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Speaking of Madness:

**A Comparative Analysis of Discourses on
Pathologized Deviance in Contemporary and Classical India**

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by

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Everything happens for a good reason. This holds true for the opportunities presented to us, the paths we choose, the people we meet and also the relationships we build. To every meeting, a purpose: a chance to learn, or to teach; a chance to be humbled, or a chance to shine. In all meetings, a chance to grow. As I reflect now on how I arrived at this place and on whom helped me arrive here, I see that each person whom I have met along this journey (or who has supported me since before it began) has helped me grow in their own unique way. Each has played a role that could be played by no other, and for each I am sincerely grateful. I am very happy to finally have the opportunity to acknowledge each of these people here (at length).

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SUPERVISORS: Oliver Freiburger, Patrick Olivelle

Discourse on madness is ubiquitous in world cultures. The behaviors, beliefs, and experiences that come to be labeled as madness vary according to context, and the language used to identify and describe these behaviors, beliefs, and experiences also varies significantly. Though there is great diversity of interpretation, it is nevertheless the case that madness—however contextually defined—is a universal human category within discourses on behavior and experience. Employing the method of discourse comparison, this dissertation works toward developing a model of the discourse on madness in India by developing a meta-linguistic vocabulary for describing positions within the discourse. Two collections of sources are compared: selections from classical Sanskrit literature and a body of interviews, pamphlets, and conference recordings from 2012-2013 India. The analytical focus is on how attributions of madness are made—through which words and levels of discourse, and

due to what kinds of affiliations or motivations, political, social, religious or otherwise. Each of the six chapters, with the exception of Chapter 1 on constructions of “health” and “normalcy,” addresses a different “sphere of concern” that arises when people are confronted with behavior they interpret as madness: defining madness (Chapter 2), creating madness (Chapter 3), legislating madness (Chapter 4), curing madness (Chapter 5), and aspiring to madness (Chapter 6). In analyzing the materials in these chapters from a comparative perspective, I identify “sub-discourses”—increasingly specific discourses on madness within the “spheres of concern”—and also “spectrums of interpretation”—spectrums of positions found within the discourse on madness. In organizing the discourse into these categories, we can compare positions on madness at various levels of specificity within and across cultures. Ultimately, the goal is to better understand, and more systematically compare, how people from different times and places have imagined, described, and managed madness—operationally defined here as pathologized deviant behavior—in both similar and unique ways.

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Abbreviations

<i>Apa</i>	<i>Aparārka</i>
<i>ĀŚ</i>	<i>Ārthaśāstra</i>
<i>ĀṣṭHṛ</i>	<i>Āṣṭāṅgahṛdayasūtra</i>
<i>ĀśU</i>	<i>Āśrama Upaniṣad</i>
<i>AV</i>	<i>Atharvaveda</i>
<i>Avi</i>	<i>Avimāraka</i>
<i>Āyur</i>	<i>Āyurvedadīpikā</i>
<i>BhG</i>	<i>Bhagavadgītā</i>
BORI	Bhandarkar Oriental Research Institute
<i>BraYā</i>	<i>Brahmayāmala</i>
<i>BS</i>	<i>Bṛhat Saṃhitā</i>
<i>Buddh</i>	<i>Buddhacarita</i>
<i>Car</i>	<i>Caraka Saṃhitā</i>
CBT	Cognitive Behavioral Therapy
ILA	Indian Lunacy Act, 1912
IPH	Institute for Psychological Health, Thane
<i>JU</i>	<i>Jābāla Upaniṣad</i>
<i>MaVi</i>	<i>Mattavilāsaprahasana</i>
<i>MBh</i>	<i>Mahābhārata</i>
<i>MDh</i>	<i>Mānava Dharmaśāstra / Law Code of Manu</i>
MHA	Mental Health Act, 1987
MHCB	Mental Health Care Bill, 2013
<i>Mit</i>	<i>Mitākṣarā</i>
<i>NāṭŚā</i>	<i>Nāṭyaśāstra</i>
<i>NāU</i>	<i>Nārada-parivṛjaka Upaniṣad</i>
<i>PBh</i>	<i>Pañcārthabhāṣya</i>

<i>PrYau</i>	<i>Pratijñāyauḡandharāyaṇa</i>
<i>PS</i>	<i>Pāśupatasūtra</i>
<i>Rām</i>	<i>Rāmāyaṇa</i>
REBT	Rational Emotive Behavioral Therapy
<i>ṚV</i>	<i>Ṛgveda</i>
<i>Sau</i>	<i>Saundarananda</i>
<i>SuS</i>	<i>Suśruta Saṃhitā</i>
<i>VaDh</i>	<i>Vasiṣṭha Dharmasūtra</i>
Vin	Theravāda <i>Vinaya</i>
WHO	World Health Organization
<i>Yā</i>	<i>Yājñavalkyasmṛti</i>

Introduction

unmattavad eko vicareta loke |

Like a madman, alone, he should ramble across the earth.

- *Pāśupatasūtra* 4.6

It is fitting that I should introduce this dissertation with a passage from the *Pāśupatasūtra*, for it is a brief mention to this sect that first drew me to the study of South Asia over a decade ago. I was an undergraduate Psychology major, pursuing psychopathology down alternative avenues, when I took a survey course on religions of India. Almost in passing we were introduced to the Pāśupatas. These Śaiva devotees, whom the reader will meet again in Chapter 6, integrated peculiar behaviors into various stages of their practice. According to the *Pāśupatasūtra*, a Pāśupata initiate would offer laughter (*hasita*) to the god, Rudra-Śiva; this was a wild laughter (*aṭṭahāsa*) according to Kauṇḍinya, one of tradition's major commentators. He would wander around as if a ghost (*preta*). He would tremble, limp, and snore in public, and flirt with passers-by so as to invite their censure; in so doing, he would trade the fruit of his bad deeds (*pāpa*) for the merit (*sukṛtya*) of these unsuspecting bystanders. He would ramble across the earth, alone, like a madman (*unmatta*).

I had many questions about this practice at the time. Over the course of my graduate studies I have developed many new ones. After researching the uses of madness in South Asian ascetic practice for my master's thesis, it became clear to me

that I would have to look beyond the literature on ascetic practice in order to understand fully why the ascetics whose texts I was studying chose to engage in behavior so labeled. So, while an important underlying impetus for this project is the desire to understand how behavior associated with pathologized deviance also becomes a symbol of elite spiritual attainment, the scope of the work is much more broad. I now seek to understand how people negotiate the criteria for ascriptions of madness more generally. How does one decide what is madness? What are the political and polemical dimensions of madness, meaning how and why are terms related to madness attributed to people based on their political, religious, or social affiliations? When such ascriptions are made, from which metaphors and bodies of cultural knowledge do ascribers draw? In what kinds of contexts does deviant behavior become pathologized, that is, classified as disease? In short, when people are speaking of madness, what do they say, how do they say it, and why?

This dissertation seeks to answer some of these questions within two broadly defined collections of materials from India and, perhaps most importantly, explore a method for the study of these questions that can be engaged by scholars studying similar phenomena elsewhere. Originally, my focus was primarily the cultural constructions of madness in Sanskrit texts. I planned to collect as many references as possible to terms used by writers to describe various kinds of pathologized deviant behavior and compare them. Through such a comparison I hoped to discover what these references illuminate about classical South Asian approaches to interpreting,

categorizing, and managing difference. Terms such as *unmatta* and *unmāda* (Sanskrit terms most often translated as “madman” and “madness,” respectively) were to be my starting point. Though ultimately these remained my focus for the classical period, I planned to (and, to a certain extent, did) identify a larger glossary of terms, some of which the reader will see discussed in this dissertation.

As often happens over the course of a large project, things evolve. In my case, after more careful consideration of what I wanted to accomplish and after taking stock of the data I was able to collect for the contemporary period, I decided to expand the project to include a comparative analysis of the classical sources with a collection of publications, conversations and semi-structured interviews collected and conducted while on an IIE Student Fulbright Fellowship to India in 2012-2013. Of course, there is (sometimes) considerable variation in the language, behavior, reception, and cultural import surrounding madness within and between these two contexts, so significant that one might argue comparing two such contexts is of little use and misguided by an *a priori* culturally-determined assumption about what madness *is*. As I will demonstrate here, however, there are ways of approaching this topic that allow each context to make contributions to the whole without sacrificing their own specificity. There is a way in which we can study this phenomenon that enables one context to illuminate, rather than obscure, aspects of another.

So, in short, this is what I do in this dissertation. First, I identify and analyze key terms engaged in discourses on madness in South Asia. Second, I compare the

discourses in which these terms are found and show how the varied concerns and agendas of Indians influence their understandings of this concept. Finally, I work towards developing a taxonomy of discourses that can be effectively engaged in cross-cultural studies of madness and religion.

I will discuss my methods, sources, and how I define and employ the term “madness” for the purposes of this dissertation in the following sections of this introduction. First, however, let us consider how the concept of madness has been studied, both in my own field and in the humanities more generally.

LITERATURE REVIEW

Previous scholarship on the concept of madness in classical India has largely focused on medical texts and the term *unmāda*, in particular. For example, Mitchell Gralnick Weiss’ *Critical Study of “Unmada” in the Early Sanskrit Medical Literature* (1977) is a mine of information on this concept in Ayurvedic texts, but only briefly surveys references from other types of literature, as the overall focus of his study is to locate Ayurvedic concepts in modern psychological discussions. Jan Meulenbeld (1997) examines both the organization of the Sanskrit medical texts’ descriptions of mad states and also the discourses on the *doṣas*. In so doing, he attempts to make sense of the various layers within the texts and determine their relationship to one another. Kenneth Zysk (1985) addresses the concept of madness as it is found in *Atharvaveda* 6.111, highlighting semantic differences between *unmadita* and *unmatta*,

though again his treatment is through the lens of medical literature. Finally, Dominik Wujastyk in his book *Roots of Ayurveda* (2003), which includes a substantial introduction to Ayurveda as well as a selection of texts in translation, has offered some interesting analysis and reflections on how *manas* (mind), which flows through tubes in the human body according to early Ayurvedic texts, can lead to madness when blocked. Additionally he has translated the entire chapter on *unmāda* from the *Aṣṭāṅgahṛdayasūtra* in this same book.

Beyond the sphere of Ayurveda, David Kinsley (1974) has examined how and why madness has been employed as a marker of divinity and sainthood in Hindu traditions, and Patrick Olivelle (1992) has briefly addressed madness with respect to Hindu ascetic practice, specifically with reference to various kinds of *vratas* found in the Saṃnyāsa Upaniṣads. Additionally, Weiss (1987) conducted a comprehensive study of madness in classical Indian texts surveying references to *unmāda* and discussing a number of other terms (*e.g.*, *pramāda*, *duḥkha*, *moha*, *daurmanasya*). Taking each tradition's conceptualization of the basic condition of a person prior to illness as a frame of reference, he charts how Ayurveda, Hindu Darśana, and the Buddhist canon discuss non-ideal behavior. In so doing, he demonstrates one method for the comparative study of madness, one that is particularly useful for illuminating how different interpretations of the body and human existence affect one's construction of illness. I see my project as building upon this work in important ways. I do similar kinds of comparisons, but then I also go a step further in explicitly

developing my comparative framework and classifying its categories so as to make it useable outside the context of India.

In terms of method, in his book *The Self Possessed: Deity and Spirit Possession in South Asian Literature and Civilization* (2006), Frederick M. Smith has taken a similar broad approach to his topic—possession—as I take to the topic of madness. That is, he surveys a broad array of language and experience from a range of periods. By challenging the very idea that possession is a single phenomenon that can be located in specific practices and discussions, he shows that there is indeed a large range of practices, beliefs, vocabulary, and institutions that contribute to this category in South Asia. His work points to both the value and the risk of looking for the big picture, but ultimately in its usefulness shows us why such research is necessary in an academy of increasing specialization.

Though not focusing solely on South Asia, in his book *Holy Madness: The Shock Tactics and Radical Teachings of Crazy-Wise Adepts, Holy Fools, and Rascal Gurus*, Georg Feuerstein (1991) also takes a comparative approach, surveying teachers from various contexts (mostly Asian) who are identified as mad within their own traditions. Writing as both a scholar and an ex-devotee of a “crazy-wise adept,” he offers a unique perspective on how gurus integrate concepts of madness into their practices and teachings. His work is particularly helpful in identifying what he sees as the various functions of madness for the teachers or adepts surveyed. He also

offers some reflections on how metaphysical understandings of the self within a tradition influence its uses of madness.

When we come to the medieval, early modern, and modern periods, we begin to see madness addressed from a great variety of angles. Madness as an ecstatic religious practice in modern-day Bengal has been examined by June McDaniel (1989). Also with respect to modern Bengal, Hugh Urban (1999) investigates the term *baul* (a term, often translated as “madman,” the etymology of which is contested and uncertain), the assumptions about the history of the Bauls as a distinct sect, and the religious and political motivations that led to diverse groups or individuals being grouped together as this single sect in the popular imagination of Bengalis. Anne Feldhaus’ *The Deeds of God in Rddhipur* (1984), Waltraud Ernst’s *Mad Tales from the Raj* (1991), and Murphy Halliburton’s *Mudpacs and Prozac* (2009) are also important monographs that examine the literary, political, and socio-medical aspects of madness in medieval and modern India. Ernst’s work is particularly helpful in showing how British sensibilities had a significant impact on the development and implementation of policy on “lunacy” in nineteenth-century India. I will draw on her work to situate some of the debates engaged in Chapter 4.

Finally, I should perhaps mention here Horatio Fabrega Jr.’s *History of Mental Illness in India: a Cultural Psychiatry Retrospective* (2009). Fabrega, a medical doctor and professor of psychiatry, works entirely from secondary sources so offers little new insight for South Asian specialists, but his book does introduce a

general reader to many snapshots of how madness has been approached throughout India's history. He clearly has much knowledge and insight to contribute to the topic. Furthermore, I think his work is important in that he appears to be attempting to bridge a disciplinary gap. Still, he seems somewhat like a fish out of water when he discusses much of the Indian materials. To me this speaks to a larger, well-known, but often ignored, problem: contemporary scholars of different disciplines, though studying very similar subjects, will often speak past one another.

Outside the context of India, the relationship between elite ascetic practice and madness has been investigated in the Christian context with regard to Beatrice of Nazareth (Kroll & Bachrach 2005) and St. Simeon of Emesa (Syrkin 1982), and in the context of Islam with regard to ascetics in Northern Pakistan who are considered both holy and crazy, variously called *fāqir*, *diwāna*, and *pāgal* (Frembgen 2006). The most comprehensive study of madness as a cultural construct in the pre-modern world of which I am aware is Michael W. Dols posthumously published work *Majnun: The Madman in Medieval Islamic Society* (1992). Not only does Dols examine a range of contexts in which madness is raised—with respect to romance, wisdom, and holiness—he also examines the connections between Christian and Islamic beliefs and the possible directions of influence.

With respect to theory, the work of Michel Foucault is critical, as he significantly changed the way that scholars think about and study the concept of madness. He has shown that conceptions of madness changed significantly in Europe

from the time of the Renaissance through the Enlightenment era, and in his work *Madness and Civilization* (1964), he demonstrates that perceptions of what it means to be insane are influenced by a number of social, religious, and political factors. He also argues that it was not until the nineteenth-century that madness was seen in Western society as a disease that needed to be cured. As the reader will soon see, this is not the case, in India where prescriptions for the treatment of madness as a disease exist at least as early as the second century of the common era and perhaps earlier. Still, Foucault's insights into the social and political consequences of attributions of madness has certainly influenced my thinking on this topic. Finally, and perhaps most importantly for the present study, he has shown the power of language to create significant effects for how we live in and understand our world. Though I do not use the term "discourse" in the Foucauldian sense in this dissertation—I use the term simply to identify a debate or a collection of opinions on a single topic—my focus on examining the structures of language to better understand how madness is interpreted is certainly informed by his work. So, having painted in very broad strokes the state of the field, I will now turn to a discussion of the methods and sources for this dissertation, and also say a few words about its structure.

METHODS

Use of the Term "Madness"

A word of qualification concerning my use of the term “madness” is in order. To say I study “madness” is the most succinct way to describe what I explore here. To be more precise, I am studying the context-specific language used to talk about pathologized deviant behavior. That is, behavior that deviates from some posited norm, however imaginary or context-dependent that norm might be, and that is regarded in its own specific cultural context as the result of psychological unhealthiness or abnormality.¹ There is no thing called “madness” that exists as an external reality; this is simply a term English-speaking people use to refer to a vast array of context-specific behaviors and experiences that they perceive as abnormal. There is no direct correlation in Sanskrit, or in any other Indic language, to the English term “madness.” Even if it were possible to come up with a direct Indic language translation of the English term “madness” that somehow embodies all of its possible meanings without any superfluous connotations, to attempt such a feat would not make sense in the context of this dissertation. I am not primarily concerned with translation here. I am concerned with how people talk about pathologized abnormal behavior. I do not identify a range of terms in one context because they parallel the meanings attributed to terms employed in another. Rather, I identify them because this allows us to see the range of contexts in which

¹ Here I follow the Oxford English Dictionary’s definition of the term pathologize: “To regard as pathological or a suitable subject for pathology; *esp.* to regard as

pathologized abnormal behavior is discussed, and thereby identify the patterns of thought, argumentation, and discussion that contribute to the discourses on it.

When I use the word “madness” in my analysis, I use it heuristically to facilitate discussion and to refer to the various terms used in different languages for context- and culture-specific ways of expressing pathologized deviance. Perhaps it would be more convenient, for the sake of clarity, to select a different word altogether. I did attempt to do this, but every word comes with its own history and baggage. To make up a whole new word for this purpose seemed unnecessarily pedantic. So, for the sake of analysis, consider the term “madness” to be a heuristic tool, one that will allow us to examine and discuss the various Indic and English-language examples of pathologized deviance found in this dissertation’s sources, and one that will facilitate comparison with similar phenomena in other contexts.

Perhaps unsurprisingly, however tidy this language device seems at the outset, a veritable mess ensues when many of the words encountered in the Sanskrit and Hindi materials are translated as “madness” either in published translations or by people themselves. Additionally, the term madness and its variants are ubiquitous in contemporary Indian popular culture, so were frequently used by contemporary sources. So, when the English term “madness” (hereafter without quotation marks, unless it is an actual quotation) is used by my sources, know that it is the object-language of this study. It is not being used in the same way that I use it in my analysis. It is being selected by that source to convey a particular meaning of their

choosing. When a source does use the term, it will be clearly marked with quotation marks. Also, to avoid confusion, but more importantly conflation of meaning, I will leave untranslated the Indic language terms, such as *unmāda*, *mānsik rog*, *jaḍatā*, *vibhrama*, *capalatā*, *pāgal*, etc., though I will give the reader some sense of their meaning as they arise in the text. I will also translate the contexts in which they are found.² The discourses surrounding these terms are the data for this study, so to leave them untranslated does not negatively affect our analysis. Further, as is the case for the term madness, a direct translation of any of these words that works for all contexts is impossible anyway.

“Textual Anthropology”

While in the midst of developing my project, I came across the work of Paul Harrison, a scholar who integrates his analysis of early Buddhist texts with insights gleaned from contemporary anthropologists. He describes his method as a kind of “textual anthropology,” and argues that such an approach helps him to read texts in a more holistic way. He writes that the work of anthropologists of Buddhism “give me clues as to what I should look for in my own sources, what I should take care not to miss. I don’t always expect to find the same things, but I often do” (Harrison 1995, 53). For Harrison, it is the reality with which an anthropologist is faced—a complex,

² All translations in the dissertation are my own unless otherwise noted. With few exceptions, I have translated the Sanskrit selections. I have left, however, the Pāli and Vedic selections to translators with more expertise in these languages.

living human society—that demands a broader perspective than a textual scholar’s subject:

... [A]nthropology by its nature is forced to take a wider view of its subjects, because, however narrow the theoretical agendas of its practitioners might be, they have to deal with real, whole people... Textual scholars, by contrast, can take a narrow approach and get away with imposing it on their subjects. They can focus on narrow doctrinal or philosophical issues and somehow imagine that they have done justice to their texts. But they have not. (Harrison 1995, 54).

Attention to one particular term, one particular chapter of a text or one particular school allows us to see only a small, neat piece of the puzzle. However, if we examine our classical sources having considered the plethora of experience and nuance from a living, breathing, messy society, we will remember to consider all of the variety that lies just behind the written word.

Allow me to illustrate briefly how a kind of “textual anthropology” helped shape this study and forced me to take a broader view. If we look at the contemporary American discourse engaging the phrase “mental illness” we find that this term is employed to identify an extremely wide range of behaviors and dysfunctions. Though certainly stigmatized, it is still employed by doctors and considered by many to be a politically-correct and patient-sensitive term. From translations of Sanskrit medical texts and the work of previous scholars, I had decided that *unmāda* was basically the Sanskrit equivalent of the English-language concept of “mental illness.” I had assumed that a closer look at this term in context would reveal how ancient Indians thought about the range of experiences a Western-

trained psychiatrist might call “mental illness.” But what I found, rather, was that the term *unmāda* and its variants are very similar to the English term “madness.” Both are rarely used to describe subtle shifts in behavior or functioning. They are rarely used by people in a serious manner to describe either their own problems or those of their own family members. They are terms used for your enemies, your opponents, those lesser people about whom one cannot be bothered to speak delicately. They express extremes. So, an investigation of *unmāda* only, I learned, would not give me the range of experience I was looking for. It would not cover all kinds of pathologized deviance. It was through a comparison of usages of this term with usages of the phrase “mental illness” that I realized more subtle behavior changes must have been spoken about in classical India through a different register.

Additionally, if we consider the attention to specificity with which madness is studied in the contemporary world—for example, by cultural and social psychologists through closely controlled experiments, surveys, brain imagining, medical trials, and various other kinds of studies—we see that these scholars expect much complexity and seek to determine the nature of that complexity. We know that a great number of factors—class, race, gender, religious affiliation, age, nationality, climate, etc.—significantly affect the way each and every person experiences the world. We also know that the diction people use influences the way they think about particular topics and construct realities. As a textual scholar it is sometimes easy to lose sight of this, especially when we have few sources from which to draw and

limited knowledge of our texts' provenance and reception. Still, we need to be attentive to this kind of diversity in the classical world to the extent we are able, and a comparison of the classical context with the contemporary acts as a constant reminder that real life is complex and messy. It often evades simple explanation.

Discourse Comparison

One particularly useful method for extracting the diversity and complexity of the discourses within a single context is to use the method of discourse comparison. This is the primary mode of analysis for this dissertation. In short, this method involves comparing the discourses on a topic within one context with the discourses on the same topic in another context. In so doing, one can discover many things, including the patterns of argumentation employed to discuss a particular topic, the range of positions on a particular topic within a single context, and the variation in content between the two contexts. Oliver Freiberger (2010) outlines this method in brief in his article "Locating the Ascetic's Habitat: Toward a Microcomparison of Religious Discourses," and more fully in his monograph *Der Askesediskurs in der Religionsgeschichte* (2009). Freiberger works specifically toward developing "theoretical terminology" for the comparison of discourses on asceticism, and generally toward developing a model for cross-cultural comparison of religious discourses. He argues that focusing on the comparison of discourse on a micro level, rather than the comparison of phenomena, allows all voices and views to contribute

to the discussion, not just the most popular or well-documented. He argues that his method eliminates the need for selection by taking every datum as a contribution to the discourse, thus allowing new cases and viewpoints to inform the discussion. His method facilitates a bottom-up analysis of a discourse, as there is no *a priori* determination of what practices or beliefs will be up for consideration. There is no single set of criteria for what constitutes asceticism against which new examples are assessed. In sum, he seeks to “demonstrate that an inductive approach of microcomparison can be useful beyond the immediate contexts as a basis for developing a theoretical terminology on a meta level” (2010, 185).

In studying madness, I am also seeking to identify and compare discourses that address a concept—madness—that is defined differently by various actors and is identified by various terms in various languages. I decided to explore how well this method works for my subject. Specifically, I compare, both within and between classical and contemporary contexts, the ways in which people talk about madness. Through these comparative analyses, I identify some of the key sub-discourses through which individuals debate what madness *is* to them. In so doing I begin to map a basic framework or taxonomy of discourses on madness that can be refined and expanded over time. As new geographies and time periods are consulted, the model grows and we begin to understand more about how humans use the concept of madness to order things in our world that seem without order.

I should note that while I draw heavily on the theoretical and methodological insights developed by Freiburger and structure my comparison similarly, one can plainly see that I do not apply his methods as systematically or on as “micro” a level as he himself has done. The contexts I compare, for example, are much more broadly defined, and I will compare sources that do not necessarily serve similar functions within their cultural contexts (see Chapter 3, for example, where I compare the discourses in critiques of mad characters in Hindi movies to the discourses on dramaturgy in the *Nāṭyaśāstra*). Even in this altered form, I have found this method very productive; still, I am aware that comparisons more “micro” in scope, would certainly work to refine the discourses I identify here.

DATA COLLECTION & SOURCE SELECTION

The data for this study can be divided into two broadly defined groups: (1) references to madness in classical Sanskrit texts and (2) a collection of interviews, publications, and observations collected in Pune, Mumbai, and Varanasi, India from September 2012 to May 2013. Here I will briefly give the reader a sense of how I selected the textual references and the process through which I collected the contemporary materials.

Classical Period References

I collected the references for the classical period from the Scriptorium at Deccan College in Pune. The Scriptorium, where the massive *Encyclopaedic Dictionary of Sanskrit on Historical Principles* (1976-present) is in the process of being edited, is a priceless treasure for the study of Sanskrit language and culture. Currently nine volumes of the dictionary have been published in multiple parts and these volumes have yet to cover all the vocables beginning with the letter *a*. The references for the entire project, however, have already been collected from 1500 Sanskrit texts from the Vedic period through the eighteenth century, hand written on small slips of paper, and alphabetized. The Scriptorium is the large room with rows of file cabinets with tiny drawers where these alphabetized slips of paper, 10 million in total according to the Deccan College website, are stored.³

Before arriving, I collected a list of Sanskrit terms that might speak to my topic, mostly drawn from the sources I consulted for my master's thesis, and then added additional terms in consultation with professors and researchers on site. I started with *unmāda* (madness), *pramāda* (negligence), *jaḍa* (senseless), *vibhrama* (wavering), and both *manas* and *citta*, or "mind," compounded with various terms meaning disorder or dysfunction, for example *cittaviplava*, *cittavibhrama*, and *vimanas*. I collected references to terms for "healthy" states, too, which serve as the basis for Chapter 1. The term *unmāda*, which features prominently in this dissertation, has over 1600 reference slips in the Scriptorium, not including variants

³ Information about the dictionary project is available from the Deccan College website: <http://www.deccancollegepune.ac.in/dept-lex-dictionary.php>

like *unmatta*, *unmāditā*, etc. Though each reference slip varies, most are stamped with the name of the text from which it was taken, the verse number, the genre, an approximate date, the exact reference (sometimes with the complete passage), a translation, and the name of the scholar who collected the reference. One is required to check out the reference slips from the staff and the slips cannot leave the building. They also cannot be photographed. Ultimately, I spent many hours over the course of the year entering each of the references into multiple excel files. My collection includes 6638 unique references. As luck would have it, the slips are now digitized according to the Deccan College website. Whether or when they will be made publicly available is not yet clear.

Upon returning I realized the necessity to limit the sources for the present project. I decided to focus on the earliest materials, reasoning that I could progressively move forward as time permitted. Dating classical Sanskrit literature is notoriously problematic, so selecting a small and precise time frame is really not possible. After sorting the references by approximate date (as listed on the Scriptorium reference slips), I decided to limit the materials to the seventh century CE or older. I did make some exceptions to this, however, and I will discuss the dating for each of the texts as they come up.

Finally, I want to note here that there are likely many more terms and references that would be useful for my study beyond what I have presented here and even beyond what I was able to collect. Luckily, the structure of the project is such

that it is conducive to adaptation and emendation. Hopefully I, or others interested in the topic, will be able to build on the present work with other sources and terms in the future.

Contemporary Sources

Seeing the insights into the early textual materials that Harrison's method illuminated, I decided to investigate current discussions of madness in India together with my analysis of the Sanskrit materials. I decided to interview as many people as I could, from all walks of life, age groups, professions, religious orientations, etc. From them I would discern what kinds of questions are relevant to the discussion of madness in a variety of contemporary contexts—law, politics, religion, theater, literature—and the extent to which, if at all, these questions are informed by or in conversation with more ancient concepts of madness in India.

I developed a semi-structured interview template in Hindi with the help of Jishnu Shankar at the University of Texas at Austin. The first section was a free-association exercise designed to help me identify the range of vocabulary used to talk about behaviors perceived as pathologically deviant. When I met new people I would give them a term and ask them to tell me anything that came to mind when I said that word. I would vary which terms I asked first and add new terms as I collected them. The second section of the interview was a series of questions about the terms collected in the first, questions about what the term means, which behaviors are

identified with that term, who performs that behavior, and if it is possible to cure or fix it. When given permission, I recorded the interview. To form the initial list for the free-association exercise I used the Hindi parallels to Sanskrit terms already collected and added additional terms commonly used in Hindi sources, namely *pāgal*, *pāgalpan* and *manāsik rog*.

Though I did use this template for a number of interviews, the reader will see over the course of this dissertation that much of the data collection happened much more informally. Through friends and colleagues I was introduced to lawyers, policy advocates, doctors, health care workers, film industry folks, professors, and students who were willing to talk to me about this subject. These people then invited me to their institutes and to conferences, workshops, and dinners where many of the conversations documented here took place. The semi-structured interview did not always make sense for the context. For example, during the mental health film festival featured in Chapter 3, I talked to students during the short 10-15 minute breaks between sessions. Together with their peers, they were already having interesting conversations about “mental illness,” so it made more sense to tune in to what they were saying than ask them to participate in my structured interview (though I did get a few of them to do so after the festival was over).

Given the realities of my data collection, the sample for the contemporary period discussed in this dissertation can hardly be considered representative in any quantitative sense. Interviews with health care professionals constitute the largest

data set by a good margin. One major demographic whose voices you will not hear in this dissertation except perhaps through the concerns expressed by their caretakers, family members, and community advocates, are the people who are variously called by their doctors or communities or by the legal system that regulates their behavior “patient,” “person with mental illness,” “*veḍa*,” “mad,” or “*pāgal*.” Together with prisoners and children, this demographic has special protections with respect to research and I did not have Internal Review Board approval to interview them. Over the course of the year I did meet many people who would fall in this category. At the Institute of Psychological Health in Thane, for example, an institute I visited multiple times, I was invited to participate in one of their community care groups. There I had the opportunity to meet with participants and their families, but I did not formally interview anyone, and I will not be drawing on any meetings or conversations with “patients” in an explicit way in this dissertation. Certainly, though, these people have affected the way I write and think about this topic. It will be essential, certainly, to integrate their perspectives into the model I am developing in the future.

One of the most salient effects of these meetings and conversations on my present work is the discomfort I feel when using the term “madness,” even as a meta-linguistic term, to talk about what these people are experiencing. When writing up my master’s thesis, which focused solely on classical sources, I felt no such discomfort. I noticed, too, that in some of the earliest drafts of this dissertation, I used “mental illness” to talk about the experiences of living people and “madness” to

talk about the classical sources. The term madness is very much stigmatized in both contemporary American and contemporary Indian culture. I did not use it in the presence of “patients” I met in India to talk about their experiences. To use it in their absence, then, seems inappropriate. Yet, that is exactly what I have done—and many other scholars (of India and elsewhere) have done—for the classical period. We have talked about a vast array of experiences of individual people as “madness,” with little qualification. So, I have kept the term, even if only as a meta-linguistic marker, in part because of the discomfort it causes. It is a constant reminder to me to be as attentive to the sensitivities of real people in the past as I am sensitive to those I have come to know in the present.

One final note on the contemporary sources: some sources are named and others are not. I have used pseudonyms or basic frames of reference (*e.g.*, “Parao baba” for an ascetic I met in Parao, India) for individuals who did not want to be named or from whom I did not collect identifying information. I use the real names of those who gave me permission to do so. The credentials that establish some of my sources as an authority on a particular topic also reveal their identity (*e.g.*, Anand Nadkarni and Shubha Thatte at the Institute for Psychological Health). Since I believed their credentials were important for the reader to know and since I had their permission to use their names, I decided not to give them pseudonyms, even if it meant sacrificing uniformity within the text.

SPHERES OF CONCERN

I have organized chapter divisions into what I am calling “spheres of concern.” With this phrase I simply mean areas of human experience where discussions, or concerns, related to madness are raised. In many cases the connotations of worry and anxiety that are associated with the term “concern” are appropriate. Discourses on madness often take place in situations where people are trying to make sense of behavior they do not understand, trying to denigrate behaviors of which they do not approve, or are trying to control the actions of others under the banner of maintaining the social good. In some cases, madness is used as a literary device to create a comedic effect, in other cases to disguise the identity of a person. In these instances, madness is not presented so much as a problem to be solved, but rather a reality to be accepted and adapted to one’s own needs. So I use “concern” here rather fluidly, basically just to convey the idea that these are distinguishable areas of human concern, related to sense making, classifying, regulating, and separating others, that arise in relation to madness in both classical and contemporary contexts.

Within each chapter, various terms and their uses in context are examined. In order to examine how discourses on madness are negotiated similarly and also uniquely across space and time—with the hope that this comparison will illuminate facets of the discourse in both contexts—each chapter examines first the debates related to the “sphere of concern” from conferences, publications and interviews from 2012-2013 India. In the second part of each chapter, I examine the discourses

within the same “sphere of concern” in classical Sanskrit literature. The reader should not expect that the terms will be the same in both contexts (though this is sometimes the case), nor that the sources will be exact parallels of each other, even though they sometimes appear very similar from one perspective or another. This is not the reason for juxtaposing the chosen discourses in each chapter. The reason for the juxtaposition is to illuminate the patterns of discourse that variously inform a particular sphere of concern in both contexts. This juxtaposition will help us to better understand the enduring concerns that madness presents for humans and human societies and the unique ways in which people in different contexts think about and integrate “madness” into their worlds.

Finally, in the discussion section of each chapter, I will identify and discuss the sub-discourses that seemed most salient to me in my analysis of the chapter’s materials. An analysis of these sub-discourses provides the basis for my taxonomy of discourses of madness developed in the conclusion.

Chapter 1
Deviance from What?
Discourses on Normalcy, Health, and Sanity

Mental health is all about how effectively a person copes, [it's about] feeling capable and competent, being able to handle day to day levels of stress, maintaining satisfying relationships, leading an interdependent life, being able to “bounce back” or recover from difficult situations, the flexibility to deal with life's inevitable challenges, the capacity to live a full and creative life, with optimum utilization of potentials, and last but not least, emotional well being, i.e., being comfortable with self, others, and the world.

Definition of “mental health” from the Institute
for Psychological Health's welcome
pamphlet, Thane

Yes, definitely [*unmāda*] can be cured with the grace of some guru. Otherwise it is impossible. Somebody must guide the person to maintain his status of mind at zero level. A living guru will be more helpful to him. Maybe it can be his father, mother, or anybody who will guide him to a stage where the position of mind will be in a proper way.

Ankhit, Jangli Maharaj Mandir, Pune

This dissertation investigates madness by identifying terms for pathologized deviant behavior and investigating the discourses and spheres of concern that arise in connection with those terms. But how does one decide that behavior is deviant? When someone identifies another's behavior as *pāgal* or mad, with what are they comparing it in order to make such a determination? What does it mean to have “mental health,” or for the mind to be at “zero level,” as one man framed it. In short, what are the various ways in which people construct and understand categories of “normal,” or “healthy,” or “sane” in South Asian texts and contemporary life?

In collecting the various Sanskrit terms and references that populate this study—and recognizing that they not only speak to different *ways* of being abnormal, but also varying *degrees* of being abnormal—I realized that madness can be attributed to experiences that are viewed as positive, negative, and everything in between. This being the case, to get a fuller picture of how pathologized deviance is constructed in this setting and why, it is necessary to examine, in addition to the ascriptions of madness, the discourses on the seemingly neutral ascriptions of “normal” and also the positively-charged ascriptions of “health.”

There is precedence for such an approach in the seminal work of Mary Douglas (1966). Defining “dirt” in a relative way, as “matter out of place” (44), she shows how things that come to be categorized as polluting become so because they are anomalies or have ambiguous features—they defy classification. Madness, or rather the behaviors that come to be labeled as madness, can be viewed as a kind of behavioral “dirt.” They are behaviors that are “out of place,” anomalous, and subject to ambiguity of interpretation. Douglas argues that the attempt to identify patterns or systematically study “dirt” with respect to itself only is misguided. It must be understood as part of a system. She writes, “if uncleanness is matter out of place, we must approach it through order. Uncleanness or dirt is that which must not be included if a pattern is to be maintained” (50). In her chapter on the abominations of Leviticus—where she focuses particularly on dietary laws—she shows that through a study of what is considered “holy,” one can discern the reasons why particular foods

come to be classified as “unholy.” Similarly, here, I will see what we can learn about how people come to classify behavior as “mad” by examining how they talk about behavior that is not.

Though it seems obvious now, that a treatment of terms for “mental health” would be an important angle for this study did not occur to me until after I arrived in India and started conducting interviews. I was struck by the fact that, on many occasions, when I asked people to tell me about terms for madness and their meanings, I would be directed to consult the *Bhagavadgītā*, or Song of the Lord, a classical Indian Sanskrit scripture in which modes of attaining liberation are debated. Sources would change the conversation I had introduced as one about “illness” to one about “positive psychology” and “mental health.” The *Bhagavadgītā*, I was told, explained everything I needed to know about the “mind.” For example, in an interview with a Pune-based elderly man (whom I will call Ankhit), I inquired about the terms he used to talk about abnormal behavior and how he understood those terms. One of the terms we discussed was *unmāda*, a Sanskrit word that is typically translated into English as “madness,” but can also refer to the state of being proud, furious, in love, and also intoxicated. He told me that this state was caused by vibrations in the place where a person lives. If a person lived in a “low class area” or “with a non-educated family,” the vibrations of that space would lead to *unmāda*. He also told me that this condition is caused by eating certain foods and proceeded to quote a verse from the *Bhagavadgītā*. Here is the verse he quoted:

*annād bhavanti bhūtāni parjanyaḍ annasambhavaḥ |
yajñād bhavati parjanyaḍ yajñāḥ karmasambhavaḥ ||*

Living things come into being from food,
the source of food is the rain;
Rain comes into being from the performance of sacrifice,
the source of the sacrifice is *karma*. (*BhG* 3.14)

The import of this verse is that ultimately everything a person is and does, even down to the food one puts in their mouth, is the result of *karma*. *Karma* can be understood as the ritual action that sustains the cosmic cycle of death and rebirth, but also the fruits of that action. In the context of my conversation with this man, where he cited not only the choice of food but also the class, home environment, and educational background of an individual as the cause of madness, the import was clear: the condition of one’s social and physical body is the result of *karma*, ritual action. After finishing the verse he said to me, “Do you know *Bhagavadgītā*? If you want to know these things about the mind, you must read [it]. It is all there” (Ankhit, personal communication, Oct. 2012). In his formulation, being physically and mentally healthy was intimately tied to morality, and both of these ways of being healthy, which are often considered separately in Western discourses, are inextricably linked for this man.

A similar sentiment was raised again, but with respect to other classical Indian texts, in a discussion with Dr. Anand Nadkarni, a psychiatrist and cofounder of the Institute for Psychological Health (hereafter, IPH) in Thane, Maharashtra. This institute is an NGO, now in its twenty-fifth year, that is dedicated to providing a

variety of mental health services and training to children, families, patients, health care workers, and corporations. They are the hosts of the film festival called *Manatarang*, or “Ripples of the Mind,” which is the focus of the initial sections of Chapter 3. While attending this festival, I asked Dr. Nadkarni very generally about his work on mental health. We had been introduced previously, and he knew that I was working on classical Indian materials and the discussions on mental illness within them. He said that in his work with patients and in lectures, he has tried to bring Indian cultural insights to psychiatry in India. He told me, “In India, mental health and spiritual health are bound,” but when it comes to treating psychiatric disorders or understanding mental health, “people do not know the insights of their own culture” (Anand Nadkarni, personal communication, Oct. 2012). He said that because psychiatric practices current in India are borrowed entirely from the West and because of the abysmally poor ratio of psychiatrists to patients in India, most often medicine is prescribed and there is no recourse to the insights of Indian culture and philosophy. Nadkarni told me that if I wanted to know about psychology from an Indian perspective I must read Patañjali’s *Yogaśāstra*. He said, “[Patañjali] may not talk about mental illness, but to understand mental illness you must understand how people think about mental health” (Anand Nadkarni, personal communication, Oct. 2012). Nadkarni also said that although Patañjali’s work is the “only Indian book on psychology,” it would also be useful to look at discussions of the mind and body in the *Atharvaveda* and the works of medieval-period Hindu sants Tukaram, Namdev,

and Jñāneśvar. An understanding of constructions of mental health in India, according to Nadkarni, could not be had without reference to the teachings described in these texts.

The emphasis that Nadkarni places on cultivating mental health, a general sense of wellness, and spiritual health, rather than curing illness, is evident in the way that IPH frames the services they provide, the way they define mental health (see definition at the outset of this chapter), and the philosophy with which they approach their work. Their website, for example, can be found at www.healthymind.org. Additionally, they describe their mission in the welcome pamphlet with reference to “mental health” at multiple points:

IPH is a social enterprise with a strong community mental health focus, working since 1990 in the city of Thane, and spreading the mental health message through Maharashtra. Our focus, since inception, has been to increase awareness about mental health and its scope in daily living, to improve availability of mental health care services to cover people with problems as well as those seeking self development, and not merely people with illness. In the process, we strive to reduce stigma associated with mental illness. In essence, we closely follow the World Health Organization’s definition—that of health being not merely absence of illness, but the presence of physical, mental, social and spiritual well being (Institute for Psychological Health 2012).

In this chapter, I explore this connection between health, well-being, spirituality and morality, and I discuss a few formulations of what it meant to be “mentally healthy” and “sane,” in classical India in particular. Note, however, that the very concept of “sane” together with its opposite “insane” suggest a black and white, an either “you-are or you-are-not” binary that is not particularly helpful for

understanding the language used in Sanskrit texts to describe mentally healthy ways of being. Additionally, the idea that one can be identified as “mentally healthy” without reference to the physical body as integral to that “health” is elusive in these texts. The dualistic Cartesian model upon which Western medicine is based, which envisions mind and body as separate entities, does not quite apply in the context of classical India (Thirunavukarasu 2011). More often, formulations of health are holistic and tied to a variety of attributes, physical, mental, social, and moral. Here, I work towards identifying the Sanskrit terms used to discuss these various ways of being healthy. In so doing, I identify the ways in which the physical body, social duty, and moral responsibility of a person contribute to constructions of “mental health” in these contexts. My treatment here will be necessarily brief. Nevertheless, the examples selected reveal a fair range of meanings and experiences attached to health in classical India. I selected *svāsthya* because it is one of the most common terms for “health” in Sanskrit medical texts. I selected *prakṛtistha* and also *kalya* for discussion here because I encountered these as opposites to *unmatta* in a few sources and wanted to further investigate the connotations associated with them. My choice to examine *sustha* was due to the fact that this term, like *prakṛtistha* and *svāsthya*, is formed from the root *sthā*, “to stand” or “to be rooted.” I thought it would be interesting to investigate the spectrum of “health” terms associated with this root.

These are not, of course, the only Sanskrit terms that contribute to the discourse on this topic, but they are a start.⁴

Additionally, as I did not anticipate an extensive discussion of “mental health” for this project, my interviews that speak explicitly to this subject were few. For this reason, though all other chapters will examine both contemporary and classical periods in some detail, this chapter, aside from the anecdotal accounts just given, will deal with examples and compare discourses from classical India.

PERSPECTIVES ON “MENTAL HEALTH” IN CLASSICAL INDIA

Prakṛtistha: Being in a Natural State

The Sanskrit language is so called due to its well-formed nature, its refinement and perfection. The term *saṃskṛta* literally means “formed together,” “well done,” and “finished,” connotations which lead to its most common translation: “perfected.” In contrast to this refined speech of Sanskrit are the Prākṛit languages of ancient India, those that are often employed by women, children, lower-class people, and foreigners in Sanskrit dramas. The term *prakṛta* comes from the same root *kr*, but the prefix *pra*, meaning “before” or “in front,” changes the meaning to “made forth,” or simply “done,” or “produced,” often with the connotation of being

⁴ Other key terms for inquiry include *anunmatta*, *svastha*, *samībhūta*, *samitva*, and *kuśalin*. I examine variants of *anunmatta*, *svastha* and *kuśalin* here, so I have left these terms out for the most part. The terms *samībhūta*, *samitva* and similar words related to “being balanced” would likely bring additional interesting viewpoints to this study, but were omitted here due to space constraints.

less than fully-baked or secondary. Thus the term *prakṛta*, and variants of it, often have the meaning of “unadorned,” “plain,” and “natural.” A variant of this term, *prakṛtistha*, is formed by adding *prakṛti* to the root *stha*, which literally means “to stand, remain,” giving the meaning “being in a natural state” to the full compound.

In the *Saundarananda* of Aśvaghōṣa, a ca. first-century CE Sanskrit play, we find a very typical use of this term. Nanda, the handsome and wealthy half-brother of the Buddha, is getting a lesson in attachment and the transitory nature of youth and beauty. He has been unwillingly recruited and ordained into the order of Buddhist monks and sits weeping, missing his beautiful wife. A *śramaṇa*, or monk, finds him, asks him why he weeps, and proceeds to engage in a lengthy attack on women. The *śramaṇa* tells Nanda that his wife Sundarī, whose very name means “beautiful,” is only so with the help of ornaments and make-up:

malapaṅkadharā digambarā prakṛtisthair nakhadantaromabhiḥ |
yadi sā tava sundarī bhaven niyataṃ te adya na sundarī bhavet ||

Covered with dust and dirt, naked with her nails, teeth, and body hair in their natural states (*prakṛtistha*)—if your Sundarī the Beautiful would be so for you, without a doubt she would not be beautiful Sundarī to you. (*Sau* 8.51)

This passage comes after a lengthy discussion of the treachery of women and the repulsiveness of their bodies. The speaker is trying to convince Nanda that the “natural state” of a woman, her *prakṛtistha*, is nothing to covet, and detachment from such fleeting virtues as beauty is the superior path. If only he could see what his love *really* looked like—all plain and natural looking—he would love her no more. She would cease to be herself as Nanda knows her: Sundarī would no longer be *sundarī*.

Here *prakṛtistha* refers specifically to the outward appearance of Sundarī's body and means "plain," "unadorned" and "natural," but with the connotation that such a state is undesired.

I now briefly want to examine two references to this term from the *Avimāra* of Bhāsa. As I will return to this playwright's work a number of times in this dissertation, a quick word about the problematic dating of his works is in order. For a very long time, Bhāsa was known to modern scholars only by reputation. Playwrights such as Kālidāsa and Bāṇa referred to his works, but none of the plays were thought to have survived. This changed in 1912 when Ganapati Shastri published thirteen plays, ten found in one palm-leaf manuscript and three more separately, which he attributes to Bhāsa based on a number of somewhat compelling yet inconclusive arguments, including similar style and stage directions at the outset of the plays, omission of the name of the author and patron, and inattention to dramaturgical and grammatical rules laid out by Bharata (in the *Nāṭyaśāstra*) and Pāṇinī, respectively. According to Shastri, the style, diction, content and structure of these plays suggests that all plays were written by the same author and the author was the Bhāsa mentioned by other great early Indian playwrights. Not all scholars agree with this, neither the ascription of all thirteen plays to Bhāsa nor the assertion that these plays predate Bharata and Pāṇinī.⁵ Following the text-critical approach of dating texts based solely upon how they compare in content and style to texts with

⁵ For full discussion see Rangachar (1940): 5-23. For a more recent summary see Pusalker (1968).

more definitively established dates, scholars have attributed to Bhāsa dates as early as the sixth-century BCE and as late as the eleventh-century CE.

In the *Avimārika*, the hero-prince Avimārika, while exiled with his parents due to the curse of a sage, falls in love with a princess, manages to sneak into her bedchamber, and remains there for almost a year. Eventually her father finds out and locks her away. Despondent, he tries to kill himself by jumping off a mountain. Before he is able, a *vidyādhara*, a supernatural being with divine powers, gives him a ring that when placed on his right hand makes him invisible; when it is placed on his left hand he appears in his natural, *prakṛtistha*, state (*Avi* 6.14.43). With this ring he is able to sneak back into the palace to visit his lover. In this context *prakṛtistha* simply means that the hero's body will be in its “normal,” that is, “visible,” state.

It is this term *prakṛtistha* and variants that are often used to convey a sense of being in one's “normal” or “natural” mental or emotional state. Again in the *Avimārika*, Avimārika's father, the king of Sauvīra, is describing how it happened that he and his family became cursed and exiled. Overcome by anger, the king insulted a powerful sage. In response, the sage declared the he and his family would all become outcastes. The king, however, managed to sway the sage:

*tatas tac chāpaprakṣubdhamanasā mayā suciram anuñyamānaḥ śanaiḥ
śanaiḥ prakṛtistho bhūtvānugrahaṃ kṛtavān |*

Then, I, whose my mind was agitated by his curse, beseeched him for a very long time and he, very slowly becoming normal (*prakṛtistha*) again, did me a favor. (*Avi* 6.7.3)

The favor granted here is that king’s family would not be outcastes forever, but would have to disguise themselves in exile for a period of one year. Here, *prakṛtistha* indicates a kind of emotional baseline, a mental state of relative calm from where reasoning can be heard. Importantly, it is a state to which one *returns* after being, in this case, enraged. We will see the connotation of recovery for this term in other contexts as well.

In the legal codes of ancient India, being *prakṛtistha* is a prerequisite for engaging in various legal activities. Here the meaning comes closest to the English term “sane.” For example in the Gupta period *Yājñavalkyasmṛti*, we find the following verse related to marriage contracts:

*pitā pitāmaho bhrātā sakulyo jananī tathā |
kanyāpradaḥ pūrvanāśe prakṛtisthaḥ paraḥ paraḥ |*

Father, paternal grandfather, brother, kinsman, and mother: when each of the preceding is unavailable, each succeeding one gives the girl in marriage, provided that the person is in a normal (*prakṛtisthaḥ*) state. (*Yā* 1.63)

The *Yājñavalkyasmṛti* is an important classical period legal text in the tradition of the *Law Code of Manu*, but innovative in dividing dharma into three categories: *ācāra* (conduct), *vyavahāra* (procedure), and *prāyaścitta* (penance). In the *Mitākṣarā* of Vijñāneśvara, an early twelfth-century commentary on the *Yājñavalkyasmṛti*,⁶ *prakṛtistha* is glossed as *unmādādidoṣavān na bhavati*, or “one not afflicted with faults such as *unmāda*” (*Mit* 1.63). This term *unmāda* is the same I

⁶ For a detailed discussion of the genre of Dharmaśāstra, major works, and probable dates see Olivelle (2010).

mentioned previously, a term that is commonly translated into English as “madness,” but that can also mean “excited,” “proud,” “exhilarated,” and “maddened with love.” In describing *prakṛtistha* in this way, the commentator interprets this term to refer specifically to being of sound mind—unaffected by madness and other such faults—though the original text never mentions a term for “mind” in this context. In his *Aparārka* commentary, the twelfth-century commentator Aparāditya glosses *prakṛtistha* as *aviplutabuddhi*, which means something like “one whose mind (*buddhi*) has not fallen (*avipluta*)” (*Apa* 1.63).

In comparing these examples we begin to see the range of connotations associated with *prakṛtistha*, some referring specifically to the body and others to mental functioning: being natural, unadorned, plain, calm and not-mad. It is also worth noting that in the Theravāda Vinaya, an early Buddhist monastic code, the terms *pakatatta* and *pakaticitta*, Pāli language terms that mean “in one’s natural self” and “natural mind,” respectively, are also frequently used to express a baseline mental functioning, and more specifically a *return* to a baseline mental functioning after being in an altered or “mad” state (Collins 2014, 197-198). In this context, however, the word *pakata/i* (natural, normal), the Pāli form of Sanskrit *prakṛta/i*, is compounded with the words for “self” (*attan*) and “mind” (*citta*). This is important because it shows how the term *prakṛtistha* and variants can shift from referring specifically to the body, to just the mind, and also to states of “being normal” that involve the whole person, undivided.

If looking to place this term on a spectrum of possible ways of describing mental health, it would fall somewhere in the middle, a baseline term, though often with the connotation of “recovered” and also with reference not simply to proper mental functioning, but also with reference to emotional states. Additionally, I would say being *prakṛtistha* seems to indicate most often an absence of something: absence of adornment as we saw in the case of Sundarī, absence of intense emotions as in the case of the sage in the *Avimāraka*, and absence of *unmāda* in the *Mitākṣarā* commentary. It rarely is construed as a positive attribute. The next term I will consider here, *sustha*, expresses health in a more overtly positive way.

Sustha: Being Well

Similar in form to the term *prakṛtistha* is the term *sustha*. This term is formed by adding *su*, meaning “well, good,” to the root *stha*, meaning, as I mentioned previously, “to stand” or “to remain.” Most often this compound simply means “being well,” “healthy,” or “comfortable,” though it can also mean “well-established” in reference to an idea or philosophical viewpoint. The typical usage of the term *sustha* as “healthy” can be seen in a passage from the ca. second-century *Mānava Dharmaśāstra*, or *Law Code of Manu*. Before continuing with my analysis, a very brief discussion of this text and the genre of *śāstra* is in order, as I will be drawing from this text and similar ones throughout this dissertation.

The Law Code of Manu is undoubtedly the most well-known legal code from ancient India (Olivelle 2004). Manu (the name given to the unknown author of this text) draws on earlier legal codes known as the Dharmasūtras, but also innovates in that he incorporates discussion on kings, statecraft and judicial procedure from another expert tradition, that of the *Arthaśāstra* (Olivelle 2004, xvi-xxiii). In the introduction to his translation of *Manu*, Patrick Olivelle has examined the possible uses of this kind of text. He explains that this text was part of an expert tradition, used both as a teaching device for young brahmins and also as a reference to be cited, discussed, and interpreted by members of this expert tradition in their writings and debates. The text, Olivelle argues, was not to be used as a how-to manual, nor could it be considered a replacement for an actual teacher. It always required the mediation of an expert in the tradition (Olivelle 2004, xxxviii-xli). Addressing *śāstra* more generally, Sheldon Pollock describes another—for him, central—aspect of this genre:

One of the essential traits of the classical discourse [*śāstra*] is its nomothetic dimension: *śāstra* is above all a collection of rules for what the culture evaluates as a “successful” accomplishment of any given human activity (Pollock 1989, 302).

What Pollock describes here is a literature that presents ideals, the establishment of which is dependent on the dominant notions of behavior and propriety circulating in this particular culture at a given time. Similarly, Richard Lariviere argues that Dharmaśāstra can be seen as a recording of local customs and attitudes (Lariviere 2004, 611-627). Bringing all of these opinions to bear on the subject, we find that

sāstra, very generally speaking, was a genre of literature created by an elite, meant to instruct, but not to the extent that it would replace learned teachers who discussed and debated the (ideal) behaviors and customs. With this in mind, let us return to the discussion of *sustha* in the *Law Code of Manu*.

In a discussion of when wages are to be paid, *sustha* is employed as a synonym of *svastha*, a common term for “health” used in Sanskrit medical literature.⁷ It is contrasted with the term *ārta*, meaning “afflicted, sick, pained.”⁸ In short, Manu declares that a servant who is sick must finish his work when he recovers. If he does not finish his work, whether he is sick (*ārta*) or healthy (*sustha*), he should not be paid. Here the context suggests simply that being *sustha* is being in a state where one can be expected to do their work. Most interesting for our discussion, however, is how *sustha* and variants are used when compounded with terms associated with the “mind,” for example *citta* and *cetas*. In these references, we see a way of being healthy that is associated with emotional health and being steadfast in the face of

⁷ The formation of *svastha* is similar to *prakṛtistha* and *sustha* with the addition of the prefix *sva* to *stha*. The meaning is literally “being oneself” or “being in one’s self.”

⁸ *ārtas tu kuryāt svasthaḥ san yathābhāṣitam āditaḥ |*
sa dīrghasyāpi kālasya tal labhetaiva vetanam || 8.216 ||
yathoktam ārtaḥ sustho vā yas tat karma na kārayet |
na tasya vetanam deyam alponasyāpi karmaṇaḥ || 8.217 ||

If [a servant] was sick, however, he should perform the work stipulated at the outset after he has recovered his health (*svastha*); and he should receive his wages even if a very long time has elapsed. Whether he is sick (*ārta*) or well (*sustha*), if he does not have the stipulated work carried out, he should not be paid his wages, even if only a small portion of the work remains undone. (Trans. Olivelle 2004)

arguably onerous religious and social duties. I turn now to the *Rāmāyaṇa*, but will revisit the śāstric texts in the following sections.

In the *Rāmāyaṇa*, a Sanskrit epic about the exile and adventures of the righteous Rama, *sustha* modifies *cetas*, a term that means “consciousness,” “mind,” or “heart.” Here, the *Aśvamedha* sacrifice is being performed by the childless King Daśaratha in hopes of begetting a son. The *Aśvamedha* sacrifice was part of a larger ritual that, if successfully performed, declared its patron a universal monarch. In this ritual, a stallion is left to wander wherever it chooses for a year. At the end of the year, the stallion is sacrificed. As part of this sacrificial ritual, the queen of the sponsoring monarch stabs the stallion and is made to lie with it for a night. Stephanie Jamison (1996) argues in *Sacrificed Wife/Sacrificer’s Wife* that this ritual was “an attempt to capture sexual power in order to enhance the ritual effect and to promote fertility” (65). The *Rāmāyaṇa* praises Queen Kauśalyā’s participation in this ritual in this way:

kauśalyā taṃ hayaṃ tatra paricarya samantataḥ |
krpāṇair viśaśāsainaṃ tribhiḥ paramayā mudā ||
patatrinā tadā sārdhaṃ susthītena ca cetasā |
avasad rajanīm ekāṃ kauśalyā dharmakāmyayā ||

Kauśalyā circumambulated the horse and then with the greatest joy cut it with three daggers. Her mind steady (*susthīta*), desiring to fulfill her duty, Kauśalyā spent one night with the horse. (*Rām* 1.13.26-27)

To translate *susthīta* here as “healthy” would not make good sense in English, though certainly that connotation would have been well-known to the author. To render the term as “having a steady mind” or “to be determined” is more graceful, so

long as we remember that in translating it this way we lose the association of this term with bodily health. What this usage reveals, importantly, is that being able to perform socially-prescribed duties with poise and resolution was an indicator of a kind of mental and physical whole-body health in ancient India. The choice to praise Kauśalyā as having a mind that is *susthita* in the face of such a duty suggests that the authors wanted to assure their audience that not only was Kauśalyā fully aware of and committed to what she was doing, but also that such an act, performed in this ritually-controlled context, is one completed with a healthy mind and body, something that the authors themselves may have had doubts about.

The use of *sustha* in this way, to mean “determined” or “steadfast” is also found in the Nalanda copper plate of Devapaladeva, a ca. eighth-century Sanskrit inscription.⁹ There it is compounded with the term *mati*, which means “thought” or “intention.” The meaning of the compound within the inscription is “one whose mind is steadfast,” which is very similar to this *Rāmāyaṇa* usage.

***Svāsthya*: Being Healthy**

⁹ 1 *om svasti | siddhārthasya parārthasusthita mates sanmārgam [bhya]-*
 2 *ssiddhis siddhim anuttarāṃ bhagavatas tasya prajāsu kriyā-* *syata-*
 3 *yastraidhātukasatvasiddhipadavīratyugravīryodayā-*
 4 *jjītvā*
 4 *nirvṛtimāsasāda sugatas sarvārthabhūmīśvaraḥ || 1 ||*
Epigraphia Indica XVII p. 318|1 fn 5.

The term *svāsthya* is commonly used to mean something like “health.” This term is made from *sva*, the Sanskrit word for “oneself,” added to the root *stha*. Thus the term literally means something like “being in one’s own state” or “being oneself.” The connotation of “health” comes from the sense that “being oneself” or “being in one’s own [normal] state” is a state free of illness. The following passage from the c. 1st century *Buddhacarita* of Aśvaghōṣa demonstrates this typical usage in contrasting *svāsthya* with *roga*, or “illness.” In this passage, the Buddha says that he will abandon a life of austerities if he can be assured that he will never face death, illness, old age, and misfortune:

*iti vākyam idaṃ niśamya rājñāḥ kalaviṅkasvara uttaraṃ babhāṣe |
yadī me pratibhūḥ caturṣu rājan bhavasi tvaṃ na tapovanam śrayiṣye ||
na bhaven maraṇāya jivitaṃ me viharet svāsthyam idaṃ ca me na rogaḥ |
na ca yauvanam ākṣipet jarā me na ca saṃpattim imāṃ haret vipattiḥ ||*

Hearing the words of the king, he replied with the voice of a sparrow:
“If you will become a surety for me in four matters, then I will not seek refuge in the grove of austerities. My life should not be subject to death. No illness should keep me away from this health of mine. Old age should not strike down my youth, and no misfortune should dispel my prosperity.”
(*Buddh* 5.34-35)

Here *roga*, or illness, is paired with *svāsthya* and is the inevitable malady that all humans must face. Here, being ill quite literally causes someone to cease being his “own self” or “normal self.” Later in this same text, *svāsthya* is paired with the term *manas* to indicate a state of being “healthy” or “being oneself” with respect to the mind. There the King Śreṇya approaches the future Buddha and inquires as to why

he has chosen the life of a mendicant. This same passage also includes other ways of talking about healthy states:

*taṃ nyāyato nyāyavidāṃ variṣṭhaṃ sametya papraccha ca dhātusāmyam |
sa cāpy avocat sadṛśena sāmṇā nṛpaṃ manaḥsvāsthyam anāmayaṃ ca ||*

[The king] approached him, who is the best among those who know the standards, and asked him about his wellbeing (*dhātusāmya*). And he, too, similarly asked the king about his mental health (*manaḥsvāsthya*) and whether he was uninjured/well (*anāmaya*). (*Buddh* 10.20)

The use of the term *nyāya* here, a term that can mean “standard” or “rule,” refers to the proper way to greet a person based on custom. As we will see shortly, Manu notes that there are different terms for each *varṇa* (*MDh* 2.127). According to him the appropriate term for a kṣatriya is *anāmaya*, meaning “un-injured” or “well.” It is this term, together with *manaḥsvāsthya*, that the future Buddha uses in his inquiry about the king’s health. Note the three ways of talking about health in this passage: *dhātusāmya*, *manaḥsvāsthya*, and *anāmaya*. With these three terms in a single passage we see that there were a number of ways to inquire about health related to both balance and being oneself. We also see that inquiring about a person’s physical and mental health is considered an appropriate and even necessary inquiry for someone well versed in proper modes of conduct. The first term, *dhātusāmya*, literally means “equilibrium of the *dhātus*,” and the second, *manaḥsvāsthya*, means something like “mental health.” I will return to the final term, *anāmaya*, in the following section and discuss the first two terms in greater detail here, starting with *dhātusāmya*.

The *dhātus* are the seven constituent parts of the body in Ayurvedic medicine: chyle, blood, flesh, fat, bone, marrow and semen. When food enters the body and is digested, it is turned into the first *dhātu*, which is *rasa*, “the pulpy juice to which food is reduced in the stomach,” according to Dominik Wujastyk in his *Roots of Ayurveda* (2003, xix). That *rasa* is then transformed into the following *dhātu* in a continual transformation conceived as a kind of “cooking.” The *dhātus* transform as they interact with three semi-fluid bodily substances called *doṣas*. The *doṣas* are *vāta* (wind), *pitta* (bile), and *kapha* or *śleṣma* (phlegm). Wujastyk explains that “The doctrine of three humours (*doṣas*), or *tridoṣa vidyā*, teaches that three semi-fluid substances are present in the body and regulate its states” (2003, xvii). When these semi-fluid substances are in their improper place or exist in improper quantities, they cause illness. Wujastyk also explains that these various substances (including the *doṣas*, sensations, wind, and also *manas*, or the “mind”) travel through the body via a network of tubes. The importance of equilibrium for this system of medicine can hardly be overstated, and it is interesting to note its resonance with Buddhist teaching:

Through all the classical [ayurvedic] texts the emphasis is on moderation: whether it be in food, sleep, exercise, sex, or the dosage of medicines, it is vital to stay within the limits of reasonable measure and balance. This is, of course, a fundamentally Buddhist ideal, embodied in the Buddha’s ‘Middle Way’ teaching. It is clear that Buddhism and ayurveda have influenced each other, though determining the full extent of these influences is still a matter for research. (Wujastyk 2003, xviii)

Health here is a direct function of the degree to which bodily substances and constituents remain in their appropriate places in appropriate quantities. Such equilibrium of the *dhātus* (*dhātusāmya*) is only achieved through moderation in one's behavior and diet. Such a formulation of health indicates a certain degree of culpability on the part of those falling ill and also suggests that there is a moral component to being healthy. We will see this again later in the chapter, and it will resurface throughout this dissertation.

The second term employed for health in the *Buddhacarita* passage above is *manasvāsthya*, which can be translated as “mental health,” being a compound of *manas* (“mind”) and *svāsthya* (“health”). If we take into account the etymology of *svāsthya*, this compound can be translated as “being in one's own [normal] state of mind.” The concept of *manas* in Ayurveda is quite complex, however, and it is important to note that *manas*, as previously mentioned, is a substance that travels through the body via tubes in much the same way that the other constituent parts of the body circulate. Wujastyk points out that in the ca. sixth-century CE medical treatise *Aṣṭāṅgahṛdayasūtra*, the third text in the “great triad” of Ayurvedic texts (which also includes the *Caraka Saṃhitā* and *Suśruta Saṃhitā*), *unmāda* is caused in part by a blockage in these tubes, which impedes the movement of the *manas* (Wujastyk, 2003, xx). A variety of diseases are caused by such blockages, not just of *manas*, but also of the *doṣas*.

The unobstructed and proper movement of *māruta*, another term for *vāta*, or “wind,” is essential to *svāsthya* in the *Aṣṭāṅgahr̥dayasūtra*. The following passage on spasmodic contractions (*apatantrapa/apatāna*) describes the effects of wind moving upwards (rather than downwards, which would be appropriate) into the *hṛd*, or heart:

*sa eva cāpatānākhyo mukte tu mārutā hṛdi |
asnuvīta muhuḥ svāsthyam muhur asvāsthyam āvr̥te ||*

This [condition] is also known as *apatānā*. When the heart becomes free of wind one suddenly attains comfort. One suddenly attains discomfort [again] when the heart is [again] filled by wind. (*AṣṭHṛ* 3.15.20)

Here I have translated *svāsthya* as “comfort” in order to capture the relief a person would get from being temporarily free from convulsions. As one can see from this passage, the wrong flows of *doṣas* can have immediate effects.

The effects of wrong flows are also evident in descriptions of impairments of *manas*. In the *uttarasthāna* of the *Aṣṭāṅgahr̥dayasūtra*, the etymology given for the term *unmāda* describes this condition as a *mada* (“intoxication,” “excitement,” “madness”) of *manas* caused by renegade *doṣas*:

*unmādaḥ ṣaṭ pṛthagdoṣanicayādhiviṣodbhavāḥ |
unmādo nāma manaso doṣair unmārgagair madaḥ ||*

There are six *unmādas*. They arise from each *doṣa*, a combination of these, from anxiety and from poison. It is called *unmāda* because it is a *mada* of the *manas* caused by *doṣas* taking the *unmārga* (wrong path). (*AṣṭHṛ* 6.6.1)

Etymologies of this kind can be very helpful for interpreting how terms were understood by those employing them. Here, the prefix *ud*, which can mean “up,” “over,” “above,” but also “out of” and “away from” is interpreted as describing *how*

a person becomes *unmāda*—the *doṣas* take an *unmārga*, or “wrong path”—rather than speaking to what the actual experience of being *unmāda* is like. The latter interpretation is the meaning captured by taking *ud* as a kind of intensifier of the term *mada*. At any rate, what these passages reveal is the importance to *svāsthya* of having blockage-free passages through which various bodily substances can flow.

***Kalya*: Being Faultless**

The next term I want to discuss is *kalya*. *Kalya* can mean “well,” “healthy,” “free from disease,” and also “clever.” The term *kalya* can also be attributed to inanimate objects and concepts to signify something that is sound, thorough, or flawless. In the *Arthaśāstra*, a ca. first-century or earlier Indian text on how to run and manage a kingdom, the term is used to describe the undertakings of a good and worthy ally.¹⁰ Specifically, it is said that a person whose plans are sound (*kalya*) is able to carry out activities that are faultless, *nirdoṣa* (*AŚ* 7.8.11-12). This is the kind of ally a king should seek out.¹¹ Additionally, the kind of health to which *kalya* refers is sometimes much more than just a proper functioning of the body.

¹⁰ Textual criticism has shown the dating of this text to be very problematic, but certainly the text in some form pre-dated Manu, as he clearly draws from it. For a succinct discussion and consideration of the development of this text see Olivelle (2013): 6-31.

¹¹ Additionally, though the terms are not likely etymologically connected, it is worth pointing out that the term *kalyāṇa*, which often simply means “good,” is in compound with the term *buddhi*, or intellect, in this same text in multiple locations used with the meaning “one with honest/noble intentions.” See, for example, *AŚ* 7.6.27; 7.7.10-7.7.21; 9.3.37; 9.6.22.

In the *Buddhacarita*, we find a discussion between the Buddha and the King Bimbisāra in which the king offers the Buddha half of his kingdom. He tries to convince the Buddha, who has renounced the world, that youth is a time for enjoying wealth and pursuing passions. The Buddha could not be tempted by so meager an offer as half a kingdom, however, as it would mean giving up a much greater treasure: freedom from attachment. In the Buddha's response to Bimbisāra he says the following:

*andhāya yaś ca spr̥hayed anandho
baddhāya mukto vidhanāya cādhyah |
unmattacittāya ca kalyacittaḥ
spr̥hāṃ sa kuryād viṣayātmakāya ||*

A sighted man who envies the blind, one who is free who envies the enslaved, one who is wealthy who envies the poor, one with a faultless mind (*kalyacitta*) who envies one with a maddened mind (*unmattacitta*), only he would envy a person who longs for worldly objects. (*Buddh* 11.53)

In this context, having an *unmattacitta*, a “maddened mind,” is equated with pursuing passions. Having a *kalyacitta*, a “healthy mind” or “faultless mind,” is associated with recognizing the superiority of the ascetic Buddhist lifestyle. Once one has known freedom from passions, to take them up again is akin to desiring a list of mental and physical conditions no one would want. Basically, the Buddha says to Bimbisāra, accepting half of your kingdom is the metaphorical equivalent of desiring blindness, enslavement, poverty and madness. It seems the Buddha, in all of his perfection, had not yet mastered the art of the gracious refusal.

At any rate, note that in this pairing of opposites—where a sighted man desires blindness and a wealthy man desires poverty—the opposite of *unmattacitta*, having a maddened mind, is *kalyacitta*, “having a faultless mind.” These two terms inhabit opposite ends of the spectrum of mental health according to this author. The term *prakṛtistha*, which I addressed earlier and which means something like “being normal” or “being natural,” is not employed. Here we can begin to discern the spectrum of vocabulary used to discuss various degrees of mental wellness in classical Indian discourses, and we can also discern the complexity of meaning that each of these terms bring to contexts in which they are employed. I will return to an analysis of these spectrums within the discourses on wellness in my discussion at the end of this chapter.

Another interesting usage of *kalya* is found in the *Aṣṭāṅgahrdayasūtra*’s section on *vājīkaraṇa vidhi*, or “therapy for virility.” The term *vājīkaraṇa* is formed from *vājin*, meaning one who is “strong,” “warlike,” “potent,” or also “procreative,” and *karaṇa*, a participle from *kṛ* meaning “making,” thus the translation “therapy for virility.” The section opens with a discussion on how this therapy bestows contentment, nourishment, children of good quality, and great happiness. It also states that this therapy is the best way to promote bodily strength or energy (*ojas*) (*Aṣṭāṅgahrdayasūtra* 5.40.1-3). After this introduction the author recognizes the benefits of celibacy, but then goes on to describe who should consider this therapy:

alpasattvasya tu kleśair bādhyamānasya rāgiṇaḥ |
śarīrakṣayarakṣārthaṃ vājīkaraṇam ucyate ||

*kalyasyodagravayaso vājīkaraṇasevinaḥ |
sarveṣv ṛtuṣv ahar ahar vyavāyo na nivāryate ||*

For one with a weak constitution, suffering from afflictions, and who is impassioned, *vājīkaraṇa* is described in order to protect against the decay of his body.

He who is healthy (*kalya*), high in the prime of life (*udagravayas*), and who is participating in *vājīkaraṇa*, he does not have to refrain from sex every day and in all seasons. (*AṣṭHr* 5.40.4-6)

Here *kalya* can mean “healthy,” but also “strong” and “vigorous.” Just after this passage is an extensive discussion on the benefits, or really the necessity, of having children. In this context, *kalya* is a positive attribute of a person who can participate without negative repercussions in the vital activity for which *vājīkaraṇa* is recommended: reproduction.

Finally, *kalya* can also mean “ready,” “prepared,” or “able.” The term with this meaning is found in the first book of the epic *Mahābhārata* amidst the burning of the Khāṇḍava forest episode. Agni (called *pāvaka* here) wishes to burn the forest, but Indra protects it because of his friendship with a snake who lives there. Fire summons the god Varuṇa who gives superior weapons to the warriors Arjuna and Kṛṣṇa, that they would use them to allow the forest to burn. This passage comes immediately after they receive the weapons:

*tataḥ pāvakam abrūtām prahr̥ṣṭau kṛṣṇapāṇḍavau |
kṛtāstrau śastrasaṃpannau rathināu dhvajināv api ||
kalyau svo bhagavan yoddhum api sarvaiḥ surāsuraiḥ |
kiṃ punar vajriṇaikena pannagārthe yuyutsunā ||*

Then Kṛṣṇa and the Pāṇḍava, bristling with delight, spoke to the fire:
We are skilled in archery and furnished with weapons, mounted in our chariot with our banners. We are prepared (*kalya*) to fight with all the gods and

asuras, O Lord, let alone with Indra who desires to battle for the benefit of the snake! (*MBh* 1.216.26-27)

I have translated *kalya* here as “prepared.” In his *Mahābhārata* translation, Van Buitenen takes it as “equal to the task” (1980, Vol. 1, 416). This is a similar sentiment that captures, to a certain extent, the connotation of “health” associated with *kalya* in other contexts. In short, Arjuna and Kṛṣṇa not only have the physical prowess they need to be victorious, which they had before Varuṇa’s gift, but they now have the weapons to get the job done. Being *kalya*, then, in this context, is more than a physical and mental state, but a state of well-being that is accomplished through a combination of personal attributes and material possessions or wealth.

***Kuśala*: Being Proper, Good, Able**

The final term I will examine in this chapter is *kuśala*.¹² This is a term that, like all others in this chapter, can mean “healthy.” It also often means “suitable,” “good,” or “in good condition,” and also “right” and “prosperous.” It can also mean to be an expert or know something well.¹³ From a few references to this term in

¹² I want to thank Tim Lubin for drawing my attention to the usage of *kuśalin* in descriptions of donors in copper-plate records. In that context, *kuśalin* effectively means “sound of mind.” This reference prompted my investigation of the term *kuśala* in this chapter.

¹³ See, for example, *Buddh* 12.63:

adhyātmakuśalas tv anyo
nivartyātmānam ātmanā |
kiṃ cinnāstīti saṃpaśyann
ākīṃcanya iti smṛtaḥ ||

Another who knows (is an expert in) the inner self,

Manu and also in the *Buddhacarita*, we get a sense of the breadth of meanings associated with this term. Consider first the following passage which describes how a person should be greeted in relation to their *varṇa*:

*brāhmaṇaṃ kuśalaṃ pṛcchet kṣatrabandhum anāmayaṃ |
vaiśyaṃ kṣemaṃ samāgamyā śūdrāṃ ārogyaṃ eva ca ||*

A brahmin should be asked if he is *kuśala* (healthy); one belonging to the kṣatriya [*varṇa*], if he is *anāmaya* (healthy, uninjured). Having met a vaiśya, he should ask if he is *kṣema* (doing well, safe), and a śūdra if he is *ārogya* (free from disease). (*MDh* 2.127)

Here the term *kuśala* is the word for “health” associated with the highest *varṇa*, the brahmin. It is this word with which it is appropriate, even recommended, to greet a person of this group. The term for health associated with the kṣatriya *varṇa*, which we saw previously in the discussion on the *Buddhacarita*, is the term *anāmaya*, a term that means, again, “un-injured” or “well.” In that context, this term was used to greet a king, a kṣatriya. Thus, what this passage indicates—and the *Buddhacarita* passage supports—is that there was at least some recognition of a typology of states of wellness, with some states being particularly suited to certain classes of people. That *kṣema* (“doing well,” or “safe”) would be associated with the working class and agriculturalists, the vaiśyas, makes some sense as this term can refer to “ease,” but also “safety” in the sense that the property of the *vaiśya* is secured.¹⁴ Though I cannot

vanishing the self by the self,
he sees that there is nothing whatsoever.
He is remembered as one who is poor.

¹⁴ See translation of this verse in Olivelle (2004): 33.

“...A Vaiśya [should be asked] whether his property is secure (*kṣema*).”

say what it is about *kuśala* that makes it a term particularly suited to brahmins, we can deduce, perhaps, that its association with this *varṇa* says something about the desirability of being in such a state, given that the text itself is written from a Brahmanical perspective. We also get a sense of the value associated with *kuśala* from its use in Manu:

*kruddhyantaṃ na pratikrudhyed ākruṣṭaḥ kuśalaṃ vadet |
saptadvārāvakīrṇāṃ ca na vācam anṛtāṃ vadet ||*

When someone is angry with him, he should not be angry in return. When scolded by someone, he should wish them well (*kuśalam vadet*). He should never say words scattered across the seven gates that are untrue. (*MDh* 6.48)¹⁵

Here the author recommends a turning of the cheek to those who mistreat. Here used as a noun, the term *kuśala* is something positive spoken in response to a curse.

Olivelle translates this term as “blessing,” which can suggest a wish for someone’s general prosperity. It may carry a connotation of health in the sense that someone to whom you are offering a blessing would be someone for whom you would wish health and well-being, though this is not explicit.

There is a similar usage in the *Buddhacarita* where the general wellness of a person is connoted by the term *kuśala*.¹⁶ Here is the passage, which addresses the uselessness of passions:

*kāmā hy anityāḥ kuśalārthacaurā
riktāś ca māyāsadrśāś ca loke |*

¹⁵ Olivelle (2004) remarks in his note on this passage that the reference to the seven gates is unclear, but suggests that it refers to the seven openings in the head used for perception and communication (eyes, ears, nostrils and mouth) (260).

¹⁶ Olivelle (2009) translates *kuśala* as “virtue” (301).

*āśāsyamānā api mohayanti
cittaṃ nṛṇāṃ kiṃ punar ātmasaṃsthāḥ ||*

For pleasures do not last, stealing one's *kuśala* and wealth;
they are hollow, like an apparition in this world.
Just desiring them, the minds of men are deluded;
how much more so when actually possessed? (*Buddh* 11.9)

It is difficult to know exactly how this term would have resonated with audiences, but, at the very least, it is something desirable and positive that can be snatched away by pursuing *kāma*, “passion” or “pleasure.” The term is paired with *artha*, “wealth,” so we can deduce that these two qualities are viewed by some as going hand-in-hand with one another. Perhaps, given the pairing with “wealth,” a translation of “health” makes good sense because these are two qualities associated with youth, a time when *kāma* is pursued with greatest zeal. Taking *kuśala* to refer to a kind of “virtue” or “goodness” may also make sense, however, as pursuing passions, in the worldview expressed by the *Buddhacarita*, is a pursuit that distracts one from discovering the liberating knowledge of the transience of all things and of non-attachment. Such knowledge and the ability to live by it are the true wealth described in this text.

In considering *kuśala* as a kind of ability, I turn to one final passage that reveals how the term *kuśala* can refer to someone who is an adept or expert in something. In a discussion of how a king should wage war, Manu prescribes the following:

*gulmāṃś ca sthāpayed āptān kṛtasaṃjñān samantataḥ |
sthāne yuddhe ca kuśalān abhīrūn avikāriṇaḥ ||*

[The king should] install on all sides a troop of able soldiers who have been given signals, who are adept (*kuśala*) in both holding ground and attacking, and who are fearless and steadfast. (*MDh* 7.190)

To be *kuśala* here refers to having acquired a degree of skill in a particular activity. The term is used elsewhere by Manu to the same effect.¹⁷ Clearly this is a complex, multivalent term. Like the term *kalya*, *kuśala* can refer to a kind of bodily health, but often only in so far as such health might be a prerequisite to attaining an overall positive state of being well, able and competent.

Investigating how these terms were employed in a variety of contexts in ancient India and then re-examining their usage when employed with respect both to the body and mind helps us to identify what it meant to be “mentally healthy” in this context and also reveals to us how ascriptions of “mental health” constituted moral judgments. Furthermore, as will be demonstrated by the discussions in this dissertation, one very useful approach to deepening our understanding of what constitutes “mental health” in a particular context is through comparison. Having considered formulations of “health” in modern India, I was able to approach my classical Sanskrit sources with new questions. The perspective on madness I cited at the outset of this chapter, for example, expressed by Ankhit at Jangli Maharaj Mandir in Pune, led me to think about spectrums of well-being in the Sanskrit texts and challenged me to investigate terms for positive mental states as a way of better

¹⁷ For a similar usage of *kuśala* referring to experts in trade, see *MDh* 8.398:
śulkasthāneṣu kuśalāḥ sarvapaṇyavicaḡṣaṇāḥ |
kuryur arghaṃ yathāpaṇyaṃ tato viṃśaṃ nṛpo haret ||

understanding how concepts like “madness” are constructed. When I asked him if *unmāda* could be cured he responded in the following way:

Yes, definitely [it] can be cured with the grace of some guru. Otherwise it is impossible. Somebody must guide the person to maintain his status of mind at zero level. A living guru will be more helpful to him. Maybe it can be his father, mother, or anybody who will guide him to a stage where the position of mind will be in a proper way.

From just my brief conversation with him, I got a sense of how mental health could be understood as a baseline state, but also how it can be understood as a “proper” state. For this man, a “proper” state is reached through the intervention of a guru and can be dependent on class, education, and the effects of *karma*. In the Sanskrit texts here surveyed, being free from madness, steadfastly performing ritual duties, and following the Buddhist path were all indicators of health. A juxtaposition of these contexts helps us to see the variation in how people construct categories of health and also reveals to us what makes each context unique.

DISCUSSION

In this initial chapter, concerned with how people discuss ways of being “normal,” “healthy,” or “well,” I surveyed a number of constructions of health and wellness in classical Sanskrit texts. When people are confronted with how to construct and talk about a person in a “healthy” state, they do so by engaging in a number of discourses. Here I will highlight a few of these, namely the discourse on the oscillation between “normal” and “abnormal” states; the discourse on the degree

to which “health” constitutes a lack of something versus a state with positive attributes, which includes an additional sub-discourse on defining “health” with reference to its opposite; and, finally, the discourse on the interrelatedness of “health,” socially prescribed duties, and class.

Oscillation between “Normal” and “Abnormal” States

In a number of the discourses highlighted in this chapter, there is frequent discussion of the transition to and from “normal” states. In the case of *prakṛtistha*, for example, the sage in the *Avimāra* transitions from being in a rage to becoming normal again, and in the *Saundarananda* it is implied that with just an undressing and washing off of makeup, Sundarī transforms from the beauty she is to simply “natural” or “normal.” Presumably, this is a transformation she goes through every day. In the discourse on *svāsthya*, we saw that adverse flows to the heart can momentarily or suddenly (*muhur*) cause convulsions and just as quickly go away. In Ayurveda, “health” is envisioned as caused by the proper flow of various substances. This is a delicate balancing act wherein health can be enhanced (*i.e.*, through the virility treatments discussed in the section on *kalya*) or destroyed (*i.e.*, as the result of *doṣas* taking the wrong path, *unmārga*) in short order. The variability of one’s health (*sustha*) is such a substantial, commonplace issue that Manu sees fit to discuss the management of a person’s wages when illness (*roga*) strikes.

That one can transition in and out of these states with varying degrees of ease is not a particularly interesting observation, but it does suggest something important about constructions of both “health” and “normalcy” for those who engage in discourses on this topic: the longevity of these states is always in question. There is a great concern to describe and understand these fluctuations and because of the considerable variability, an impetus to inquire about these states in great detail. In one of the *Buddhacarita* passages discussed in this chapter, we saw three different ways of inquiring about health (*dhātusāmya*, *manahsvāsthya* and *anāmaya*) employed in a single sentence in a formal exchange of pleasantries. No one would bother to ask about these things if they were not, in the first place, so important, and in the second, so likely to fluctuate. This, I think, speaks to the fact that “health,” like madness, is somewhat of a moving target. The importance of this for our larger discussion of discourses of madness is that mad states, too, are ones into and out of which people can and do pass with great frequency.

Positive, Negative, Neutral? Issues in Defining “Healthy” States

In analyzing the ways in which “health” and also “normalcy” are constructed, a significant pattern of discourse that arises is the discussion of how these concepts are to be defined along a spectrum, from absence of attributes, to an imagined “neutral” state, to a state defined by the addition of attributes. In his discussion of curing *unmāda*, one man raised the idea that the mind can be at “zero level.” Such a

formulation assumes that there *is* a “zero level,” a baseline with reference to which abnormal states can be measured. In Ayurvedic discussions of *svāsthya*, there is also the idea that there is a normal, healthy state (defined with reference to positive attributes) that can be achieved through balance and moderation. There, however, true *svāsthya* is rarely, if ever, actually achieved. People have varying constitutions with proclivities towards one *doṣa* or another, so while there is always a striving to achieve a state where the *doṣas* are in their proper place, the normative state is one where the *doṣas* are *out* of their proper place. In reference to *prakṛtistha*, which at first glance seems to be the term used for a neutral, baseline state, “normal” is often envisioned as the absence of attributes which are sometimes negative, but not always: absence of adornment in the case of Sundarī, absence of intense emotions in the case of the sage in the *Avimāraka*, and absence of *unmāda* in the *Mitākṣarā* commentary. It rarely is a state defined by possession of attributes. Related to this is the tendency to define and discuss concepts of “health” with respect to their opposites. For example, *sustha* and *svāsthya* are both paired with *roga*, *kalya* with *unmatta* and also *nirdoṣa*, and speaking *kuśala* to someone is paired with being *ākruṣṭah*, “cursed.” Sometimes, the only attribute expressly assigned to a particular state is one framed in the negative: the state is simply *not* its opposite.

Other states are sometimes defined by additions, other times by absence. For example, *kalya* is achieved by Arjuna and Kṛṣṇa in the *Mahābhārata* example through the addition of special weaponry, but a *kalyacitta* is understood in the

Buddhacarita as the absence of an *unmattacitta*. In the *Arthaśāstra*, too, *kuśala* means to be an expert in something (*i.e.*, battle, trade, etc.) and the term is used to refer to traits which a person possesses, but it is also contrasted with *ākruṣṭa*, “cursed,” by Manu. According to IPH, “mental health” is defined by a long list of positive attributes, for example how effectively a person copes, handles stress, maintains satisfying relationships, and has the capacity to live a full and creative life. In their mission statement, however, they list the reduction of the stigma of mental illness as an important part of their mission. In fact, the tagline on the cover of their pamphlet reads “Two Decades of Destigmatization.” Thus, what we see here is that “normal” or “healthy” states can be defined by an absence of attributes or possession of them. Locating terms for “health” on this spectrum of absence versus possession of attributes is just one avenue through which we can compare and distinguish these terms from one another and, thereby, better understand the motivations behind choosing them for particular contexts.

“Health,” Social Duty, and Class

Finally we find that many of the discourses on health speak to the interrelatedness of “health,” socially-prescribed behavior, and class. How a person exhibits “health,” and also a lack of it, is dependent upon perceived social, religious and class norms, and those who engage in discussions of health navigate these connections in various ways. In the interview with the Pune man at Jangli Maharaj

Mandir, he listed living in a “low-class” area or with a “non-educated family” as factors that adversely affect health. Additionally, in his reference to the *Bhagavadgītā*, we saw that one’s *karma* affects one’s health. In my interview with Dr. Anand Nadkarni, he said “mental health and spiritual health are bound,” and suggested that psychiatry in India would be much improved if Indians were to take insights from their own cultural history, specifically with reference to philosophical and spiritual texts like the *Atharvaveda* and Patañjali’s *yogaśāstra*. Here, a connection to the history of one’s culture is viewed as a path to health.

In the Sanskrit texts surveyed, we see that health is invoked when people perform socially-prescribed duties. For example, Kauśalyā’s performance in the *aśvamedha* sacrifice is done with a *cetas*, or “mind,” that is *susthita*, “determined,” but also “healthy” and “steadfast.” When workers are able to do their work, they are in a *sustha* state. Arjuna and Kṛṣṇa are *kalya* when ready to perform their kṣatriya-specific duty of waging war, and similarly troops in the *Arthaśāstra* should be *kuśala*, “expert,” in both holding back and attacking. Perhaps the most detailed accounts of the connection between health and engaging in socially prescribed behavior are the extensive descriptions in ayurvedic texts of the behaviors that cause disease. I will return to these in later chapters, but for now it will suffice to note that, in the *Carakasamhitā*, people can fall victim to madness in the following circumstances: when acts of a past life produce their effects, when residing in a deserted house, when reciting scriptures or making offerings in an improper way, when naked, and

when insulting those who should receive respect (*Car* 2.7.14). Clearly, when people want to discuss the health of a person, they do so, to varying degrees, with recourse to how socially fit a person's behavior is.

Finally, what these examples suggest is that there were class-specific ways of inquiring about health in classical India. According to Manu, a brahmin should be asked if he is *kuśala*, a kṣatriya if he is *anāmaya*, a vaiśya if he is *kṣema*, and a śūdra if he is *ārogya* (*MDh* 2.127). To what extent these were followed cannot be known, but we do have two examples in this short chapter from different sources of *anāmaya* being used for members of the kṣatriya *varṇa*, the ruling/warrior class. In this complex power dynamic, only members from choice social strata can be expected to aspire to certain levels of wellbeing.

In the next chapter, I shift from discussions and descriptions of states of health to those of madness. Specifically, Chapter 2 will explore the ways in which madness is defined by actors of varying motivations. Many of the dynamics introduced here will be revisited as new patterns of discourse and discussion are introduced.

Chapter 2
Defining Deviance and Identifying Terms:
Classifying Madness Across Contexts

- (3) Mental illness of a person shall not be determined on the basis of,—
- (a) political, economic or social status or membership of a cultural, racial or religious group, or for any other reason not directly relevant to mental health status of the person;
 - (b) non-conformity with moral, social, cultural, work or political values or religious beliefs prevailing in a person’s community.

Mental Health Care Bill, 2013, II.3.3.a-b

The distinction between sanity and insanity is narrower than the razor’s edge, sharper than a hound’s tooth, more agile than a mule deer. It is more elusive than the merest phantom. Perhaps it does not even exist; perhaps it *is* a phantom.

Philip K. Dick, *VALIS* (1981)

The criteria by which madness is defined in any particular historical moment are reflections of many things: concerns current at that particular moment, the agenda of the crafter of the definition, behavioral norms for that particular setting, conventional frameworks for imagining madness and, perhaps, the actual condition of those believed to be afflicted, though most often through the filter of the outside observer, not the observed. Whatever the motivations for creating a definition, it is clear that one of the central concerns for those engaged in discourses on madness is classifying and defining what madness actually *is*. By reviewing the various definitions given for madness at various points in history and investigating the context in which they are presented—what are the primary concerns, what terms are selected, who is creating the definition, toward what ends are definitions developed,

etc.—we can begin to understand the social, cultural, and political mechanisms behind the construction of madness as an ever-changing yet poignantly powerful concept. Such an investigation in the context of India, both contemporary and classical, will be the focus of this chapter. Though a variety of documents might be called upon for this task, I will look primarily at definitions of madness in legal documents and in the context of treating mad people, as these are two areas where authors are concerned to explicitly delineate the boundaries of madness. How these definitions function to regulate and manage madness, however, is the subject of Chapter 4 and 5, so this issue will not be addressed in detail here.

DEFINING MADNESS IN MODERN INDIA

Word choice has a significant impact on the way that people view, discuss and define madness, and people engaged in defining and discussing madness will often shift registers. In India this happens for many reasons. Sometimes this is a matter of necessity, where people engaged in a discourse speak different first languages and so must negotiate a common ground between the two. Other times, a term is selected because it is believed to carry less stigma than other options. It is also the case that terms are selected because of their popular associations. For example, the terms “mad” and “crazy” are everywhere in Indian popular culture, especially with reference to food and drink. The “mad apple martini” can be ordered at a fancy hotel in Delhi, and sweet shop chains like Mad Over Donuts offer a “Nuts Over Donuts”

peanut chocolate donut and also a “White Mocha Madness” option that reels you in with promises of going “caffeine-crazy!” In addition to being employed in these everyday contexts, the term “mad” and its variants are used to talk about varying degrees of deviant behavior, sometimes “casually,” and sometimes less so, as we will soon see. At any rate, sometimes this mixing of registers, both within and between languages, results in people speaking past one another instead of with one another. As any translator knows, these difficulties are inevitable. What is important for our discussion here is to see how the terms for madness in each of these registers is defined and employed, and what the factors are that lead to particular word choices.

A Pune psychiatrist and legal expert, whom I will call Madhav, discussed various facets of this language issue with me during an interview in the fall of 2012. He explained that the modern psychiatric terminology used for “mental illnesses” really has no equivalent in local languages all over the world, English included. He said, for example, that even though the term “schizophrenia” is used, it is a technical term and there is no real understanding of what this term means in the popular usage of the language. He also commented that the word “depression,” though also commonly used, means many things to many different people so much so that it really cannot be defined in just one specific way. He explains:

In most languages there is no way to describe mental illness and also in most languages mental illness is just one category. Professionals understand mental illnesses to be a group of disorders. The average person or the languages don’t understand that at all. For the average person, and now I’m talking about India, mental illness is mental illness. It’s nothing like, “Oh, there are different kinds of mental illness.” The idea that these different kinds of mental

illnesses might have different causes, different treatment and prognosis is something that still is beyond them. (Madhav, personal communication, Oct. 2012)

We discussed the issue of translating terms for “mental illness” across languages and the notion that people are more sensitive to certain terms than others. I commented at some point that the term “mental illness” seemed to be a relatively benign term, but he quickly corrected me, stating that a number of user advocacy groups opposed even this term, arguing that there is no such thing as “mental illness.” As we move through the definitions provided in this chapter, it will be important to pay particular attention to the sensitivities associated with each term and also to pay particular attention to how people use different patterns of discourse for each one.

Legal Contexts

One of the exercises most integral to the drafting of any law, taken to new levels of specificity in modern contexts, is the defining of exactly what is meant by the terms included in the law. Such specificity ensures, or at least is intended to ensure, that the law is applied in accordance with the intended meaning in the appropriate contexts. Applying the law is often a matter of interpretation no matter how clearly defined the terms are. Still, the act of defining terms, however imperfect, attempts to establish contextual boundaries within which a particular law can apply. Definitional changes of madness in Indian legal documents over the past 100 years reveal a considerable shift in the vocabulary, tone, and perspective of those drawing

these boundaries. Consider, for example, how categories of madness were defined in

Indian legal acts of the past century:

Indian Lunacy Act, 1912 (ILA), I.3.4-5:

“criminal lunatic” means any person for whose detention in, or removal to an asylum, jail or other place of safe custody, an order has been made in accordance with the provisions of section 330 or sections 335 and 336 of the Code of Criminal Procedure, 1873 or of section 30 of the Prisoners Act, 1900, or of section 103A of the Indian Army Act, 1911;

"lunatic" means an idiot or a person of unsound mind;

The Mental Health Act, 1987 (MHA), I.2.o:

“mentally ill person” means a person who is in need of treatment by reason of any mental disorder other than mental retardation;

“mentally ill prisoner” means a mentally ill person for whose detention in, or removal to, a psychiatric hospital, psychiatric nursing home, jail or other place of safe custody, an order referred to in Sec. 27 has been made;

Mental Health Care Bill, 2013 (MHCB), I.2.r, v:

“mental illness” means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by subnormality of intelligence;

“prisoner with mental illness” means a person with mental illness who is under-trial or convicted of an offence and detained in a jail or prison.”

Not only has the language changed, but the very terms up for definition have shifted from “lunatic,” to “mentally ill person,” and finally to “mental illness.” In MHCB, “mental illness” is defined as its own entity, separate from the individual it afflicts. This distinction was a deliberate innovation on the part of the authors who

were concerned that the formulation “mentally ill person” from MHA robbed the individual of an identity separate from the illness. Whether such reformulations in the law will affect how people talk about madness and how “persons with mental illness” will be treated socially is yet to be seen, but at least on paper, there is a sense that individuals are not defined by their diseases. At the very least, having such language written into the draft of the bill has encouraged discussion about how ascriptions of madness are happening and to whose benefit.

MHCB defines “mental illness” in relation to how it affects a person’s ability to function on a regular basis and “meet the ordinary demands of life.” This is a significant shift from the previous pieces of legislation that define concepts of madness in cyclical ways (*i.e.*, “lunatic means an idiot”) and are concerned primarily with the processes of institutionalizing patients and determining who is responsible for them. There is no reference in the first and third definitions as to what should be done *about* the madness, though in MHA, a “mentally ill person” is defined as someone who “is in need of treatment.” Seemingly innocuous at first read, this is actually a very strong statement that speaks to the nature of MHA, which was primarily concerned with how to control, regulate, and isolate those who are “mentally ill.” To determine a person as one legally “in need of treatment” was, in the context of this law, a license to subject said person, involuntarily, to a variety of isolating and often damaging treatment conditions.. These shifting perspectives, from what to do *about* a person with madness to identifying and understanding the actual

condition of the person, are important determinants of how individual authors will weigh in on discourses on madness.

Another element of note in MHCB's definition is that it is followed by an explicit explanation of what does *not* define "mental illness."

Given also at the beginning of this chapter, this passage explains:

Mental illness of a person shall not be determined on the basis of;—(a) political, economic or social status or membership of a cultural, racial or religious group, or for any other reason not directly relevant to mental health status of the person; (b) non-conformity with moral, social, cultural, work or political values or religious beliefs prevailing in a person's community (Mental Health Care Bill, 2013, II.3.3.a-b.).

Laws are not created to handle non-existent problems. Rather, they are created out of necessity in response to developments within a particular culture. What this statement indicates is that "mental illness" *is* being determined on the basis of a whole range of factors which do not relate directly to the health status of the person. The authors of the bill recognize the extent to which political affiliation, economic and social status, religion, and race have been and currently are being considered in designations, if not formal definitions, of "mental illness." There is clearly a desire by some parties to eliminate this practice and define the condition according solely to the mental and physical abilities and experiences of the afflicted person. That such a provision could never be wholly adhered to, as it is precisely through non-conformity to community-specific norms that one's inability to "meet the demands of ordinary life" is determined, is not the import here. Rather, it is to recognize that when people are confronted with the necessity to define madness, they choose various points of

reference. In this case, the motivation to the focus on an individual's abilities or lack thereof in the crafting of the definition signals a considerable shift in the discourse on madness in India in the realm of law and illuminates the fact that there are historically a variety of criteria being used by people to determine what constitutes madness.

The Treatment of Madness

The range of terms invoked in contexts where people are treated for madness in India is considerable and depends upon who is involved in the conversation. The meanings attributed to these terms also vary considerably. Through a series of interviews with health practitioners of various kinds I learned that determining the register of language to use in a particular setting is a complex endeavor. In some cases the terms used by health practitioners are unfamiliar to the patients who are being described. In other cases certain terms carry such negative connotations in Indian society that health care practitioners know not to use them when speaking with a patient or family of a patient. Families and afflicted individuals will often use the English term "tension," which I was told carries less stigma than terms used by medical professionals and is commonly used to describe a wide range of conditions.

In his book *Stigma: Notes of the Management of Spoiled Identity*, Erving Goffman (1963) describes a stigma as an attribute that is both unexpected and

discrediting. The following is an excerpt from his introductory discussion on stigma and social identity:

While the stranger is present before us, evidence can arise of his possessing an attribute that makes him different from others in the category of persons available for him to be, and of a less desirable kind—in the extreme, a person who is quite thoroughly bad, or dangerous, or weak. He is thus reduced in our minds from a whole and usual person to a tainted, discounted one. Such an attribute is a stigma, especially when its discrediting effect is very extensive; sometimes it is also called a failing, a shortcoming, a handicap. (3)

Importantly, Goffman goes on to qualify this description of a stigma as an attribute writing the following of his own use of the term:

The term stigma [] will be used to refer to an attribute that is deeply discrediting, but it should be seen that a language of relationships, not attributes, is really needed. An attribute that stigmatizes one type of possessor can confirm the usualness of another, and therefore is neither creditable nor discreditable as a thing in itself. (3)

Such a consideration—of stigma as both attribute and relationship—is an important one to keep in mind as we move through the discourses on madness in this dissertation.

Dr. Shubha Thatte, the founder of the Institute for Psychological Health (IPH) in Thane, and a source who will be present in discussions throughout this dissertation, said that the terms used by medical professionals, such as “schizophrenia,” “depression,” and “anxiety,” are not used when speaking with a patient or with the family of a patient because they are too “stigmatized.” She said that her approach, and the one used by other health care professionals at IPH, is to explain to patients and their families that “just as there is illness of the body, so too there is illness of

thinking” (Thatte, personal communication, Oct. 2012). For her and her staff, the way in which abnormal patterns of behavior are described and defined is dependent upon the intended audience of their description, and is often mediated by a consideration of how “stigmatized” a particular term is.

As for how her patients define madness, Thatte told me the following about “mental illness” according to her Indian patients and their families:

People associate mental illness with positive symptoms—such as extreme anger, violence, shouting. But things like depression, isolating behavior, disinterest in activities—these are not attributed to mental illness but laziness or lack of motivation (Thatte, personal communication, Oct. 2012).

This was a generalization, but it does highlight the fact that, according to her, Indians’ definitions of “mental illness” will not take into consideration many of the “negative” behaviors that are associated with clinical definitions of “mental illness.” The more disruptive the behavior, the more likely it is to be classified as madness. “Negative” behaviors, such as disinterest in activities, are less disruptive and less likely to be attributed to illness. Here we see that madness is defined with respect to how, or the extent to which, a person’s behavior interrupts the status quo. In Chapter 1 we met Ankhit who discussed the term *unmāda* with me. He expressed a similar sentiment to Thatte’s:

unmād is a state of mind where a person is not in a position to accommodate the common people. He is in another state. [It is] those who find themselves more egoistic...and become violent at any stage and any moment (Ankhit, personal communication, Nov. 2012).

For him, *unmāda* was defined by the extent to which a person can meet social

standards for behavior and the extent to which they act violently for no apparent reason, “at any stage.” Aside from highlighting the emotional dimensions of *unmāda*, this definition also gets at one of the fundamental themes in ascriptions of madness in many contexts, namely, not being “in a position to accommodate the common people.” This way of framing of the definition recognizes that ascriptions of madness identify the relationship between a person and his or her society and not necessarily the internal state or experiences of an individual.

Thatta also stressed on multiple occasions that IPH focuses on “mental health,” not “mental illness.” When describing for me the work conducted at IPH and the motivations of various ongoing projects, she always framed it in the positive, talked about promoting mental health, and said that the programs at IPH are ones from which anyone can benefit. This speaks to another interesting perspective within the discourse on madness, namely the conscious effort by some to redefine who should be the target of treatment. In this formulation of the discourse, a healthy mind is something that one must develop and continually work on. There are many spectrums of experience where both “mental health” and “mental illness” are concerned and essentially no one is truly “sane” or “mentally healthy,” but everyone can benefit from a constant effort to improve. From this perspective, normative behavior is not the gold standard. At IPH one can learn strategies for stress management and healthy eating, for example, and students can be advised on how to successfully cope with anxiety caused by school exams or sports. There is also

training on recognizing emotions and learning to respond to one's emotions in healthy ways. One of the motivations behind such a formulation has to do with encouraging patients to seek preventive care, but there is also the sense that such a formulation of “mental health”—one that parallels the way many people think about physical health— will help to destigmatize mental illness by showing that, to varying degrees, this is something with which all humans struggle.

The concern with social stigma was raised in many of my interviews with people working in health care professions, and significantly affects how madness is defined and discussed for particular audiences. For example, in November of 2012, I met with a woman at Pune University, also in the mental health field, who is currently working with a group of researchers to develop Buddhist *vipassanā* meditation as a treatment method for people with “mental illness” (her term). I will call her Puja. I asked her to tell me what words for “madness” (my term) are used by the general public and how she might define them. She said “tension” is very common, commenting that, “it basically means not able to cope with the current circumstances.” She said there is little stigma associated with it and that people do self-identify with this term. She also gave the phrase *veḍa lāgala āhe*, which she described as meaning “lost control.” This is a Marathi phrase that literally translates to something like “to be caught or touched by crazy” or “to go crazy.” If used casually, she said, there was no stigma attached; when used seriously it definitely carried a certain stigma. She ended by telling me that families will say, when talking

about the issues or abnormal behaviors of a particular family member, that their condition is *mānsik*. Though this term means something like “mental” or “psychological,” she said the connotation of the term implies that the afflicted person is in some way faking their condition, which is similar, I think, to the dismissive English phrase “It’s all in his head.”

The idea that terms for madness can be “used casually” and do not signify a serious medical condition was common. For example, Nilima, a psychology student at the *Manatarang* mental health film festival in Thane in 2012 (which will be discussed in detail in Chapter 3), explained to me that the term *veḍa* is a commonly used word in Marathi for “someone who is doing something different from the others.” She also added, “as far as I am concerned, I use this word very casually.” This term, she said, is used similarly to the word *pāgal*, a Hindi word that can mean “mad” or “crazy.” When prompted to explain the term *pāgal* in a follow-up question she offered the following response:

[Pāgal is] one who is a little bit cracked. Again as I said for the previous answer [related to *veḍā*], this word is also very casually used among people. I will give you one example. A student who attends his college every day, does his homework properly, each assignment submits on time. He can be called ‘pāgal’ by his friends simply because he is doing something which is not so common among students. (Nilima, personal communication, Oct. 2012)

She contrasted these terms, *veḍa* and *pāgal*, with the term “mental illness,” stating that the term “mental illness” reflects “severity” whereas the first two terms are used “casually” and are “accepted.” She said “mental illness” is associated with “a low

level of IQ, bizarre behavior, and behavior which is not socially accepted.”

One final treatment context I want to address here is that of spirit possession. In the classical sources, possession or visitation by beings of various kinds can cause madness. There are parallels to this in contemporary India as well. As is the case with the shifting vocabulary in treatment settings, the terms used to define this practice vary according to one’s perspective and agenda. A number of people from various backgrounds and occupations told me that people go to “faith healers” for the treatment of “mental illness” and recommended that I go to Mira Datar dargah in Pune to see this kind of treatment. My experiences at Mira Datar are attended to more fully in Chapter 5, but for now I want to mention an important term used in the discourse on madness that arose from my time there: *bhūt lagānā*. This roughly translates to being “caught” or “touched” by a *bhūt*, or ghost, and it was used to describe what had happened to the many people who came to the dargah to participate in a healing ritual. Some of these people sat quietly surrounded by their families and moved little throughout the ceremony; their behavior could not be distinguished from that of the normative behaviors exhibited by their family except some were made to inhale more of the smoke emitted by burning sachets during the ritual. Others screamed, danced, tore at their hair, and rolled on the ground for the duration of the music. Others fell somewhere on the spectrum between these two extremes. One woman seated near me explained all of these behaviors as the result of *bhūt lagāte āhe*, or possession by a ghost. I visited this site many times and never

heard terms like *veḍa*, *pāgal*, “madness” or *unmāda* used by people who were actually there participating.

DEFINING MADNESS IN CLASSICAL INDIA

As we began to see in Chapter 1 through the analysis of terms like *prakṛtistha*, *sustha*, and *kalya*, authors of classical Sanskrit texts used a variety of terms to identify ways of being “normal” or “well” in the world. Formed with the root *sthā* (“to stand” or “to remain”), the first two of these terms use the metaphor of place to discuss a person’s level of well-being, “being in a natural or normal state” and “being in a good state” respectively. The use of *sthā* (to stand) gives the sense of being grounded or established in a particular state. There is a sense of stability denoted by this root. In this section I will look at terms on the other side of this stability spectrum, terms that are used to define a state marked by inconstancy and variability of behavior and emotion: *unmāda*, *vibhrama*, and (briefly) *jaḍa*. I have selected *unmāda* to begin because this term is most widely recognized as the closest Sanskrit equivalent to the English “madness.” These two terms do not carry all of the same connotations and it is an imperfect translation, but we must start somewhere. The term *jaḍa* is useful here because in the *Mitākṣarā* it is a term ascribed to individuals exhibiting a kind of deviant behavior due to “impairment of the mind” (*vikalāntaḥkaraṇa*). Finally, I examine *vibhrama* (“wavering” or “disruption”) because it is the operative term in definitions of *unmāda* in Sanskrit medical

literature, and furthermore, an analysis of the discourses employing this term illuminates the value judgments classical Sanskrit authors attributed to people and things that “waver” from the norm.

Legal Contexts

A useful source of definitions of madness in Sanskrit literature comes from the commentaries on legal treatises. We do not find a full explanation of the categories of people mentioned in Sanskrit legal texts in the texts themselves. The authors assume that these categories are known to the audience of the text. Since this is the case, this section will be rather brief (though keep in mind that legal texts will be taken up again in Chapter 4, which focuses on regulation rather than definition). Sanskrit commentators do, however, take up the task of explicating exactly what they believe each term or concept in a particular text to mean. In this way, they can interpret the text to suit their own ideological goals and positions. These commentaries were produced significantly later than the texts upon which they comment, and all of them are much later than the majority of sources surveyed for the discussion of “classical sources” in this dissertation. The *Mitākṣarā* commentary of Vijñāneśvara on the *Yājñavalkyasmṛti* is one such commentary, providing glosses for key terms in the original text. The definitions given for both *unmatta* and *jaḍa* in Vijñāneśvara’s commentary reveal similar approaches to defining madness, approaches that explain deviant behavior with reference to disorder of the mind or

body. The passage from the *Yājñavalkyasmṛti* reads:

*klībo 'tha patitas tajjah paṅgur unmattako jaḍaḥ |
andho 'cikitsyarogādyā bhartavyāḥ syur niraṃśakāḥ ||*

A eunuch, an outcaste, one born from an outcaste, one who is lame, *unmatta*, *jaḍa*, or blind, people with incurable maladies and the like, receive maintenance without receiving a share of the inheritance. (*Yā* 2.140)

And then Vijñāneśvara's commentary:

*klības ṛtīyā prakṛtiḥ | patito brahmahādīḥ | tajjah patitotpannaḥ | paṅguḥ
pādavikalaḥ | unmattakaḥ vātikapaittikaślaiṣmikasāṃnipātikagrahāveśa-
lakṣaṇair unmādair abhibhūtaḥ | jaḍo vikalāntaḥkaraṇaḥ |*

eunuch is the third nature; *fallen* (from caste) is a killer of a brahmin, and the like; *born of that* is one born to one fallen; *lame* is one with an impaired foot; *unmattakaḥ* is one overcome by the *unmādas* characterized by wind, bile, phlegm, a combination of the three, and being entered by a grasper (*graha*); *one who is stupefied* is an impairment of the inner organ [*i.e.*, the seat of thought and feeling]. (*Mit* 2.140)¹⁸

A similar formulation is given at 2.32:

*mattonmattārtavyasanibālabhūtādiyojitaḥ |
asaṃbaddhakṛtaś caiva vyavahāro na siddhyati ||*

A contract made by one who is drunk, *unmatta*, ill, experiencing misfortune, a child, one who is frightened, and one who is unauthorized¹⁹ is not admissible. (*Yā* 2.32)

Vijñāneśvara's commentary:

¹⁸ In Sanskrit commentaries the author will cite a term from the source text being commented upon and then provide a gloss. To indicate that format in my translations of the commentary, I have underlined the terms cited from the source text.

¹⁹ I follow Olivelle's (2004, 135) translation of a similar passage by Manu in taking *asaṃbaddha* as "unauthorized." Literally this term means "unconnected/unrelated," but here the likely meaning is that a person who does not have authority over, or ownership of, something cannot enter into a contract regarding it. For example, a contract to sell a piece of property cannot be entered into by someone who does not actually own that piece of property.

*matto madanīyadravyena, unmatta unmādena pañcavidhena vāta-pitta-
śleṣma-saṃnipāta-grahasam̐bhavena upasr̥ṣṭaḥ |*

drunk by the drinking of intoxicating substances; *unmatta* one afflicted with *unmāda*, which is of 5 kinds: having an origin in wind, bile, phlegm, a combination of all three, or a grasper (*graha*). (Mit 2.32)²⁰

Vijñāneśvara’s formulation of *unmāda* is similar to that found in the *Caraka Saṃhitā*, as will be made clear in the following section, as he glosses *unmatta* as a person afflicted with one of the *unmādas*, either one derived from an aggravation of the *doṣas* or one that comes from an external source, a “grasper” (*graha*). The term *graha* is derived from the Sanskrit root *grah* meaning “to grasp,” and refers to a superhuman creature or being that can latch onto, or enter into, a person and cause problems. This is also the term for “planet,” though not in the sense of an inanimate mass of dirt or rock. Planets are indeed envisioned as “graspers,” personified entities which can influence one’s destiny and can have very real effects on one’s life. Here, however, the planets are not intended. Rather, a *graha* in this context is a demon of sorts that causes various kinds of sicknesses. While the translation “demon” does work for a number of contexts, I maintain the translation of *graha* as “grasper.” This translation calls attention to what these various beings are believed to do: take hold of, or “grasp,” people, usually when they are in liminal places or in vulnerable states. We will see more discussion of these beings in Chapter 5.

²⁰ We find a similar explanation again in Vijñāneśvara’s commentary at 2.70, though there he glosses *unmatta* simply as *grahāviṣṭa*, “entered by a *graha*.” This may indicate that he has some preference for this explanation of the condition.

Vijñāneśvara’s gloss of *jaḍa*, a term that can mean “stupefied” or also “senseless,” as an “impairment of the *antaḥkaraṇa*,” or “inner organ” is also interesting and suggests that this may be an important term to consider in our analysis of the discourses on the construction of madness in classical India. The *antaḥkaraṇa* can be variously translated as “mind,” “heart,” “soul,” and “conscience,” and it is the organ responsible for thought and feeling. While *unmāda* is the Sanskrit term most often translated into English as madness, other terms, like *jaḍa* for example, are also associated with various ways of exhibiting behavior that is viewed as unintentional, abnormal, and related to faulty mental functioning. We will see this term again in discourses on deviant behavior in the following chapter’s analysis of dramaturgical texts.

Treatment of Madness

An important source for extensive physical descriptions of mad states are the Sanskrit medical texts. Here I will examine the definition of one such state found in the *Caraka Saṃhitā*, a Sanskrit text on Ayurvedic medicine. The *Caraka Saṃhitā*, according to the text’s own representation of itself, is a compendium of medical knowledge, attributed to Agniveśa—transmitted to him through a direct line of teachers going back to Brahman via Ātreya, Bharadvāja, Indra, the Aśvins, and Prajāpati—which was expanded and redacted by Caraka (Weiss 1977, 46-49). Dominik Wujastyk surveys the available evidence in his *Roots of Ayurveda* and

reminds the reader to consider the many layers of authorship that are present in the text. Based on the testimony of two Chinese monks, Caraka may have been a court physician of the king Kaniṣka in the second century CE, but the name “Caraka” is only listed at the end of each chapter and nowhere within the body of the compendium. Additionally, the text as we now have it does reflect amendments by a later redactor from the fourth or fifth century CE, namely Dṛḍhabala (Wujastyk 2003, 4).

In his extensive study on *unmāda* in Ayurveda, Mitchell Weiss summarizes the two basic categories of *unmāda* in *Caraka*, *nija* (endogenous) and *āgantū* (exogenous):

Nija-unmāda is held to result from a pathogenic imbalance of one or more of the three bodily elements, called *dhātu* in the healthy states and *doṣa* when disordered, viz. *vāta* (wind—also *vāyu* or *anila*), *pitta* (bile), and *kapha* (phlegm—also *śleṣma*). *Āgantū-unmāda* refers to a group of episodic disturbances associated with various classes of mythologically conceived beings (*bhūta* or *graha* etc.) specifiable on the basis of the patient’s symptoms. (Weiss 1977, 85)

Generally speaking, the first type (*nija*) is caused by internal physical imbalances and the second type (*āgantū*) is caused by interactions with external forces. The two types of madness, endogenous (*nija*) and exogenous (*āgantū*), have different symptoms, though some overlap is apparent. Let us first consider the following passage from the *Nidānasthāna* of the *Caraka Saṃhitā* that gives a general definition of *unmāda*, inclusive of both *nija* and *āgantū* sub-types:

unmādaṃ punar manobuddhisamjñājñānasmṛtibhaktiśīlanceṣṭācāravibhramaṃ vidyāt |

It is known that *unmāda* is an unsteadiness (*vibhrama*) of mind, perception, understanding, knowledge, memory, devotion, habit, gesture and behavior. (*Car* 2.7.5)

This definition focuses on how the condition affects the individual's ability to perform various mental functions and also the extent to which the individual behaves differently than he or she would normally.

An important term to consider in this respect is *vibhrama*. This term can be variously translated into English as “deviation,” “disruption,” “agitation,” “mistake,” or even “illusion” or “whim.” *Caraka's* definition provides little contextual information about the intent of the word *vibhrama*. It tells us only the range of faculties and abilities affected by *unmāda*. Cakrapāṇidatta's commentary on the passage, however, from his eleventh-century *Āyurvedadīpikā*, is revealing and explains what it means to have *vibhrama* with respect to the various faculties listed in *Caraka's* definition, namely *manas* (mind), *buddhi* (perception), *samjñā* (understanding), *jñāna* (knowledge), *smṛti* (memory), *bhakti* (devotion), *sīla* (habit), *ceṣṭā* (behavior), and *ācāra* (conduct):

Due to a *vibhrama* of mind one does not think what should be thought about, and thinks about what is not to be thought. For it is said “Thought is the purpose of the mind.” From a *vibhrama* of perception, one views what is eternal as not eternal, what one likes as something one does not like. For there is this phrase, “He who has inconstant consideration towards what is eternal and not eternal, what is liked and not liked, he should be known as having a *vibhramśa* perception, for he perceives them as the same.” Understanding and knowledge: because of a *vibhrama* of these, the burning of fire and the like is not known; or rather understanding is knowledge of the writing of one's name. From the *vibhrama* of memory, one does not remember, or incorrectly remembers. Devotion is desire. Because of a *vibhrama* of that, where there was previously

desire, there is lack of desire. Because of a *vibhrama* of habit, one free from anger becomes full of anger. Because of a *vibhrama* of behavior, one becomes a person with strange behaviors. Conduct is action which is done according to the instruction of the *śāstras*; from a *vibhrama* of that, he conducts impure acts, and the like. (*Āyur* 2.7.5)²¹

Here we see that in some cases *vibhrama* simply means that certain behaviors, feelings, or faculties are the opposite of what one would expect; a person who is not in the habit of being angry, becomes angry, or does not recognize something dear to them as such. However, in the identification of *ācāra* as what is done according to the instructions of the *śāstras*, *vibhrama* means more than just action which is unexpected or contrary, it is action which is unsanctioned and associated with impurity, *aśauca*.

The implication of this definition of *unmāda*, where “wavering” or “unsteadiness” (*vibhrama*) is the operative term, is that any diagnosis of *unmāda* will be made as a result of a comparison, either a comparison between the afflicted person’s previous behavior and current ones, or a comparison between the afflicted person and a normative code of conduct. Note the similarity of this definition to the one given in MHCB. Both are concerned with describing the variety of ways in

²¹ *atra manovibhramāc cintyānarthān na cintayate acintyāṃś ca cintayate uktaṃ hi manasaś ca cintyam arthaḥ iti | buddhivibhramāt tu nityam anityam iti priyaṃ cāpriyam iti paśyati vacanaṃ hi viśamābhīniveśo yo nityānitye priyāpriye | jñeyah saḥ buddhivibhramāśaḥ samaṃ buddhiṃ hi paśyati iti | saṃjñāṃ jñānaṃ tadvibhramād agnyādidāhaṃ na buddhyate kiṃvā saṃjñā nāmollekhena jñānaṃ | smṛtivibhramāt tu na smarati ayathāvad vā smarati | bhaktir icchā tadvibhramāc ca yatrecchā pūrvam āsīt tatrānicchā bhavati | śīlavibhramād akrodhanaḥ krodhano bhavati | ceṣṭāvibhramād anucitaceṣṭo bhavati | ācāraḥ śāstraśikṣākṛto vyavahāraḥ tadvibhramād aśaucādy ācarati |*

which madness can affect physical and mental function, and both measure madness as a function of how much a person deviates from his or her own “normal” behavior. However concerned the writers of these definitions were to establish a method of diagnosis based solely on the experience of the individual, in both instances it is nevertheless the case that the observer’s sensibilities and perceptions of what constitutes “normal” will be the ultimate factor in a determination of illness. I will return briefly to this sub-discourse on *vibhrama*, or “wavering,” and its implications for discussions on madness in *Caraka* after examining in greater detail the descriptions of *unmāda* in this text.

Similar to the definition in MHCBS, the *Caraka Saṃhitā* definition of *unmāda* is very broad and can potentially include any type of behavior depending on the context. In both of these documents, we have authors who are very much concerned with precision, and with concern for precision comes lengthy description. As we will soon see, *Caraka* goes on to give extensive lists of characteristics for each kind of *unmāda*. As we have already seen, the authors of MHCBS were careful to include specific descriptions of what behaviors count as “mental illness,” what behaviors explicitly do not count, and also an explicit list of what factors should not be taken into consideration, namely race, religion, and economic or social status. The people concerned with defining madness as precisely as possible cannot do so succinctly. After close inspection of the variety of contexts in which madness is encountered, out of necessity, they are made to give long, detailed definitions. This speaks to a

peculiar motivation behind the construction of definitions of madness in many contexts: giving explanation to the inexplicable. Madness, though lacking any salient features that are true for all contexts, becomes a catch-all for any behavior that cannot be explained with resort to other available categories and understandings of behavior. Giving it a name, *madness*, provides an amorphous and indefinable concept with some boundaries, thereby rendering the behavior so labeled seemingly explainable and manageable. The very act of defining madness is a means of effecting control over the uncontrollable.

Consider, in this respect, the extended definitions of various sub-types of *unmāda* according to *Caraka*. Here, a determination of madness is made through consideration of a wide range of behaviors. An examination of these symptoms and an analysis of the subgroups into which they are organized provides insight into how *Caraka* demarcated the boundaries of this condition:

These are the premonitory symptoms [of *unmāda*] – emptiness of the head; confusion of the eye; sound in the ears; excess of breath; flowing of saliva; loss of appetite and desire for food; indigestion; seizure of the heart; meditation, fatigue, bewilderment, and agitation at the wrong time; hair is constantly bristled; constant fever; having the thoughts of an *unmatta* (*unmattacittatvam*); swelling; having the condition of paralysis (*arditākṛtikaraṇam ca vyādheḥ*); while sleeping, perpetual dreaming of inferior forms moving and wandering about, riding over the wheel of an oil-press, being thrown about by whirlwinds, plunging in a whirlpool of foul water, and a retracting of the eyes. These are the prodromal symptoms of *unmāda* caused by the *doṣas*.²²

²² *tasyemāni pūrvarūpāṇi tadyathā:*

*śirasah śūnyatā cakṣuṣor ākulatā svanaḥ karṇayoḥ ucchvāsasyādhikyam
āśyasaṃsravaṇam anannābhilāṣārocakāvīpākāḥ hṛdgṛahaḥ
dhyānāyāsasaṃmohodvegāś ca asthāne satataṃ lomahaṛṣaḥ jvaraś ca*

Then, immediately following these, there is *unmāda*. With regard to that, there is a distinguishing of the characteristics of this *unmāda*. They are: perpetually moving about; a sudden tossing about of the limbs, hand, foot, the forearm, the jaw, shoulder, lip, eyebrow, and eye; a pouring out of speech which is uncontrolled and constant; foam coming out of the mouth; constantly smiling, laughing, dancing, singing, and playing musical instruments at improper times; unfavorably imitating the sounds of the *śamya* cymbal and the *tāla* cymbal, the conch, the bamboo, and the lute; riding non-vehicles, adorned with objects that are not adornments; desire for unobtainable foods; for available (foods) there is severe contempt; and also—excessive jealousy, emaciation, roughness, with eyes that are reddish and swollen; having an aggravating circumstance from an opposition to what is suitable to *vāta* (wind)—these are the signs of wind-*unmāda*.²³

Impatience; anger; enthusiasm at improper times; striking of oneself or others with a fist, stick, whip, clod of earth, or weapon; running attack (*abhidravaṇa*); desire for food and water and a cool, shadowy place; becoming very hot excessively, with enraged eyes of copper, green, or yellow; having an aggravating circumstance from an opposition to what is

*abhīkṣṇaṃ unmattacittatvam udardītvam arditākṛtikaraṇam ca vyādheḥ
svapne ca abhīkṣṇaṃ darśanaṃ bhrāntacalitānavasthitānāṃ rūpānāṃ
aprasastānāṃ ca tilapīḍakacakrādhirohaṇaṃ vātakuṇḍalikābhiś ca
unmathanaṃ nimajjanaṃ ca kaluṣānāṃ ambhasāmāvarte cakṣuṣoś ca
apasarpaṇam iti doṣanimittānāṃ unmādānāṃ pūrvarūpāṇi bhavanti ||
-- Car 2.7.6*

²³ *tato'nantaram evam unmādābhinirvṛttir eva | tatredam unmādaviśeṣavijñānaṃ
bhavati tadyathā:*

*parisaraṇam ajasram akṣibhruvauṣṭhāṃsahanvagrahastapādāṅgvikṣepaṇam
akasmāt satatam aniyatānāṃ ca girām utsargaḥ phenāgamanamāsyāt
abhīkṣṇaṃ smitahasitanṛtyagītavāditrasaṃprayogās ca asthāne
vīṇāvaṃśaśaṅkhaśamyātālaśabdānukaraṇamasāmnā yānam ayānaiḥ
alaṅkaraṇam analaṅkārikair dravyaiḥ lobhaś cābhyavahāryeṣv alabdheṣu
labdheṣu cāvamānas tīvramātsaryaṃ ca kārśyaṃ pāruṣyam
utpaṇḍitāruṅākṣatā vātopaśayaviparyāsād anupaśayatā ca iti
vātonmādaliṅgāni bhavanti;
-- Car 2.7.7 (1)*

suitable to *pitta* (bile)—these are the signs of bile-*unmāda*.²⁴

Remaining in one place; being silent; seldom walking about; a flowing of snot and spit; a desire for non-foods; being fond of solitude; hideousness; hatred for cleanliness; always sleepy; a swelling of the face; white and quiet eyes covered with dirt; having an aggravating circumstance from an opposition to what is suitable to *śleṣma* (phlegm)—these are the signs of phlegm-*unmāda*.

When the characteristics of the three *doṣas* come together, this should be known as *sannipāta* (occurring together), the skilled call this incurable.²⁵

And with regard to *āgantū unmāda*, the type that is caused by possession and visitation by a variety of beings, there are also premonitory symptoms and regular symptoms:

These are the premonitory symptoms accompanying *āgantūka unmāda*, which is caused by the anger of the gods and the like. They are desire for violence against ascetics, brahmins, cows, and gods; being angry; having the intention to be cruel; having no passion for anything; impairment of the body, strength, complexion, color, and *ojas*; and, while sleeping, threats and attacks by gods and the like. After [these symptoms] *unmāda* proceeds immediately.²⁶

²⁴ *amarṣa krodhaḥ saṃrambhaś ca asthāne śastraloṣṭrakaśākāṣṭhamuṣṭibhir
abhihananam sveṣāṃ pareṣāṃ vā abhidravaṇaṃ pracchāyaśītodakānna-
abhilāṣāḥ saṃtāpaś ca ativelam tāmraharitahāridrasaṃrabdhākṣatā
pittopaśayaviparyāsād anupaśayatā ca iti pittonmādaliṅgāni bhavanti;
-- Car 2.7.7 (2)*

²⁵ *sthānam ekadeśe tūṣṇīm bhāvah alpaśaścaṅkramaṇaṃ lālāśiṅdhāṇakasravaṇam
anannābhilāṣaḥ rahaskāmatā bībhatsatvaṃ śaucadveṣaḥ svapnanityatā
śvayathurānane śuklastimitamalopadigdhākṣatvaṃ śleṣmopaśayaviparyāsād
anupaśayatā ca iti śleṣmonmādaliṅgāni bhavanti |
tridoṣaliṅgasannipāte tu sannipātikaṃ vidyāt tam asādhyam ācakṣate kuśalāḥ |
-- Car 2.7.7 (3)*

²⁶ *tatra devādīprakopanimittenāgantukonmādena puraskṛtasya imāni pūrvarūpāṇi
bhavanti tadyathā:
devagobrāhmaṇatapasvināṃ hiṃsārucitvaṃ kopanatvaṃ nṛśamsābhīprāyatā
aratīḥ ojovarnacchāyāvalavapuṣpāmupataptīḥ svapne ca devādibhir
abhibhartsanaṃ pravartanaṃ ceti tato 'nantaram unmādābhīnirvṛtīḥ ||*

And here are the symptoms that occur once the condition has taken hold:

These are the symptoms of that [*unmāda*]— superhuman strength, vigor, manliness, courage, comprehending, retaining, remembering, knowledge, speech, and intelligence. The time of this *unmāda* is irregular.²⁷

Additionally for *āgantū*-type *unmāda*, the symptoms get progressively worse according to which type of deity or creature causes the affliction. In the *Cikitsāsthāna*, the Chapter on Therapeutics, of the *Caraka Saṃhitā*, a person whose *unmāda* is caused by a *deva* is described as having a calm look, having a small amount of sweat, urine, and stool, and possessing an auspicious smell and a face like a lotus (*Car* 6.9.20). In the same section, one under the influence of a *gandharva* is described as loving various musical instruments, food and drink, baths, garlands, incense and funny tales. A somewhat less desirable form of *unmāda* is that caused by a *piśāca*. The qualities of a person afflicted in such a way include having an impaired mind, dancing, frequent singing and laughing, climbing on garbage, incoherent speech, a rough voice, nakedness, constant movement, and loss of memory.

There is wide a range of behaviors indicative of *unmāda* according to this medical text, some far more agreeable than others. So much more than “mental illness,” *unmāda* can actually be viewed as a condition that, depending on the symptoms, can lie anywhere on a spectrum of well-being, from incredibly impaired

-- *Car* 2.7.11

²⁷ *tasya imāni rūpāṇi bhavanti tad yathā:*

*atyātmabalavīryapauruṣaparākramagrahaṇadhāraṇasmaraṇajñānavacana-
vijñānāni aniyataś ca unmādakālaḥ ||*

-- *Car* 2.7.13

to exhibiting super-human traits. Certain stereotypical features occur in more than one definition – incoherent speech and excessive laughter, for example – and some are more specific, such as the *gandharva* type having an affinity for music. The condition *unmāda* was, in some ways, defined as a very positive experience. The symptoms of the *deva*-subtype seem to be both amiable and desirable qualities. To an extent, even the *gandharva*-subtype seems to describe a largely positive experience. It is important to note, though, that even the *deva*-type of *unmāda* is listed as treatable by hymns and chants, suggesting that there was a desire to rid oneself of even this type of condition. After all, even the positive symptoms would have impaired a patient’s ability to function in a normal way, in accordance with social roles and expectations.

Sub-Discourse on *Vibhrama*

Before moving on to my concluding analysis for this chapter, I want to briefly examine the sub-discourse on the term *vibhrama*, found in both medical and legal texts, which illuminates quite clearly how certain authors in classical India viewed behavior that “wavered” from normative codes of conduct. Each of the following usages suggest slightly different meanings, but a common theme is a connotation of social undesirability and also a lack of control, either over the circumstances at hand or over one’s own sense faculties and behaviors.

Manu uses the term *vibhrama* only once, but his usage is instructive. Here it is

employed to indicate deviation in the appropriate application of punishment, the result of which is a devastating mixing of classes and crossing of boundaries.

*devadānavagandharvā rakṣāṃsi patagoragāḥ
te 'pi bhogāya kalpante daṇḍenaiva nipīditāḥ |
duṣyeyuḥ sarvavarṇās ca bhidyeraṇ sarvasetavaḥ
sarvalokaprakopās ca bhaved daṇḍasya vibhramāt ||*

Gods, demons, *gandharvas*, *rakṣāsas*, birds, and snakes—even these are profitably managed only when coerced by punishment. All the social classes would become corrupted, all boundaries would be breached, and all the people would revolt, as a result of a wavering (*vibhrama*) [in the application of] punishment. (*MDh* 7.23-24)

The term *vibhrama* here indicates either a misapplication of punishment or a failure to apply it. The passage suggests that proper punishment is necessary for social control, and a slip in the application of this is disastrous. Specifically, an inappropriate mixing of social groups, inappropriate crossing of boundaries, and revolution will ensue. Here it is not clear whether a *vibhrama* with respect to punishment is accidentally or intentionally performed; it can be read either way. Regardless of the intention, the passage is a call to apply punishment carefully and intentionally, in the proper manner, for the good of society. In this context, *vibhrama* is an action with negative consequences for the social order.

Usages of the term *vibhrama* in the *Arthaśāstra* further inform how the definition of *unmāda* in *Caraka* might have been understood. The *Arthaśāstra* is an extensive classical Indian text on how to run and manage a kingdom.²⁸ In this text,

²⁸ For a discussion of the development of this text see Olivelle (2013): 6-31.

the term *vibhrama* is compounded with either *rājya*, kingdom, or *deśa*, region, to indicate a “disturbance” or “upheaval” in that particular geographic space. Consider passage 3.11.13, this appearing in the context of paying debts:

*daśavarṣopekṣitam ṛṇam apratigrāhyam anyatra
bālavṛddhavyādhitavyasaniproṣitadeśatyāgarājyavibhramebhyaḥ |*

A debt that is ignored for ten years cannot be recovered, except in the case of children, the old, the sick, and people who have fallen on hard times, gone abroad, or emigrated, or when there is a disruption (*vibhrama*) in the kingdom. (AŚ 3.11.13)²⁹

Another *Arthaśāstra* usage of this term explains that a man may have sex with a woman who does not belong to him when he has saved her from various things including robbers, famine, abandonment, and *vibhrama* in the region (AŚ 4.12.38). In all three usages the term *vibhrama* indicates a period of disruption during which exceptions to the law are stipulated. There is a deviation in the established social order and status quo behaviors cannot be expected. Further, *vibhrama* is something to which someone is subjected involuntarily. In passage 3.11.13, the creditor has no control over whether a debtor is sick, goes abroad, or falls on hard times, and therefore does not forfeit a right to collect the debt even after a period of ten years. In passage 4.12.38, *vibhrama* occurs together with various unforeseen and unpredictable occurrences, such as famine and abandonment. These usages, and also the one from Manu, suggest that *vibhrama* in the context of *unmāda* may indicate both an involuntariness and also an unwanted social condition. Being *unmāda* means

²⁹ See also *Arthaśāstra* 3.16.30.

negative consequences for the individual body in the way that disruptions like famine or the failure of a king to administer punishment mean negative consequences for the social body.

DISCUSSION

This initial collection of terms for madness and discussion of what they mean to different people gives us an initial sense of the spectrum of approaches to understanding madness in South Asia. Many of these terms—*pāgal*, mental illness, crazy, *jaḍa*, *unmāda*, *vibhrama*—will resurface in subsequent chapters where the contexts of these definitions will be examined in greater detail and from various perspectives. Some of these terms will take on new meanings and an assessment of how and why these terms are manipulated by various actors will help us to refine how we discuss madness across contexts. For now, I want to identify and discuss a few of the sub-discourses engaged by authors and sources who engage in debates on how to define madness, namely: the discourse on madness as non-ideal behavior, which includes discussion of the extent to which ascriptions of madness are made based upon a person's inability to exhibit normative behavior and meet social demands; the discourse on whether madness should be defined separately from the person afflicted with it; and, finally, the discourse on shifting registers of madness and the reasons for so doing.

Madness as Non-Ideal Behavior

Regardless of intention, attributions of madness without reference to imagined ideal behaviors in any given context simply do not happen. We see that *unmāda* to *Ankhit*, for example, is when “a person is not in a position to accommodate the common people,” where the ideal would be an ability to do so. Like *Caraka*, it’s all about sociability. Additionally, MHCB provides as criteria a few descriptors of “mental illness” related to a person’s cognitive capabilities or lack thereof, and then lists outward indicators of these cognitive functions as the criteria by which the public, or in this case, the courts, can ascribe “mental illness” to a person. These criteria include impairment of judgment and behavior, capacity to recognize reality, and the ability to “meet the ordinary demands of life.” An impairment of these things is determined with reference to normative behavior. How can one define, for example, “the ordinary demands of life?” What constitutes “ordinary”? These criteria demand that “mental illness” is defined with respect to how well a person can be normal.

It is an interesting twist, however, that authors of this bill are aware that these determinations of “mental illness” are being made with reference to social, political, and religious affiliation, in addition to “non-conformity with moral, social, cultural, work or political values or religious beliefs prevailing in a person’s community.” They make efforts to explicitly preclude these criteria when drafting the “definitions” section of their bill because they recognize this issue. And yet, try as they might to

have it otherwise, to make a determination of “mental illness” in accordance with their definition will certainly require an assessment of the extent to which a person exhibits normative behaviors. To debate the extent to which it is possible to truly make ascriptions of madness without reference to normative behavior is not the import here, though I would argue it is impossible. Rather, the import is to recognize that when people craft definitions of madness, in the classical context and the contemporary, they express differing and even contradicting opinions on the relationship between madness and social status, and also madness and the ability to meet social expectations.

This happens similarly in the classical contexts where, for example, the use of *vibhrama*, “wavering” or “disruption,” is the operative term in the *Caraka* definition. The term *vibhrama* evokes a lack of control, a lapse in judgment, or a disruption of moral, social, and physical order. The primary method of identifying *vibhrama* is observation of a deviation from some assumed, yet unstated, necessarily fluctuating, idea of what is normal, regular, or socially sanctioned. In the case of *unmāda*, the author (or authors) of the very broad definition of this term found in *Caraka* could really only conceive of two boundaries for it, namely that it causes unintentional action and the action caused wavers from what is socially desired or accepted. After all, *unmāda* is not *vibhrama* with positive results for the social order, but one that negatively disrupts the order and also the purity of either the body, or the society, or both. The experience for the individual may seem to be a positive one, as in the *deva*

sub-type of *unmāda* or the student who is called *pāgal* for doing his work, but it is still a disruption of the status quo that renders the experiencer unsociable, and as such a return to normative behavior is prescribed.

The reason that I characterize this sub-discourse as one where madness is defined as “non-ideal” behavior, rather than simply “non-normative” behavior, is because it is sometimes the case that normative behavior is envisioned as madness. In these cases, madness is still a kind of wavering, but instead it is a wavering from an ideal rather than from a norm. This was expressed, for example, in the impetus to shift the conversation from curing “mental illness” to developing “mental health,” and to focus on treating the entire population. According to Thatte and other health care workers at IPH, everyone can benefit from the treatment programs at IPH that focus on, for example, alleviating school and work related stress, or learning how to manage one’s diet by eating in a healthy manner. “Mental health” in this formulation is an ideal towards which everyone should strive, but perhaps no one ever fully accomplishes, and normative behavior is a wavering from this ideal, a kind of madness. People are still defined by how they do not meet a particular standard, but the standard is shifted. We will see echoes of this most prominently in Chapter 6 in discourses on madness in the context of spiritual practice. There, madness becomes the ideal precisely because it is a rejection of normative socially-conditioned behaviors viewed as obstructive to attaining a true state of freedom and knowledge.

Note here, too, that there is still a motivation to change behavior, to control

the madness, so to speak. Even when madness is not viewed as detrimental to social norms but actually identified with acting in accordance with those norms, there is still a discourse on how to manage it. This makes sense when we view madness not as a category defined with reference to normative behavior, but as a category defined with reference to an imagined ideal; sometimes that ideal is normative, sometimes it is not.

Madness: Something One Is or Something One Has?

In our survey of these definitions we can distinguish two different frameworks on opposite ends of a spectrum for describing what madness is. Most definitions will not engage solely with one framework or the other, but rather lie somewhere in the middle. The first framework is to describe a mad person—a “mentally ill person” or an *unmatta*,—for example. The second is to define the condition itself, separately from the person, for example, *unmāda* in the *Caraka Saṃhitā* and “mental illness” in the MHCBS. Being attentive to how these frameworks are engaged in varied contexts of madness will tell us something of the motivations and agendas of individual authors.

When one chooses to define madness through the assumption that the condition is synonymous with the person who has it, as in the case of “mentally ill person” and *unmatta*, it is frequently the case that the purpose of the definition is to establish the relationship of the person to society in general. For example, the term “mentally ill

person” and its corresponding definition were used in MHA to establish who would be subject to the regulations described in the document. In particular, a “mentally ill person” was defined as “a person who is in need of treatment by reason of any mental disorder other than mental retardation.” The definition establishes into law that a person so designated should legally be subject to the help described in the document. The condition is defined by how it affects the social role of the afflicted. The term *unmatta* in the *Yājñavalkyasmṛti* functioned similarly to regulate who can enter into a contract and to determine who should be cared for by others.

The alternative is to choose to define madness as a separate entity, one that someone can have or show signs of, but not something that fundamentally defines who they are *vis-à-vis* their family or society. Again we see examples of this in both the modern and classical contexts. In MHCB, “mental illness” is deliberately separated from the person whose rights are being legislated. The definition defines “mental illness” as a “substantial disorder,” and a person who has it is notably a “person with mental illness,” rather than a “mentally ill person” per MHA. In the *Caraka Saṃhitā*, the concept *unmāda*, a noun, is defined as *vibhrama* of various faculties and habits. It is something that someone can be afflicted with, but it is not a defining characteristic. When madness is defined in this way, as an abstract noun rather than an adjective or adjective functioning as a noun, we see that the descriptions within the definitions change to ones that refer to the behaviors of the individual rather than the relationship between the individual and the social whole.

This is not a hard and fast rule, rather a tendency. In definitions of both kinds we see glimpses of the other. In the definition in MHC, for example, we find reference to the “ability to meet the demands of everyday life.” This cannot be determined except with respect to a person’s social situation. In ILA, too, we see that “lunatic” is defined as “an idiot or a person of unsound mind.” Even though the person was equated with the condition, the definition still included reference to the body.

The crux of the two frameworks issue, alas, does not seem to be that one is driven by a desire to describe a person *vis-à-vis* society versus the desire to describe a person *vis-à-vis* themselves. Rather, the choice of framework depends on the function of the definition: if the definition serves to protect the social body and maintain the status quo, it is frequently the case that an identification of a person with madness is sufficient. What behaviors constitute that madness are immaterial. All one needs to know in these cases is that the person is mad, madness is a problem, and therefore the person is a problem. On the other hand, if the definition serves to protect individuals to whom madness is ascribed—to legislate rights for them or to cure them from illness—then there is a separation of the person from the problem.

Shifting Registers: Language, Stigma, and Origins

The final sub-discourse I will examine for this chapter is that on the shifting of registers when discussing madness. There is clearly a concern to intentionally manipulate the vocabulary of madness to suit particular audiences. This is largely a sub-discourse that I see in the contemporary materials. It may be that there is also a

discourse on this in the classical sources, but I have been unable to identify it. Specifically, I have not found explicit discussions on using different terms for madness for different audiences. As we will see in the following chapters, however, there are certainly different terms used for the same kinds of abnormal behaviors situated in different contexts: *unmāda* and *graha* (grasper) afflictions being the most obvious example. For those materials, there is no way for me to know if the terms are being shifted for the audience's benefit, with someone in the background tacitly acknowledging that the two conditions are the same. I can only discern that there are two ways of framing what appears to me to be very similar abnormal behaviors. For the contemporary context, however, the sources are explicit: use different terms to talk about the same behaviors.

The shifting of registers happens for a number of reasons. Sometimes this shift is because of language challenges. As we saw at the outset of this chapter, Madhav explains that there are no colloquial equivalents for the terms used in contemporary psychiatric discussions. The meanings attributed to schizophrenia or depression by native English speakers, for example, often are not the same as the meanings attributed to those conditions by psychiatrists. The disconnect is exacerbated when trying to translate English-language psychiatric terms into languages that are not English.

It is not always the case, however, that an inability to translate is the motivation for the register shift. As we have seen, the motivation is frequently to

avoid the stigma associated with a particular term. Goffman (1963) describes how “normals”—those who “do not depart negatively from [] particular expectations at issue”—think about and treat a person with a stigma:

By definition, of course, we believe the person with a stigma is not quite human. On this assumption we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his life chances. We construct a stigma-theory, an ideology to explain his inferiority and account for the danger he represents, sometimes rationalizing an animosity based on other differences, such as those of social class. We use specific stigma terms such as cripple, bastard, moron in our daily discourse as a source of metaphor and imagery, typically without giving thought to the original meaning. We tend to impute a wide range of imperfections on the basis of the original one, and at the same time to impute some desirable but undesired attributes, often of a supernatural cast, such as “sixth sense” or “understanding.” (5)

Such effects are what health care workers, family members, and also writers of new mental health legislation seek to avoid in shifting the register of madness. Thatte, for example, said that she does not use diagnostic terms with her patients and their families because terms like schizophrenia and depression are “too stigmatized.” She said that she will instead talk about these conditions in a general way as “illnesses of the mind.” Another source told me that the term “tension” is frequently used for “mental illnesses” because it does not carry a stigma and people will self-identify with this term. This concern to shift registers is motivated by a desire to protect the patient and to shield them from the negative associations attributed to madness in Indian society. It is important to note also, though this will be discussed in much more detail in Chapter 5, that definitions and vocabulary attributed to a set of abnormal behaviors also varies according to the beliefs about the causes of

madness: “mental illness” was used by physicians and psychology students when describing people who frequent the Mira Datar Dargah rituals, but those who participate use *bhūt lagānā*.

Finally, within this sub-discourse we also saw the discussion on the extent to which words for madness can be “used casually.” There is certainly a sense in the contemporary discourse that there is an imagined spectrum of severity of terms, where some terms can be used innocuously where others cannot be. Sometimes, the same term has very different connotations and social consequences depending upon the tone or context in which it is used. I was told, for example, that the phrase *veḍa lāgala āhe*, defined for me as meaning “lost control,” can be used “casually” with no stigma, or “seriously” with stigma. In the case of the Mad Over Donuts chain or the student who is *pāgal* simply because he has done good work, terms for madness are not used to speak to identify a degree of illness or “severity,” as one student put it. When terms are used in this way—to talk “casually” about abnormal behavior—they are drawing on stereotypes about madness, often related to over-indulgence, excess, and uncontrollability. In the following chapter, which focuses on depictions of madness in film and theater, we will see that the discourse on stereotypes of madness is an important one in both classical and contemporary contexts.

Chapter 3
Creating Deviance:
Madness as Device in Literature and On Stage

She, having the form of an *unmatta*, was afflicted with sorrow, covered with half a skirt, emaciated, pale, filthy, her hair obscured by dirt. When they saw her, some of the people were afraid and ran away. Others were absorbed in thought and some cried out. Some laughed at her and others were angered. But some felt sympathy for her and asked after her, O Bhārata. “Who are you, to whom do you belong, Virtuous One? What are you hunting in the forest? Having seen you, we are disquieted. Are you a human? Tell us the truth, are you the goddess of this forest, or mountain, or direction, Virtuous One? We seek your refuge. Are you a *Yakṣī* or a *Rākṣasī*, Beautiful One? Regardless, bring us prosperity and keep us safe, Faultless One! By all means, Virtuous One, grant that this caravan departs from here safely and quickly, we seek your refuge!”³⁰

Mahābhārata 3.61.110-116

This chapter focuses on the discourses surrounding the creation of madness.

Depictions of madness in epics, plays, dramaturgical texts, and films can reveal much about the popular characteristics attributed to madness at a given point in time.

³⁰ *MBh* 3.61.110-116:

unmattarūpā śokārtā tathā vastrārdhasaṃvṛtā |
kṛśā vivarṇā malinā pāṃsudhvastaśiroruhā ||
tāṃ dr̥ṣṭvā tatra manuḷāḥ kecid bhītāḥ pradudruvuh |
kecic cintāparāstasthuḥ kecit tatra vicukruśuh ||
prahasanti sma tāṃ kecid abhyasūyanta cāpare |
cakrus tasyāṃ dayāṃ kecit papracchus cāpi bhārata ||
kāsi kasyāsi kalyāṇi kiṃ vā mṛgayase vane |
tvāṃ dr̥ṣṭvā vyathitāḥ smeha kaccit tvam asi mānuṣī ||
vada satyaṃ vanasyāsya parvatasyātha vā diśaḥ |
devatā tvāṃ hi kalyāṇi tvāṃ vayaṃ śaraṇaṃ gatāḥ ||
yakṣī vā rakṣasī vā tvam utāho'si varāṅganā |
sarvathā kuru naḥ svasti rakṣasvāsmān anindite ||
yathāyaṃ sarvathā sārthaḥ kṣemī śīghram ito vrajet |
tathā vidhatsva kalyāṇi tvāṃ vayaṃ śaraṇaṃ gatāḥ ||

An analysis of these depictions from a comparative perspective helps us to see what primary issues are at stake in different contexts and time periods for creators of such content. When someone wants to recreate various kinds of pathologized deviance for dramatic effect—when they have to “fake it”—how do they describe it? Are their descriptions markedly different than descriptions of people who supposedly are not faking it? Were there dissenting opinions on how certain states should be shown on stage, or was there a sense that certain kinds of performances would be considered insensitive or inappropriate? Finally, what were the poetic effects, if any, of incorporating a stereotyped combination of pathologized deviant into one’s play? These are the questions I examine throughout this chapter.

It is clear that in contemporary contexts, as we will soon see, at least some people believe that different kinds of illnesses are made manifest through a wide range of behaviors, and a single, caricatured vision of what constitutes madness cannot convey the complexity of reality. Similarly, in classical Indian sources there are many ways to present deviance, and abnormal behavior on the stage and in literary texts. Though some of the tropes integrated into contemporary films can be seen in this older literature, it is clear that writers in classical India had unique ways of categorizing and constructing madness that reflect their own context-sensitive understanding of these phenomena.

The sources for this chapter’s contemporary period include a discussion from a film festival convened around the topic of “mental health.” Over the course of the

festival, film shorts, clips, and several full-length films were screened, and panels of experts discussed their content together with the audience. The sources for the classical period include a number of Sanskrit plays, Bharata's *Nāṭyaśāstra*, and the epic *Mahābhārata*. Each of these sources provides unique perspectives on how creators of literature and drama discussed madness and sought to portray it on stage. As is the case with each chapter, I will compare and analyze the discourses raised in these sources in a final concluding section. One initial note I would like to make here: For the contemporary period I was able to watch the films and listen to the discussion; for the classical period, I am only able to analyze the texts themselves as the authors and their original audiences are long gone. Certainly some of these plays are still staged in India and elsewhere, and their audiences may be engaging in discussions about the mad characters therein, but I was not privy to those conversations. In making my comparisons I have been attentive to this and I am careful not to draw conclusions about the absence of a particular discourse in one or another of the respective bodies of material. Still, there are notable discussions that take place in one of the contexts, but not the other. I do still address these to see what we can learn about discourses on madness, however tentatively, from the differences in each context.

Finally, the data set from which this chapter draws—filmic and literary descriptions of deviant behavior—is a rather broad. Many of the examples speak to discourses addressed in later chapters. Where this is the case, I have drawn attention

to these examples, and I will direct the reader to seek more information in the appropriate chapter.

CREATING MADNESS IN CONTEMPORARY INDIA

Manatarang

In October of 2012 I attended a mental health film festival in Thane, a city in Maharashtra located just outside of Mumbai. The festival, called *Manatarang* (“Ripples of the Mind”), was co-sponsored and organized by IPH and the members of the Psychology Department at V. G. Vaze College. The films screened included short art house-style films, documentaries, and clips from full-length features. Organized into seven panels over the course of two days, audiences would watch a series of films or clips, and then engage with a panel of experts who facilitated discussion and provided commentary. These experts included doctors, community health care workers, scholars, actors, directors, screenwriters, and participants from the various outreach groups hosted by IPH.

The final panel on Sunday investigated the mental health messages in Bollywood movies. Though the audience demographic changed only slightly from panel to panel, this session was particularly well attended with approximately 150 people in the audience, about 75% of them female, and about half from Vaze College’s Psychology department. The medium was a mix of Marathi, Hindi, and English, and changed according to the preference and comfort level of the speaker. Most students asked questions and responded in English, while the panelists tended

to use Marathi and Hindi. This star-studded panel included filmmakers Sandeep Kulkarni, Govind Nihalani, and Purushottam Berde alongside Dr. Anand Nadkarni from IPH and Dr. Ashish Deshpande, a psychiatrist working in Mumbai.

The primary issue at stake was how and to what extent the movie industry perpetuates stereotypes about madness. Scholarship on this topic reveals mixed and complex opinions. Bhugra (2005) argues that the social climate in India from the 1950s through the 1990s had a significant impact on the way mental illness was portrayed in Hindi films. He argues that the optimism of the 1960s led to “gentle” portrayals of mental illness, whereas the climate of corruption in the 1970s and 1980s led to aggressive portrayals that included more psychopaths (250). In a 2012 review of scholarship on Indian films on “mental illness” published in the *Journal of Mental Health and Human Behavior*, it is argued that the industry both perpetuates stereotypes and educates against stereotyping. This review states, “Generally, Indian movies have portrayed mental illness in a negative manner and presented them in the form of crude comedy, showing the victim of mental illness as a subject of ridicule,” but then also argues that many films have, “demonstrated a textbook example of the disorder(s) and are valuable for learning” (Krishnan, Gupta, & Gupta 2012, 95-100). This same article also shows that varieties of psychiatric care—patient-therapist relationships, ECT, and hypnosis—are also well attested in Indian film.³¹

³¹ This review article provides an extensive list of films that address various aspects of madness. The list starts with the 1950s and identifies the film by title and “theme,” which are categories such as “mentally challenged,” “psychopath,” “female

A general discussion before the *Manatarang* screening focused on one particular recurrent trend: the use of mad people as comic relief through caricature of symptoms, behaviors, and speech patterns, the mad character in the wildly popular *Lagaan: Once Upon a Time in India* (2001) being just one example. Participants observed that though the mad character often plays a minor role, the potential damage of which these portrayals are capable is great. The worry expressed by the mental health care community workers and the film industry insiders attending the panel was that these kinds of portrayals lead to the perpetuation of negative social stigma for those with “mental illness.” They misinform the public by portraying exaggerated symptoms and exhibiting combinations of symptoms that rarely occur together in the real world. Additionally, some participants argued, the reactions these characters solicit in the films model reactions to “mental illness” that are dated, inhumane, and inappropriate, which only exacerbates the social consequences of stigma.

One of the psychology students at Vaze College who attended the festival said that the social consequences of being identified as “mentally ill” or “mad” in India are grave, indeed. She explained:

When someone has a mental condition, he is termed mad whether or not the person is cured. Even after he is cured, people avoid him and it’s a lifetime

psychopath,” “anti social personality disorder” and “obsessive stalking lovers.” It is interesting to note, too, that this review article was written in 2012 by an Indian psychiatrist and two Indian scholars who teach in Rohtak, Haryana. This being the case, the article is an interesting source in its own right for an analysis of the terms used in contemporary India to talk about madness.

status. Whatever that person does, people don't take him seriously and think, "He is mad. Don't pay attention to him." For example, if I am physically not well, people will come and meet me. But if I am mentally ill, they will try their best to stay away from me. The person therefore loses his confidence and hope in his living. (Student at *Manatarang*, personal communication, Nov. 7, 2012)

A number of people, including students, doctors, and family members of individuals with illness, said that the stigma of madness in India reaches far beyond the person directly affected. Aside from hearing these stories anecdotally, I learned through interviews at IPH that many families will isolate family members with madness, locking them in the house and hiding them while guests are present. Extreme cases of this kind of behavior have been documented in recent news articles and are easy to come by (Hammond 2013).³² Families fear that the marriage and employment prospects of the healthy family members will be put in jeopardy if people outside the family find out about the illness. Additionally, there is the sense that some kinds of madness are brought on by the patient through their misbehavior or as a result of karmic retribution. Not one person actually told me that they personally believe this, yet most people whom I interviewed told me that others hold this to be true. While it is difficult to assess the extent to which people subscribe to this view, the fact that people believe others subscribe to it significantly affects how madness is discussed and how people to whom madness is ascribed are treated.

³² This article discusses the case of a man who was bricked into a room for over 10 years by his family who were unable to find adequate care for him. It also discusses the lack of access to care that is one of the causes of such treatment.

Perhaps the most debilitating consequence of this stigma is that many patients and their families will not seek treatment until the condition has become completely unmanageable (Shidhaye & Kermode 2012). For their ability to mitigate these consequences and encourage patients and their families to seek help when needed, mental health awareness and anti-stigma campaigns are seen by many mental health professionals in India as crucial for making progress in the arena of mental health. A program at IPH called Manovikas (meaning something like “Expansion of the Mind”), for example, focuses exclusively on fighting stigma through education. Through this program, trained volunteers go out into their communities to give presentations and stage plays that convey accurate information about “mental health” and “illness.” During the panel at *Manatarang*, participants discussed how the film industry, with its wide audience and ability to influence popular culture, is perfectly poised to engage in similar kinds of campaigns effectively. There is also already some evidence that films depicting madness are being used effectively not only to educate the general public in India, but also to train Indian psychiatry residents in Mumbai (Kalra 2011).

In recent years there has been a push to portray certain kinds of conditions, such as schizophrenia, Alzheimer’s disease, Down Syndrome, and depression, in ways that more closely resemble the experiences and struggles of real people. For example, *Devrai* (2004), a Marathi language film produced in consultation with two prominent Indian psychiatrists, Dr. Anand Nadkarni and Dr. Mohan Agashe, is one

such film, excerpts of which were screened at *Manatarang*. This film follows the struggles of a young man and his family as both he and they become aware of his medical condition and the treatment he will need. Panelists at the conference, who included the actor Sonali Kulkarni who plays the protagonist's sister, as well as Dr. Anand Nadkarni, one of the consulting psychiatrists for the film, discussed the potential for positive social impact from the integration of accurate representations of mental health issues in more mainstream Bollywood movies. They argued that such representations reduce stigma and also demystify “western” psychiatric approaches to treatment, which many people are reluctant to try for fear of the unknown.

Filmmakers at the festival cited a number of reasons for the recent attempts to portray madness in subtler, condition-specific ways. One of the panelists stated, for example, that younger actors, following the trend toward art house-style films that deal more realistically and intensely with aspects of human experience, have become increasingly concerned with the integrity of their performances. “There is a shift,” he says, “in the thinking of this new generation of actors” (panel participant, personal communication, Oct. 2012). They want to take on complicated roles, do the necessary research, and participate in projects they see as meaningful. To continue to portray madness according to the old model is viewed as bad acting, and not worthy of their time and talents. In order to attract this new generation of actors to their projects—and thereby make more money at the box office—producers and writers must change their approach and develop roles that will be desirable to this new

demographic. Sonali Kulkarni, the actor mentioned above who starred in *Devrai*, said that she first became interested in working on that particular film because of her own personal experiences. She talked about her father's struggles with Alzheimer's, and how her own misunderstanding of his condition caused her a lot of unnecessary pain. For her, working on a film like *Devrai* felt like a worthwhile way for her to educate herself about his struggles and also gave her a chance to share what she had learned with the public. Thus, the reasons for this shift are many: some are motivated for personal reasons, some are profit-driven, some are due to an increased sense of social responsibility, and other factors are probably at play as well.

An intriguing contradiction surfaced through this panel's screenings and discussion: everyone recognized which characters in the screened films were supposed to be conveying illness—they recognized certain behaviors and tropes as characteristic of “madness” or “mental illness”—and yet they also agreed that the behaviors performed by these various actors did not correspond to any “real mental illness,” observable in everyday life. The character of the mad person in many Indian films has become standardized to the point that there is little variation in the traits this character exhibits, even if the specific condition of the character would not manifest those traits “in the world.” The portrayals, the participants said, were a mix of exaggerations and misrepresentations. This suggested to me that people can and will adjust their criteria for assessing what constitutes madness according to context. Regardless of the extent to which the participants thought the portrayals were “real”

or “accurate,” they still used the same terms, namely “madness” and “mental illness,” to talk about the whole range of behaviors.

The only time the panelists talked about the stock mad figure film portrayals as if they were accurate representations of the experiences of real people was when they were talking about “psychosis,” which can be defined as “a serious mental disorder characterized by defective or lost contact with reality often with hallucinations or delusions” (*Merriam-Webster Online Dictionary* 2014). One of the panelists, in addition to a psychiatrist in Pune to whom readers were introduced in the previous chapter, said that the general public does not recognize that there are different types of mental illness and spectrums of severity. For them, someone is either mad or they are not mad. I think this is only partly true.

The pattern I believe they are seeing has more to do with the way people talk about behavior, rather than the way they perceive it. People do recognize a spectrum of illness, they just do not talk about it in degrees of “madness.” The pattern I began to see through interviews was that terms like “mad” were only used to talk about behaviors that looked like “psychosis.” If someone wanted to talk about other kinds of abnormal behavior that a psychiatrist might diagnose as a type of “mental illness,” they would use words like “tension” or describe behaviors rather than label a condition with a noun. For example, “She doesn’t want to go to work,” or, “He won’t listen to us,” were sentences used by family members to describe the behavioral changes of their loved ones. Quite benign on their own, these descriptions are the

ways that people indicate more significant psychological conditions. It is not through dramatic language, like attributions of “madness,” that people express their complex understandings of illness. People do recognize a spectrum of illness, but the term “mad” is part of a different sphere of discourse, a discourse of extremes, of literary and poetic affect, and stigma.

CREATING MADNESS IN CLASSICAL INDIA

When we turn to the Sanskrit sources, what we have is only a snapshot of the ideas and perspectives that must have existed in the respective time period. Still, what we can discover is how some Sanskrit writers described the physical bodies of people in these altered states and what their descriptions suggest about the anxieties and concerns regarding pathologized deviance current in their time. Whether they were describing people they observed in their daily life, repeating current literary tropes or stereotypes, or developing whole new ideas on the topic, each voice tells us something important and adds nuance to our understanding. Here, I will look primarily at the term *unmāda* and its variants, but will supplement these selections with usages of other terms for madness when I discuss the *Nāṭyaśāstra*.

I have divided the materials here into three sub-spheres of concern: describing *unmāda* (what does *unmāda* look like), creating *unmāda* (what should *unmāda* look like), and *unmāda* as disguise and symbol (what does *unmāda* both conceal and reveal when functioning as a trope rather than a marker of identity). Though these

are my categories and the texts themselves do not recognize these divisions, they seem appropriate in that they represent three different situational contexts in which behavior is described. There is considerable overlap of description between the materials in these sub-levels, yet dividing the materials in such a way allows the reader to separately consider the possible intentions of the authors and examine how their descriptions might differ as a result of those intentions.

Though there are literally thousands of passages that could be selected, I have chosen the following for a few reasons. First, I selected passages that were the longest and most detailed, passages where an *unmattaka* or the state of *unmāda* has been described rather than simply mentioned. Second, I want to show the range of description. To do this I selected passages that not only describe different ways of being deviant, but also different contexts for deviance from a few genres of text (epic, dramatic, and medical). For example, the selections from Sanskrit drama, the *Pratijñāyaugandharārayaṇa* and the *Mattavilāsaprahasana*, both feature an *unmattaka* character, but in the former the *unmattaka* is the title character in disguise and in the latter there is a character simply called *unmattaka*. Though both are from Sanskrit dramas, the selections reveal different contexts and motivations for describing an *unmatta* state.

Describing *unmāda*

Here I will survey descriptions of *unmāda* and related states in a few Sanskrit texts. I begin here with the *Pratijñāyaugandharāyaṇa*, or *Yaugandharāyaṇa's Vows*, a play composed by Bhāsa. While I will treat this play rather briefly in this subsection, I return to it when discussing *unmāda* as both symbol and disguise at the end of this chapter. I begin with this play because of the variety of angles it presents for examining the usage of terms such as *unmatta*. It is the story of a wise advisor who saves his kidnapped king through self-sacrifice, force of will, and careful planning. This advisor is in the guise of an *unmattaka* for an entire act. Not only do we find descriptions of how the author thought an *unmattaka* should look, but we also get a glimpse of how the author expected an *unmattaka* character to be treated by the general public. And, in addition to this, we see the use of a literary trope that is also developed elsewhere in Sanskrit literature—the use of an *unmattaka* disguise to conceal status, knowledge, and power.

In the *Pratijñāyaugandharāyaṇa*, a devoted and clever minister, Yaugandharāyaṇa, makes a series of vows for the sake of his king, Udayana, also called Vatsarāja, King of the Vatsas. Falling for a trap which had him hunting unguarded and far from his kingdom, Vatsarāja is captured by a neighboring king, Pradyota. Pradyota, despite conquering many of the other neighboring kingdoms, is never recognized as a sovereign by Vatsarāja, who, up until this capture, has maintained his independence. When he learns of the capture of his king, Yaugandharāyaṇa makes a vow to free him and plots the escape. The plot thickens as

Yaugandharāyaṇa learns that the king refuses to leave without Pradyota's daughter, Vāsavadattā, with whom he has fallen in love while imprisoned. This knowledge causes Yaugandharāyaṇa to make two more vows, one that Vatsarāja will carry off the king's daughter as Arjuna carried off Subhadrā,³³ and the second that Yaugandharāyaṇa will ensure that the king's elephant and his lute, together with Vāsavadattā, will escape with the king.

In a temple in Ujjaini, Pradyota's kingdom, Yaugandharāyaṇa disguises himself as an *unmattaka* and meets with two other ministers who are also in disguise, one as a *diṇḍika* (the *vidūṣaka*, or 'joker,' of the play)³⁴ and the other as a *śramaṇaka*. The latter term, from the root *śram* meaning "to toil," or "to make effort," likely refers to either a Jain or a Buddhist monk. The meaning of the former term is less clear, but may also refer to an ascetic. According to Monier-Williams, the term *diṇḍi* or *diṇḍin* is employed in the *Bhaviṣya Purāṇa* to refer to a man connected with the worship of the sun or of Śiva (Monier-Williams Dictionary 1899, reprint). Perhaps, then, *diṇḍika* refers to a person of such a kind. At any rate, they each disguise themselves as itinerant beggars. The important thing to note here is that the disguise

³³ For the story of the abduction of Subhadrā, see *MBh* 1.17.211-212.

³⁴ The *vidūṣaka*, or joker, is a character found frequently in classical Indian drama. Winternitz gives a brief summary of his role and characteristics: "The *vidūṣaka* is always a Brāhmaṇa or rather a caricature of a Brāhmaṇa. He has a grotesque appearance in respect of his physique, dress, and language. He is dwarfish, hump-backed, bald-headed, with protruding teeth and red eyes, voracious eater, quarrelsome, stupid and ignorant. But he is the trusted companion of the king, whom he always serves faithfully, but often in an uncouth manner, in his love adventures" (1963, Vol. 3, Part I, 190).

of the *ummattaka* allows Yaugandharāyaṇa to move about freely without raising suspicion. Like certain classes of holy men, a *śramaṇaka* for example, the disguise of an *ummattaka* is useful for sneaking around. After all, the meeting of the three ministers takes place in Ujjaini, which is enemy territory for them. Perhaps such disguises were effective because figures like monks, ascetics, and madmen were ubiquitous features of the local landscape. To see one is so common that people ceased to pay attention. Alternatively, or likely in addition, it may be that such figures were believed to have severed all social ties and loyalties, so even if one did take notice of them, they did not worry about them plotting. I will return to a discussion of this disguise at the end of the chapter.

The play also gives us a sense of how an *ummattaka* was believed to have looked and acted. At their meeting in Ujjaini, the discussion of the three ministers contains *double entendre*. An elaborate discussion of sweets, *modakāḥ*, serves as the medium through which they share information regarding the king. They all switch to speaking in Prakrit when in disguise, as the “perfected” language of Sanskrit is typically reserved for upper-class men in these plays. The *vidūṣaka* is the first one present at the scene, disguised as the *diṇḍika*. When Yaugandharāyaṇa’s voice is heard from off-stage yelling “*Modakāḥ! Modakāḥ!*,” which literally means “Sweets! Sweets!,” or metaphorically here, “Friends! Friends!,” the *vidūṣaka* exclaims:

*avihā | eso ummattaō mama modaamallāaṃ gahṇia hasamāṇo
 pheṇāyamāṇamaḷiṇavarisāracchodaam via ido evvāhāva-i | ciṭṭha
 ciṭṭha ummattaā | ciṭṭha | imiṇā daṇḍaathṭheṇa sīsaṃ de bhindāmi |
 (Prakrit)*

*avidhā | eṣa unmattako mama modakamallakaṃ grhītvā hasamānaḥ
phenāyamānamalinavarṣārathyodakam iveta evādhāvati | tiṣṭha
tiṣṭhonmattaka | tiṣṭha | anena daṇḍakāṣṭhena śīrṣaṃ te bhinadmi |*
(Sanskritized)

Alas! This madman, having taken away my bowl of sweets, like foaming filthy rainwater streaming down a road, rushes from here laughing. Stop, *unmattaka*, stop, or I will break your head with this wooden staff. (*PrYau* 3.4)³⁵

For anyone who has ever experienced the monsoon season from a street in India, the simile of foaming, dirty rainwater streaming down the road evokes not only a sense of speed and dirt, but also a sense of uncontrollability, disorder, and unpredictability of movement. Though this brief physical description gives minimal information, it does powerfully invoke four characteristics associated with an *unmattaka*, namely thieving, laughing, being speedy, and being dirty. Considered together, they presumably are intended to create for the audience a convincing portrayal. All of these traits considered separately, however, have unique and telling trajectories of their own. The description of laughter for an *unmattaka* is one that will resurface later in this chapter and one that is not uncommon. While in some instances the *unmattaka* character is depicted as laughing for no reason, it is sometimes the case that his laughter disguises a certain degree of knowledge, as it does in the *Pratijñāyaugandharāyaṇa*. At other times the laughter of an *unmattaka* is considered an ominous portent. The description of the *unmattaka* as a thief is also interesting in

³⁵ Rangachar (1940) provides the Prakrit text as well as the Sanskritized version given above.

that during this play and elsewhere it is hinted, and sometimes forthrightly stated, that *unmattakas* can get away with stealing, spying, and other nefarious activities in ways that others cannot. Finally, the dirtiness of the *unmattaka* is highlighted, an important characteristic of madness in many classical sources.

The allusion to the dirtiness of *unmatta* people that we see here (and saw already in the passage regarding Damayantī at the opening of this chapter) is likely the most commonly attested physical descriptor in Sanskrit literature for this class of people. This dirt has many shades of meaning. There is the preoccupation with purity and pollution in South Asia, and also an association of dirtiness of body with dirtiness of character. However, the dirtiness also represents the possibility of advanced spiritual awareness, as such awareness could render one indifferent to the cleanliness of his or her physical body. It is impossible to determine to what extent this dirt is actually a distinctly negative quality in the passages selected here, though that is certainly the sense one gets from Bhāsa's passage and the following one from the *Mattavilāsaprahasana*.

The *Mattavilāsaprahasana*, or the *Farce of Drunken Sport*, is a seventh-century play by King Mahendravarman of South India. In this play, a Kāpālika ascetic loses his skull bowl, accuses a Buddhist monk of stealing it, and a Pāśupata ascetic steps in as a kind of mediator. Towards the end of the one-act play we are introduced to an *unmattaka* character who picks up the skull bowl of this same Kāpālika after a dog (who, presumably, either stole it from the Kapālika, or found it

lying around somewhere) dropped it. The play is primarily in Sanskrit, though the female characters, the *unmattaka*, and the Buddhist monk speak a variety of Middle Indic languages. In this play, the *unmattaka* character has no name aside from *unmattaka*. His role is really to highlight aspects of other characters' identities, rather than act as a developed character in his own right. One gets the sense from the juxtaposition of the *unmattaka* and each of the other characters that all of them—and especially the Kāpālika—are a little ridiculous, each in their own way. We learn nothing about the *unmattaka*'s personal history or identity. Like Yaugandharāyaṇa as an *unmattaka*, this character can show up anywhere with no questions asked and no suspicion raised. Here again, though not in disguise, he is a shell for an idea, a literary trope employed for poetic effect. When the Kāpālika first sees this *unmattaka* he describes him in the following way:

ayē ayam unmattakaḥ ita ēvābhivartate |
ya ēṣaḥ
nirviṣṭōjjhitacitracīvaradharō rūkṣair nitāntākulaiḥ
keśair uddhatabhasmapāṁsunicayair nirmālyamālākulaiḥ |
ucchiṣṭāśanalōlupair balibhujām anvāsyamānō gaṇair
bhūyān grāmikasārasaṅcaya iva bhrāmyan manuṣyākṛtiḥ ||

Hey! Here comes the *unmattaka*, who is wearing a speckled monk's robe, once gained, now discarded, with thin and disordered hair full of dust and ash, decked in masses of used garlands, attended by a flock of crows, as if a pile of village garbage wandering around in human form. (*MaVi* 155)

The *unmattaka* is described in much the same way as an *unmāda* character is described in the *Nāṭyaśāstra*, a dramaturgical text addressed further on in this chapter. He is a caricature. In particular he has a dirty look

with clothes of rags and the wearing of garlands, with emphasis on how he resembles garbage. He is not described as exhibiting any qualities that would be unique to him as an individual, rather he takes on the stock characteristics of a madman.

Before returning to additional discourses on physical description, I want to highlight another telling, though perhaps unsurprising, feature of this *Mattavilāsaprahasana* description: the *unmattaka* character does not self-identify as an *unmattaka*. After a short interaction between the Kāpālika, the Buddhist monk and the *unmattaka*, wherein the *unmattaka* explains that he calls the skull bowl he has found a “gold-bowl” because it was made by a relative of a goldsmith who wears gold robes, the monk, somewhat confused at the *unmattaka*’s statement, asks the Kāpālika whether this man they have just encountered is, in fact, an *unmattaka*. The *unmattaka*, overhearing, considers for a moment, then interjects:

*unmattaka’ō tti bahuśō edaṃ saddaṃ suṇōmi | ēdaṃ gaṇhi’a daḷiśehi
unmatta’añ |*

I always hear the word *unmattaka*. Take this (the skull bowl) and show me the *unmattaka*! (*MaVi* 176)

However brief, this statement also points to the process through which the term *unmatta(ka)* becomes used as a polemical tool. When someone is called an *unmattaka* in Sanskrit literature, it does not necessarily tell us anything about that mental state of the described person, but rather it is the result of an outsider deciding

a person's behavior is not in accord with what is expected. It must be noted that, as far as I have been able to determine, the term *unmatta* is very rarely, if ever, used to self-identify.

In addition to the discourse on dirt, there are extensive descriptions focused on the unexpected movement that attends madness. The idea that the movements of an *unmattaka* person are beyond their own physical control and the idea that these people need to be held at a certain distance because of this are commonplace. These movements are not always just physical, but mental and emotional as well. In an example of inconstancy of movement from the *Āraṇyakaparvan* of the *Mahābhārata*, Damayantī wakes to find herself alone in the forest and abandoned by her husband Nala. The narrator explains:

*tataḥ sā tīvraśokārtā pradīpteva ca manyunā |
itaś cetaś ca rudatī paryadhāvata duḥkhitā ||
muhur utpatate bālā muhuḥ patati vihvalā |
muhur ālīyate bhūtā muhuḥ krośati roditi ||
sā tīvraśokasaṃtaptā muhur niḥśvasya vihvalā |
uvāca bhaimī niṣkrāmya rodamānā pativratā ||
yasyābhiśāpād duḥkhārto duḥkhaṃ vindati naiṣadhaḥ |
tasya bhūtasya tadduḥkhād duḥkham abhyadhikaṃ bhavet ||
apāpacetasam pāpo ya evaṃ kṛtavān nalam |
tasmād duḥkhataram prāpya jīvatv asukhajīvikām ||
evaṃ tu vilapantī sā rājño bhāryā mahātmanaḥ |
anveṣati sma bhartāraṃ vane śvāpadasevite ||
unmattavad bhīmasutā vilapantī tatas tataḥ |
hā hā rājann iti muhur itaś cetaś ca dhāvati ||*

Then she, agonized by stinging grief and almost aflame with fury, she, full of sorrow, wailed and ran this way and that. Suddenly, the young girl rose up, then dispirited she suddenly fell down. The next moment she crouched in fear, the next she shrieked and wailed. Oppressed by this stinging grief, she was perturbed and breathed heavy sighs. Then

the devoted wife, daughter of Bhīma, weeping, went out (into the forest) and said, “From whoever’s curse the sorrowful Naiṣadha finds more sorrow, may the sorrow of that person be even more extraordinary than his! The one who has done such evil to Nala, whose mind is without evil, from that he will obtain even greater pain and may he live a life devoid of happiness! In such a way did the great-spirited wife of the king lament as she went searching for her husband in the forest inhabited by wild beasts. Like an *unmatta* the daughter of Bhīma wailed, “Oh, oh, king!” and incessantly ran back and forth, this way and that. (*MBh* 3.60.12-18)

Here Damayantī’s emotions manifest themselves on her physical body through her erratic, inconstant behavior and desperate attempts to locate her husband. In the beginning of the passage, she alternates between collapsing into a huddle and picking herself up, and it is a zigzag movement at the end of the passage which is most closely associated, by way of proximity, with acting *unmatta*. The description of Damayantī getting up only to collapse into fits of sorrow, wailing, and heaving provides further indication of what kinds of behavior might be classed by some as *unmatta*-like. Further, her association here with anger, desperation, and sorrow reveals that all of these states can manifest physical signs interpretable as *unmatta*. The pattern seems to be that Damayantī’s emotions are extreme in measure, all over the place, as is her body. Perhaps it is this lack of control, the inability to regulate both emotions and physical actions, that forms the link between these myriad emotions and behaviors and the descriptor *unmatta*. Note also that her devotion to her husband—shown by her lamentation of his sorrow instead of her own, and her condemnation of his tormentors rather than feel sorry for herself—

shows that *unmatta* behavior is not always associated with a loss of one's sense of self. She knows who she is and what she cares about. Even though her behavior seems wild, it is not unusual in the context of her love and devotion to Nala.

For a different kind of literary representation of the erratic movement of *unmāda* and an interesting look at other terms paired with this term, we turn to an episode from the *Śāntiparvan*, again from the *Mahābhārata*. Here we see that *unmāda* is not always associated with being dirty, with a kind of jumbled speech or disjointed knowledge. It can look like a king who wavers from his *dharma* and is unwilling to fulfill his duty. He is subject to *moha*, a term often translated as “delusion,” and he is described as *mūḍha*, a term that can mean “foolish,” “stupid,” “bewildered,” and “simple.” The following episode takes place after the great war of the *Mahābhārata* when Yudhiṣṭhira is about to be crowned universal monarch. Draupadī is addressing Yudhiṣṭhira at a point when he is grieving over the death of his countrymen, considering renunciation, and hesitant to become king. She considers his grief and his hesitation to be markers of *unmāda* and *moha*:

hatvā rājasahasrāṇi bahūny āśuparākramah |
tad vyarthaṃ saṃprapaśyāmi mohāt tava janādhipa ||
yeṣāṃ unmattako jyeṣṭhaḥ sarve tasyopacāriṇaḥ |
tavonmādena rājendra sonmādāḥ sarvapāṇḍavāḥ ||
yadī hi syur anunmattā bhrātaras te janādhipa |
baddhvā tvāṃ nāstikaiḥ sārddhaṃ praśāseyur vasuṃdharām ||
kurute mūḍham evaṃ hi yaḥ śreyo nādhiḡacchati |
dhūpair añjanayogaiś ca nasyakarmabhīr eva ca |
bheṣajaiḥ sa cikitsyaḥ syād ya unmārgeṇa ḡacchati ||

Having slain many thousands of kings, you are one whose attack is quick. I now judge that [slaying] to be done in vain, O Sovereign of Man, because of

your *moha*. When the eldest among them is *unmattaka*, they all follow him in that. Through your *unmāda*, O Supreme King, all of the Pāṇḍavas have come to possess *unmāda*. For, if these brothers were not *unmattas*, O Sovereign of Man, having bound you with the other infidels they would rule the earth. He who acts *mūḍha* in this way does not attain prosperity. He who takes this wrong path should be treated with medicines, incense, use of collyrium, and applications of medicines through the nose. (*MBh* 12.14.31-34)

In this passage, Yudhiṣṭhira's poor judgment—both to grieve overmuch and to consider taking up the ascetic life—is discussed as a kind of *unmāda*. Though he does not exhibit many of the qualities that characterize *unmatta* people in the previously discussed texts, he does, in Draupadī's opinion, engage in erratic thoughts and behaviors unsuited to a man in his position as king. One not behaving in a way that is consistent with one's *dharma* (in this case *kṣatriyadharmā*) can also be seen as *unmāda*. Here again madness is a state ascribed to the afflicted by an onlooker, rather than a self-identification of the experiencer himself. While some might interpret Yudhiṣṭhira's hesitations as noble and appropriate considering the circumstances, Draupadī sees only fault in them. She also hints at the medical interpretations of *unmāda*, pathologizing Yudhiṣṭhira's judgment and recommending treatment via medicine. Though inattention to *dharma* may seem to be an unlikely indicator of disease, it actually fits quite well in descriptions of *unmāda* in medical texts where moral indiscretions and physical trauma alike can cause this condition to arise.

Creating *unmāda*

The passages previously addressed show some of the range of characteristics employed by authors to create *unmatta(ka)* characters in classical Indian literary contexts. In this section, I will examine a text that addresses this literature on a meta-level and provides, in great detail, instructions for how to create madness on the stage: Bharata's *Nāṭyaśāstra*. This is a Gupta period dramaturgical text that describes stage etiquette, including such topics as how to portray emotions, the significance of particular gestures, and an elucidation of which language should be employed by people of various classes, backgrounds, and geographies. This text provides an interesting comparative parallel to the contemporary discussions of film at the beginning of this chapter, as this text is also concerned with both the stage direction for the actors and the interpretation by the audience of those stage directions.

Surveying the *bhāvas*

The section called *Bhāvavyañjakaḥ* of the *Nāṭyaśāstra* lists 49 *bhāvas*, or “emotions,” the physical characteristics of which are described in detail. There are various categories of *bhāva* that work together to convey *rasa*—“what an audience is supposed to feel” (Selby 2000, 27). In her comparative analysis of “North” and “South” Indian classical poetry, Selby provides a short description of the *rasas* and *bhāvas* (2000, 26-31). She explains that, according to the *Nāṭyaśāstra*, there are eight *rasas*: the erotic, the comic, the compassionate, the cruel, the valorous, the terrible, the abhorrent, and the miraculous; each *rasa* has a corresponding *sthāyibhāva*, or

“permanent feeling” (27). In order to actually produce *rasa* for an audience, one must engage combinations of four other types of *bhāva*: *vibhāva* (“causes” or “determinants,” e.g., the objects towards which the emotion is felt or the setting, such as springtime); *anubhāva* (“after-feelings,” the indication of feelings through gestures); *vyabhicāribhāva* (“transitory feelings,” which are transitional states of body and mind); and *sāttvikabhāva* (“involuntary” or “true” states, which are physical states caused by emotion, e.g., “stammering” or “perspiration”) (28).

In the *Nāṭyaśāstra*, *unmāda* is listed as a *vyabhicāribhāva*, a transitory emotion, together with other sentiments such as debility, apprehension, envy, drunkenness, and exhaustion. Positioned on a scale of negativity between expositions on *vyādhi*, sickness, and *maraṇa*, death, *unmāda* is said to be represented by the following: laughing without any cause, crying, yelling, chattering, lying down, reclining, standing up, running around, dancing, singing, throwing up ashes and dust, wearing ornaments of grass, withered or cast-away flowers, rags, and bark, and performing various unsteady (*anavasthita*) behaviors (*Nāṭ.Śā* 7.83-84). In this description we see some traits familiar to us from previously surveyed materials. Irregular speech or sound patterns, lots of erratic physical movement, and a disheveled look. It is perhaps tempting at this point to draw the conclusion that there are obvious ways of depicting *unmāda*, and that the term *unmāda* is employed in order to refer to or identify madness more so than other Sanskrit terms. Such a conclusion, however, is problematized by the descriptions of myriad other *bhāvas* in

the *Nāṭyaśāstra* with similar characteristics, and also descriptions of *unmāda* in this same text that vary significantly from those encountered thus far.

Let us consider first the instructions for a number of the other *bhāvas*. The following passage on *mada* (“intoxication,” “excitement,” “madness”) describes how an actor should portray such a state. In this passage the three types of *mada* and their five modes of representation are described:

trividhas tu madaḥ kāryas taruṇo madhyas tathā avakṛṣṭas ca |
karaṇaṃ pañcavidhaṃ syāt tasyābhinaye prayoktavyam ||
kaścīn matto gāyati roditi kaścīt tathā hasati kaścīt |
paruṣavacanābhidhāyī kaścīt kaścīt tathā svapiti ||
uttamasattvaḥ śete hasati ca gāyati ca madhyamaḥ prakṛtiḥ |
paruṣavacanābhidhāyī rodity api ca adhamaparakṛtiḥ ||
smitamadhuravadanarāgo hr̥ṣṭatanuḥ kiñcid ākulitavākyaḥ |
sukumārāviddhagatis taruṇamadas tūttamaparakṛtiḥ ||
skhalitāghūrṇitanayanaḥ srastavyākulitabāhuvikṣepaḥ |
kuṭilavyāviddhagatir bhavati made madhyamaparakṛtiḥ ||
naṣṭasmṛtir hatagatis charditahikkākaphaiḥ subībhatsaḥ |
gurusajjamānajihvo niṣṭhīvati cādhamaparakṛtiḥ ||

mada is to be performed in three ways: lively/youthful, middle, and lowly. It is to be represented in five different modes. The *matta* sings, cries, laughs, says harsh words or sleeps. The one of the highest disposition (*uttamasattva*) lies down; the one with the middle nature laughs and sings. The one of the lowest nature speaks harsh words and cries. The one who has a passion for smiling and speaking sweet words, whose body is bristling, whose words are sometimes bewildering, and who moves both delicately and unsteadily, this is the one of the highest disposition, the lively *mada*. Eyes that are unsteady and whirling around, hanging and distracted arms tossed to and fro, and moving in a crooked manner, the one of middle nature in the state of *mada* is like this. The one with the lowly nature has memory destroyed and struggles to move, is hideous with phlegm hiccuped and vomited, and has a heavy tongue that is moving about and stuck out. (*Nāṭyā* 7.38-7.43)

Coming from the same root, *mad*, the terms *mada* and variants of *unmāda* share some connotations. According to Monier-Williams, *mada* can refer to “insanity,” and *unmada* can mean intoxicated by drink just as *mada* can. As I will discuss in the following chapter, the terms *unmatta* and *matta* are frequently found together in Sanskrit legal literature. Also, the compound *madonmatta* (*mada* + *unmatta*) is frequently found in Tantric texts from the medieval period onward.³⁶ Such examples reveal the slippery boundaries between these two terms. Note the overlap of representation depicted here, including laughter, confused speech, memory loss, lack of eye contact, and erratic motion. A few passages later, we also find that the “learned” (*i.e.*, those who know the proper stage performance according to the *śāstra*) present a recovery from *mada* as a result of fright, sorrow, fear, and also happiness (*Nāṭṣā* 7.67). Inducing such states is also a means for curing *unmāda*, according to the *Caraka Saṃhitā*. This will be addressed further in Chapter 5.

A number of other *bhāvas* speak to various ways of exhibiting deviant and unexpected behavior on stage. For the sake of space, I have given descriptions of only four of the other 49 *bhāvas* here: *moha* (“delusion”), *capalatā* (“unsteadiness”), *jaḍatā* (“senselessness”), and *apasmāra*

³⁶ I do not address these usages in this dissertation largely because they fall outside of the timeframe to which I have limited the present discussions. Still, a search for “*madonmatt-*” in the Muktabodha Indological E-text Search Engine (http://muktalib5.org/digital_library_secure_entry.htm) yields 70 results from 38 different texts.

(“epilepsy”). Others would certainly contribute interesting perspectives.

Consider the following:

Moha

mohaḥ | moho nāma daivopaghātavyasanābhighātavyādhibhayāvegāpūrvavairānusmaraṇādibhir vibhāvaiḥ samutpadyate | tasya niścaitanyabhramaṇapatanāghūrṇanādarśanādibhir anubhāvair abhinayaḥ prayoktavyaḥ |

moha: *moha* is produced by *vibhāvas* (or causes of emotion) such as a stroke of fate, calamity, attack, illness, fear, agitation, and remembering of an old hostility. The acting should be presented by *anubhāvas* (or, indications of a feeling) such as loss of consciousness, roaming about, falling down and whirling around, and loss of sight, etc. (*NāṭṢā* 7.52 and preceding prose)

Capalatā

capalatā | capalatā nāma rāgadveṣamātsaryāmarṣeryāpratikulādbhir vibhāvaiḥ samutpadyate | tasyāśca vākpāruṣyanirbhartsanavadhabandhasamprahāratādanādibhir anubhāvair abhinayaḥ prayoktavyaḥ |

avimṛśya tu yaḥ kāryaṃ puruṣo vadhatādanam samārabhate | aviniścitakāritvāt sa tu khalu capalo viboddhavyaḥ ||

capalatā: *capalatā* is produced by *vibhāvas* such as passion, hatred, jealousy, anger, envy, and opposition. The acting should be presented by *anubhāvas* such as harsh words, threatening, slaying, imprisoning, engaging in battle, and beating.

The man who, without thinking, commences slaying and beating, he, because of his uncertain action, is known as a *capala*. (*NāṭṢā* 7.60 and preceding prose)

Jaḍatā

jaḍatā | jaḍatā nāma sarvakāryāpratipattiḥ | iṣṭāniṣṭaśravaṇadarśanavyādhyādibhir vibhāvaiḥ samutpadyate | tāmabhinayed akathana-

*avabhāṣaṇatūṣṇīmbhāvānimeṣanirīkṣaṇaparavaśatvādibhir
anubhāvaiḥ |*

*iṣṭam vāniṣṭam vā sukhaduḥkhe vā na veti yo mohāt |
tūṣṇīkaḥ paravaśago bhavati sa jaḍasamjñītaḥ puruṣaḥ ||*

jaḍatā: *jaḍatā* is characterized by the failure to participate in all activities. It is produced by *vibhāvas* such as hearing and seeing desired and undesired things and from sickness, etc. This should be portrayed through *anubhāvas* such as not talking, speaking against someone, being silent, looking without blinking, becoming subservient, etc.

He who, because of *moha*, does not know a desired thing from an undesired thing, nor happiness from sorrow, who is silent and subservient, he is a man known as *jaḍa*. (*Nāṭyā* 7.66 and preceding prose)

Additionally, in the *Sāmānyābhinayaḥ* of the *Nāṭyaśāstra* we find a description of *jaḍatā* in the context of describing the various stages of love. After first succumbing to longing, anxiety, recollection, enumeration of the beloved's merits, distress, lamentation, *unmāda*, and sickness, one displays *jaḍatā*, the final stage before *marāṇa*, or death. It is perhaps of note here that these passages describe a female actor. While the text explicitly states that these are the stages of love for males as well as females, the text uses feminine participles. Determining the extent to which portrayals of various abnormal states are gendered is tricky because most often the masculine pronouns and participle endings are used to address groups that presumably consist of people of all genders. Still, it is interesting that in this *Nāṭyaśāstra* passage and also in the previously examined passage from the *Māhabhārata*, it is love that creates *unmāda*, *jaḍatā*, and similar states in actors playing female roles.

*prṣṭā na kiṃcit prabrūte na śṛṇoti na paśyati |
tūṣṇīm hākaṣṭabhāṣā ca naṣṭacittā jaḍā smṛtā ||
akāṇḍe dattahumhumkāṛā tathā praśīthilāṅgikā |
śvāsagrastānanā caiva jaḍatābhinaye bhavet ||*

A woman who does not give any answer when being questioned and does not hear or see, who remains silent, utters “Ah!”, and whose capacity for thought is destroyed, she is known as *jaḍa*.

In the portrayal of *jaḍatā* there should be the unexpected utterance of ‘hum,’ loosened limbs, and heavy breathing. (*NāṭṢā* 24.188-24.189)

Apasmāra

*apasmāra | apasmāro nāma devayakṣanāgabrahmarākṣasabhūtapretapiśāca-
grahaṇānusmaraṇocchiṣṭaśūnyāgārāsevanāśucikālāntarātīpātadhātuvaiṣamyā
dibhir vibhāvaiḥ samutpadyate | tasya sphuritaniḥśvāsītotkampitadhāvana-
patanasvedastambhanavadanaphenahikkājihvāparilehanādibhir anubhāvair
abhinayaḥ prayoktavyaḥ |*

apasmāra: *apasmāra* is produced by *vibhāvas* such as the remembering of being grasped by a god, a *yakṣa*, a *nāga*, a *brahmarākṣasa*, a *bhūta*, a *preta*, or a *piśāca*; by (consuming) leftover food; by frequenting empty homes; by a transgression at an improper or impure time; and by the unevenness of the *dhātus* (or, constituents substances of the body). The acting should be presented by *anubhāvas* such as quivering, exhaling, shuttering, running, falling, sweating, rigidity, foaming in the mouth, hiccups, wagging the tongue around, etc. (*NāṭṢā* 7.73 preceding prose)

Discussion of *bhāvas*

Each of these descriptions of *bhāva* contributes data points for our study of discourses on madness. Even a cursory read through these descriptions highlights the incredible amount of attention this text gives to every single aspect of human behavior. Every behavior has a particular meaning, and combinations of specific behaviors are supposed to evoke for the audience a very particular aesthetic

experience of a very particular emotion. What is less clear is the extent to which an audience would universally interpret a particular set of behaviors as one particular *bhāva*. When considering the significant amount of overlap in these representations, it is likely the experiences of the individual audience member—combined with a number of other factors including the aptitude of the actor, the particular play being produced, the circumstances of its production, etc.—will significantly affect the way in which the behavior is interpreted. The inner state ascribed to actors is determined by the audience’s experience of their actions.

The first term, *moha*, for example, is to be represented with roaming around, falling down, and loss of vision. It has many causes, and it can be induced both by circumstances currently afflicting a person and also by memory of old circumstances. While an individual experiencing *moha* for herself may be able to easily identify her emotion as distinct from various other emotions, an audience presented with this performance of *moha*, which features several behaviors that overlap with other *bhāvas*, would need to draw on context and also interpret for themselves what is intended. That does not mean that all the *bhāvas* here surveyed are not unique and unable to serve particular functions on their own. They all speak to different ways of feeling and being. The term *capalatā*, while like *moha* is a way of behaving senselessly, is clearly more violent according the *Nāṭyaśāstra* and has more vindictive motives. The point I make is not only about the similarities or the overlap in these descriptions. The point is rather that an assignment of a particular *bhāva* to a

series of behaviors is a reflection of many factors, including an audience member's experience of the world, the experience and skill of the one performing the behaviors, and of course the context of the play. This is important for our study of madness more generally because, as we move through the proceeding chapters, it becomes clear that ascriptions of madness are made in much the same way that they are in theater, by those witnessing and interpreting the behavior of the mad, rather than by the person who is supposedly experiencing the madness.

The term *jaḍatā*, which can be variously translated as “inanimateness,” “senselessness,” “stupidity,” “apathy,” and “despair,” we saw in Chapter 2 glossed by Vijñāneśvara as “impairment of the inner organ.” Note the kinds of behaviors attributed to this condition: refusing to speak, a reluctance to participate in activities, a loss of memory, and lackluster physical gestures. Interestingly, the indicators of this condition are similar to indicators of *ślaiṣmika-unmāda* described in the *Caraka* medical text. This particular kind of *unmāda* is associated with a disturbance of phlegm and is characterized by lack of movement, observing silence, having a frightening appearance and being sleepy (*Car* 7.7). Determining to what extent a person was displaying *unmāda* versus *jaḍatā* may have been quite difficult indeed, and it is likely that context would play a large part in discerning the difference when so much overlap is present.

The term *apasmāra* is also particularly interesting for this study as it is one that is frequently paired with *unmāda* in Sanskrit medical literature and has

considerable overlap of symptom and treatment. Though the term is often translated into English with the term “epilepsy,” such an equation for all sources is problematic. Like *unmāda*, the term *apasmāra* has been over-medicalized in scholarship on classical India, and the two share a considerable amount of ambiguity in their literary usages. It is clear, at least, that the condition *apasmāra* does often involve convulsions or fits of some kind. This is why “epilepsy” may be a good fit in some contexts. When I do offer a translation in this dissertation, I will use “epilepsy” for *apasmāra*, but the reader should know this is an imperfect translation.

Here we find that *apasmāra* is closely linked with various types of supernatural beings, as it also is in the *Caraka Saṃhitā*. Additionally, the qualities attributed to *apasmāra* here are very similar to those given in a description of how one becomes *unmāda* in the *Caraka*. There, it is stated that one becomes afflicted by supernatural beings after residing in a deserted house, after engaging in sinful acts (*pāpasya karmaṇaḥ*), after coming into contact with impure and inauspicious things, and eating leftovers, to name a few (*Car* 2.7.14). These are the same conditions under which someone might fall prey to *apasmāra* according to the above description from the *Nāṭyaśāstra*.

What we see here in the *Nāṭyaśāstra* is that there are many terms for conditions, emotions, and actions that can contribute to our general discussion of madness. There are a variety of ways of showing lack of control over one’s body and mind available to those authors modeling their works after the *Nāṭyaśāstra*, and no

single description can really be identified as a kind of quintessential or typical madness. Some of the terms addressed speak to characteristics that may be much more closely aligned with some modern biomedical notions of “mental illness” than the characteristics exhibited by someone exhibiting *unmāda*. I do not mean that these other conditions, *apasmāra* for example, can be equated without considerable provision with modern biomedical conditions. They cannot. But what I want to demonstrate here is that if a search for “mental illness” in classical India is what one endeavors to do—a project that would be helpful in revealing to us our own presuppositions about human behavior and its causes, if little about classical India—it would be necessary to include a range of terms, *unmāda* being only one. When descriptions of *unmāda* are viewed alongside descriptions of other terms as they are here, we see that there is a serious methodological problem with trying to evaluate *unmāda* as *the* designator of psychopathology in classical India: doing so obscures other relevant conditions and contexts, and it anachronistically attributes to the concept of *unmāda* a distinctly mental and a distinctly medical connotation. Still, there is much to be learned by examining the discourses on this term. We must just remember that it is not the only term relevant to the discourse.

A prime example of this misinterpretation of the range of *unmāda* comes again from the *Sāmānyābhinayaḥ* of the *Nāṭyaśāstra*. Here we find a very different description of *unmāda* than the one discussed in the chapter on *bhāvas*, one explicitly linked to longing for one’s lover. Here again the subject is female:

*tatsaṃśritāṃ kathāṃ yuñkte sarvāvasthāgatāpi hi |
pradveṣṭi cāparān puṃso yatronmādaḥ sa ucyate ||*

*tiṣṭhaty animiṣadrṣṭir dīrghaṃ niḥśvāsiti gacchati dhyānam |
roditi vihārakāle nāṭyam idaṃ syāt tathonmāde ||*

It is known as *unmāda* when a woman is always telling stories concerning him (her lover) and hates all other males.

The portrayal of *unmāda* should be done by standing and keeping a vigilant gaze, long sighing, losing oneself in thoughts, and crying when it is time for fun. (*Nāṭyā* 24.184-185)

Here *unmāda* looks very different. There is still the sense that the behavior of someone who is *unmāda* is inappropriate for the context (crying when she should be having fun, for example), but here the person is not moving all over the place and the movement of her limbs is not a real concern. Rather, she is lethargic, sad, and lost in thought.

When prompted with the two very different descriptions of *unmāda* from this particular text and considering them in light of the discourse at the *Manatarang* film festival, I became curious about a number of things: to what extent would an audience in ancient India have recognized these staged behaviors as indicative of either *unmāda vyabhicārabhāva* or the variety of *unmāda* prescribed in the *Sāmānyābhīnayaḥ*? Would they recognize, instead, some other *bhāva* in the performance? For any of these *bhāvas*, would they attribute to that character a kind of permanent condition that calls for medical attention, or would they attribute poor character to such a person? Considering the great level of detail, specificity, and range in the descriptions of states in the *Nāṭyaśāstra*, but also the considerable

amount of overlap, it seems unlikely that audiences would see states like *unmāda*, *moha*, *capalatā*, etc., which are indeed categorized as *vyabhicārabhāvas*, or transitory emotions, as markers of a particular and distinct class of people. Here a stock figure does not stand in as a representation of all categories of madness. It is understood that people will move through a series of emotions that will lead them to act in abnormal and inconsistent ways. Their actions are then interpreted by viewers as *varieties* of fleeting, mad states. The person is not equated with the condition, but is rather the experiencer of it.

***Unmatta* as Disguise**

I return now, finally, to Yaugandharāyaṇa disguised as an *unmattaka*. It is in this disguise that he convinces the two other ministers to engage in his self-sacrificing and ambitious plot, makes two additional vows, and makes speeches that may seem like baseless chatter, but in context are craftily veiled statements foreshadowing what is to come. Here we see an indication of the ambiguous role of the *unmattaka* in classical Indian society. Harbingers of future events and voices of reason where the rest have become unreasonable, the *unmattaka* can wear many hats at once. Here are the final lines of Act III, where Yaugandharāyaṇa is talking aloud to himself in the temple:

*hī hī candraṃ girati rāhuḥ | muñca muñca candraṃ | yadi na muñcasi
mukhaṃ te pāṭayitvā mocayiṣyāmi | eṣa eṣa duṣṭāśvaḥ paribhraṣṭa
āgacchati | eṣa eṣa catuspathavūthikāyām | yāvad enam āruhya baliṃ
bhakṣayiṣyāmi | ete ete dārakabhartāraḥ | māṃ tāḍayatha mā khalu mā*

*khalu mām tāḍayatha | kiṃ bhaṇatha – asmākaṃ kim api nṛtyeti |
paśyata paśyata dāraḥkartāraḥ | ete dāraḥkartāraḥ | punar api
mām tāḍyatha yaṣṭibhiḥ | mā khalu mā khalu tāḍayata | tena hy aham
api yuṣmān tāḍayāmi |*

Ah, Ah! Rāhu is swallowing the moon. Release, release the moon! If you do not, I shall liberate him by destroying your face. This, this wicked horse here, escaped, comes! Here at the crossroads. Having mounted him I will partake of the offering. These, these are child-husbands! Beat me! No, no, don't beat me! What do you say? "Dance some for us"? Look, look, child-husbands! These are child-husbands! Beat me again! No, no, do not beat me, for with that, I too will beat you! (*PrYau* 3.108)

The dramatic conceit here is that the temple bystanders—if they were not in a play and did not know this act was staged—would hear Yaugandharāyaṇa's words, laugh them off, and determine that he was speaking utter nonsense. But the audience, for whom this play was staged, would recognize his veiled threat: The reference to Rāhu devouring the moon and the plea for the moon's release seem to reflect the imprisonment of Vatsarāja by Pradyota. Similarly, Yaugandharāyaṇa's threat to smash the face of Rāhu speaks to his ultimate triumph in helping Vatsarāja to escape from Pradyota's control. His final statement—that he will strike back—also portends future events. Whether there are other hidden meanings in the rest of his speech is anyone's guess. The language is intentionally vague. What is clear, however, is that the disguise of the *unmattaka* here simultaneously signals knowledge and lack of it. As suggested by this play and attested in other Sanskrit texts, the speech and behavior of an *unmatta* was sometimes believed to contain wisdom in disguise.

In the case of Yaugandharāyaṇa, the nonsense suggested by the *unmattaka* disguise actually serves to emphasize the sagacity of his words, craftily veiled as nonsense. Here we see a parallel to the use of the “madman” in contemporary Indian film. The *unmattaka* role is often performed, not so as to give insight into the character of an individual supposedly afflicted with such a condition, but rather as a trope to convey a particular set of coded meanings. The condition of being *unmatta* is a literary device. The *unmattaka* is not a person, but a symbol and a shell, to be employed as necessary. Here the stereotypical traits of the *unmattaka* character, contrasted with what the audience knows of Yaugandharāyaṇa, draw special attention to aspects of Yaugandharāyaṇa’s mission and identity, namely, that the mission is craftily-executed by an intelligent and devoted person.

This play suggests, too, that there may be practical reasons for choosing the disguise of an *unmattaka*, aside from the possible association with veiled knowledge. Importantly, being *unmatta* can make one anonymous, even invisible. Consider that Yaugandharāyaṇa can show up in the temple (far from his own home) in the disguise of an *unmattaka* with no questions asked and no suspicion raised. Perhaps few people would have concerned themselves with such a person, stranger or not. From where does he come? Why is he there in the temple? Where is his family? Who takes care of this person? From the context it seems that no one asks these questions. The suggestion that *unmatta* people had a kind of anonymity is supported by other Sanskrit sources. The following passage from the *Arthaśāstra* advises government

agents to disguise themselves as *unmatta* people, presumably because they might fall under the radar in such a state:

The Collector should post in the countryside agents acting undercover as thaumaturgic ascetics, renouncers, traveling holy men, wandering troubadours, charlatans, entertainers, diviners, soothsayers, astrologers, physicians, madmen (*unmatta*), mutes, deaf persons, idiots, blind persons, traders, artisans, craftsmen, performers, brothel keepers, tavern keepers, and vendors of flat bread, cooked meat, and boiled rice. They should find out the honesty and dishonesty of village officials and superintendents. And when he suspects anyone of them of having a secret source of income, he should employ a secret agent to spy on him. (AŚ 4.4.3-5)³⁷

This passage suggests that *unmatta* people, in addition to various other categories of people, were either persons whose presence was considered inconsequential or those who, through their everyday business transactions or goings-on, could gain valuable information. Appearing in direct sequence with the deaf, dumb, and blind, *unmatta* people may have been, and likely were given the context, seen as somewhat incapable of comprehending and conveying information from the world around them. Those who may be acting against the king in some way might continue to do so in the presence of *unmatta* people, making them excellent spy material. Here, again, the guise of the *unmatta* conceals a certain degree of knowledge and competence, as was the case with Yaugandharāyaṇa.

In another instance of disguise, this from the *Mahābhārata*, we see how being *unmatta* is associated not only with knowledge, but also with notions of asceticism and divine power. The rascally sage Durvāsas dons the irregular garb of an *unmatta*,

³⁷ Translation Olivelle (2013): 231.

shaves his head, and shows up at the house of a man named Mudgala asking for food and uttering a variety of random comments, jokes, and abuses (*MBh* 3.246.12).³⁸ He does this in order to test the generosity of Mudgala by eating everything the man has to offer. After eating all the food, he smears his body with leftovers and departs. He returns six times, doing the same thing each time. Mudgala's generosity has no end; he gives Durvāsas everything he can without a trace of anger, frustration, or puzzlement. Durvāsas, convinced of Mudgala's merits, finally delivers lengthy praise of him and says he, Mudgala, will attain heaven directly in his very body. Presumably the farce is up at this point and Durvāsas' true identity is revealed, though this is not explicitly stated. As Durvāsas predicts, a chariot of gods arrives presently to deliver Mudgala to heaven.

This description speaks to traits that may have been associated with *unmāda*, namely a variety of nonsensical and abusive speech acts and having a shaven head, but also speaks to another phenomenon found in Sanskrit literature: the association between feigned *unmāda*, ascetic practice, and secret knowledge. Durvāsas' traits, namely, a shaven head, being verbally abusive, and covering himself in impure substances, are not only also associated with madmen, but also with ascetics. I will explore this association further in Chapter 6. For now note that this is yet another example of how the outward appearance of an *unmatta* can be employed in literature to conceal status and power.

³⁸ *bibhrac cāniyataṃ veṣam unmatta iva pāṇḍava |
vikacaḥ paruṣā vāco vyāharan vividhā muniḥ ||*

This is not unlike the passage cited at the beginning of this chapter, where Damayantī, though appearing to be *unmatta*, is believed to be a powerful goddess or spirit of some kind. The travelers say to her:

Having seen you, we are disquieted. Are you a human? Tell us the truth, are you the goddess of this forest, or mountain, or direction, Virtuous One? We seek your refuge. Are you a Yakṣī or a Rākṣasī, Beautiful One? Regardless, bring us prosperity and keep us safe, Faultless One! By all means, Virtuous One, grant that this caravan departs from here safely and quickly, we seek your refuge!

To these travelers at least, seeing a woman with the outward guise of an *unmatta* causes a certain degree of confusion and even fear. It inspires pleas for mercy and requests for grace. Indeed, it is interpreted as a mark of some kind of great power, either divine or demonic.

It is clear that *unmāda* can be assigned to a huge range of physical behaviors, meanings, and emotions in classical India, including being in love, afraid, proud, loquacious, powerful, and even divine. It is this spectrum of connotation that we must keep in mind as we move through the following chapters. Some discourses will suggest a more narrow meaning of *unmatta* and related terms. For example, in the following chapter I will explore how authors of legal texts discussed the regulation of the bodies and affairs of people whose actions suggest that they need to be considered separately from the normative population. Here, because of the recent history of legislation on mental health and illness both in India and abroad, it is tempting to read *unmatta* in earlier materials the way it has been read by later redactors and scholars, namely as a “madman” in need of control by the state for the

sake of the public good. Even if the term *unmatta* is put to work in this way in the Sanskrit law texts, it does not mean that these other connotations—those of passion, knowledge, power, disguise, and divinity—were not present and informing the construction of the discourses.

DISCUSSION

This chapter has addressed some of the conversations raised with respect to madness and film at a small film festival in Thane, India, and has also surveyed a small sampling of the variety of portrayals of madness in Sanskrit epic, dramaturgical literature, and plays. Through these we can discern a few answers to some of the questions with which I opened this chapter, questions related to the way in which madness is recreated for literary and dramatic purposes. There are many sub-discourses engaged by the sources in this chapter. I will discuss two of the particularly salient ones here, namely, the discourse on the range of ways one should create madness and the discourse on reception, which basically addresses the meanings attached to caricatures. This sub-discourse also includes the important classical sub-discourse on wisdom and the contemporary sub-discourse on stigma.

How to Create Madness

The sources surveyed here describe a wide range of ways to create madness. Perhaps the most ubiquitous description was that of the caricatured madman: dirty,

giggly, moving every which way, (predictably) unpredictable. Whether deliberately drawing on established Indian dramaturgical standards presented in the *Nāṭyaśāstra* or from tropes established by other means, both the contemporary and the classical periods have considerable overlap in the way they present the stock figure of the madman. It is clear that historically a very particular kind of madness has been portrayed by many Indian filmmakers. Directors, writers, and actors at the film festival associated stock types of abnormal behavior with “traditional” portrayals of “madness.” Some typical behaviors, as identified by panelists at the festival, are incoherent speech, avoidance of eye contact, dirtiness, erratic behavior, and the tendency towards violence. These resonated strongly, though did not overlap completely, with the descriptions analyzed from the *Pratijñāyauḡandharāyaṇa* and the *Mattavilāsaprahasana*, where dirt, incomprehensible speech, and erratic behavior were cited. Notably, the connection with violence and specific reference to eye contact were absent.

While we can recognize that a caricature of madness has been developed in both contemporary and classical contexts, it is also important to note important differences in the portrayals, and also the different ways of situating caricatures with respect to less stereotypical portrayals of madness. To begin, in the contemporary discourse at the festival, people assessed and discussed the portrayals of madness with respect to how close they matched their own views of reality. On one end of the spectrum was the caricature, in the singular, variously called a “stereotype,”

“misrepresentation,” and “exaggeration.” On the other end of the spectrum is the myriad ways of depicting “real mental illness,” the depiction of Shesh who is diagnosed with schizophrenia in the film *Devrai* (2004) being one example discussed on the panel. The more condition-specific a portrayal, the more it was discussed as “real,” “responsible,” and also “great.” then lots of “good” ways to do it.

In trying to understand why the various portrayals were critiqued in this way, we must consider both the perspective of the participants and the expectations with which they approached the topic. The participants at the festival assessed and critiqued stock mad figures as the sole representatives of people with “mental illness” in Indian film. Considering that the audience was comprised primarily of students of psychology, doctors, psychologists and care takers of those with “mental illness,” and also the family members of these people, it is no surprise that they felt a disconnect between the experiences shown on screen and those lived out in their daily lives. The variety of experience they observed in everyday life is more subtle, and infinitely more nuanced, than the stereotyped figures they saw on screen. When participants widened their critiques to include films that depicted condition-specific abnormal behaviors, then they were able to relate to and appreciate the madness therein portrayed.

In the *Nāṭyaśāstra*, however, a character displaying *unmāda* does not carry the burden of representing all types of “mental illness.” One can still see how a stereotype of a particular category of people is developed in the text with reference to

this term, but the patterns of behavior to which this term refers do not represent a kind of madness par excellence. Such patterns typify only one particular kind of fleeting, emotional experience. In some contexts (being in love, for example), the patterns portrayed are far removed from the notion of “mental illness” addressed at the *Manatarang* conference. A range of terms represents pathologized deviant behavior, for example *mada*, *moha*, *capalatā*, *apasmāra*, and *jaḍatā*. We do not have the audience to ask, but given the *rasa* framework of Sanskrit poetics and the systematic discussion of each of these conditions in the text, one does not get a sense that the portrayal of any one *bhāva* is intended to be more indicative of reality than any other. This is theater, after all, and the *bhāvas* are meant to be *representations* that bring the audience to an experience of *rasa*.

Also for the classical sources, we do not have a sense—and this may be one that I see because of a lack of comparable available sources—that the various portrayals of madness in the *Nāṭyaśāstra* were considered inappropriate and insensitive. As I mentioned previously, characters can move into and out of these *vyabhicaribhāvas*, or transitory states, so there is not an identification of the person with the abnormal behavior, but more an identification of the situation with the abnormal behavior. Perhaps the notion of the impermanency of these states shields these authors from anxieties about insensitivity, if they were indeed shielded from them.

Regardless of the reasons for portraying madness in such a way, one point that is important to note here is that in the discourse on how one should create madness there is a wide range of opinion, from those who reject stereotypes to those who embrace them as useful tools for theater. This does not vary solely as a function of temporal context either. Though I have focused here on the critique of the caricature in the contemporary context, it is clear that there is a camp of contemporary Indian filmmakers and actors who do think the “traditional” caricature of the madman should be employed. They were not at the festival, but their films certainly were there, featuring as the target of critique. For some filmmakers, the use of these caricatures in their projects is an intentional act which links the mad character from their work with the long history of mad characters from other films and other types of entertainment, thereby enriching the portrayal.

Finally, it is important to highlight again that the caricature of the wild and dirty madman is just one mad figure attested in both the classical and the contemporary sources. In the contemporary context there was much discussion on how to portray madness, one important suggestion being that it should be portrayed with reference to conditions found in real life. For the film *Devrai*, there were two consulting psychiatrists that worked on the film and helped the actors to “get it right.” That actors should do research was one of the ideas discussed. Note here that this desire for realism had many motivations: education, family relationships, money, for art’s sake, to name a few. In the classical sources, we saw madness as Yudhiṣṭhira

wavering from his *dharma*, and Damayantī experiencing love sickness. Though there is some overlap with the caricature previously discussed, most noticeably with respect to this concept of “wavering,” there are also unique features within each portrayal.

Reception and the Meanings Attached to Madness

An important area of discourse most explicitly engaged by participants at the festival but also discernable in the classical materials is the varied reception of portrayals of madness. Portrayals of madness are received and interpreted by audiences in complex, context-sensitive ways. When a filmmaker or playwright employs certain tropes to portray meaning, an audience can recognize the author’s intention and take meaning from that portrayal without accepting those tropes as a reflection of behavior in the “real” world, and without generalizing that portrayal to other spheres of life. For example, if audience members recognize a behavior as *unmāda* in a play, that does not mean that they will expect that a person referred to as an *unmatta* in a legal text will exhibit the same kinds of behaviors. Reception depends upon the context and also upon the individual viewer. In the case of classical Sanskrit texts, we do not have the luxury of consulting the audiences of these different works to discover the myriad ways in which they interpreted the materials still available to us. We do, however, have *rasa* theory, which is all about reception. Sensitivity to how creators of aesthetic experiences (*i.e.*, poems, plays) engaged with

rasa theory to portray pathologized deviant states reveals insights into reception otherwise overlooked.

One concern with reception voiced repeatedly by festival participants was that the caricatures of madness portrayed in film misinformed the public who, they presumed, took those caricatures at face value. Participants themselves discussed how they recognized the caricatures as inaccurate, with one important exception being that the caricature reflected “psychosis,” an extreme version of madness. The participants argued that this caricature of “psychosis” was being generalized to all kinds of “mental illness” and causing audiences to be less sensitive to the struggles and challenges that people with “mental illness” face. This critique makes sense, as the depth of character of an individual playing a mad person is often not developed, rather an understanding of that person’s character is assumed, based on knowledge of prior depictions of madness on screen and in literature. The end result of this is that the character becomes a shell for an idea, rather than a depiction of a thinking, feeling person. An abnormal behavior is not displayed because the filmmakers believe it corresponds to an actual condition, but because they want to tap into a stereotype for poetic effect. They need to resort to a filmic kind of shorthand.

We see this same phenomenon in Sanskrit literature. In a number of Sanskrit texts surveyed here, the *unmattaka* plays a functional role as a representative of a type. The speech of the *unmattaka* foreshadows later developments, for example, or the *unmattaka* is juxtaposed alongside satirized characters for comic effect. The

personal identity of the *unmattaka* is often irrelevant, to the extent that in some plays, a character is identified simply as *unmattaka*, and not by any personal name. From a human rights standpoint, which was one of the rallying points around which the film festival was organized, such portrayals have significant repercussions. When we cease to view those suffering from madness as individuals in their own right, one would argue, empathy bows out, making way for stigma and prejudice. This brings us to an important sub-discourse within the contemporary context: stigma.

Due to the increase in international mental health care campaigns, contemporary political debates, documentation of human rights violations with respect to mental health care facilities, and increased documentation of the significant impact of stigma on treatment and welfare of the “mentally ill,” stigma is commonly raised in the discourse on madness. In the present chapter, we saw one festival participant remark that if a person is designated as mad, even if cured, it is a “lifetime status” and that person will be avoided. Additionally, the reception to portrayals of caricature at the film festival was largely negative because of a concern over stigma. Specifically, participants expressed the opinion that the perpetuation of these caricatures causes very real problems for a number of people and their families; it contributes to the social stigmatizing of those to whom madness is ascribed.

Interestingly, the discourse on eradication of stigma is engaged, as far as I can tell, only in the contemporary period. I do not mean that there was no stigma attached

to madness in the classical period. There certainly must have been, as evidenced by the discussions of treatment of mad people in classical texts. But I did not find sources in which audiences of the classical plays explicitly discussed their reactions, positive or negative, to the portrayals of madness, or sources in which people explicitly expressed an interest in eradicating stigma. In part, this may be an issue of source selection. Perhaps I need to look elsewhere for this discourse. This is actually one of the benefits of conducting comparison because I have now become aware of a discourse that I have yet to find in one source, but I find in another. I previously had not thought to look for such a discussion in the classical texts, and perhaps I will not be able to find one. Importantly, though, I am being directed towards new areas of investigation by making the comparison.

We see this also with respect to the sub-discourse on madness, wisdom, and power. This is found mostly in the classical texts. It may also be in the contemporary context, but it was not broached at the film festival, and there was no explicit recognition that the mad characters in contemporary Indian films were intended to denote hidden wisdom or power. In the Sanskrit sources surveyed, we can see a spectrum of degrees of wisdom attached to the mad characters depicted. In the *Mattavilāsaprahasana*, there is no special reference to the wisdom or lack of it for the *unmattaka* character. Unlike the depiction in the *Pratijñāyaugandharāyaṇa*, the *unmattaka* is not a disguise. In the *Pratijñāyaugandharāyaṇa*, it is through the disguise of the *unmattaka* that the titular character is able to convey important

information in coded language and go places unrecognized. The audience would be in on the deception, so while they would see the caricature, they would recognize wisdom. Similarly, in the *Mahābhārata* episode, Damayantī appears with all the traits of a stereotypical mad woman, but the spectators ask her if she is a goddess or spirit. They ask for her blessing and wish that she will protect their journey. There is clearly a sub-discourse on wisdom and power associated with madness in these sources. In the final chapter of this dissertation, I will revisit this and explore some of the possible reasons for this connection. Suffice to say for now that when people view a caricature of a mad person, they can read that performance in a number of complex ways, attributing wisdom, disease, power, negative stigma, or comedy, depending upon the context of the caricature and also their own personal experiences and perspectives.

Chapter 4
Legislating Deviance:
Legal Discourses on the Regulation and Control of Madness

A husband should tolerate a wife who hates him for one full year, but after that year, having taken her inheritance, he should stop living with her. If she transgresses against a husband who is negligent (*pramatta*), drunk (*matta*), or sick (*rogārta*), she should be abandoned for three months with her ornaments and personal property. She should not be abandoned nor should her inheritance be taken away if she hates a husband who is mad (*unmatta*), fallen from caste, a eunuch, impotent, or who has an evil disease (*pāparoga*).³⁹

Law Code of Manu 9.77-9.79

The sources surveyed in this chapter discuss how to regulate and manage the bodies, affairs, and even marriages of those who exhibit deviant behavior, those to whom monikers such as “lunatic,” “criminal lunatic,” “mentally ill,” *unmatta*, *khittacitta*, and *cittavipariyāsaka* are ascribed. That these bodies and affairs should be subject to special regulation is presumed by the authors and sources discussed in this chapter.

For the modern context, the materials surveyed address the (relatively) recent legal history, from the colonial period onward, and current legislative developments related to the regulation and control of madness. For the classical contexts, I have

³⁹ *MDh 9.77-9.79*

saṃvatsaram pratīkṣeta dviṣantīm yoṣitaṃ patih |
ūrdhvaṃ saṃvatsarāt tv enāṃ dāyaṃ hr̥tvā na saṃvaset ||
atīkrāmet pramattaṃ yā mattaṃ rogārtam eva vā |
sā trīn māsān parityājyā vibhūṣaṇaparicchadā ||
unmattaṃ patitaṃ klībam abījaṃ pāparogaṇam |
na tyāgo 'sti dviṣantyāś ca na ca dāyāpavartanam ||

selected two texts both of which deal explicitly and at length with the regulation of mad behavior: the *Law Code of Manu* and the Buddhist Theravāda *Vinaya*. I have included Manu here again because his is one of the earliest and the most well known of the classical Indian legal texts. The latter, the Theravāda *Vinaya*, actually a group of texts, is a Buddhist legal code composed in the Pāli language. I have included this text because of its extensive, very practical discussion of how the Buddhist *saṅgha* dealt with monks whose temporary madness threatened the smooth functioning of their community. The terms *cittavipariyāsakata*, *khittacitta* and *amūḷha* are found in the discourse on madness in this context, so I address them here. These are discussed with reference to the *amūḷhavinaya*, “the verdict of past insanity,” and the *unmattakasamuttim*, or “agreement for a madman,” two rules that regulate the behavior of mad monks. I will discuss these in further detail below. Before turning to these texts, however, I begin with a discussion of the discourses on the regulation of madness in contemporary India.

REGULATION OF MADNESS IN CONTEMPORARY INDIA

The Effects of Colonialism

India is currently in an important phase of transition with respect to their mental health care legislation. In August of 2013 the Rajya Sabha of the Parliament of India tabled (but did not pass) the Mental Health Care Bill (MHCB), a new law that reflects a very progressive and significantly different perspective on mental

health care than Indian laws of the previous millennium. The import and context of this new bill cannot be understood in a vacuum, so here I will briefly discuss the recent history of India's mental health care policies before further discussing this "groundbreaking" (Sachan 2013, 296) piece of legislation.

The current Indian laws regulating the affairs of the mad have a long and complex history rooted in British colonial rule. The system of public asylums with legal provisions for private ones (for those who could afford them) is the direct result of developments in both England and India in the early nineteenth-century. Ernst (2010) discusses how the social climate in both England and British India, the agenda of the ruling British *vis-à-vis* their Indian subjects, the limited resources for asylums and increased government scrutiny, and the attitudes of the British elite toward lower-class Europeans shaped the way that asylums were developed and managed in India in this formative period. As the asylum system developed and became formalized, separate institutions (or sometimes separate wards) were created for the various classes and types of mad people ("criminal lunatics," for example, were treated differently than those who were considered non-violent) (46). There were also asylums instituted for the British insane in India, but the predominant policy of the East India Company was to send those deemed insane who had not recovered within a year back to England. In 1818, the East India Company set up an asylum outside of London, called Pembroke House, for their personnel who had become afflicted while working abroad (39). The idea for an asylum at a hill station in India

had been broached—the climate was believed to be beneficial to the patient and it also kept them away from the public eye—but instead the hill stations became resort towns for rich civil servants and officers (38). Though there was talk that the trip back to England was for the sake of the patient whose constitution had not acclimated to the tropical climate, Ernst writes that this relocation had more to do with maintaining appearances and “social distance”:

Europeans in India were meant to be visible in public only as a ‘formidable’ ruling elite, and therefore not in a state of sickness, destitution, madness or infirmity. They had to be kept out of sight of not only easily offended well-to-do Europeans but also of higher-caste Indians, many of whom had a sense of social precedence and discrimination which was only equaled by the more opinionated among the British. It was this precept of colonial rule—of the maintenance of social distance not only between the races but also among the various classes of European society—which to a great extent accounted for the number of specialized institutions that were (despite the Indian governments’ reluctance to provide in-door-relief) gradually established at an early period on either government or private initiative...(Ernst 2010, 37)

The British did not want to show weakness in front of their Indian subjects and also, for the benefit of their own elite in India, sought to maintain the boundaries of class current in English society. The asylums created under this impetus, both public and private, were soon overcrowded and the conditions were poor, though not quite so bad as jails and workhouses. In time the East India Company and local British governments were criticized for the poor conditions in the asylums and also the expenditure on such asylums, which were not provided for the Indian population.

This picture changed substantially in 1858 when the British Crown assumed control of the country and a series of laws were enacted to systematize the treatment

of the mentally ill in India, both British and Indian, and integrate Indian and English regulations. Ernst summarizes the import of one of these laws, The Indian Lunatic Asylum Act, in the following way:

The Indian Lunatic Asylum Act [...] provided a uniform legal basis for the establishment of public lunatic asylums by the executive governments of each province, and aimed at preventing one of the threats most dreaded by the Victorians: wrongful confinement. At the same time it allowed for the maintenance within public institutions of lunatics who were neglected or treated cruelly by their relatives or friends... The act's main purpose was certainly (like its English model) to facilitate the growth of publicly funded and controlled asylums in place of privately owned institutions... Special concessions [in the law] were however made to Indian circumstances. The most important was the erection of asylums was made optional rather than compulsory... What in fact the Indian act provided for was the possibility of two separate types of institution: one (public) for paupers and lower-class people, and one (private) for upper class lunatics. (Ernst 2010, 45-46)

It is these laws the reverberations of which are still felt in treatment contexts and legislative debates in present-day India, in particular the provision for both public and private institutions, and the very act of establishing a centralized, systematic approach to madness. These laws were in effect, with a few amendments, until the passing of the Indian Lunacy Act of 1912. The Indian Lunacy Act comprises four parts. Part I focuses primarily on definitions, Part II mostly on the reception, care and treatment of "lunatics," Part III on the judicial proceedings related to investigating and determining who is to be considered a "lunatic," and Part IV on "Miscellaneous" subjects including the establishment of asylums and the determination of who has to pay the asylum for the expenses of the "lunatic" (either those "bound to maintain him" or the "Government") (Indian Lunacy Act, [Act No.

IV of 1912]). This Act maintains many of the elements of the previous laws, and was passed largely with an eye to further protect against wrongful confinement and to protect the public from the mad. In 1987, the year in which the Mental Health Act (MHA) was passed to replace the 1912 Act, O. Somasundaram, in his presidential address to the Indian Psychiatric Society, described the social climate that led to the Indian Lunacy Act of 1912:

The fear of the insane and the fear of illegal detention of the same reached their zenith in this period. There were articles in the press deploring ‘the tendency of the present laws to protect the liberty of the lunatic at the expense of the lives, limbs and comfort of the sane.’ (Somasundaram 1987, 7)

This law, like those before it, took a public security approach, rather than a human rights one. Though there were efforts to amend this law after Independence in 1947, most specifically in response to the United Nation’s adoption of the Universal Declaration of Human Rights as a result of World War II, new regulation on mental health care in India was not passed until 1987 with the MHA (Narayan & Shikha 2013). The MHA is the most recent legislation on mental health care that has actually been passed in India. This Act establishes new legal vocabulary for madness (discussed in Chapter 2), establishes central and state Mental Health Authorities, and discusses the establishment and licensure of psychiatric hospitals and nursing homes. It also has extensive sections on admissions, reception orders, the discharge of patients from hospitals, and the judicial proceedings regarding the property and custody of the “mentally ill.” Though critical of the MHA, Sarkar (2004) cites previous scholarship on its improvements relative to its predecessors, listing the

following features, to name a few: incorporation of modern concepts of mental illness and treatment, the primacy of the role of medical officers, the simplification of the rules of admission and discharge, and the protection of human rights of the patients (104). In his criticism, Sarkar echoes many of the sentiments we will see in the following section, namely that the MHA is overly focused on legal custody rather than treatment, and that a number of its key provisions have largely been ignored in practice (104-105).

Legal Regulation of Madness in Contemporary India

In the winter of 2012, Madhav, the Pune psychiatrist and legal expert cited in Chapter 2, described to me the import of the new legislation and how this bill addresses the issue of legislating mental illness from a different perspective and with very different intentions than those underlying the MHA. For him, there are three main issues at stake in the new bill:

[First] the person [is] at the center of the act, so the person, his mental illness, his welfare and his well-being. He is at the center of the act. Secondly, [the bill] takes a rights-based perspective... Third, [the bill] takes a public health perspective, which is different from a kind of public order perspective [taken in the 1987 Act]. The core of the act or the key parts are the ones which are for access to care: making access to appropriate mental health care as a right which is available to all and protected by law. (Madhav, personal communication, Dec. 4, 2012)

Essentially, at its most root level, the bill protects the patient and the patient's rights, delineating not what the government can do *about* those with mental illness for the sake of social order, but what the government can and must do to ensure that

those suffering from mental illness get appropriate access to care. This is quite revolutionary considering both the state of contemporary mental health care laws in other countries and earlier Indian legal literature on the topic, since the turn of the first millennium. While the practice of isolating people diagnosed with madness in asylums was a practice initiated by the British in India, documents from much earlier periods talk about isolation as a form of treatment and a necessity for the social good. Madhav's observation on the MHA sheds light on the Indian government's approach to madness, or "mental illness," only a few decades ago:

It [MHA] was written from the point of view of professionals who deal with mental illness, or administrators managing it, or from a policy or public planning perspective. So, there's a lot of stuff about if somebody is disordered in the street... how do they... how can they be, you know, how can they be segregated from society in a sense. It's about public order. It's about making life easy for the professionals, setting up structures for how professionals will behave and all. And it doesn't take a rights-based perspective... the only rights that they protect is to say that they [persons with mental illness] should not be subject to indignity or cruelty, and no person shall be used for research unless that research is of benefit. (Madhav, personal communication, Dec. 4, 2012).

In contrast to the 1987 legislation, the MHCB is specifically designed to ensure greater access to care and greater autonomy for those diagnosed with mental health conditions. In addition to providing a more nuanced and inclusive definition of "mental illness" (see discussion in Chapter 2), it also includes progressive reforms such as advanced directives—the ability to specify the treatment one would want if they were to become afflicted with a "mental illness"—and also ensures a greater government responsibility in the implementation and regulation of mental health care.

Though many health care professionals and advocates laud the bill and welcome its adoption by the Indian government, critics have also voiced opposition to the bill and do not wish to see it passed in its current form. One issue, for example, is that the new bill allows patients to challenge a doctor's recommendation to admit them to a hospital by contacting a mental health tribunal. Under MHA this was not possible. One psychiatrist said, for example, that this challenge of their recommendation in court complicates their job and projects the psychiatrist as the opponent of the patient (Sachan, 2013, 296). In an article for the *Indian Journal of Psychiatry*, another prominent psychiatrist, Dr. Anirudh Kala, who is also Clinical Director for an acute psychiatric care facility called The Mind Plus, said the country was not ready for such measures and argued that this provision for review of involuntary admission leads to increased bureaucracy and is not feasible given the current state of affairs in India. He offers the following discussion of the measure:

The provision in principle is undoubtedly progressive. After all we are talking about civil detention and curtailing patients' most basic right, that is, liberty; and so, a review if asked for by the patient, should be possible...But are we, as a society ready for this large scale, countrywide post admission review in almost all cases of involuntary admissions? Because let us face it, all patients who are admitted involuntarily believe that they do not need admission; that is why, it is involuntary admission in the first place. A cynic would say this would officialize, bureaucratize, and stigmatize mental illness even more. Terms like 'feasibility,' 'ground reality,' and 'administrative bottle-necks blocking access' [reflexively] come to mind. (Kala 2013)

While he recognizes the necessity for the bill's provisions from a civil liberties standpoint, on a practical level he cautions about the major hurdles India will face in implementing such a program. He also questions how the bill will affect families

who are currently the major caretakers of the mad in India. He writes:

...[I]n a country where families bear the total burden of mental illness, and constitute by far the largest manpower resource in treating mental illness in an otherwise resource strapped country, such a step would put families and patients on the opposite side of the legal fence, as adversaries, and push a wedge between the two. It is argued that it will sabotage goodwill and bonding, and make families less willing to be as proactive in the treatment of their wards as at present, which will be an unmitigated disaster. In an ideal world, the state should be in a position to support treatment and rehabilitation of the mentally ill, so that dependence on families is minimized, but that does not seem to be happening very soon. So the question arises: are we being hasty in trying to implement something which is essentially good and should ideally be an essential part of a liberal society but for which society is not ready? Can one ever be too early in implementing such a progressive reform, would be the counter question? (Kala 2013)

These are important questions to consider and offer an important perspective for our discussion of the regulation and control of pathologized deviant behavior. First of all, this perspective complicates the question of motive when examining policy towards the mad. Certainly policy makers will craft policy that reflects their own ideological standpoints, but they also have a responsibility to make sure the policy as passed is capable of actually being implemented. Often this is not a simple problem to resolve.

Additionally, Kala raises the issue of how families will respond to such a measure. Though he does not mention it explicitly here, one of the major talking points related to the new bill, and the future of mental health care in India more generally, is the question of individual rights versus family rights. In a society like India where families, rather than the state, take on the burden of care for their own, people argue that sometimes the rights of the family must be considered over and

above those of the individual. This issue was discussed at length at the launch of a new collaboration, called INCLUDE, between the Indian Law Society, the VU University Amsterdam, The Banyan, and the Tata Institute of Social Sciences (TISS) in Pune in December, 2012. Members of the discussion group, which included doctors, researchers, lawyers, and community health care workers from these four organizations, came together to develop collaborative research projects and discuss a variety of topics including access to care, advanced directives, and mental health and human rights. A number of participants who worked closely with both patients and their families were sympathetic to the struggles families face when trying to care for their kin.

Sarah Pinto (2014) has also offered some very interesting reflections on the topic of illness management and family interaction. Specifically, she highlights the importance of kinship relations—and the dissolution of them—to the current dynamics of psychiatric care in India and perhaps globally. She argues that “contemporary clinical practice in India may not so much manage ‘abnormality’ or remove ‘defective’ people from society as negotiate dissolutions and the inherent vulnerabilities of kinship” (27). In her discussion of both in-patient and out-patient care, citing examples of kin, friends, neighbors, and coworkers accompanying patients to their doctor’s appointments, speaking and answering for them, and managing their medications, she raises the point that “Like all medical care in India, psychiatry is a family matter... The role of families in patients’ lives and care is, like

so much in Indian psychiatry, enormously variable, making different medical settings vastly different social scenes. In some cases, people are separated from family, in others family dramas are relocated to the clinic” (20). In her view, in a post-asylum India, the negotiation of the making and breaking of these relationships is what defines how psychiatric care is currently administered. I raise her argument because it is important in the context of considering MHCB and its rights-based perspective that leaves the patient, rather than the family or anyone else, in control of care.

Whatever the strengths and shortcomings of the new bill, a rights-based approach to mental health care is viewed as essential by many Indian health care providers, activists, and administrators, especially so in light of significant incidents in the recent history of mental health care facilities in India and also in light of the Indian government’s adoption of the United Nations Convention on Rights of Persons with Disabilities (UNCRPD) in 2008. Though there was certainly advocacy for better treatment for mad patients before 2001, it was in this year that the Erwadi tragedy took place and catapulted the mistreatment of the mad in India into the national and international spotlight. On August 6, 2001, 27 people burned to death in the village of Erwadi, Tamil Nadu, because they were chained in a thatched structure that caught fire. It was reported by news outlets that they cried for help, but those supervising the facility did nothing, assuming these were their “usual cries.” This asylum, one of 18 privately-run facilities of a similar nature, was located near a dargah, a Muslim shrine, where many people sought treatment for various mental

illnesses, treatment that included canings, beatings, and binding in chains prepared at the shrine. Family members of patients would be asked to pay between 500 to 3000 rupees per month for the maintenance of their kin and would also donate to the dargah (Kumar 2001). As a result of this event, inquiries into the nation's existing mental health care facilities were made. These inquiries revealed that the vast majority of the facilities could only be characterized as inhumane. Further, it became clear that many of the provisions of MHA were never actually put into practice. This jump started significantly more discussion about the rights of patients. It also called into question the responsibility of government to ensure that people struggling with mental health issues maintain autonomy and do not fall victim to injustices at the hands of their families, communities, or the state.

The second major impetus for the new legislation was the Parliament of India's ratification of the UNCRPD in 2008. The provisions of the convention necessitated a complete overhaul of India's laws regarding mental health care and persons with disabilities. Choudhary Laxmi Narayan and Deep Shikha (2013) review the legal developments regarding mental health care, and briefly explain the impact of particular articles of the convention:

Countries that have signed and ratified the UNCRPD are required to bring their laws and policies in harmony with it. Therefore, all the disabilities laws in India are currently under process of revision. The convention marks a paradigm shift in respect of disabilities from a social welfare concern to a human rights issue. The new paradigm is based on presumption of legal capacity, equality and dignity. According to article 2 of the convention, PWD [Persons With Disabilities] will enjoy legal capacity on an equal basis for all aspects of life. Article 3 calls the state

to take appropriate measures to provide access to support by PWD to exercise the legal capacity. Article 4 calls for safeguards to prevent abuses of the system of support required by PWD. There is no explicit prohibition of forced interventions in the UNCRPD, but neither does the Convention permit compulsory mental health care. (Narayan & Shikha 2013)

The ratification of this convention by India shortly after its adoption by the United Nations speaks to the country's readiness to improve its ability to protect the rights of Persons With Disabilities and persons with "mental illness." One aspect of this ratification that was highlighted for me a few times while conducting fieldwork was that the United States had failed to ratify the UN convention.⁴⁰ Indian health care workers that I met with in Pune drew the comparison between the two nations' approaches to mental health care, lauding India as more progressive and more in-tune with international developments in this area. This speaks to an awareness among health care workers in India that they are at the forefront of mental health discussions and advocacy, an awareness that ultimately influences how they define "mental illness," or choose to select a different term altogether. As a result of incidents like the one at Erwadi and the increased national discussion due to the requirements of the UNCRPD, the authors of the new bill were acutely aware of the social, political, and cultural forces involved in the defining of madness and the negative and lasting effect these forces can have on those who fall within the purview of the definition.

These cases from contemporary India highlight an important sphere of concern within the discourse on madness, namely, that it must be controlled and

⁴⁰ As of March 2015, the United States still has not ratified the UNCRPD.

regulated on an individual level. Here, the regulation of people to whom madness is ascribed, considered separately from those with general health issues and separately from the general population, is considered a valid and necessary government enterprise. Whether the impetus is preservation of human rights or maintenance of social order, those believed to be suffering from madness and their interests are subject to regulation above and beyond that of a “normal” citizen. In classical sources, we also find a number of voices concerned with the regulation of humans whose behavior deviates from established norms. This will be the focus of the second half of this chapter.

REGULATING MADNESS IN CLASSICAL INDIA

Regulation and Exclusion in the *Law Code of Manu*

A consideration of one of the earliest extant legal documents from India, the *Law Code of Manu*, provides insight into how people in classical India approached the question of how to manage those exhibiting pathologized deviant behaviors. Here I will look primarily at the term *unmatta*, but I will also include references to *pramatta* as well as *jaḍa*.

Let us first consider the term *unmatta*. Of note in all *Manu* references is the fact that this past participle stands in to describe the whole of the person. Like in the ILA and MHA, people are not considered as separate from their diseases. Often listed together with a number of other categories of people, namely drunkards, women,

children, and those with physical impairments, such as the blind, deaf, mute, and epileptic, it is taken for granted that the *unmatta* person is someone who requires special attention under the law.

In the *Law Code of Manu* we find an instance where status as an *unmatta* excludes a person from reaping the benefits of religious rites (*MDh* 3.161). It is stated that *unmattas*, together with a long string of others, are considered unfit brahmins for ancestral offerings. Specifically, the text states that only brahmins devoted to knowledge are worthy of these offerings. The list of those unfit is very long. This is a small sample of what categories of people it includes: a number of professions (architects, traders, physicians, and messengers, to name a few), people with matted hair or bald heads, sons of widows or adulteresses, servants, arsonists, poisoners, blind or club-footed people, someone who scoffs at the Vedas, someone who drinks liquor, or someone who is *unmatta*. Long lists of this kind are very frequently found in Sanskrit legal codes and ritual texts. These lists include all people governed by a particular rule, but do not imply that the people included in the list necessarily have other things in common.

Other prohibitions in the text referring to *unmatta* people regulate the kinds of legal roles and transactions in which a person so designated can participate. For example:

mattonmattārtādhyadhīnair bālena sthavireṇa vā |
asaṃbaddhakṛtaś caiva vyāvahāro na sidhyati ||

A contract is invalid when made by someone who is intoxicated (*matta*), mad (*unmatta*), ill, completely dependent upon another [*i.e.*, a slave], by children or the aged, or by unauthorized persons. (*MDh* 8.163)

Further, Manu states that *unmattas*, together with a long string of others, cannot act as witnesses.⁴¹ Other non-witnesses include the king, individuals close to the litigants, those with criminal records, the sick, men of ill repute, artisans, performers, Vedic scholars, those with insignia of a religious profession, one who has severed all attachments, a totally subservient individual, a criminal, and an old person. Though it is not made explicit why each of these groups of people cannot act as witnesses, it is likely the reasons vary considerably. A king, for example, may not be able to act as a witness—or be called as a witness—for a different reason than a criminal or an old person. This does not mean that some members of the lists do not share traits that make them ineligible for the same reasons; they likely do. We must be cautious, though, in drawing conclusions about the nature of the relationship between two groups of people simply because they both appear in one of these lists.

Again regarding witnesses, the text states that if no one else is available, “even a woman, a child, a pupil, a relative, a slave, or a servant may give testimony” (*MDh* 8.70). There is no explicit reference to an *unmatta* being allowed to give testimony in

⁴¹ *MDh* 8.65-8.67:

na sākṣī nṛpatiḥ kāryo na kārukakuśīlavau |
na śrotriyo na liṅgastho na saṅgebhyo vinirgataḥ || 8.65 ||
nādhyadhīno na vaktavyo na dasyur na vikarmakṛt |
na vṛddho na śīśur naiko nāntyo na vikalendriyaḥ || 8.66 ||
nārto na matto nonmatto na kṣuttrṣṇopapīḍitaḥ |
na śramārto na kāmārto na kruddho nāpi taskaraḥ || 8.67 ||

these extreme cases, though the following passage alludes to the fact that some people restricted in the above passage were sometimes allowed to speak as witnesses. Here, someone with a “disturbed mind” (*utsiktamanas*) is associated with the elderly, the sick, and with children in the context of an inability to be articulate in testimony or an incapacity to lie effectively:

*bālavṛddhāturāṇāṃ ca sākṣyeṣu vadatāṃ mṛṣā |
jānīyād asthirāṃ vācam utsiktamanasāṃ tathā ||*

When children, the elderly, the sick and those with disturbed minds (*utsiktamanasā*) give testimony that is false, he should recognize the shaking in their voices. (*MDh* 8.71)

Though these categories of people are eligible to testify in these rare circumstances, there is an increased suspicion that their testimony might be false. The term *utsikta*, translated here as “disturbed,” literally means “overflowing” or “to be made full,” but can also mean “puffed-up,” “proud,” or “elevated.” With the same prefix (*ud*) as *unmatta*, it has the similar sense of abundance and excess. It is perhaps also of note that although women are listed here as possible witnesses in extreme cases, in *Manu* 8.77 it is explicitly stated that women should not be witnesses, even if there are many of them and they are pure (*śucya*), because of the unsteadiness of the female mind (*strībuddher asthiratvāt*).⁴² Considering in a comparative perspective the various categories of people included in these lists and the repeated reference

⁴² *eko 'lubdhas tu sākṣī syād bahvyaḥ śucyo 'pi na striyaḥ |
strībuddher asthiratvāt tu doṣaiś cānye 'pi ye vṛtāḥ ||*

to frailty or instability of mind of a number of those included, we can begin to discern why certain inclusions were made and we can also detect in what kind of social company mad persons found themselves.

Another social implication of being designated as an *unmatta* relates to inheritance laws:

*anaṃśau klībapatitau jātyandhabadhirau tathā |
unmattajaḍamūkāś ca ye cin nirindriyāḥ ||
sarveṣāṃ api tu nyāyyaṃ dātuṃ śaktyā maṇiṣiṇā |
grāsācchādanam atyantam patito hy adadad bhavet ||
yady arhitā tu dāraiḥ syāt klībādīnāṃ katham cana |
teṣāṃ utpannatantūnām apatyam dāyam arhati ||*

The following are not entitled to inheritance: eunuchs, those fallen from caste, those born blind and deaf, *unmattas*, those who are *jaḍa*, mutes, and the impotent (*nirindriyāḥ*). It is proper for a wise man to give them food and clothing according to his ability in perpetuity, or else he will fall from caste. If eunuchs, etc. wish to take a wife somehow and do produce children, their descendants are eligible for inheritance. (*MDh* 9.201-203)

This passage speaks to a significant sub-discourse that arises with respect to the regulation and management of madness: preservation of assets. Individuals with various disabilities are ineligible to inherit, probably for different reasons. For some it may be because they are perceived as not able to manage the assets of the family. For others it may be because they are physically unable to produce heirs. People with various disabilities cannot enter into legally-binding contracts, which would make it difficult to manage certain kinds of assets. Also, as we saw in Chapter 2, *unmatta* is closely associated with *vibhrama*, or “wavering,” of various faculties including comprehension, memory, and the ability to behave in a customary way. Given these

connotations, it makes sense that a family might want to make alternate arrangements.

The exclusion of eunuchs and people who are impotent highlights the importance of producing heirs for the preservation of the family's assets. This has parallels in the materials from modern India where the discussion of family rights versus individual rights is an important part of the conversation on mental health legislation. In the discourse in both contexts, it seems that the extent to which a person's illness interferes with the well-being of the family unit is directly related to how much their personal liberties are limited by the law. To me this resonates with Sarah Pinto's argument, raised in the first part of this chapter, about psychiatric care being a method for negotiating the dissolution of family relationships. Clearly family dynamics and interests play an important role in legislating the bodies of those to whom madness is ascribed.

This passage on inheritance points to another form of regulation, as well, that of caretaking. Here, the burden of care for people exhibiting certain behaviors—for example, the impotent, blind, *jaḍa*, and *unmatta*—falls to others. For some people this may mean access to goods they might not otherwise obtain for themselves, or a degree of protection of their assets that they would have a difficult time enforcing on their own. For example, in a discussion of the enjoyment (or “use”) of pledges, Manu states that if an owner silently watches as something is used for over ten years, then he loses his right to recover it, *unless* he is a minor or is *jaḍa* (“senseless”) (*MDh* 8.148). Here the term *jaḍa*, also included in the previously cited passage on

inheritance (and often paired with *unmatta* in lists in Sanskrit literature), refers to some degree of mental incapacity. We also saw this term in Chapter 3 in a brief discussion of *jadatā* in the *Nāṭyaśāstra*. Clearly, some degrees of madness allowed people certain protections, even as it limited their rights. As is clear from the history of the asylum in India and elsewhere, the concept of the burden of care has been employed by various social actors to control, regulate, and treat various types of socially unfit behaviors often in ways that can only be described as brutal and inhumane.

At any rate, what is indicated by these passages is that *unmatta* people, to a certain extent, were pitied by society and may have lived off the charity of others. According to this text, it was not considered proper to leave them to their own devices, as they are unable to engage in valid business transactions on their own. Though legal codes are prescriptive in nature, they are also descriptive in that they reflect Brahmanical conventional views and customs. We can postulate that these sorts of provisions were actually followed in some locations. On the other hand, taking the text as prescriptive begs the question of why such provisions were necessary in the first place. If those to whom madness was ascribed were really taken care of by society—if that was a given—would such statements be necessary? In any case, these passages, likely both descriptive and prescriptive, do reflect that there were problems with regard to the treatment of *unmatta* people on a variety of issues.

Finally, Manu discusses what should happen to a wife who transgresses against or hates various kinds of husbands. This passage was cited at the outset of this chapter. Here one finds a particularly interesting distinction made between *unmattas* and other categories of people:

saṃvatsaraṃ pratīkṣeta dviṣantīm yoṣitaṃ patih |
ūrdhvaṃ saṃvatsarāt tv enām dāyaṃ hrtvā na saṃvaset ||
atīkrāmet pramattaṃ yā mattaṃ rogārtam eva vā |
sā trīn māsān parityājyā vibhūṣaṇaparicchadā ||
unmattaṃ patitaṃ klībam abījaṃ pāparogīnam |
na tyāgo 'sti dviṣantyāś ca na ca dāyāpavartanam ||

A husband should tolerate a wife who hates him for one full year, but after that year, having taken her inheritance, he should stop living with her. If she transgresses against a husband who is negligent (*pramatta*), drunk (*matta*), or sick (*rogārta*), she should be abandoned for three months with her ornaments and personal property. She should not be abandoned nor should her inheritance be taken away if she hates a husband who is mad (*unmatta*), fallen from caste, a eunuch, impotent, or who has an evil disease (*pāparoga*). (MDh 9.77-9.79)

Of note here is the fact that implications for an *unmatta* person are considered distinct and separate from that of both *pramattas* and *mattas*, two categories of people with whom we often see *unmattas* paired. In trying to identify spectrums of behavior and the responses those behaviors solicit from society, we may infer from this passage that, for a husband whose wife detests him at least, being classed as *matta*, “drunk,” or *pramatta*, “negligent,” or “careless,” is preferable to *unmatta*. The distinction being made seems to be founded on the culpability of the husband’s actions, the duration of the condition, and also the degree to which his behavior is socially acceptable. Though being *matta*, *pramatta*, and *rogārta* do have some legal

consequences, these are all likely states into and out of which people pass with great frequency, so the restrictions placed upon them are likely temporary, as well. Being *unmatta*, outcaste, or impotent seem to be more lasting afflictions in the *Law Code of Manu*. Additionally, the perceived culpability for these latter conditions is also significant. Here *unmattas* experience the same fate as those who are impotent, fallen from caste, and afflicted with “evil disease,” a condition that afflicts a person as a result of *karma*. Not only does being classified as *unmatta* subject a person’s marriage to a different set of laws, but they become legally classed with people whose behavior and condition is read by society as a lack of good moral character.

Notably, the term *pramatta*, formed from the same root *mad*, however infrequently used by Manu, plays into legal regulation in its own unique set of ways. Similar to *unmatta*, the term *pramatta* can mean “mad” and “intoxicated,” though most frequently has the meanings of “excited” and “lascivious,” and also “inattentive” and “negligent.” In three out of four total usages in *Manu*, this term is employed when women are involved. Here being *pramatta* seems to be a temporary condition and one that implies vulnerability, but not total loss of competency. Consider, for example, this passage on types of marriage:

*suptām mattām pramattām vā raho yatropagacchati |
sa pāpiṣṭho vivāhānām paiśācaś cāṣṭamo ’dhamah ||*

When someone secretly rapes a woman who is asleep, drunk, or inattentive (*pramatta*), it is the most wicked of marriages, the eighth kind, known as “*Paiśāca*.” (*MDh* 3.34)

The term *pramatta* is linked with being asleep and being drunk, both states that are presumably temporary, and both states in which a person's ability to make decisions is presumably compromised in some way. And yet, an action taken against such a person, however deplorable, still constitutes a legal, binding marriage.

Also related to sexual encounters is a passage in the *Law Code of Manu* that regulates when a man may have sex with his partner:

nopagacchet pramatto 'pi striyam ārtavadarśane |
samānaśayane caiva na śayīta tayā saha ||
rajasābhiplutāṃ nārīṃ narasya hy upagacchataḥ |
prajñā tejo balaṃ cakṣur āyus caiva prahīyate ||

Even when aroused (*pramatta*), a man should not have sex with his wife during her menstrual period or even lay together with her on the same bed. When a man has sex with a woman smeared with menstrual blood, his wisdom, energy, strength, eyesight, and vital power are forsaken. (*Law Code of Manu* 4.40)

The translation of this term into the English “aroused” makes considerably more sense here than keeping with the “inattentive” of previous passages. Olivelle also translates *pramatta* as “aroused” for this passage (2004, 68). The prefix *pra* has the sense of “in front of” and “forward,” so the term *pramatta* has the connotation of being excited and advancing in some way. Like the *ud* of *unmatta*, the prefix gives a sense of movement out of place. It is notable that the term *pramatta* is repeatedly used with reference to sexuality. Variants of this term also have this connotation with *pramad* being a feminine noun meaning “lust” or “desire,” and the masculine noun *pramada* meaning something like “joy” or “delight.” So, while *pramatta* may be used to mean “inattentive” or “deranged,” which is the translation Patrick Olivelle gives in his

translation of *Manu* 3.34, one must consider that there may be a slight, or perhaps very pronounced, connotation of arousal.

In this section we have seen a variety of issues raised related to the regulation of madness that I want to briefly reiterate before moving on to the *Vinaya*. The first is that madness is considered all encompassing, or at least for the purposes of determining legal status, the defining characteristic of a person. The participle *unmatta* is used to identify the whole person. Additionally, the *unmatta* person is always grouped together with other types of individuals whose legal status is also compromised. Legislation addressing madness alone does not exist for classical India in the way that it does for the modern context. Furthermore, legal status as an *unmatta* limits the autonomy of a person and also the resources to which he or she is entitled, both inheritance and religious offerings. An *unmatta* person cannot enter into legally-binding contracts, and a woman who transgresses against an *unmatta* husband is not subject to repercussions for her transgressions, as would be the case if her husband was a drunk or physically ill in some way (*rogārta*). Additionally, the *unmatta* person cannot act as a witness and people who have an *utsiktamanas*, or “disturbed mind,” can act as witnesses but there is a sense that their testimony might be false. The more humanitarian side to all of this are the provisions to take care of these individuals to the extent one is able. While the law does not protect an individual’s right to property, it does protect the right to sustenance.

Through these sub-discourses on the regulation of madness, one can infer a hierarchy of rights that fluctuates according to author and context. The concern with

inheritance, for example, highlights how in *Manu*, the individual's right to goods or property is second to the family's need to preserve and maintain control over the family resources. The individual's right to enter into contracts is also second to the greater social good of only allowing legal contracts between those who can be expected to adhere to the terms of a contract in all cases. Only in the debates in the modern context do we find explicit reference to the rights of the individual being paramount. In the following sections we will see similar patterns, where the continued proper functioning of the social body is the primary concern.

Regulating Madness in the Buddhist *Saṅgha*

Next I will examine the *Vinaya* of the Theravāda school, the texts related to the creation and functioning of the Buddhist *saṅgha*, the locus of Buddhist monastic practice.⁴³ These texts have an important function. They regulate the behavior of the monks and the operation of the *saṅgha*. They include discussions on who is allowed to enter the order and who is forbidden, how ordination should take place, and how disputes should be managed. In the treatment of madness in Buddhist monasticism we move into the realm of practicality: what does the *saṅgha* do with monks who are mad? Specific rules are made to account for this reality. Though certainly a simplification, madness in the *Vinaya* may be characterized as follows:

⁴³ The material and discussion for this section is drawn in part from my master's thesis *Ascetics Behaving Madly: On the role of the unmatta in Ancient Indian Ascetic Traditions* (University of Texas at Austin, 2009).

there were mad monks in the *saṅgha*, but their participation was limited and special measures were taken to ensure that observances and formal meetings would be effective with or without their participation; monks who were mad were not guilty of many offences which they otherwise would be if sane; finally, there is a rule which allows monks to be asolved of offences committed while mad. I will address each of these issues in turn.

Mad Monks and their Participation in the *Saṅgha*

A ubiquitous character in contexts of madness in the *Vinaya* is the monk Gagga. He is the token mad monk, a character type, who is brought up when the participation (or lack of participation) of a mad monk in various *saṅgha* activities needs to be addressed. In one passage, many monks are gathered together for a formal meeting and one informs the Buddha that the mad monk Gagga is not present. The Buddha, saying that he will allow the monks to give a mad monk the *ummattakasamutti*, or “agreement for a madman,” expresses the following:

evañ ca pana bhikkave dātabba: vyattena bhikkunā paṭobalena saṅgho nāpetabbo: suṇātu me bhante saṅgho. Gagga bhikku ummattako sarati pi uposathaṃ na pi sarati, sarati pi saṅghakammaṃ na pi sarati, āgacchati pi uposathaṃ na pi āgacchati, āgacchati pi saṅghakammaṃ na pi āgacchati. Yadi saṅghassa pattakallaṃ, saṅgho Gaggassa bhikkuno ummattakassa ummattakasammuttiṃ dadeyya sareyya vā Gaggo bhikku uposathaṃ na vā sareyya, sareyya vā saṅghakamaṃ na vā sareyya, āgaccheyya vā uposathaṃ na vā āgaccheyya, āgaccheyya vā saṅghakammaṃ na vā āgaccheyya, saṅgho saha vā Gaggena vinā vā Gaggena uposatham kareyya saṅghakammaṃ kareyya. esā ñatti ||

And thus, monks, should it be given: The Order should be informed by an experienced, competent monk, saying: ‘Honoured sirs, let the Order listen to me. The mad monk Gagga now remembers the Observance, now does not remember it, now remembers a (formal) act of the Order, now does not remember it; he now comes for the Observance, now does not come for it; now comes for a (formal) act of the Order, now does not come for it. If it seems right to the Order, the Order should give the agreement for a madman (*ummattakasamutti*) to the mad monk Gagga, so that whether the monk Gagga remembers the Observance or does not remember it, whether he remembers a (formal) act of the Order or does not remember it, whether he comes for the Observance or does not come for it, whether he comes for a (formal) act of the Order or does not come for it, the Order either with Gagga or without Gagga can carry out the Observance, can carry out a (formal) act of the Order. This is the motion. (Vin I 123, Trans. Horner (2000), v. 4, 163)⁴⁴

In order to grasp the necessity of such a passage, one must understand that the rules regarding formal meetings of the *saṅgha* are very strict. All monks in a local *saṅgha*, as long as they are within the *saṅgha*’s boundary, are required to attend these meetings with few exceptions. It is considered an offence of wrong-doing and invalid if an Observance is carried out without having all monks who are currently present within the boundary. Having mad monks in the order who have forgotten about or not attended a meeting poses a significant problem. This passage shows that the *saṅgha* wanted, or rather needed, to ensure that mad monks were not held accountable for their actions or inactions, as this might affect the overall functioning of the *saṅgha* itself.

Another example of how the *saṅgha* managed the abnormal behaviors of monks is in a discussion on what is to be done when repairs on a building are placed

⁴⁴ For the Pāli citations of the *Vinaya Piṭaka* in this chapter see Oldenberg (1969) and for the English translations see Horner (2000). I follow the citation format of Horner in this section. Ex. Vin I 123 refers to vol. 1 of Oldenberg’s edition, p. 123.

in the care of a monk who abandons the *saṅgha* or does one of a long list of things, including acknowledging or admitting to (*paṭijānāti*) being *ummattaka*. I have included the list here to give the reader a sense of the range of behaviors that constitute an offence. The passage explains that in the case of such an occurrence, if the repairs are complete at the time when the monk admits such things, then the repairs are still in his charge. If they are incomplete, the repairs are to be trusted to another monk. It seems that monks admitting to one of the things in the list below are considered to be unable, unfit, or perhaps simply not present to perform their duties. This passage includes two terms, *ummattaka* and *khittacitta*, which speak to ways of being mentally abnormal. The term *ummattaka* we have already seen in its Sanskrit equivalent, *unmattaka*. The term *khittacitta* is translated by Horner as “unhinged.” The term *khitta* is a past participle formed from the Pāli equivalent of the Sanskrit root *kṣip*, which means “to throw out” or “cast away,” so the term comes to mean “unhinged” or “upset.” The term *citta* means “mind,” so the two together mean something like “one unhinged in mind,” or “one whose mind is cast away.” Collins (2014) translates the term *khittacitta* as “mentally deranged,” and cites a story from the *Milindapañha* in which the future Buddha, in his birth as Lomasakassapa, performs a great animal sacrifice after becoming both *khittacitta* and *ratta*, “passionate,” at the sight of a beautiful princess (200). Here is the passage on repairs:

tena kho pana samayena bhikkū navakammam gahetvā pakkamanti pi vibbhamanti pi kālam pi karonti sāmaṇerā pi paṭijānanti sikkhaṃ paccakkhātakāpi paṭijānanti antimavatthum ajjhāpannakāpi p. ummattakāpi p. khittacittāpi p. vedanaṭṭāpi p. āpattiyā adassane ukkhittakāpi p. āpattiyā

appaṭīkamme ukkhittakāpi p. pāpikāya diṭṭhiyā appaṭinissagge ukkhittakāpi p. paṇḍakāpi p. theyyasaṃvāsakāpi p. titthiyapakkantakāpi p. tiracchānagatāpi p. mātughātakāpi p. pitughātakāpi p. arhantaghātakāpi p. bhikkhunīdūsakāpi p. saṃghabhedakāpi p. lohituppādakāpi p. ubhatovyañjanakāpi paṭijānanti. bhagavato etam atthaṃ ārocesuṃ. idha pana bhikkhave bhikkhu navakammaṃ gahetvā pakkamati. mā saṃghassa hāyīti aññassa dātabbaṃ. idha pana bhikkave bhikkhu navakammaṃ gahetvā vibbhamati, kālaṃ karoti...ubhatovyañjanako paṭijānāti. mā saṃghassa hāyīti aññassa dātabbaṃ.

Now at that time monks, having taken on repairs, went away [or] left the Order [or] passed away, [or] they [acknowledge/d being]⁴⁵ novices [or] they [admit to being] disavowers of the training... to be committers of extreme offences... to be mad (*ummattaka*)... to be unhinged (*khittacitta*)... to have bodily pains... to be suspended for not seeing an offence... to be suspended for not making an amends for an offence... to be suspended for not giving up a wrong view and they [admit to being] eunuchs... to be living in communion as it were by theft... to have gone over to a sect... to be animals... to be matricides... to be parricides.. to be slayers of one perfected.. to be seducers of nuns.. to be schismatics.. to be shedders of a (Truth-finder’s) blood [or] they [admit to being] hermaphrodites. They told this matter to the Lord. He said:

‘This is a case, monks, where a monk, having taken on repairs, goes away. Thinking, ‘Do not let the Order suffer,’ (the repairs) should be given into the charge of another. This is a case, monks, where a monk, having taken on repairs, leaves the Order, passes away, [admits to being] ... a hermaphrodite. Thinking ‘Do not let the Order suffer,’ (the repairs) should be given in to the charge of another.’ (Vin II 173, Trans. Horner (2000), v. 5, 243-244)⁴⁶

In this passage we find that monks who admit that they are *ummattaka* are lumped with a large spectrum of individuals from disavowers of the Buddhist training to murderers, seducers, and hermaphrodites. Those who leave the order, do

⁴⁵ The verb here is *paṭijānāti*. Horner (2000) translates it as “pretends to be” in this context (vol. V, 112), but as “acknowledges” in others (vol. V, 136). “Pretends to be” does not seem to fit this context and I can find no real reason why she chose to translate it as such. I have amended the translation to “admit” as this seems to be the intention of the authors and is the most common translation for this verb in the *Vinaya*.

⁴⁶ Due to the repetition of the verb *paṭijānāti*, I followed the convention of Oldenberg’s edition and shortened to *p.* after the first occurrence in the list.

one of various offences, or are one of various controversial things are considered the same as those who have passed away. The *saṅgha* cannot depend on them. The repairs only remain in a monk's charge if the repairs are complete before he admits to one of these offences. If a repair is done, it does not matter who is in charge of it. The offending monk likely does not keep it because he is considered able or fit, but because there would be no reason to assign it to another monk. It is clear that the *saṅgha* allowed for mad monks, but limited their participation so that life at the monastery could continue uninterrupted by their inconsistent behaviors. The *Vinaya* limited their participation not only by making their presence inconsequential, but also by limiting the duties they could be assigned.

Madness as Blameless

One of the most common instances of madness in the *Vinaya* occurs in the *Suttavibhaṅga*. Here various rules are laid out regarding how monks and nuns should behave themselves; there is also discussion on what constitutes and does not constitute an offence. Different scenarios are given in which there is some kind of offence perpetrated. Following each there is a discussion of the conditions under which this perpetration is actually considered an offence requiring a formal meeting of the *saṅgha*. At the end of one such scenario, after a discussion on purity (purity here meaning having not committed an offence), the following exception is written:

*anāpatti suddhe asuddhadiṭṭhissa, asuddhe asuddhadiṭṭhissa, ummattakassa,
ādikammikassā 'ti |*

There is no offence if there is a view as to what is impure in what is pure, if there is a view as to what is impure in what is impure, if he is *ummattaka*, if he is a beginner. (Vin III 166, Trans. Horner (2000), v. 1, 287)

The expression here translated as “with a view as to...” refers to whether it is believed by another monk that the monk in question has committed an offence. Why there is no offence when a monk has committed an offence and another monk believes that to be the case is not clear to me. One might expect that “a view as to what is *pure* in what is impure” (omission of the *a* in the second *asuddhadiṭṭhissa*) was intended, but this is not what is given in Oldenberg’s edition nor Horner’s translation. At any rate, if one is *ummattaka*, there is no offence, and likewise after a similarly patterned discussion on the legality of certain acts:

anāpatti asamanubhāsantassa, paṭinissajjantassa, ummattakassa, khittacittassa, vedanaṭṭassa, ādikammikassā ‘ti |

There is no offence if he has not been admonished, if he gives it [the illegal act] up, if he is mad (*ummattaka*), out of his mind (*khittacitta*), in pain, a beginner. (Vin III 174, Trans. Horner (2000), v. 1, 303)

Exceptions of exactly this sort occur after multiple discussions on offences (Ex. Vin III 170, 177, 179). The intention with which a monk does an act is critical. If a monk does something considered an offence of wrong-doing, he is not at fault unless he actively knew it was wrong or refused to give it up upon realizing it was wrong. That madmen and novices are exempt from this is not surprising as both of these types of monks might be expected, in some cases, to be unaware of the mistakes they are making. This logic is very similar to what we find in the

Dharmasūtras and the *Law Code of Manu*. In these texts mad people have less accountability and somewhat more freedom of action, but fewer rights (with respect to inheritance, taxes, etc). In the *Vinaya* as well, a mad monk's actions are not of as great a consequence as the actions of the rest of the monks, but they can make fewer claims to progression in the *saṅgha*. For example, as we saw above, they cannot take on certain duties and are often considered equal to a novice.

It is important to note that madness was not an excuse that could absolve offences on all occasions and there are checks in the *Vinaya* that safeguard against these exceptions being abused. The *Vinaya* addresses varying degrees of madness, or at least recognizes that both a temporary and a fairly permanent state of madness are possible. In the *Cullavagga* of the *Vinaya* we find rules that discuss madness as a temporary state that may be overcome. One such rule addresses two monks who knowingly have committed an offence that would require a formal meeting of the *saṅgha* and afterwards become mad (*ummattaka*) for a time. The focus of this passage is not on the madness of the monks, but on their confession of their act. Still, it indicates that oscillation into and out of madness is a possibility for a monk.

*te ummattakā honti, te pacchā anummattakā hutvā eko chādeti eko na chādeto
| yo chādeti so dukkaṭaṃ desāpetabbo yathāpaṭicchanne c' assa parivāsaṃ
datvā ubhinnam pi mānattaṃ dātabbaṃ |*

[Having committed an offence] they become mad, and later they, having become sane again, one conceals it, the other does not conceal it. Whoever conceals it should be made to confess an offence of wrong-doing and, having granted him probation for as long as it was concealed, *mānatta* (discipline) should be imposed on both. (Vin II 68, Trans. Horner (2000), v. 5, 89-90)

This passage shows that monks who have recovered from madness are held accountable for their actions committed before and after, but not during, their madness. The central distinction in all *Vinaya* rules regarding blame for madness seems to be on the honesty and the intention of the monk. This is consistent with the majority of the *Vinaya*. If a monk knowingly commits or conceals an offence he is guilty of that offence, but if he does not consent to it or is unaware it is an offence (as a mad monk or a novice might be) he is not considered at fault.

Madness and the Verdict of Past Insanity

I now turn again to the monk Gagga. In the discussion below he has recovered from madness and is explaining that the deeds done by him while he was *ummattaka* (“mad”) and *cittavipariyāsakata* (“out of this mind”) were not worthy of a recluse. He is seeking a verdict of “past insanity” (*amūlḥavinaya*), as Horner (2000) and Collins (2014) translate the term. This compound is formed from *amūlḥa* + *vinaya*. The former term means “not perplexed” or “not stupefied” from the root *muh*, the same root from which the term *moha*, “delusion,” is derived. The latter term, *vinaya*, which can mean “discipline,” here means something like “rule” or “verdict.” In this context, *amūlḥa* refers to the state of a person recovering from some kind of pathologized deviance. He is not-deluded (*a-mūlḥa*). The translation of “past insanity” makes sense in that *amūlḥa* is what a person becomes when they are no longer *ummattaka* and *cittavipariyāsakata*. A more literal translation, however, would be a

“verdict of ‘not crazy.’” The term *cittavipariyāsakata* is a compound of *citta*, “mind,” and *vipariyāsa + kata*. The *kata* is a Pāli form of the Sanskrit *krta* (“done,” or “made”) and the former term is made with prefixes *vi* and *pari* added to the root *i* or *yā*, with the meaning of “to wander around or away.” From this, then, one gets the meaning “out of his mind” for *cittavipariyāsakata*.

Though both addressing mad monks, the *amūḷhavinaya* and the *ummattakasamutti* addressed in a previous passage have different functions. The former absolves a monk of an offence done while *ummattaka* or *cittavipariyāsakata*, whereas the latter allows the *saṅgha* to function with or without the participation of the monk. Only a recovered monk may get an *amūḷhavinaya*, a verdict of “past insanity,” whereas the *ummattakasamutti* is given in the case of a monk whose ability to participate due to madness is still in question. After Gagga explains his situation and a formulaic dialogue takes place between Gagga, the Buddha, and the senior monks, one senior monk says the following:

*suṇātu me bhante saṅgho | ayaṃ gaggo bhikkhu ummattako ahoṣi
cittavipariyāsakato, tena ummattakena cittavipariyāsakatena bahum
assāmaṇakam ajjhāciṇṇam bhāsitaṃ parikantaṃ | bhikkhū gaggam bhikkhum
ummattakena cittavipariyāsakatena ajjhāciṇṇena āpattiyā codenti sarat’
āyasmā...āpajjitā ‘ti, so evaṃ vadeti: ahaṃ kho ...mūlhena me etaṃ katan ti,
evaṃ pi naṃ vuccamānā codent’ eva sarat’ āyasmā evarūpiṃ āpattiṃ āpajjitā
‘ti | so amūḷho saṅgham amūḷhavinayaṃ yācati | yadi saṅghassa pattakallaṃ,
saṅgho gaggassa bhikkhuno amūḷhassa amūḷhavinayaṃ dadeyya.*

Honoured sirs, let the Order listen to me. This monk Gagga was mad (*ummattaka*), out of his mind (*cittavipariyāsakata*). While he was mad, out of his mind, much was perpetrated and spoken (by him) that was not worthy of a recluse. Monks reproved the monk Gagga for offences done (by him) while he was mad, out of his mind, saying: ‘Does the venerable one remember...?’

He spoke thus: ‘I, honoured sirs, do not remember... This was done by me while I was insane (*mūḷha*).’ Even on being spoken to by him thus, they still reproved him, saying: “Does the venerable one remember having fallen into an offence like thus?” He, no longer insane (*amūḷha*), is asking the Order for a verdict of past insanity. If it seems right to the Order, the Order may give the monk Gagga, who is no longer insane (*amūḷha*), a verdict of past insanity (*amūḷhavinaya*). (Vin II 81f, Trans. Horner (2000), v. 5, 107)

This passage indicates that madness was a phenomenon (or rather, various phenomena) that was common enough that rules needed to be established in order to address it. There was clearly a vocabulary for doing so which included a variety of terms.

In addition to providing further regulation of the behaviors and accountability of mad monks, this passage and its following discussion on the verdict of “past insanity” offers insight into the behaviors of monks who were not mad, but pretended to be. Whatever the original intent of the rule, an unwanted consequence of it seems to have been that madness was a pretext used by some sane monks who wished to be absolved of offences. We know this because the *Vinaya* explicitly states the conditions for which a verdict of “past insanity” is considered legally valid and invalid. The verdict of “past insanity” is not given to those who remember an offence but pretend not to, remember it but say they remember it only as if it were a dream, and those who pretend to be mad, although they are not (Vin II 81ff). In sum, all those who are dishonest about a committed offence or attempt to be absolved from it under pretense of madness are not legally allowed a verdict of “past insanity.” We cannot know to what extent monks did try to “fake it,” but it is nevertheless

interesting to note that the *amūḷhavinaya* provides a way for monks to publicly (by “publicly,” I mean in front of the other members of the *saṅgha*) circumvent punishment.

One short note on the authorship and codification of the *Vinaya* is necessary. In an article by Collins that challenges the notion of a Pāli Canon, we find a theory that the Theravāda *Vinaya* discussed here was codified by the Mahāvihāra Buddhists in Ceylon in the early centuries C.E. (Collins 1990, 89). More recently, Schopen has argued that the Pāli *Vinaya* as we have it is not older than the fifth-century CE (2003, 887). Whatever the date, it is clear that we cannot generalize the contents of this *Vinaya* to Buddhist monastic life as a whole, as it is likely that other groups of Buddhists acted according to different sets of rules. Schopen explains that the *vinayas* of six Buddhist orders or schools have come down to us (2003, 887). Aside from the Pāli *Vinaya* discussed here, there are four that remain only in ca. fifth-century Chinese translations, and the sixth is the *Mūlasarvāstivāda-vinaya* preserved in Sanskrit, Chinese, and Tibetan. Though it was previously thought that the Theravāda *Vinaya* was an example of what a complete one looks like, it is likely that all remain only in fragments.

What we can still take from the previous discussion is that at least some monks from one school of Buddhism, the Therāvada, did provide a space for mad monks within their orders. They made sure that the *saṅgha* could function with or without the participation of mad monks, they did not hold mad monks to the same

moral standards as their sane counterparts (or at least excused their behaviors on account of their madness), and, finally, they accommodated monks participating in *saṅgha* life who might once in a while become mad for a time and commit offences that they otherwise would not have.

DISCUSSION

In this chapter I have examined how people are concerned with regulation and control of madness. When confronted with behavior that is unpredictable, threatens to disrupt social order or familial interests, and suggests an inability on the part of individuals to manage their own affairs, people engage in discussions of how to manage these issues in a number of ways. Here I will highlight a few of these sub-discourses, namely, the discourse on precedence of rights, the discourse on the autonomy of the mad, and the discourse on social and familial responsibility.

Precedence of Rights: the Individual, the Family, or the Social Order?

When the regulation and management of madness is examined from the perspective of access to basic human rights—as it is in contemporary Indian legislative debates—it quickly becomes clear that the interests of the individual, the family, and the social body as a whole are often at odds. As we saw in the work of Ernst, in the early colonial period the official policy towards the mad among the British in India was heavily influenced by the desire to maintain social order, to save

face and to portray an image of a strong, healthy colonial power. The interests of the individual were not the primary consideration in the crafting of the policies of the 1850s. The social and political discourse surrounding the passing of the Lunacy Act of 1912 was characterized by voices concerned both for individual rights and the good of the society. We saw evidence of this highlighted in Somasundaram's presidential address to the Indian Psychiatric Society in 1987 where he cited newspapers articles from the period that accused the government of protecting the "insane" at the expense of the "sane," but also revealed a concern among the general populace that people should be protected from wrongful confinement.

As Madhav remarks when he discusses the emphases of MHA and MHCB, legislation prior to 2013 focused on protecting social order and streamlining the management of "mentally ill persons" to "make life easy" for health care professionals. In contrast, the 2013 Bill takes a "human rights" perspective and focuses on access to care as a fundamental human right. The individual's rights take precedence and the regulation of their behavior by the court is hardly mentioned. Rather, MHCB focuses on mandating care, which is a regulation placed upon the society in general and the government in particular, and not on the individual.

Other voices within this sub-discourse take a different position. One prominent dissenting opinion towards MHCB was raised in this chapter by psychiatrist Anirudh Kala. He asks the question of whether Indian society is truly ready for such a bill, as it would require a significant overhaul of the current system,

infrastructure that currently is not in place, and would cause significant problems for families who currently shoulder the burden of care for Indian psychiatric patients. These concerns give pride of place to both the perceived social good and familial good, rather than the individual. This is further complicated when an individual's right to liberty seems to be at odds not only with the good of the individual, but also an individual's right to health care, an example of this being when a person refuses treatment.

While the debate on this issue is less explicitly articulated in the classical texts, one can still discern the tension between personal liberty and social order through a number of the prescriptions, both in the *Law Code of Manu* and in the Theravāda *Vinaya*. In the *Law Code of Manu*, one significant pattern of discourse on the regulation of *unmatta* persons is their regulation together with other groups of people exhibiting non-ideal traits; for example, drunkards, the blind, the deaf, and the mute. While we must be cautious about what kinds of conclusions we draw from such lists, what this grouping of categories of people for the purpose of regulation does suggest is that the authors' primary concern is to identify, isolate, and blanket manage all kinds of abnormality at once in order to protect the status quo. There is not a sense that individuals in these separate categories would have specific needs or should be dealt with differently from one another, as meeting their needs is not the primary reason for the law. The law is written with a mind towards maintenance of the social, religious, and familial order. For example, *unmatta* people together with a number of

others cannot be the recipients of ancestral offerings and they also cannot inherit property. The interests of the family are protected first and foremost. When viewed in comparison with the MHCB, which addresses people with “mental illness” separately from other conditions, one can identify a positive correlation between the prioritization of individual rights and the treatment of people exhibiting non-normative behaviors separately from one another. When the social order is the priority, non-normative behaviors and states can be grouped together because the maintenance of the status quo—the enforcement of normative behavior—does not require a differentiation between abnormal states, only a way to manage them.

Notably, a similar pattern—regulating people exhibiting non-normative traits collectively—is also all over the *Vinaya* and was discussed in this chapter specifically with respect to what happens when monks are assigned a repair, but are unable to complete it because they exhibit a variety of abnormal behaviors. The proper functioning of the *saṅgha* is the goal of this regulation. So, again, the management of all abnormal behavior for the good of the community is the focus. Additionally, the *Vinaya*, unlike the *Law Code of Manu*, also includes regulations specific to those who are mad through the character of Gagga. There we can see multiple motivations at play: the preservation of the *saṅgha*, the establishment of penance and collective decision-making about the fate of individual monks, and also the welfare of monks who may very well have been mad in some capacity for varying spans of time.

To isolate each perspective as exclusively either for individual rights or for familial rights, etc. is not my goal here. Rather, I want to highlight that one pervasive issue for those concerned with the regulation and management of madness is the necessity to take a stance on the precedence of rights. Though each author can hold complex views on this issue that sometimes favor the individual and sometimes the social or the familial, legal codes necessitate a single, authoritative stance. To examine from a comparative perspective how various authors, lawmakers, and legal codes come down on this issue in various geographical contexts and times may help us better understand what kinds of socio-political conditions lead to certain forms of regulation, management, and confinement of those exhibiting abnormal behavior.

Autonomy of the Mad

Another significant sub-discourse engaged here is the extent to which a person classified as mad should be considered an autonomous person with equal rights under the law. Like so many of the sub-discourses in this dissertation, opinions on this matter lie at various points along a spectrum. There are those who advocate for total autonomy. For example, MHCB includes provisions for advanced directives that would allow people to make medical decisions for themselves before illness sets in. Similarly there is the provision to protest involuntary confinement through mental health tribunals, a provision that renders a patient legally capable of appealing their own admission to a hospital. In these cases the individual is considered an

autonomous, able individual with equal rights under the law and the ability to make legal decisions for themselves. There is opposition to this Bill, though, and some of that opposition comes from those who genuinely think people with “mental illness” would be better off not making their own decisions. According to them it is better to leave major medical decisions to doctors and competent family members who, in the best of cases, do have the patient’s best interest at heart.

In the classical materials there are also varying degrees of autonomy attributed to mad people under the law. A close examination of the discourses suggests that this is closely related to timing and the duration of disability. In the *Vinaya*, for example, there is extended discussion of both the “agreement for a madman” and the verdict of “past insanity,” which relate to how a monk and the *saṅgha* should legally proceed when a monk is mad and when a monk has recovered. While they are incapacitated, provisions are made (*ummattakasaṃutti*) that restrict the extent to which they are viewed as fully-functioning autonomous individuals, but once they have recovered they can be given the *amūḷhavinaya*, a verdict of “past insanity,” which absolves them of offences.

Furthermore, in the case of contracts in the *Law Code of Manu*, one must be a fully autonomous and competent individual at the time of the contract in order to participate. A contract is invalid if entered into by intoxicated people, *unmattas*, the ill, and slaves (*MDh* 8.163). Presumably, though, the autonomy of those only temporarily disabled is not fully compromised, as one can recover from some, or

perhaps all, of these states. If recovery or return to a baseline state is not expected, however, then provisions are made that limit the legal capacity of the individual. Consider, for example, the stipulation that a wise man will care for those who are *unmatta* to the best of his ability in perpetuity or risk being outcaste. Here, the status of the *unmatta* is envisioned as a dependent one where their sustenance rides on the charity of others and not on their ability to inherit familial wealth or property.

Social and Familial Responsibility

Another important sub-discourse is related to the concern with social and familial responsibility. The motive behind the limiting of rights of the mad seems directly related to a person's ability, or inability, to perform socially prescribed duties. For example, people with an *utsiktamanas*, "disturbed mind," are suspected of giving false testimony and make bad witnesses. The application of their testimony is limited because their ability to give it properly is under suspicion. Consider also, for example, the condition that a wife who transgresses against an *unmatta*, outcaste, or impotent husband is not subject to the same kinds of punishment she would be if she transgresses against a "normal," or even a drunken husband. The treatment of the *unmatta* husband together with husbands who are impotent and outcast suggests a distinction being made regarding the extent to which this husband can cooperate with his wife to maintain the family line in good social standing. If he cannot reproduce children or maintain caste status—if he cannot fulfill his socially prescribed

responsibilities—then he loses his socially prescribed rights. Though it is not made explicit why an *unmatta* person would not be able to do these things, it is indicated that he cannot by his regulation under this law in *Manu*. The longevity of the condition, or perhaps the social undesirability of the state, seem to be the primary obstacles to fulfilling the social role of husband effectively. Whatever the case may be, madness is envisioned as a lasting condition with which a wife could not be expected to deal in perpetuity, either because the husband is permanently disabled or because the condition, like being outcast, is so socially stigmatized and damaging that recovery is immaterial to a re-establishment of good social standing.

Another indication that concern for the proper fulfillment of social and familial responsibilities is central to the regulation of madness is the provision that an *unmatta* cannot inherit but the offspring of an *unmatta* person can. The impetus for the provision is not so much related to managing stigma or abnormal behavior, or to look after the needs of the *unmatta* family member, but rather the desire to ensure the continuation of the family line and preservation of family resources. An *unmatta* cannot enter into contracts, so likely would have a difficult time successfully managing the family's resources. His or her offspring, however, can fulfill their familial and social responsibilities, so are not cut off from the same.

Furthermore, the *Vinaya* discourses on the regulation of madness include substantial discussion of social responsibility. In fact, the very reason for the discourse is because each and every monk had a responsibility to be present at formal

meetings and the madness of the monk Gagga led him to forget about participating. He is given special status—a demotion, really, because his presence is no longer essential—since he cannot fulfill his socially prescribed responsibilities. The extent to which he is viewed as responsible for his duties varies according to his ability to actually perform them. There is a substantial amount of leeway for mistakes, perhaps out of necessity or compassion or some other reason altogether. Whatever the case, the import for our discussion is that when social groups are confronted with members who are unable to fulfill their responsibilities, one attested form of response is to legally diminish the import of that individual to the social group.

Finally, an important transposition of the discussion on social responsibility raised in this chapter is the responsibility of the society towards the mad. As *Manu* states, a wise man will care for the mad to the best of his ability. This sentiment is most salient, however, in the language of the MHCB. Here the society as a whole has a responsibility to recognize the humanity and the rights of the individual, rather than the other way around, almost regardless of the degree of deviancy the individual exhibits. The tone of the discourse surrounding the Bill on this issue is also markedly different than the ones surrounding previous legislation. For example, the frustration with a lack of government programs and available physicians, the skepticism towards families and care givers' inclinations to put patients first, and the general framing of past legislation as human rights violations is much more accusatory of the government than the individual. Clearly the relationship between the regulation of

madness and social responsibility is a complex issue, where the burden of accommodation falls to either the individual or the society at large or both, depending on the perspective and agenda of those entering the discourse.

This chapter has shown how deviance becomes subject to special regulation when it threatens to compromise the social order. Sometimes the regulation is couched in a discussion of individual rights and other times in language of social necessity. Irrespective of approach, when people are confronted with others who exhibit abnormal behavior that threatens to disrupt the status quo of the social or family unit, they engage in discussions of how to address that behavior, either by limiting the rights and liberties of the offenders, or by attempting to find ways to meet both the needs of the individual and the society at large simultaneously. The following chapter will also deal, to a certain extent, with the management and regulation of madness, as we look at the discourses on the origins of madness and the treatment of it in ritual and medical contexts.

Chapter 5
Curing Deviance:
The Medical and Ritual Regulation of Madness

Having paid homage to Maheśvara, I will explain the graspers who afflict men after their sixteenth year. The man who, awake or sleeping, sees the gods, he quickly becomes mad (*unmādyati*); they know him as grasped by a god. He who, whether sitting or lying down, sees the ancestors, he quickly becomes mad. He is known as grasped by an ancestor. He who treats the *siddhas* contemptuously and so is cursed by them out of anger, he quickly becomes mad and is known as grasped by the *siddhas*. He who smells different kinds of odors and tastes different kinds of flavors, he quickly becomes mad and is known as grasped by *rākṣasas*. He who, on earth, the divine *gandharvas* touch, he quickly becomes mad and is known as grasped by the *gandharvas*. The man who the *yakṣas* enter over the course of time, he quickly becomes mad and is known as grasped by the *yakṣas*. He who, wherever he may be, the *piśācas* continually mount, he quickly becomes mad and is known as grasped by the *piśācas*. The man who is bewildered because his mind is enraged by the *doṣas*, he quickly becomes mad and his treatment should be done according to the śāstras. Who, because of feebleness, fear, and the sight of terrible things, quickly becomes mad, his treatment is through purification (*sattva*).⁴⁷

⁴⁷ MBh 3.219.45-54:

ūrdhvaṃ tu ṣoḍaśād varṣād ye bhavanti grahā nṛṇām |
tān ahaṃ sampravakṣyāmi namaskṛtya maheśvaram ||
yaḥ paśyati naro devāñ jāgrad vā śayito 'pi vā |
unmādyati sa tu kṣipraṃ taṃ tu devagrahaṃ viduḥ ||
āsīnaś ca śayānaś ca yaḥ paśyati naraḥ pitṛn |
unmādyati sa tu kṣipraṃ sa jñeyas tu pitṛgrahaḥ ||
avamanyati yaḥ siddhān kruddhās cāpi śapanti yam |
unmādyati sa tu kṣipraṃ jñeyaḥ siddhagrahas tu saḥ ||
upāghrāti ca yo gandhān rasāṃś cāpi pṛthagvidhān |
unmādyati sa tu kṣipraṃ sa jñeyo rākṣaso grahaḥ ||
gandharvās cāpi yaṃ divyāḥ saṃsprśanti naraṃ bhuvī |
unmādyati sa tu kṣipraṃ graho gāndharva eva saḥ ||
āviśanti ca yaṃ yakṣāḥ puruṣaṃ kālaparyaye |
unmādyati sa tu kṣipraṃ jñeyo yakṣagrahas tu saḥ ||
adhirohanti yaṃ nityaṃ piśācāḥ puruṣaṃ kva cit |
unmādyati sa tu kṣipraṃ piśācam taṃ grahaṃ viduḥ ||
yasya doṣaiḥ prakupitaṃ cittaṃ muhyati dehinaḥ |

This chapter, in some ways a complement to Chapter 4, examines the medical and ritual treatment of madness. Though these discourses do not fall under the heading of “law” per se, they do fall within the purview of regulation as they constitute attempts to control pathologized deviant behaviors. This being the case, we will see some parallels here with the sub-discourses identified in the previous chapter. I have chosen to address them separately, however, for two reasons. The first reason is that the quantity of material I wish to cover on the topic of regulation is too much for a single chapter. The second is that there is an important sub-discourse within the concern with the control of madness in medicine and ritual that separates it somewhat from those addressing the law: the concern with origins. In the case of both “biomedical” and ritual treatments, in the contemporary period and the classical, people debate about the origins of abnormal behavior, and the connections made to origin affect the methods of treatment in significant ways. Illustrated in the *Mahābhārata* passage cited above, for example, is a narrative about various kinds of visitation by supernatural beings causing madness. Madness believed to have been caused by these kinds of beings is treated in India through ritual propitiation of the disease-causing being, with important social and financial consequences for the individuals and families involved. Discussions of this kind can be found in classical

unmādyati sa tu kṣipraṃ sādhanam tasya śāstrataḥ ||
vaiklavyāc ca bhayāc caiva ghorāṇām cāpi darśanāt |
unmādyati sa tu kṣipraṃ sattvaṃ tasya tu sādhanam ||

and contemporary sources alike, and an adherence to these narratives has a very significant effect on the way people talk about madness and seek treatment for it.

The contemporary sources for this chapter include interviews with doctors and caregivers, literature from mental health organizations and news outlets, and observations and interviews from a ritual treatment at Mira Datar Dargah in Pune, India. These were selected because of their engagement with discourses on the treatment of madness. For the classical sources, I have selected passages from the *Atharvaveda*, the *Mahābhārata*, and from among the earliest and most well-known Ayurvedic medical texts, the *Caraka Saṃhitā* and the *Suśruta Saṃhitā*. I have chosen these texts because they provide some of the earliest and most extensive discussions on the treatment of madness in classical Indian texts and address both “bio-medical” and ritual approaches to treatment. Despite the dual focus of this chapter—the discourses on treatment and those on origins—the organization remains roughly the same as in previous chapters. First, I will briefly examine the discourses on origins of madness, then the treatment for it, in contemporary India. From there I proceed to discuss the Sanskrit materials in the same order, origins first and treatment second.

ORIGINS AND TREATMENT OF MADNESS: DISCOURSES FROM CONTEMPORARY INDIA

Causes of Madness

I want to begin with an informal discussion with a friend, whom I will call Neha, who was studying at Deccan College while I was there collecting references from the Scriptorium. Though I would not classify our discussion as one happening within a treatment context, her insight provides a good introduction to a number of sub-discourses we will see in this chapter. Neha is a woman in her fifties who had enrolled to study Sanskrit the previous year. Her description of *unmāda* spoke to the range of meaning this single term can encompass. She told me that it is “genetic” and comes, “right from the seed, right from the parents” (Neha, personal communication, Oct. 2012). She also told me, similar to the *Bhagavadgītā*-quoting man at the outset of Chapter 1, that *unmāda* is caused through eating habits. For her, though, it was not the food consumed by the individual that did the damage. Rather, she said, it was the eating habits of a pregnant mother that influenced the health of her child. She said if a mother ate foods that caused heat, illness would ensue:

Unmāda is an eruption, isn't it? Just as heat builds and builds and there is an eruption, so in the womb does *unmāda* happen. It starts from there. *Unmāda* is sudden action, the mind goes out of control. This depends on childhood. It is also periodical, like maybe on full moon or new moon days. (Neha, personal communication, Oct. 2012)

The notion that a combination of season, temperature, and food leads to illness is a common one in the modern practice of Ayurveda where “cooling” and “heating” foods are prescribed to treat increased levels of one or another of the *doṣas*. A quick internet search for “Ayurveda + heating foods” produces thousands of hits for websites with charts and suggestions for what to eat when, “according to

Ayurveda.”⁴⁸ To what extent these web typologies are “authentic,” however that concept can be imagined, is a different discussion altogether. Here I just want to highlight the currency of this idea—that certain foods have “heating” and “cooling” properties—and that the ingestion of these foods has an effect on health. It is important to note that Neha did not actually say anything explicitly about Ayurveda or *doṣas*, but she did engage with this concept of heat being the cause of illness. I was also very interested in Neha’s statement about the moon, as the association of the moon with madness is also suggested by English term “lunatic.” When I asked her to tell me more about this, she replied, “The position of [the] moon affects behavior, and why shouldn’t it? It affects the water in the ocean as well.”

These kinds of explanations—ones that might be classified as drawn from traditional Indian sciences and bodies of knowledge—exist alongside explanations that are often called “bio-medical” by the Indian doctors, caregivers, and professors who either administer or teach about models of psychology and psychiatry from the “West.”⁴⁹ The explanations I was given for different kinds of madness in the latter

⁴⁸ See, for example, Council of Maharishi Ayurveda Physicians. (n.d.) Warm, Nourishing Foods: Balancing Vata Dosha. *VPK by Maharishi Ayurveda*. Retrieved from <http://www.mapi.com/ayurvedic-knowledge/healthy-eating-habits/warm-foods-balance-vata.html>.

⁴⁹ The distinction between “East” and “West,” however blurry in actual practice, is not my distinction, but one that is frequently referred to by Indian psychiatrists themselves. I was frequently told that Indian psychiatrists have been trained in “Western bio-medicine” and, as such, struggle to adapt what they have learned to their Indian patients. There is a disconnect between the language used by doctors and that used by their patients. Additionally, I was told, the diagnostic tools used in “Western” psychology, psychotherapy, and psychiatrics are not sensitive, or sensitive

context include environmental effects on health, chemical imbalance, family relationships, stress, and genetics. For example, one Pune-based psychiatrist, whom I will call Akash, told me that no one knows exactly what causes schizophrenia, but that, “maybe there is a genetic predisposition,” and also “environmental factors” can play a part (personal communication, Oct. 2012).

Other interpretations of madness involved relationships. Dr. Shubha Thatte, for example, whom readers were first introduced to in Chapter 3, told me that she heard family members of patients say their relatives’s abnormal behavior was due to marital status. More specifically, there was a belief that their madness could be improved if they were to be married. She said, “people will say ‘It’s because he’s not married. Get him married and he’ll be fine.’” This same psychiatrist also said that family members will explain, “I know what happened, there is such and such a family deity and we did not bring them the correct offerings” (personal communication, Oct. 2012). This idea, that propitiation of family deities, or other supernatural beings, is complicit in the onset of madness, is a common one. This was briefly discussed in Chapter 2 in reference to the rituals at Mira Datar Dargah in Pune, a place offering ritual treatment of madness that I will discuss in detail in the following section. A woman there, whom I will call Anita, described the behaviors exhibited by treatment-seeking devotees at the shrine as *bhūt lagāna*. As mentioned previously, this roughly translates to being “caught” or “touched” by a *bhūt*, or ghost, enough, to cultural variation. Nevertheless, “Western” explanations of madness are current in contemporary Indian treatment discourses.

and echoes the *Mahābhārata* passage cited at the outset of this chapter.

Having briefly surveyed some of the explanations people in contemporary India give for pathologized deviant behaviors, I will now turn to treatment contexts. In the discourse on madness in these contexts, one can see similar tensions to those found in the legal contexts, where the well being of the afflicted sometimes conflicts with that of the family, the concern with finances plays a significant role, and the impact of contemporary social realities affects access to and consumption of various kinds of care.

Treatment of Madness

Here I will give brief sketches of, and analyze the discourses surrounding, three approaches to the treatment of madness in India today, namely, the administration of medicine and therapy, integration of psychiatric care with community-based therapeutic treatment models, and, finally, participation in ritual. These are not the only methods of care for the mad in contemporary India, but they do suggest to the reader the range of treatment options for those struggling with madness and they do introduce many of the levels of discourse that are raised with respect to its management and care.

Psychiatry in India

Though there are certainly exceptions, it is not a stretch to say that the field of psychiatry is met with much skepticism in India. Thatte, for example, said that

people avoid seeking treatment with psychiatrists because they think the doctors will simply give them pills that make them go to sleep, or “shocks,” the vernacular term for electroconvulsive therapy (personal communication, Oct. 2012). This bad rap comes, in part, because there are not nearly enough doctors for the vast numbers of patients who seek care, let alone those who need it but do not seek it out. When I visited the Regional Mental Hospital in Yerawada, India, there was a long line of patients, probably 15 at least, streaming out of one the doctor’s outpatient offices. Though the doctor did consult with one patient at a time, the next three or four in line were also in the office as the patient being helped was consulting with the doctor. Privacy was limited to say the least, and no patient saw the doctor for more than five or so minutes.

According to the World Health Organization (WHO), as of 2011 there were approximately 4,000 psychiatrists working in India (0.3 per 100,000 people) (Department of Mental Health and Substance Abuse, World Health Organization, 2011, “India”). Compare that with the 2011 numbers for the United States—a nation that leaves much to be desired in the area of mental health care—which were in 2011, according to the WHO, 7.79 per 100,000 people, or approximately 24,500 psychiatrists (Department of Mental Health and Substance Abuse, World Health Organization, 2011, “United States”). When I was there in 2012-2013, health care workers I interviewed estimated anywhere from 5,000 to 7,000 psychiatrists total for the whole country. Citing the number of psychiatrists when talking about access to

care was actually common, revealing the extent to which this is an important concern for India's mental health care workers.

In many cases, in part because of the lack of access to psychiatrists, patients will receive mental health care from a general practitioner. According to the WHO (2011), the prescription regulations in India authorize primary health care doctors to prescribe psychotherapeutic medicines, though few doctors are prepared to make diagnoses. The following is from the statement on primary care in mental health in India from this same document:

The majority of primary health care doctors and nurses have not received official in-service training on mental health in the last five years. Officially manuals on the management and treatment of mental disorders are not available in the majority of primary health care clinics. (Department of Mental Health and Substance Abuse, World Health Organization 2011, "India")

Another significant challenge to care is the stigma associated with being clinically diagnosed with a "mental illness." To go to a psychiatrist is to publicly announce that one needs psychiatric care, which can lead to social problems for individuals and their families. In an article for the "Global Mental Health Special Issue" of the journal *International Health* (2013), two researchers describe the challenges that stigma poses globally and in India specifically:

Widespread stigma towards, and discrimination against, people with mental disorders is an important barrier to service utilization. It contributes to delays in seeking care, impedes timely diagnosis and treatment for mental disorders, serves as an impediment to recovery and rehabilitation, and ultimately reduces the opportunity for fuller participation in life. The concept of 'stigma' is a combination of three related problems: a lack of knowledge (ignorance and misinformation); negative attitudes (prejudice); and excluding or avoiding behaviors (discrimination). This discrimination results in increased social

distance: the distance people desire to have between themselves and people with mental disorders in various social situations. (Shidhaye & Kermode 2013)

As we have seen in the two previous chapters, popular understandings of madness are negatively influenced by depictions in the media and attitudes toward the afflicted range from ambivalent to cruel. In Pune, there is a longstanding joke about the Regional Mental Hospital in Yerwada such that people will say “Let’s go to Yerawada” (*chalā yeravaḍālā*) to mean something like, “You’re crazy, so I’m taking you to Yerawada.” Similarly, people will say “Oh look, the bus to Yerawada is here!” (*hī bagh, yeravaḍācī bas ālī*) to infer that a friend is “crazy” or “mad.”⁵⁰ Though I cannot remember the exact bus number (so, let us say bus no. 7), G. U. Thite, a Pune-based scholar of Sanskrit and Indian history, told me that the link between Yerawada and madness was so strong and the route out there so well-known that there is an old expression along the lines of, “he has taken the no. 7 bus,” which basically meant, “he has gone mad” (personal communication, Sept. 2012). Imagine, then, the enormous social stigma for those actually going to Yerawada for treatment. Incidentally, the other major government facility in Yerawada is a jail, in the news while I was there because Mohammad Ajmal Amir Kasab, the sole surviving gunman from the 2008 Mumbai terrorist attacks, was hanged there in November 2012 (Burke & Boone 2012). In the popular imagination of Pune, there are few good reasons to go Yerawada.

⁵⁰ Vibha Shetiya was very helpful in clarifying and explaining these Marathi phrases. She offered a number of variants, too, as she lived in Pune for a long time and knew how people spoke of Yerawada.

Psychiatry and Community Care: an Integrated Approach

In the previous chapters readers were introduced to the Institute for Psychological Health (IPH), Thane, which runs a number of programs to promote mental health, fight stigma, and treat “mental illness.” It was here that I met Dr. Shubha Thatte, who told me that one of the important goals of IPH is to educate patients and their families about the reality of “mental illnesses.” The following is a continuation of our interview cited in the previous section:

People will say about someone with abnormal behavior, “That’s because he’s not married. Get him married and he’ll be fine.” Or “I know what happened, there is such and such a family deity and we did not bring them the correct offerings” etc. It is not for me to decide whether these things are true or not—that is not what is important for treatment. What is important is that I understand how patients think about their own condition in order to help them develop strategies for coping. So, if patients want to go pray or make offerings to the deity while undergoing treatment with us, we support that as long as two conditions are met: the treatment given by the priests does not do physical harm to the body of the patient—like hitting with sticks—and as long as the patients do not have to pay large sums of money... sometimes people will get large loans or sell their farms to pay for these treatments and we strongly discourage this. At our clinic patients are charged according to their ability to pay. The typical treatment lasts 7 sessions, with some variation. The first time they meet once a week for three weeks then once every 15 days. (personal communication, Oct. 2012)

She also said that while they consider the patients’ personal beliefs and knowledge systems as part of the treatment, their method is primarily a combination of Cognitive Behavioral Therapy (CBT) and Rational Emotive Behavior Therapy (REBT), which is a sub-form of CBT. The latter is more confrontational, she said, and is only used with patients where the established rapport is such that they believe

they can use it effectively and less harsh treatments have not worked.⁵¹

People come to the institute for psychiatric care, but there are also many other programs including a crisis hotline, a support group for caregivers, a counselor who works especially with teenagers dealing with stress from school and sports, and a group called “Trend-Setters” for high-functioning patients with schizophrenia. Another program helps patients at the institute learn skills, build autonomy, and develop community networks. In a discussion with Thatte, I asked about the participants. She told me that they are mostly in their 30s and 40s, and that they are really “honest.” I asked what she meant and she gave the following example related to one of the program’s activities—cutting and selling fresh vegetables:

They had cut fresh vegetables to sell and put them in baggies. They did not all sell out so they refrigerated them for the next day and also cut extras. When another one of the boys from this group was selling the veggies the next day, someone asked if they’re fresh and he said “no, the ones in this row aren’t.” I said, “You should have told them they were fresh!” After all, they still *were* fresh after only one day. The boy replied, “No, I couldn’t lie to them!” (personal communication, Oct. 2012)

This anecdotal story highlights an important aspect of discourse on mental health taking place at IPH. When asked about the participants of the program, the director mentions only their age and a positive personality trait: honesty. She did not

⁵¹ Why Thatte views REBT as more harsh, I do not know, but for our purposes here it is enough to know that she recognizes a scale of treatment increasing in harshness and that she believes rapport with the patient is required for more harsh treatments to be effective. Also, for more information on CBT, see National Alliance on Mental Illness (2012). For more information on REBT, see The Albert Ellis Institute’s “Rational Emotive & Cognitive-Behavior Therapy” (n.d.).

specify what kinds of conditions with which they were struggling and she did not mention any negative behaviors. Instead she chose to highlight the fact that when one of the participants is in charge of his own small business—cutting, packing, and selling vegetables—he conducts it with integrity. That this man is honest is not surprising, of course, but that this is the first thing that the director chose to highlight is surprising because it is very uncommon. So often in treatment contexts people will talk first about what is “wrong” with a person, not about what is “right.” In this particular community care setting, though, people are not treated like patients and are not talked about like they are patients. The context, of course, suggests that the participants are patients. People would not be participating in these programs had they or their families not sought out treatment. But there, at least according to Thatte, they are not defined by their illness and the “treatment” in which they participate is the learning of life skills that anyone could benefit from. Community health workers like those at IPH change the conversation on madness in India from one where one’s illness determines one’s identity to one where illness is not the defining characteristic of an individual. In thinking about levels of sub-discourse related to how a patient is identified and talked about, this is an important opinion to register: the context may suggest that the person is a patient, but the discourse about the patient does not always do so. On a related note, sometimes a “treatment” program involves treating a patient like any other person, and not a condition.

Another program run by IPH is called DVIJA. This is a conference run every

two years for which the institute solicits applications from psychiatrists all over the state. They ask psychiatrists to nominate patients who have overcome great odds in the course of their treatment or life, and who are willing to talk about their battles with schizophrenia. Then they host an award ceremony with strobe lights, give prizes to those who win the competition, and the winners give speeches. Two excellent caregivers are also selected. Thatte told me that the whole evening helps to destigmatize schizophrenia, for the patients, their families and the general public. She said it is particularly good for the family members in the audience who are inspired by how well their family member is doing. They are proud of the recognition they earn. She also said that coming to a point where people realize there is no shame in being schizophrenic is an important step forward, and the DVIJA programs work toward this goal. While these programs are put on by a treatment facility and therefore seem pertinent to the current chapter, the language used to describe the programs is not focused on treatment or regulation, but on the celebration of people who have overcome, or have learned to successfully manage, their madness.

One of the particularly innovative models of care taking place in India, called Dava Dua (“Medicine and Blessing”), is one that brings together both psychiatrists and ritual healers in one location. I first learned about this project at the INCLUDE launch mentioned previously, as its founder, Miles Hamlai, was present to participate in the discussions. More recently, however, this program was highlighted in a PBS Newshour special, *“Treating mental illness with medicine and religion in*

India” (Lazaro 2014). The Dava Dua program was started at the Mira Datar Dargah outside of Ahmedabad, a shrine to a Muslim saint who is famous for healing the madness. Though a shrine to a Muslim saint, it is frequented by people of all faiths.

Milesh Hamlai worked with the district mental hospital in Ahmedabad to set up access to patients at the Mira Datar Dargah. Hamlai convinced the Mujawars (the “faith healers” at the dargah who typically perform the healing rituals) to allow a psychiatric clinic at the shrine, and later began to train the Mujawars to do primary diagnoses of “mental illness.” He also gave the Mujawars training in the rights of the “mentally-ill” and made them aware of the consequences of violating those rights (“Fellows: Milesh Hamlai” 2013). If the Mujawar is unable to help the patient, or believes it best to treat the patient in tandem with a psychiatrist, they will refer them to the psychiatrists inside the dargah. In a special for PBS, correspondent Fred de Sam Lazaro, Sayyad Varis Ali (a trustee at the shrine), Milesh Hamlai, and Dr. Ajay Chauhan (a psychiatrist from the district mental hospital) discuss the evolution of the program. Chauhan (through an interpreter) describes how the faith healers were resistant to the program:

When I came here, there were 40 to 50 faith healers standing in the door to keep us from entering. They thought doctors were coming to put them out of business. It was a very sensitive time, especially since this is a Muslim holy place, and there are several thousand jobs at stake. (Lazaro 2014)

Chauhan continues in the interview to describe the conditions at the shrine before the implementation of the Dava Dua program:

There were forty, fifty people chained up to a post, often because they’ve had

violent episodes, some were abandoned by their families. Conditions were also very unhygienic and completely inhumane. (Lazaro 2014)

Hamlai and Chauhan met with priests and eventually were able to develop a partnership. The doctors were allowed in, and now both groups work together. For example, a 23 year old man named Javed is introduced in the PBS program. One of the faith healers says that someone has put black magic on him. After a treatment session involving ritual and prayer, the man is taken to the psychiatrist because he is also reporting “leg pain.” It becomes clear over the course of the interview, however, that Javed is also having hallucinations, and his prescription is renewed. The psychiatrist tells the man to do what the priest says, in addition to taking his medication. Lazaro points out that “Psychiatrist Bhushan is careful to acknowledge his faith-based partner. Pills, for example, are routinely blessed over the shrine’s inner sanctum.” Through this program, people have access to psychiatric treatment in a socially-acceptable environment. Because there is less stigma in coming to the shrine than to a psychiatrist’s office elsewhere, people are much more likely to seek help and see improvements. Hamlai reports that over 16,000 patients have received care through this program, and he is currently expanding to new locations.

Ritual at the Mira Datar Dargah

One of the most predominant forms of treatment for madness in India is ritual. We saw this in the previous discussion of the Dava Dua program, and it has also been documented in scholarship, for example in Sudhir Kakar’s *Shamans, Mystics,*

and Doctors (1982) and Beatrix Fleiderer's *The Red Thread* (2006; 1994). Fleiderer discusses the history of the Mira Datar Dargah in Unjha, Gurjarat, the site of the first Dava Dua program.

While conducting fieldwork in Pune, I was able to visit a sister site to this one, the Mira Datar Dargah tucked away near the “old city.” Here I was able to observe the healing ritual, interview a woman who had come to worship at the shrine, and also speak with some of the staff. Many people in Maharashtra—doctors, laypeople, students, etc.—upon hearing about my project, immediately recommended I visit this site. The association between madness and ritual healing is very strong. Two of the scholars at the Bhandarkar Oriental Research Institute (BORI) where I was doing archival and translation work separately recommended this place to me, as did Akash, the Pune-based psychiatrist whom I introduced previously. Akash said that people with “mental illnesses,” for example, those with “schizophrenia,” “depression,” and “PTSD”—which he said can be caused by a variety of factors including “genetic makeup” and “childhood experiences”—visit this site for “faith healing” (personal communication, Oct. 2012).

Akash called this behavior “superstition,” a word I frequently heard paired with “faith healing.” It is important to note that in this context the term “superstition” does not necessarily imply that the treatments are fake or without benefit. When I asked this same psychiatrist if this form of treatment worked for some of his patients, he replied, “Sure, why not?” In order to illustrate what this ritual treatment looks like

and present some of the discourses that take place surrounding these treatments, I will describe in detail here one of my experiences at the dargah. It is somewhat long, but gives a sense of how people talk about and experience ritual treatment.

The first time I went to the Mira Datar dargah I arrived around two o'clock in the afternoon. It was not easy to find, nestled in a small alley-like street across from a schoolyard and lined along the backside by a building with small apartments. After asking directions every two blocks or so I arrived, not knowing if I was actually there. "This place?" I thought to myself, "But it's so empty!" I took off my shoes and went through the gates. Four women were sitting in the central sitting area which consisted of a longish walkway open to the sky that extended 50 feet or so in front of the main gate. On either side of the walkway there was a slightly raised concrete floor over which metal awnings were constructed. A woman was coming down the path sweeping up petals, dirt, leaves, and one abandoned sandal. I walked around this area, peeking in windows and cracks in doors, wondering where the actual tomb was.

I had been to a dargah before and knew there should be a burial shrine to a Muslim saint, but I could not see the shrine anywhere. A young man in a green shirt, a hat, and some cotton pants came out of what had to be the main door, closed it behind him, and entered an office-like room across the courtyard. I was puzzled. Wearing a hat inside? This cannot be the place. Is this his house? Then I walked over to what I thought was the office, a small room that lies to your right as you enter the courtyard. There were three men, one about sixty or so, the man in the green shirt,

and one more younger-looking man, probably in his early twenties in the “office,” which I realized upon entering was a shrine in its own right. “*Kuch kām hai?*” the older man asked, which literally means something like, “Do you have some business here?” but with a friendly tone also doubles as “Can I help you?” I told him I was a student, just coming here to see the dargah and to learn about the rituals that happen there. He told me that when people need something or have some sort of problem (*taklīf*), they come to resolve it. He then proceeded to perform a ritual for me, which involved me repeating a prayer after him and him tying a small red thread to a metal pole after asking my name. He said he prayed that my work would be successful, that there would be no obstacles, and that I would learn what I needed.

When he was finished, I asked them if they could tell me anything else. They said that people come there when they have to ask for something. I asked about people coming with a particular kind of problem, and they responded by saying that anyone can come for anything. I asked about a number of items on the table in front of this small shrine—silver medallions, copper rings, etc. Switching to English now, one of the boys answered, “They are like bodyguards.” I thanked them and asked if I could take a look around. They said fine, so I left to go outside. I could not find the dargah, so reasoned that not all dargahs are alike, put my shoes back on, and started back down the alley. There I saw a vendor selling various items related to the dargah including a picture of what I thought I would have seen: a raised tomb covered in flowers within a richly-decorated sanctum. I must have missed something. I turned

around and took my shoes off. Just as I was walking into the courtyard again the two men from the shrine were coming out of the gate. They seemed both amused and confused at my reappearance. I asked them in Hindi, “Where is the dargah”? They took me to the door through which the green-shirted man had previously appeared—not his house after all!—and led me inside. Through this door is the main antechamber. There are metal bars which act as guides for the lines of suppliants and small pictures of Hindu deities and Muslim saints lining the ceiling. I very briefly saw the tomb and then was told to come back at 6:30 that evening.

I came back as directed. When I returned, men and women filled the courtyard. Men were mostly lined up along the central walkway in front of the gate, whereas most women were sitting cross-legged on the concrete slabs on either side of them. This walkway formed a perpendicular cross with an additional walkway that ran from the main dargah door to the building that housed the small “office” shrine I was in earlier that day. It was here that I met Anita, the woman who talked me through the ritual as it was taking place. She said this was Mira Datar’s place, who she told me was a Muslim. She then pointed to some people that I had noticed, and in all truth had come to see, but had not yet asked her about.

Almost immediately upon sitting I noticed two separate areas of the courtyard where people were exhibiting various abnormal behaviors. Anita labeled this “*bhūt lagāte*” and “*shaitan āte*,” spirits or demons had become attached or visited them. She explained that they had come to the dargah in order to be relieved of these

beings. One very slender old woman near one corner of the dargah, dressed in a gold and green sari, was running her hands down the walls of the dargah, yelling, dancing, and moving her body in shaky, jolting-like movements. I heard a quiet groan and turned my head towards the noise. On the other side of the dargah courtyard, towards the back where there seemed to be some sort of shower or water area, I saw a man hanging on to one of the awning supports, groaning and staring blankly in one direction. On the other side of him three or four people were also doing different things. One woman was yelling and shaking her head really quickly, then she would stop, and start again. Another man was sitting on the ground, moving his head around and speaking incoherently. This was all before the actual ritual began.

The ritual proper started around 7:10PM. Everyone crowded around the walkway from the office shrine to the main dargah door as an officiant, the older man who performed the red thread ritual for me at the shrine earlier that day, came out of this door with a large pot that was emitting an immense amount of smoke. Before he came out, people were able to purchase little sachets that could be thrown into the pot to create more smoke. He carried the pot around while another person (the younger man from the afternoon) used a large fan to billow the smoke into the faces of the crowd. They came out one or two times and made sure to make the rounds. The smoke is heavy and thick, with a slightly sweet smell. Families pushed their loved ones towards the smoke and tried with great effort to inhale as much smoke as possible.

Anita asked if I wanted to go into the shrine, so I followed her toward the door. All the men were allowed to enter first and after they had gone, the women's door was opened. Before we went in, however, I noticed that a drummer had begun to play and the combination of the loud drumming and the smoke made for quite an intense atmosphere. As we waited on the side to enter the shrine I saw a few women exhibiting various behaviors. Two women in saris who looked around 20 years old were throwing their hair in circles, dancing wildly; throwing their bodies every which way. Each of them had a caretaker who caught them if they moved beyond a small circumscribed area. Another girl, wearing jeans and a light pink shirt, had started to roll her head just after we arrived near the door and within a few minutes she was crying out and holding her head, asking whatever it was to stop, "*rukiye.*" An older man—a father or uncle, perhaps, or maybe her husband—stood behind her to catch her when she seemed to lose balance. Just in front of me was an elderly woman who was simply standing in line. The only visible indication that she was there for ritual treatment were the two young women with her who stood with their arms around her as if protecting her from the fray.

The drumming became increasingly fast and finally stopped suddenly. Though not all of the erratic behavior ceased at that moment, the two girls who had been wildly dancing fell to the floor and lay quiet. It was at that moment that the door to the women's side was opened and Anita and I went in. Upon entering I recognized a small table like the one I had seen in the earlier shrine, where you could state your

name and your problem, and a small thread would be tied to help relieve your pain. We wrapped around the inside wall of the dargah and when we came to the shrine I was patted on the head with a whisk, I gave some rupees, was asked my name again, prayed and moved on. Anita and I left the dargah.

Before moving on to the classical materials—some of which resonate very strongly with this ritual performance at the dargah—I want to highlight some of the language used to talk about the behaviors exhibited in this context. To begin, there is a sub-discourse on what to call the phenomena with which people approach the shrine. According to the shrine officiants, people come with what they generically categorized as *taklif*, the Hindi word for “trouble,” “problem,” or “affliction.” According to Anita, these behaviors are caused by a “*bhūt*” or “*shaitan*,” a ghost or demon (personal communication, Nov. 2012), but according to the scholars and psychiatrist who recommended I visit this place, these behaviors are variously “madness,” “mental illness” and “superstition.”

There is also a sub-discourse on protection, through the words people speak and the actions they perform. People who come to the shrine seek help and protection through inhaled smoke, community, prayer, music, and amulets. The amulets of various kinds available at the shrine were described to me as “bodyguards” and through one woman’s pleas for whatever was afflicting her to “*rukiye*” (“please stop”) we can see that some degree of agency is attributed to the afflicting party. In this respect, also, it is important to note that people had support, or protection, from

friends or family to various degrees. Some people were alone, but as I described above, some were cocooned by family members who were visibly concerned to protect their charges from the crowds, from whatever was afflicting them, and from themselves. I will return to these sub-discourses and others after considering the classical materials.

ORIGINS AND TREATMENT OF MADNESS: DISCOURSES FROM CLASSICAL INDIA

Causes of Madness

This chapter opens with a passage from the *Mahābhārata* about the graspers (*grahas*), supernatural beings populating a spectrum from divine to demonic, who can afflict people with madness through various kinds of interaction (*Mahābhārata* 3.219.45-54). For example, the sight of gods, hatred towards *siddhas*, being entered by *yakṣas*, and being touched by *gandharvas* can all lead to madness. According to this text, the graspers can be classified into three groups: those who are playful, the gluttonous, and the lustful. This text also makes note of whom these graspers avoid—those who might be considered safe from this particular kind of madness—those who are faithful, right thinking, controlled, pure, and finally, devoted to the god Maheśvara, or Śiva (*Mahābhārata* 3.219.55-59). In addition to listing the ways in which a person can become mad through interaction with a grasper, the passage also cites confusion, fear, and the sight of horrible things as causes for madness with *sattva*, a term that basically means “true essence,” or “pure nature,” but can also

mean “strength of character” or “resolution,” being the corresponding treatment. Finally, the *doṣas*, which I will address shortly in my discussion of the medical texts, are also implicated in the onset of madness in the *Mahābhārata*. Specifically it is said that when the mind becomes enraged by the *doṣas*, then a person quickly goes mad. The term *unmāda* is an important one in these discourses, and to that I add two more, *apasmāra* (“epilepsy”) and *amāṇuṣa upasarga*, a *Suśruta Saṃhitā* term for “seizure caused by a supernatural being.” These three conditions are frequently grouped together in the medical literature and share many causes, symptoms, and treatments.

Mitchell Weiss (1977) surveys the references to madness in the *Atharvaveda*, a ritual manual and one of the oldest extant texts from classical India (7-9, 33). He specifically looks at usages of the term *unmāda* and variations from the same prefix and root. He cites *Atharvaveda* 6.130, for example, a hymn wherein the Apsarases, beautiful celestial maidens, the Maruts, and Agni are all called upon by a woman to madden a man with whom she is in love (*ud + mādaya*), to make him think only of her and be mad with love for her (9; 33). Also, in *Atharvaveda* 6.111, a hymn to Agni, madness is described as caused by the mischief of the gods, and it is stated that there are remedies that one with the knowledge can concoct for the victim. This hymn, Weiss argues, may be referring to sacrifice, suggesting that the sacrificial victim is the one who becomes maddened before being “released by Agni.” Here is the hymn and Weiss’ translation (7):

*imaṃ me agne puruṣaṃ mumugdhy ayaṃ
yo baddhaḥ suyato lālapīti |*

*ato 'dhi te kṛṇavad bhāgadheyam
yadānunmadito'sati ||*

*agniṣ ṭe ni śamayatu yadi te mana udyutam |
kṛṇomi vidvān bheṣajam yathānunmadito'sasi ||*

*devainasād unmaditam unmattaṃ rakṣasas pari |
kṛṇomi vidvān bheṣajam yadānunmadito'sati ||*

*punas tvā dur apsarasaḥ punar indraḥ punar bhagaḥ |
punas tvā dur viśve devā yathānunmadito'sasi ||*

O Agni, Release this man for me,
he who bound and well secured chatters incessantly,
That he may thus attend to your sacrificial share
when he shall become free of madness.

If your mind be crazed,
let Agni calm it for you.
Possessing the knowledge, I prepare a remedy
so that you may be freed of madness.

Maddened by the mischief of the gods,
maddened by a demon.
Possessing the knowledge, I prepare a remedy
so that he may be freed of madness.

May the Apsarases, Indra, and Bhaga return you,
May all the gods return you
so that you might be freed of madness.
(AV 6.111)

Here madness is discussed as a condition that can be caused and cured by supernatural beings. Both gods and also classes of semi-divine beings are implicated by the references to *rakṣasas*, *apsarases*, and also Agni, Indra, and Bhaga. One cure employed, it is important to note, is a *bheṣaja* or “medicine” made by one who knows how. A *bheṣaja* can refer to a medicinal compound in Ayurveda, but can

also, as we see here, refer to a spell or charm as a remedy. At any rate, the point to be made is that this hymn suggests both the gods and medicinal concoctions can cure maddened people. Additionally, in his book *The Self Possessed* (2006), Frederick Smith suggests, citing Kenneth Zysk's analysis of *unmāḍita* and *unmatta* in this same hymn, that here we have evidence in the *Atharvaveda* for the later division of *unmāḍa* in Ayurveda into pathological madness and that caused by possession (Smith 2006, 476-478).

Though not a treatment context, in the *Bṛhat Saṃhitā* of Varāhamihira, a sixth-century compendium on astronomy and astrology that is likely the youngest of all the texts surveyed in this section, madness is caused by a combination of earthquake and stellar alignments.⁵² This text, in part, describes the effects of the planetary objects on worldly happenings, such as natural disasters and disease. In chapter thirty-two, the chapter on signs of earthquake (*bhūkampalakṣaṇādhyāya*), Varāhamihira gives various consequences of a wind circle earthquake, which is an earthquake that occurs under any one of the seven constellations considered to be ruled by the wind god, Vāyu:

vāyavye bhūkampe sasyāmbuvanauṣadhīkṣayo'bhīhitaḥ |
śvayathuśvāsonmāḍajvarakāsabhavo vaṇīkpīḍā ||

When there is an earthquake under the wind circle these are the effects: destruction of crops, water, forests and herbs; the arising of swelling, asthma, madness (*unmāḍa*), fever and cough; and pain to the merchant class. (*BS* 32.10)

⁵² For a brief discussion on dating see Ramakrishna Bhat (1981): xi.

Here we find that madness together with a long string of other undesirable misfortunes—the destruction of crops and various diseases—can occur as a result of a particular type of geologic event.

Another important source for perspectives on the origins of madness are the Sanskrit Ayurvedic texts. There are a few maladies discussed therein that will be useful for our discussion here, namely *unmāda*, *apasmāra*, and also afflictions caused by *grahas* or *bhūtas*. Smith (2006) gives a translation and extensive discussion of the latter affliction, that caused by *grahas*, in the *Caraka Saṃhitā*, *Suśruta Saṃhitā*, and *Aṣṭāṅgahṛdaya Saṃhitā* (487-508). I will not, then, cover all the same ground here. My discussion of *Caraka* will focus primarily on the condition *unmāda*, though in my discussion of *Suśruta* I will examine *unmāda*, *apasmāra*, and disease caused by *grahas*, so that we can get a sense of what these different categorizations can contribute to our discussion. From a comparison of the treatments and categorizations in these two texts, the reader will get a sense of the complexity of classifying the behaviors associated with madness and a sense of the differing opinions on how these conditions should be treated.

The *Caraka Saṃhitā* can probably be dated to around the first-century CE, although some parts may be older. According to this text, already briefly discussed in Chapter 2, there are five kinds of *unmāda* classed into two general categories, that which is born from innate causes (*nija*) and that coming from without (*āgantū*). There are four types of *nija unmāda* and one kind of *āgantū*. The latter is caused by

visitation by various beings, and the former ones, the *nija unmādas*, are the result of an agitation of three bodily substances, namely, wind, bile, and phlegm (the fourth type is caused by all three combined). These disease-causing substances are referred to as *doṣas*, or faults. In the following description of who becomes vulnerable to *unmāda*, one can see how the *nija* category of *unmāda*, though seemingly dependent on these physical disruptions within the body, also implicates a person's moral character and life choices in the onset of madness:

Here indeed there are five *unmādas* whose causes are *vāta* (wind), *pitta* (bile), *kapha* (phlegm), *sannipāta* (combination), and *āgantū* (exogenous).

Among these, the four caused by *doṣas* are quickly displayed in these kinds of persons—namely, those who are cowardly, those whose spirit is exceedingly tormented, those whose *doṣas* are elevated, those eating in an improper manner strange foods which have been touched by one who is deformed and impure, those applying a regimen that is improper, those performing other improper bodily activities, those whose body is exceedingly exhausted, those who are whirled up by a rush of diseases, those whose mind is afflicted by desire, anger, greed, joy, fear, delusion, fatigue, sorrow, worry, agitation, and the like, or those wounded by repeated attacks. When their mind is damaged and their intellect trembles, the over-excited *doṣas*, agitated, having approached the heart and having turned towards the channels leading to the mind (*manas*, located in the heart in *Caraka Saṃhitā*), produce *unmāda*. (*Car* 2.7.4)⁵³

⁵³ *Car* 2.7.4:

*iha khalu pañconmādā bhavanti tadyathā vātapittakaphasannipātāgantū-nimittāḥ ||
tatra doṣānimittās catvāraḥ puruṣāṇām evaṃvidhānām kṣipram abhi-nirvartante
tadyathā bhīrūṇām upakliṣṭasattvānām utsannadoṣāṇām samalavikṛtopahitāny
anucitāny āhārajātāni vaiṣamyayuktenopayoga-vidhinopayūñjānānām
tantraprayogam api viṣamam ācaratām anyās ca śarīraceṣṭā viṣamāḥ samācaratām
atyupakṣiṇadehānām vyādhivega-samudbhramitānām upahatamanasām vā
kāmakrodhalobhaharṣabhaya-mohāyāsaśokacintodvegādibhir bhūyo
'bhighātābhyāhatānām vā manasy upahate buddhau ca pracalitāyām abhyudīrṇā
doṣāḥ prakupitā hr̥dayam upasṛtya manovahāni srotāṃsy āvṛtya janayanty unmādam||*

Here practicing socially appropriate behavior and maintaining purity through observing boundaries directly affects one’s physical constitution and the failure to do these things leads to madness. According to *Caraka*, being cowardly, overly-emotional, eating impure foods, and practicing strange behaviors have the same capacity for exciting the *doṣas* as exhaustion and illness. The implication of emotion in the causation of madness is important to note. Here, all kinds of emotion—desire, joy, sorrow, anger—all can cause madness. Another important pattern to be gleaned here is that irregular movement and abundance, in both behavior and physical substance, leads to *nija unmāda*. Some of the key adjectives employed to address irregular movement include *viṣama* (“irregular” or “inconstant”), *pracalita* (“trembles”), and also words formed from the root *bhram* (“to wander”), such as *samudbhramita*, translated here as “whirled-up.” We also saw echoes of this previously in the discussion on *vibhrama*, “wavering,” as the operative term in the *Caraka* definition of *unmāda*.

In discussions of the causes of *āgantū-unmāda*, too, we find an emphasis in wavering from normative, appropriate behavior:

People meet with *unmāda*-causing gods, sages, ancestors, *gandharvas*, *yakṣas*, *rākṣasas*, *piśācas*, and gurus, elders, and perfected ones, on these occasions: when undertaking bad actions; when an earlier-performed act matures; when living in an empty house or standing at a crossroads alone; when not devoted (*aprayata*) at the twilight/junctures of the day, or having intercourse during new and full moon days, or when having intercourse with a menstruating woman; when employing the offerings, prayers, tributes, and study in a bad way (*vigūṇe*); when passing over a vow and severing a vow of celibacy; during great battles; when there is destruction of town, family, and country; in

the approach of the planets and during childbirth; when touching different kinds of inauspicious and impure beings; when vomiting, purging, and bleeding; when approaching a tree-shrine or temple when impure or not devoted, or when [taking] the remains of meat, honey, oil, sugar, and alcohol; or when naked; or when approaching at night a place of execution, a cremation ground, a grove, a crossroads, a market-town, or a city; when offending a twice-born, a teacher, a god, an ascetic, or a worship-worthy one; when neglecting the explanation of duty (*dharmā*), and when undertaking other unpraiseworthy acts, thus are the fully explained times of attack. (*Car* 2.7.14)⁵⁴

Here we can see that *āgantū unmāda* does not necessarily happen to just anyone, but to those who go to dangerous, liminal places, who have sex at the wrong times, who come into contact with impure things, and who are naked, to name a few. It is also the case, though, that *āgantū unmāda* can occur when there is general havoc in the land—during battle, for example, or destruction of a city. Douglas (1966) describes the role of such “danger beliefs” in the ordering of society:

...[T]he ideal order of society is guarded by dangers which threaten transgressors. These danger-beliefs are as much threats which one man uses to coerce another as dangers which he himself fears to incur by his own lapses

⁵⁴ *Car* 2.7.14:

*unmādayiṣyatām api khalu devarṣipitṛgandharvayakṣarākṣasapīśācānām
guruṣṛddhasiddhānām vā eṣv antareṣv abhigamanīyāḥ puruṣā bhavanti, tadyathā—
pāpasya karmaṇaḥ samārambhe pūrvakṛtasya vā karmaṇaḥ pariṇāmakāle ekasya vā
śūnyagrhavāse catuṣpathādhiṣṭhāne vā sandhyāvelāyām aprayatabhāve vā
parvasandhiṣu vā mithunībhāve rajasvalābhigamane vā viḡuṇe
vā’dhyāyanabalimaṅgalahomaprāyoge nīyamavratābrahmacāryabhāṅge vā
mahāhave vā deśakulapuravināse vā mahāgrahopagamane vā striyā vā
prajānanakāle vividhabhūtāśubhāśucisparśane vā vamanavirecanarudhiraśnāve
aśucer aprayatasya vā caityadevāyatanābhigamane vā
māṃsamadhutilaguḍamadyocchiṣṭe vā digvāsasi vā niśi
nagaraniḡamacatuṣpathopavanaśmaśānāghātanābhigamane vā
dvijagurusurayatipūjyābhigharṣaṇe vā dharmākhyānavyatikrame vā anyasya vā
karmaṇo’praśastasyārambhe ityabhiḡhātakālā vyākhyātā bhavanti ||*

from righteousness. They are a strong language of mutual exhortation. At this level the laws of nature are dragged in to sanction the moral code: this kind of disease is caused by adultery, that by incest; this meteorological disaster is the effect of political disloyalty, that the effect of impurity. The whole universe is harnessed to men's attempts to force one another into good citizenship. (Douglas 1966, 3-4)

While “danger beliefs” may serve similar functions in different societies, the shape they take is often culture or source-specific. For example, in the case of *Caraka*, the culpability of the patient is not always implied and the debate on culpability in this text is a function of the author's beliefs about both *bhūtas* and *karma*. Weiss addresses this briefly in his discussion on the subtle differences of opinion on causes in *Caraka*. He argues that in separating the verse from the prose in this text, one can see where Ātreya's opinions and Caraka's commentaries part ways. One such significant split relating to *āgantū* madness is that Ātreya, emphasizing the role of the patient, attributes possession by a *bhūta* to bad judgment (*prajñāparādha*). Caraka, on the other hand, emphasizes the active role of the *bhūta* and the possibility that a patient becomes possessed because of past *karma*, and not because possession is a result of their current actions (Weiss 1977, 69). Agency of the patient is also a consideration in the category of *nija-unmāda*, as is clear from the passage above. Furthermore, the most common reason for an agitation of the *doṣas* is diet, something over which a person has control (if access to food is not an issue). For example, one aggravates the *vāta doṣa* (wind) by eating rough, deficient, cold food and also from fasting, and one aggravates *pitta* (bile) by eating uncooked, pungent, sour, and burning foods (*Car* 6.9.8-12). So while madness in this text is envisioned

as brought on by one's own actions, whether they are past or present actions is debated.

The *Suśruta Saṃhitā* is another early medical text on Ayurveda, focusing predominantly on surgery and understanding the anatomy of the body. It is perhaps slightly later than the *Caraka Saṃhitā*, likely dating to around the first few centuries CE (Zysk 1986, 692). In its consideration of the concept of madness, this text varies from the *Caraka Saṃhitā* in a few interesting ways. First of all, *unmāda* is not explicitly discussed as caused by supernatural means. However, there is a chapter on disease caused by possession by various beings, called *grahas*, which includes *devas*, *gandharvas*, *asuras*, and *piśācas*, to name a few. This chapter is entitled *amanuṣapraṭiṣedha* (“treatment of disease brought about by supernatural causes”) and is discussed two chapters before *unmāda*. The symptoms caused by these possessions are similar to the ones found in the *Caraka Saṃhitā* for various types of *āgantū-unmāda*, where the traits of the afflicting agent are taken on by the afflicted. A person possessed by a *deva*, for example, is described as clean, content, vigorous, speaking good and pure Sanskrit, liking flowers and perfumes, and granting boons; a person possessed by a *gandharva* is described as moving about happily, showing a fondness for songs, laughing merrily, and also singing and dancing (*SuS* 60.6-9). It is interesting that these categories and descriptions of *unmāda* are elucidated in similar fashion to *Caraka*, though this text does not recognize these behaviors by that name. This is important to note because it indicates that it is sometimes the belief in a cause,

rather than outward manifestations of abnormal behavior, that are used to diagnose between types of madness for some authors. It is also important in that it reveals conflicting voices within the medical literature on how to categorize madness.

The chapter falling between this discussion of *grahas* and the chapter on treatment of *unmāda* in *Suśruta* is on *apasmāra*, most often translated as “epilepsy.” *Apasmāra* is said to be caused by the *doṣas* which are aggravated by eating incompatible and impure foods, overuse of the sensory organs, and having sex during a woman’s menstrual period, in addition to being afflicted by various emotional states, such as fear, grief, and anger (*SuS* 62.4-6). The psychological causes (fear, grief, anger, etc.) and also the cures given for this disease are very similar to those for *unmāda* (*SuS* 61.6; 22). In fact, *Suśruta* explicitly states that the treatments to be used for *unmāda* and also for *grahas* should be employed on those who are afflicted with *apasmāra* (*SuS* 61.6; 22-23). We will return to these treatments in the following section. An interesting aspect of the discourse on *apasmāra* in the *Suśruta Saṃhitā* is that there is a debate on whether it is caused by the *doṣas*. The author of *Suśruta* favors the interpretation that it is, in fact, caused by the *doṣas*, but cites, and then refutes, another opinion that it could not be so (*SuS* 61.17-21). This alternate opinion argues that because “it comes without cause and goes without treatment,” (*animittāgamād vyādher gamanād akṛte ‘pi ca*) it cannot be understood as being caused by the *doṣas*. The counterpoint to this offered by *Suśruta* appeals to the analogy of a dormant seed that grows only in the fall even though rain came much

earlier (*SuS* 61.19). The idea is that the *doṣas* are always present (as are seeds in the ground), but they can appear for short periods of time when the conditions are ripe. So, in the case of *apasmāra*, the *doṣas* that cause it are always present, and even though it appears for only a short time, it is not *animitta*, “without cause.”

In *Suśruta*, the condition *unmāda*, addressed in the chapter immediately following *apasmāra*, is also brought about by derangement of the *doṣas*, and not by supernatural means. The condition is characterized as a disease of the mind (*mānaso vyādhi*) and is of six kinds: three caused by aggravation of each of the three *doṣas*, one caused by a combination of these three, one caused by “mental sorrow” (*mānasa duḥkha*), and one caused by poison (*SuS* 62.3-4). Notably, this is the same classification given in the *Aṣṭāṅgahṛdayasūtra* of Vāgbhaṭa, the third of the ‘great three’ (*bṛhatrayī*) of Ayurveda (*Aṣṭāṅgahṛdayasūtra* 6.6.1).

Treatment of Madness

In examining the treatment of madness we return to the realm of regulation and management of deviant behavior. Presumably treatments exist for the well-being of the patient, but even positive symptoms—for example, those brought on by *deva-unmāda*—are treated as conditions that need to be alleviated. Variation from the imagined and ever-changing norm must be controlled. The systematic medicinal treatment of that behavior is one way to do this, as it can, in theory, take a large swath of incomprehensible behavior and make it understood and, therefore,

manageable. We have already seen a few opinions on the treatment of madness in the sources surveyed previously. For example, the *Atharvaveda* suggests that prayer and also medicine, *bheṣaja*, can cure madness, and the *Mahābhārata* passage on *grahas* suggests that madness can be treated by purity and through those who know the texts. These forms of treatment are echoed in the medical literature, as we will soon see. Though I drew upon a wider range of sources for our discussion of causes, here I focus specifically on the discourses on treatment in the *Caraka Saṃhitā* and the *Suśruta Saṃhitā*.

As previously noted, the *Caraka Saṃhitā* envisions *unmāda* as a condition caused both by the *doṣas* and by visitation by supernatural beings. As such, its discussion on treatment deals with how to treat both of these issues. These treatments are discussed in two different chapters. The following is from the *Nidānasthāna*, “The Chapter on Pathology.” Let us begin with the treatment of the *doṣa* type of *unmāda*:

When the characteristics of the three *doṣas* come together, this should be known as *sānnipātika* (“occurring together”), the skilled call this incurable.

Of the three curable ones, these are the cures: oiling, sweating, vomiting, purging, fixing enema, oily enema, calming, nose actions, smoke, fumigating, ointment, pressing down, sternutatory, rubbing with unctuous substance, poultice, bathing, anointing, striking, tying, imprisoning, terrifying, surprising, forgetting, fasting, phlebotomy, and diets appropriate to the individual person, and whichever other medicine that would work against whichever of the causes should also be employed. (*Car* 2.7.7-8)⁵⁵

⁵⁵ *Car* 2.7.7-8:

tridoṣaliṅgasannipāte tu sānnipātikaṃ vidyāt tam asādhyam ācakṣate kuśalāḥ ||

As one can see, the cures involve a long list of physical treatments that include the purification or flushing out of the body, and also the introduction or application of various substances onto or into the body. There are also prescriptions of a psychotherapeutic nature, for example, terrifying, surprising, and imprisoning the patient. Note, finally, the prescription for diet appropriate to the specific person. This is referring to the concept in Ayurveda that people have constitutions that naturally have more of one *doṣa* or another. There are particular diets suited to particular constitutions. Each *doṣa*, because of its unique characteristics, has different recommendations for treatment associated with it. This is why, actually, the *sannipāta* type of *unmāda* is considered incurable according to *Caraka*. We find this explicated in the *Cikitsasthāna*, the “Chapter on Treatment,” of the *Caraka Saṃhitā*:

*yaḥ sannipātaprabhavo'tighoraḥ sarvaiḥ samastaiḥ sa ca hetubhiḥ syāt |
sarvāṇi rūpāṇi bibharti tādr̥g viruddhabhaiṣajyavidhir vivarjyaḥ ||*

The most horrible [*unmāda*] is that which arises from a combination [of all the *doṣa*-specific *unmādas*]. It has the causes of all of them. [A person so afflicted] bears all of the symptoms. As the remedies for treatment of each are at variance with one another, (such a patient) should be abandoned. (*Car* 6.9.15)

Each *doṣa* needs to be treated for a cure to be effective, but the cures for one will only aggravate another, so there is nothing that can be done. It is not uncommon in

*sādhyānāṃ tu trayānāṃ sādhanāni—
snehasvedavamanavirecanāsthāpanānuvāsanopaśamanastahkarmadhūmadhūpanā-
ñjanāvapīḍapradhamanābhyaṅgapradehapariṣekānulepanavadhabandhanāvarodha-
navitrāsanavismāpanavismāraṅgāpatarpaṇasirāvyadhanāni bhojanavidhānaṃ ca
yathāsvaṃ yuktyā yac cānyad api kiṃcin nidānaviparītam auśadhaṃ kāryaṃ tad api
syād iti ||*

the early Ayurvedic texts to see recommendations that a patient be abandoned when their condition is incurable. Dagmar Wujastyk has shown that there are two main reasons for not treating a terminal patient: (1) the patient's case is hopeless, and (2) the doctor's reputation is at stake (Wujastyk 2012, 113-114). For the curable types of *nija-unmāda* and also for *āgantū-unmāda*, the Chapter on Treatment in *Caraka* offers this:

Now we will explain fully and concisely the prescription of medicine for both kinds of *unmāda*, one with innate causes and the other with exogenous causes. One who ascertains the distinct characteristics of *unmāda* caused by wind should recommend first of all the drinking of oil, but if the path is obstructed, then a gentle laxative with oil. When it is produced by bile and phlegm, vomiting and purging is recommended first. Having been treated with oil and sweated, and also purified, a *saṃsarjanakrama* (particular kind of diet) is to be done. A medicated enema, an enema prepared with ghee and a purging of the head is then recommended; a repetition of those should be performed depending upon the *doṣa*. When the heart, organs, head, and stomach are completely purified by vomiting and the like, then one attains a tranquility of mind and regains memory and understanding. When there is a wavering in the behavior of the patient after purification, then a sharp inhalation therapy, ointment application, and beating which agitates the body, intellect and mind, is given. A patient who is engaged in rude behavior, having been secured by good strong straps, should be confined in a dark house free from wood pieces and iron. Threatening, terrifying, giving delight, appeasing fear and surprising lead to a natural (*prakṛti*) mind of one whose cause (of *unmāda*) is loss of memory (*vismṛti*). Poultice, anointing, massage, smoke and drink cooked with ghee should be employed to awaken the understanding, memory, intellect and the mind. A person with *āgantū*-type *unmāda* should be given ghee to drink and mantras and the like should be said for him. (*Car* 6.9.24-33ab)⁵⁶

⁵⁶ *Car* 6.9.24-33ab:

*tatra dvayor api nijāgantūnimittayor unmādayoḥ samāsavistarābhyāṃ
bheṣajavidhimanuvyākhyāsyāmaḥ ||
unmāde vātaje pūrvaṃ snehapānaṃ viśeṣavit |
kuryādāvṛtamārgē tu sasnehaṃ mṛduśodhanam ||
kaphapittodbhave'pyādau vamaṇaṃ savirecanam |
snigdhasvinnasya kartavyaṃ śuddhe saṃsarjanakramaḥ ||*

This chapter basically spells out in detail what was truncated in the chapter on pathology, so there is no need to review this in great detail here. An important pattern to note, however, is that certain faculties are repeatedly cited as affected by these treatments. In addition to the specific *doṣa*, mind (*manas*), memory (*smṛti*), understanding (*saṃjñā*), and intellect (*buddhi*) are restored. Since it is through these kinds of faculties that a person is able to regulate their behavior, it is through the restoration of these faculties that one becomes capable of actively participating in the social world, and once again becomes known as a person with a “normal” (*prakṛti*) mind.

With respect to the treatment of *āgantū unmāda*, *Caraka* says that the motive of the afflicting supernatural being will determine whether the condition can actually be treated and, for the curable types, medicines, religious offerings, and wearing auspicious ornaments are some of the cures:

nirūhaṃ snehabasti ca śīrasaś ca virecanam |
tataḥ kuryād yathādoṣaṃ teṣāṃ bhūyas tvam ācaret ||
hṛdindriyaśīraḥkoṣṭhe saṃśuddhe vamaṇādibhiḥ |
manaḥprasāsam āṇoti smṛtiṃ saṃjñāṃ ca vindati ||
śuddhasyācāravibhraṃśe tīkṣṇaṃ nāvanamañjanam |
tāḍanaṃ ca manobuddhidehasaṃvejanaṃ hitam ||
yaḥ sakto'vinaye paṭṭaiḥ saṃyamya sudṛḍhaiḥ sukhaiḥ |
apetalohakāṣṭhādye sarodhyaś ca tamogrhe ||
tarjanaṃ trāsaṇaṃ dānaṃ harṣaṇaṃ sāntvanaṃ bhayam |
vismayo viśmṛter hetor nayanti prakṛtiṃ manaḥ ||
pradehotsādanābhyaṅgadhūmāḥ pānaṃ ca sarpiṣaḥ |
prayoktavyaṃ manobuddhisṛtisaṃjñāprabodhanam ||
sarpiḥpānādirāgantoraṃ mantradiśceṣyate vidhiḥ |

There are three motives of the agents causing *unmāda*: violence, pleasure, and worship. Of those, one knows the distinct motive through the distinguishing characteristics of the *unmatta*'s behavior. When one is afflicted (*unmādyamāna*) from a desire for violence, he enters fire, plunges in water, falls from one place into a pit, strikes himself with weapons, whips, sticks, clods, and fists, and he may engage in other activities with the goal of killing himself; this should be known as incurable. The other two are curable. The cures of these two are mantras, medicines, wearing auspicious jewels and ornaments, tributes, offerings, oblations, religious observance and vows, penances, fasts, blessings, prostrations, and pilgrimages. (*Car* 2.7.15-16)⁵⁷

Here we find, just as in the discussion of *nija-unmāda*, that there is a single type of *unmāda* which cannot be cured. In this case, it is the kind caused by the desire to do violence on the part of the afflicting *graha* and it is basically characterized by self-harm and suicidal tendencies. For the curable types, while there is mention of treatment through medicine (*auśadhi*), the list of treatments is almost wholly related to ritual activity and religious penances. In the following discussion of the *Suśruta Saṃhitā* we will see a similar division, but here disease caused by *doṣa* and disease caused by *graha* are treated as different ailments and are considered in altogether separate chapters. *Caraka* and the *Aṣṭāṅgahṛdaya* also have separate chapters on

⁵⁷ *Car* 2.7.15-16:

*trividhaṃ tu khalūnmādarkarāṇāṃ bhūtānām unmādane prayojanaṃ bhavati
tadyathā—himsā ratiḥ abhyarcanaṃ ceti | teṣāṃ taṃ
prayojanaviśeṣamunmattācāraviśeṣalakṣaṇair vidyāt | tatra
himsārthinonmādyamāno'gniṃ praviśati apsu nimajjati sthālācchvabhre vā patati
śastrakaśākāṣṭhaloṣṭhamuṣṭibhir hantyaātmānam anyac ca prāṇavadhārthamārabhate
kiñcit tamasādhyam vidyāt sādhyau punar dvāvitarau ||
tayoh sādhanāni—
mantrauśadhimaṅgalabalyupahārahomaniyamavrataprāyaścittopavāsasvastyaya
napraṇipātagamanādīni ||*

these illnesses, though as we just saw in *Caraka*, visitation by various beings is also included under the discussion of *unmāda*, whereas in *Suśruta* this is not the case.

Here I will examine the treatments in *Suśruta* for *graha* afflictions, *apasmāra*, and *unmāda* separately. The treatments for *graha*-type madness in *Suśruta* are, first and foremost, recitation of hymns, practicing religious austerities, and making specific offerings on days associated with the particular *graha* by whom one is afflicted. The place of the offering is also important and in accordance with the personality or requirements of the afflictor: the offerings to *devas*, for example, should be offered in a temple with sacrificial mainstays such as *kuśa* grass, a *svastika*, sweet cakes, and pudding; offerings to *asuras* at road crossings; and, finally, *pitṛs* on a decorated *kuśa* seat on a riverbank. Only after these offerings fail is the inhaling, drinking, and application of medicinal recipes recommended. These medicinal recipes call for various ingredients, including plants and seeds, biles, urine and excrement of various animals, and also ghee and fruits of various kinds (*SuS* 60.28-53).

In its discussion on the general treatment of *apasmāra*, *Suśruta* says that old ghee, as a drink and as a massage oil, can be used to treat this condition in addition to all remedies recommended for *unmāda* and also those for *grahas*. Purification through elimination therapy is also recommended (enemas for *vāta*-type *apasmāra*, laxatives for *pitta*-type, and emetics for *kapha*-type) and so is the daily worship of Rudra and his attendants (*gaṇas*) (*SuS* 61.22-26). In its description of what to do for

apasmāra brought on by particular *doṣas*, the text gives *doṣa*-specific ghee recipes together with other foods. In the descriptions of two of the “general” ghee recipes listed after the *doṣa*-specific ones, it is stated that *apasmāra*, *unmāda*, and *bhūtagraha*, in addition to other conditions, can all be cured with these same recipes (*SuS* 61.27-37).

All types of *unmāda* in this text can be treated with various unguents, snuffs, and purgatives. Elimination and fumigation therapy are the first two general prescriptions given for this condition (*SuS* 62.14-16). In addition to these, shock treatment is recommended:

He should be shown marvels and told of the destruction of those dear to him. He should be frightened with men of tremendous form, tamed elephants and non-venomous snakes. He should be struck with whips and bound with fetters. Or, having been restrained in secret, he should be frightened with burning hay. He should be threatened with water and should be shown blows with a rope. Someone of great strength should pretend to drown him, though making sure to protect him. One should pierce him with an awl and avoid wounding the vital parts. He should be taken into a house and while he is kept safe, the house should be set afire. Or he should stay continually in a well provided with a cover. (*SuS* 62.17-20b)⁵⁸

The intention of this treatment is clearly to somehow shock the patient out of his or her madness. Tricks of all kinds are played on the patient, from telling them lies

⁵⁸ *SuS* 62.17-20b:

*darśayed adbhutāny asya vadennāśaṃ priyasya | bhīmākārair narair nāgair dāntair
vyālaiś ca nirviśaiḥ || bhīṣayet saṃyataṃ pāsaiḥ kaśābhir vā'tha tādayet | yantrayitvā
suguptaṃ vā trāsayet taṃ trṇāgninā || jalena tarjayed vā 'pi rajjughātair vibhāvayet |
balavāṃścāpi saṃrakṣet jale'ntaḥ parivāsayet | pratudedārayā cainaṃ marmāghātaṃ
vivarjayet | veśmano'ntaḥ praviśyainaṃ rakṣaṃstadveśma dīpayet || sāpidhāne
jaratkūpe satataṃ vā nivāsayet |*

about the death of their loved ones to making them think their own death is close at hand.⁵⁹ Borrowing the language of the discourses on regulation from the previous chapter, I think it is fair to say that this author does not take a “human rights” approach to managing madness. Though the patient is kept safe throughout this ordeal—the texts make a point of this—and the treatment is somehow for their own good, clearly there is a significant degree of physical and emotional abuse taking place with the goal of exacting “normal” behavior. Furthermore, the patient is clearly not a willing participant in this “treatment,” as tricks of such a kind could not work if the patient was in on it.

While this treatment is recommended for all types of *unmāda* in *Suśruta*, to what extent such treatments would actually have been used as a response to abnormal behavior is not known. It is possible that even though all of these types of treatments are listed as curing *unmāda* generally, certain of these cures were meant only for certain types of madness. After all, this text, like most in the genre of *śāstra*, was likely meant to be a companion guide for a professional, not a how-to book employed by the general population. A trained doctor would have known which of these treatments should be used for particular symptoms. In any case, the *Suśruta Saṃhitā* talks about *unmāda* as a disorder of a patient’s mind, either due to internal

⁵⁹ Dagmar Wujastyk (2012) dedicates an entire chapter to the role of honesty and lying in the doctor-patient relationship in classical Ayurvedic texts. Her analysis shows that although honesty is certainly considered a virtue of doctors in these texts, and lying is an undesirable behavior, lying is still used at various points to shield patient’s from bad news, ensure compliance with treatment, and, as we see above, effect treatment.

imbalances or external, emotionally-disturbing events. As such, prescribed treatment involves using various means to influence the *doṣas* and, thereby, the deranged mental state of the patient, either by medicines or by shocking the patient with news or blows. Other treatments include diet, blood-letting, specialized ghee recipes, enemas, and finally psychotherapy: “in all types of *unmāda*,” the text reads, “one should make the mind happy” (*unmādeṣu ca sarveṣu kuryāc cittaprasādanam*) (*SuS* 61.34).

DISCUSSION

In this chapter I have focused on the management and regulation of madness in treatment contexts and on the discourses surrounding the origins of madness. In surveying and analyzing these discussions, I have identified a number of sub-discourses that speak to some of the central concerns that arise when people seek to “cure” madness. The first sub-discourse is on the extent to which madness is caused by factors internal or external to the body. Second is that on agency, related to the question of origins, which addresses the question of who or what is responsible for madness. Though these first two may seem to overlap, the first is really focused strictly on the content of the internal versus external discourse, whereas the second focuses on the meanings attached to the internal and external explanations. Third, I examine the sub-discourse on the limits of the manageability of madness, which includes the debates on whether it can be cured and the acceptable forms of treatment.

Finally, I examine the sub-discourse on stigma, which is a significant element of the contemporary discourse, but somewhat elusive in the classical texts.

Origins

One of the debates central to this discourse is whether the origin of madness is internal to the patient or the result of external influences. Both contemporary and classical sources cite internal and external factors. The position of the moon, for example, and also the generic “environmental factors” were cited as external-source explanations for madness. A family not making the correct offering to a deity and also the experience of having a *bhūt* or *shaitan* become attached to oneself was also cited. In the classical texts we saw references to *bhūtas* and *grahas* affecting humans through various kinds of contact, *apsarases* maddening people with love, and we saw the division of *unmāda* in *Caraka* into *nija* and *āgantū* sub-categories. In *Suśruta*, though, *unmāda* is not caused by *grahas*. The external factor cited there is poison. Internal explanations included references to “stress,” “chemical imbalance,” and most prominently, “*doṣas*.”

There is also a lot of grey area, where madness is caused by a combination of internal and external factors. For example, conditions in the womb can lead to madness. While this would seem like an “internal” explanation, the condition in the womb is affected by the food one ingests. If the food is “heating,” it can cause madness. Additionally, family relationships are cited. While this may seem like an

“external” explanation, it is presumably the very real affect that relationship has on the physical, internal health of the patient that causes the condition. In the Dava Dua program, the efficacy of medication and the efficacy of ritual (which is one intended to drive off *shaitan*) are both subscribed to simultaneously, an indication that people can recognize both causes at once. Even the *doṣas*, which are cited as the cause of *nija-unmāda*—the very term *nija* meaning “innate”—are affected by external factors such as season, food, stress, and contact with impurity. What is important for our discussion here is to recognize that there is an impetus in many of the sources to take a stance on this issue.

This concern with internal versus external origins points to an important anxiety that resonates with a number of discussions surveyed in this dissertation: Is madness something one *is*, or something one *gets*? Are we born with it? Will it go away? How can it be prevented? These are some of the questions that people attempt to answer with their recourse to internal or external explanations of origin. In the previous chapter we saw that contemporary legislators in India are careful to describe madness as something one *has*. In the discussions we saw in this chapter on *grahas*, *bhūt(a)s*, and *shaitans*, one can certainly make the case that both classical and contemporary authors writing and talking about treatment, did see madness as something one can “catch” or be caught by.

There are counterpoints to this, however. When madness is discussed as the result of *doṣas* being present in inappropriate quantities, or as the result of

obstructions in the flow of bodily substances because of stress, excitement, poor diet choices, contact with impurities, etc. one sees that the potential for madness is inherent in every human body. “Heat in the womb” can cause madness, I was told; it comes “right from the seed,” or it is “genetic.” This anxiety to identify origins, whether internal or external, makes good sense for treatment. How can we fix something if we do not know why or how it is broken? In treatment contexts, knowing the origin is central to deciding how to approach management and, if possible, “cure.” Take, for example, the debate in *Suśruta* regarding whether *apasmāra* is caused by internal factors. One author says *apasmāra* “comes without cause and goes without treatment,” and therefore could not be considered to be caused by *doṣas*. *Suśruta* disagrees, and cites the example of a dormant seed; the cause is always there, we just cannot see it. Here authors subscribe to an internal explanation only when a cause can be known. External explanations, it follows, are for the unknown remainder, but knowable through certain clusters of symptoms.

The import of this sub-discourse for our overall discussion is not so much to identify to what extent any particular author or source subscribes to internal or external explanations, but rather to recognize that there is such a discourse, to see what kinds of factors influence why authors choose such subscriptions, and to examine these discourses in comparison with those on the same issues from other time periods or geographic locations. Such comparison will help us to refine our understanding of how people discuss and construct madness across cultures. Closely

related to this discourse on internal versus external causes is the sub-discourse on agency, to which I now turn.

Agency

The sub-discourse on agency within this sphere of concern has many facets and is closely related to the idea of culpability. Someone or something, animate or not, must be to blame for madness. The sources differ on where to place this blame, but most do place it somewhere. We saw that an individual can be implicated through their own life-choices: going to liminal places like cremation grounds, tree shrines, and crossroads; eating impure foods or touching impure people; and abandoning a vow, or making offerings or prayers in the wrong (*viguṇa*) way. In *Caraka* we also saw that there was a debate on whether it was through the patient's own bad judgment, or the fruit of past actions, that brought on madness by a *bhūta*. One author implicated the *bhūta*, the other implicated the patient. Note also from the survey of definitions in Chapter 2 how this medical compendium, despite its exactitude, leaves open the extent to which a person afflicted with *unmāda* can be seen as morally compromised. For example, *vāta unmāda* and *gandharva*-type *āgantū unmāda* share a substantial number of flighty and playful symptoms, but a diagnosis of *vāta unmāda* does not include negative actions towards sacred objects, specifically ascetics, brahmins, cows, and gods. The triggering of the *vāta doṣa* can be caused by lifestyle choices that may indicate lax character, but the *gandharva*

unmāda is very explicitly the result of what the writers of the text view as morally-questionable behavior (See *Car* 2.7.10-14).

Agency is also attributed to animate beings who are not the patient. A mother can be considered an agent of madness for her unborn child. Her actions during pregnancy affect the conditions in the womb. The explanation that it is “genetics” or “right from the seed” also places the agency for madness on the family, but not necessarily the patient. At the Mira Datar Dargah and in all the Sanskrit medical texts examined, various beings, from gods to nymph-like divine beings to demons, act as agents of madness. There is discourse on protection in these settings, clearly assigning a malicious agency to the afflicting beings, where people seek amulets as “bodyguards” and make pleas for the agent to, “please stop!” Inanimate objects also can be assigned agency: earthquakes, stellar alignments, and the moon, for example.

This sub-discourse on agency, similar to that on origin, makes good sense for treatment contexts. First, it makes sense for its implications for preventive care. Identifying an agent helps people discern how to avoid madness. For example, in some sources, there is considerable discourse on purification, both in the healing procedures (purging, enemas, inhalations, ritual expelling of attacking beings, etc.) and the discussions of who becomes vulnerable to madness (contact with impure foods and people). Keep the body “pure,” both physically and ritually, and avoid madness. If one does subscribe to the idea that madness is caused by one’s own misdeeds—choosing to go to inappropriate places, having sex at inappropriate times,

or eating the wrong kinds of foods—then presumably one can control whether he or she will become afflicted by managing his or her own behavior. What seems beyond one’s control becomes controllable, at least in theory.

Second, being able to attribute agency to external forces helps people to cope with a condition that can be unmanageable, incurable, and highly stigmatizing. There is comfort and also social justification in subscribing to the idea that madness is caused by the moon, for example, or by *bhūtas* intent on violence, but not by the bad deeds, either in this life or previous ones, of the patient. Perhaps this is why, to some extent, people are more comfortable seeking ritual treatment than psychiatric treatment. In ritual contexts, the burden of culpability for madness is not always so easily placed on the patient or the patient’s family. In sum, there appears to be important functions of both kinds of agency-attribution, both related to self-preservation. It would be interesting to see if one finds discourses on agency in other contexts, and to be able to discern what alternate or similar implications these attributions of agency have in those locations.

The Limits of Manageability and Acceptable Forms of Treatment

Another important sub-discourse falling under the concern with treatment is the extent to which treatment, either through management or cure, is even possible. In the classical materials there is clearly a discourse on curability. Certain kinds of madness, *sannipāta*, for example, and also that caused by *bhūtas* with desire for

violence, are considered incurable by some. The former is incurable because it requires the treatment of each *doṣa* individually, but the treatment for each *doṣa* only exacerbates the symptoms of the other two. The latter, which causes the patient to attempt suicide or self-harm through various means, is considered incurable, but why exactly is not explicitly stated. Such a case should be abandoned by the doctor.

In the contemporary discourses, there is a range of opinion on cure and treatment. According to Anita at Mira Datar Dargah, the combination of inhalation of ritual smoke and the blessing given by Mira Datar, can rid a person of the afflicting *bhūt*. Presumably, a full “cure” is possible. Through the Dava Dua program, however, ritual treatments are given in connection with therapy that can take place over the course of multiple sessions. Management of madness rather than cure becomes the focus of the discourse. In the example of IPH, too, Thatte talks about the Trend-Setters group where people with schizophrenia learn skills and build relationships. She does not talk about cure, only about improved and integrated lifestyles.

Related to this, there is also the sub-discourse on the lengths to which it is appropriate to go in the treatment of madness. Thatte mentions that Cognitive Behavioral Therapy (CBT) is the predominant form of treatment at IPH. A sub-form of that, Rational Emotive Behavioral Therapy (REBT), is used only when other “less harsh” forms of treatment have not worked, and when there is good rapport with the patient. She condemns the use of ritual treatment that is too expensive for the family, in addition to any form of treatment that does harm to the patient. Similarly, Ajay

Chauhan, one of the doctors who set up the Dava Dua program, critiqued the use of chaining and abandoning patients at the dargah. He called these treatments “unhygienic and completely inhumane.”

In the classical sources there are also many voices that speak to what kinds of treatment should be allowed. As we saw earlier in *Caraka*, in the case of *sannipāta unmāda*, no treatment at all should be given. Rather than suggesting the harshest types of treatment for the most awful (*atighora*) kind of *unmāda*, a doctor should abandon such a patient. For the “curable” *unmāda*, in addition to purifying the body with various kinds of medicines and substances, “threatening, terrifying, and giving delight” are recommended alongside confining the patient in a dark house with strong straps. In *Suśruta*, the patient should be deceived and frightened in various ways.

If there is opposition to these kinds of treatment, it is not expressly voiced in the classical texts examined here. This is one important area where the discourse on the contemporary situation varies from the classical, though whether it is because we do not have equal access to sources or because there is an actual variation cannot be known at this point. An examination of more material may prove otherwise. It is worth considering, however, that the discourse on “human rights” that dominates the discourse on regulation of madness in contemporary India has had a least some affect on what constitutes “acceptable treatment.”

Stigma

The final area of discourse I will examine here is that on the stigma attached to the patient and also those administering to the patient. For, as we have seen, not only is there a negative stigma for a patient seeking care with a psychiatrist, there is also a negative stigma attached to the profession in general. Thatta mentions, for example, that patients believe psychiatrists just give sleeping pills and administer “shocks.” There is a sub-discourse on the inefficacy of psychiatry for various reasons, including the lack of professionals in the country and the lack of psychiatric training among general practitioners who most often administer psychotropic medicines in India.

There is also negative stigma for the patient specifically. Shidhaye and Kermode (2013) talked about how widespread stigma towards “mental disorders” is an “important barrier to service utilization.” They talk about stigma as being a combination of three things: lack of knowledge, negative attitudes, and discrimination. For them, and for many others who currently engage in debates on “fighting stigma,” spreading knowledge is one of the greatest tools at their disposal. As was mentioned in Chapter 3, one of the programs at IPH focuses on doing just this: putting on plays for the local community that help people better understand “mental illness.” From the IPH perspective, a better understanding of “mental illness” is one where “mental illness” comes to be seen as analogous to “illness of the body.” If people cease to attribute pathologized deviant behaviors to *karma* or *bhūtas*, for example, it is thought that they will be less likely to avoid people who suffer from

these conditions. Essentially, it is argued, the stigma is coming from culturally-determined associations attributed to deviant behavior. To change those associations is to eradicate the stigma. This discourse, then, offers another “treatment” for madness which does not involve changing the behaviors of the mad, but rather changing the attitudes of the “sane.” In effect, what the discourse on eradicating stigma attempts to do is normalize madness, to show that it can and does affect everyone to varying degrees, and that people should not be isolated because of it.

Finally, another factor complicating the discourse on stigma is that stigma is not always negative. Thatte discussed, for example, the DVIJA program that celebrates people with schizophrenia who have overcome great obstacles with an awards ceremony. The family members are proud of their own and enjoy participating in the evening. There is a positive stigma attached to these patients in this setting. Thatte also talked about her patients as “honest,” a characteristic that can hardly be viewed as a negative one. While one could argue that she intentionally attributes positive qualities to her patients in order to counter the negative stigma, the comparison of this context with the classical reveals that associating madness with positive traits is not uncommon. For example, we saw in the classical sources that a person who is maddened by a god or a *gandharva* can be clean, content, grant boons, laugh merrily, and speak good Sanskrit, which, in this context, is considered a very positive trait. Still, one must consider that whether the traits seem positive or

negative, they still mark the experiencer in a specific way and compromise their social standing.

In the following chapter, we will see examples of how some Indians, both from the classical period and the contemporary, purposefully engage with the stereotypes surrounding madness and intentionally take on the stigma of the mad, most often with a spiritual goal in mind. Clearly, the sub-discourse on stigma includes varying opinions on the extent to which madness is a positive or negative state, to be either avoided at all costs, or, as we will see in the final chapter, aspired to in earnest.

Chapter 6
Transforming the Meaning of Deviance:
Madness and Ascetic Practice

If you are really intelligent you will put your mind exactly where you left your shoes.

OSHO, when asked what people should
bring to his meditation sessions
(OSHO Meditations, 2013a, reprint)

I have found both freedom and safety in my madness; the freedom of loneliness and the safety from being understood, for those who understand us enslave something in us.

Kahlil Gibran, *The Madman* (1918)

In cultures the world over we find instances where deviant behavior associated with advanced spiritual development and status comes to be labeled as a kind of “holy madness.” In these contexts, deviant behavior can be put to many uses and result from many motivations. It can solicit distance from society, sometimes necessary for the solitary practice ascetics require. It can be used to teach and satirically to highlight the madness of ordinary life. It can also act as a marker of an advanced, exclusive mental or spiritual state. Georg Feuerstein (1991) surveys and analyzes instances of this phenomenon in a number of world cultures. He is careful to discuss the variation within these instances. He argues that “holy fools,” found in Christianity and Islam, relate to a God “out there,” whereas the “crazy-wise adepts,” as he calls them, from Hindu and Buddhist traditions, often view the “Ultimate as their own essential nature” (205-206). He argues that these viewpoints influence how the ascetic integrates madness into his or her own behavior, or uses it as a tool, and

also how the ascetic is received by their culture for doing so. Leaving for a moment their idiosyncrasies, he elucidates what he views as their common ground:

On the most general level, that which tricksters, clowns, mad lamas, Zen masters, holy fools, rascal gurus, and crazy-wise adepts have in common is an *active* rejection of consensual reality. They behave in ways that outwardly manifest the reversal of values and attitudes intrinsic to all genuine spirituality. Spiritual aspirants everywhere seek to live by standards that are extraordinary, that is not the ordinary standards of daily existence. These are the men and women who have turned their attention away from conventional pursuits toward the spiritual Reality...The fact that spiritual aspirants have set their sights on a higher principle empowers them to live a way of life that is *eccentric* with regard to social conventions but *concentric* in relation to the Divine, or ultimate Reality. Tricksters, holy fools, and crazy adepts all share this ability, even psychic need, to be different from their contemporaries. They are dropouts, obeying different rules in the game of life. (Feuerstein 1991, 204-205)

Feuerstein's discussion speaks to how engaging with madness as a kind of practice allows the practitioner to shift his or her frame of reference to reality. Other scholars have remarked how this is a function of asceticism in general, but not with reference to madness practices specifically.

In his 1995 essay on the social function of asceticism in the volume *Asceticism* co-edited with Vincent L. Wimbush, Richard Valantasis writes that the performance of ascetic practice can be employed to create a new subjectivity for the practitioner. He relates ascetic practice to an actor's transformation through rehearsal for a theatrical performance. Just as an actor is able to "enter and be the character" through the "interiorizing and naturalizing of behavior, emotions, and every cultural expression through the deconstructive and reconstructive process," (548) so too do ascetics create new realities for themselves. Valantasis continues:

By the systematic training and retraining, the ascetic becomes a different person molded to live in a different culture, trained to relate to people in a different manner, psychologically motivated to live a different life. Through these performances, the ascetic, like the performer who becomes able to “experience as actual” anything imaginable, can experience the goal of ascetical life as the transformed life. (548)

In this chapter we will see how this transformation, or building of a new subjectivity, is discussed by, or with respect to, ascetics who engage with concepts of madness.

We will also see how this rubric for interpreting the experience of the ascetic, from strictly performance to “experience as actual,” is useful for understanding the many discourses on how madness and ascetic practice relate to one another.

Another social function of asceticism identified by Valantasis, which is also echoed in Feuerstein’s discussions on mad gurus and the communities they create, relates to the impact of asceticism on culture. Valantasis, referring to Geertz’ interpretation of culture, describes this impact:

Negatively described, asceticism breaks down the dominant culture through performances that aim toward establishing a counter-cultural or alternative cultural milieu. Positively described, the ascetic, like an actor learning to be a character in a play, lives in a new culture created through the careful repatterning of basic behaviors and relations. The behavior shifts the center of the culture and creates an alternative culture around this new center. The performances force the construction of a culture in which such new behavior is normative. (549)

Such an interpretation of asceticism’s function is particularly interesting for our discussion when considering the uses of madness within asceticism. As we will see in this chapter, in addition to madness as ascetic practice having a meaning and function *vis-à-vis* the “dominant culture,” it also will have a function within the

“alternative culture” created by ascetic practice, where it is only sometimes “normative,” and most often it is the exception. For example, mad gurus may create a community of ascetics within which they live, but most members of that ascetic community will exhibit the normative ascetic behaviors for their context. Only the guru, or the guru and particular disciples, will exhibit the madness. Members of the “dominant culture” may speak differently than members of the “alternative culture” about this guru’s behavior. And, of course, there will be many voices, some in agreement and some not, *within* each of these “cultures” as well.

So, in this chapter I examine these discourses on madness in relation to various religious practices in India, with special attention to ascetic practice. A better understanding of how, why, and to what ends madness becomes associated with various kinds of religious practice is the focus. For the contemporary period I draw on interviews I conducted in Pune and Varanasi, as well as publicly available information on OSHO and the meditations at the OSHO International Meditation Resort in Pune, India. For the classical period, I draw on texts that focus on prescribing ascetic behavior and integrate madness in various ways, specifically a few Saṃnyāsa Upaniṣads, the *Pāśupatasūtra*, and (briefly) the *Brahmayāmala*. The one exception to this is the *Ṛgveda*, which I draw upon to show some of the resonances of mad ascetic practice with the Vedic deity Rudra. I will give some context for each of these texts (or groups of texts) in their respective sections.

MADNESS AND ASCETICISM IN CONTEMPORARY INDIA

Varanasi

In April of 2013, after many months in archives working on related Sanskrit materials, I went to Varanasi with the hope of discovering to what extent, if at all, concepts of madness figured in the beliefs and practices of contemporary Śaiva ascetics. I started at the Baba Kinaram Sthal, a famous Aghori ashram, because some of the more sensationalized practices of the Aghoris, which include covering their bodies in ash, living in isolation, and meditating and reciting specialized mantras upon corpses, have also been associated with Śaiva sects whose texts explicitly recommend wandering as an *unmatta* as an ascetic practice. My logic was that if any contemporary ascetics were to have an opinion on madness as an ascetic practice, it would be they. It is important to note, however, that these kinds of practices are not unique to the Aghoris, but are part of a much larger phenomenon within South Asian religion where transgressing social norms of purity and pollution is enacted in various ways and employed toward a variety of ends.

At the Baba Kinaram Sthal I had little success finding information on madness from those who either worked there or frequented the sthal. Though my interviews here were limited, terms like madness, *unmāda*, and *pāgal* just were not a part of the vocabulary people used to describe what was going on there in the present. In a brief interview with a man named Vishwa Nath Prasad Singh Asthana, I was directed to purchase two books on Aghor that he had written, available at the sthal's

bookstand. These publications, *Aghor at a Glance* (n.d.-a) and *Om Tatsat: A Short Introduction of this Asthal* (n.d.-b), contain a few passages here and there that dwell on the relationship between Aghor and madness. In one passage in *Aghor at a Glance*, Asthana is setting the record straight on the relationship between intoxication and Aghor practice. In so doing he links devotion with the term “crazy”:

Often an important question is asked and that is about intoxication with wine or other substances. In relation to that, all I shall say is that numerous way stations occur on the journey to the *aghora* state. Addictive substances are one such station along the route. However, the *aghora* state of being is intoxicating in its own unique way, because *aghora* is itself transcendental devotion. Devotion is intoxication in its own right. The devotee goes crazy with devotion and needs no other addictive aids, nor can addictive substances leave any impact on his consciousness. No addictive substances can match devotion in the intensity of resulting intoxication. (Asthana n.d.-a, 20)

Here he uses the term “crazy” to describe the altered state of a devotee intoxicated by devotion. In this context, going “crazy” is a longed-for state for a devotee, one that surpasses all other kinds of intoxication. In *Om Tatsat*, one finds a different context for mentioning altered mental states. Here, Asthana writes about the consequences of not having a guru:

[I]t is very easy and simple, Guru is supreme. Without the instruction or inspiration of the Guru I have seen many persons take a book of Tantra, etc. and start practice accordingly. Due to lack of knowledge of Aghori, [practicing] Tantra and Mantra conclusively they become Mad, spoiled their life and family too. Thus they spread⁶⁰ a lot of misunderstanding like Aghories are Shaiva Shakta, Tantric etc. Whereas Aghories go through all sect, religion etc. Aghories are free from any religions, cast[e] etc. They are by cast[e] human and their Dharma is humanity only. (Asthana n.d.-b, 19)

⁶⁰ Original term used here was *prevaited*. I have slightly modified the English here so that it would make sense without changing the meaning of the passage.

Here we see that improper instruction can lead to a state of madness that ruins lives and families, a madness that is clearly of a different kind than the crazy-intoxication of devotion. Part of this difference may lie in the distinction between the terms “crazy” and “mad,” but when considering the context it seems that the most important distinction being made has to do with attribution of the state to a member of an in-group versus an other. Asthana mentions that in doing these practices and becoming mad, people give the impression that Aghoris are Shaiva-Shakta and Tantrics. This suggests that he associates a particular kind of ascetic practice with madness, that of Shaiva-Shaktas and Tantrics, but not Aghoris, and it also suggests that he regards the madness attained by those ascetics through their practice as an undesirable state, one attained through faulty practice without the proper guidance of the guru. He talks about the crazy-intoxication attained by proper Aghoris as an overwhelmingly positive state.

Another ascetic whom I interviewed runs a school in Parao, the city across the Ganges from Banaras, near where a famous twentieth-century Aghor Saint, Sarkar Baba, founded a world-renowned leprosy hospital and an organization called the Śri Sarveśvari Samooh, a social organization that works to spread the message of Aghor and fight various social ills.⁶¹ One of my primary research questions at this point related to how people differentiated between various terms for madness. To begin, I asked this man about the difference between the Hindi term *pāgal* and the Sanskrit

⁶¹ A more detailed account of the history and current practices of the Aghors can be found in Barrett (2008).

unmāda (*unmād* when pronounced in Hindi). He said, “You can’t tell the difference between someone who is *pāgal* and someone who is *unmād* because it depends on the person. But, they are very different.” I asked him if there was a connection between Aghor practice and cultivating *unmād*, and he kind of laughed at me and said, “So you think we are mad?” This told me that he did associate the term *unmād* with the term “mad,” though his subsequent explanation complicated the situation considerably. Embarrassed and a little concerned that I may have offended him, I explained a bit more about what I was researching and why and he responded with the following description of *unmād*:

Unmād is a happy state. [It] is like a clarity of mind or a realization... We can say the state of Aghor is like a kind of madness, but not 100%. It is like if you laugh or dance like a baby. This is happiness, the state of enjoy[ing]. If you search for something and find something unexpected, it is like being mad, but you are not mad. When you realize everything around you is limited, there is only really nature. That is the state of *aghor*. (Parao Baba, personal communication, Apr. 2013)

Though he might not usually think about Aghor practice in terms of *unmād* or madness, once prompted by my questioning, he likened the state of *unmād* to the state of Aghor, to finding something unexpected and to gaining clarity, being joyful and carefree. For an Aghori, realizing the state of *aghor* is extremely important, very difficult, and sought intentionally. The statement that *unmād*, when considered in the context of seeking the Aghor state, can be considered a realization or a clarity of mind rather than a breakdown of the same is an important element of the discourse on madness. We might say that *unmād*, if not the spiritual state explicitly sought by a

practitioner, can be understood as a by-product of attaining such a state, an attainment that an ascetic strives towards with much effort and discipline. That this term can indicate, as we saw in Chapter 4, a *vibhrama*, or unsteadiness, of mental functioning, but also designate a kind of euphoric mental state available only to advanced practitioners points to the range of ways in which this concept can be adapted within a single cultural space.

Heading back to the Varanasi side of the Ganges, I found a number of other people who were willing to talk about *unmād*, *pāgal*, and related states, with varying degrees of interest, comprehension, and even apprehension. These next few interviewees I found wandering around or resting on the ghats. They seemed to look the part of the ascetic. Tattered robes, long hair, sectarian marks across their foreheads, sometimes carrying staffs, sitting under makeshift tents—my selection methods here are admittedly very unscientific. Still, as part of this larger project I was interested in what anyone had to tell me about *unmāda*, so I asked away.

One man, to whom I was directed at the suggestion of a hostel owner who claimed he was a “real baba,” identified himself as an Aghori and gave me a brief lesson on Aghoris, Kāpālikas, and Gorakhnathis. When I asked him about the Sanskrit aphorism of an ascetic wandering like an *unmatta*, to which I will return in the second half of this chapter, he responded by describing to me the *āśrama* system. He explained that the practice of wandering is reserved for the *saṁnyāsa* stage. The *āśrama* system is an early Brahmanical formulation that arranges the life of an

initiated male child into four separate stages: student (*brahmacārya*), householder (*grhastha*), forest-dweller (*vānaprastha*), and renunciant (*saṃnyāsa*). Though the progression of these stages might suggest that each person go through each stage, it is likely that the four were initially options from which one could choose.⁶²

According to this baba, the practice of wandering was only appropriate for those who had completely abandoned family and social ties, which he remarked was a common thing. He seemed to dismiss the part about the *unmatta*, perhaps because for him the aphorism was more about the wandering itself than the way in which it is done. This is important to note because, as we will see shortly, early versions of Sanskrit aphorisms related to *unmatta* also seem to be focused more on the import of wandering and disguise of status rather than on cultivating a positive practice related to madness.

Another man who described himself and his brother as yogis offered some insight. His brother taught relatively expensive yoga classes overlooking the Ganges, and he was charged with finding people to attend the classes. He described the state of *unmād* in this way:

Unmād is like an excitement. It can come in two phases, negative and positive... Like an elephant, when he is in *unmāda*, many times he is trying to fight. When it comes in a positive way he will become more joyful and try to make sex with a female. If it comes in a human, he will become angry and do something wrong. If in a positive way, he will be in a good mood and joyful mood. But it comes sometimes, not always...it is a natural phenomenon...it is only for a short time... it is a natural thing and can come to anyone but it has

⁶² For a detailed discussion see Olivelle (1993).

nothing to do with yoga and spiritual things. (Man on ghat, personal communication, Apr. 2013)

When I asked him what other terms he associated with *unmāda* he responded with the English term “excitement” and the Hindi *madmast*. I also asked him about the term *pāgal*, which he seemed surprised to be asked about in succession with *unmād* and to which he replied:

Pāgal means fool. He is not doing anything in a good way. *Unmād* is very different from *pāgal*. *Unmāda* can come in positive way and negative way, as I said. It can be a good thing for a human. *Pāgal* you can say is foolish. It is different thing. *Pāgal* is *pāgal*. You don’t know? *Pāgal* is not able to understand what I am doing, what others are doing. All body languages and body activities will change when someone becomes *pāgal*. (Man on ghat, personal communication, Apr. 2013)

I asked him to elaborate on how a person’s bodily activities change when becoming *pāgal*:

When he speaks he will not stop. He will speak what he wants whether you’ll feel good or bad.

Following his description of *pāgal*, I asked him to tell me how this term and *unmāda* relate, if at all, to the concept of *mānsik rog*, which literally means something like “mental illness:”

Unmād is a very different thing. *Mānsik rogi* is someone who has *pāgal*. They both are the same.

Finally, I asked him how people respond to someone who is *pāgal* or has *mānsik rog*.

I asked where they go and what their families do:

Sometimes we are feeling bad for that person. If he is a little bit *pāgal* then, ok, he will live with family. If he is a little more *pāgal*, then he will still live

with his family because he is part of the family and how can we send him to some *mānsik cikitsālay*? (Man on ghat, personal communication, Apr. 2013)

Reminiscent of the sentiments expressed in previous chapters, this man explains that a family has a responsibility to take care of a member who is described as *pāgal*. Though there is an awareness that there are institutions for this kind of thing, there is a sense that taking a family member to such a place is inappropriate, and even careless or insensitive. That someone who is *unmād*, according to this man's formulation of such a condition, would have need for such a place or need any kind of additional care from the family is not even a question that arises. For him, *unmād* is both good and bad, is a natural thing, only happens on occasion, and is impermanent. Being *pāgal* and having *mānsik rog* are a different kind of condition entirely. Interestingly, this man did recognize varying degrees of *pāgal* and while he essentially said that the degree of *pāgal* would not affect whether *he* would send the person to a *mānsik cikitsālay*, a mental hospital, he did make the connection between the two, suggesting that for some people, attribution of severe degrees of *pāgal* would mean a relocation to such a place.

Finally, I think it is worth noting that when I started to ask him about the term *pāgal* he became less animated and less interested in the conversation. He was also somewhat concerned, even irritated, that I related *unmāda* and *pāgal* together in my line of questioning. When we started to talk about the *mānsik cikitsālay* (“mental hospital”) he asked me to stop recording the interview. I asked him more about the

term *mānsik rog* and tried to talk to him about where this comes from and how it is treated and viewed, but he did not want to continue to talk about it.

Madness at OSHO International Meditation Resort, Pune

In this section I will explore the discourses and vocabulary surrounding madness in the materials published by the OSHO International Meditation Resort in Pune, India. I encountered these discourses during a very brief visit to the resort in March 2013, almost by accident. Knowing very little of OSHO and driven by curiosity, I decided I could not live in Pune for such a long span of time without seeing for myself, at least once, what all the hype was about. I made the trek across town to the resort. Though I was not permitted to formally conduct research while there, I was made aware of a number of therapies and meditations the contents of which are publicly available through the resort's publications and website. In fact, all of the meditations I will talk about in this section are described in full on the OSHO website (www.osho.com), videos of each can be watched, and music for each downloaded.

OSHO International Meditation Resort was founded in 1974 by Mohan Chandra Rajneesh together with a number of his followers or initiated disciples whom he called "neo-sannyasis." Rajneesh adopted various sobriquets throughout his life including Shree Rajneesh, Bhagwan, and finally OSHO. His center, located in the Koregaon Park neighborhood of Pune, offers a number of meditation sessions

and workshops to a largely international clientele. The history of the resort and the controversies surrounding its founder are far beyond the reach of this study,⁶³ though helpful for our analysis of madness and religious practice in contemporary India is a discussion of a few central practices that take place every day at the resort: the practice of “going totally mad” during the OSHO Dynamic Meditation and the practice of “Gibberish and Let-Go,” which is a part of the Evening Meeting of the White Robe Brotherhood.

The OSHO Dynamic Meditation is one that is intended to be performed every day, early in the morning. The meditation is broken down into 5 stages over the course of an hour. I will focus here on the second stage, the “catharsis,” but for context know that the first stage features ten minutes of heavy, chaotic breathing, the second stage focuses on a kind of explosion of motion and energy, the third on the shouting of the mantra “Hoo” with arms raised, the fourth stage is characterized by the absence of movement where one freezes—no movement, coughing, and/or sneezing allowed—and makes oneself aware of the surroundings, and the final stage is a “celebration” wherein the practitioner dances to music and commits to carrying the felt “aliveness” with oneself throughout the day (OSHO Meditations 2013, 4-5).

Though the entire series is interesting in that it encourages behaviors that might seem chaotic and non-traditional, it is the second stage that holds the most interest for the present study. The instructions for this stage:

⁶³ For a concise introduction to OSHO’s life, teachings, legacy, and controversy, see Fox (2002).

EXPLODE! Let go of everything that needs to be thrown out. Follow your body. Give your body freedom to express whatever is there. Go totally mad. Scream, shout, cry, jump, kick, shake, dance, sing, laugh; throw yourself around. Hold nothing back; keep your whole body moving. A little acting often helps to get you started. Never allow your mind to interfere with what is happening. Consciously go mad. Be total. (OSHO Meditations 2013a, 4)

In this stage, OSHO asks the practitioner to let all inhibitions go and allow his or her body to take over. There is an interesting balance here, at least initially, of pretense and actual experience. OSHO recognizes that it may be difficult for people to actually carry out this meditation in full, so suggests that they act the part in order to get started. This acting, presumably, can lead one to the desired state. This points to an ambiguity we often find in Indian texts addressing madness in asceticism: are the practitioners of mad practices putting on a performance and thus using madness as a tool to attain an advanced spiritual state, or is madness an expression of actual spiritual attainment? Though we likely cannot answer this question for all contexts, it is important to note the spectrum of possible experiences—from complete pretense to total loss of inhibition—that can be happening when madness is discussed in these contexts.

Note also the instruction to “consciously go mad.” OSHO instructs students to not allow the mind to “interfere,” but at the outset of the instructions for the entire meditation set, he also instructs the student to be “continuously alert, conscious, aware.” In his instruction to “be total,” as well, one gets the sense that complete immersion in the present is crucial. Here he complicates the idea that madness is

characterized by a loss of awareness of one's behavior. There is still erratic and unpredictable movement, but there is no loss of mind or consciousness. For him, one can consciously cultivate a state of madness wherein one is very present and ultra-aware of one's surroundings. This sentiment echoes what I heard from the Baba in Parao, too: madness can be understood as a kind of clarity and realization. Though the outward indicators of madness in OSHO's meditation reflect patterns seen in earlier chapters—laughter, dancing, and erratic movement—the interpretation given to those behaviors could not be more different: for some madness is considered to be a total loss of awareness, where for others madness is a state wherein the only kind of total awareness lies.

Another related practice at the resort is simply dubbed “gibberish.” This refers to a set of practices performed daily during the Evening Meeting of the White Robe Brotherhood. This meeting, in which this meditation is a crucial part, is the most central event taking place on any given day at the resort. One is required to wear a clean, white robe (maroon is used for the remainder of the meditations and workshops). For many at the resort it is the highlight of their day. The pamphlet describing the various meditations quotes OSHO as saying this about the evening meeting:

That which cannot be said has to be experienced. This is a great experience of getting into the inner space. Something is experienced in this gathering, which no one has been able to define. This is the highest peak of the whole day's working, meditating, or doing groups. (OSHO Meditations 2013a, 6)

This meditation begins with a “wild celebration of energy” where everyone dances by themselves and shouts OSHO—from the belly, “like a lion’s roar”—a number of times. OSHO often uses experience of loud sounds to bring practitioners to a more profound sense of silence in following stages, so there is an emphasis in this initial stage of the meditation on being particularly exuberant. After the dancing there is a period of silent sitting before the practice of “gibberish,” which is described by OSHO in various talks and condensed into a series of quotes in the visitor’s meditation packet in the following way:

Gibberish is one of the most scientific ways to clean your mind and break the habit of continual inner verbalization...

Say everything that you ever wanted to say but have not been able to say because of civilization, education, culture, society...and say it in any language you don’t know! If you don’t know Chinese, say it in Chinese!

Shouting, Laughing, crying, making noise...making gestures...Simply allow whatever comes to your mind without bothering about its rationality, reasonability, meaning, significance—just the way the birds are doing. Do it totally, with great enthusiasm...Be authentic, honest...Don’t act or do it automatically like a robot. Be sincere...make it a reality...Just go crazy...Don’t be partial, don’t be middle-class. Just be a first-rate crazy man!

...saying anything that is moving in your mind, all kinds of rubbish – throw it out using any language you don’t know. And as you throw out your craziness you will feel light, more alive, just in two minutes...The more total you are, the deeper will be the silence afterwards...Just remember one thing: throw out your gibberish and keep your hands up so nobody else’s gibberish falls on you. (OSHO Meditations 2013a, 9)

OSHO introduces a number of interesting concepts to the discourse on madness here. He instructs students not to worry about “rationality, reasonability, meaning, and significance,” making the point that words and behaviors freely

expressed without social conditioning may seem to lack these things. He associates these behaviors with being a “first-rate crazy man,” but also with cleaning your mind, being total, breaking bad habits, and feeling alive.

A particularly interesting aspect of this discourse on madness is how OSHO slips between describing both the conditioning of society and the wild actions performed during meditation as a kind of madness (*e.g.*, “And as you throw out your craziness you will feel light, more alive...”). The irrational, inappropriate, unconditioned behaviors that you “throw out” during this meditation are described as a “craziness,” but in context one can see that OSHO recognizes an uninhibited performance of these behaviors as “authentic, honest,” and “sincere.” Feuerstein (1991) explicates this somewhat when he observes the following:

To Rajneesh [OSHO], as for Da Love-Ananda and many other spiritual teachers, the ordinary individual was essentially neurotic. Neurosis is the end product of the socialization and education process that is the fulcrum of civilization. As Rajneesh observed, the ordinary individual cannot be at ease; he or she is always self-divided. (OSHO qtd. in Feuerstein 1991, 67)

He then continues to a reflection on this neurosis made by OSHO:

Those who repress their neurosis become more and more neurotic, while those who express it consciously get rid of it. So unless you become ‘consciously insane,’ you can never become sane. (OSHO qtd. in Feuerstein 1991, 68)

And then, finally, he relates how OSHO compares a sage to a madman:

Watch a madman, because a madman has fallen out of the society. Society means the fixed world of roles, games. A madman is mad because he has no fixed role now, he has fallen out: he is the perfect drop-out. A sage is also a perfect drop-out in a different dimension. He is not mad; in fact he is the only possibility of pure sanity. But the whole world is mad, fixed—that’s why a

sage also looks mad. Watch a madman: that is the look which is needed.
(OSHO qtd. in Feuerstein 1991, 68)

For OSHO the wise and mad will sometimes look the same. To behave according to social norms is madness, specifically “neurosis;” to act out is also madness, but a madness of the useful variety, which he calls “consciously insane.” One simultaneously cultivates a state that involves an un-learning of everything a person knows to be appropriate while also recognizing that the mad behavior that ensues from this un-learning is the only road to sanity.

As we have seen in previous chapters, the connotation of terms for madness can shift significantly according to context. The flexibility of the terms “mad” and “crazy” in the above description of the gibberish practice, then comes as no surprise. Still, it is interesting how OSHO uses the flexibility of these terms to make points about the ironic nature of living in the world. Consider also, in this respect, this statement of OSHO’s that features prominently on the cover of the welcome brochure for the resort:

What I am doing here is very simple, very ordinary, nothing spiritual in it, nothing sacred. I am not trying to make you holy persons. I am simply trying to make you sane, intelligent, ordinary people, who can live their lives joyously, dancingly, celebratingly. (Welcome to OSHO 2013b)⁶⁴

Here OSHO uses the term “sane” to describe what he seeks for his students. For OSHO, the kind of meditation practiced at the resort was a kind of catharsis, a

⁶⁴ This is perhaps one of the most widely-distributed publications at the resort, as it is made available before being admitted and includes the hours, pricing, and requirements for entry.

way of becoming and being one's true self in the present. For him, the acculturation and socialization that takes place over a person's lifetime teaches that person to hide their true selves, and thereby live a limited kind of existence. While to the world a letting go of all this acculturation—this training on how to act appropriately “in the world”—is a kind of “madness,” for OSHO it is one of the only ways through which a person can relocate their true, sane selves. There was a time, for example, when visitors to the resort were instructed to “leave their shoes and their minds at the door,” a phrase that mimics the sentiments of OSHO expressed in the quotation that opens this chapter (Fox, 2002). The mind, in this context, was the presence of mind conditioned by society, the presence of mind that led to inhibition, shame, and sorrow. It was not what OSHO would have talked about as the true essence of self, which is something unconditioned by social mores.

My experiences learning about and attending sessions at the OSHO resort, and also my exchanges with various individuals in Varanasi, point to a few themes that arose over the course of my investigation of madness, asceticism, and religious practice. To start, there is a connection for some people between terms like “mad,” “crazy,” *unmāda*, and “intoxication” through liquor, love, devotion, anger, or pride. Many people described *unmāda* to me as a kind of exhilarated state that comes from an abundance of something, often an emotion. Further, madness can be ascribed to an ascetic in ways that are both positive and negative. The term *pāgal*, used for a generic and caricatured kind of dysfunction, is almost always negative and does not

seem to be used frequently in the context of ascetic or spiritual practice. The term *unmāda*, though, is used in contemporary India to talk about a kind of exalted spiritual state with very different connotations than either *pāgal* or other terms used to talk about a more clinical designation of madness, like *mānsik rog*. Though the terms used for what is viewed as illness are sometimes different from the terms used for what is viewed as a spiritual state, they all still fall within a spectrum of vocabulary that relates to states that are unpredictable, abnormal, and ultimately unknowable except by the experiencer.

In the context of ascetic literature as elsewhere, the power to apply the label becomes an important element of the construction of madness. Certain behaviors might signal a particular state, but it is the interpretation of those behaviors that imbues the situation with meaning. Most often—and we will see this in the Sanskrit materials as well—madness can be good when it is exhibited by a religious practitioner in the speaker or writer’s in-group, and negative when attributed to a member of another sect or belief system. This points, I believe, to an important aspect of the discourse for our understanding of how concepts of madness and religious experience become associated in the first place, an aspect that was raised in OSHO’s comparison of the sage and the madman: whether one is wise or mad is knowable only through direct experience, not observation by an outside party. Abnormal behavior, interpreted by non-experiencers as madness, is for the experiencer a sign of their superior sanity or superior sanctity. Similarly, for those to

whom “mental illness” is ascribed, their behavior becomes an indicator of illness to outsiders despite the fact that their experience may be “normal” from their own perspective. Every individual’s experience of reality is unique, but it is those whose behavior suggests an experience of reality radically different than that of those in their immediate surroundings who get associated with concepts of madness.

Seeing how these constructions of madness have been negotiated in the modern context will be helpful in unpacking some of the motivations for similar kinds of practices and discourses in classical contexts, the subject of the next half of this chapter. Though the contents of the discourses vary considerably and novel interpretations and usages of concepts of madness will be introduced, we will continue to see how authors and practitioners play on the ambiguity of concepts of madness to meet their specific needs and agendas.

MADNESS AND ASCETICISM IN CLASSICAL INDIA

I now want to shift to aphorisms on *unmāda* and ascetic practice from classical Sanskrit sources. In the earliest texts mentioning the two concepts together we find that the most salient feature is the emphasis on disguise. The earliest references to *unmāda* and ascetic practice I will address here are from the *Vasiṣṭha Dharmasūtra*, the *Pāśupatasūtra*, and two Saṃnyāsa Upanisads, the *Jābāla Upaniṣad*

and the *Āśrama Upaniṣad*.⁶⁵ The *Vasiṣṭha Dharmasūtra*, which in the following passage describes appropriate behavior for a wandering ascetic, a *parivrājaka*, can be tentatively dated to around the beginning of the common era (Olivelle 2000, 10).

avyaktaliṅgo 'vyaktācāraḥ | anunmatta unmattaveśaḥ ||

[the wandering ascetic should wander] with non-visible emblems, with non-visible conduct, though not *unmatta*, having the appearance of an *unmatta*. (*VaDh* 10.18-10.19)

A similar passage occurs in both the *Jābāla* and *Āśrama Upaniṣad* (it is identical in the two texts):

avyaktaliṅgā avyaktācārā anunmattā unmattavad ācarantaḥ |

[wandering ascetics should wander] with non-visible emblems, with non-visible conduct, though not *unmatta*, behaving as if *unmatta*. (*JU* 69; *ĀśU* 102)

The *Jābāla Upaniṣad* is one of the oldest Saṃnyāsa Upaniṣads, probably dating to the first few centuries of the common era, and the *Āśrama Upaniṣad* probably dates to around 300 C.E. (Olivelle 1992, 8-10). The Saṃnyāsa Upaniṣads are a collection of twenty texts that both describe the lifestyles of ascetics and also prescribe particular actions for ascetics through stories, conversations, and examples. These texts are not classified as Saṃnyāsa Upaniṣads in any Indian lists or manuscripts, but were first classified as such by Paul Deussen who translated seven of them into German (Olivelle 1992, 5). F. Otto Schrader critically edited these texts

⁶⁵ I have used Schrader's edition, *The Minor Upaniṣads* (1912), for all Saṃnyāsa Upaniṣads. This includes the *Jābāla* and *Āśrama Upaniṣad* discussed here and also the *Nāradaparivrājaka Upaniṣad* discussed later in the chapter.

and broke them down into two basic groups according to their relative dates, an older group that can be tentatively dated to the first few centuries C.E. and a younger group whose texts were composed mostly during the medieval period. The *Āśrama Upaniṣad* is stuck in the middle somewhere and is dated by Sprockhoff to around 300 C.E. (Olivelle 1992, 8-9).

Interestingly, all but one instance of the term *unmatta* in these texts are related to wandering renouncers (*parivrājaka*). The one exception is in the *Āśrama Upaniṣad* and refers not to wandering renouncers, but to a group of forest hermits (*vānaprastha*) called the Phenapas. In this text they feign madness, dwell here and there, eat withered leaves and rotten fruits, and perform the five great sacrifices (*ĀśU* 100). Their name means “froth-drinkers,” and they are said to live on the froth of cow udders (Olivelle 1992, 156). In the *Mahābhārata* these seers drink the purifying foam from the milk of Surabhi, the mother of cows, observe severe austerities, and are feared by the gods (*MBh* 5.100.5-6, also *MBh* 13.14.39). This *Upaniṣad* seems to be the only reference to them feigning madness.

In later *Samṇyāsa Upaniṣads*, as well as in the *Nāṭyaśāstra*, in the *Caraka Saṃhitā*, and in a number of Sanskrit dramas, as we have seen already in previous chapters, being in an *unmatta* state is often characterized by laughter and incoherent or excessive speech.⁶⁶ If we consider the context of these passages and the other features of the ascetic being disguised, being *unmattavat* and *unmattaveṣa*, although

⁶⁶ See, for example, *NāU* 184; *NāṭŚā* 7.83; *Car* 6.9.20; and, this dissertation’s discussions of the *Mattavilāsaprahasana* and *Pratijñāyaugandharāyaṇa*.

anunmatta, may indicate here that an ascetic is exhibiting a particular kind of erratic or confused speech. Though he possesses knowledge and verbal skills and is in control of his mental faculties (*anunmatta*), he should pretend to lack these qualities so that others would not recognize him as learned. Taken as a whole, the aphorism calls for the disguising of three types of ascetic qualities in recommending non-visible ascetic emblems (*avyaktaliṅgā*), non-visible ascetic behaviors (*avyaktācārā*), and finally disguise of ascetic knowledge and sagacity (*anunmattā unmattavat*). The repetition of the negative prefixes *a* and *an*, the first element of each of the three compounds, points to an emphasis on the negative practice of *not* displaying certain qualities, not on any positive practice of pretending to be *unmatta*.

A *sūtra* with similar import is found in the *Pāśupatasūtra*. Before I continue my analysis, a very brief introduction to the Pāśupatas is in order. This sect was devoted to Rudra in its earliest manifestations. In the introduction to his pioneering dissertation on this sect, Hara (1966) writes that the Pāśupata system was not formulated before the second-century CE, though it likely drew on older material (2). Some scholars argue that Lakulīśa, later described as an incarnation of Śiva, founded the Pāśupatas (Choubey 1997, 72-73). In the introduction to his translation of the *Pāśupatasūtra* and the *Pañcārthabhāṣya*, Chakraborti (1970) shows that there is much debate about this, and cites the evidence upon which others argue that Lakulīśa played more of an institutionalizing role (9-14). There are few primary sources available to us regarding this sect. We have the *Pāśupatasūtra* attributed to Lakulīśa,

which may have been composed as early as the second-century C.E. and the *Pañcārthabhāṣya* written by Kauṇḍinya, a commentary on the *Pāśupatasūtra* from roughly the fourth-century C.E. (Sanderson 1988, 664). There is very little evidence to support these dates, however, and the earliest concrete evidence of the Pāśupatas is the 380 C.E. Mathura pilaster inscription. This inscription testifies to a tradition of teachers that date back to the second-century (Sanderson 2006, 148).

These texts expound on the Pāśupata path which is divided into five stages (*avasthā*). The number five is significant; Hara states that “the division of a subject into five parts appears time and again in Pāśupata writings. Their whole universe of discourse was described into five categories, and it is from this peculiarity that the sect gained the nickname of *pañcārtha*” (Hara 1966, 2-3). In the first stage a brahmin man retreats to life in a temple where he observes a variety of rules including bathing in ashes, remaining chaste, and offering laughter and prayer to Śiva. While it is the second stage that is overtly characterized as the one in which madness is feigned, some of these first-stage behaviors, namely bathing in ash and offering unprovoked laughter, may be indications that the practice of donning madness pervades the tradition in subtle ways. In the second stage the ascetic wanders out in society and invites the censure of the public through various acts including snoring, trembling, limping, making amorous gestures towards women, and behaving and speaking improperly. This is the stage in which the feigning of madness is most pronounced for the Pāśupata initiate. In the third stage he lives alone in a cave or in some other

deserted area and recites mantras. In the fourth stage he lives in a cremation ground and lives only on what he finds there; no begging is allowed. The final stage, which is the end goal of all of the stages more so than a stage in and of itself, is when the ascetic fixes his mind on Rudra and is released from suffering because of Rudra's grace (Sanderson 1988, 644). Chakraborti (1970) describes how this end stage, which involves union (*yoga*) with Rudra, was envisioned by Kaundinya:

Kaundinya explains the position of the Yogin who has thus reached the highest stage of Yoga-ideal. He says that those who are liberated by the Sāṃkhya-Yoga process, attain Kaivalya but lose knowledge of what is self and what is other than self. But the Pāśupata Yogin who has thus reached Rudra possesses knowledge, that is, omniscience and being careful, comes to the end of sorrows through the grace of the Lord (V.40). This being with Rudra is his liberation and hence he is no longer dependent on anybody and he can arrest any future aggression of evil. He shares the supreme power of God except that of creation and he becomes completely free from all sorrows of the three types...This is the final stage of beatitude when the Yogin will be permanently free from all sorrows and will relish the eternal association with Śiva. (Chakraborti 1970, 28)

We see here that complete union and identification with Rudra is the final goal for the Pāśupata according to Kaundinya's interpretation of the *Pāśupatasūtra*. The initiate becomes like a second Rudra; he does not lose his knowledge of self, but identifies with the deity. I will return to this in the final section of this chapter where we will examine the practice of donning madness as an imitation of both Śiva and Rudra. For now, though, let us focus on a few of the practices in earlier stages.

As mentioned above, the Pāśupatas perform various types of abnormal behaviors including feigning madness, snoring in public, trembling, limping, making lecherous glances and wandering like a ghost (*pretavat*). In performing these

activities, they provoked the censure of society. Through censure for behaviors they were only *pretending* to do, they believed they exchanged their *pāpa* (evil deeds) for others' *sukṛtya* (merit) (PS 3.1-3.7). The following passage, which echoes the content of the *Vasiṣṭha Dharmasūtra* and Saṃnyāsa Upaniṣad texts, describes how a Paśupata initiate should present himself to the world:

*gūḍhavrataḥ | gūḍhapavitravāṇiḥ | sarvāṇi dvārāṇi pidhāya | buddhyā |
unmattavad eko vicareta loke | kṛtānnam utsṛṣṭam upādadīta | unmatta mūḍha
ity evaṃ manyante itare janāḥ |*

With his vows concealed
With his purifying speech concealed⁶⁷
Having closed all doors [sense faculties]
by one's intellect
Like an *unmatta* person, alone, he should ramble across the earth
He should accept cooked food that is discarded
Other people think thus “He is *unmatta* and *mūḍha*.” (PS 4.2-4.8)

Here *unmatta* is linked with eating cooked leftovers, an impure food, and with being *mūḍha*, a term that can mean something like “confused,” “foolish,” “stupid,” and “simple.” In addition to echoing the *Vasiṣṭha Dharmasūtra* and Saṃnyāsa Upaniṣad emphasis on disguise, this passage resonates with OSHO's remark cited previously about how a sage should want to look: “Watch a madman,” he says, “That is the look that is needed.” Though the outward appearance may be the same, OSHO argues more for an actual cultivation of a mad state; here the emphasis is on disguise. When madness is discussed with regard to ascetic practice in this early period, it is in

⁶⁷ The term *pavitra* means something that is pure. It often refers to one of the emblems of the ascetic, a water strainer or *kuśa* grass ring. Kaunḍinya interprets the term as “good Sanskrit” (*satya saṃskṛtā*), so I have followed his translation and taken *pavitra* as an adjective of *vāṇi*, “speech.”

reference to concealing ascetic status. Here the ascetic is asked to keep his vows and speech a secret. Cultivating or attaining a state of madness is not recommended.

Furthermore, though much has been made of the Pāśupata practice of seeking dishonor through feigned madness, as is clear from the passage above, the actual section of the *Pāśupatasūtra* that explicitly prescribes wandering as if an *unmatta* is not focused on seeking of dishonor, but on the concealment of ascetic virtues. The section of the *Pāśupatasūtra* recommending various kinds of inappropriate behavior for the sake of ridicule is actually a separate stage of practice and a separate chapter of the text. There, courting censure is paramount as it helps the ascetic develop his purity (*śuddhi-vṛddhyartham*) (Chakraborti 1970, 25), in addition to having the added benefit of siphoning off the good merit of others. Additionally, the disguise of ascetic virtue is again emphasized:

*avyaktaliṅgī | vyaktācāraḥ | avamataḥ | sarvabhūteṣu | paribhūyamānaś caret |
apahatapāpmā | pareṣām parivādāt | pāpaṃ ca tebhyo dadati | sukṛtaṃ ca
teṣām ādatte | tasmāt | pretavac caret | krātheta vā | spandetā vā | maṅṅeta vā |
śṛṅgāreta vā | api tad kuryāt | api tad bhāset |*

(He is of) unmanifested emblems
(He is of) manifested conduct
Despised.
Among all beings.
Being insulted he should wander.
(He is one whose) evil deeds are destroyed.
Because of the censure of others.
He gives (his) evil deeds to them.
And he takes their good deeds.
On account of that.
He should wander like a ghost.
Or he should snore.
Or he should tremble.

Or he should limp.
Or he should play the lecher.
He should act like that (*i.e.*, improperly).
He should speak like that (*i.e.*, improperly). (*PS* 3.1-3.17)

Here the ascetic is likened to a *preta*,⁶⁸ a ghost, but not to an *unmatta*, and the emphasis is not on what is going on internally, but rather what he is displaying outwardly to the world. His ascetic symbols (*liṅga*) are concealed, though his conduct (*ācāra*) is described as *vyaktā*, “manifested.” This formulation is unlike the *Samnyāsa Upaniṣad* aphorisms we have seen wherein both emblems and conduct are to be concealed. However, according to Kauṇḍinya’s *Pañcārthabhāṣya*, a c. fourth-century commentary on the *Pāśupatasūtra* (Sanderson 1988, 664), the *vyaktācāra* here refers to a number of positive practices that include snoring, trembling, and flirting, which are to be performed during the day where people can see (*PBh* 3.2). Daniel Ingalls, in an article comparing the Greek Cynics to the Pāśupatas, suggests some of these behaviors (playing the lecher, acting and speaking improperly) have their origins in the beast vows described in *Jaiminīya Brāhmaṇa* 1.113 (where the performer acts like a cow), while other behaviors (trembling, falling down) are marks of a person possessed, taken from shamanistic traditions (1962, 295). Whatever the origin, with this passage and the previous one we begin to see how stereotypes associated with being *unmatta* or being *pretavat* are put to use in ascetic

⁶⁸ According to Kauṇḍinya, *preta* refers not to a dead person or ghost, but to a particular type of man who is covered in ashes and dirt, has grown out hair and nails, and who is deprived of all *saṃskāras* (*PBh* 3.11).

modes of being. Pure or good speech is to be avoided, impure foods are eaten, and a number of harassing behaviors are to be performed. Just as donning the guise of an *unmattaka* was employed in Bhāsa's plays to establish a particular kind of relationship between the character and his surroundings, so too is this guise employed by an ascetic. The ascetic is seeking his own kinds of gain, spiritual, monetary, or otherwise, and he is able to do this by adopting behaviors associated with being like an *unmatta* and a *preta*.

Also of note in this regard is a lengthy comment from the *Pañcārthabhāṣya* that claims prescriptions for a *sādhaka* to conceal his marks, wander like a ghost, (*pretavat*), like an idiot (*mūḍha*), or like an *unmatta*, are to ensure that he will not participate in business transactions, *saṃvyavahāra*. Kaunḍinya argues that these categories of beings do not participate in sales or purchases, so a *sādhaka* appearing as such should not either. Such transactions lead to sorrow for one party or another, he says, and for a *sādhaka* this is bad news either way, for he should not be susceptible to sorrow nor one who causes it (*PBh* 1.9.4). So, engaging in these behaviors not only causes the exchange of merit and evil deeds, but also allows the ascetic the optimal amount of distance from society.

In order for the exchange of merit to take place, there must be concealment of identity, and particularly identity as a brahmin ascetic.⁶⁹ If the general population did recognize the practitioner as a brahmin ascetic they would, presumably, not insult

⁶⁹ According to the *Pāśūpatasūtra*, all initiates were brahmin males.

him (Hara 2002, 131), and the merit-transfer mechanism would have no way to function. Further, this mechanism works, according to the *Pāśupatasūtra*, because the ascetic is only pretending to do inappropriate acts. If he were *actually* doing these things, those censuring him would not be at fault and would not lose their merit to him. Minoru Hara explains:

A careful reader of the Pāśupata scriptures will discern that the accusations on the part of the common people against the Pāśupata aspirant were false, because the aspirant was only play-acting. The aspirant's ridiculous actions were done on purpose, with the intention of arousing feelings of blame and disgust among the common people against himself. People considered the aspirant to be a madman and regarded him as such, though he was in reality a Brahmin of good repute. The accusations of the people were thus false and it was regarded as a serious fault on their part that they despised the aspirant, who in fact was a Brahmin, totally innocent of blameworthy behavior! (Hara 2002, 131)

The transfer mechanism described in the *Pāśupatasūtra* draws its efficacy through the act of concealment and trickery. The common people lose their merit because of their false speech, and the ascetic is able to pick it up both because he endures the dishonor of their censure, which is an ascetic practice in and of itself (Hara 2002, 130), and also because he is not guilty of actually doing various inappropriate acts, as he is only pretending. While this philosophy seems novel, concepts of merit transfer are already current at this period (Hara 2002). Further, pretense of *unmāda* as an ascetic practice is also already attested to, as is evidenced by the previous discussion on the Saṃnyāsa Upaniṣads and the *Vasiṣṭha Dharmasūtra*. What might be considered unique, then, about the Pāśupatas is that they integrated the two concepts in such a way that pretense of various abnormal

states, including madness, could become the mechanism through which transfer of merit occurred. Here we see that within the “alternative culture” created through ascetic practice, there is a debate on what the practice of donning madness is intended to do. For some, it seems to be strictly a disguise of virtue and status, a way to attain social distance. For others, it is discussed as a way of using current social sensibilities (*i.e.*, people should not convulse in public, sleep on the road, act lecherous) to manipulate one’s karmic status.

The distinction between reality and play is obviously blurred here. After all, the ascetic, however emotionally uninvested he may be, is performing these undesirable behaviors. These texts are explicit that no mad state is desired or attained, yet this is complicated by our discussion of Valantasis’ discussion of ascetic practice as repeated behaviors that allow for a new subjectivity. When an ascetic pretends madness and thereby attains the social status of a mad person, is his state essentially different than that of an actual mad person? Does he “experience as actual” the state of being mad? I do not know if we can answer such questions necessarily, and as this study is focused on the discourse surrounding the practices, perhaps we do not need to. For us it is most important to note how the ascetics talk about their own practices. Still, raising this issue does reveal that a strict distinction between madness as disguise and madness as cultivated state is not easily made.

I would now like to introduce for our discussion of the integration of madness and ascetic practice the *Brahmayāmala*, also called the *Picumata*, a goddess-cult text

of the Vidyāpīṭha, or Vidyā Corpus. Based on references to this text in *Skandapurāṇa-Ambhikākhanda* manuscripts, Sanderson places this text not before the sixth century CE, but no later than the end of the seventh (2009, 51). In his groundbreaking study of this text, Hatley describes the *Brahmayāmala* as “one of the most consequential sources of evidence for early tantric Śaiva goddess cults” (2007, 7). It is preserved entirely in codices of Nepalese origin, the earliest extant of which was completed in 1052 CE (Hatley 2007, 2). Though few manuscripts remain, Hatley argues for the authority of this text based on frequent references to this scripture in the work of Abhinavagupta, and also to the fact that it inspired the creation of a number of new “*Brahmayāmalas*” (2007, 3). In Chapter 21 of this text we find discourses on being *unmatta* as an elaborated positive practice in the form of ascetics taking an *unmattakavrata*. The following selection and translation is from Csaba Kiss’ (2015) critical edition of a few *paṭalas* of the text:⁷⁰

nagnarūpo bhaven nitya muktakeśas tathaiva ca ||
rudate hasate caiva kvacid geyam udīrayet |
kvacin nṛṭyan kvacid valgan kvacid dhāvati sādhaḥ ||
brahmāhaṃ viṣṇurūpo ’haṃ īśvaro ’haṃ bravīti ca |
devāḥ prāptakarāsmākaṃ kiṅkaratvaṃ samāgatā ||
airāvate samārūḍha indro ’haṃ paśya māṃ bravīt |
indrānī mama bhāryā ca śvāno ’haṃ sūkaraṃ hy aham ||
aśvamardo hy ahaṃ caiva ghoṭavighrahaṃ tathā |
rathyāyāṃ śayanaṃ kuryād uttiṣṭhe dhāvateti ca ||
yāgasthānaṃ na laṅgheta pūjayen manasāpi vā |
mūtreṇa vandayet samdhyāṃ kvacin mūrdhni tu prakṣipet ||
striyo dṛṣṭvā namaskṛtya mātā ca bhaginīti ca |

⁷⁰ I have not included all of the variants and ambiguities for each of the codices used in the critical edition here. Kiss does include this information in extensive notes, so the interested reader should consult his text.

evaṃ sambhāṣayen mantrī krośanaṃ tu na kārayet ||
bhramaṇaṃ tu tathaiveha āhnikāṃ tu tathaiva hi |
bhojanaṃ tu divā naiva unmatto 'pi samācaret ||
mastake tu tilāṃ kṣipya yūkaṃ kṛtvā tu bhakṣayet |
saśabdaṃ mārayed vātha lokasammohanaṃ prati ||
unmattakaṃ mahādevi evaṃ saṃcārya sādhaḥ |
nānārūpābhi ceṣṭābhi yogināṃ tu hitāvaham ||

He should always be naked, his hair unbound. He weeps, he laughs, sometimes he bursts out in song. Sometimes the Sādhaka dances, sometimes he jumps up, sometimes he runs [away]. He states, “I am Brahmā! I am Viṣṇu! I am Īśvara! The gods are in my hands! They have become my servants! “Look at me—I am Indra, mounted on [his elephant] Airāvata!,” he says. “Indrāṇī is my wife!” And, “I am a dog! I am a pig!” I am horse-headed[?] and my body is that of a horse!” He should lie down on the road, then get up and run. He should not set foot on the site of pantheon-worship (*yāgasthāna*) and should not perform worship, not even mentally. He should salute the junctions of the day (*saṃdhyā*) by [offering his own] urine. He should sometimes pour some of it on his head. When seeing women, he should greet them thus: “Mother! Sister!” This is how the Mantrin should engage in conversation. He should not abuse [them]. Roaming (*brahmaṇa*) is [to be performed] in the same way in this case (*iha*) [as taught above], as [is the sequence of] the daily rituals (*āhnika*). He should not eat in the daytime, even though [he behaves like] a madman [and could act rather randomly]. He should throw sesamum seeds on his head and, pretending that they are (*kṛtvā*) lice, he should eat them. Or he should kill [the ‘lice’] with a big fuss in order to delude people. The Sādhaka should, O Mahādevī, pursue the Madman-like [observance] (*unmattaka*) thus, with different patterns of behavior. This is for the benefit of yogins. (*BraYā* 21.18-21.27, Trans. & Ed. Csaba Kiss 2015)

So much more than a single-verse aphorism, this passage shows how adopting the guise of an *unmatta* becomes, for some *sādhakas*, an elaborate practice. We see that the author is careful to describe what the *sādhaka* should sound like, for example, what he should say and not say. He claims himself to be any number of gods and is also directed to speak kindly to women, an important break from the *Pāśupatasūtra*

where in one stage speaking with women is prohibited (*PS* 1.16) and in another flirting or acting lecherous (*śṛṅgareta*) is recommended. Clearly the question of how to treat women as an ascetic exhibiting madness solicited a variety of responses.

Furthermore, in the *Brahmayāmala*, similar to the analogous practices in the *Pāśupatasūtra*, the *unmattakavrata* is not an end in and of itself, but taken together with the eight other vows, which include a *bālavrata* (a child-like vow) and a *kravyādavratam* (flesh-eater vow), prepares the initiate for more advanced rituals that will come in following stages (Kiss 2015, 31-34). Here undertaking the *unmattakavrata* does involve disguise, but it is not the primary concern of the author. Rather, it is both self-cultivation and the cultivation of a public persona that will, presumably, solicit a particular type of reaction that the *sādhaka* can use for his own spiritual development and self-purification: as the text says, “This is for the benefit of yogins.” Presumably, there are no adverse effects for the society at large, as there are in the *Pāśupatasūtra* merit-transfer doctrine. And, again, actually becoming *unmatta* is not the goal. Ensuring that society will treat the *sādhaka* as if he were an *unmatta* situates the *sādhaka* in a particular kind of social space that will help him prepare himself for further development. This *vrata* and those listed together with it in the *Brahmayāmala* also have the goal of pacifying the Yoginīs and obtaining a meeting with them (Kiss 2015, 31).

Finally, in the later medieval period, there are additional Saṃnyāsa Upaniṣads that integrate similar aphorisms to the earlier ones, but with minor additions: *unmatta*

is frequently paired with *bāla* and *paiśāca*, a pattern similar to what we saw in the *Brahmayāmala*. Let us consider a few passages from the *Nāradaparivrājaka Upaniṣad*.⁷¹ This text can be tentatively dated to around 1150 C.E. (Olivelle 1992, 8-11).

avyaktaliṅgo ’vyaktācāro bālonmattapiśācavad anunmattonmattavad ācaran |

with non-visible emblems, with non-visible conduct, behaving as if a child-like person, an *unmatta*, or a malevolent being, and although one who is not *unmatta*, as if *unmatta*. (*NāU* 154)

(parivrajed bhikṣuḥ) bālonmattapiśācavan maraṇaṃ jīvitaṃ vā na kāṅkṣeta kālam eva pratīkṣeta nirdeśabhṛtakanyāyena parivrāḍ iti |

(an ascetic should wander) as if a child-like person, an *unmatta*, or a malevolent being. Let him not hanker after death or life. Let a renouncer await his appointed time, following the maxim of the servant and the command.⁷² (*NāU* 180)

*avyaktaliṅgo ’vyaktārtho munir unmattabālavat |
kavir mūkavad ātmānaṃ taddr̥ṣṭyā darśayen nr̥ṇām ||*

with non-visible emblems, with non-visible goals, a sage as if *unmatta* or child-like; a wise man as if dumb; he should show himself with that aspect to people. (*NāU* 184)

⁷¹ Again, for the reference see Schrader’s edition of *The Minor Upaniṣads* (1912).

⁷² The ‘maxim (*nyāya*) of the servant (*bhṛtaka*) and the command (*nirdeśa*)’ is found elsewhere, though with some variation (*MDh* 6.45 has *nirveśa*, “wages,” rather than *nirdeśa*). The meaning seems to be that a person should be patient and not worry about what comes next, but rather go about one’s business until further notice, like a servant awaiting either wages (*nirveśa*) or their master’s next command (*nirdeśa*). Both passages instruct the person to desire neither life or death.

In each of these passages we see the expansion of the adverb *unmattavat* into the adverb *bālonmattapiśācavat*. Here translated as, “like a child-like person, an *unmatta* person, or a malevolent being,” this compound can be read as a list of distinct types of beings that an *anunmatta* ascetic can choose to imitate. It can also be read as a spectrum of mental afflictions, with *bāla* being the most benign form and *piśāca* being the most terrible. The term *bāla* means child. By extension it can mean someone who acts young or childish, whose mental abilities are somewhat underdeveloped, rendering the meaning “foolish,” “ignorant,” or “simple.” On the other end of the spectrum lies *piśāca*. According to the *Caraka Saṃhitā*, the type of *unmāda* caused by a *piśāca* is the worst type of all, with the most devastating effects. This compound, then, may reflect a spectrum of mad people, from a child-like person (*bālavat*) to one like a person possessed by a malevolent being (*piśācavat*), and anyone in between (*unmattavat*). This is further supported by the fact that only the term *anunmatta* is present to qualify the entire compound. The authors do not specifically say that ascetics should *not* be child-like people or malevolent beings, though they do still specify *anunmatta*. They allow *anunmatta* to speak for all three types of people. This makes good sense if each is taken to be varying degrees of *unmāda*. At any rate, in essence the import of this aphorism remains the same as that of earlier Saṃnyāsa Upaniṣads. Still, it is interesting to note that its expansion may have been influenced by the development of various kinds of ascetic *vratas* or vows. After all, the *Brahmayāmala*, which likely predates the *Nārada-parivrājaka* by a few

hundred years, already includes the child-like vow and the flesh-eater vow, similar to the *bāla* and *piśāca* of this text.

Aspiring to Madness

Thus far I have discussed a number of potential motivations and philosophies that informed the integration of concepts of madness into Indian ascetic practices. Another important aspect of the discourse on madness and asceticism in classical India remains. That is, the literature surrounding divine exemplars of these kinds of behaviors: Śiva, and in an earlier period, Rudra. The connections, intricacies, and differences between Śiva and Rudra are beyond the scope of this study, but suffice it to say that Śiva was an epithet of Rudra as early as the Vedas, and the deity Śiva from Classical Hinduism is believed to have grown out of, and to have taken over, many of the characteristics of Vedic Rudra. In this section, I will discuss the extent to which the ritualized mad behaviors may have been modeled after the behaviors of these deities.

David Kinsley states in his article on divine madness that, “Śiva...betrays strains of uncontrolled wildness on many occasions, quite in keeping with his overall nature” (Kinsley 1974, 274). Quoting Rao, he further states:

The following description is based on Purāṇic sources, and is not the least exaggerated: “He laughs, sings and dances in ecstasy, and plays on a number of musical instruments; he leaps, gapes and weeps and makes others weep; speaks like a mad man or a drunkard, as also in a sweet voice...He dallies with the daughters and wives of the rishis; he has erect hair, looks obscene in his nakedness and has an excited look.” (274)

Kinsley also goes on to cite examples of Śīva’s madness in descriptions by the Tamil Śaivite saint Nampi Ārūrar (or Sundarar), and in the *Mahimnastava*, the *Śīva Sahasranāma*, the *Śīva-purāṇa*, the *Garuḍa-purāṇa*, and the devotional poems of Tulsī Dās (274-278). Compare the description above to the following one found in the first chapter of the *Pāśupatasūtra*. While still dwelling in a temple, the initiate is instructed to make the following offering to the *mūrti* of Rudra, the deity toward whom Pāśupata practice is directed:⁷³

hasitagītanṛtyaḍuṇḍuikāranamaskārajapyopahāreṇopatiṣṭet |
mahādevasya dakṣiṇāmūrteḥ |

One should approach, with laughter, song, dance, making of the sound *ḍuṇḍu* (the sound of a bull), homage, muttered prayers, and offerings, the southern face of the *mūrti* of Mahādeva. (*PS* 1.8-1.9)

Though these descriptions are from two separate bodies of source texts, and it is hard to say to what extent the characteristics of Rudra and Śīva had merged at the time of the composition of the *Pāśupatasūtra*, it is nevertheless the case that the initiate at the temple makes offerings to Rudra that involve behaviors that correspond to those which both Rudra and Śīva are known to exhibit. In his *Pañcārthabhāṣya*, Kauṇḍinya glosses the laughter (*hasita*) from this passage as *aṭṭahāsa*, which can mean loud or wild laughter. In Kinsley’s description it is just this kind of wild, happy laughter that characterizes the god Śīva, and however scant references to Rudra are in the Vedas—there are only three hymns in the *Ṛgveda* dedicated to him—he is

⁷³ While the Pāśupata tradition is associated with Śīva, and Lakulīśa said to be an avatar of him, the *Pāśupatasūtra* names Rudra as its deity.

characterized as, “fierce and destructive like a terrible beast, like a wild storm; the sage begs him to turn his malevolence elsewhere” (O’Flaherty 1981, 221).

We see some of these traits in *Ṛgveda* 1.114, one of the few Vedic hymns dedicated to the god Rudra. As I mentioned previously, he is a rash and wild god who is often propitiated so that he will not kill or destroy. Rather than begging boons of him, poets beg for his mercy and benevolence. Interestingly, in the *Ṛgveda* he is also closely associated with healing, as we will see briefly in this selection:

tveṣāṃ vayāṃ rudarāṃ yajñasādham vaṅkūṃ kavīm āvase nī hvayāmahe |
āré asmād daíviyaṃ hélo asyatu sumatīm íd vayām asyā vṛñīmahe ||
divó varāhām aruṣām kapardīnaṃ tveṣām rūpāṃ námasā nī hvayāmahe |
háste bíbhrad bheṣajā vāriyāṇi sárma várma chardír asmábhya yaṃsat ||
idám pitré marútām ucyate vácaḥ svādóḥ svādīyo rudarāya vārdhanam |
rāsvā ca no amṛta martabhójanam tmáne tokāya tánayāya mīḷa ||
mā no mahāntam utá mā no arbhakám mā na úkṣantam utá mā na ukṣitám |
mā no vadhīḥ pitáram mótá mātáram mā naḥ priyās tanúvo rudra rīriṣaḥ ||
mā nas toké tánaye mā na āyaú mā no góṣu mā no áśveṣu rīriṣaḥ |
vīrān mā no rudara bhāmitó vadhīr havīṣmantaḥ sádama ít tvā havāmahe ||

We call down turbulent Rudra for help, the wandering poet who brings the sacrifice to success.

In the distance from us let him shoot his divine anger. It is just his benevolence we choose.

We call down with reverence the boar of heaven, flame-red, with braided hair, turbulent in form.

Bearing in his hand desirable healing remedies, he will extend shelter, covering, and protection to us.

This speech here is spoken to the father of the Maruts—speech sweeter than sweet, strengthening to Rudra.

Both grant us, immortal one, what nourishes mortals, and be merciful to our selves, to our progeny and posterity.

Not the great one among us nor the wee little one, not the growing one among us nor the grown—

don’t smite our father nor our mother. Don’t harm our own dear bodies, Rudra.

Don't do harm to our progeny and posterity nor to our (own) lifespan, not to our cows nor to our horses.

Don't smite our heroes, Rudra, when enraged. We, with our oblations, will always invoke you.

(*RV* 1.114.4-7, Trans. Jamison & Brereton (2014), V. 1, 266)

Many of the tropes, epithets, and ideas expressed in these verses are typical of Rudra in the *Rgveda*. The most common of these is the request for him to spare the lives of his supplicants. Though a bit of an exaggeration, Hazra (2003) describes Rudra as a “relentless slayer of the Vedic people and of their domestic animals” (2003, 45). Rudra’s physical description in this hymn is also interesting. Rudra is described as a boar, flame-red, and “turbulent” in form. His braided, or knotted, hair is distinctive, and is one of the qualities that the god Śiva eventually usurps from him. He is described as *vanku*, a term that has the meaning of “wandering” or “moving crookedly” (this term is also used to describe a bend or elbow in a river) and can also have the connotation of moving hurriedly and acting rash.

Additionally, in another hymn to Rudra in the *Rgveda*, we come across a form of preverb *ud* + the root *mad*, the Vedic predecessor to the forms *unmatta* and *unmāda* that we have been examining throughout. Words coming from the stem form *ud* + *mad* at this early stage often mean “roused up,” or “exhilarated,” with more positive connotations than are found in later literature. These often do not refer to a state of disease to be cured but, much like *mada* (“intoxication”), sometimes refer to an exhilarated or euphoric state in which the gods find themselves after drinking *soma* (Weiss 1977, 11). Here is the verse from *Rgveda* 2.33.6:

*ún mā mamanda vṛṣabhó marútvān tvákṣīyasā váyasā nādhamānam |
ghṛṇīva chāyām arapā aśīya ā vivāseyaṃ rudarāsyā sumnām ||*

The bull, in the company of the Maruts, roused me up when I was in need,
with his more energetic vitality.

Free of malady, might I reach (this), like shade during the heat: might I attract
here the favor of Rudra. (*RV* 2.33.6, Trans. Jamison & Brereton (2014), v. 1,
449)

In this verse *un mamanda* means to “rouse up,” and it is something that Rudra is able to do by means of his strength or vigor. In the hymn from which this was selected, the poets praise Rudra, implore him not to smash them, and also call upon him to bestow his medicines upon them. There are many references to healing and medicines in this hymn, as well as calls for Rudra to both protect and spare the poets and their families. Due to this, resonances of battle and battle wounds are conjured, and it seems that the “rousing up” may be a sort of invigorating a person for battle.

When we compare descriptions such as these, of both Rudra and Śiva, with some of the practices offered in their name, a relationship of imitation seems likely. Devotees of Rudra and Śiva may have been mimicking him as a kind of devotional practice and this may have been one of the initial reasons, in addition to the motivation of disguise already discussed, for ascetics taking on such abnormal practices in the late Vedic period. After all, the end-goal for the initiate expressed in the *Pāśupatasūtra* is to essentially become Rudra, so it is not so difficult to imagine how the practices systematized in such a text are based on an imitation of this deity.

Moreover, there are a number of good context-specific reasons for engaging in this imitation for an ascetic. Kinsley, speaking about the madness exhibited by

Indian deities on a more general level, echoing Kahlil Gibran’s poem cited at the opening of this chapter—that there is freedom and safety in madness—argues that the madness of the gods is a reflection of their freedom (1974, 281). Perhaps it is this exhibition of freedom, from social constraints and the “limiting confines of normality” (282), which the madman or mad god perform, that makes the imitation of them particularly appealing for the ascetic. Kinsley also argues that the madness of the gods affirms their transcendence, suggest their aloofness from or indifference to the world, and suggests, “the nature of the world to be ephemeral, impermanent, and only tenuously ordered” (1974, 282-283). If this is the case, it would make sense that an ascetic would attempt to co-opt these traits through imitation.

So, if imitation and eventually complete union with Rudra-Śiva is the goal of the Pāśupata initiate, can we say that to cultivate or aspire to a state of madness is recommended for him? Or, in performing mad practices in imitation, does he “experience as actual” that state? For the Parao Baba in the first half of this chapter, madness or specifically *unmād*, can be described as a kind of clarity, pure joy, and sense of discovery that an ascetic attains when realizing the *aghor* state. Here *unmād* is an expression of actual spiritual attainment. Though the *Pāśupatasūtra* does not explicitly talk about the final state of union as a kind of madness, it does identify that state with *actually becoming* a god who frequently exhibits mad behaviors. In this sense, I think, we can say that it is recommended for Pāśupatas to aspire to madness in this final stage. So with respect to the Pāśupatas, we see that even within a single

tradition there can be many different ascetic uses for exhibiting madness: as a disguise *vis-à-vis* society for the purpose of accruing merit and purifying oneself, as an offering made to a deity within the privacy of a temple, and finally as an expression of actual spiritual attainment and union with the divine.

DISCUSSION

This chapter has introduced a range of ways in which madness is integrated into discourses on ascetic practice. Perhaps more so than in any other chapter, the sources surveyed here play with the fluidity of the meanings attributed to mad behavior and the multivalency of terms. There is much to explore and analyze here, but for now I will focus on some of the more salient sub-discourses, namely, the discourse on who makes ascriptions of madness, the discourse on madness as ascetic disguise, and finally, the discourse on madness as an ideal state for an ascetic.

Ascription of Madness: A Label for Oneself or for Others?

One of the areas of discourse introduced at the outset of this chapter relates to how ascriptions of madness are made. As we have seen in previous chapters, to be labeled mad can have significant consequences, sometimes positive, but most often not. Within the context of ascetic practice, we see that some ascetics who recognize madness as a positive category of attainment within their own tradition will also attribute madness to the practices of others, but with a negative connotation. For

example, Asthana expressed that to experience the *aghora* state is a kind of intoxication attained through devotion. Specifically, he said a devotee can “go crazy with devotion.” He also commented, though, that those who do not have the guidance of a guru can become “Mad” (his capitalization within the text), and ruin the lives of themselves and their families. Here we see opposing views within the “alternative culture” created by ascetic practice, where exhibiting mad behavior can be good and signify devotion, but it can also be bad and signify that an ascetic tried to engage in practices without proper guidance.

In a conversation with the baba in Parao we saw that *unmād* was a state that he likened to the state of *aghor*, the state that aghorist try to realize through their practice. He qualified this, however, mentioning that, “it [*aghor*] is like being mad, but you are not mad.” Though he was willing to compare the two states and describe how they are similar, he did not equate them. At the beginning of our interview, too, when I first asked about terms he laughed and queried, “So you think we are mad?” This, to me, indicates that he did not self-identify with the term “mad,” and only partially with the term, *unmād*. He did not seem to view an ascription of madness as positive, though he also did not appear to be genuinely insulted. Moreover, OSHO is situated in another position on the spectrum, choosing to explicitly self-identify with madness and recommending his followers do the same: “Just be a first rate crazy-man!” he suggests.

In *Pāśupatasūtra* 4.8 we are told that an ascetic should make himself look like an *unmatta* so that “Other people will think he is a madman and an idiot” (*unmatto mūḍha ity evaṃ manyante itare janāḥ*). Here madness does not take on a positive connotation and it is ascribed from without. In fact, it is explicitly stated that the initiates should be *anunmatta*, so here no actual self-identification with madness takes place. Similarly in the Saṃnyāsa Upaniṣads and the *Brahmayāmala*, there is an expectation that mad behaviors will garner ascriptions of madness with negative connotations from the “dominant culture,” but the ascetic himself knows himself to be sane.

From these few examples we can see that there is a lot of discussion surrounding how one comes to be called mad. In most cases, there is a recognition that the label of madness comes from someone other than the practitioner himself. Asthana is an exception because he is talking about the *aghora* state as one achieved by “going crazy” with devotion. Here he labels his own group’s practices as ones that cause madness. Only in rare cases, or at least rarely within the sources surveyed, will a person self-identify with madness. For even OSHO cannot be said to fully self-identify with being called mad, because when pressed to discuss the topic he admits that his madness is no madness at all, but the only true sanity.

In sum, it appears to me that ascriptions of madness are always made from without. The person so described does not recognize the label as representative of their own experience. Even if they do self-identify as “mad,” they qualify that

madness (it is actually “intoxication” from devotion, or it is actually “true sanity”) and consider it to be of a different sort than the madness attributed to them by outsiders. It is important to note, too, that in the classical period, despite the divine exemplars who exhibit madness in a variety of contexts, none of the ascetics here surveyed identified themselves with actually *being* mad, whether a qualified kind of madness or not. They talk about pretense, and I will turn to that shortly, but they do not, like OSHO and to some extent Asthana, talk about what they are doing as reflecting their own inner experience.

Madness as Ascetic Disguise

Another significant discourse relevant here, already explored in some detail in the chapter on depicting *unmāda* in dramas, is the figure of the *unmatta* as a disguise. When terms used for altered mental states are referred to in regard to Indian ascetic practice, it is often the case that these terms refer not to an actual state of being, but to a disguise. Perhaps the most noticeable feature about this discourse at first glance is the ubiquity of it in the classical materials and the almost complete absence of it in the contemporary. Though OSHO hints at this practice when he tells his followers to fake letting themselves go until they can actually truly do it—essentially recommending a fake-it-until-you-make-it strategy—and he also talks about both the sage and the madman as “dropouts” who look similar when compared to the rest of society, he never talks about madness (at least in the sources I surveyed) as a disguise

that should be intentionally donned for the sake of soliciting a reaction from society. He is more interested in cultivating the actual state. Further, when I asked a baba in Varanasi about the practice of wandering like an *unmatta*, he started to describe the *āśrama* system for me and remarked that those kinds of practices are reserved for those in the *saṃnyāsa* stage. His discussion focused on the wandering aspect of the aphorism, and did not seem to attach any significant value to the *unmatta* part of the prescription.

In the classical materials, though, there is a vibrant discussion on such practices with various methods and motivations for participation in them. In one *Pāśupatasūtra* chapter and in the Saṃnyāsa Upaniṣads, the focus is on concealment. In another *Pāśupatasūtra* chapter, various positive behaviors are to be performed in public—limping, snoring, trembling, flirting, etc.—the goal is the cultivation of the ascetic self (specifically, the goal is the “development of purity” (*śuddhivṛddhi*), and also the exchange of merit between the ascetic and members of society who pass judgment upon him. Similarly, in the *Brahmayāmala*, the disguise serves to create social distance, but importantly it is also used to prepare the initiate for more advanced *vratas* that will come in following stages.

In addition to having many motivations there are also many opinions on how to achieve this disguise. In the older group of Saṃnyāsa Upaniṣads it is simply through the concealment of ascetic features (conduct, emblems, and knowledge). In the *Pāśupatasūtra* in one instance the practitioner is proscribed from talking to both

women and śūdras, and he can only eat leftover foods. In another stage of practice, the practitioner exhibits various behaviors, as discussed previously, that may or may not be interpreted as a kind of madness in other contexts (the prescription to flirt, for example). The *Brahmayāmala* presents a very detailed view of this disguise. The *sādhaka* should do things like pretend to pick lice out of his hair, and claim to be various gods. The ascetic can also talk to women in this text and should address them respectfully. Additionally, he is forbidden to eat during the daylight hours. How to deal with women and how to eat are two areas that at least two authors feel compelled to address. Even in madness, there are rules. Finally, in the later Saṃnyāsa Upaniṣads there is the additional prescription to act like a child (*bāla*), or a demon/goblin (*piśāca*), either as an option within the aphorism or as a particular kind of madness.

Rather than cultivating a kind of altered, enlivened, or ecstatic state akin to madness, these practitioners are concerned with maintaining their mental faculties, but convincing the public otherwise. They manipulate their position in the social order and use society as a tool for developing their inner goals. They need to be distanced from the social sphere, but also need the social in order to hone their skills. Indeed, the choice of an *unmatta* disguise seems perfectly suited to their needs—an *unmatta* person is detached from society, yet sustained by it. They do not participate in business transactions. They are often allowed to wander wherever they want. Some members of the public may consider that their state is due to possession by

some kind of supernatural being (as we saw in the descriptions of Damayantī in Chapter 3), thus granting them a certain distance from society, but also a certain degree of respect. Such an association may also lead people to fear them or believe them to be powerful beings. Also, the words of an *unmatta* person, though on the surface incomprehensible, are often alluded to as concealing a certain degree of knowledge, in Sanskrit literature and elsewhere. The personal experience of an *unmatta* person is beyond the understanding of the general public. So, too, there is a certain mystery attached to the personal experiences of elite ascetic practitioners. After all, not everyone is able to choose such a path.

The mad and the wise, in the eyes of the general public, have very similar lifestyles and very similar outward appearances. As the baba from the Parao ashram said, “you cannot tell who is *pāgal* and who is *unmād* because it depends on the person. But they are very different.” It may be this tension—the impossibility of knowing whether someone is truly wise or just crazy—that draws the ascetic to the guise of the *unmatta* and entices society to find in the *unmatta* glimpses of the knowledge of the ascetic.

Madness as Ideal Ascetic State

The final area of discourse I will examine here is that on madness as an ideal state for an ascetic, not as a state to be mimicked, but as a state to aspire to or attain. For some, there is no connection between these things. The man on the ghat who

talked with me about *unmād* as both a positive and negative state, said there is no relationship between madness and “yoga and spiritual things.” But for others, madness is an important part of how they discuss their practice and the outcomes of their practice.

Of special interest here is the fact that this discourse is found frequently in the contemporary materials, but is all but absent in the classical sources. One can make a case that the Pāśupatas, in their seeking to become Rudra, do aspire to madness, and in their pretense of mad behaviors in multiple stages of their practices may, to return again to the theater metaphor, “experience as actual” the madness they perform. Still, their texts do not explicitly describe or prescribe madness as an internal state to be sought by the ascetic.

In the contemporary sources there are many different ways of talking about this ideal state. For the Parao baba, it is a “happy state” and “like a clarity of mind or a realization.” For Asthana it is a kind of “intoxication,” a craziness brought about by devotion. Finally, for OSHO the active cultivation and performance of madness—to go “consciously insane”—is the only way for a person to be cured of the neurosis they have acquired over a lifetime of socialization. His meditation sessions, or at least significant portions of them, focus on doing precisely that.

It is beyond the purview of this dissertation, but perhaps it is helpful to note here that there does seem to be evidence for madness as an ideal ascetic state in the medieval and early modern periods in India. In the same article on divine madness

where he describes the function of mad tropes with respect to the gods, Kinsley also surveys the literature on mad saints in Hindu traditions focusing on these periods. Here he identifies many figures, primarily from *bhakti*, or devotional, contexts, but also from Tantric schools and from the Baul tradition, who either self-identify as mad or whose devotees identify them as such (1974, 295-305). To what extent these figures have influenced ideas about madness in the contemporary period, or the extent to which they themselves have been influenced by the classical materials is beyond the scope of the present work, but it does point to the fact that a survey of discourses from additional time periods, geographic locations, and types of literature would be a fruitful area of future study.

So, let us now briefly consider what these discourses on madness as an ideal state suggest about the relationship between madness and ascetic practice. I think the most salient aspect of the discourse is that on knowledge. For these ascetics, madness is analogous, though not always identical to, the highest states of knowing attainable within their tradition. Further, these states of knowing are associated with a complete transformation of perspective. When one gains such a high degree of knowledge and insight that their perspective on the world is completely altered, the language of madness—of disorder, vibration, and wavering—is the only, or perhaps the best, way to describe what they are experiencing, in terms and with frames of reference that the rest of society can understand.

It is clearly the case that these ascetics do not see themselves as fundamentally mad, but only mad by society's standards. To them, the knowledge they have gained is "clarity" or "true sanity." We know from the work of countless scholars and have also seen throughout this dissertation that madness is measured by the extent to which a person deviates from normative behavior and normative frames of reference. If one intentionally removes oneself from normative frames of reference and so recognizes no need to participate in normative modes of conduct—and they create through their practices "a new subjectivity"—then, indeed, their "normal" would, by definition, be society's "abnormal." The language of madness then becomes the means through which they can communicate their position *vis-à-vis* society, and it also becomes the means through which society can describe their behavior. But the essential and pervasive backdrop to all of this is that these ascetics, in their wisdom, know that these attributions of madness are false, and more a reflection of society trying to organize itself than a reflection of their own inner state: "So you think we are mad?" the Parao baba asked me, followed by a friendly laugh, as if to say, "That shows what you know."

Conclusion

The discourse on madness can be analyzed from many angles and with respect to many features. We can explore, for example, the physical descriptions of those to whom madness is ascribed, the methods of managing madness (medical, legal, ritual and otherwise), or the patterns of argumentation within the discourse. We can also explore the presence (or relative absence) of particular sub-discourses within a particular time period, or look at the relationships between sub-discourses. For example, one might analyze the interrelatedness of origins and agency, or the relationship of the discourse on madness as caricature to the larger discourse on social functions of theater. Here I have made initial explorations into some of these areas through a survey of discourses on madness from two broadly-defined Indian contexts: classical Sanskrit texts and 2012-2013 India.

In order to build an analytical model of the discourse on madness, I have subdivided the discussions here into increasingly specific levels of discourse. First, I use the heading “spheres of concern” to describe the largest classificatory category employed in this dissertation. I have defined the spheres of concern as areas of human experience where discussions, or concerns, related to madness are raised. These include the concern to: define what exactly constitutes madness (Chapter 2); recreate madness for literary and dramatic purposes (Chapter 3); control madness through legislation (Chapter 4); control madness through medical or ritual “treatment”

(Chapter 5); and, finally, integrate madness into, or experience it because of, religious practice (Chapter 6).

While surveying and comparing the sources within these spheres of concern, I have identified a number of sub-discourses. In Chapter 1, for example, we see the sub-discourse on the frequency of oscillation between healthy and unhealthy states; the sub-discourse on attributes, and whether “healthy” states are defined by an absence or addition of them; and, finally, the sub-discourse on the inter-relatedness of health, social status, and social responsibility. Echoes of this last sub-discourse resurface in Chapter 4, where I identify the sub-discourse on social and familial responsibility, in addition to that on autonomy and also precedence of rights. The sub-discourses can be characterized as discussions surrounding a particular anxiety that arises when people encounter what they interpret as madness, or pathologized deviant behavior.

In analyzing the sub-discourses from a comparative perspective, we can identify a number of “spectrums of interpretation” that allow us to define and describe a person’s relative position on madness on a meta-linguistic level. In this conclusion I will identify a number of these spectrums, and I will also give examples to illustrate how they appear in the sources. Here is a brief example: I label one spectrum “personal/physical to interpersonal/social.” A “personal/physical” interpretation is one where madness is defined and discussed as a condition that relates specifically to one’s body. An “interpersonal/social” interpretation is one that

defines and discusses madness as a social status or a condition determined by interpersonal relationships. A particular position on madness can be described with respect to this spectrum of interpretation, and then compared to other sources on this level.

What I have tried to do in breaking down the discourse on madness into these categories—sphere of concern, sub-discourse, and spectrums of interpretation—is provide a meta-language through which we can identify, describe, and then compare positions on madness at various levels of specificity. We can identify, for example, if a particular sub-discourse within a particular sphere of concern is absent in one context, but present in another. From there we can begin to develop new questions about the material, and ask why we find a particular sub-discourse in one context, but not another. On a more micro-level, we can compare positions on madness with respect to one of the many spectrums of interpretation and thereby illuminate aspects of each context. For now this is just an abstraction, but I will give examples of each of these in the discussion that follows.

In the first part of this conclusion, I will identify and discuss the spectrums of interpretation, and in the second half of this conclusion I will return to a discussion of some of the sub-discourses. There I will discuss what we have learned about the discourse on madness more generally, and also about the Indian contexts studied here, through this analysis from a comparative perspective. In some cases, I synthesize sub-discourses from multiple chapters into one discussion, as the issues voiced in the

separate chapters speak to the same issue or phenomena (*e.g.*, mad behavior as a tool).

SPECTRUMS OF INTERPRETATION

In this section I will introduce six spectrums of interpretation of madness, here identified by the meta-linguistic terms that can be used to describe where a particular position lies on each of these spectrums. The first four relate specifically to how madness is interpreted: madness as (1) personal/physical to interpersonal/social; (2) reality-cognizant to reality non-cognizant; (3) endogenous to exogenous; (4) self-induced/responsible to non-self-induced/non-responsible. The fifth—(5) hypo-normality to hyper-normality—is a way of describing a source’s interpretation of a particular behavior relates to imagined “normal” behavior. The final spectrum—(6) descriptive to normative—is not so much one of interpretation, but rather one of authorial intent. Still, it is a useful way of describing a particular position on madness within the discourse, so it has been included here.

Personal/Physical to Interpersonal/Social

The first spectrum of interpretation relates to whether a source reflects a **personal/physical** interpretation of madness as opposed to an **interpersonal/social** interpretation, with “personal” meaning here “of, affecting, or belonging to an individual,” and “interpersonal” meaning “of or relating to relationships or

communication between people.” One can envision these two positions on opposite ends of the spectrum with people taking positions somewhere between the two.

To demonstrate the range, here are some examples from the classical and the contemporary period of personal/physical and interpersonal/social interpretations. In the *Caraka Saṃhitā* we find a position that can be characterized as a “personal/physical” interpretation of madness: *unmāda* is generally defined as *vibhrama*, a “wavering,” of various things including behaviors, gestures, habits, devotion, memory, knowledge, perception, and mind. Like the definition of “mental illness” in MHCBS (I.2.r,v, see also Chapter 2), which also reflects a ‘personal/physical’ interpretation, the condition of madness is defined as a separate entity with specific reference to the effects it has on an individual person. It is not framed as a social status or a reflection of interpersonal relationships. In fact, the drafters of MHCBS were explicitly try to protect against this with the statement that “mental illness” should not be determined on the basis of political, economic, or social status, or non-conformity to values prevailing in a person’s community (II.3.3.a-b). It may be the case, and I argued this earlier, that to determine *vibhrama* or “substantial disorder” (terminology from *Caraka* and the 2013 Bill, respectively), one must always have recourse to normative behavior as a frame of reference, and hence all identifications of madness will have an interpersonal element. While this is true, one can still choose to position one’s discussion with respect to the individual, and that is the distinction I am making here.

Examples of an “interpersonal/social” interpretation of madness include references in the *Law Code of Manu* and statements made by Ankhit at the outset of this dissertation. Manu’s statement that a man whose wife transgresses against him should not be stripped of her inheritance (*MDh* 9.77-9.79) is an example of a position with a strong interpersonal/social orientation. The identification of madness here is strictly interpersonal, one that references the relationship of the person to others, in this case, his wife. There is no recognition of personhood beyond this social relationship. No symptoms or descriptions are given, and an *unmatta* is listed together with other social “types” for the purpose of regulation. The frame of reference is distinctly social. Similarly, Ankhit, whom we met in Chapter 1, said that madness is defined by a person’s relative inability “to accommodate the common people.” He also said madness comes to people who live in “low-class” areas and who are from “uneducated families.” These positions reflect an “interpersonal/social” interpretation of madness. He also mentioned, however, that madness can be caused through the food one chooses to eat. Here his position reflects a “personal/physical” interpretation. People need not subscribe to one orientation or the other, and they are not mutually exclusive. However, it is possible to locate a particular statement on this spectrum and, in so doing, interpret what factors lead someone to frame madness in such a way for particular purposes.

Madness as Reality-Cognizant to Madness as Reality-Non-Cognizant

In the sources surveyed here, we find discussions on the relationship between mad behaviors and recognition of reality. One can describe the interpretation of madness of a particular source engaged in this discussion in two ways: madness as **reality-non-cognizant** and madness as **reality-cognizant**. Those of the first category interpret mad behaviors as indicating a total break with reality; they see madness as reality-non-cognizant. This is the more common of the two positions. Other sources describe madness as complete and perfect recognition of reality; they see madness as reality-cognizant. This position is less common, and in many cases is voiced by someone who is critical of the status quo. The Parao Baba, for example, voices a “madness as reality-cognizant” interpretation when he describes *unmād* as “clarity of mind or realization.” The *Caraka Saṃhitā* lies closer to a ‘madness as reality-non-cognizant’ interpretation when it describes *unmāda* as a *vibhrama* of *buddhi* (perception), *samjñā* (understanding), and *jñāna* (knowledge). The extent to which a person identifies with one or the other of these positions will significantly affect their interpretation and assessment of a deviant behavior. For example, the Parao Baba described *unmād* as a state where you “laugh or dance like a baby,” giving laughter a positive value. In the *Caraka Saṃhitā*, frequent singing and laughing is a symptom of *āgantū unmāda* caused by a *piśāca*, the type of *āgantū unmāda* with the worst effects. The value of laughter here is negative.

Not all sources can be identified in this way, however, or perhaps more precisely they can hold both views simultaneously. Consider for example, Neha,

whom we met in Chapter 5. She likened *unmāda* to a volcanic eruption, characterizing it as “sudden action, the mind goes out of control.” She also told me, though I did not discuss this in that chapter, that *unmāda* means “to become very learned, to discover things, and to be a researcher” (Neha, personal communication, October 2012). In one instance she talks about madness as a kind of break with reality, but from the context we can guess that she did not intend such a break when offering the second evaluation of *unmāda*.

Origins: Endogenous to Exogenous

This spectrum and the following one both relate to the question of origins. In the discourses surveyed here we can identify a spectrum of positions on where madness comes from, with internal causes (**endogenous** interpretation of madness) at one end of the spectrum and external causes (**exogenous** interpretation of madness) at the other. Most sources will engage with both to a certain extent. As I discussed in Chapter 5, causes that are framed as either internal or external slide towards the other upon closer inspection. Still, we can compare positions on origins with respect to where they lie along this spectrum.

Origins: Self-Induced/Responsible to Non-Self-Induced/Non-Responsible

Closely related to the **endogenous to exogenous** spectrum, is the spectrum of interpretation on whether a person is viewed as responsible for their madness.

Positions that lean towards, on the one hand, the **madness as self-**

induced/responsible pole, are those which consider madness to be something that is self-generated. For example, one position voiced in the *Caraka Saṃhitā* is that madness is caused by karma from past deeds. This would be a “madness as self-induced/responsible” position. Another example of this position would be OSHO’s call for his neo-sannyasis to become “consciously mad.” He teaches them to generate a state of madness, and in that sense his position can be characterized as a “madness as self-induced/responsible” position. A “madness as non-self-induced/non-responsible” position would be the case of the *amūlḥavinaya*, “verdict of past insanity,” given in the Buddhist Theravāda *Vinaya*. Here the monks absolve a monk for behavior he committed while he was *ummattaka* (“mad”) and *cittavipariyāsaka* (“out of his mind”), the implication being that he should not be considered responsible for those actions.

Hypo-normality to Hyper-normality

This spectrum describes the mode of identifying a particular behavior with respect to what is imagined to be normal behavior. In most cases, no single non-normal behavior will indicate madness. Rather, it is usually a combination of non-normal behaviors. When identifying a behavior as mad—as a deviation from what a person perceives as normal—sometimes people will describe a relationship of absence: the behavior is “less than” what they perceive as normal. I will call this an interpretation of **hypo-normality**. Sometimes people will describe a relationship of

addition: the behavior is “more than” what they perceive as normal, or what I will call an interpretation of **hyper-normality**. For example, what type of speech is indicative of madness is a frequent discourse engaged by sources in the classical and contemporary period, but the manner of speaking varies considerably within and between sources. For example, in the *Caraka Saṃhitā* we find both hypo-normal and hyper-normal speech as markers of madness. A *vāta-unmāda* patient has groundless, constant, and uncontrollable speech (*akasmāt satatam aniyatānām girām*). This speech is hyper-normal, as it is presented in the text as “*more than*” normal. In this same passage, a *śleṣma* (phlegm-type) *unmāda* patient is silent (*tūṣṇīm*). Here, hypo-normal speech is a marker of madness. Note that there are presumably contexts where being silent is not hypo or hyper-normal; for example, when a moment of silence is being recognized in honor of a particular person. In this instance, silence is normal or expected. The behavior itself is neither hypo- nor hyper-normal. It is only interpreted as such within a particular discourse. No single behavior is mad with reference to itself only; a designation of madness signifies a relationship of difference assumed between two things. In another example of speech, this from the contemporary period, Shubha Thatte remarked that, generally speaking, people do not associate being uncommunicative with madness. She said, however, that it *can* be a marker of such a state. For her, being uncommunicative is hypo-normal when it occurs together with other symptoms; it can indicate madness. For those about whom

she was speaking—the “general” population as she sees it—being uncommunicative is not given this value judgment. For them it does not enter the discourse on madness.

Descriptive to Creative

An important spectrum to consider when analyzing and describing positions on madness is the mode of presentation employed by the author or speaker of a particular position. In the sources surveyed here, we see that positions are either **descriptive** or **creative** in nature. This is largely a question of genre, though not completely so. A “descriptive” presentation is one where a person sees himself or herself as identifying and describing patterns of behavior found out in the world—the tone is one of reporting. A creative presentation is one where a person sees themselves as creating anew patterns of behaviors to be recognized as madness—the tone is one of instructing. The *Caraka Saṃhitā*, for example, is an example of a “descriptive” presentation. The author seeks to identify, describe and classify behaviors and eventually cure them. There is no sense that the author of the text sought to instruct others in how to recreate madness, though it is possible that did happen. On the opposite side of the spectrum, the *Nāṭyaśāstra*’s descriptions of states such as *moha*, *jaḍa*, and *capalatā* are all examples of creative presentations. The author is primarily concerned with the creation of *rasa*, or sentiment, for a performance, and his position on how to create a particular state should look is

affected by this concern. He is not primarily concerned with reporting behaviors as he actually views them out in the world.

These categorizations are complicated, however, by approaches like that of MHCBC, which while purporting to simply describe and report the features of “mental illness,” actually does involve a bit of creativity and also adopts an instructive tone. The bill, in establishing that “mental illness” is not determined with respect to social relationships, suggests that this is precisely what has been happening. In crafting a new definition, one could argue that the authors do seek to create anew patterns of behavior to be recognized as “mental illness.”

SUB-DISCOURSES REVISITED

Here I return to discuss the sub-discourses from the previous chapters and also take stock of some themes, issues, and anxieties that surfaced through this comparative analysis. Specifically, I examine the following: the performance of mad behavior as a tool; regulation and the precedence of rights; the duration of madness and the frequency of oscillation between healthy and unhealthy states; self-ascribed madness; and finally, terminology and stigma. One will notice that some of the sub-discourses from previous chapters are now subsumed under new headings, or have not been re-introduced here. My goal with this section is not to repeat what can be found in previous chapters, but to take a step back and consider some of the insights that have come out of this study. Further, where useful, I employ the meta-linguistic

terminology just presented to demonstrate how it can be used to identify and compare a particular positions on madness.

Motivations for the Performance of Mad Behavior

An important subject of the discourses on madness surveyed here is the use of mad behavior as a tool by various actors for different purposes. In the classical texts, the performance of mad behavior was used to cultivate self-growth (*Pāśupatasūtra* and *Brahmayāmala*), to deceive the public (*Pāśupatasūtra*, *Brahmayāmala*, *Pratijñāyaugandharāyaṇa*, *Samnyāsa Upaniṣads*), to entertain (*Nāṭyaśāstra*, *Pratijñāyaugandharāyaṇa*, *Mattavilāsaprahasana*), and to critique (*Mattavilāsaprahasana*). As we saw in the *Pāśupatasūtra*, the performance can have multiple functions within a single text.

In the contemporary period, the performance of mad behaviors was also used for many purposes: to educate (the film *Devrai*, outreach skits put on by IPH, OSHO meditations), to entertain (*Lagaan* and various other films critiqued at the *Manatarang* festival), to cultivate self-growth (actors looking to develop their skills, OSHO meditations), and to critique (OSHO). To use Freiburger's (2010) terminology, we can say that each of these positions reflects a hierarchy of values. Each person has a different hierarchy, so where for one person entertainment is valued more than education, for another person self-growth may be valued more than deception of the public.

In identifying both the purposes of the performances and the values that influence what form a performance will take, we can better compare individual positions within the discourse and discover how and why portrayals of madness are used differently in different contexts. Take, for example, the two following positions, both “creative” in presentation. At the *Manatarang* film festival, a number of people said that portrayals of madness in film should reflect reality. They were concerned with public education, so the primary criticism of the films discussed at the panel on Bollywood was that their portrayals of madness misinformed the public and perpetuated negative stereotypes. Others took a different position. For those who valued entertainment, or perhaps material gain, the caricature of madness with its rich history in Indian cinema and theater was the ideal portrayal.

In comparing this discourse with that of the classical period, we see an absence of a particular position. For the classical materials here surveyed, among those that are “creative” in presentation, there is not one that can be easily identified as seeking to educate the public so as to remove stigma or in some way alleviate the plight of the mad. The medical texts might be a source concerned with describing behavior as it exists “in the world,” and thereby fit into this category, but here I am specifically concerned with comparing recommendations for how to *perform* mad behavior, those positions which exhibit a “creative” presentation versus a “descriptive” one.

We also do not find sources that discuss a concern with reflecting reality in a performance. Even within texts like the *Nāṭyaśāstra*, where very specific prescriptions for how to perform a state are given, there is still an element of caricature, as all behaviors are exaggerated so as to be recognizable as a particular *bhāva*. Through comparison we learn that, at least in the classical materials discussed here, the use of mad behavior for eradication of stigma is not broached and the explicit discussion on reflecting reality is absent.

We can now speculate on why this might be, or also give some thought as to where in the classical texts we might look for such a discourse, if it does exist. One can consider, for example, how the larger discourse on “rights of persons with disabilities” in the contemporary period might generate a concern to use performance of madness for the purpose of education. This could also be a factor in the increased concern with “real” portrayals. One can also investigate to what extent less severe forms of pathologized deviance were actually associated with concepts of extreme madness (what some contemporary sources called “psychosis”) in classical India. If there is not a strong association between subtler forms of pathologized deviance and extreme madness—as there is in some spheres of contemporary India where a spectrum of “mental illness” is recognized based on “biomedical,” psychiatric interpretations of behavior—then there is no reason to educate the public about the difference between the two. At any rate, the comparison of the discourses through

this lens reveals subtleties in the discourses in each context and helps us to develop further questions for research.

Regulation and the Precedence of Rights

An important sub-discourse that surfaced in multiple places in this dissertation is on how one positions oneself with respect to rights. More specifically, whose rights and protection should be considered first when managing and regulating madness: the individual, the family, or the society? In the legal texts from the classical period, we find regulation designed to protect the family's interests or to maintain social order. But, we do not find legislation that seems to place first the rights of an individual to whom madness is ascribed. Even legislation that states that these individuals should be taken care of does so having already made the case that these people cannot inherit. This may be due in part to the fact that legal texts of this period primarily express an "interpersonal/social" interpretation of madness.

In the contemporary period legal discourses we see a greater range of positions on rights negotiated in complicated ways. Family members bear the burden of caring for their family members, so often the protection of a family's rights is closely associated with the protection of the individual, as well. Additionally, in contemporary period contexts of treatment, we see that positions on rights come into play. A person may wish to seek treatment at a religious site where there is less stigma attached to treatment, but a family member may think going to a doctor would

be better. Which treatment is ultimately decided upon will involve a negotiation wherein either the rights of the family or the rights of the individual take precedence.

Another way of analyzing regulation of madness through the lens of rights is to look at the spectrum of regulatory action. An assessment of whether a source recommends a particular action and to what extent a source will recommend it in comparison with other sources will provide us with insight into how madness is managed differently across contexts. There are various kinds of legal regulation that can be examined—involuntary hospital admission, ineligibility for inheritance, the legal right to health care—and also various kinds of treatment—medication, “shocks,” ritual participation, and therapy. What types of regulation one finds appropriate and the extent to which they are willing to administer it will depend on a number of other positions.

In the PBS special on the Dava Dua program, for example, the conditions at the dargah before the program was instituted were critiqued by Chauhan, one of the Dava Dua founders, as “unhygienic” and “inhumane.” He said this after describing a situation where 40+ people were chained to a post after having acted violently. For him, chaining is not an appropriate reaction to madness. For him, individual rights are paramount. For the mujawars who run the facility, preventing those chained from engaging in further violence is an appropriate way to manage madness. For them, the right of the society to be protected from such violence takes precedence. We can analyze how their approaches to madness management might be influenced by their

positions on other spectrums. For example, Chauhan is a psychiatrist and seeks to treat madness through medication. Though I cannot say for sure, we might infer that he subscribes to an “endogenous” view of the origins of madness. The mujawars, who administer ritual treatment that is intended to expel madness-causing beings, must necessarily subscribe to an “exogenous” origins view of madness (though perhaps not exclusively), if they are to believe their rituals to be effective. If one believes a person to be inhabited by a violent being, chaining makes sense because one can reason that it is the violent being who is being chained, rather than the individual. That this interpretation resonates with the mujawars at the dargah is supported by the fact that patients there are still symbolically chained, though not physically restrained, as the supreme court has outlawed the use of mechanical restraints (Lazaro 2014). That beliefs about origins affect approaches to treatment is, I think, quite obvious. Perhaps the extent to which each of these individuals view the patient as responsible will also affect the severity of treatment, but we cannot know without asking them. What we can know, though, is that to compare positions on madness with respect to these specific features may help us to better understand where both positions are coming from.

Duration of Madness: Oscillation Between Healthy and Unhealthy States

A concern central to a number of sub-discourses on madness (and also health) has to do with the extent to which it is lasting. The concept of “wavering,” of moving

into and out of healthy and unhealthy states, is an apt one for describing what happens to bodies, and it is one that is employed (using different kinds of language) in many of the sources. For some this takes the form of a discussion on cure of a person's behavior, for others it takes the form of a discussion on management of that behavior. For others still, the conversation is one that reflects a concern to maintain social order.

That health is always oscillating is a major anxiety for people. For the purposes of our discussion here, it seems that the valuation of madness is related to whether its effects can go away. Duration matters because it is an indicator of when one can reasonably expect order, or the status quo, to be reinstated. In the *saṅgha*, for example, we saw that there is a recognition that monks can move into and out of mad states. Presumably no one was allowed in while mad, so if there are mad monks in the *saṅgha* they must have become so while there. The regulations designed to deal with the situation reflect a concern that the monastic community is still able to function in the mad monk's absence. With these rules in place, the effects of madness on the community are minimal, so madness within the *saṅgha* can be tolerated. In the *Caraka Saṃhitā* there are various views on duration, related to the origin of a condition and the constitution of a particular person. For *sannipāta unmāda*, which is caused by a combination of all three *doṣas* and is considered permanent, it is recommended that a doctor abandon such a case. When order cannot be restored, attempts at cure cease.

Examining these contexts in comparison with conversations at IPH we see that there is little discussion of “cure” in the IPH context. There is a focus on being healthy and cultivating “mental health,” but when treatment of madness is discussed it is usually framed as a method for teaching people how to manage their symptoms. Treatment goes on for a particular length of time, but there is not a sense that the condition is “gone” at the end. It is managed and the effects are minimized. “Mental illness” is not given a negative value judgment in this context. Rather, it is recognized as something with which everyone struggles to a degree. So, the question of duration can be engaged with reference to cure or management, and the valuation of the condition is associated with the extent to which either of these are possible. This aside, it is important to note that it is the comparison of the two discourses that allows us to see how this feature of the discourse on madness is negotiated differently.

Self-Ascribed Madness

Another important sub-discourse on madness that I will only briefly address is the extent to which a person will self-identify with an ascription of madness. The only instances surveyed here where a person really self-identified with madness is the case of OSHO. For him the meanings attributed to madness were completely reversed. Reality as everyone else was living it was the true madness. His way of

being in the world, which looked like madness from the outside, was an existence purged of all the social conditioning that he viewed as limiting.

In his article discussed in Chapter 6, Kinsley (1974) points out that there are a variety of Hindu deities that perform mad behaviors. We can speculate, as I have done in Chapter 6, that the Pāśupata practice of aspiring to become a second Rudra might be an instance where self-identification with madness would take place. Perhaps if this study were to include the medieval period in India, where *bhakti* movements flourish and saints-as-mad are a more frequently attested occurrence, then we would have more data to understand these kinds of patterns of attribution.

What we can tentatively observe is that self-ascribed madness may have very different connotations than the kind of madness assigned to a person by someone else. We saw this is the case of Asthana who talked about his own sect's practice as going "crazy" with devotion, but the practices of those not guided by a guru as "mad" and life-ruining. This is important to keep in mind as we analyze and compare discourses on madness; as Foucault has shown, there are significant relationships of power being expressed and new realities created in the application of such labels.

Terminology and Stigma

The last topic I want to address is that with which I began: a consideration of language and the power it has to create and resolve tensions within a particular social or personal space. In the contemporary sources there is considerable discussion of

stigma—negative stigma, in particular—and the effect that it has on perceptions of madness globally. Being “termed mad,” one student remarked, “is a lifetime status.” Because of stigma, complex language games are played between doctor and patient, and between family members and their kin to whom madness is ascribed. A spectrum of terms, assigned a value from benign to severe by both the speaker and the listener, are used to describe behaviors perceived as mad. Which terms are used and how they are interpreted varies significantly from one context to another.

Seeing the ubiquity of this sub-discourse in the contemporary period has led me to question whether discussions on stigma or the practice of shifting registers to accommodate sensitivities can also be found in the classical materials as well. Certainly there are negative associations with mad states reflected in the texts and certainly there is a shifting of registers (*unmatta*, for example, being used for more extreme forms of deviance), but was there a public discussion on how these associations affected actual people? If not, what is it about the current social and political climate in India, and abroad for that matter, which has led the concept of stigma eradication to become such an important feature of the discourse on madness? I do not have answer for this. Still, I think it is important to show how the comparison of discourses reveals the relative presence and absence of particular discussions. This helps us to identify which sub-discourses are unique to a particular social, political, religious, or geographic context.

My original goal with this dissertation was to complicate the interpretations of madness in classical India by examining the discourses on this topic from a comparative perspective. In so doing, I have identified a number of areas of human experience in which unique issues and concerns arise with respect to madness. I have also identified various spectrums of interpretation that can be used to describe the position that a particular source takes with respect to madness. This is important because it allows us to compare discourses on pathologized deviant behavior across seemingly disparate contexts. What I hope this dissertation does is lead us to discover that the spheres of concern, sub-discourses, and spectrums of interpretation here identified are sometimes useful, but also not completely sufficient, to describe the discourse on madness in another context. In identifying the weaknesses of the categories here described, we discover where to expand and refine. The goal is to build a meta-linguistic, analytical model of discourses on madness that will help us better understand how people from different times and places have imagined, described, and managed pathologized deviant behavior in both similar and unique ways.

Madness is a very large topic and there are certainly important areas of concern not explored explicitly in this dissertation, but hinted at within the sources. The connection between madness and love, and also madness and excess, for example, could be much more systematically studied. The relationship between asceticism and madness, too, is a very complex one that deserves further study. Both

are ways of measuring relative self-control over human experience. With respect to language, too, this study could be expanded significantly. I have focused primarily on Sanskrit and English, and to a lesser extent on Hindi discourses on madness, but clearly many other Indic languages could be explored for these same time periods. Such additions would likely help to refine the analytical categories and would make for much richer comparisons.

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