support the mental illness treatment here. In some religious centers the management of the insane is practiced just like any other religious ritual. The team of priests in such centers like *Veliccappatu, Pujari*[3] etc., plays a major role in this process. Caldwell (1999) observed that Veliccappatu reflects the shamanic

[1] The meaning of Manthravadi in English is sorcerer. But the term manthravadi in Kerala is more lauded and mean lot more than sorcerer in the western context. So, in this present study the researcher prefers to use the term Manthravadi instead of sorcerer.

[2] Thangals are believed to be the descendents of Prophet Mohammed and enjoy great respect in Kerala.

[3] Velichappad represents the deity of a temple and acts as a mediator between the devotees and the deity. The velichappad often dictates scolds and console the believers in place of the deity. Poojari is the priest of the temple.

heritage of ancient South Indian religion, in which enacted and felt bodily presence of the deity is the essential form of contact with the divine.

Another, mystical spiritual tradition of Indian antiquity lies in rich art forms. In Kerala, there are different ritualistic art forms, which act as one of the preventive mechanisms of madness.

Looking into the diverse and rich tradition of indigenous healing practices in Kerala, the researcher recognized that greater part of the management mechanisms existed in Kerala is rooted in community based practices. There was a clear community involvement in the management of madness irrespective of the diverse nature of these practices. It has been observed by the researcher that any engagement with the management of madness has been shared in the large context of community. Even though, the so-called community link of traditional practices seemed to be gradually dissolving in the changing society, the glimpses of such community values and ideals could still be seen in the indigenous mental health practices in Kerala.

The researcher has approached the diverse healing practices for mental illness based on the nature of community involvement. In order to set a sampling frame the researcher has classified the major forms of healing practices into three (1) Family based practices, (2) Religious centers based practices, (3) Ritual art

forms. This classification evolved from the idea that indigenous healing practices for mental illness does not possess a unitary form, but it is diverse and sometime overlapped with each other.

The next section narrates and analyses the present state of the healing practices based on the facts obtained through one to one interviews with practitioners, folklorists, historians and lay people. The interviews have helped the researcher to delve in to the intricacies of the native system of healing.

4.2.1.1 Family based practices

The family based traditional practice was mixed with *manthravada* and medicine. Manthravada as a traditional method of healing has many components that are connected to the culture, religion, belief system, social values and rituals, making it a system unto itself, closely linked with the life of the society as a whole. The healing system of Manthravada, as it is practiced and perceived, is not detached from the life of the society, making it a closely knit to the entire fabric of societal existence. So, it needs no special mention that the classification, the causes, the diagnosis and treatment of mental illness as they are perceived in the Manthravada tradition falls well with in the same frame work of culture, beliefs and value system of the society.

According to *Keralolpathy*[4], after the reclamation of Kerala from the sea and the colonization of it by the Nambudiri Brahmins of the 64 grammas, the hero-saint Parasu Rama assigned professions to his colonists. He said to have chosen 12 families of Nambudiri Brahmins to practice *manthravadam.* Six of these were constructed in Dus-Mantrams or mantrams designed to ward off the incursions of evil spirits through the mountains of the ghants, while the remaining six were taught sat-mantrams, to win over the beneficent water-spirits coming from the seaside.

According to the Parasu Rama episode, the *manthravada* profession is hereditary in the families. The most popular *mantravada* families are *Kalakadu, Kattumadam* and *Kallur.* These three families, two are in Malabar and the other in the native state of Cochin (Menon, 1986).

Besides these, there are other Nambudiries who study and practice magic such as punchaman potti and Talaman potti in Travancore. In south Malabar, there is a class of Nambudiries known as Chela Nambudiries, who are descendants of those who are forcibly converted to Mohamadanism during the turbulent period of Tippu's invasion, but who returned to their religion almost

[4]4. Keralolpatti: in Malayalam and Keralamahatmyam in Sanskrit, works of unknown authorship, which were probably composed in the seventeenth and Eighteenth centuries respectively. (Menon, 1911).In kerala Mahatamyam and the Keralolpatti (Kerala – ulpatti = Origin of Kerala), the formers written in indifferent Sanskrit and the latter in modern Malayalam, contains the traditions current among the people regarding the ancient history of the state.

at once. Not withstanding this, some stigma still attaches to them, and they are looked down as low caste and are tabooed from pure Nambudiri Society (Menon, 1986). Apart from these Nambudiri family, non brahmins are also practicing Mantravadam for healing mentally ill people. The Malaya, Paraya, Velan and Vannan communities are well known in their manthravada practice. Among Muslims 'thangals' are also popular for their healing practice. The researcher observed that there are different traditions of family based practices for mental illness. They are primarily classified as Brahminical tradition, Non-brahminical tradition and Muslim tradition. Narayanan (2006) talks about a 5th century A.D. classic book *Vanaprasadam*, which says about a peculiar method of manthravada known as sambradayi. Sambradayi method of manthravada is practised by six Brahmin families in Kerala. They are Kallur, Kattumadam, Aayancheri, Aniancheri, Pulayancheri and Kalakadu. Out of these families, Kalakadu and Kattumadam are in Malabar and Kallur is in the native state of Cochin. (Menon, 1986), Narayanan (2006) further says that manthravada is given to these families as 'Kulathozhil' (hereditary occupation) by Parasurama. Anyway, Brahmins started practising manthravada which was believed to be followed only by the people of low caste till then.

The researcher did field study in the families of *Kattumadam* and *Kalakadu.* He interviewed the practitioners over there and reviewed the write-ups about these centers.

Poonkudil Mana[5], Manjeri is another family based center where the treatment of mental illness is done for years. The treatment practices followed in Poonkudil Mana are also included in this section.

Another family based center is *Keekkottoor,* which is two kilometers away from Chavakkadu, Trissur district. This is a center run by Muslim thangals who conduct treatment for mental illness traditionally.

4.2.1.1.1 Thematic analysis on madness: Indigenous healing traditions in Kerala

To approach the second objective which states that to study the status of indigenous healing practices for managing mental illness in Kerala, the researcher has done a thematic analysis based on the data derived from the interviews, review of literature and observations. Categories were first developed from raw data, which further grouped under major themes. The following table mentions the result of thematic analysis.

Table 4.2: Thematic analysis of family based practices: Major themes and categories emerged

	Categories	Themes
•	The prehistoric origin	Origin of Manthravada treatment
•	Aryanisation	
•	Brahminic tradition	Different traditions

[5] Mana is the home of a Brahmin family.

	Non brahminic tradition	
	Muslim tradition	
	Medical treatment	Types of treatment
	Mixture of medical and metaphysical treatment	
	Community based	
	Asylum centered	
	Family conflict	Types of disorders/ problems treated
	Mild mental disorders	
	Epilepsy	
	The role of astrologers	Process of treatment
	Manthravadis	
	The role of vaidya	
	Kali	Deities worshipped in the treatment process
	Kuttichathan	
	Possessed by demon	Causes of madness
	Social cause	
	Moral cause	
	Biological cause	

In the next section, each of these themes and categories would be analyzed supported with reviews, data from interviews and related studies.

4.2.1.1.1.1 Mantravada Treatment for madness: its origin

Kattumadam Narayan (2006) in his work on ‘Manthravadam Keralathil’ pointed out that the manthravada practice in Kerala originated from Non - Aryan communities. He observed,

"Manthravadam originated from the Aboriginals. The name of deities proved the fact that it is originated out of four varnas (Chathurvarnyas). The name of the deities like *Chathan, Chundalayandi, Chamundhi, Neeli* etc are still prevent in the worship of Nayadi tribals. The astrologers sanskritised the tribal deity *'Pilla marutha'* in to *Balapradshkini, Ummamachattan* into Unmadha Bhiravan and Choora marutha into Raktha Rakshas. The nonbrahminic communities like Nayadi, Parayar, Panar; Pulayas used these deities for practicing hard manthravadam like Odi, Maranam and Mattu.[6]

The Aryanisation of Kerala was a slow but a steady process, which was effected in a subtle manner not by the force of arms but by the arts of peace. It ended in the final submission of the local Dravidian races to the superior intelligence and administrative skills of the Bhramins from the North. The question of aryanisation and its impact on social life is a much-discussed one.

The increased influx of the Aryans in the 8th century AD had its impact in the religious and cultural fields as well. The Aryan missionaries devoted all their attention to propaganda against the Buddhism and Jainism whose hold on the people was the main stumbling block to the success of their ideology and before long these religions lost their following among the people (Menon, 1967).

[6] Odi, maranam and mattu: Different mantravada techniques followed by nonbrahmanic sorcerers

The worship of Hindu Gods and Goddesses like Vishnu, Siva etc. was made popular by the savants of the *Bhakti* cult. Non-Aryan deities and practices were also accommodated within the Hindu fold. The Dravidian Goddess *Kottavai* was accepted in the form of *Durga*, *Kali* and *Bhagavathi* and absorbed into the Hindu pantheon. The popular non-Aryan deity *Sastha* came to be looked upon as *Hari Haraputra* i.e., the son of *Vishnu (Hari*) *and Siva (Hara*) in order to make him acceptable but also converts to Hinduism from within the Buddhist fold. The Hindu religion in Kerala was before long moulded by a synthesis of Aryan ideas from the north and Dravidian ideas from south. Thus the absorption of the Dravidian within the fold of Hinduism was effected by the incoming Aryans by a gradual process of social assimilation and cultural synthesis rather than by military conquest. This victory of the Aryans was in the ultimate analysis an ideological one (Menon, 1967, p.92).

The impact of Aryanisation reflected in mantravada treatment in Kerala too. Before Aryanisation *mathravada* treatment was not much organized one. It was part of the social life. Different non-Brahmin communities were practiced manthravada as their Kulathozhil(hereditary vocation). Their concepts about mental illness and its remedy were different from the well-organized practice of Brahmins. Many scholars argued that the mantravada treatment for mental illness was originated

from tribal communities and later accommodated in Brahmin tradition.

Kattumadam Anil (Brahmin sorcerer)

> “My family title is *Thirumuzhikkulathu Changaran Kandan.* It seems there is a connection between my family and tribal communities because the name ‘Changaran Kandan’ is not very common in Brahmin community”.

Analyzing the family name of two famous Brahmin manthravada families like *Kaulakadu* and *Kattumadam*, we can find a link between *Kadu* (Forest) and *Kadar* (tribals). From this similarity it can be hypothesed that these families might have come from the same tradition of nonvedic manthravada practice and in the course of time they may have reached an independent Brahman identity.(Narayanan, 2006)

This nonvedic tradition might have contributed to the evolution of a different version of Ayurvedic treatment in Kerala. According Dr. Sundharan the present head of Ayurvedic mental hospital, Kottakkal said “The root of knowledge in India could be classified in to two (1)Vaidic (Sanskrit tradition). Non Vaidic traditions (Prukrutic tradition). The Vedic tradition is more dominant in the Ayurveda practice. Because of their relationship with the state, the Brahmins used their power to dominate non-

vedic tradition of Ayurveda and promote their unique pattern of treatment."

Kerala has a rich tradition of *manthravada* for managing mental illness. Analyzing the indigenous traditions, *manthravada* is found to be one of the chief remedies for treating mental aberrations. In contrast with the understanding of the so-called science, Manthravada has a well-formulated theory and its organized systems of practice. This treatment is closely tied up with people’s beliefs, lives and culture.

As far as the social context of madness is taken into account, analysis of *Manthravada* offers the researcher a comprehensive picture about the cultural knowledge of madness.

4.2.1.1.1.2 Different traditions in Manthravada

Manthravada treatment for madness has an interesting history of Brahminic, Non-brahminic, Muslim and Christian traditions. As I noted before, there are different Brahmin families who practices manthravada is Kerala. Among these *Kalakadu, Kattumadam and Kallur* are the most popular. Some of the old texts like *Vanaprasadam* support the same. (Narayanan, 2006)

Analyzing the history of these families, it has been found that there is no proper documentation done about the origin of such practices in those families. Interview with practitioners, family

members, historians, lay people and available historical documents give some insights into the historical sketch of those families.

Kattumadam family

K*attumadom* family is based *in Perumpadappu Panchayathu of Malappuram district,* Kerala. The *Kattumadam* family has also been branched out and settled in Valanchery. Narayanan (2006) observes that the *Vanaprasadam* written in 6th or 7th century A.D., has references about the Tantric traditions of *manthravada* practiced in Kattumadom family. This shows that the practice of manthravada in *Kattumadaom* family started around 6th or 7th century A.D. Narayanan (2006) also noted that the Kattumadom family was initially settled in *Pallikkunnu* near to *Kannur,* Kerala and later migrated to *Perumpadappu* and *Valanchery*, *Malappuram.* The scholars are not sure about the reason of this migration. Narayanan (2006) further points out that there are different versions about this migration. One group of scholars believes that the Kattumadom family has migrated from northern part of Kerala to South because of the invasion of Tipu Sultan to the northern region of Kerala. Others believe that when *Samoothiri* conquered *Kolathiri*[7], the Namboodiri's might have migrated to the Southern Part of Malabar. Narayanan (2006) concludes that migration might have happened at the end of 14th century or in the beginning of 15th century.

Kalakaadu family

[7] Kings of Malabar

There are little written documents to understand the history of Kalakaadu family. But one could observe the references to the family and its *Manthravada* tradition in *Thottam pattu* (the folk song sung before the Theyyam performance). Especially the *Kuttichathan Theyyam*[8] narrates the story of *Kalakadu family* (Vishnunamboodiri, 2005).

According to Kurupu (1973) *Theyyam* is as old as Sangha period but the theyyam pattu might have added to this performance in the 9th or 10th century. Unni, one of the practitioners in Kakakaadu family, notes, *"We also have a history of migration. Before 300-400 years approximately, our family came to this place which was a deep forest then"*. but he was not sure about the reason for this migration. Kalakaadu family is now situated 10 Kilometers away from Payyannur in Kannur district.

Kallur family

Many references can be found about Kallur Namboodiris and their mantravada practices in epics and folk stories. Madhavan Namboodiri, (1995) has noted a story relating Kallur Namboodiri and old *Bhagavathi* temple in *Pazhayannur.* There are so many other stories spread in old Cochin State about Kallur Namboodiris and their proficiency in practicing manthravada. Kallur family is located near Ollur approximately 5Kilimeters away from Thrissur in

[8] കാള കാടോ ദൈവമേ കാട്ടുമാടം, കടുകപ്പോയ് കാളകാട്ടില്ലം പുക്ക്
അച്ഛനാകിലോ ദൈവമേ കാളകാട്ടച്ഛൻ, അമ്മയാകിലോ ദൈവമേ പുത്തില്ലഴക്.

Kerala. Two families of *Kallur* lineage have settled down in *Tripunithara* near Cochin and *Kottakkal* in *Malappuram* district and are practicing *manthravada*.

Kattumadom, Kalakaadu and Kallur families are considered traditionally as the most powerful *manthravada* practitioners. They also come under the Tantric tradition of priests. They followed a 'Sambradayic' tradition of manthravada, which is different from the non-Brahminic tradition of manthravada. They usually use the so-called Satvic practice of manthravada which avoids the practice of sacrificing animals, secret contrivance (Koodothram) etc.

Poonkudil Mana

P.N. Namboodiri, the chief practitioner of Poonkudil Mana, quoting his great grand father said that the tradition of treatment can be traced back to at least six generations of the family. The family is distinct in its practice compared to the other traditions as they give more emphasis on Ayurveda-based medicinal practices.

Non-Brahminic tradition

Apart from the Namboodiri's tradition of manthravada, non-brahmins also practise manthravada for healing madness. Malaya Pulaya, Velan and Vannan communities are well known in their *manthravada* practise. These communities are not only well known in their ritualistic tradition of managing mental problems, but they are also well versed in ethnic medicine. Majority of these

practitioners belongs to tribal and Dalit communities (Kurup, 1973). Their practise of manthravada is different from the *Satvic* tradition of Namboodiri's. They use different components like animal sacrifice and other powerful medium to ward off evil spirits from possessed bodies.

Muslim tradition

Thangals, The muslim priests, are very popular in their healing practise for dealing with madness. The cultural and geographical peculiarity of Kerala provides a space for Muslims to establish their religion and practise in Kerala. The famous historian M.G.S. Narayanan says, "Arabia is just four days away from Kerala by sea. easy access to Arabia and well chartered sea routes made the interaction with Arabia an easy affair for Keralites when compared to any other state of India. The frequent monsoon also helped these relations to strengthen".

Even though the majority of the transaction between Keralites and Arabians was mainly for commerce, it also provided a ground for sharing their knowledge and expertise in medical system. The researcher assumes that healing for mental illness is also one among them. According to religious beliefs, *thangals* are considered as the descendents of Prophet Mohammed.

Keekkotoor family of *Chavakkad* is a family practicing this muslim tradition. Sakhaph: Syed Ahmed Aattakkoya Thangal was

the initiator of the healing in the centre in Chavakkadu. He came from Yaman to propagate Islam religion. He settled first in Mampuram, near Manjeri and then migrated to Chavakkadu as part of his religious teachings. He was well versed in the treatment called 'Irham' (the prayer based treatment). Like many other Muslim healing centres, this place also follow a *jaram*[9] centred treatment.

According to Hydros Koya Thangal, a healer over there, "*This centre was donated by one brahmin who was cured by Sakhaph Syed Ahmed Aattakkoya Thangal. We are not allowed to sell this property to anybody else. We are supposed to continue the treatment here and help the community".*

There are many other Thangal families who provide treatment for people affected by mental disturbances in Kerala, especially in Malabar region.

4.2.1.1.1.3 Types of treatment

In the family-based indigenous healing practices existed in Kerala can be divided in to three streams: (1) Some centers use medicines for curing madness, (2) Some other follow *manthravada* and other metaphysical mechanisms for treatment and (3) few centers effectively mixed medicine and metaphysical elements for the management of madness. These three different mechanisms

[9] Jaram is a sacred tomb of Muslim saints and mystics

sometimes do overlap. Through the fieldwork, researcher observed that many of the *manthravada* families too follow medicines for treating mental illness.

An interview with Unni, Practitioner in Kalakadu Mana makes it clearer. “Various types of medicines were prepared at home for treating illness. Preparation of these medicines is very difficult as finding ingredients for the medicine is very time consuming. Kalakadu Mana was very popular for a particular medicine for treating Epilepsy. Around 25 ingredients are required for making it. Now we have stopped preparing it because of the non-availability of the ingredients: Now we prescribe the medicine and the patients can buy it from the shop. (My ancestors were good in preparing medicines too)”.

Kattumadam Narayanan also pointed out some of his ancestors are good in medicinal treatment for mental illness. He observed that in period AD 1400-500 there was a famous mantravadi who is well versed in medicinal practice too. (Narayanan, 2006)

Ayurveda and the other indigenous healing methods are immensely mixed in the context of Kerala. Some of the Ayurveda treatment methods are unique in Kerala which are not followed in the classic Ayurveda tradition. The Ayurveda text, which originated

in Kerala are Sahasra Yogam, Dharakalpam, Vaidya Manorama, Yogamrutham, Sarvaroga Chikitsarathnam etc. are popular in Ayurvedic treatment in Kerala.

There are two different traditions in Kerala Ayurveda (1) Brahminic tradition (Vedic Tradition)(2) Non Brahminical (Non Vedic Tradition). The tradition of '*Ashtavaidya*' was very popular in Kerala. The concept of Ashtavaidya came from a Brahminical tradition. *Ashtavaidyas* mean those who learned *Vaidyam* (medicine) from the text of *Ashtangahrudya*. All Ashtavaidyas were the upper class Brahmins.

Poonkudil Mana, follows a healing tradition based on the Ayurvedic principles of mental aberrations. Even though, the prime focus of their treatment is based on the Ayurvedic conceptuality, they also include some prayer elements in the process.

Researcher: *Why do you use prayers and medicine together?*

P.N. Namboodiri: *One of the important elements of the treatment is faith. Without faith treatment will not be effective. Treatment is nothing but understanding the coolness and frustrations of the mind. A prayer mixed treatment would help us to understand and deal with this dynamic process of mind effectively.*

During my first visit to this center in 2002, they had an inpatient section of treatment. Violent patients were chained in the

room. In 2005 they have shut down this inpatient section. During my third visit to the center I asked about it.

Researcher: *Why did you shut down the inpatient center?*

P. N. Namboodiri: *The process of treatment is a collaborative responsibility. Society also has an important role to play in this process. In earlier days the villagers were also involved (neighbours of the center) in this process. As part of my treatment I used to send patients to buy things from near by shops. It usually helped them to improve their skills. Sometimes, these people try to escape from the center. Those days if the villagers see them running away they used to bring them back to the center. Nowadays people are not ready to take up the responsibility to help our patients. Once, my neighbours earned lot of money by working in Gulf countries, they felt that 'Nambooriichan*[10] *is beating and torturing the patients'.*

They used the traditional Ayurvedic practise for mental illness. All the family members were involved in the treatment process in one or the other way. The chief physician is the elder person in the family, other brothers help him in prayers, prescribing and preparing medicine for the patients. People from various parts of Malappuram district used to come there for the treatment. The patients are from different religious backgrounds. The structure and

[10] A colloquial term used to denote male member of a Brahmin family in Kerala.

environment of the room given to the patients are almost similar to that of an asylum.

In earlier days Kallur Mana near to Thrissur also has an inpatient section. They have shut it down almost 25 years back.

P.N. Namboodiri said that without the involvement of the community, he could not continue running the inpatient section. But he seemed to be quite confident about the efficacy of the treatment. The researcher asked him about the efficacy of the treatment. He replied, *“Don’t think that all people coming here are fools. If the treatment were not effective, they would not have come here. We are getting many patients who are not cured with psychiatric treatment”.*

Observing the treatment procedure in Poonkudil Mana, the practitioners used to create an atmosphere of prayer to match with the beliefs of people coming over there. They listened to the patients and their problems in front of the lighted camp *(Nilavilakku*) in the verandas of the center. They also chant some prayers during treatment.

The treatment of madness in *Keekkoottoor* family also follows a mixture of medicine and prayer. They call their treatment as ‘Iraham’ that means prayer based treatment. They also have a history of *Ayurveda* and *Unani* doctors in their family and run an

inpatient section too. But they shut down the impatient section in 1972. The head of the family, *Sayed Hussain Sakhaph Thangal* told the researcher that *"In earlier days, there were no transportation facilities to the center. I assume that the inpatient centre provides accommodation facility to the patient who comes from far off."* In this center, they have mainly followed the treatment based on the explanation about illness given in Arabic texts. While talking to the researcher, the practitioner was engaged in writing certain Arabic mantras on the tender coconut that will be given to his patients. He explained the mantras, which consisted of different drawings and calculations in Arab language.

Researcher observed that even the non-Brahminic treatment tradition use medicine and *manthravada* methods. *Kunjurama Panikkar*, theyyam artist and *Manthravadi* from Malaya community, payyannur says, *"We treat mental aberrations using mantras, kriyass (Avahana kriyans) and medicine. The types of mantra used would vary according to the nature of the disease".*

The Velan mantravadis used to conduct a ritual called *Pattatabali*, a sacrifice at the funeral place. The ritual used to take place in temples as well as in rich houses. This was meant for warding off the demoniacal influences, which overpower the members of the family or community as a whole. At the southern limit of the outer precincts of a temple or village house, a pit is dug in which a man is laid as an offering to the evil spirit and then the

pit is covered with a wooden plank. The last rites for the man are done, as if he is a departed soul. By late night, when the rights are concluded, the man who has been in the pit for many hours, would forcefully push off the wooden plank and run away in to the darkness in a totally possessed state. In the early hours of the morning, he would return in the same frenzy with which he started, carrying the uprooted, thorny rattan creepers rolled around his body from distant jungles with their thorns making bleeding wounds all over his body. This self-purification is an integral part of the exorcist practices, which amount to self-publication for the sake of a better life of the community as well as the individual (Panikkar, 1991 p.60).

4.2.1.1.1.4 Types of disorders/ problems treated

Analyzing the indigenous healing practices in various centers shows that in the present days, the patients who come to the centers are not having severe mental disturbances. According to Unni, practitioner in Kalakadu Mana, “we are getting mainly people with various types of problem. But those who are suffering from severe mental disorders nowadays go to psychiatric hospitals. We get people with various family problems and financial crisis. The patient whom I saw just before you come complained that her husband spends money unnecessarily and does not take care of the family responsibilities. I gave some tips to her on how to deal with the problem. (With smiling). You know, some times, I use a few psychological methods too..... We also do the necessary *poojas (Homa)* and prayers to deal with it”.

An interview with *Hydros Koya Thangal of Keekkottoor* family notes that, "*we get people with various family problems suffering with Koodothram (Secret contrivance) and such practises. We used to treat people with severe mental troubles in olden days. But now it seems that majority of such cases prefer going to psychiatric hospitals".*

In contrast with this observation, Kunjurama Panikkar, Theyyam artist and Mantravadi says that, "*we get patients having fear, possession, of spirits lack of sleep, violent nature, depression etc. We also get patients who speak irrelevanthy and repetitively and patients who doubt their wives' fidelity (delusion)".*

Raman Panikkar, Theyyam artist and Mantravadi comments *"people come to us mainly to alleviate their mental conflicts and sorrows. People with financial problems also used to come here. I don't get any cases of severe mental problems, now a day. As you know, such patients go to modern hospitals for treating their problems. But many of the problems would not be solved in the hospitals. Then, they again come back to us.*

But taking the pure medicinal treatment in Poonkudil Mana, the researcher observed a number of severely disturbed over there, who are under treatment.

As I noted before in the interview with Unni, Practibioner in Kalakadu Mana, emphasized the effective treatment of epilepsy. Hydros Koya Thangal of Keekkottoor family also noted that they get a lot of epileptic patients. He also said *"this center is mainly known for its treatment for epilepsy and infidelity now a days. People come for these treatments over here often. Out of the total number of patients coming here only 10% constitutes of mental problems".*

It has been found from the Non-Vaidic Vaidya tradition that those practitioners treat mental disorders using a different classification system.

They have classified *unmadam* based on its symptoms. One classification I got from Ravindran Vaidyan, Payyannur that is attached in the appendices. This has been collected from his ancestors' notes, which is called as *Keerika symptoms* (Keerika Lakshanas). Keerika is the word, which denotes insanity in Vaidya tradition.

According to this notes there are 20 Keerika Lakshanas. Brahma *Keerika Lakshana, Kinnara Keerika Lakshana, Gandharva Keerika Lakshana, Brahma Rakshasa Keerika Lakshana, Rakshasa keerika Lakshana, Amrushya Keerika Lakshana, Paishasha Keerika Lakshana, Nakshathra Keerika Lakshana, Bodha Keerika Lakshana, Medha Keerika Lakshana, Azhal Keerika Lakshana, Kumara Keerika Lakshana, Uthama Keerika Lakshana, Adhama Keerika Lakshana,*

Bhrantha Keerika Lakshana, Swana Keerika Lakshana, Raja Keerika Lakshana, Visha Keerika Lakshana and Sannipatha Keerika Lakshana.

From these analysis, the researcher observed that majority of the patients reached to the indigenous healing centers are not with severe mental disturbances. People suffering from such problems generally prefer going to psychiatric hospitals. The numbers of mental patients who come to indigenous healing centers are drastically reduced. At the same time, centers which provide pure Ayurvedic treatment treats severely disturbed even now. Thus, the researcher assumes that mild mental disorders are effectively handled in indigenous healing centres and as far as the treatment severely mental problems are concerned, medicine was an inevitable ingredient of it.

4.2.1.1.1.5 Process of treatment

The unique Trinity Mantravadi, Vaidyan and Jyothsyan

The treatment process of manthravada is teamwork. It includes Mantravadi, Jyothsyan[11] and Vaidyan (Ayurvedic physician). We can find a functional co-operation between these practitioners. Astrologer has an important role in the process of manthravada treatment. The role of an astrologer is to diagnose the problem. Uniqueness of mantravada practice in Kerala is the unique functional roles between physician, sorcerer and astrologer.

[11] Jyothsyan means astrologer

In some tribal communities like *Vannan, Ganakan and Pulluvan*; the same person carries out these three responsibilities. (Unnikrishnan, 2005).

The Role of Jyothsyan

He prepares the chart about the problem of the patients. The position of the stars is also an important cause. "*Kandaka Shani konde pokoo"* is proverb, which is very common in Kerala. This reflects the strong belief of the people in astrology cause of the patients' present problem. The sorcerer generally follows the chart given by the astrologer. Generally the chart explains the name of the spirit possessed, the cause and aim of its invasion. If the cause of the disease is because of any evil deeds, (aabhichara kriya). The astrologer will provide the details and remedy for it. According to the mantravada principle evil deed is one of the important causes for mental illness. Sometimes, the position of house also may lead to illness to people who live in that particular house. In that case the patient may also consult the astrologer. According to the interview with M.G.S. Narayanan, historian pointed out that

'Kerala have a strong belief in the Vastusastra too'. They believe that the position of the house may cause illness.

The Act of Mantravadi: Based on the chart given by, Jyothsyan the mantravadi performs the *manthravadam* for casting out the evil

spirits from the patient. Based on the nature of symptoms of the patient, the mantravadi could identify and conform the nature of the spirit or murthy (deity). If the murthy is Rajasic in nature, the patient will be more violent and some time fall into unconscious state. But if it is Tamasic the generally the patient will not be much violent generally. Based on these systems the mantravadi decides what kinds of treatment need to apply for the patient (Narayanan, 2006, p.58).

Some spirits are propitiated; others are just driven away. Different methods are used for driving away the spirits. Some are just mechanical; others transfer the spirit to some other objects and then get rid of it; still others try to deceive the spirit.

By far the most potent method of driving out spirits is *exorcism*, the expelling of demons through the magic power of the word. As a matter of fact, all other methods are usually combined with incantations. Certain words have to be spoken at the right moment if the spirit is to yield to mechanical pressure or to let itself be transferred. Either these incantations have the form of commands ordering the demon to relinquish its host; or they are appeals to more powerful spirits for intercession; or they are simply spells; words combined in such a way that a spirit, when it hears them, cannot resist them. . (Panikker, 1991 & Jaggi, 1982).

Mutturukkal

One of the powerful act of *mantravadi* to caste out the spirits or *murthy's*[12] from the patient. As mentioned above some spirits or *murthy's* will hot drive away from the patient's body. This may cause by the act of by someone else, evil deed (Abhicharam). In such cases *Mantravadi* perform this powerful act. Only a well trained sorcerer is capable to use this act. In vedic or Bhrahmanic tradition. The Mantravadi break the coconut followed by 'Jaladhara' mantra (Narayan, 2006, p.6).

In nonvedic tradition, the mantravadi perform this act using the blood of goat, hen and alcohol. If the evil deed (abhicharam) is very strong the act of mutturukukkal should be more powerful.

Yantras and Medicine

Yantra generally used in *manthravada* process for protective purpose. After caste out the spirits from the patients' body, the sorcerer may suggest yantra and medicine for the patients if it required. Medicinal treatment for the patient decided by observing the nature and symptom of the problem.

Brahmanic tradition of Manthravadam

Mantra, tantra and *yantra* are the three forms, set to rigidly prescribed rules of worship, followed by the Brahmins. This form of

[12] Murthy-Means deities

worship combines in its elements of sorcery. Yantras are the essential past of *mantravada* treatment practices.

The *Yantras,* which the Brahmins use for *mantravadm ,* are made of copper or silver or gold. The *yantra* is etched on a thin sheet of any of the above metals and it is given power by applying mantra to it continuously for a specified number of times. When it is charged thus with *mantrik* power, it is rolled and pushed into a tube of gold roughly one-and-a half inches long and the tube is sealed. This tube is called *Raksha* (as safeguard) against evils for its wearer. *Tantra, mantra* and *yantra* are fused into one to produce immense protective power. According to the *tantric* tradition, there are different types of deva yantras viz., Ganapathi yantra, Devi yantra, Hanumath yantra. These are also yantras for rajasic and thamasic purposes like attraction (Akarshna) driving out spirits (uchadanam), destruction of enemy (Shatrumaranum) and safeguard of children (Bala Raksha).

Tantra: Consists of a subtle language or gestures employed for inviting the spirit and fixing it up in the yantra. While the mantra, tantra, and yantra have lasting power and abstractions, they have their more concrete, though ephemeral, forms as well. Such forms are represented by floor paintings known as Kalam. However, Kalam also takes its cue from a tantrik form, the chakra.

Mantra: Treatment mantras for mental illness (unmadhachikitsa mantras) are enriched with sanskrit verses and 'Bheejaskshara', 'Oom, Ime, Clim'. These mantras mainly praise the Goddess Kali, Chamundi etc.[13] These are the various version of Goddess Kali. In manthravada treatment for mental illness, these mantras are not the first to treat with medicine. This is also a psychological relief for the people with mental illness.

Kalam : The Kalam in the kali cult denotes a floor painting of the Goddess. Before the form of the Goddess is painted, a chakra in the tantrik structure is drawn using two colours, white and yellow, mad respectively of rich and turmeric flour, on the north-eastern corner (Minakom) of the place in which the image of kali is proposed to be drawn. At the centre of this drawing, a bronze oil lamp is lit with the belief that with the lighting of the lamp on the chakra, the goddess has made her divine presence at the spot. Before the lamp is placed on the floor, a plantain leaf, with offerings to the goddess, like paddy, rice, coconut etc is placed. (Panikker,1992). The Kalam may be varied according to nature of mantravada and deity.

Kunjirama Panikkar also observed *"I choose a mantra based on the nature of the disease. I understand a disease from the*

[13] "Oam Kali Mahakali Pathalakali
Kalarathree Bhadrakali Oam hem. Hreem Hreem
Oam klim Oam namo bhagavatho mahabhadrakali
Sarvamamsa Bhakshini whom ha swaha

behaviour of the patient and the observation of their family members about the illness".

He explains a component in the process of manthravada. *"Put a rooster at the feet of the patient after telling the secret portion. You need not faster the led of the bird. Once the ritual is over, the rooster as well as the patient would attain normalsy".*

Another stage is the treatment process goes *"Many patient used to stare at us. They tell like this, pointing towards a place here stands someone". The mantravadi goes there, finds the spirits, tie him up or makes the patient himself to bottle the spirit.*

Thus, we could see that they have followed a different procedure to deal with the patients. Using animals or birds as part of the prayer could not be seen in the Brahmin tradition to treatment.

According to Raman Panikkar, *Theyyam artist* and *mantravadi*, "some of the demons will not get away from the body of the patient. If the spirit belongs to a lower caste, a Brahminic mantrvadi cannot cast out it completely. Sometimes, they need to the help of a *Malaya* or *Paraya maravadis*. Recently, we did one such kind of *manthravada* to help a Brahmin family". This shows that beyond the caste and class hierarchies *manthravada* treatment has a higher place.

4.2.1.1.1.6 Deities worshipped in the treatment process

There are many deities used in *manthravada* treatment. Analysing the mantras, it has been found that one of the chief deities in many of *manthravada* treatment was *bhadrakali*. The *bhadrakali* might have appeared in different forms like chamundi, durga, rudhirakali, chudala bhadra, Karinkali etc. But all these local names are connected to bhadrakali through some local narratives.

According to the religious beliefs Kali is the daughter of Siva.The concept of Kali originated in prevedic period (Narayanan, 2006).

According to Narayanan (2006), there are different Manthramurthy (deities) used for manthravada. They are Karinkutti, Raktha chamundi, Bhairavan, Hanuman, Kuttichathan are the most important deities for manthravada. Analysing the non brahminic tradition of manthravada also shows similar kind of manthramurthy. It could be assumed that though the Aryanisation process, the Brahminic might have accommodated the chief dieties of Dravidians. Observing the rituals we can find the thread for this assumption. For example, sacrifice of animals received a new form of manifestation in Brahminic tradition. Instead, of sacrifice of animals, they use ‘guruthi’ pooja. In guruthi, they mix turmeric powder and other powders used for pooja to produce red water, which symbolically represent blood.

Whether manthravada is modern or primitive, the chief deity of manthravada is Kaali.Some extract of mantras are attached here. [14] (Narayanan, 2006). But some manthravada families worshipped Kuttichathan as one of the deities for the manthravada practise. Kalakkadu family is one centre is which Kuttichathan

[14] Extracts of Mantras for driving out the spirit.

1)

കരുണാകര പുരഹരനുടെ സുതനാം
കരിമുഖമുടയോൻ വരമരുളേണം
കൂളിഗണത്തിൽ നാമമുരയ്ക്കാൻ
വാണിഭഗവതി കുടികൊള്ളേണം
എന്നുടെ നാവിൽനിത്യം സതനം
കാളികൾ കൂളികൊടുങ്കാളി ചില
വേതാളത്തിലതേറിന കാളി
നിർമ്മലരൂപി നിരഞ്ജിന ശംഖിനി
ചണ്ഡികചാമുണ്ഡി സർവ്വേശ്വരി
എന്നെല്ലാവിധകാളികളനവധി
വിണ്ണിൽകൂവി നടക്കുന്നറുകൂല
വായ്പൊടുവള്ളിയിറുക്കി വരിച്ചും
വൈരാഗ്യത്താൽ ചാടിമരിച്ചും
വെടിയുമുടക്കളികൊു മരിച്ചും
എമ്പിലുവാശിയു മീനാം പേച്ചി
ദിക്കുകളൊക്കെ മുടിക്കും പ്രേതം
അള്ളും പ്രേതം നുള്ളും പ്രേതം
ആണമുഗത്തുനടക്കും പ്രേതം
ഗർഭിണിമാരുടെ വയറുതരിച്ച്
പെറ്റുപിറന്നു വരുന്നൊരു കുഞ്ഞിനെ
ഞെക്കിഞെരിച്ചും കൊല്ലും പ്രേതം
സുന്ദരയക്ഷി അരുളിയ യക്ഷി
സൂര്യനിറം പൂീടിന യക്ഷി
മറുനാ, ചെറുനാ പേച്ചിയൊടെക്ഷി
നാമറുനായും മലമറുനായും
പിന്നെ മറുനായും നിണമറുനായും
കല്ലും മണലും വരിയെറിഞ്ഞും
കാടുപിടിച്ചുകിടക്കും മറുനാ
മൺഭൂതം, മരമേറിയഭൂത
വഴിയിൽ ഭൂതം കുഴിയിൽ ഭൂതം
ഇനിയും പലപല ദേവന്മാരും
ഞാനുഴിയും ഹോമത്തിലമന്ന
ഒരുധാരമാർഗ്ഗേ പോകണമംമ്പേ
ശ്രീ ഭദ്രയാം ഭദ്രകാളി
നിൻപാദങ്ങൾതൊഴുന്നേൻ സതനം
ഗിരിധരൻ മാധവൻ നാന്മുഖൻ വാണിടം
നമസ്തേ ജനനി!! നമസ്തേ ഭദ്രകാളി
നിൻപാദം തുണനമസ്തേ നമസ്തേ.

2. ഒടിയനെ കാൽ വലത്തെ തള്ളവെരൾ
കൊ ശക്രം വെട്ടിമൂലമന്ത്രം ശ്രദ്ധയോടെ
ജെപിച്ചാൽ ഒടിയൻ അവിടെ നിൽക്കും.
ഇതു ശെമ്പു തകുട്ടിൻ
എഴുതി കെട്ടുകയാൽ സകല ഒടിയും
സകല ദൈവസസും ശകല പ്രെതവും
ഇഹക്രം വെട്ടിമൂലമന്ത്രം ജെപിച്ചാൽ

(Bundle No. 1726, Manuscript library)

worship is prevailed. According to the folk beliefs, Kuttuchathan originated in Kalakaadu Mana. There are different versions of this story. One version says that Kuttichathan is a gift of God Mahadevan to Kalakaadu Nambudiri who does not have children (Vishnunamboodiri, 2005). The other version speaks that Kuttichathan is Nambudiri's own child born to a Paraya woman and the Nambudiri rejected his son as he belonged to the lower caste. Then the story goes like this. After Kuttichathan's death, he was reincarnated as a servant boy in Kalakadu family. He has become powerful and did many miracles. He has become a chief deity of the manthravada treatment.

4.2.1.1.1.7 Causes of madness

The indigenous healing practises for mental illness have attributed various causes for madness. Most of the causes are evolved around the concept of possession of evil spirits. Narayanan (2006) divides possession into three. Among these three, two are possessed for entertaining and eating purposes and the third one might occur with an intention to kill or harm the patient. At the same time, the influence of classic Ayurvedic text provides a different understanding about the causes of madness. Caraka says that position of stars cannot give a complete answer of the cause of madness (Narayanan, 2006). He emphasized that the imbalance of

tridosa-Vata, Pitta and Kapha- and one's wrong lifestyle lead to mental aberrations. Thus we could see that astrologers, sorcerers and Ayurvedic doctors agree on the classification of mental illness caused from one's birth itself (Janmarjitham), one's deeds (Karmajitham) and exogenous factors (Agantaka).

Here, astrologer comes to the help of sorcerer. They understand the causes of possession into many some of them are due to tridosa, anger of ghosts (Prethakopa), anger of God (daiva kopa), cuase of Guru (Gurushapa), curse of Brahmin (Brahmin shapa), black magic (Aabhichara), Koodothram (Secret contrivance) etc. and texts say the symptoms of each of them. Possession is again divided into those affecting the mind and those affecting the body. Madness (Unmadadi roga), comes under both these categories (Narayanan, 2006).

Analysing the historical documents it has been found that the faith in black magic and sorcery was very strong among the people of Kerala. Even the government itself believed in the mysterious acts of black magic to casue illness. According to one of the Archival documents found from Regional Archives, Cochin there are incidents of widespread banning of black magic by the government. But it was very much popular in Malabar, Cochin and Travancore.

In nineteenth century, Government of Cochin State considered black magic as a practice for distracting enemies under

grave crime. Menon (1911) pointed out "*In those days witchcraft was numbered among the grave crimes. Even so recently as 1827 a man was sentenced to imprisonment for six years for causing the Raja's health to break down by the practice of his black art. It was during the time of the Resident Colonel Cadogan (1827-34) and through his repeated representations that prosecution for witchcraft was finally discontinued. In 1793 the Dutch Governor of Cochin Van Anglebeck, advised the Raja to inflict exemplary punishment on a sorcerer by his art made His Highness seriously ill and whose guilt was conclusively established by astrological calculation".* (Menon, 1911, p 441, Series files 1684-1869).

This Archival document about the punishment order a sorcerer for his black magic against the Raja is attached in the appendices. This document proves the fact that the government of the state too believe in the practice of black magic in earlier days.

Even the manthravadis believe that mental illness is caused by secret contrivance (Koodothram) by other people through the help of black magicians. There are different procedures used by the manthravadis to protect their clients from this secret contrivance. Yantra used by Brahmin manthravadis was one of the protective mechanisms to prevent this kind of black magic.

It has been observed by the researcher that the theories and practises of manthravada believe in the social root of the mental

problems. Each manthravada practise provides a lesson to the society in which it occurs. Generally, the practitioner was also part of the social context of in which the treatment operates. The name of the spirits and various methods used to cast out the spirits are familiar to the natives too. P.N. Namboodiri says that “manthravada and other healing practises for treating mental illness will survive in the society as long as people believe in it”.

Kunjuramapanicker told “if the disease is not cured by the manthravada treatment, the sorcerer himself should treat the patient with his own money and solve the problem”. This shows the strong social bond shared between the practitioners patient and the community. Kunjiramapanicker also says “very often I was astonished to see the cure happens in my patients”. This also illustrates how does the treatment and the faith of the people match together in healing process of madness.

The family based treatment prevailing in Kerala follows a diverse healing tradition. Even if this tradition has lost many of its practises, it is still alive and popular among the common people in Kerala. This reflects the fact that this treatment has roots in the cultural psyche of Kerala and her people.

4.2.1.2 Religious centres based treatment

Religious practices and festivals played a central role in the healing practices of mental illness in the context of Kerala. The

festival itself acts as a preventive mechanism to protect the people from various kinds of illness. Apart form these festivals some of the temples, mosques, and churches in Kerala are well known for the rituals used to treat mental problems.

The researcher focused Chottanikkara temple, Ernakulam and Beemappalli, Trivandrum for the present study. The researcher followed the method of observations to understand the rituals and forms of religious practises over there. Analysis of some of the historical documents was also done.

The Bhagavathi temple at Chottanikkara near Cochi is a healing centre for people who suffer from mental aberrations. Usually women under the magical spell of evil spirits are taken to this temple where they stick nails on the big peepal tree, hammering them with their forehead, as if the evil spirit that stays within is tied down forever. The practice even now is vogue and the tree can be found full of such nails, each representing the solution of an individual's mental problems.

Bheema palli is another popular centre for the treating mental illness. It is a Mosque (Jaram means sacred tomb) of Seyathu Bheema Beevi and Seyathu Abubakkar. The devotees believed that Bheema Beevi and her son came to Kerala from Arabia to teach the Muslim doctrines. She was also well versed in Yunani for treating mental illness. They believe that if they come and pray in this Jaram all problems will be solved. The people

believe that "Ummachi will save as" (Ummachi (mother) rakshikkam).

After Bheema Beevi many other healers were popular in connection with the Bheema Palli. Kalladi Bhava was one among them. According to an old man, Kareem whom the researcher met over there, "Kalladi Bava was a strong healer for mental problems and evil deeds". He said that Bava was very powerful and was able to break big stones with his hand. The people over there said that the caste and class are not a block in this place. Any body can come here and pray to Ummachi.

The devotees believed that if they bath in Marunnu Kinar (medicine pond) their mental problems would be relieved. The main days for the prayers for the patient are Monday night (Thingal ravu) and Friday night (Velli ravu).

Analysing the religious practises for madness and other mental conflicts, the researcher had made certain observations. They are given below.

Table 4.3: Thematic analysis of religious centres based practices: Emerged themes and categories

	Themes	**Categories**
1	The preventive function of religious practises	Expression of feelings, aggression and frustrations.
		Socially accepted 'disorderliness'
2	Mother goddess concept	Kali worship
		Representation of sexuality
		Nurturing and aggressive mother
3	Elements of faith	Rituals

		Process of casting out the spirit and demon

4.2.1.2.1 The preventive function of religious practises

The important elements in any festival and ritual form are the environment, which it creates. Taking the ritualistic practises in various religious centres, it has been found that it provides a unique environment where the people can express their feelings freely. The rhythms, songs and dance create a cathartic effect among the devotees. According to P.N. Namboodiri, *"festivals and various rituals act as a preventive mechanism for mental aberrations of people in earlier days of Kerala".*

Taking the Chottanikkara temple into consideration, the observation made by the researcher shed lights into some of these issues. A narration about Siveli in Chottanikkara temple is given below.

In the time of Siveli (Serenading) in Upper temple (Mekkavu) the mad people start screaming and dance according to the rhythmic noise of drum (Chenda). Generally women are possessed by spirits. They move around the temple as quickly as possible in the time of pradakshina (Moving around the temple). Sometimes they make choking, strangling noises and rolls on the ground with matted hair. Some women swinging their hair back and forth reach the peak of the possessed state at the end of Siveli. Then they proceed to the lower temple, where Bhaarakali is housed. There is

a huge temple tank where the Bhagavathi is said to have thrown the evil Yakshi who tempted a Brahmin, her blood stain water makes it a permanent red.

During the fit of possession (badha) the patient will tell which spirit is troubling them. Then they go to the astrologers, who tell how long the nail should be. Power is put in to the nail and the person has to bang it into the tree with her head. Through this process badha will be go out from the body of the patient.

Analysing the people come for the casting out of devil are mainly from the lower caste of the caste hierarchy. Other Bhagavathi temples like Madaikkavau, and Kodungalloor are also followed somewhat similar pattern of practises. The researcher visited those places and observed the practises happening there. But focus was given more to the Chottanikkara temple. Madaikkavu was found to be the main centre of Kali worship in northern Kerala. (Visnhu Namboodiri, 2004) One of the similarities observed in all these centres are the castes of the people coming for managing their mental problems. As I noted before, the majority are from the lower strate of caste hierarchy.

These centres offer a platform for the people to express socially unapproved body movements, voices, and dance especially in the case of woman. In other, way, it provides a space for ‘disorderliness’. It creates an ‘opening’ for following out many of the mental conflicts before convecting them into severe mental

disorders. It also provides peace, calmness and internal harmony to the people who come over here.

Such kind of rituals provides an environment to express aggression and frustration of people. In that sense, these rituals give a cathartic effect to the people who come for healing.

4.2.1.2.2 The Mother Goddess concept

Vishnu Namboodiri (2004) points out that the Kali worship was very much prevalent in both Vaidic and Non vaidic traditions. He said that it is very difficult to differentiate Kali worship in Vaidic and Non vaidic traditions in Kerala.

The Goddess Kali in Healing Practices: Goddess Kali is the predominant deity in healing practices of Kerala. Encompassing a variety divine personalities ranging from the benign to the ferocious. Bhagavathi (Other name of kali) is associated with both the Sanskrit goddesses of the greater pan-Indian Hindu tradition, and local village Goddesses associated with fever diseases. As Bhagavathi, the goddess is conceived of as primarily benevolent and powerful, simultaneously a chaste virgin and a caring mother. She is seldom portrayed either in Mythology or Iconography as being the consort of any male deity, but stands on her own. Every community in Kerala worships her in a distinctive way, ranging from simple costumed possession dances to elite Sanskrit operatic

theatre. The many ritual traditions associated with the worship of Kali reflect Kerala's collective historical and social development.

Caldwell (1999) in her significant work on Mutiyettu (a ritual drama form) explores the causes of demonic inspiration in women (badha avesum). She observed that demonic possession and demonic inspiration are two different forms. "The divine possession of men is suffered to as devaavesam (Divine inspiration) opposed to this divine possession in possession by demonic. Spirit known as badha or badhaavesam demonic inspiration". (Caldwell, 1999). Badha normally affects women but occasionally men, and is considered quite different from the trembling and shaking of divine visitations. Victims of badha often behave aggressively, utter obscenities and curses, and fail to observe normal rules of decorum. Caldwell observed that the attribution of Badha in women connected with sexuality and gender inequality of women in Kerala. "*A tullicchi is an unruly or ungovernable sort of women; a flirt-all that a Malayali lady should not be. These adjective aptly describe the behavior of Bhadrakali in the performance, as well as that of the mad women at Chottanikkara. The lack of control displayed by all of these undesirable female models centers around the double taboos of anger and sexuality. The yelling women scornfully reproached as*' *a real Bhadrakali*' *the errant female who entries a temple while menstruating, the disobedient daughter the filtrations girl: these are punished with badha, shivering fits and possession. It is a*

woman's sexuality and potential angers that is taboo and that must be controlled".(Caldwell,1999, p-216)

Many other scholars have noted the relationship between women's possession and repressed sexual and aggressive emotions. Kakkar in 1982 also observed about the sexuality of women and possession. Gold (1988) clearly demonstrate how possession performances she witnessed in Rajasthan allow sanctioned expression of female sexual frustration. Lewi's classic study (1989) outlined the many parallels between social marginality and female spirit possession, suggesting that it is a form of protest against religion. Rani's (1992) rich study of female possession in southern Tamil Nadu exemplifies this thesis. In badha too, female emotions of rage and direct which are taboo, find expression in stylised behaviour (cited from Caldwell, 1999).

Considering the specific context of Kerala, there is all the possibility to accept the argument of Caldwell. The analysis of the history of Kerala proves the fact that women in Kerala undergoes self-denial and self-control. They are expected to repress their sexual and aggressive feelings nearly all of their life, can easily lead to the madness or possessed by badha.

The interview with the present head of treatment in Bheemappalli says that “Ummachi (mother) will save us. (Ummachi rakshikkaum)”. Eventhough Bheemappalli is a mosque, we can find

some connections with the concept of mother goddess in Kerala. The researcher hypothesized that this could be reflected in the social stereotypes of ‘mothers’ caring while a person experiences any kind of illness. Coming to Chottanikkara, we can find two extreme forms of this mother. On the one side, a caring and affectionate form of the mother, On the other hand, a blood thirsty, terrifying mother. This contrast gives a different depiction of women and their sexuality in the context of Kerala. Caldwell’s study (1999) focused on these issues.

4.2.1.2.3 Elements of Faith

One of the underlying elements these treatments based is the faith of the people in Goddess Kali and her power. A prayer called ‘bhadrakali dhyanam’ used in the Chottanikkara temple shows people’s strong beliefs in Kali’s power to treat their devotees.[15]

This sloka explains the terrific nature of Kali and her special powers in treating different diseases. Many of the contemporary psychological theorists recognize that faith has an important role in to play in any healing practise. In the case of Chottanikkara temple, it is true that the majority of devotees strongly hold the faith in Bhadrakaali. In other words, we can say that the whole process of

[15] കാളിം മേഘസമപ്രാഭാം ത്രിനയനാം വേതാളകണ്ഠസ്ഥിതാം
ഖഡ്ഗം ഖേടകപാല ദാരിക ശിരഃകൃത്വാ കരാഗ്രേഷ്ഠ ച
ഭൂതപ്രേത പിശാചമാത്യസഹിതാം മുണ്ഡസ്രജാലാം കൃതാം
വന്ദേ ദുഷ്ടമസൂരികാദിവിപദാം സംഹാരിണീമീശ്വരീം

managing mental illness happened only based on faith. In contrast with family based treatments, the medicinal elements are rare here. The possessions, casting out of evil spirits are happening based on this faith. The rituals performed on Friday night in Keezhkkavu reflects the blending of faith of the possessed in an aura of religion.

One Friday evening, I visited Chottanikkara temple. After the Siveli, the Guruthi pooja was about to start then in Keezhkkavu where the Bhagavathi is housed. The possessed women are already reached a kind of 'trans' state when they came to Keezhkkavu. This could be because of the rhythmic atmosphere created in the *Melkkavu* at the time of *Siveli*. The *Guruthi pooja* started. There were groups of people sitting almost near to the peepal tree. Some women are already started screaming rolling, dancing and laughing. The priests of the temple prepared *Guruthi* with *Kumkum,* Turmeric powder and other ingredients. They poured this water into a big vessel and enchanting various *manthras* to praise *kaali*. Once this manthra reaches its climax, the possessed woman also reaches her trance state. They seemed to be experienced a kind of pleasure. Sometimes even they dance and roll their body over the floor, produces some noise, which is similar to that, arose during sexual stimulation.. At the peak of this *Guruthi pooja,* they have reached at the heightened stage of experience and they fall down

on the ground. Finally they struck the nails with their fore head on the peepal tree

In this whole process of ritual, the role of the priest was very less. Possession and the expressions were happening rhythmically. In contrast with *Manthravada*, there was no much interference of the priest in this whole process. Each person takes the essence of the environment and internalizes it into their psyche and express their own selves freely. It seems each person can reflect a kind of 'disorderliness' in a socially accepted and safe manner in this platform. Here the boundary of normally and abnormality is dissolved. The people coming here are allowed to shift/ from normality to abnormality and vice versa. It extends a safe and secure space for the conflicted mind to release their unhidden desires and wishes. The researcher assumes that this emotionally charged environment blends with element of faith prevents the mental conflicts become worse. In other words, we can state that these kind of rituals give a chance for the people to become 'mad' for a while and then come back to their so-called normal life.

The healing practise happens in Bheemappalli needs to be analysed in a different religious context. But analysing the practise over there throws light into the beliefs and faith of the people. The researcher observed that the people coming here for healing are from different religious backgrounds. They believe that if they pray

to Ummachi (mother) they will be cured. There is also a belief that if they take bath in the Marunnu Kinar (medicine pond) or drink water from it, there problem will be solved.

“I visited Bheemappalli on a Friday 12 noon. I say the mad people wander in the courtyard of the huge mosque talking to themselves, screaming and staring at people. I didn’t find anybody instructing them what they are supposed to do there. Some of them are eating food, sleeping on the ground in the hot sun. Some of them are asking something to themselves and express their destiny of life. I saw two buildings near the mosque where the mad and their relatives stay over night. A group of women were chained to big pillars in a stage like platform near their rooms. I was not allowed to go and talk to them as I am a man. But I hear them screaming and asking something to me. I spoke to some of the relatives of the patients. They used only the blessed oil given by Mussaliar and the water from Marunnu Kinar (medicine pond). Many relatives told me that after reaching Bheemappalli their patients felt better”.

This is another example how does the elements of faith work in the treatment of madness.

Taking the religious healing for mental illness into consideration, there are plenty of big and small centres run by different religious groups exist in Kerala. Some of these centres are

well known over the state of Kerala; but a few others are popular in their own locality. Religious or faith based healing centres could be seen in the nook and corner of Kerala in different forms even in the 21st century. This illustrates the fact that the faith element and its relation with healing are embedded in the social and cultural lives of the inhabitants of Kerala. This demands further studies to address these issues in the context of Kerala.

4.2.1.3 Madness and Ritualistic art forms

The ritualistic art forms are an important part of the social life of people in the earlier days in Kerala. Even if, these ritualistic art forms have changed in its phase during the course of history, it is still prevailing in the state. These ritualistic art forms are diverse and practised in various localities of Kerala. The characeristics of these art forms might be varied from place to place. Many of these theatrical art forms provide a cultural space to interact and celebrate the life in its fullness. In that sense, these art forms serve function of social harmony, community get together and intense belongingness.

As part of the present study, the researcher focused Theyyam, one of the ritual dance forms prevailing in Northern part of Kerala in connection with its relevance to madness and its management. The researcher visited Payyannur, one of the centres for Theyyam performance, stayed there and observed the Theyyam

performance. Researcher also interviewed some of the Theyyam artists and sorcerer and natives of the place. The studies conducted about Theyyam are rare in number. But researcher reviewed available studies for the better understanding of its social and psychological root.

4.2.1.3.1 Theyyam or Teyyattam

Theyyam or Teyyattam is one of the peculiar folk art prevalent the Kolathnad[16] region of Kerala. This territory comprising the present Cannanore District and Badagara Taluk of Kerala state. According to Narayanan (1973) The Theyyam are essentially forms of hero worship when the dead heroes and martyrs are invoked through song and dance and magical symbols, and the main episodes from their lives are enacted in an attempt to propitiate their spirit though there are also theyyam of deities form the puranic lore (Narayana, 1973), Kurup (1973) noted that theyyam is a peculiar kind of hero worship in Kolathunadu. It is a colourful aesthetic imagination of the people. He observed the blending of artistic forms in a historical pageant is a good example of the aesthetic imagination of the people. The common terms used for denoting this particular form of folkart are Teyyam or Teyyattam and Tira and Tirayattam. Attam means dance in malayalam.

[16] The ancient rulers of this territory were known as Kolathiris or Kola kings. There is also one tradition that the rulers to Kolagan community, and thus they were known with the identity of caste as Kola kings.

Teyyam is a corruption for Daivam or God. Thus Teyyattam means the god's dance. (Kurup, 1973).

Kurup, 1973 also distinguished the devil dance from Teyyam. He observed "Devil is the opposite aspect of god and the worship of that aspect is harmful to human. One common feature of this folk cult is that even the spirits are attributed with godliness (Kurup, 1973).

In Kadathanad and other (South portion of Kadathanad) Teyyam is known as Tira or Tirayattam. There, the performance is conducted on a masonry stage called Tara and the word Tarayattam was probably changed into Tirayattam in course of time. The term Tirayattam itself may mean beautiful dance also.

The person who plays and personifies the deity is generally called 'Kolam'. The word Kolam means figure or shape or make up in Tamil and Malayalam. Adiyarkunallar, the commentator of cilappadikaram has mentioned several folk dances representing the dwarf, the hero, the Brahmin and the parayan. He called their dance as 'Kolam' and the very same word is still in vogue in malabar for such dances. The Kolam, as a folk cult, is prevalent in ceylon also. In Tulunad north of Kolathnad, the custom of Kolam dance is widely prevalent as a form of worship of the Bhootas or spirits. There, the dance was conducted before stanams where the Bhootas or the spirits used to reside. The whole village folk

assemble to witness the Kolam ceremony: it is a part and parcel of their life and living.

Kolakkar (Theyyam performers)

According to Vishnunamboodiri (2006), the theyyam performers are mainly from the tribal group of Northern Kerala. The performance styles could vary from one group to another group. The main performers are from the communities of Vannan, Malayan, Panan, Velan, Mavilan, Cheruvan, Chingathan, Thuluvelan, Koppalan, Anjuran, Munnuran, Pulayan, Kalanadi, Peruvannan (Vishnunamboodiri, 2006). Among these Velan, Malayan and Vannan tribes are the prominant theyyam performers (Kurup, 1973).

Velan tribes

Velan is one of the castes that performs Tirayattam or Teyyattam in Kaluthnad. The term vellattam which denotes the introductory performance of the deity in the evening without ceremonial make up and dress, represents the combination of the words Velan and Attam (dance). Thus Velan is a noted authority of this folk dance. His origin can be traced back to Sangam period. He is the only indigenous priest or poojari mentioned in its literature.

There are different opinions about the origin of this caste. According to Kurupu (1973), the Velan and Velir community have a common origin. He observed the legend of Velir coming from

Tuvarai mentioned in Tamil commentaries on Samgam works. The velan caste at Malabar also traces their origin from the country surrounding the subramaniyan temple in Puthur Taluk of South Kanara. They hold the deity subramaniya as their paradevata or Kuladeivam. It is believed that they settled in Malabar migrating through Mangalore. Vishnunamboodiri (2006) also supported this argument. He observed the Velan community could come Tulunadu (South Canara) the velan community could come from and settled in Malabar. There are some scholars who believe that the Velan tribe can be traced even to Harappan and Mohanjadaro civilization. Rev. Fr. Heras, is the first person who attempted the identificatin of the indus valley symbol of a man with a spear as a Velan (Kurup, 1973).

Malayan & Vannan Community

Besides the community of Velan, Malayan and Vannan are the predominant communities that perform Teyyams in Kolathnad. One peculiarity of these tribes is that the individuals are known by their caste name and village name instead of the house names as in the case of other communities. Patrilliny is the system of inheritance among the Malayan communities. But Vannan community has adopted matriliny as followed by Nairs. When the former kept isolation from the practices of other castes, the Vannans adopted matriliny imitating Nairs and other higher classes(Kurup,1973).

There is a tradition related to the origin of the Malayan community. According to this story Vishnu and Siva had “evil eye” or Kanneru Dosham on their bodies. For eradicating this trouble the saint Narada incarnated as Tummurun Narada Parvatha Malayan. Urvashi, Menaka, Arundhati, Chittira and Lekha, the five heavenly damsels incarnated as Malayan women to help Narada in his rituals. Generally Malayalans used to perform Teyyattams of Raktachamundi, Vishnumurthi, Matayil Chamundi, Rakteshwari, Pottan and Kuttisasthan. In their Teyyattams, their women folk used to recite Tottams in the background of the performance. This custom of recitation by women is not prevalent in the Teyyattams by Vannans (Kurup,1973).

Both these castes are the indigenous tribes of Kerala. Among them there are good traditional physicians and good folk dancers. The tradition of folk dance in Kerala was kept alive by these people. Even though they are untouchable to the Brahmins, the Teyyams performed by them received their worship originated as a native tradition, caused the cultural integration of the migrated Brahmins with the native people.

The other communities who perform Teyyattams are Mayilan, Vettuvan, Pulayan and Koppalan. Koppalan or Kottukoppalan is a sect of Velan as described previously. Mayilan was one of the primitive tribes of this area and in ancient period he belonged to

the class of rulers. The archaeological remains of a fort known as Mayilan for near Kasaragod reveals their Kingship in ancient period. Vettuvar and Pulayar were also the masters of the land. As they were persuaded to adopted a tribal life, even their identity as individuals was lost and they were known by the family names of their feudal lords. These tribes used to perform Teyyattams in memory of their deceased ancestors. But these Teyyattams are not so colourful and artistic as compared to those of other castes like Velan, Vannan and Malayan. The Teyyattams by Pulayar and Vettuvar remain good examples of the spirit worship of these tribal peoples. (Kurup,1973).

4.2.1.3.2 The Performance of Theyyam

The dance or invocation is generally performed in front of the village shrines. It is also performed in the houses as ancestor worship with elaborate rite and rituals. There is no stage or curtain and other arrangements for the performance. The devotees would be standing or some of them would be sitting on a sacred tree in front of the shrine. In brief it is an open theatre. A performance of a particular deity according to its significance and hierarchy in the shrine continues for 12 to 24 hours with intervals. The chief dancer who propitiates the central deity of the shrine has to reside in the green room and observe vegetarianism, fast, etc. as part of rituals. This may be an impact of Jainism and Buddhism. Further after sun set this particular dancer would not eat anything as a legacy of

Jainism. Specialists and other dancers do his make-up. First part of the performance is usually known as vellattam or Tottam. It is performed without proper make-up or decorative costume. Only a small red headdress is worn on this occasion. The dancer along with drummers recites the particular ritual song, which describes the myths and legends of the particular deity of the shrine or the folk musical instruments. After finishing this primary ritualistic part of the invocation the dancer returns to the green room. Again after a short interval he appears with proper make-up and costume. There are different patterns of face painting. Some of these patterns are called Vairadelam, Kattaram, Kozhipuspam, Kotumpurikam and Prakkezhuthu. Mostly, primary and secondary colours are applied with contrast for face painting. It had effected certain stylization also. Then the dancer comes in front of the shrine and gradually “metamorphosises” as the particular deity of the shrine. He, after observation of certain rituals places the head-dress on his head and dances. In the background folk musical instruments like Chenda, Tuti, Kuzhal and Veekni are played with rhythm. All dancers take a shield and Kadthala (sword) in their hands as continuation of the cult of weapon. Then the dancer circumambulates the shrine, rund in the courtyard and dances. The Teyyam dance has different steps known as Kalasams. Each Kalasam is repeated systematically from first to eight system of footwork. A performance is a combination of playing of musical

instruments, vocal recitation, dance and strange make-up and costumes. The stage-practices of Teyyam and its ritualistic observations make it one of the fascinating theatrical arts of India. (Kurup,1986).

Analysis of Theyyam in relation to madness

Based on the interview, observation and review of related studies, the following categories and themes are generated.

Table 4.4.Thematic analysis of the ritual art forms :emerged categories and themes

	Categories	Themes
•	Images of oppression and desire for freedom	Social Model
•	Hero worship in Theyyam	
•	Solving the problems in the community	
•	Manthravada tradition of Theyyam artists	Manthravada and Theyyam practice
•	Team work of Manthravadis and Theyyam	
•	Celebration for people	Preventive power of Theyyam
•	Place for setting the issues and problems in a community	
•	Prevention from severe mental problems	
•	Plot (ithivrttha) of Kuttichathan theyyam	Images about madness
•	Plot of Puli maranja thondachen	
•	Plot of Kadangottu Makkam	

4.2.1.3.3.1 Social Model

The plots of many Theyyams reflect the images of oppression and the desire for freedom. “The stories of Theyyam explains the story of some people who tried to address the needs of the family and society at large. After, their death, they turn to become gods”. Said Dr. Pavithran, folk lorist, Dept. of Malayalam, Govt college, Payyannur, many of the Theyyam characters are martyrds who turned becoming Gods after their death. These martyrds became the heroes in Theyyam performance. From the analysis of Theyyam

cult, Kurup (1973) observed that the tradition of hero worhip in Kolathnad has an uninterrupted continuity of one thousand and five hundred years. The indigenous cult of hero worship as recorded in Sangham literature is still preserved through the ritual folk dancer, Theyyattom. The early cult of Velan and his dance also have contributed to the impersonation of dieties. The memory of heroes was cherished by the people and the worship of the spirits developed into a folk dance generally known as Theyyattom

When the processof Aryan migration was completed in Kolathnad by 10th century A.D., their Gods were also incorporated in the rituals of indigenous folk dance. Thottam songs were also introduced in this period depicting the story of the deity. When sophisticated acts like Kathakali developed influence by these folk dances, such art forms contributed some material form to this folk dancer also (Kurup, 1973).

The stories of Theyyam narrate the process of how a human being becomes God. Through the Theyyam performance, the ‘power-less’ human being who is subjected to all the worldly oppression and cheating would be getting a chance to resurrect as a mighty, powerful God who is above all these worldly boundaries. It creates a kind of imagination and fantasy in the people’s psyche. At the same time, it occurs in a context where the reality prevails. The reality is the caste structure existed in Kerala where the lower

caste was not supposed to enter even the premises of the upper caste. But in Theyyam days, the performer is usually a lower caste man who is allowed to perform Theyyam in the houses of Brahminis too. Even the Brahmins accept them as Gods, they pray to Theyyam and receive blessing from them.

This reflects a kind of complex caste relationship existed in earlier periods of Kerala. It provides an opportunity to the lower caste even to express their feelings towards the society in a theatrical form. This theatrical art form of Theyyam, in that sense, constructs a new meaning to oppression and its manifestations. In this process, the oppressed becomes the God. It is a process of visualization where the society creates a space to construct God as an expression of their oppressed feelings.[17]

Taking mental conflicts into consideration, each Theyyam performance offers a social lesson to deal with problems in the society. One of the interviews done with Kannan, folklorist and Theyyam artist, Kunjimangalam, Payyannur explains “suppose, for instance, there was a robbery occurred in a family. The robber and the person who was robbed would come in front of the Theyyam and the Theyyam would act as a mediator to settle this issue. There

[17] Kerala was considered as the land of social and caste hierarchies till 19th century)

is a saying among people that “you are answerable to Bhagavathi” (Bhagavati Chodikkum)”.

Kannan given another incident here. “There is a particular ritual called “Pena Kodukkal” (Pena means badha). In this ritual, generally, the person who is possessed consult an astrologer and the astrologer decides the origin of the badha. If the badha is from the spirit of a dead person, the astrologer identifies whom the spirit belongs to. At the time of Theyyam performance, the possessed and a representative from the dead person’s family would come infront of Theyyam. Theyyam explains certain remedies for this problem. Sometimes, he advises them to make the model of the dead person’s and hand over it to his family”.

These kinds of practices show that each performance of Theyyam offers a social lesson to the people in that community. It also helps to provide a better, interpersonal relationship among the community members.

4.2.1.3.3.2 Mixture of Manthravada and Theyyam practice

Observing the tradition of Theyyam practice, we can find that the majority of Theyyam practitioners are also sorcerers. The Vannan, Malaya and Velan communities are not only famous for their Theyyam performance, but also popular in their manthravada practice- Among these communities, Malaya community is more

popular for their sorcery practices. There is a say about this.[18] This says that Vannan community is well known for their medicinal treatment and Malaya for manthravada.

According to Kannan, folk lorist and Theyyam artist, Kunjimangalam, Payyannur says “If the problem is not solved in the presence of Theyyam, people go to manthravadis and attempts to settle their problems”. This interaction between Theyyam and manthravadi is very common which prevail even now. This illustrated the kind of teamwork exist between both of them to solve many of the personal and social isues.

One of the Theyyam and sorcerer artist Kunjirama Panikkar told are that “if a person comes to me with mental disturbance, I will first look after him as a sourceres. I believe that for treating madness, manthravada is more effective than Theyyam”. Thus, the researcher feels that there is a connection between Theyyam and manthravada in dealing with madness.

The researcher observed that the majority of the Theyyam artists whom he met were practising sorcerers. At the same time, Theyyam performance has a tradition of manthravada which strengthens the whole process of healing. Raman panicker, Theyyam artist and sorcerer, Kunjimangalam, Payyannur also said

[18] മരുന്നു വണ്ണാന്റെ കൈയിലും, മന്ത്രം മലയന്റെ കൈയിലും.

that “But it need not be necessary for all Theyyam artists to practice sorcery”.

4.2.1.3.3.3 Preventive power of Teyyam for mental aberrations

Teyyam season is one of the much celebrated festival time in the Northern part of the Kerala. The majority of Teyyams are performed during the November – February period every year. Teyyam is performed generally in temples, courtyard of houses or public places. People come together across age, religion, caste and region to watch and enjoy Teyyam performance. In contrast with this theatrical art forms, the participation of people is commentable. This is the time when many of the problems are settled even nowadays.

The observations note of the researcher is as follows:

The Teyyam performance is Peringottillam, Payyannur was started 8'O clock in the night. The preparations were started in the eveing itse.f There were eighteen different Teyyams. Some of the Teyyams were performed partly and the main Teyyams were done completely narrating the whole story. The main Teyyams were Erichodala, Chudalabhadrakali and Kandakarnan. The family where the performance is done is one of the popular families for manthravada treatment in that community, people from different parts of the village come to the house slowly. Food also was arranged by the family for the visiting people. I could see the enthusiasm in the people who came over there.

Sukesh, one of the natives of the village told me that he attends most of the Teyyams performed in his locality. He seemed to be very enthusiasitic to explain the story of each Teyyam. Interaction with people who came over there gave an impression that most of them are very much enthusiastic to watch the Teyyam performance. The researcher observed that throughout the night, they were all alert and enthusiastic. While talking with the family members, they also expressed the same interest and vigour in organizing Teyyam at their place. Their relatives from the far away places also came over there to attend the performance. The researcher felt that Teyyam creates a time for family get together, sharing, happiness of meeting each other and over all, a communeral harmony. Altogether, this is the time for celebration for people across age, gender, religion and caste. The researcher could observe a 'festive mood' in their interaction.

Madhu, Lecturer in malayalam, Govt. college Payyannur, told me "during the Teyyam performance, people settle many of the social issues". A few other natives of the place also opined the same to the researcher.

4.2.1.3.3.4 Images of madness

Many of the Teyyam plots (ithivrtha) gave some images about madness. They also depict the causes of madness. Some of the plots are described below to explain the images of madness.

They are Kuttichathan, Puli maranja thondachan and Kadangothu Makkan.

Kuttichathan and Madness

There are different versions about the story of Kuttichathan. According to Kunjirama Panikkar, Teyyam artist and sorcerer, Payyannur, “Kuttichatha, is evolved from the fire offering place of Kalakaadu family. He fought with sorcerer and asked his place in manthrashala (a place for family dieties). Namboodiri was not ready to offer it. Then, Kuttichathan became ‘mad’ and set the manthrasala and Kalakadu house into fire. At the end, he got the right to be in the manthrashala. By then, he reached the state of normally. Once this Teyyam is performed in Kalakadu family, it is observed that people who come from coorg[19] to watch this Teyyam, are also undergo a kind of ‘trans’ state which was somewhat similar to the episodes of Kuttichathan.

Kuttichathan is considered as one of the important deity for treating people with mental illness. One of the Thottam pattu[20] (a special song sung during and before Teyyam performance) shows that importance of Kuttichathan diety in relation with madness.

Kannan, Teyyam artist and folklorist, Payyannur, observed “according to the stories prevailing in this area, Kuttichathan is the son of Kalakadu Namburiri born to a woman of lower caste.

[19] Coorg is a place in Karnataka state

[20] വരികവരികവേണം
ഭ്രാന്ത മന്ത്രക്കുട്ടിച്ചാത്തൻ തിരുവടി
കരുണാം ബുധിയേ, കമലനിധിയേ
ഓങ്കാരപ്പൊരുളേ, മുപ്പുരാൻ തിരുമകനേ,
എൻ കുട്ടിശാസ്താ, മടിയാതെ വന്ന്
വശം ചെയ്ത സ്വാഹ.

Kuttichathan was died or killed by someone during the course of time. His body is cut into pieces and people believe that infinite number of Kuttichathans would emerge from each of these pieces. Kuttichathan asked his space in the manthrashala which the Nambudiri does not agree. In other words, Kuttichathan, was asking his rights in his father's place".

From these narrations the researcher hypothesized that the story of Kuttuchathan is a representation of the oppressed community who were denied their rights and privileges by the upper caste. Through the Kuttichathan Teyyam performance, madness is represented as a state of response to the denial and rejection of the society.

Puli maranja thondachan

The plot of puli maranja thondachan was also a popular one which has some elements of madness. This Teyyam is from Pulaya community. Pavithran, folklorist, Payyannur narrates the story like this. "This Teyyam is the story of betrayal. The king of Neeleswaram was suffering from a kind of anxiety (adhi). Vaidyas perscribed a specific Medicine using the hair of leopard. With his special power Thondachan become leopard. Before he became leopard, he gave some tips to his wife to make him back as a human being. The king offered half of his kingdom to Thondachan, if he could make him alright. Thus the medicine was prepared from

the hair of this leopard and the King was cured. But the King did not keep his word up and did not give half of his kingdom to Thondachan. When Thondachan went to his wife she had already forgotten the manthra to make him a human being. Thus, Thondachan had no other option and had to live as leopard forever. The story says that the King became severely ‘mad’ after sometime (Nattapiranth)”

This story show some of the causes of madness. It gives a lesson to the society that unsettled problems, issues and betrayal in a social setting could be lead to madness.

Kadangothu Makkam

The centre of this story is an innocent and beautiful lady called ‘Makkam’. She was the only sister to her brothers. Her sister in laws were jealous of her beauty and persuaded their husbands to kill their only sister. Finally, they were convinced and cut Makkam into pieces and threw her in a well over there. but after a while, all of the sister in laws their husbands became mad and then the family decided to conduct a Teyyam performance at their house.

All these narrates the fact that the plots and performance of Teyyam give some messages to society about how do problems originate in a society. The solutions for many of these problems is accommodating the betrayed and the oppressed to the mainstream society. In one way, it is the correction of mistakes

done

by the society. In that sense, such acts should extend to the deep

conscience of society’s psyche. It also affects how does a mistake committed by the entire society may lead to the occurrence of disease.

The researcher implies here that the conceptualization of madness and its management in the context of Kerala is interwoven with social discrimination, caste hierarchy, injustice, rejection, denial of one’s rights, sexuality, guilt fear etc. Madness considered by Kerala psyche as a state lending out of all these oppressed feelings, thereby placing the process of madness into a higher social plane. In other words, madness is more than social; it also has a divine and metaphysical meaning. Analysing indigenous healing practises at large, they address many of the cultural questions directly and accurately. The researcher hypotheses that this could be a reason, why the native of Kerala still opt for indigenous healing centres for the treatment of madness.

Section III

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

What if I went as a wandering scholar
To trace the past ages ,the greed of mankind ?
Yes, that's it! There's my place....
I'll follow the course of the human race
I'll float like a feather on history's stream
Relive it all as if in a dream...
But as an onlooker safe in thought ...
In short ,I'll skim off history's cream
(brushing a tear from his eyes .)
That's in the spirit of pure research

(Ibsen cited from Young,1992 p135)

Lunatic asylums began to emerge in India towards the end of 18th century. It came to existence in India as part of modern scientific movement. Bynum et al (1983) observed "during a period when the asylums took on "a status as panacea equivalent to the stream engine, the rights of man, or the spread of universal knowledge" (Bynum et al 1983, p 3). Basu observed the journey of Lunatic asylums started way back in 1740s, when in Bombay (now Mumbai) back of a hospital was converted to a place specified for lunatics at the cost of Rupees 125 Anna and paisa 45 while these facilities started for soldiers and sepoyees, by 1820, colonial

government has organized many asylums in each of its presidencies at Bengal, Madras, Bombay and that too for criminals and freely wandering insane Indians and Eurasians of lower rung (Basu, 2004, p 249). Ernst (1997) observed that Asylum establishment intended to treat both Indian and European insanes. He noted, medical and public opinion had come to believe that madness could be cured and that confinement in an institution could not fail to be beneficial both for European and Indians. Furthermore, Europeans in India could not usually rely on any family or parochial networks, so the East India Company had to assume responsibility and increasingly make institutional provision for these employees until they could be sent back to Britain.

One axiom of Colonial medical discourse in 19th century British India was the presumed superiority of scientific medicine over indigenous medical systems. Scholars observed that psychiatry achieved this superiority through a negotiation between the indigenous tradition and scientific knowledge. Hochmuth (2006) noted the diffusion of scientific medicine was not so much a one-way transfer from the metropolis (Britain) to the periphery (British India), but rather a reciprocal process. Sanjiv Kakar's study on leprosy asylums in India also stresses the importance of this interaction. He pointed out that indigenous patients played a central role in influencing and modifying the culture of leprosy asylums (cited from Hochmuth, 2006). Basu (2004) also observed

in the similar line. He pointed out that, “during its course of journey from lunatic asylums to mental hospitals, while treating mentally ill people under colonial order, a kind of knowledge was organized which was different from its origin. This shift occurs in a context where the claimed universal (and superior) knowledge had to negotiate with two different kinds of resistance. One was coming from the encounter with the mad native man/ woman and their culture of colonialism itself”. So the knowledge generated in the practices of asylum bears its mask of specificities arising from these two kinds of correspondence.

One of the difficulties faced by the researchers who attempt to analyze the asylum record is the nature of colonial documentation. As Mills (1999) pointed out that the asylum records cannot be analyzed to provide any useful or reliable data about the actual nature of ‘madness’ in nineteenth century India. The sources are products of what he describes as ‘colonial fantasy’ words of the imagination that only tell us about the preconceptions of the British medical officers placed in charge of the insane. The documents analyzed for the present study also face the same problem. The present study consulted largely on the asylum records of Calicut, Cochin and Travancore. The Surgeon generals of the government of Madras mainly wrote the reports about Calicut asylums. Those reports obviously reflect the colonial view of the British doctors about the insanity and its treatment in colonial India. Another issue

faced by the researcher in this study was the less documentation of Cochin and Travancore Asylums about madness and its treatment.

4.3.1 History of Lunatic Asylums in Kerala

Kerala was very rich in its socio-cultural tradition. As I noted before the organized and unorganized practices for treating mental illness were existed in Kerala much before the introduction of Western based psychiatric practices. An organized medical practice like Ayurveda was prevalent in Kerala before the Western medicine comes to existence in the state. As I noted before the contributions of Kerala scholars to the Ayurveda practices are well-discussed matters in the medical history. The Ayurveda texts namely *Sahasra Yogam, Dharakalpam, Vaidya Yogamrutham, Sarvaroga Chikilsarathnam* are proved the fact that Kerala has a unique tradition of Ayurveda treatment. These texts give the detailed description of mental illness and its remedy (*unmadha chikitsa).*

Apart from the medical practices like Ayurveda and Vaidya practices, Kerala has also a rich tradition of festivals and ritual art forms. These festivals and ritual art forms were the integral part of the cultural psyche of Keralities. Many times these festivals and ritual art forms were acted as a preventive strategy for mental disturbances. So in contrast with the west the history of healing tradition of mental illness in Kerala was not just a history of witchcraft and witch hunting. There were heterogeneous healing

practices for treating mental aberrations. It doesn't mean that mentally ill were not treated badly in Kerala before the colonialist came. There were stories about casting out the evil spirits using beating and other powerful mechanisms. But in general society takes the responsibilities of the person suffering with mental illness. It is not to glorify the past but to mention the heterogeneity in the traditional healing practices. The 'episteme' of the traditional healing practices were highly correlated with folk understanding about the people. Arrival of new knowledge of psychiatry to the soil of Kerala not only created anxiety and disjuncture among the natives but also engulfing these existing healing practices.

4.3.2 History of western medical care in Kerala

Kerala has a history of organized health care. Before the advent of European medicine, families of practitioners of indigenous systems like *Ayurveda* handed their traditions from generation to generation. People were accustomed to approaching caregivers when they were sick, rather than turning to self-treatment. When the colonial powers established their presence in the region, they brought their medical system with them. In the 19th century, the princely rulers of states of Travancore and Cochin (which later were integrated into the state of Kerala along with the Malabar district of the Madras presidency in British India) took the initiative in making the western system of care available to their subjects.

According to Travancore state manual, the western system of medical treatment was introduced in the Travancore State during the reign of *Rani Gauri Lakshmi Bayi.*[1] The advantages of this method of treatment were at first confined to the members of the royal family and the officers of the government. With a view to protect her subjects from out-breaks of small-pox which was frequent in those days, Her Highness sanctioned the establishment of a small vaccination section in 988 M.E (1812 AD). As the people showed signs of alarm, the members of the royal house got themselves vaccinated first. *Rani Parvathi Bayi* established a charity dispensary at Thykad where convicts in the jails were among the first to be treated. In 994 M.E., (1818 A.D) two small dispensaries were opened, one in the Palace and the other within the premises of the Nayar Brigade barracks. A free dispensary was opened at Quilon under the supervision of the military medical officer there.

In 1012 M.E., (1836 A.D) *Swathi Thirunal Maharaja* [2]established a charity lying-in hospital at Thykad. His successor, Uthram Thirunal Maharaja, took a special interest in the western medical sciences, studied the subject and found pleasure in treating case in the dispensary attached to the Palace. His Highness also trained some of his servants so as to be helpful to

[1] The queen of Travancore
[2] The king of Travancore State

him in the treatment of diseases. The dispensary thus started by His Highness continued to work under the name of “Elaya Raja’s Dispensary” until the Fort Dispensary was established. Seven hospitals were opened in different parts of the State before His Highness’s death in 1036 M.E. (1860 A.D.)(Velupillai, 1940 p208)

4.3.3 Establishment of Lunatic Asylum in Travancore

Several changes were introduced in the year 1044 M.E. (1868-1869). An experienced Ayurveda physician was added to the staff of the Civil Hospital. A lunatic asylum was also started (Velupillai, 1940 p209).

As early as 1869 A.D., the want of separate accommodation for the treatment of insane patients was keenly felt and a building near the Civil Hospital, Trivandrum (now General Hospital) was purchased for the purpose. **The order for the establishing a new asylum in Trivadrum was issued on 11th July 1866 (General files, 15883**, **Trivandrum central archives)**. The order is attached in the appendices. The same building is now used as the Mint. The building was fitted up to serve as a temporary lunatic asylum. A separate asylum was opened for the female lunatics between 1878 and 1879. Between 1903 and 1904, the work of the commodious building at Ulampara, outside the limits of the capital, intended to be the lunatic asylum was completed and the lunatics were removed to the same (velupillai, 1940 p217).

The same lunatic asylum was changed into “The Hospital for Mental Diseases” during the year 1921. This change is significant since the idea of this institution as an asylum for the patients from the adverse reactions of the word has been changed to that of hospital for patients with recognizable disease forms which can be treated successfully or whose condition may be ameliorated. They may be made to feel more at home in a world of their own with the adverse factors removed. This idea will evidently cause an unconscious influence on the public mind since a brighter outlook on the fate of the mental patients is foreshadowed by the change in name. A feeling of helplessness is induced by the fatal view that the origin of mental diseases is dependent on the visitation of the gods on some unfortunate sections of humanity or on some karma (Velupillai,1940 p218).

4.3.4 Establishment of Lunatic Asylum in Cochin State

The western medicine comes to Cochin State in form of vaccination. "The people of the west coast dreaded small pox as much as they disbelieved in vaccination" (Menon, 1911 p.366), the combined result of which was that, whatever the disease broke out in an epidemic form. It decimates the population, as it did in the years 1848,1861,1874 and 1893.

Vaccinations

“The people had not only no faith in vaccination, but dreaded it as much as the small pox itself, and it was only when English Education made some progress in the state that they began to realize the advantages of it .” (Menon, 1911 p366).

Indigenous practice

The west cost countries have always had a plentiful supply of indigenous Medical practitioners. Medicine has, from time immemorial been the hereditary occupation of certain well-known Numbudiri[3] families. All the members of these families had to and did devote their exclusive attention to the study, practice and teaching of the Ayurvedic Science, and their numerous pupils of all castes carried the healing art to every town and village in the country. (Menon, 1911, p.367). They were not skilled in surgery, but as physicians they enjoyed and still enjoy considerable reputation for their skill in curing diseases.

The medical herbs, which abound in the forests and the plains of this coast are largely used in their preparations, such as decoctions, mixture, electuaries, confection, powders, pills and medicated ghee and oils. "Notwithstanding the ever-increasing popularity of European Medicine, the native practitioner is still very much in requisition, especially rural parts among the middle classes. The well to do people in towns generally resort to European treatment as they can afford to pay for it, while the

[3] Brahmin

poorer classes go to the nearest *sirkar hospitals*[4] as dispensary where they are treated free (Menon, 1911 p368).

4.3.5 Introduction of European treatment

The first attempt too introduce European Medical treatment into cochin was made by a missionary Rev. J. Dawson, who opened a dispensary in Mattancheri in 1818. Though it received a monthly grant from the sirkar. It did not prove a success, and was closed after a short existence of two or three years (Menon, 1911, p.368).

In 1892, a small lunatic asylum was opened at Trichur with accommodation for 14 patients and was placed under the medical subordinate in charge of the local hospital (Menon, 1911p.369).

4.3.6 Establishment of Lunatic Asylum in Calicut

The calicut Lunatic Asylum opened in the year 1872 (Annual report of Lunatic Asylum 1873 p.15)-It was the decision of colonial government to introduce asylums in its various presidencies.

4.3.7 Textual and thematic analysis of emergence, establishment and practice of Psychiatry in nineteenth and early twentieth centuries in Kerala

To approach the third objective which states that to explore the emergence, establishment and practice of Psychiatry in nineteenth and early twentieth centuries in Kerala,the present research anlyse the available archival document related to Asylum

[4] Government hospitals

and Asylum practice in Kerala Based on the analysis of the archival documents available on the three mental asylums Calicut, Travancore and Thrissur, the researcher identified various categories and themes on the asylum practice in nineteenth and early twentieth centuries in Kerala. The Archival documents are rare in number about Travancore and Thrissur asylum .But properly documented detailed reports available on Calicut mental asylum which was under Madras Presidency in colonial India

The primary data obtained from the archives of Thiruvananthapuram, Cochin and Calicut are subjected to textual and thematic analysis. The major categories and final themes emerged are represents in the table 4.5

Table4.5: Textual and thematic analysis of emergence, establishment and practice of Psychiatry in nineteenth and early twentieth centuries in Kerala

Categories	Themes
Less number of admissions	Absence of great confinement
Resistance from the native	
Culturally contrasting criteria of mental illness set by British	
Civilizing mission of psychiatry	
Classification of mental disorders followed in Asylums	New typology of psychiatry
Conflict between psychiatry and indigenous healing tradition	
Influence of organic approach	
Major causes of insanity	Crisis of unknown causes
Increased number of unknown causes	
Dominant physical causes	
Medical treatment	Treatment of insanity
Moral treatment	
Combination of medical and moral treatment	
Increased number of death	Unsettled issue of mortality
Unknown causes of mortality	
More youngsters in the asylum	Age of insane
Middle aged and old aged	
Details of the religious groups	Classifying patients on the basis of religion
Discriminating inmates based on religion	
Medical team	Administrative structure
Employees	
Various lunacy acts	Law and insanity in colonial asylum
Complimentary nature of law and insanity	

4.3.7.1 Absence of Great Confinement

Foucault (1967) in his classic work on madness and civilization: A history of insanity in the age of reason observed that after enlightenment there was an enormous houses confinement for mentally ill people. He pointed "It is less commonly known that more than one out of every hundred inhabitants of the city of Paris found themselves confined there, within several months" (Foucacut, 1967, p 35).

The work of Foucault explains the confinement and its relation with the economic crisis in Europe. But he kept a silence against companionship between psychiatry and colonization. He also did not address the question of interaction between psychiatry and indigenous healing traditions. These questions are relevant to address the asylum practices in a country like India, which has a rich and diverse tradition of healing.

Annual Reports on Lunatic Asylum Calicut under Madras Presidency found to have important details with many statistical tables. It mainly included number of admissions, types of insanity, causes of insanity, physical condition of patients on admissions, social conditions of the patients, religion and socio economic status of the patients, causes of mortality, details of criminal insane, diet control and details of expenditure.

In contrast with the Asylum history in West, the number of patients admitted in the lunatics Asylum of Kerala was less in number. It need to be analysed the specific cultural context of Kerala. As I mentioned before, the Lunatic asylum in Calicut was established in the year 1872. The detailed report of the asylum is available only from the year 1873. According to the report of 1873 it has been found that 75 patients were treated in the year 1873 (Annual Report of the Lunatic Asylum in the Madras presidency, 1873 p 12). Among this 75 patients 48 were admitted in the year 1873 and the rest were remained from the previous year. Among the newly admitted 48 patients 37 were males and 11 were females. The number of total treated Europeans and Eurasians were 4.

The analysis of the later years prove the fact that the number of admissions are increasing in Lunatic Asylum in the first few years thereafter there is no much increase in the number of new admissions. The report of the year 1877-78 shows that there is an increase in the total number of patients treated in the year 1877-78 .The total numbers of patients in the year is found to be 96. Among these 96 patients 72 were male and 24 were females (Report of the Lunatic Asylum, of Madras Presidency, 1877).

Table4.6 The number of patients treated in the Lunatic Asylum at Calicut from the year 1878- 1902.

Year	Remained in the Asylum			Newly Admitted			Total population		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
1878	33	13	46	14	4	18	47	17	64
1879	28	13	41	17	3	20	45	16	61
1880	34	13	47	17	12	29	51	25	76
1881	37	18	55	29	7	36	66	25	91
1882	48	17	65	34	9	43	82	26	108
1883	63	23	86	33	12	45	96	35	131
1884	74	26	100	37	12	49	111	38	149
1885	83	31	114	22	10	32	105	41	146
1886	79	30	109	8	1	9	87	31	118
1887	76	26	102	41	3	44	117	29	146
1888	98	27	125	24	8	32	122	35	157
1889	102	27	129	14	12	26	116	39	155
1890	106	34	140	28	16	44	134	50	184
1891	100	36	136	32	7	39	132	43	175
1892	109	32	141	17	4	21	126	36	162
1893	58	23	81	23	5	28	81	28	109
1894	57	23	80	39	5	44	96	28	124
1895	72	25	97	30	11	41	102	36	138
1896	75	26	101	22	5	27	97	31	128

1897	69	25	94	19	4	23	88	29	117
1898	63	20	83	9	3	12	72	23	95
1899	54	20	74	21	11	32	75	31	106
1900	56	24	80	21	9	30	77	33	110
1901	63	26	89	25	8	33	88	34	122
1902	68	25	93	24	14	38	92	39	131
Total	1705	603	2308	600	195	799	2305	798	3103

Analyzing the 25 years' report of Lunatic Asylum, it has been seen that the number of patients in lunatic asylum were not increased drastically in the last half of 19th century and the initial years of 20th century. From the analysis of the 25 years of the Asylum report shows that the total number of patients treated in the Lunatic Asylum from 1878 to 1902 is found to be 3103. Among this 2305 are male and 798 are females. Figure 4.1, 4.2, 4.3 and 4.4 shows the diagrammatic representation of the data.

Fig. 4.1: The number of patients treated in Lunatic Asylum Calicut from 1878-1902

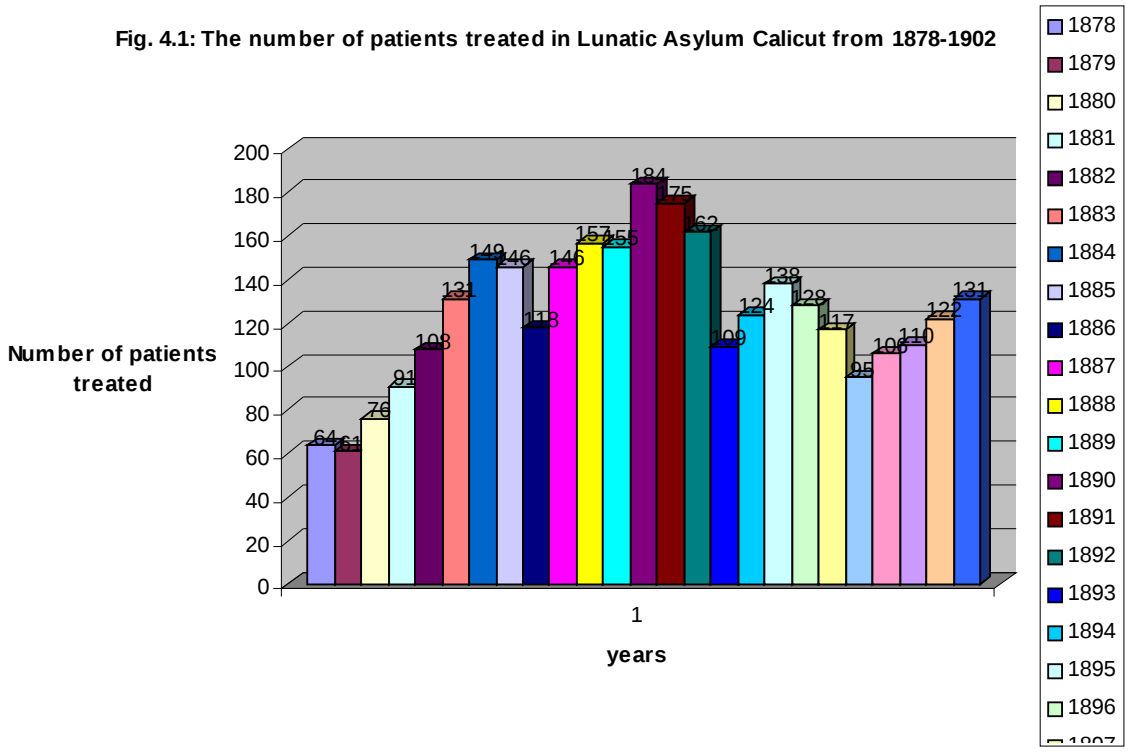


Fig. 4.3: The total number of patients remained in Calicut Lunatic Asylum 1878-1902

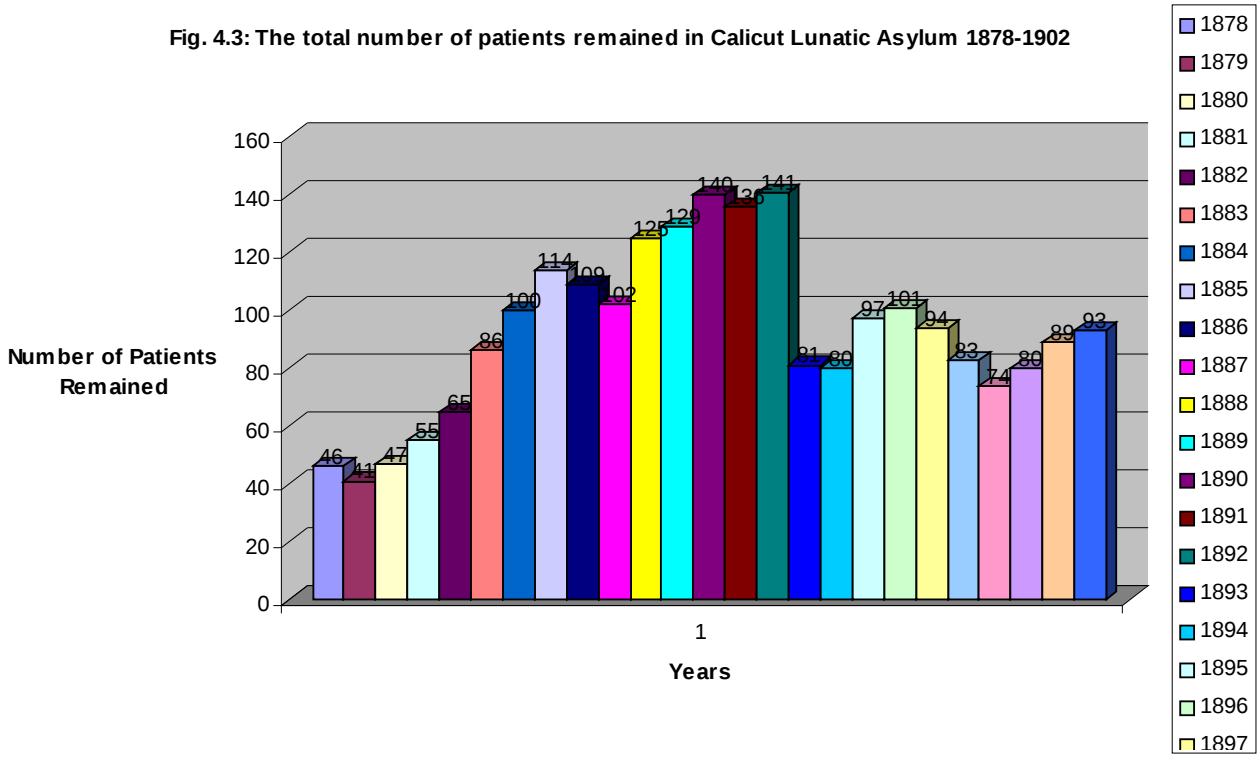
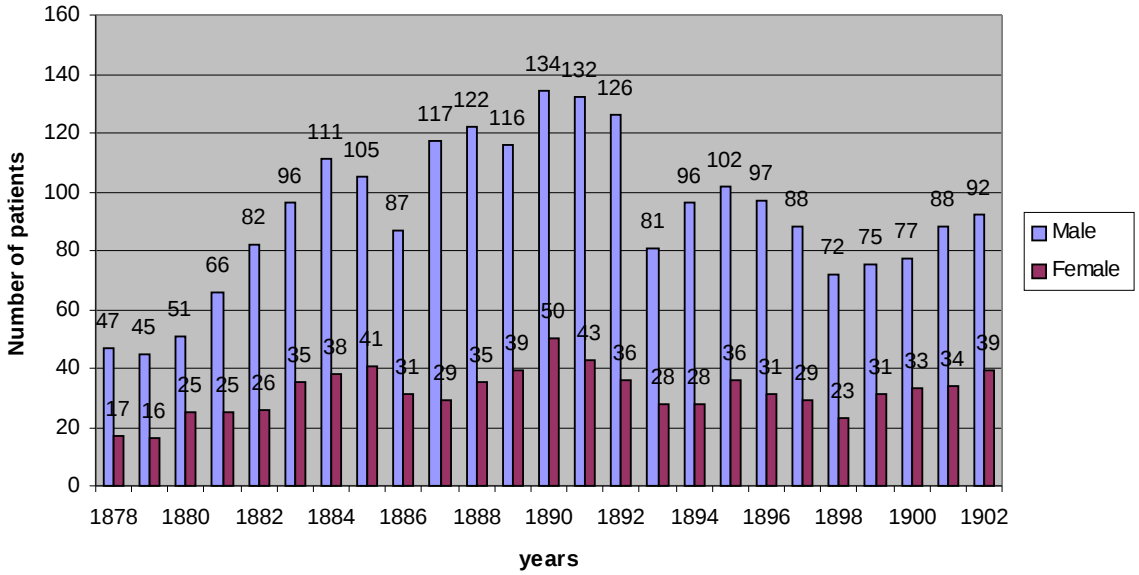


Fig. 4.4: The total number of males and Females treated in the Lunatic Asylum Calicut 1878-1902



The graphical representation of total population of Lunatic Asylum from 1878 to 1902 shows that in the first few years there were gradual increase in the number of native inmates in the lunatic asylum later there is no much increase in the number of patients admitted in to the Asylum.

Analyzing the newly admitted patients in the Lunatic Asylum during the period of 1878- 1902, it has been found that in the initial years, there was a steady progress in the number of newly admitted. But as years passed by, we could observe a fluctuation in this trend. There was no drastic ups and downs in the pattern of newly admitted patients.

The number of patients remained in the Lunatic Asylum is represented in the Figure 4.3. This shows that in the initial years, there was a gradual increase in the number of cases remained in the asylum. But during 1890 and 1891, this number was found to be increased suddenly. But after this, a decline happened; at the same time, it has been found that there was always a steady number of insane occupied in the asylum.

Considering the total number of male and female patients treated in the Lunatic Asylum, Calicut from 1878-1902, it has been observed that the number of male patients always outweigh the number of female patients. This has been a steady trend all

through the years. But from 1898 to 1902, there was a slow increase in the number of female patients admitted.

Table 4.7: The total patient treated from 1909 – 1915 in the lunatic Asylum at Calicut.

Year	Male	Female	Total	Died
1909	121	42	163	6
1910	132	46	178	9
1911	130	53	183	7
1912	138	51	189	22
1913	140	58	198	16
1914	141	49	190	26
1915	126	51	177	25
Total	928	350	1278	111
Percentage	72.61 %	27.39 %	100 %	8.69 %

The analysis of the above table also shows that there is no much increase in the number of patients treated in the Lunatic Asylum during 1909- 1915.

Surgeon Generals of Madras presidency explores the reason for the less number of inmates in Madras asylum in general. Fabeck, Surgeon, General of Madras Presidency expressed his apprehension about the less number of admissions in the Lunatic Asylum of Madras Presidency. He observed:

"It would appear that there has not been an increase of insanity amongst the people of this presidency during the last ten years proportionate to the increase in the population. This would be at variance with the experience of European Countries, where an increase in population is found to correspond with an increased number of lunatics. In this country, however, the admission into lunatic asylums afford no accurate index of the amount of insanity prevailing amongst the civil population: the higher caste Hindus are much averse to their relatives being confined in public institutions, where they may have to associate with others of lower caste. There are (it may reasonably be expected.) Doubtless a large number of insanes amongst the native population, who are kept under restraint in private houses, and of whom the police authorities have no knowledge. Making all allowances for caste prejudices, it is however, a remarkable fact that the lunatic statistics in this presidency do not exhibit a more marked increase in the number of instances amongst the native population for the last ten years."(Annual Report on the Lunatic Asylums in the Madras presidency, 1890, p 3-4)

Surprisingly after 22 years of Fabeck's remark W.B. Bannerman Surgeon General of Madras presidency expressed the same concern. He observed that *"At the last census of the Madras*

Presidency 8,407 persons were returned as insane – a proportion of 23.2 per 100,000 of the total population – an extraordinary low rate of incidence when compared with that which obtains in European Countries. On the 1st January 1912 the total number of certified insane persons in England and Wales was 135, 661 and the proportion of certified insanes to the estimated population was 371.2 per 100,000. As pointed out by Mr. Molony, in his interesting census report, there is little doubt that the prevalence of insanity amongst the people of this presidency is grossly understated in Europe in former times. It is not necessary for our purpose to refer back to medieval times when insanes were regarded as bewitched or possessed of evil spirits. If refer back only half a century to the year 1859, we find that the reported insanes in England then only amounted to 186.7 per 100,000 of the total population, or about half the present proportion". (Lunatic Asylum, Madras Presidency, 1915, p 3)

The apprehension of Fabeck and Bannerman is relevant to understand in the highest resistance of the natives towards the new science of mind. Both reports took a critical stand against the folk knowledge of the native about the mental illness. It emphasized the ignorance of the native insanes.

But in contrast with Fabeck, Bannerman observed that the number of insanity rate is increasing among the Brahmins:

“There is high rate of insanity amongst the Brahmin community, as compared to other sects of Hindus. Here it is obviously a question of standard. The Brahmin works with his brains rather than with his hands, and the line between the mentally efficient and mentally inefficient is drawn at a higher level”. (Annual Report of Lunatic Asylum, Madras presidency, 1914, p 4)

The Asylum stories from other part of India also reflect the similar kinds of concern from the British doctors. Mills (2000) in his significant work on Madness, Cannabis and Colonialism: The native only Lunatic Asylum also analyzes the absence of any great confinement of the insane in colonial India. James Mills noted, only about 2750 lunatics were confined across the whole British India by 1880, despite the recent rapid growth in their numbers. Mills does not really address the question of why so few were locked up as lunatics. But using extensive case notes from the Lucknow Lunatic Asylum from 1859 to 1872 he is able to mine a rich seam of information about the individual who did become part of the asylum system and to further supplement this with official reports and correspondence mainly relating to north India.

The lengthy report of Fabeck and Bannerman reveals the frustration against the natives and their resistance to the new endeavors, of modern psychiatry. Throughout their report

Bannerman and Fabeck took a critical stand against the indigenous belief system of natives. The narratives from other parts of India also show similar kinds of anxieties and concern of British doctors about the mental health of natives. *(Basu ,2004)*

All these reports prove the fact that the purpose of psychiatry was to bring a westernized standard for understanding the concept of mental illness and its treatment. Establishment of Lunatic Asylums served the function of bringing 'true standard' into the treatment of insanes. The standards seem to be contradicting with the existing 'epiteme' of the people about mental illness. The purpose of introducing psychiatric treatment in various presidencies itself was to bring standard criteria for treating insanes.

These standards were seemed to be unspecific and sometime irrelevant in the cultural contexts of Kerala.

Resistance from the Natives

The detailed report of Lunatic asylum in the other part of the state (Cochin and Travancore) is not available. So it is very difficult to reach a conclusion about the total number of patients treated in these asylum during the last phase of 19th century. But some case notes about Travancore Lunatic Asylum shows the similar resistance from the part of patients and their family as well.

The case of Madhavan Iyyappan

The case of Madhavan Iyyappan is relevant to analyse in this context. According to the correspondence between Madhavan Narayanan (elder brother of Madhavan Iyyappan) and Diwan of Travancore, Madhavan Iyyappan was an insane admitted in Travancore Lunatic Asylum in the year 1889. After four weeks of treatment Madhavan Narayanan wanted to release his brother from the Asylum. The authorities of the asylums were unwilling to do so. In that ground he filed a petition to Diwan against Asylum authorities to release his brother from the Asylum. The Diwan of Travancore exchanged letters with the Durbar physician Esmond White about the possibility of releasing Madhavan Iyyappan.

Durbar physician was not ready to release Madhavan Iyyappan from the Asylum. He argued that Madhavan Iyyappan is not fit enough to release from the Asylum. In the next correspondence Diwan of Travancore requested Durbar physician to release of Madhavan Iyyappan. He noted, Madhavan Iyyappan is confined in the Asylum not for any criminal offences and his brother is ready to take care of him from any troublesome acts to the public. In that ground Diwan, also argued that there is a rationale for releasing Madhavan Iyyappan from the Asylum.

Responding to the letter of Diwan, Dr. White expressed his disagreement to release Madhavan Iyyappan from the Asylum. In

the letter White remind Durbar physician about the need to protect the law in Asylum practice, He clearly stated that admitting and discharging patients were the duty of the doctor and he is not ready to discharge him until his state is better according to the medical point of view. Finally Diwan of Travancore communicated with Madhavan Narayanan that according to the medical officer Madhavan Iyyappan's state is improving and once he safe to be released, he would be discharged from the Asylum. (Bundle 42 Coverfiles, 1889)

(The related files were in brittle condition, so unable to include the original copy of the correspondence. But the important contents in the letter are added here.)

Letter 1

To His Excellency,

The Dewan of Travancore, the humble petition of Madhavan Narayanan of Nellikasery Veedu, Cottukal,

Most respectfully showeth.

The petitioner humbly begs to submit to Your Excellency's kind consideration the following lines. That in the month of Midhunam last, the petitioner took his brother Madhavan Iyappan who was laboring under lunacy, to the lunatic asylum for treatment and a week or two after the patient was admitted therein, he was cured of his lunacy. Fearing that any unnecessary confinement in the lunatic asylum will again tell upon his health, the petitioner is very desirous of taking him home. The petitioner is even willing to bind himself by an agreement, if necessary as to the personal security of the patient as well as any public nuisance.

In conclusion, the petitioner begs that Your Excellency will be kindly pleased to issue an order to the doctor to make over the patient to the humble petitioner and thus redress his grievances.

For which act of charity the petitioner shall as in duty bound ever pray.

31st Avani 1065 Sd/Madhavan Narayanan.

Letter 2

From

The Diwan of Travancore 7th September 1889

To

The Durbar physician

Whether Iyyappan is in a fit to be released from the lunatic Asylum?

The Diwan of Travancore

Sd/

Letter 3

20th September 1889

From

Durbar Physician

To

The Dewan of TravancoreI have the honor to acknowledge receipt of your letter; dated 17th September. According to the medical report Madavan Iyyappan is not fit at present to be discharged from the lunatic asylum. I have informed the petitioner of this on one or two occasions.

A. S. Esmond White

Surgeon Major

Durbar Physician

Letter 4

From 27th September 1889

The Dewan of Travancore

To

Madhavan Narayanan

Petitioner is informed that from the Durbar Physician's report on the subject it is observed that the patient is not in a fit state to be discharged at present.

The Diwan of Travancore

Sd/

Letter 5

From 5th October 1889

The Dewan of Travancore

To

Durbar Physician, FRCSI

The petitioner persists in taking his brother out of the asylum and promises to bind himself to look after him. The patient, I find, is not lodged in the asylum for any criminal offences nor does he appear to have been sent by the police as being dangerous or troublesome to the public. The petitioner states that he was merely brought there by himself as a private patient. In these circumstances, I am not sure whether we have the right to keep him longer in the asylum unless you are of opinion that he is dangerous to the public. The petitioner agrees to bind himself to take care of him.

The Diwan of Travancore

Sd/

Letter 6

From 7th October 1889

Durbar Physician

To

Diwan of Travancore

Sir,

I have the honor to acknowledge receipt of your letter, No. 4803/J1803 of October 5th and to refer you to marginally noted correspondence. 2. Hitherto patients were received in the asylum when brought by anyone to the door and stating they were insane. Any persons admitted in this way are released on request of those who brought them. But, now I only admit patients on receiving a certificate of insanity from one of the government medical officer and the man referred to in your letter was thus admitted. 3. Rules and regulations must be made and carried out in this institution and the asylum cannot be made a temporary rest house to suite the convenience of those with insane relatives. Many people wish to bring their insanes and leave them while they go on a journey and then take them away again. Although I am always only too anxious to allow out any of the inmates, I cannot see my way to admitting and discharging patients until sufficient time has elapsed to allow of forming some opinion of their state. 4. The man in question is improving and will be discharged as soon as ever I consider it safe to do so.

A S Esmond White

Surgeon Major

Durbar Physician

Letter 7

From 15th October 1889

The Dewan of Travancore

To

Madhavan Narayanan

Nellikasery Veedu,

Cottukal

In continuation of the office endorsement No. _____ on the subject of the release of petitioner's brother from the lunatic asylum that officer has reported that the man is improving and will be discharged as soon as it may be safe to do so.

(Serial 2886/file 3634/bundle 141/1889)

Analysis of this case gives light to the state of affairs in colonial psychiatric treatment in the nineteenth century, Travancore. It not only reveals the resistance of the patients' family towards Asylum treatment but also the relationship between doctor and patients and local government in the colonial context of Kerala. Analysing the letter clearly shows that the family members are not satisfied with the asylum treatment. Madhavan Narayan (the elder brother of the patient) expressed his fear about the unnecessary confinement of patient in the asylum. And he assures the authorities that he is ready to provide all personal security to his brother. But the interesting question is why the durbar physician is so indisposed to release the patient from the Asylum.

The Durbar physicians' argument was mainly from two grounds. One is, the patient is not fit to be released from the Asylum. Without proper state of health, a doctor cannot agree to discharge his patient. The second argument is about protecting the rules and regulations followed in Asylum treatment. The first argument seems to be the anxiety of a good doctor to take care of his patient. One must have conjecture that the act of the Durbar physician is just the right act of a good Samaritan But the second argument showed that Dr. Whites concern was not about the state of health of the patients but he was more 'concerned' about the rules and regulations. Surprisingly he reminded the Diwan (the representative of the state) about the proper execution of the law in the Asylum affairs. The word of the Durbar physician shows that the representatives of the colonial Government had an upper hand over the psychiatric treatment in the Asylum. The local state government was just a body to execute the policies of British company.

The colonial Government and their policies challenged the freedom and the rights of the patients. In a colonial context like India the present case shed light into the relationship between medical discourse and colonialism. In other words colonialism and medical discourses are interrelated to each other in the context of British India.

After analyzing large archival documents of asylums in British India Mills (1999) concluded that there is plenty of evidence that British authorities were intent on creating institution in India where those among the local populations that they deemed to be mentally ill would receive treatment. Recovery from illness was seen as the ultimate goal. Mills argued that through this treatment colonialism in companionship with psychiatry achieved if project controlling and reforming the Indian inmates in the Lunatic Asylum. The case of Madhavan Iyyappan also proves the fact that in the name of law and regulation Madhavan Iyyappan lost his freedom to be discharged from the Asylum.

Observing the case of Madhavan Iyyappan, it has been found that the native patient's resistance towards the Asylum treatment was controlled by the colonial power in the name of the law and regulation and humanitarian concern of psychiatry about the health and betterment of the patient. It also reveals the colonial power over health and body of Indian insane. We have to read the concern of Surgeon General Febeck and Banner in the same ground .The Asylum treatment in 19th century Kerala shows the interference of psychiatry to the freedom of patients and family to decide about the insanes treatment. The role of the family to look after their insane relatives was replaced by the colonial administration. The psychiatry achieved their power over the native inmates in the name of scientific mission and its progress.

The case of Madhavan Iyyappan shows that this could be the first protest from a family member of an insane against the Westernized psychiatric dominance in Kerala in the form of a petition. In that sense the case of Madhavan Iyyappan need to be further studied historically in relation to law and regulation executed by the psychiatric practice in Kerala.

4.3.7.2 New Typology and Causality of Psychiatry

The establishment and practice of new asylums in different parts of the world was the project of modern scientific revolution. The issues and problems brought by the modern scientific movement were different from culture to culture.

Analysing the types of insanity and its causation in 19th century Asylum in Kerala it has been found that the organic approach was dominated in the theory and practice of mental illness. The development of organic theories in the field of psychiatry tremendously influenced the psychiatric practices in the colonial period in Kerala.

According to Alexander and selensnick (1967) the work of Darwin on origin of species, Louis Pasteur on grem theory, Mortiz Ramberg on Neurology and Griensing's out standing contribution to the study of infectious diseases and mental diseases influenced psychiatry forming the understanding about physical causation of mental disturbances and its treatment.

Henry Maudeley (1835-1918) also believed in the similar line of Griesinger, that insanity is fundamentally a bodily disease, and he had even less use for Romantic metaphysical speculation about mental illness. (Alexander & Selensnick, 1967).

In the latter part of the nineteenth century medical science was devoted in intensive study of pathological anatomy and biochemical investigations carried on by men of great acumen.

Contribution of Kraepelin's typology of insanity in the Asylum practice

One of the significant theories developed in the last phase of nineteenth century was Emil Kraepelin's theory of classification of mental disorders. Emil Kraepelin criticized the early nineteenth century psychiatric theory of mental illness and established a new classification of mental disorder. He demonstrated repeatedly the importance of utilizing in psychiatry the medical approach of detailed observation, careful description and precise organization of data. Without this orientation psychiatry could never have become a clinical, disciplined specialty of medicine.

Kraepelin differentiated dementia praecox from manic-depressive psychosis on the basis of prognosis. He believed that a patient rarely recovers from dementia praecox, where as a patient may recover completely from manic-depressive psychosis in which there are severe depressions alternating with periods of excitation

as well as periods of relative normality. Kraepelin’s stress on the morbid outcome of dementia praecox led to a fatalistic compliance with a predestined course. Once the label dementia praecox had been affixed to a person he became a case number awaiting the ultimate fate of deterioration. Custodial care, even though it was humane, did not change the nihilistic attitude of the staff caring for the unfortunate victim.

His work is the culmination of antipsychological era that began with Griesinger’s influence and continued to dominate the science until Freud’s dynamic motivational approach revived interest in the patient as a unique person with a unique history. Kraepelin’s work is also a culmination of the neurophysiological approach. He regarded psychological manifestations of mental disease as nothing but a basis for classification. At the beginning of his career he thought heredity caused mental illness; later he assumed an underlying although indemonstrable, disturbance of body metabolism.

Kraepelin was also interested in toxic conditions such as alcoholism, in which the chemical causal factor is of outstanding and demonstrable significance. His whole theoretical orientation was such as to prevent him from recognizing that repeated emotional experiences may have an even more destructive,

although more subtle, effect upon mental functioning than alcohol (Alexander & Selensnick, 1967, p 165).

Kraepelin assumed that there were a discrete and discoverable number of psychiatric disorders. Although he recognized that some symptoms could occur in more than one disorder, he argued that each disorder has a typical symptom picture. He also believed that the different disorders were associated with different types of brain pathology and with different etiologies. On this view, the first step towards discovering the causes of mental illness was to identity the different disorders on the basis of their symptoms (Bentall, 2003, p 13). Kraepelin's idea opened up a new understanding of the types of insanity and its causation.

The psychiatric practices in India was just transplanted these ideas and concept of organic approach and implemented in treating mentally ill people. Analyzing the asylum document if has been seen that the cultural specificity of these theories were questionable. Even though, these theories were culturally unspecific, colonial psychiatry framed their practice based on these theoretical assumption .It raised new questions about the typology and causation of mental illness in the context of Kerala.

Analyzing the report of Calicut Lunatic asylums it has been found that the insanity classified into 9 major types viz., Mania,

Melancholia, Dementia, Idiocy, Epileptic insanity, Toxic insanity, Morbid changes in brain, consecutive insanity from fevers & visceral inflammation and other forms of insanity. The following table shows details of these types of insanity from 1890-1900.

Table 4.8: Types of mental illness found in the Lunatic Asylum at Calicut from 1890-1895

Year	Mania		Melancholia		Dementia		Idiocy		Toxic insanity		Morbid changes in brain		CIF[5] VI		Epileptic Insanity		Other forms of insanity		Not yet diagnosed		Total		Grand Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1890	62	34	13	3	49	12	-	-	2	-	-	-	7	-	2	-	-	-	-	-	134	50	184
1891	63	30	13	3	45	10	1	-	2	-	6	-	3	-	2	-	-	-	-	-	132	43	175
1892	64	26	12	2	37	8	1	-	6	-	1	-	3	-	2	-	-	-	-	-	126	36	162
1893	33	17	7	2	26	7	1	-	13	2	1	-	-	-	-	-	-	-	-	-	81	28	109
1894	46	17	10	2	21	7	2	-	14	2	1	-	-	-	1	-	1	-	-	-	96	28	124
1895	40	22	13	2	21	7	2	-	19	4	3	-	-	-	4	-	1	-	-	-	102	36	138
Total	308	146	68	14	199	51	7	8	58	-8	7	6	13	-	11	-	2	-	-	-	671	221	892
Grand total	454		82		250		7		66		7		13		11		2		-		892		
Percentage	50.89		9.19		28.02		0.78		7.39		0.78		1.45		1.23		0.22		-				

[5] consecutive insanity from fevers ,visceral inflammation

Fig. 4.5: Types of insanity in Calicut Lunatic Asylum from 1890-1895

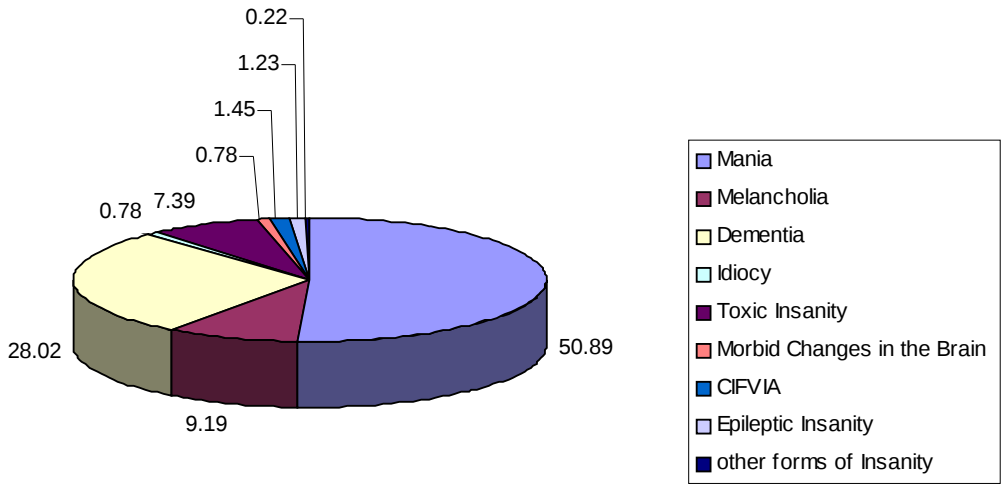
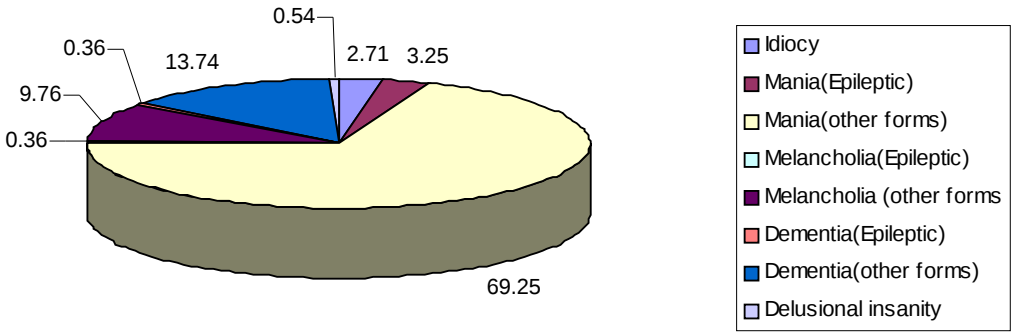


Table 4.8 and Figure 4.5 demonstrate the types of insanity identified in the nineteenth century in Kerala. This report illustrates that the majority of patients were suffering from Mania (50.89%)Dementia (28.02%), Melancholia (9.19%) and Toxic insanity (7.39%). Other disorders comparatively found to be less in number.

Table4.9: Types of mental illness found in Calicut Lunatic Asylum from 1896-1900

Year	Idiocy		Mania Acute or Chronic				Melancholia Acute or Chronic				Dementia including Acquired				Delusional insanity		Not yet diagnosed		Total		Grand Total
			Epileptic		Other forms		Epileptic		Other forms		Epileptic		Other forms								
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1896	2	1	3	-	67	22	1	-	11	3	1	-	12	5	-	-	-	-	97	31	128
1897	3	1	3	-	59	20	1	-	10	3	1	-	11	5	-	-	-	-	88	29	117
1898	2	1	3	1	50	15	-	-	8	1	-	-	9	5	-	-	-	-	72	23	95
1899	3	-	4	1	53	21	-	-	7	1	-	-	7	7	1	1	-	-	75	31	106
1900	2	-	1	2	54	22	-	-	8	2	-	-	8	7	1	-	-	-	74	33	107
Total	12	3	14	4	283	100	2	-	44	10	2	-	47	29	2	1	-	-	406	147	553
Grand total	15		18		383		2		54		2		76		3		-		553		
Percentage	2.71		3.25		69.25		0.36		9.76		0.36		13.74		0.54		-				

Fig. 4.6: Types of insanity in Calicut Lunatic Asylum from 1896-1900



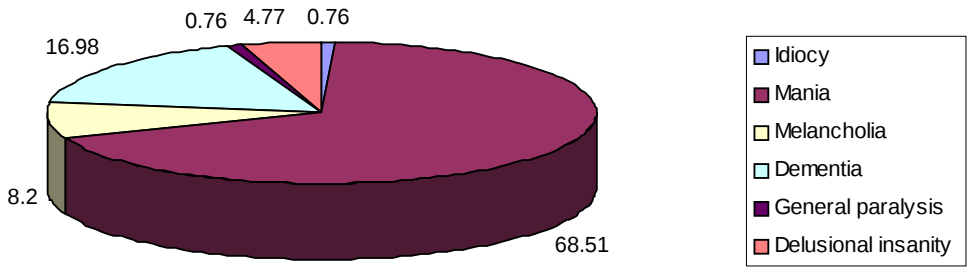
The table 4.9 and figure 4.6 indicate the types of insanity observed in the Calicut asylum from 1896- 1900.This report illustrate a typology, which is slightly different from that of the previous years. Insanity was primarily divided into Idiocy, Mania Acute or Chronic (Epileptic & other forms), Melancholia Acute or Chronic (Epileptic & other forms), Dementia including Acquired (Epileptic & other forms) and Delusional insanity. The majority of patients were suffering from Mania (other forms) (69.25%), Dementia (other forms)(13.74%), Melancholia (other forms) (9.76%) and Idiocy (2.71%). Sibthorpe (1897), Surgeon General pointed out that out of the 742 insane treated in three asylums of Madras presidency 473 are found to be manic either epileptic or other forms. 125 are suffering from dementia and 46 are suffering

from Melancholia (Lunatic Asylums in the Madras presidency, 1897).

Table4.10: Types of mental illness found in Calicut Lunatic Asylum from 1909-1911

Year	Idiocy		Mania acute/ chronic		Melancholia acute/ chronic		Dementia including acquired		Mental stupors		General paralysis of the insane		Delusional insanity		Not yet diagnosed		Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1909	1	-	78	32	14	2	18	5	-	-	2	-	8	3	-	-	163
1910	2	-	90	31	13	2	21	11	-	-	1	-	5	2	-	-	178
1911	1	-	91	37	11	1	21	13	-	-	1	-	5	2	-	-	183
Total	4	-	259	100	38	5	60	29	-	-	4	-	18	7	-	-	
Grand total	4		359		43		89		-		4		25		-		524
%	0.76		68.51		8.20		16.98		-		0.76		4.77		-		

Fig. 4.7: Types of insanity in Lunatic Asylum Calicut from 1909-1911



Analysing the report from 1909-1911 of Calicut Lunatic Asylum also shows that the majority of insanes treated in the Asylum was under the same type. The total patients treated in these three years are 524. Out of these 359 (68.51%) were Manics, 89 (16.98%) were suffering from dementia and 43 (8.2%)were Melancholic. The number of patients suffering from Idiocy, Mental stupor, General paralysis and delusional insanity were 4(0.76%), 0, 4(0.76%) and 25(4.77%) respectively. (The annual report of Lunatic Asylum in Madras presidency, 1909, 1910 and 1911). Figure 4.7 shows diagrammatic representation of the data.

Analysing the documents of Travancore Lunatic Asylum in the first half of the twentieth century shows more advanced

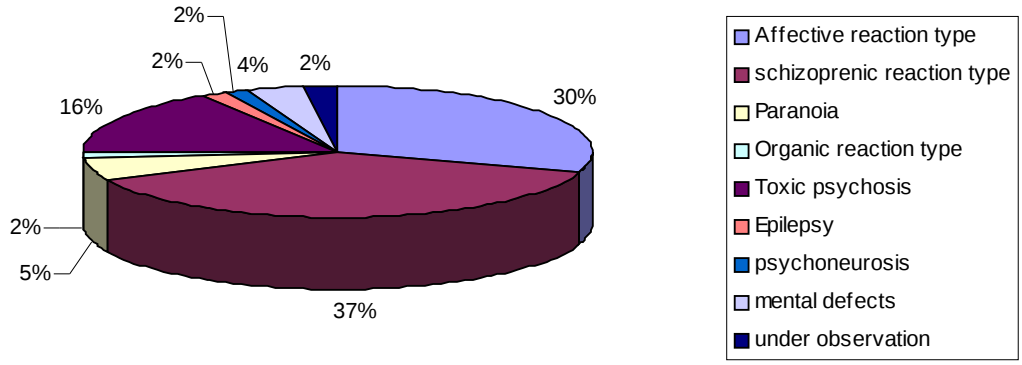
classification of mental disorders. The following table shows the types of mental disorder treated in the year 1933 to 1936.

Table 4.11:Types of mental illness of the patients in Lunatic Asylum Travancore from 1933-1936.

Name of disease	**Year**			
	1109 (1933)	**1110 (1934)**	**1111 (1935)**	**1112 (1936)**
Affective reaction types	58	54	49	51
Schizophrenic reaction types	72	72	72	77
Paranoia and paranoid reaction types	10	13	13	11
Organic reaction types	3	6	5	4
Toxic psychosis	31	41	37	49
Epilepsy etc.	3	4	5	6
Psychoneurosis	3	1	1	1
Mental defects	7	7	6	10
Sex perversions	----	----	----	----
Under observation	4	9	16	12
Total	191	207	204	221
Men	136	147	152	166
Women	55	60	52	55

(Velupillai 1940, p219.)

Fig. 4.8: Types of mental disorders in Travancore Lunatic Asylum from 1933-1936



The table 4.11 and figure 4.8 indicate the types of insanity observed in the Travancore Lunatic Asylum from 1896- 1900.This shows that major types of insanity identified in this period in Travancore Lunatic Asylum are schizophrenia (37%), affective reaction type (30%) and Toxic psychosis (16%).

Observing the indigenous classification on mental diseases and its causation, we can find a totally different understanding existing in the indigenous system of madness from Psychiatry. As I noted in the previous section, organized and unorganized indigenous healing traditions practiced in Kerala used a classification, which is very sound in terms of the cultural

understanding of the people. *Visscher's letter from Malabar* analysing the causation of diseases pointed out that *"I feel perfectly safe in saying that every Nayar believes in magic through and through. No matter what his collegiate course has been, no matter how full of knowledge such as west can give him, no matter how thrilled he may be by the higher Hinduism which condemns it altogether, he believes in magic as the cause of ills and he believes in magic for the removal of these"* (cited from Menon, 1986). These kinds of observations offer insights into the deep-rooted traditional beliefs of the natives about the causation of illness and its remedies.

Kerala also has a tradition of Ayurvedic practices. According to the Ayurvedic texts, mental illness is classified into five important types namely, Vatonmada, Pittonmada, Kaphajonmada, Sannipatonmada and Bhootonmada. This Ayurvedic classification of insanity is considered as one of the oldest classification systems of mental illness (Alexander & Selesnick, 1967). In parallel to the classic Ayurvedic tradition Kerala also has a Vaidya tradition as mentioned in the previous section. In Vaidya tradition mental illnesses were classified as various Keerika Lakshanas. These classifications of mental illness were highly correlated with the beliefs and cultural psyche of Keralites. Psychiatry's different classification system primarily based on the Western theories engulfed these folk understandings about mental illness and its

causation. The new language of Western psychiatry was primarily given an organic explanation about the mental disorders. Following the Kraepelian ideology psychiatry attempts to systematize the disorders according to the symptoms of the problem. Psychiatry was some extent succeeded in identifying the types of mental disorders based on the symptomatology but they struggled to explain the causes of illness in the specific context of Kerala. It reflects the cultural unspecificity of psychiatric treatment in the 19th and 20th century Kerala. This leads to a crisis of unknown causal factors of mental disorder. This crisis reflected not only in the theoretical understanding of the problem but also the curative process of treatment.

4.3.7.3 Crisis of Unknown causes

One of the major problems faced by the psychiatry in Kerala was to identify the causes of insanity of the natives.

W.H. W.H. Robert Surgeon –Major pointed out that As usual the unknown causes predominate in the case of insane.

> *"The number discharged caused is, I regret to say, very small, only 7, or 6 percent, of average daily population. From the report it will be seen that 2.1 cases were ill one year and over prior to admission; add to this 10 cases in whom the duration of disease prior to admission is 'unknown', but of whom it may be safely assumed that they were ill over a year*

and we have 31 cases of chronic or long – standing insanity. The recoveries were, as usual, among those who were placed under treatment at an early period of their disease; 4 of the 7 were thus treated soon after their insanity showed itself (within six months). In the same way the more 'acute' the case, the better and more hopeful the chance of recovery; 5 of the 7 suffered from acute mania".

(Asylum Report of Madras Presedency, 1873 p56)

Table 4.12:Causes of insanity of the patients admitted in Calicut Asylum from 1890 - 1900

Years	Moral	Physical	Unknown	Total
1890	28	16	140	184
1891	40	37	98	175
1892	43	37	82	162
1893	33	35	41	109
1894	36	51	37	124
1895	35	63	40	138
1896	34	62	32	128
1897	33	56	28	117
1898	31	44	20	95
1899	34	41	30	105
1900	31	45	34	110
Total	378	487	582	1447
Percentage	26.12%	33.65%	40.22%	

Fig. 4.9: Causes of insanity in Calicut Lunatic Asylum from 1890-1900

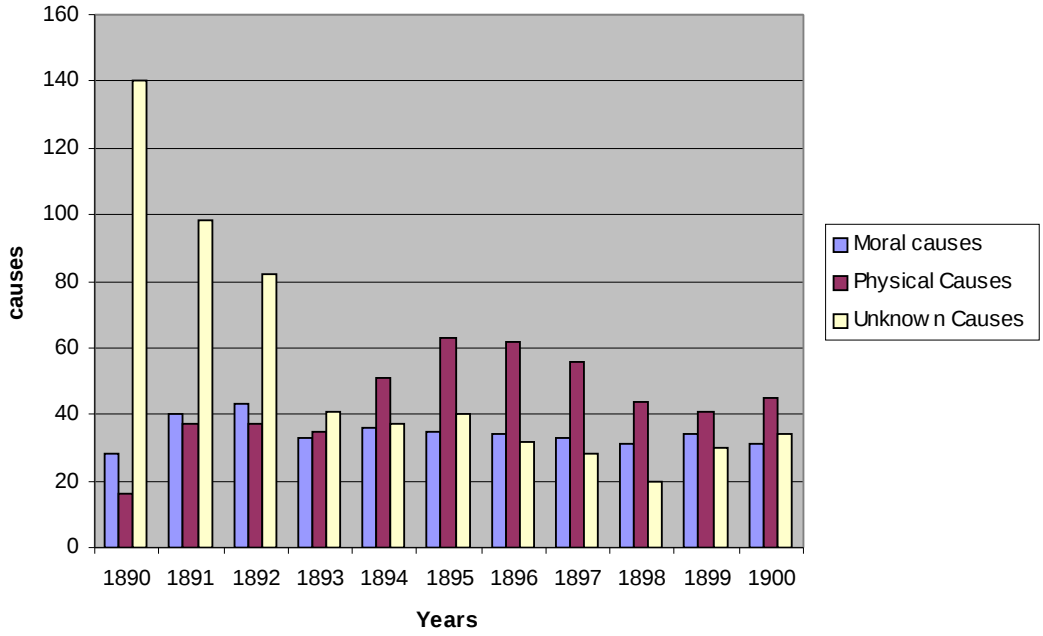
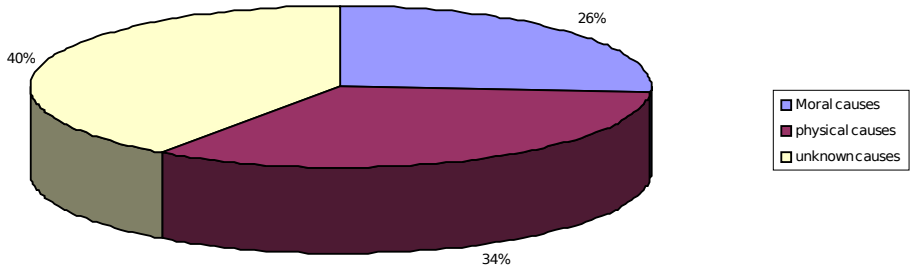


Fig. 4.10: The causes of insanity in Calicut Lunatic Asylum from1890-1900



The table 4.12 and figure 4.9 and 4.10 represent the causes of the insanity in Calicut Lunatic Asylum from 1890-1900. The causes were classified into physical, moral and unknown. The physical causes are further classified as congenital, spirit drinking, Ganja and Bahng, epilepsy, injury to head and uterine. Moral causes were grief, loss of property, fear and gambling.

Analyzing initial years of the Asylum, one of the major issue faced by the doctors were lack of understanding about the causes of the insanity of natives. The Report of 1873-74 shows that in these two years total cases treated in the Asylum were 216. The reports reveal that causes of 80% (173 patients) were unknown other causes visible were physical and moral causes. The physical

causes were found to be 30 (13.8%) and the moral causes were 13 (6%).

Analysing 1890-1900 the same trend can be found. Analysing the report it can be shown that the total insane admitted in these 10 years are found to be 1447. From these total population causes of 582 (40.22%) are found to be unknown. The physical and moral causes are seems to be 487 (33.65%) and 378 (26.12%) respectively.

The reports of the Lunatic Asylums shows that the number of unknown causes were reducing gradually in the latter years of nineteenth century. According Fabeck (1893) *"There has been considerable improvement in tracing out the causes of lunacy among those admitted; the causes were ascertained in 204 cases or 83.27 percent of the total admissions, the highest figure reached within the last five years"* (Report of Lunatic Asylum of Madras Presidency, 1893, p 6). This shows that the interaction of psychiatry with the natives either gave a new direction to psychiatric treatment or Psychiatry accommodated the native understanding about the illness.

From these reports three important ideas can be generated (1) Majority of the causes of mental illness of natives were unknown to psychiatry, (2) The known cases visible are more physical in nature and (3) The treatment were applied without understanding

the real causes behind insanity. Fabeck (1894) pointed out *"causes are ascribed under moral and physical causes, which latter have always been in excess of the former"* (The Report of Lunatic Asylum, 1894, p 5). This observation made it clear that causality of mental illness followed by psychiatry in Kerala was based on the organic approach developed in the West.

4.3.7.4 Treatment in Asylums of Kerala

Analyzing the treatment history of asylums in the nineteenth century British India it has been observed that the treatment was mainly classified into medical and moral. In the last half of the nineteenth century moral treatment was found to be dominated in the treatment scenario of psychiatry in colonial India. This was the result of humanitarian movement in the field of psychiatric practices. The British reformers stressed the importance of moral treatment for mentally ill. Hochmuth (2006) observed that, "Ringing slogan such as management (does) more than medicine (Battie, 1758) and talk kindness and humanity, moral management, industriousness, segregation, classification and non restraint (Tube 1813, Hill 1838, Conolly 1856) were consequently echoed in British India". Company doctors duly drew ideas bred for the mentally ill in Europe when they proclaimed emphatically that their patients had to be brought. Hochmuth (2006) observed that Peace and order as well as humanitarian considerations were the objectives intended to guarantee in the Lunatic asylum of colonial India.

Medical treatment

According to the reports of Calicut asylum, there was a mix of moral and medical treatment existed in the nineteenth century lunatic asylum. The Surgeon General Balfour observes, about "treatment I have ...nothing new to state. Occupation of some sort systematically induced, regular hours, good food, and attention to general health are curative means, and it is really wonderful what these will effect! Some of the most apparently hopeless cases yield to their influence. Drugs are only exhibited as occasion demands; the calmatives used are opium and its various preparations, cannalus indica, hyosyami, bromide of potassium, and chloral hydrate. Occupation consisted of cotton –spinning, weaving gardening. Two thirds of the male enclosure is under cultivation, chiefly as a vegetable garden. The diet is according to scale and suits very well. It is supplied by a contractor at the rate of 3 annas per head. The patients as rule put on flesh" (Report of Lunatic Asylum Madras presidency, 1874 p 16).

The annual report of the year 1877 also explains the types of medicine applied in the patients during the year.

"The treatment has consisted in subduing great mental excitement by large doses bromide potassium, hydrate of chloral, morphia and lately tincture of digitalis has been tried."(Report of Lunatic Asylum Madras Presidency, 1877,p27).

The Moral Treatment

In reviewing the reports of the Lunatic Asylum in India, the Surgeon General with the Government of India remarked that the following points should receive increased attention in the management of the asylums.

"(1) Improved dietary (2) Better clothing for the convalerent and week (3) Special means for heating barracks occupied by the weakly and convalescent during cold weather months (4) General introduction of means for affording amusements to insanes (5) Selected patients to be allowed to walk outside asylum walls (6) Greater attention to be paid to the feeding and clothing of lunatics when they are in transit to the asylum" (Report of Lunatic Asylum, Madras Presidency, 1895, p 5).

This concern of the Government shows their interest in implementing moral management of Lunatics in the 19th century asylum of British India. Analysing the report of Calicut Lunatic Asylum shows that an organised moral management was implemented in the last decade of nineteenth century but amusements of the inmates received attention around two decades before this. According to the report of 1874-75 of Calicut Asylum shows the implementation of Amusement for mentally ill.

"A native band plays in the Asylum now about once a fortnight and sweet meats, fruits, betel handed round. This seems

to have had a good effect on many of the inmates, their excitement has offer been subdued by a threat that they would not be treated to the band, some of the inmates however do not seem to care anything about it" (Report of Lunatic Asylum Madras Presidency, 1874, p 16).

The feeding of the patients also gets much attention in the last half of the nineteenth century. According to the reports, *"The feeding of the patients in a more systematic manner has lately been engaging increased attention. Improvement is badly wanted in the male enclosure. The kitchen is situated near some of the night blocks and trollies are employed to convey the food to each of these blocks and to the different enclosures. The feeding of these people is always an anxiety, it is directly connected with their health, and without careful supervision it is possible that some may not be fed properly. Sometimes at all and others may be overfed"*. (Report of Lunatic Asylum in Madras Presidency, 1892, p 6-7).

As part of the moral management, asylum authorities were highly concerned about the celebration of festivals and other amusements. According to Sibthorpe (1895) the Surgeon General of Madras presidency, "In Calicut treats were given on Hindu festival days and Christians on Christmas day which were highly appreciated by them. All insane are allowed to amuse themselves from 10 to 2 daily as well as they can and are provided with a

country drum and sticks for the game called ‘Kolattam’[6]. The superintendent proposes had there should be more intercourse with the world outside for many patients who would of course have to be selected; this he considers could be done by driving more of them to the beach and by allowing them to mix with or at least see the more cheerful side of life outside the asylum”(Report of Lunatic Asylum, Madras Presidency, 1885, p 6).

Hygiene and exercises of insane also get attention during this period. Sibthorpe (1896) observed “This subject has received the careful consideration of the superintends of all the asylums, particular attention having been paid to the bathing clothing exercise and food of the insanes (Report of Lunatic Asylum, Madras Presidency, 1896, p 6).

Analysing the treatment of Lunatics in nineteenth century it has been found that, the colonial authorities introduced the moral management strategies through implementing the facilities like good food, amusement, hygiene and exercises. Many scholars problematised the moral treatment in a colonial context.

Foucault (1967) criticised the ideals of moral treatment in the west. He observed that, the overt chains of the older tradition might be replaced by subtler methods of social control in reformed asylums such as retreat. He explained the gigantic moral imprisonment of patients by Tuke. According to him:

[6] One of the popular game prevalent in Malabar region.

“We must therefore re-evaluate the meanings assigned to Tuke’s work liberation of the insane, abolition of constraint, constitution of a human milieu these are only justification. The real operations were different. In fact Tuke created an asylum where he substituted for the free terror of madness the stifling anguish of responsibility fear no longer reigned on the other side of prison gates, it now raged under the seals of conscience”. (Foucault 1967, p 234)

Foucault’s major observation was how moral treatment executed psychiatric power through individual subjectivity. He observed that, the asylum no longer punished the madman’s guilt, it is true, but it did more, it organised that guilt; it organized it for the madman as a consciousness himself, and as a non reciprocal relation to the keeper. It organized it for the man of reason as an awareness of the other, a therapeutic intervention in the madman’s existence. In other words, by this guilt the madman became an object of punishment always vulnerable to himself and to the other; and from the acknowledgement of his status as object, from the awareness of his guilt, the madman was to return to his awareness of himself as a free and responsible subject and consequently to reason.

In contrast with West, the moral treatment in a colonial context serves a different purpose. Mills (1999) observed that by scrupulous cleanliness, liberal diet, affording them means of recreation or occupation, and attention to all functions of the body are the foundation of the moral management of Lunatics.

Mills agued that the way in which British medical officers used the therapeutic regimes developed in nineteenth century Europe to assert themselves and their agendas over the bodies and minds of those who came under jurisdiction in the asylums, will be explored by examining the two stages in the process of assertion, control and reform (Mills, 1999). The controlling process could be more reflected in the possible feeding practise as part of the treatments in Asylums. Fabeck observed “In the Lunatic Asylum six males and five females were regularly fed by hand and two males had to be fed by the *nosophryengealtube”* (Report of the Lunatic Asylums, Madras Presidency, 1895, p 11).

Sibthorpe (1896) also put forward a similar observation. *“Two insanes were forcibly fed in the Calicut Asylum- one regularly by the nasal tube and the other by the hand during periods of excitement*” (Report of Lunatic Asylums, Madras Presidency, 1896, p 8).

Report from other parts of the Presidency also shows that forcible feeding was regular in all other asylums. The Vishakhapattanam asylum report explains that *“No bad results have accrued and the method has been found*

suitable and satisfactory. Nasal feeding is adopted by means of a Jacqnes, Catheter and syphon tubing" (Report of Lunatic Asylum Madras, 1911, p 7)

Analysis of these reports reveals that nineteenth century psychiatric treatment in Kerala was mixed with medicine and moral management. This has come from the Western reform movement. The moral management was found as a strategy used by the colonial government to control the inmates. This control was implemented through practice of providing cleanliness, liberal diet, recreation or occupation.

4.3.7.5 Unsettled Issue of Mortality

Mortality was one of the unsettled issues of Asylums in 19th century colonial India. Compare to the other state of Madras presidency Calicut was found to be highest mortality rate in the Asylum population (Report of Asylum Madras Presidency, 1890, p 4).

In the initial years of Asylum practice in Calicut it has been seen that the mortality rate was very high. The table 4.13 and figure 4.11 represent mortality rate in Calicut Lunatic Asylum during the period of 1878- 1902.

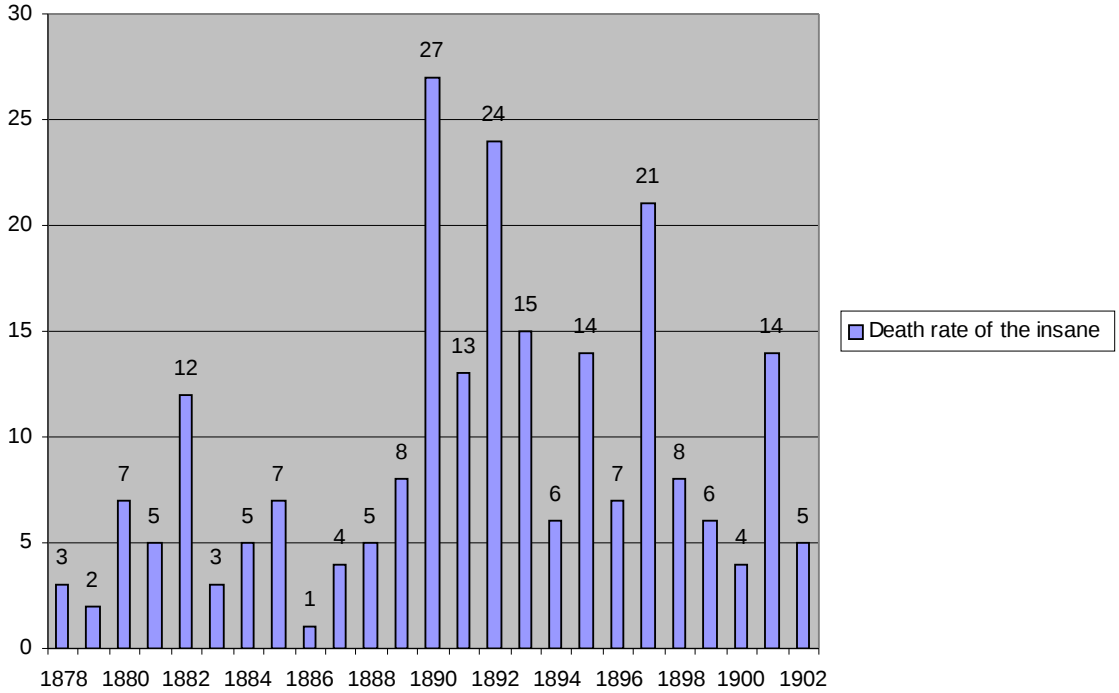
Table 4.13:Number of patients treated and died from1878-1903 in Calicut Lunatic Asylum

Year	Number of	Number of

	patients treated	patients Died
1878	64	3
1879	61	2
1880	76	7
1881	91	5
1882	108	12
1883	131	3
1884	149	5
1885	146	7
1886	118	1
1887	146	4
1888	157	5
1889	155	8
1890	184	27
1891	175	13
1892	162	24
1893	109	15
1894	124	6
1895	138	14
1896	128	7
1897	117	21

1898	95	8
1899	106	6
1900	110	4
1901	122	14
1902	131	5
Total	**3103**	**226**

Fig. 4.11: The mortality rate of the insane from 1878-1902



The results shows that the total number of patients treated in the asylum during 1978-1903 were 3103. Out these 226 (7.28%) patients were died in the Asylum itself. The Madras government conducted many enquiries about the causes of the high mortality rate but not able to reach a satisfactory answer for the high mortality rate.

Edward Balfour Surgeon-General of Indian medical department observed in his annual report of Lunatic Asylum Calicut 1873-74, that the death rate of the lunatic Asylum were extremely increased in the year. He pointed out "*The death rate for 1873-74, namely 28.08 percent of average strength, was extremely high, and the superintended does not give any satisfactory explanation of this unusual mortality"* (Annual Asylum Report, 1873). The percentages of causes to daily average strength in all three asylums is 9.94 very nearly same as the last year (Report of Asylum Madras Presidency, 1891, p 6).

"It is difficult to fairly compose the recoveries in the Madras Asylum with those in Bombay, Delhi, and Lahore, because there is as much difference in conditions affecting the insane in these asylums as would be found in, say, a Spanish, a German and a Russian asylum. The racial temperament, the proportionate use of drugs or of alcohol, the fact of the women being ghosha as not (and there by influencing the number of females in an asylum), these and conditions of climate habits and surroundings must have a material effect favorable or unfavorable on recovery. The best criterion of work done in this discretion is a comparison with the record of previous years". (Asylum Report of Madras Presidency, 1873).

Fabeck noted that in Calicut the admissions to hospitals were 184 and the number of deaths were 27, showing an increase of 17 and 19, respectively as compared with previous year. The high mortality in the Madras

and Calicut Asylum is partly accounted for by an outbreak of Cholera. The general death rate of 18.44%, which compares unfavorably with previous years and with the reference from other Asylums in India". Taking the asylums separately, mortality was highest in Calicut (19.4) and lowest in Waltair (11.3); the death rate in Madras 18.8 was higher than has been for several years. *(*Annual Asylum Report of Madras Presidency, 1890, p.4).

The general health of the insane was, on the whole, good during the year except during the monsoon. One hundred and twenty insane were treated in hospital, with an average daily sick of 15.07 against 87 in 1893 with an average daily of 8.10. The increase is due to the weakly condition of many of insane on admission and to prompt removal of the sick to the hospital for better care and treatment in the earlier stages of disease. (Report of Lunatic Asylums, Madras, 1894, p 8)

"Since August 1894 special casualty reports regarding all deaths in the asylums have been submitted to me so that I have full details of the causes of the death in each case." In the Calicut Asylum, there were 6 deaths (all males), as against 15 in the previous year. The causes of death were ulceration of bowels 1, chronic pneumonic phthisis 1, old age 1, softening of the brain 1, tubercle of lungs 1 and cirrhosis of the liver.

"After a careful enquiry, I formed the opinion that none of the attendants could be held responsible for the accident and directed that steps should be taken to inform all the attendants of the facts of the case in order that

*even greater vigilance examining such insane and their cells before then were locked up for night, should be carried out in future". (*Annual Asylum Report of Madras Presidency, 1894).

We can find various comments of the Surgeon Generals about the causes of high mortality rate. "Each death with the details of the case is reported at the time for my information. In the Calicut Asylum 21 deaths occurred against 7 in 1896. The causes of death were – Cholera 8, Idiopathic anemia 4, dysentery 3, and one each rheumatism valvular disease of the heart, gangrene of the lung, choric phythisis, Catarrhal inflammation of the intestines and Broght disease". *(*Annual Asylum Report of Madras Presidency, 1897 p.11).

Sibthorpe pointed out that,In Calicut there occurred 8 deaths as compared with 21 in the preceding year, there were cases of advanced old age and 2 were prounced cases of tuberide". *(*Annual Asylum Report of Madras Presidency, 1898).

Sinculair "Of the 4 who died in the Calicut Asylum 2 were in a very bad stage of health on admission the other 2 were in indifferent health, I dying within 20 days and the other within 7 months of admission". *(*Annual Asylum Report of Madras Presidency, 1900).

Browne 1907 Seventy two deaths occurred in the three asylums against 86 in 1905. The percentage mortality on daily average strength was 11.87 against 14.64 of the previous year, so that the figure for the asylums of all England of 10.03 is fairly approximate to ours despite the difference in the causes of the mortality in the two countries, for the general paralysis of the insane that is almost unknown in India causes 20 percent or more of the deaths in asylums in England, while with us tuberculosis is by for the most important cause of death and next come bowel affections closely followed by acute mania*(*Annual Asylum Report of Madras Presidency, 1906, p 4).

Death was immediately due to dysentery and enteric catarrah in 77 cases; to tuberculous in 70; to epilepsy in 23, to general paralysis in 9; the valve diseases of the heart in 9; and to various other ailments and general exhaustion in the rest *(*Annual Asylum Report of Madras Presidency,1914).

Analysis of these notes of surgeon Generals clearly show that the number of mortality rate in the asylums were very high and the doctors and the administrators were failed to give a satisfactory answer for this high rate of mortality. It has been also observed that the asylum reports keep silence about the number of European patients died in the Asylums. The highest mortality of insane in the Asylum needs to be further studied.

4.3.7.6 Age of the insane treated in the nineteenth century lunatic Asylum in Kerala

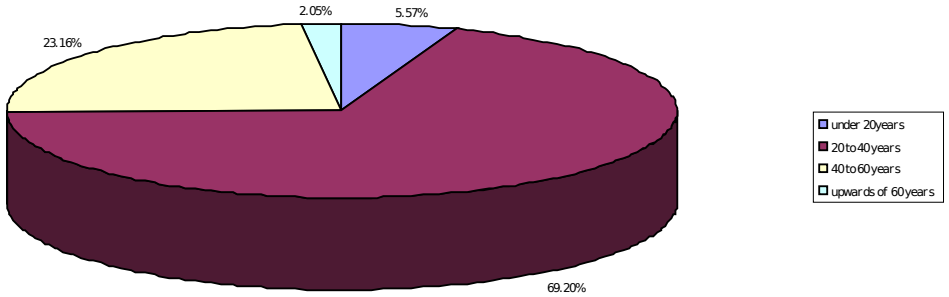
The following table 4.14 and pie chart 4.12 represent the age of the insane treated in Calicut Lunatic Asylum. The table and graph shows that the majority of insane treated during the period of 1890- 1900 were found to be young adults. The umber of the patients under 20 years, 20-40 years, 40-60 years and above 60 years are found to be 19 (5.57%), 236 (69.2%), 79 (23.16%) and 7 (2.05%) respectively. The notes of the Surgeon Generals in various asylums also put forward the same opinion.

"The largest number of admissions was between the ages of 20 and 40, being for that term of life 64. 32 percent of the total admissions and 65.4 percent in the triennium 1906-1908. The next largest number of admissions is in the age period 40 to 60 years, being 27.64 and 23.81 percent respectively for the two triennial periods; the smallest, those above 60 years or 1.83 as against 3.49"(Asylum Report of the Madras Presidency, 1911, p 3).

Table 4.14:Age of newly admitted patients from 1890 – 1900 in Calicut Lunatic Asylum

Years	Under 20 years	20 to 40 years	40 to 60 years	Above 60 years	Total
1890	1	31	11	1	44
1891	3	30	5	1	39
1892	1	18	2	-	21
1893	1	19	8	-	28
1894	4	34	6	-	44
1895	2	25	14	-	41
1896	1	18	6	2	27
1897	-	15	6	2	23
1898	1	7	3	1	12
1899	2	23	7	-	32
1900	3	16	11	-	30
Total	19	236	79	7	341
Percentage	5.57%	69.2%	23.16%	2.05%	

Fig. 4.12: Age of the insane in Lunatic Asylum Calicut from 1890-1900



4.3.7.7 Religious classification

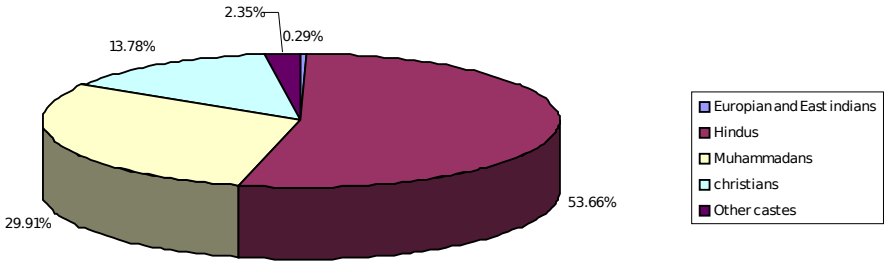
The table 4.15 and figure 4.13 represent the religion of the patients treated in the Calicut Lunatic Asylum during 1890-1900. The total number of Europeans, Hindus, Mohammadens, Christians, and other castes treated are 1(0.29%), 183 (53.66%), 102 (29.91%), 47 (13.78%) and 8 (2.35%) respectively. The studies conducted by many researchers problematised the classification of natives based on their caste and religion. Mills (2000) observed that the classification of insane leads to some sort of discrimination.

Table 4.15:Religion of newly admitted insane in Calicut Lunatic Asylum during year 1890-1900

Years	European East Indians	Hindus	Muhamm-adans	Christians	Other castes	Total
1890	-	29	11	4	-	44
1891	-	22	12	3	2	39
1892	-	10	8	3	-	21
1893	-	20	5	3	-	28
1894	-	20	20	3	1	44
1895	-	21	12	7	1	41
1896	-	14	7	5	1	27
1897	-	11	7	3	2	23
1898	-	7	3	2	-	12
1899	-	13	10	8	1	32

1900	1	16	7	6	-	30
Total	1	183	102	47	8	341
Percentage	.29%	53.66%	29.91%	13.78%	2.35%	

Fig. 4.13: Religion of newly admitted insane in Calicut Lunatic Asylum from 1890-1900



4.3.7.8 Administrative Structure

The Lunatic Asylum in various Presidencies of colonial Government followed an administrative structure, which consists of administrators, medical team and employees. The following table shows the administrative pattern in Calicut Lunatic Asylum.

Table4.16: Administrative structure of Calicut Lunatic Asylum in nineteenth century

Medical team &employees	Numbers
Chief Secretary of public department	1
Surgeon General	1
Superintendent	1
Assistant surgeon (Second class Military)	1
Civil Apothecary	1
First grade Hospital Assistant (senior)	1
Second grade do	1
Steward	1
First Assistant steward	1
Second	1
Clerk and steward	1
Storekeeper	1
Writer	1
First class European Attendants	3
Second class	3
Matron	1
Head Nurse	1
First grade Nurse	1
Second grade	1
Third grade	1
Native Male Head keeper	1

Medical team &employees	Numbers
First class Male attendants	2
Second class	6
Third class	25
Night watchman	6
Native female head keeper	1
First class female attendant	1
Second class female attendant	3
Third class	6
Night watchwomen	2
Weithman	1
Office attendant	1
Carpenter	1
Blacksmith	1
Hospital attendants	1
Dardener	1
Tailors	2
Barber	1
Cook for European and East Indian patients	1
Caste cook for Natives	1
Assistant caste cook for natives	1

Medical team &employees	**Numbers**
Caste cook women for natives	1
Waterwoman	1
Washerman	1

Analyzing the asylum practices it has been found that there was a clear discrimination against the native attenders. The following notes of Surgeon Generals clearly show this discrimination. Sibthorpe, Surgeon Major – General

"European Attendants: There were three first class and three second class men in the asylum. Their work I consider, has been on the while, satisfactory. My predecessor proposed a reserve of these men in order to allon of a fixed annual holiday for each of them. This suggestion I again bring forward with my strong recommendation. They are on duty daily from 5.30 am to 5.30 pm and on two nights out of six have to make two tours of the asylum between 9 pm and 4 pm. Native Attendants: on the whole, I have found them very poor; they are unintelligent, dishonest, untruthful, uneducated and untransforthy pensioned Sepoys when available make far and away the best native attendants, but are not always procurable or willing to do the heavy work here. I therefore strongly urge

that, the sanction for having trained orderliness in place of native attendants by giving them a little higher pay may be obtained." (Report of Lunatic Asylum, Madras Presidency, 1896, p 18).

European Attendants

"They perform their work, I believe to the best of their ability, and with a satisfactory result on the whole, but it is no dispraise of them if I say that they do not come up what I consider the standard required, in as much as I doubt the possibility of getting more suitable men. Several qualifications are necessary in a good lunatic attendant. Good physique, Good temper, Knowledge of natives, Knowledge of the languages, Ability to read and write and do simple arithmetic and to write plain intelligible English leggers and Good common sense.

Now it is the combination of these qualifications that is essential and such a man could command fair wages in other walks of life. What inducement has he to take to a lunatic asylum life? It is hard work monotonous and if he be not a kind hearted man, he may very easily slide into a very cruel one-simply because he sees helpless human nature from its lowest and most repulsive side and sees it constantly. I strongly recommend a reserve of these attendants to allow of a fixed holiday for them, not as a favour but a right for their health's sake, and yet we have no available reserve, and in cases of emergency have to fall back on untrained outsiders to do highly skilled work- for these men not only require the qualifications of European Asylum attendants but, have in addition the

difficulties of the language and the same difficulties of patient's temper, fastidiousness, follies, even perhaps in a greater degree than the European insane".

Native attendants

"The character of the native attendants as attendants on insane patients is poor. To adequately perform the duties required of them at the present strength of our establishment, and considering the class from which we draw them, is I think impossible – they have neither the will nor intelligence nor education, and I say candidly that from their point of view I cannot much blame them; they are not men of refined feeling, their ordinary work is practically to feed, clean and provide for a human beast; that he is human it is true, but in the majority of cases the human faculty is too much in abeyance, the animal too prominent: hence arises the constant lapse into perfunctoriness, the tendency to roughness, to neglect of the watchfulness on which so much depends, and to feel what is quite true in may cases that if he work is done well it inspire no gratitude that the feelings of the recipient are often purely negative, ant that whether ill or well done, the result except in the long run, will not show much difference added to which the morbid side of a distempered mind often renders a patient's character disagreeable or even utterly odious. This difficulty is especially felt at night in the hospital. In the day time with much care and supervision, the sick can be looked after with as fair a result as can be expected with such the sick can be looked after with as fair a result as can be expected with such rough material, but at night directly one is asay, I see no

guarantee that a sick lunatic will be looked after at all, I think the chances are much against it. The nursing by men of the sick is always a matter of doubtful expediency, but of lunatics who are much more confined necessarily, it is even more difficult to arrange satisfactorily than with same patients". (Asylum Report of the Madras Presidency, 1902, p 4).

4.3.7.9 Law and insanity in colonial Asylums

Analysing the various legal policies developed by British in relation to insanity ,it has been observed that the insanity acts promoted involuntary hospitalization and negated the rights of the mentally ill.Legislative regulations of lunatics asylum initiated in the second half of the nineenth century .

Indian Lunatic Asylum Act 1858 (LAA)

Legislative regulation of lunatic asylums was initiated in 1858 with the Indian Lunatic Asylums Act (LAA), almost a century after the company state began the practice of taking on rent lunatic asylums to house European Soldiers whose minds had given way under the dual strife of war and the weather (Varma 1953. cited from Dhanda, 2000). The Lunatic Asylum Act was introduced in India after along movement in England seeking state intervention to curb private trade in lunacy and to prevent wrongful commitment.

The Lunatic Asylum Act replaced the diverse regulations and policies of the presidencies with a single statute. To the extent possible (keeping in view the constraints of the colonial state), this was in conformity with the English law. The Asylum Act signaled state intention to establish public lunatic asylums wherever expedient, whilst private asylums were allowed to continue subject to regulation by licensing.

The statute[7] allowed for the institutionalization of both an 'idiot' and a 'person of unsound mind' LAA section is (cited from Dhanda, 2000). Admission of non-dangerous lunatics was also permitted (LAA, section 4) (cited from Dhanda, 2000).

The Indian Lunacy Act 1912 (ILA)

The Indian Lunacy Act 1912 (ILA) consolidated several statutes with some amendments into a single legislation. It introduced amendments in the law of commitment both with regard to the grounds and the procedure of commitment. In a major change from the LAA, the ILA permitted a lunatic to apply to the Board of visitors to voluntarily seek treatment in a mental hospital. While all involuntary commitments, including those sought by relatives or friends, in mental hospitals situated in presidency towns had to be obtained from a magistrate. The obligatory production of affirmative medical opinion on 'lunacy' continued, with more elaborate

[7] Written law

specification on the form of the medical certificates and the procedure for obtaining them. It also include the details of reception order, order in case of cruelly treated or not under proper care and control, Reception and retention of criminal lunatics and details of care and treatment of lunatics.

Analysing the Asylum Documents it can be found that the Asylum practices in colonial India was much influenced by these two important laws, Indian Lunatic Act 1858 and Indian Lunacy Act 1912. After 9 years of Indian Lunacy Act, in 1921 Cochin State passed a new act for dealing with mentally ill people it is known as Cochin Lunacy Act. (Sign Manual Cochin State, 173 - 176)

Analyzing asylum practices in Kerala it has been seen that the Calicut lunatic Asylum under Madras presidency followed the same Lunacy act developed by the British. Meanwhile, the cochin state developed a new Act called Cochin Lunacy Act in 1921 (Regulation VII of 1096(1921), the Cochin Lunacy regulation). The researcher has collected this act from Regional Archives Eranakulam .Comparing Indian lunacy act and Cohin Lunacy Act reveals that The Cochin Lunacy Act was just a replication of Indian Lunacy Act. The Indian mental health act 1987 which is followed in today’s mental health field is the continuation of Indian Lunacy Act.

The present section focuses on the Cochin Lunacy act and its implications in the lunatic practice in the earliest twentieth century in Cochin. This act provides power to the state authorities to interfere into all the

matters of insane. There was a particular procedure followed for the reception of lunatics. Chapter two of Cochin Lunacy Act section **3-10** explain act explains the details

3. Reception of person in asylum

(1) No person other than a criminal lunatic or a lunatic so found by inquisition shall be received or detained in an asylum without a reception order save as provided by sections 7 and 14.

Provided that any person in charge of an asylum may, with the consent of two of the visitors of such asylum, which consent shall not be given except upon a written application from the intending boarder, receive and lodge as a boarder in such asylum any person who is desirous of submitting himself to treatment.

(2) A boarder received in an asylum under the proviso to sub-section (1) shall not be detained in the asylum for more than twenty-four hours after he has given to the person in charge of the asylum notice in writing of his desire to leave such asylum.

Reception orders on petition

4. Application for reception order

(1) An application for a reception order shall be made by petition accompanied by a statement of particulars to the Magistrate within the local limits of whose jurisdiction the alleged lunatic ordinarily resides, shall be in the form prescribed and shall be supported by two medical certificates shall be from a medical officer.

(2) If either of the medical certificates is signed by any relative, partner or assistant of the lunatic or of the petitioner, the petition shall state the fact, and, where the person signing is a relative, the exact manner in which he is related to the lunatic or petitioner.

(3) The petition shall also state whether any previous application has been presented for an inquiry into the mental capacity of the alleged lunatic in any Court; and if such application has been made, a certified copy of the order made thereon shall be attached to the petition.

5. Application by whom to be presented

(1) The petition shall be presented, if possible, by
(a) the husband or wife of the alleged lunatic, or
(b) by any other relative of his.

(2) If the petition is not so presented, it shall contain a statement of the reasons why it is not so presented, and of the connection of the petitioner with the alleged lunatic, and the circumstances under which he presents the petition.

(3) No person shall present a petition unless he has attained the age of majority as determined by the law to which he is subject, and has, within fourteen days before the presentation of the petition, personally seen the said lunatic.

(4) The petition shall be signed and verified by the petitioner, and the statement of prescribed particulars, by the person making such statement.

6. Procedure upon petition for reception order

(1) Upon the presentation of the petition the Magistrate shall consider the allegations in the petition and the evidence of lunacy appearing by the medical certificates.

(2) If he considers that there are grounds for proceeding further, he shall personally examine the alleged lunatic, unless, for reasons to be recorded in writing, he thinks it unnecessary or inexpedient so to do.

(3) If he is satisfied that a reception order may properly be made forthwith, he may make the same accordingly.

(4) If he is not so satisfied, he shall fix a date (notice whereof shall be given to the petitioner and to any other person to whom in the opinion of the Magistrate notice should be given) for the consideration of the petition,

and he may make such further or other enquiries of or concerning the alleged lunatic as he thinks fit.

7. Detention of alleged lunatic pending inquiry

Upon the presentation of the petition the Magistrate may make such order as he thinks fit for the suitable custody of the alleged lunatic pending the conclusion of the inquiry.

8. Consideration of petition

The petition shall be considered in private in the presence of the petitioner, the alleged lunatic (unless the Magistrate in his discretion otherwise directs), any person appointed by the alleged lunatic to represent him and such other persons as the Magistrate thinks fit.

9. Order

(1) At the time appointed for the consideration of the petition, the Magistrate may either make a reception order or dismiss the petition, or may adjourn the same for further evidence or inquiry, and may make such order as to the payment of the costs of the inquiry by the person upon whose application it was made, or out of the estate of the alleged lunatic if found to be of unsound mind, or otherwise, as he thinks fit.

(2) If the petition is dismissed, the Magistrate shall record in writing his reasons for dismissing the same, and shall deliver or cause to be delivered to the petitioner a copy of such order.

10. Further provisions as to reception orders on petition

No reception order shall be made under section 6 or section 9, save in the case of a lunatic who is dangerous and unfit to be at large, unless - (a) the Magistrate is satisfied that the person in charge of an asylum is willing to receive the lunatic, and

(b) The petitioner or some other person engages in writing to the satisfaction of the Magistrate to pay the cost of maintenance of the lunatic.

(Regulation VII of 1096(1921),the Cochin Lunacy regulation p3-5)

This shows the states control over receiving mentally ill in the Asylums .The Magistrate [8]was the higher authority to make the final decision on the reception of inanes in the asylums. The Cochin Lunacy Act also assumes the power and duties of police in respect of wandering or dangerous lunatics and lunatics cruelly treated or not under proper care and control .The details are given below

Reception orders otherwise than on petition

[8] "Magistrate" means the District Magistrate or any other Magistrate specially empowered by the Government to perform the functions of a Magistrate under this Regulation;

Chapter **2 section 11 to 14** of Cochin Lunacy Act explain Powers and duties of police in respect of wandering or dangerous lunatics and lunatics cruelly treated or not under proper care and control

(1) Every officer in charge of a police station may arrest or cause to be arrested all persons found wandering at large within the limits of his station whom he has reason to believe to be lunatics, and shall arrest r cause to be arrested all persons within the limits of his station whom he has reason to believe to be dangerous by reason of lunacy. Any person so arrested shall be taken forth with before the Magistrate.

(2) Every officer in charge of a police station who has reason to believe that any person within the limits of his station is deemed to be a lunatic and is not under proper care and control, or is cruelly treated or neglected by any relative or other person having the charge of him shall immediately report the fact to the Magistrate.

12. Reception order in case of wandering and dangerous lunatics

Whenever any person is brought before a Magistrate under the provisions of sub-section (1) of section 11, the Magistrate shall examine such person, and if he thinks that there are grounds for proceeding further shall cause him to be examined by a medical officer and may make such other inquiries as he thinks fit; and if the Magistrate is satisfied that such person is a lunatic and a proper person to be detained, he may, if the

medical officer who has examined such person, make a reception order for the admission of such lunatic into an asylum:

Provided that, if any friend or relative desires that the lunatic be sent to a licensed asylum and engages, in writing to the satisfaction of the Magistrate, to pay the cost of maintenance of the lunatic in such asylum, the Magistrate shall, if the person in charge of such asylum consents, make a reception order for the admission of the lunatic into the licensed asylum mentioned in the engagement;

Provided further that if any friend or relative of the lunatic enters into a bond with or without sureties for such sum of money as the Magistrate thinks fir conditioned that such lunatic shall be properly taken care of, and shall be prevented from doing injury to himself or to others, the Magistrate, instead of making a reception order, may, if he thinks fit, make him over to the care of such friend or relative.

13. Order in case of lunatic cruelly treated or not under proper care and control

(1) If it appears to the Magistrate, on the report of a police officer or the information of any other person, that any person within the limits of his jurisdiction deemed to be a lunatic is not under proper care and control, or is cruelly treated or neglected by any relative or other person having the charge of him, the Magistrate may

cause the alleged lunatic to be produced before him, and summon such relative or other person as has or ought to have the charge of him.

(2) If such relative or other person is legally bound to maintain the alleged lunatic, the Magistrate may make an order for such alleged lunatic being properly cared for and treated, and if such relative or other person wilfully neglects to comply with the said order, the Magistrate may sentence him to imprisonment for a term which may extend to one month.

(3) If there is no person legally bound to maintain the alleged lunatic, or if the Magistrate thinks fit so to do, he may proceed as prescribed in section 12, and upon being satisfied in manner aforesaid that the person deemed to be a lunatic is a lunatic and a proper person to be detained under care and treatment may, if a medical officer gives a medical certificate with regard to such lunatic, make a reception order for the admission of such lunatic into an asylum.

14. Detention of alleged lunatic pending report by medical officer

(1) When any person alleged to be a lunatic is brought before a Magistrate under the provisions of section 11 or section 13, the Magistrate may, by an order in writing, authorise the detention of the alleged lunatic in suitable custody for such time not exceeding ten days as may be, in his opinion, necessary to enable the

medical officer to determine whether such alleged lunatic is a person in respect of whom a medical certificate may be properly given.

(2) The Magistrate may, from time to time, for the same purpose by order in writing authorise such further detention of the alleged lunatic for periods not exceeding ten days at a time as he thinks necessary.

Provided that no person shall be detained in accordance with the provisions of this section for a total period exceeding thirty days from the date on which he was first brought before the Magistrate. (Regulation VII of 1096(1921), the Cochin Lunacy regulation p5-8)

This description clearly shows that the police officers have all the power to exert their control over a lunatic. Otherwise they are answerable to the court or the magistrate. Through this act, the S State has assigned the role of excluding the insane from the society by forcefully admitting them in to the asylums .In other words, the exclusion of the inanes was supported by the state .

Chapter for of this act asserted the power of District court [9]to institute inquisition as to person alleged to be lunatic and it also provides power to direct the Diwam peishkar to take charge of persons and estate of lunatic in certain cases.

[9] "District Court" means the principal Civil Court of original jurisdiction

41. Power to direct Diwan Peishkar to take charge of person and estate of lunatic in certain cases

(1) If the estate of the lunatic so found consists in whole or in part of land or any interest in land the District Court may direct the Diwan Peishkar to take charge of the person and estate of the lunatic:

Provided that no such order shall be made without the consent of the Diwan Peishkar shall thereupon appoint a manger of the estate, and may appoint a guardian of the person of the lunatic.

42. Control over proceedings of Diwan Peishkar

All proceedings of the Diwan Peishkar in regard to the person or estate of a lunatic under this Chapter shall be subject to the control of the Government or of such authority as it may appoint in this behalf.

43. Power to apply property for lunatic's maintenance without appointing manager in certain cases

(1) If it appears to the Court, having regard to the situation and condition in life of the lunatic and his family and the other circumstances of the case, to be expedient that his property should be made available for his or other maintenance in a direct and inexpensive manner it may, instead of appointing a manager of the estate,

Chapter5

SUMMARY AND CONCLUSIONS

The present study on the concept of madness and its management in the Kerala scenario is an introductory attempt to explore the origin of madness and its management in the context of Kerala. Based on the analysis of the different theoretical perspectives on the history of madness such as mainline histories put forward by Alexander, Selensnick, Screech and Zilboorg; the assumptions of anti-psychiatric movement by Szasz and Historiography of Foucault and Kuhn, the present research take a social constructivist ontological and epistemological stand to approach the discourse of madness in Kerala. The social constructivist paradigm takes a critical stand towards 'taken for granted' knowledge and understanding. It assumes that our knowledge of the world both historically and culturally specific. This perspective assumes that the concept and knowledge about madness is created, sustained and renewed by the social processes. Social constructivists followed relativist ontology that emphasize on the local and specific co-constructed realities.

To conceptualise the major research concern the present study reviewed studies related to madness and related concepts .The review of the related studies are classified under 1) studies

related to indigenous healing traditions 2) culture and madness and 3) colonization and psychiatry. Based on the review of related literature, discussion with the experts and field observation the objectives of the present study was framed.

5.1 The major research concern

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

5.2 Objectives

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

Based on the major research concern and objectives, the researcher approached the discourse of madness in the context of Kerala .The present study approaches these questions using qualitative research methods because of its interdisciplinary and exploratory nature .The sampling technique followed is theoretical sampling suggested by Glaser and strauses in 1967 .It is a process of data collection for generating theory where by the analyst collect

codes and analyses the data then decides what to collect next and where to find them in order to develop his /her theory as it emerges .

The present research also makes use of various historical texts, dictionaries, and archival documents as part of the enquiry. So the data consists of both the data derived from interviews and texts. The methods of data collection followed for the present study was mainly interviews and collection of documents. Five types of documents were collected for the study primarily namely, 1) archival documents, 2) published works, 3) dictionaries 4) fairy tales and 5) notes of the practitioners. The collected data were analysed using textual and thematic analysis.

5.3 Major Findings

As an exploratory study based on the analysis three broad areas, the present research formulates some hypotheses and few findings which are summarized below:

5.3.1 Concept of 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.

5.3.2 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.

5.3.3 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.

5.4 Implication of the study

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.

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