

**Narrating Madness: Constructing Mental Illness and Normalcy  
in Select Indian-English Narratives**

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by

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## **Declaration**

I hereby declare that the work presented in the thesis entitled “**Narrating Madness: Constructing Mental Illness and Normalcy in Select Indian-English Narratives**” is based on the original work done by me under the guidance of Dr. Sijo Varghese C., and has not been included in any other thesis submitted previously for the award of any degree. The contents of this thesis have undergone a plagiarism check using iThenticate software at C. H. M. K. Library, University of Calicut, and the similarity index was found to be within the permissible limit. I also declare that the thesis is free from AI-generated content.

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Date: 14 November 2025

## Certificate

This is to certify that the adjudicators of the PhD thesis titled **“Narrating Madness: Constructing Mental Illness and Normalcy in Select Indian-English Narratives”** submitted by Ms. Ega Peter (U. O. No. 3421/2020/Admn dated 16.03.2020), Research Scholar, PG Department of English and Research Centre, Vimala College (Autonomous), Thrissur, have given the following two suggestions for improvement in their evaluation reports:

1. The deletion of page numbers on the Chapter Title pages.
2. The simplification of the Thesis Statement.

The suggestions have been duly incorporated into the thesis, and the same has been confirmed by the Chairperson of the Open Defence and Viva Voce.

The contents of the hard copy and the soft copy submitted herewith are one and the same.

Signature:

Name of the Research Supervisor: Dr. Sijo Varghese C

Place: Thrissur

Date: 14 November 2025

## **Acknowledgement**

My research journey is stitched together by kindness— the prompt kindness of friends and family, and the unexpected kindness of strangers and the universe. I begin by acknowledging all that is good and kind in the world, which has helped me survive the last five years.

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## Dedication

The Māori word for autism spectrum disorder is:

*Takiwātanga – in your own time and space.*

The beauty of this conceptualisation has been a lingering presence throughout my research journey, and before. I have been carrying the seeds of this research for almost fifteen years. In a sense, I have been waiting for it to take deep roots and spread its branches out to the sky for personal reasons. Everything I have done for this thesis was an attempt to seek answers to questions that have lain dormant in me for a long time. I finally have some clarity.

*To everyone fighting an invisible battle – you matter, you are loved, and I hope life treats you gently.*

*To lives lost, and lives forever changed – I hope you are in your own time and space, away from everything that broke your beautiful spirit.*

## Abstract

**Keywords:** Mad/Madness, Narrative constructions, Normalcy, Mental Illness

The thesis analyses the construction of madness in select Indian-English narratives. The study borrows concepts from Disability Studies, Mad Studies, and Narratology for its theoretical framework to examine how madness is constructed in the narratives. Falling under the rubric of Literary Mad Studies, this research attempts to contradict homogenising discourses of madness propagated by medicine. It emphasises that the complex experience of being mad is rooted in history, social structures, and cultural codes, creating unique experiential realities of madness. Consequently, the focus is on the Indian experience of madness, contextualised by the specificities of India. The constructed-ness of madness following the historical event of Partition is studied in Anirudh Kala's *The Unsafe Asylum: Stories of Partition and Madness*, wherein clinical madness is juxtaposed against the madness of communal violence, chaotic cross-border movements, and intergenerational trauma. In Hansda Sowvendra Shekhar's *The Mysterious Ailment of Rupi Baskey: A Novel*, the gendered aspect of madness is highlighted through radical feminist ideals of witchcraft perceived as a threatening madness, and the portrayal of motherhood and its associated travails, suggestive of the conformist, acceptable madness. Swadesh Deepak's *I Have Not Seen Mandu: A Fractured Soul-Memoir* is surveyed to investigate how medicalised madness is creatively reconstituted to foreground the human experience. The constructed-ness of madness is expressed and executed through language. Across the three selected texts, narrative techniques are deployed to discover the functions of language and madness, while also re-modelling such techniques to represent madness accurately. The thesis develops from inability, reaches an intermediate zone of resistance, and finally arrives at agency in the experience of madness. Further, it is claimed that a mad person is the ultimate intersectional subject, influenced by historical, cultural, economic, political, and psychological factors.

## സംഗ്രഹം

**കീവേഡുകൾ:** മാനസിക രോഗം, ഭ്രാന്ത്, ആഖ്യാന നിർമ്മാണം, സാധാരണത്വം

തിരഞ്ഞെടുത്ത ഇന്ത്യൻ-ഇംഗ്ലീഷ് ആഖ്യാനങ്ങളിൽ ഭ്രാന്തിനെ എങ്ങനെ പ്രതിനിധീകരിക്കുന്നു എന്ന് ഈ പ്രബന്ധത്തിലൂടെ വിശകലനം ചെയ്യുന്നു. ആഖ്യാനങ്ങളിൽ ഭ്രാന്ത് എങ്ങനെ നിർമ്മിക്കപ്പെടുന്നു എന്ന് പരിശോധിക്കുന്നതിനു വേണ്ടി പഠനം അതിന്റെ സൈദ്ധാന്തിക ചട്ടക്കൂടിനായി വൈകല്യ പഠനങ്ങൾ, ഭ്രാന്ത് പഠനങ്ങൾ, ആഖ്യാനശാസ്ത്രം എന്നിവയിൽ നിന്നുള്ള ആശയങ്ങൾ കടമെടുത്തിട്ടുണ്ട്. സാഹിത്യത്തിലെ മാനസികരോഗ പഠനങ്ങളുടെ വിഭാഗത്തിൽപ്പെടുന്ന ഈ ഗവേഷണം, വൈദ്യശാസ്ത്രം പ്രചരിപ്പിക്കുന്ന ഭ്രാന്തിന്റെ ഏകീകൃത വ്യവഹാരങ്ങളെ വെല്ലുവിളിക്കുന്നു. ഭ്രാന്തിന്റെ ബഹുമുഖ അനുഭവം ചരിത്രപരമായ സന്ദർഭം, സാമൂഹിക ചലനാത്മകത, സാംസ്കാരിക മാനദണ്ഡങ്ങൾ എന്നിവയാൽ ആഴത്തിൽ സ്വാധീനിക്കപ്പെടുന്നുവെന്നും ഇത് ഭ്രാന്തിന്റെ വ്യത്യസ്തമായ അനുഭവങ്ങളിലേക്കു നയിക്കുന്നുവെന്നും പഠനം വ്യക്തമാക്കുന്നു. തൽഫലമായി, രാജ്യത്തിന്റെ അത്യുയമായ സാഹചര്യങ്ങളാൽ രൂപപ്പെടുത്തിയ മാനസിക രോഗത്തെ കുറിച്ചുള്ള ഇന്ത്യൻ വീക്ഷണത്തിലാണ് പ്രബന്ധം പ്രത്യേക ശ്രദ്ധ കേന്ദ്രീകരിക്കുന്നത്. അനിരുദ്ധ് *കലയുടെ ദി അൺസേഫ് അസൈലം: സ്റ്റോറീസ് ഓഫ് പാർട്ടീഷൻ ആൻഡ് മാഡ്നെസിൾ* വിഭജനത്തിന്റെ ചരിത്ര പശ്ചാത്തലവുമായി ബന്ധപ്പെട്ട് ഭ്രാന്ത് എങ്ങനെ നിർമ്മിക്കപ്പെടുന്നുവെന്ന് തീസിസ് പരിശോധിക്കുന്നു, ഇവിടെ ഭ്രാന്തിന്റെ ക്ലിനിക്കൽ നിർവചനങ്ങൾ വർഗീയ അക്രമം, കുടിയേറ്റം, തലമുറകൾ തമ്മിലുള്ള ആഘാത ഫലങ്ങൾ എന്നിവയുമായി താരതമ്യം ചെയ്യുന്നു. ഹൻസു സൗവേന്ദ്ര ശേഖറിന്റെ *ദി മിസ്റ്റീരിയസ് എയിൽമെന്റ് ഓഫ് രൂപി ബാസ്കി: എ നോവൽ* എന്ന കൃതിയിൽ, ഭ്രാന്തിന്റെ ലിംഗഭേദപരമായ മാനങ്ങളെ ഈ ആഖ്യാനം അടിവരയിടുന്നു, മന്ത്രവാദത്തെ ഒരു ഭീഷണിപ്പെടുത്തുന്ന ഭ്രാന്തിന്റെ രൂപമായി ചിത്രീകരിക്കുകയും അതേസമയം മാതൃത്വത്തെയും അതിന്റെ വെല്ലുവിളികളെയും കൂടുതൽ സാമൂഹികമായി അംഗീകരിക്കപ്പെട്ട പതിപ്പായി ഇതിലൂടെ ചിത്രീകരിക്കുകയും ചെയ്യുന്നു. ഭ്രാന്തിന്റെ വൈദ്യവൽക്കരണം മനുഷ്യാനുഭവങ്ങളെ ഉയർത്തിക്കാട്ടുന്നതിനായി എങ്ങനെ പുനർവ്യാഖ്യാനിക്കാമെന്ന് മനസ്സിലാക്കാൻ സ്വദേശ് ദീപക്കിന്റെ *ഐ ഹാവ് നോട്ട് സീൻ മണ്ടു: എ ഫാക്ചേർഡ് സോൾ-മെമ്മോയറിൽ* പരിശോധിക്കുന്നുണ്ട്. കൂടാതെ ഭ്രാന്തിന്റെ ആശയം ഭാഷയിലൂടെ തന്നെ അറിയിക്കപ്പെടുകയും, ആഖ്യാനങ്ങൾ ഭാഷയും ഭ്രാന്തും തമ്മിലുള്ള പരസ്പരബന്ധം വിശകലനം ചെയ്യുന്നു. ഭ്രാന്തിനെ ആധികാരികമായി പ്രതിനിധീകരിക്കുന്നതിന് കഥപറച്ചിൽ സാങ്കേതികതകളെ ക്രിയാത്മകമായി പൊരുത്തപ്പെടുത്തുന്നു. കഴിവില്ലായ്മയുടെ അവസ്ഥയിൽ നിന്ന്, പ്രതിരോധത്തിന്റെ ഒരു ഘട്ടത്തിലൂടെ പ്രബന്ധം മാറുന്നു, ഒടുവിൽ ഭ്രാന്തിന്റെ അനുഭവത്തിൽ ഒരു ഏജൻസിയുടെ ബോധത്തിൽ എത്തിച്ചേരുന്നു. കൂടാതെ, ഭ്രാന്തൻ എന്ന് മുദ്രകുത്തപ്പെട്ട വ്യക്തികൾ ചരിത്രപരവും സാംസ്കാരികവും സാമ്പത്തികവും രാഷ്ട്രീയവും മാനസികവുമായ സ്വാധീനങ്ങളുടെ ഒരു നിരയാൽ രൂപപ്പെടുത്തിയ ഏറ്റവും സങ്കീർണ്ണമായ അവസ്ഥ വിഷയങ്ങളെ പ്രതിനിധീകരിക്കുന്നുവെന്ന് പഠനം വെളിപ്പെടുത്തുന്നു.

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## Chapter 1

### **Introduction: From Disability Studies to Mad Studies**

Mad Studies represents a unique opportunity to rethink human mental wellbeing and to renew understandings and responses to it. The reality is that we live in a world that generates madness and distress, fails frequently to address them adequately or appropriately and often can even make them worse.

— Peter Beresford, *The Routledge International Handbook of Mad Studies*

Disability Studies emerged as a field of enquiry in the last two decades of the twentieth century, predominantly in the United States and Europe. The discourses of disability that thus emerged tried to define it as a universal human condition, stamping a mark of uniformity on the scholarship. It asserted that the complex experience of disability could be understood and defined with a few theories and frameworks. The discipline gained traction soon after, bringing forth numerous scholarly works that described disability from a Euro-American perspective<sup>1</sup>, disguised as the global phenomenology of disability. It affirmed that a few techniques and a couple of tools were enough to capture the lived experience of a disabled person anywhere on the planet.

Disability Studies soon developed into an intellectually fashionable discipline, primarily for two reasons: first, disability, unlike other categories, was an experience and not an identity. People who were able-bodied or normal could become disabled at any particular time; second, disabled people were the largest minority group in the world (Goodley 2). The studies in this area resonated with larger sets of people, transcending boundaries of identities like race, gender, ethnicity, and class. Thus,

various approaches to studying disability were formulated within academia. The various explanatory approaches to Disability Studies that originated in the Euro-American context can be called the 'Models Approach' (Goodley xii).

Dan Goodley, in *Disability Studies: An Interdisciplinary Introduction*, gives a detailed description of the various models of disability. The Moral Model was the oldest approach that understood disability in terms of religious belief systems. The Moral Model described disability as the direct consequence of God's displeasure: people were disabled because they had sinned in their previous births. Contrarily, the Medical Model described disability as a flaw or deficit. In a rather modern and scientific outlook, the Medical Model established that a bodily failing or pathology<sup>2</sup> was responsible for disability, which can be cured with a proper diagnosis and timely medical intervention. Since both the Moral and Medical Models locate disability in the individual, they were called the Individual Model of Disability (6).

The Social Model of Disability was a direct reaction against the Individual Model, which claimed that socially constructed barriers were responsible for disabling people. It coined the term 'ableism' to describe the discrimination meted out on people who identify as disabled due to the restrictions imposed by society<sup>3</sup>. For instance, it claimed that a wheelchair user was disabled only when their mobility was curtailed due to an absence of ramps; if the required infrastructure was provided everywhere, they wouldn't be disabled. Thus, the Social Model ensured that the responsibility of disability was shifted from the individual to the restrictive nature of social assumptions. The onus now fell on the social systems, rather than the disabled community, to address the issue of inaccessibility (11).

Meanwhile, the Minority Group Model of Disability was gaining momentum with an emphasis on “a cultural redefinition” by questioning dominant misconceptions, biases, and the very concept of ‘normalcy’<sup>4</sup>. It deconstructed the idea of the ‘normal’ and claimed that the normal/abnormal divide was culturally constructed (12). The Cultural Model of Disability had an interdisciplinary approach and was inspired by radical movements like Feminism, Queer Studies, and Race Studies. Cultural Studies has churned out a vast corpus of scholarship on disability that “deconstructs societal texts, critiques ideology and destabilises biological imperatives” (14). Finally, the Relational Model of Disability was based on three main assumptions: “(1) disability is a person-environment mis/match; (2) disability is situational or contextual; and (3) disability is relative” (16).

As the popularity of Disability Studies (DS) grew, scholars worldwide tried to imbibe the spirit of the activism-focused, human rights-based, identity-establishing frameworks of disability in their research. The imminent problem with such studies was that scholars from elsewhere picked up the theories of disability formulated in the Euro-American context and used them to study the experience of disability in their own cultures. However, the Models’ approach specifically analysed the socio-historical developments of disability in a very restricted geographical area. Hence, a need was felt for a more localised, inclusive conceptualisation of disability. It was precisely this lack of a context-specific and culturally-sensitive approach that noted Indian DS scholar Shilpaa Anand has critiqued in her article “Corporeality and Culture: Theorizing Difference in the South Asian Context”. She asks: “How can we talk or think about different conceptualizations of corporeality that are particular to various non-Western contexts?” (155), emphasising the importance of local realities<sup>5</sup>.

Since its advent as a distinct academic discipline, DS has battled with one crucial flaw: the primacy of the body and the near-total absence of the mind. The discourses in DS are almost exclusively discussions on physical disabilities and impairments<sup>6</sup>. Somehow, the mind and its maladies have remained invisible within its scholarship. The reasons for this could be many. The inherent invisibility of mind-related conditions, the stigma and prejudices against people with mental disabilities, and the lack of basic understanding and methodological tools to understand such conditions have all contributed to its neglect.

The categorisation and classification of disabilities were born out of the need to maintain the status quo in society: anything that intervened with or interrupted normal function was immediately medicalised to be contained, corrected, and cured. Physical disabilities were easier to identify and classify. The disabilities of the mind, however, posed a problem due to their invisibility. This is where the professional stepped in with diagnostic tools to label mental disabilities by asking a simple statement: Does the person behave 'normally' to meet the 'expectations' of society?

The normalised, expectation-based classification led to an evident quandary: How does one arrive at a standard set of expectations held to be normal? Who determines them? Can human nature be boiled down to a set of traits and behaviours that are acceptable or even ubiquitous? Descartes's Enlightenment idea *Cogito, ergo sum* ("I think, therefore I am") emphasised that a person is a mind in a body. Thus, existential validity is based on a person's mental abilities or capacities. Since this is a crucial question of existence, the mind plays a tremendous role in existential debates. Therefore, it is not hard to fathom why any kind of limitations or conditions of the mind are difficult to accept: a condition of the mind effectively nullifies a person. The

inability to reason, rationalise, and communicate is seen as irremovable from what makes us human in the social setup. This is precisely why people with ‘abnormal’ minds have been associated with non-human metaphors of machines, robots, and animals<sup>7</sup>.

Mad Studies was born out of the need to give equal representation to the disabilities of the mind by eliminating oppressive and dehumanising labels assigned by supposedly scientific diagnoses. It emerged as a distinctive discipline in the first decade of the twenty-first century, inspired by and deviating from the conceptual frameworks laid down by DS. Mad Studies (MS) tried to highlight the experience of having a mental disability, as opposed to the medical definitions of it, by reclaiming the stereotyped term of ‘madness’ and by engaging with the experience of being ‘mad’. Thus, madness becomes a radical, reappropriated concept that seeks to affirm a positive identity to a historically derogatory term. Elizabeth J. Donaldson in “The Corpus of the Madwoman: Toward a Feminist Disability Studies Theory of Embodiment and Mental Illness” claims that madness can be a positive identity, a state of rebellion, a call for help and/or a manifestation of cultural impotence, and a political constraint (99–119).

This thesis argues that the Indian experience of disability and madness is a definitive and distinctive category. The Euro-American method does not account for the specificities of India: Colonialism, Casteism, Partition, and the intermingling of these experiences create particular complexities. Further, the linguistic, cultural, and religious diversity of India creates unimaginable permutations of experiences. This renders the Euro-American disability/mad framework insufficient to study the Indian experience of disability/madness. Thus, the existing academic tools need to be re-

configured and re-imagined to accurately capture the uniqueness of such experiences of the body and the mind.

Despite a history spanning many millennia, the lineage of Disability Studies, much less Mad Studies, is absent from mainstream academic discussions in India. Unlike the immense popularity of Michel Foucault's *Madness and Civilization: A History of Insanity in the Age of Reason* (1961) in the Western world as the magnum opus on madness, Indian academia is missing an equivalent study. Though there are ample descriptions of disability/madness in Indian texts, a work as influential as Foucault's *Madness and Civilization* is glaringly absent. Indian academics Someshwar Sati and G. J. V. Prasad, in the introduction to *Disability in Translation: The Indian Experience*, write about this lacuna in Disability/Mad Studies when they highlight: "Disability is indeed a form of marginalisation that has been most marginalised in academia" (2).

Literary Mad Studies, much like Literary Disability Studies, is the exploration of literature from an MS perspective. Literary Mad Studies adopts and adapts the theoretical frameworks laid down by MS as a method for enquiry into literary texts and narratives. The academic discipline distances itself from the biomedical discourses of mental disability and replaces them with the experientially-rooted concepts of madness and mental illness instead. While mental disability connotes a medical, diagnostic, and clinical point of view, mental illness/madness refers to the socio-cultural construction of a subjective experience of distress. Thus, the human experience of illness is the focus of both Mad Studies and Literary Mad Studies.

This study falls within the purview of Literary Mad Studies (LMS). The primary texts for the present study are selected from Indian Writing in English (IWE).

Even though a plethora of works represent mad characters, madness itself as a central theme is not seriously considered in IWE. The notable absence of a rather conspicuous human experience suggests the uncomfortable relationship that Indian narratives share with madness. Further, the concepts and methods of MS render the theoretical support for this thesis.

### **Relevance of the Study**

In *How to Go Mad Without Losing Your Mind*, Jurelle Bruce writes: “We are all heirs to this world-historical ‘human destructiveness’. But we do not all receive the same parcel of inheritance. Some of us inherit a heightened susceptibility to being destroyed, while some of us stand to inherit the spoils of such destruction” (98).

Madness is a universal human experience, and the exponential incidence of mental health issues is indicative of the brokenness of the present world. One only needs to have a passing glance at mass media to realise that mental illnesses are everywhere.

In a country like India, stigma and stereotypes have often relegated discussions about mental health conditions to taboo topics. Any sign of a nervous breakdown is always accompanied by comments on weakness of character. The ever-building pressures of the world require one to look closely at issues of mental health. Most cases of mental illnesses have comorbid conditions<sup>8</sup> of suicidal ideation and self-harm tendencies. Going by the dictum “health is wealth”, it is indispensable that body/mind health be prioritised. Since physical health and mental health are inextricably linked, both need to be given the same relevance.

Literary narratives are widely dispensed and easily accessible. Since madness and mental health are attractive subjects, books about these experiences have an immense readership. The discourses circulated in literary narratives have a significant

impact on how madness and mental health issues are perceived. Hence, caution dictates that texts about mental health experiences be scrutinised properly. To this effect, Literary Mad Studies provides the framework to study the experience of madness in literary narratives.

### **Objectives of the Study**

This study was undertaken with the singular aim of tracing out the unique nature of being mentally ill/mad in India as represented in literary narratives. Both Mad Studies and Literary Mad Studies are in their nascent stages within academic discourses. In the fast-paced, post-pandemic era where people are still grappling with ‘the new normal’, this thesis seeks to speculate whether there was a ‘normal’ to begin with. The vulnerability of human beings are exposed to numerous types of confusion, conflicts, and chaos that constantly breach the boundaries of the supposed normal. In such uncertain times, this study rethinks ways of existing in the ever-dynamic land of India as expressed through its narratives.

Madness is a thoroughly malleable concept that can be reconfigured as needed. The problem with studying madness is that it can only be studied within the confines laid down by the language of reason. This oppressive intrusion of reason fails any attempt to understand madness and demands a new language to depict the mad experience accurately. Thus, the thesis analyses how madness thrives and manifests using a language modified to suit its needs. The newly formulated language reflects the experience of madness with its breaks, silences, and pauses, and reconsiders the flaws inherent in the language that constructs the current reality.

Further, this study also looks at the commonalities and vast differences in the experience of madness from person to person. While there is a common ground in the

encounter with stigma and trauma, there are also drastically different notions of mad identity and mad rights. An examination is also made of how the characters carefully circumvent any attempts at the normalisation of madness and instead choose to celebrate their mad identity.

Finally, this study investigates the function of madness within the narrative. Madness has historically been used as a metaphor for a range of ideas; however, the existence and experience of madness have always been relegated to negligible epistemic value. This study evaluates how madness, through its many functions, can offer insights about life and living. The constant state of flux and the exponentially increasing cases of mental health-related issues draw attention to the need for addressing the problems raised in this study. Consequently, this thesis also attempts to underline the value of arts and literature in addressing a condition that could potentially affect everyone.

### **The Primary Texts**

The texts undertaken for this study are: *The Unsafe Asylum: Stories of Partition and Madness* by Anirudh Kala (2018), *The Mysterious Ailment of Rupi Baskey: A Novel* by Hansda Sowvendra Shekhar (2014), and *I Have Not Seen Mandu: A Fractured Soul-Memoir* by Swadesh Deepak, translated by Jerry Pinto (2021). The genres selected— a collection, a novel, and a memoir— are a testimony to the medley of voices that represent and reflect the multiplicities inherent in madness. However, it has to be asserted that the selected texts do not strictly adhere to the respective genres: the genre-bending texts fray out of the textual fabric, much like the madness they portray. As Jurelle Bruce claims: “Madness erodes neat epistemological and

ontological taxonomies, throwing into question—and sometimes into crisis—distinctions between history, fiction, and delusion” (32).

The selection of the texts was done with tremendous care and thoughtful deliberation. Anirudh Kala’s *The Unsafe Asylum: Stories of Partition and Madness* (*The Unsafe Asylum*) was chosen for its raw and lucid portrayal of the impact of the Partition of India on its people. Partition, an event entrenched in the psyche of the Indian population, was a distinctive historical event that had tremendous ramifications for the nation. In August 2017, *The Washington Post* published an article titled “70 Years Later, Survivors Recall the Horrors of India-Pakistan Partition”, which contained the following lines: “Many who lived through those times describe madness taking hold. ‘Some people say they had temporarily gone crazy,’ Hajari said [Author of *Midnight’s Furies: The Deadly Legacy of India’s Partition*]” (Vidhi and Mehdi). The ‘temporality of the craziness’ of an otherwise normal population was the direct consequence of Partition: If the event had not occurred, people would not have ‘gone crazy’.

Anirudh Kala, a psychiatrist by profession, writes a nuanced narrative that is extremely sensitive in its portrayal of the temporal madness that Partition produced. Partly inspired by his cross-border psychiatric associations, *The Unsafe Asylum* is an anthology of 13 stories, focalised alternatively through the psychiatrist Dr. Prakash Kohli and the Mental Hospital patients, Rulda and Fattu. They interact with other doctors and patients as Partition looms in the foreseeable future, conveying the direct impact of the event on people; their interactions with generations that come after the event signify that the consequences transcend the generation that experienced it. In

*The Unsafe Asylum*, Kala introduces numerous characters and their many shades of madness, all sharing the horrific event of Partition as their common experience.

Hansda Sowvendra Shekhar's *The Mysterious Ailment of Rupri Baskey*:

A Novel (*The Mysterious Ailment*) is the second text chosen for analysis. The book is a faithful and accurate representation of the influence of indigenous traditions and local belief systems in the conceptualisation of madness in India. Illnesses of the mind are seen with an equal measure of wariness and wonder, and the refusal of madness to be confined or defined endows it with the mystery the title of the book refers to. The regional traditions frame madness following the native belief systems; this suggests that as folk traditions vary, so do the configurations of madness. *The Mysterious Ailment* is one such portrayal of how culture and tradition apprise madness.

Anita Ghai in "Disabled Women: An Excluded Agenda of Indian Feminism" writes: "Within the Indian cultural context... images of the disabled are associated with deceit, mischief, and devilry... as suffering the wrath of God, and... as eternal childhood" (51). In *The Mysterious Ailment*, Shekhar portrays four generations of Baskeys, who are ascribed the images Ghai lists, and more. The narrative revolves around Rupri, who has been married into the Baskey family of the village headman of Kadamdihi. A secluded village of the Santhal tribe, the narrative consists of strong women like Rupri's flamboyant mother-in-law Putki and the domineering black-magic practitioner Gurubari. Putki's hedonistic youth and Gurubari's occult practices are condemned in the patriarchal structure of the narrative, assigning them varying labels of madness. In *The Mysterious Ailment*, Shekhar suggests how strong women characters who digress from social norms are assigned the mad label as a strategy to

control their ‘abnormality’, which is believed to be a threat to the patriarchal order of society.

The final text under investigation is Jerry Pinto’s translation of Swadesh Deepak’s *I Have Not Seen Mandu: A Fractured Soul-Memoir (I Have Not Seen Mandu)*. Deepak, a celebrated playwright and writer, records his long years of living with a mental illness with immense clarity and honesty. His memoir is the first of its kind to be published in India and is a profound meditation on both his creativity and madness. The early twentieth-century modernist writer Virginia Woolf famously said: “How many times have people used a pen or paintbrush because they couldn’t pull the trigger?”. Woolf succinctly captures the fragility of life, which continuously overwhelms people who ultimately seek solace in art. Deepak, in his memoir *I Have Not Seen Mandu*, attempts the same.

The problem with the representation of madness in Indian literature is that mad characters mostly occupy the fringes of the narrative; their presence is validated, and their story is narrated by a normal other. Swadesh Deepak’s memoir is an emphatic assertion of his mad presence and mad story. Deepak questions the supposed unreliability of mad narrators by writing a splendid account of an illness that spanned almost a decade. Lars Bernaerts in “Tell-Tale Minds: The Rhetoric of Mad First-Person Narration” introduces the concept of ‘fou imaginant’ or the existential-phenomenological delirium, which “proposes a more positive and engaging assessment of a narrative delirium... [by showing] how literature can present the experience of madness as meaningful and mind-expanding” (Gammelgaard 25). Deepak carefully chronicles his decade-long madness and multiple suicide attempts in his narrative to proclaim the credibility of his experience.

He meaningfully navigates his madness by immersing and intertwining it with his creative side, thus effectively removing it from the medicalised gaze of his doctors and the stigmatising stare of society. In *I Have Not Seen Mandu*, Deepak loudly narrates his madness as a valid experience that refuses to be nullified under the pressures of the normal.

Consequently, madness is a lingering and lasting presence in all three primary texts undertaken for this research.

### **Review of Literature**

*Mad Matters: A Critical Reader in Canadian Mad Studies* edited by Brenda A. LeFrancois, Robert Menzies, and Geoffrey Reaume (2013) is the landmark academic text that proclaimed Mad Studies as a de facto research area. In the book, 'Mad Studies' is defined as:

An umbrella term that is used to embrace the body of knowledge that has emerged from psychiatric survivors, Mad-identified people, antipsychiatry academics and activists, critical psychiatrists, and radical therapists. This body of knowledge is wide-ranging and includes scholarship that is critical of the mental health system as well as radical and Mad activist scholarship. This field of study is informed by and generated by the perspectives of psychiatric survivors and Mad-identified researchers and academics. (334)

Similarly, the book reconceptualises 'madness' as:

A ubiquitous term for a range of phenomena (e.g., violence, extremity, creativity, excellence, chaos) historically used in the West to indicate irrationality, confusion, or distress in a situation or an individual (e.g., mania,

melancholy, lunacy). Madness discourse was formulated into psycho-medical terms (e.g., psychosis, depression, asociality) and psycho-legal terms (e.g., insanity, incapacity), but has recently been reclaimed for broader social, cultural, even liberatory approaches to medicalized experience, especially by people treated involuntarily. Mad people (not the trope of madness per se) provide the grounds for these new discourses, often in tension with dominant explanations of experience. (334)

This collection has 23 chapters spread across five sections. The book emphasises personal narratives by including “c/s/x (consumer/survivor/ex-patient)” accounts (6). It is a resistance against ‘sanism’ or a “system of discrimination and oppression deeply embedded in Western thinking that underpins epistemic injustice and marginalises Mad ways of knowing” (Fey and Mills 190).

Subsequently, *Searching for a Rose Garden: Challenging Psychiatry, Fostering Mad Studies*, edited by Jasna Russo and Angela Sweeney (2016), cemented the place of MS in academia. The book is described as “an incisive critique of all that is unhelpful about sanestream understandings of and responses to mental distress. Drawing on worldwide survivor activism and scholarship, it explores the toxicity of psychiatry and the co-option and corruption of survivor knowledge and practice by the mainstream” (Book blurb). In her review of the collection of 24 essays, Andrea Daley writes that the book is organised around four key arguments:

First, the extent to which language matters as a strategy of resistance...

Second, the need to further develop and promote social models of madness, self-harm, suicide, alcohol use, and other expressions of distress... Third, the necessity of *politicised* survivor knowledge... Fourth, concern about the

inevitability of the co-optation, and subsequent depoliticising of ideas and practices that emerged through survivor liberation movements. (1540–42)

Elizabeth J. Donaldson's *Literatures of Madness: Disability Studies and Mental Health* (2018) is one of the first collections of essays in LMS since its inception as an academic discipline. In the introduction to the collection, Donaldson writes of the beautiful purpose of the book: "The collection is meant to function as a provisional hub or way station: a point at which to meet together collectively, to commune, build on synergies, and honor differences, before continuing on the longer journeys forward" (3). The collection of 13 essays written by scholars in arts and humanities is a testimony to the value of literature in effecting change for the mad community.

Another publication considered relevant in the burgeoning field of LMS is *Madness and Literature: What Fiction Can Do for the Understanding of Mental Illness*, edited by Lasse R. Gammelgaard (2022). This collection of 14 essays contributed by scholars from the Literature and Arts department specifically studied the manifestation of madness in literary fiction. In the introduction to the collection titled "Madness and Literature and the Health Humanities", Gammelgaard writes:

The chapters in this volume address how historical and sociopolitical implications of mental illness have been explored through literature, how literature can help us to better understand the subjectivity of mental illness experiences, and how literature can be instrumentalized—that is, put to use in order to help inform clinical praxis. (20)

Published a year later, *The Routledge International Handbook of Mad Studies*, edited by Peter Beresford and Jasna Russo (2023), is the most recent publication in the field

of Mad Studies. In the Introduction to the book, aptly titled “A New Opportunity”, Beresford writes:

Mad Studies offers, for the first time, a real prospect of effective opposition to the marginalisation and oppression of people experiencing madness and distress... This gives it the chance to challenge the present dominance of reactionary and over-medicalised thinking... Until Mad Studies there has not been a significant initiative which has combined two characteristics— of being survivor-led and theoretically grounded. (1)

The books thus far referred to are all critical works in the academic domain of MS and LMS to emerge from the West. Though not strictly falling under the purview of LMS, Sudhir Kakkar’s *Mad and Divine: Spirit and Psyche in the Modern World* (2008), Sarah Pinto’s *Daughters of Parvati: Women and Madness in Contemporary India* (2014), and Ayudhi Dhar’s *Madness and Subjectivity: A Cross-Cultural Examination of Psychosis in the West and India* (2019) were all equivalent ethnographic studies from India.

### **Thesis Statement**

Madness, although an experience, is conferred the status of an identity. This identity is accorded with the sole purpose of ‘othering’ people who experience madness. The opacity and unpredictability inherent in the condition generate a sense of suspicion and insecurity, which demands a spontaneous solution to maintain normalcy. The obligation falls on the ‘normal’ to label the other as ‘mad’. Madness draws out such strong reactions because, unlike other types of categorisation— gender, race, ethnicity, class— one is generally not born into madness. As Clare Allan writes: “To become mad, or to recognize one’s madness, involves a change of

identity, a crossing of the border from the world of the Sane to the world of the Mad” (Gammelgaard 110). Consequently, it is the high probability of the normal crossing over to madness that elicits almost an instinctive response against it.

Despite attempts to homogenise madness, the experience naturally entails multiplicities. These multiplicities, coupled with the diversity of India, yield the ultimate intersectional subject in the form of a mad person. This thesis aims to study:

How narrative techniques are reconfigured to accommodate the radical/transformational experience of madness, while scrutinising the historical, social, and cultural constructed-ness of its conceptualisation.

## **Methodology**

Literary Mad Studies is a recent development in academic research, with its vocabulary still being updated and techniques still being tweaked to outline the experience of madness in works of literature. That language constructs our reality and directs our lives is common sense. However, this is a frightening prospect for the stigmatised and vulnerable communities, whose identity is constructed by assigning them prejudiced labels that mark them as different. Even well-intentioned and supposedly emancipatory studies sometimes fail because the proper methodology is not incorporated, or adjustments are not made to existing methods to suit the needs of the study. Shilpaa Anand in “The Models Approach in Disability Scholarship: An Assessment of its Failings” writes:

We may be researching a context that may not be at all intelligible through concepts such as “moral”, “medical” and “social” and may therefore require us to develop a set of methodological and theoretical tools that will reveal what

those concepts are. A culturally contextual way of theorizing would have to consider not just culturally situated knowledge but how that knowledge is conceptually and methodologically different. (28)

For instance, the custom of ‘todakkanchi’ is referred to in *Tolkāppiyam*, the most ancient treatise on Tamil grammar. The custom required the wife of a soldier wounded in war to keep vigil by her husband. This was to ward off the influence of malignant beings, which most often were the spirits of people who died on the battlefield (Menon 79–80). Strikingly similar to modern understandings of Post-Traumatic Stress Disorder (PTSD), todakkanchi is a custom rooted in the magico-religious system prevalent during ancient times and cannot be correctly understood with the contemporary theories of Disability/Mad/Trauma Studies. Similarly, words are formed and understood in particular contexts. In recent years, the Prime Minister of India has called for the use of the word ‘divyangjan’ to refer to people with disabilities<sup>9</sup>. Translated as ‘people with divine abilities’, the word is again conceptualised in the magico-religious framework of disability.

Jurelle Bruce emphasises the use of madness as a methodology for studying experiences of mental illness. He proposes: “*Mad methodology* is a mad ensemble of epistemological modes, political praxes, interpretive techniques, affective dispositions, existential orientations, and ways of life” (9). Renowned Tamil writer of the early twentieth century, Pudumaippittan, had a congruent approach towards his literary writing. He established the literary technique of “*nampikkai varaṭci*”, alternatively called the politics of disillusionment and/or estrangement. He emphasised the literary worth of this technique, and claimed that “the very madness (*pittam*) of his work comprised its creativity and originality. This act was a deliberate

play on Pudumaippittan's pseudonym, which meant "one who is mad or crazy (*pittan*) for the new (*putumai*)" (Mani 64–77).

This research seeks inspiration from Pudumaippittan's literary oeuvre for its methodological blueprint, seeking newness in madness. Accordingly, the thesis follows a magpie method, borrowing from Literary and Cultural Disability Studies, Mad Studies, Literary Mad Studies, and Narratology to arrive at a customised methodology most applicable to the current qualitative analysis.

### **Structure of the Thesis**

The form of the thesis is an academic demand that requires clarity and coherence. However, the content refuses to obey, for madness cannot be confined and defined. Thus, the thesis is neatly divided into three broad sections: an Introduction, four Core chapters, and a Conclusion. Each Core chapter is further structured into an Introduction, Analysis, and Conclusion. The Analysis part of the three Core chapters that examine the primary texts has a common section titled 'The Narrative Strategies'. This section evaluates the narrative techniques in the respective texts that enable the accurate portrayal of the mad experience.

The studies that draw on Western (alternatively, 'white') perspectives to investigate the Indian experience of disability/madness are bound to fail because they are ill-equipped to acknowledge the unique historical, cultural, economic, political, and psychological experiences of the Indian people. The present chapter has been emphasising this point. The central question emerges from this conundrum: How is disability/madness conceptualised in India? To reach the conceptual understanding of disability/madness in the present, a thorough knowledge of what encompassed disability/madness in the past is essential, because much like the trademark of the

scientific method, the present definition of anything is not a finished end in itself, but a continuously evolving procedure: meaning is a process, not a product. Thus, chapter two of this thesis titled “Delineating Discourses of Disability/Madness in India” is a meticulous effort to trace down the various conceptions of disability/madness in India over many millennia.

The following three chapters are the textual analyses of the narratives selected for the present study. Chapter three is titled “Madness and Historicity: Semiotic Incapacity and Experience in *The Unsafe Asylum: Stories of Partition and Madness*”. This chapter studies madness as a consequence of a historical event. The philosophical concept of ‘historicity’ marks the historical origin of a concept, an idea, or any object during a particular point in history, questioning its existence as the universal norm. The ‘semiotic incapacity’ in the title refers to the inability of the witnesses/survivors to make intelligible, linguistic assessments of their situation, and the ‘experience’ in the title highlights an occurrence happening to a subject beyond their control. Thus, this chapter investigates the historical madness caused due to the inescapable traumatic event of Partition.

Chapter four is titled “Madness and Subjectivity: Ontological Ambiguity and Resistance in *The Mysterious Ailment of Rupi Baskey: A Novel*”. This chapter analyses madness as a sociocultural label rooted in gender politics. The ‘subjectivity’ in the title refers both to the subjective experiences of people labelled mad, as well as the patriarchal subjectivities that impose the mad identities. The imposition of madness within the supernatural structure of the narrative creates an existential grey area or ‘ontological ambiguity’ that certain characters utilise to their benefit. The ‘resistance’ underlines the inventive use of madness to rebel against the

discriminatory norms prevalent in society. Thus, the chapter reviews how a socio-cultural madness can be used to claim what is denied to certain oppressed groups.

Chapter five of the thesis is titled “Madness and Creativity: Counter-Narratives and Agency in *I Have Not Seen Mandu: A Fractured Soul-Memoir*”. This chapter examines madness as an emancipatory experience in an uncompromising reality. ‘Creativity’ refers both to literary creativity and the creative use of madness to recalibrate an oppressive life influenced by factors beyond one’s control. The ‘counter-narratives’ suggest a focus on an experiential and empathetic personal account, rather than the dominant and mainstream narratives of madness. The concept of ‘agency’ illuminates the ability of a subject to effect changes by utilising resources at their disposal. Thus, this chapter surveys how medicalised madness is creatively reconstituted to foreground the human and the human experience of madness.

A “Conclusion” chapter follows the textual analyses, summarising the major points of interpretation in the previous chapters; this chapter also contains the “Limitations of the Present Study”. The final chapter, titled “Recommendations”, suggests possible areas for research in Literary Mad Studies.

### **A Note on Terminology**

In the Introduction to *Disability Studies in India: Global Discourses, Local Realities*, Renu Addlakha writes:

As language is a key tool of oppression, naming is critical when a socially disadvantaged section of the population seeks recognition and rights. Analysis of key linguistic terms and the replacement of pejorative with more value-neutral and positive terms are essential preliminary steps in any movement

towards collective self-affirmation and empowerment... Choice of language is not just about political correctness but more about reality construction.

(26–27)

Thus, the thesis veers clear of medical, clinical, and diagnostic jargon of mental disability/disorder/disease, and prefers the usage of sensitive and specific words like mental illness and madness that acknowledge and validate the person experiencing it. Deliberate attempts have also been made not to refer to the experience of madness as suffering, ailment, or any other synonymous words. Therefore, preference is given to ‘healing’ over ‘curing’. Further, the entire study uses disability/madness, body/mind, and witness/survivor as a singular concept to suggest that the two entities cannot be separated in discussions about mental illness. And, although generally considered synonymous, the usage of ‘normalcy’ is given preference over ‘normality’.

## Chapter 2

### **Delineating Discourses of Disability/Madness in India**

Recovering culturally contextual concepts pertaining to bodily difference, corporeality, personhood, and embodiment has become an important pursuit within disability studies and medical anthropology lately that may give us some insights into how alterity is perceived and conceived.

—Shilpaa Anand, “Historiography of Disablement”

To say that India has had a baffling relationship with disability/madness would be an understatement. The eventful history, social conditions, and cultural variety have influenced the framing of health, disease, and disability. A passing look at history in itself would reveal the manifold ways in which disability/madness was conceived in India. From the practice of religion to the discrimination of the caste system, from the upheaval of Colonialism to the devastation of Partition, everything has had a say in the development of the discourse. The chronological approach covering thousands of years of history is a deliberate choice to piece together the narrative history of disability/madness in India. This chapter will analyse how the current understanding of the experience in India is anchored by historical, religious, and literary undercurrents spanning dozens of centuries.

A clear classification of what entails history, religion, and literature would be an impossible task since the Indian culture is such that one witnesses a diffusion of all three in almost all of its narratives: to separate history from religion, and religion from literature would not yield a concise result. However, for clarity, an analysis will be done under the broad, albeit slightly incongruous division of narratives based on historical periods. This categorisation intends to stress the fact that religion, politics,

medicine, and literature are woven into the tapestry of life and living so extensively that trying to understand disability/madness outside of it as an isolated and inert category would be a futile venture. This section will study both the visible disabilities of the body and the invisible disabilities of the mind as acknowledged by the Indian community at a particular period in history, and the diachronic ways it influenced future conceptions of bodily and mental differences.

### **Review of Literature**

Research in and around literary representations of disability/madness has flourished in the last few decades. A growing interest in contextualising such experiences in India brought forth scholarly works from numerous academics and the establishment of Centres devoted to the exclusive study of it. *Disability Studies in India: Global Discourses, Local Realities*, edited by Renu Addlakha (2013), was one of the first interdisciplinary collections devoted to framing a disability discourse in India. In the introduction to the book, Addlakha writes: “A social context in which the charity and human rights discourses on disability uneasily sit side by side points to the urgent need to inaugurate a serious discussion on disability from a disability studies perspective, which is the explicit purpose of this book” (9). This disability studies perspective refers to “the contributions, experiences, history and culture of persons with disabilities, [that] has not yet taken root” (1). Addlakha’s collection is an attempt at “uncovering meaningful discourses and developing strategies that address the local realities of disability in the Indian context” (9), by the critical examination of theories that have an “India-centric” (10) perspective.

Nandini Ghosh’s edited collection *Interrogating Disability in India: Theory and Practice* published in 2016, aligns with the argument that disability needs to be

studied while keeping the socio-cultural contexts in mind, and “recognizing the fact that different social, cultural, political and legal discourses have a differential impact on the way in which disability is defined, interpreted and experienced” (2). In the introductory chapter, she writes: “The attempt of this volume is to highlight the ways in which valued social attributes of personhood such as autonomy, agency including rationality, control over one’s body and life links up with concepts of difference and interdependence in the lives of disabled people in India” (19).

Consequently, the articles in this collection are written from a socio-cultural point of view. Ghosh further argues that the conceptualisation of disability in India is deeply led by academics and activists such that the trajectory traced has “varied notions of which coexists with and is often conflated with one another” (16). Such a coexistence and conflation has reiterated the idea of ‘normalcy’; thus, while the global discourses have advocated for a celebration of difference rather than a restoration to a condition of ‘normalcy’, the Indian discourses are yet to realise “how ingrained and deep-rooted the ideology of normality is within social consciousness” (17). The medical and legal discourses in India have taken over the disability lexicon, and such a language construction has given rise to “medically [and legally] decoded categories that do not reflect disabled people’s experiences” (17).

In 2018, Anita Ghai’s *Disability in South Asia: Knowledge and Experience* was published. This was a landmark collection for Literary Disability Studies in India because two of the five parts, titled “Knowing the Self and Writing Life” and “Disability in Literature and Culture” were devoted entirely to perspectives on disability from a literary and narrative frame of reference. In the introduction to the book, Ghai quotes the concept of a rhizome by Gilles Deleuze and Félix Guattari<sup>10</sup>,

associating its importance both in the disabled lives and in Disability Studies as “a chart and metaphor for the ‘field’ of DS, as it grows outside the boundaries of a defined discipline or programme” (xviii). In Ghai’s words, the book seeks answers to several relevant questions: “How do we come to know disability? What are the conceptions of the normal? What is autonomy? When exactly is life not worth living? Why does rationality have to be the sole determinant of our humanity? How do we define limit?” (xx). The articles in the collection are an attempt:

To underline DS (neglected in Indian academia) as an interdisciplinary area that utilizes the social sciences and humanities lenses to view disability from personal, social, cultural, historical, critical and literary perspectives. In one sense, the development of DS is a corrective endeavour to rectify the misinterpretations of disability. (xx)

Anita Ghai claims that DS can comprehend disability as broadly as culture itself. However, thoroughly rethinking the methods and practices of all our knowledge systems is essential to achieve this goal. The study of DS in this collection shifts the perception of disability from a personal shortcoming to one of a complicated combination of biological, environmental, and social factors unique to India.

Nilika Mehrotra’s edited collection *Disability Studies in India: Interdisciplinary Perspectives*, published in 2020, critically engages with how DS is defined in the Indian context. She argues that it “remains within that of medical model in the Indian context and [the] State policy remains welfare-oriented” (1). This book analyses the historical development of disability discourses after the Persons with Disabilities (PWD) Act, 1995, and the Rights of Persons with Disabilities (RPwD) Act, 2016, raising questions like: “Do the traditional disciplines accommodate

disability perspectives and in what ways?... Is the emergent DS scholarship growing organically?... In what ways it negotiates with the global discourses and remains true to the local realities in representations and understandings?” (1–2).

Mehrotra claims that the discourses from the global North are hegemonic when blindly used in the discourses of the global South, since they offer only a partial and misleading insight into an experiential narrative particular to India. Thus, she argues the case for an ethnographic understanding of disability in India by de-colonising DS. Mehrotra foregrounds Critical Disability Studies to study the interconnectedness between disability and postcolonialism, while also imbibing the spirit of feminist theory to understand the caregiving approach in India. She warns against a lukewarm intent and stresses that the DS approach burgeoning across India is heterogeneous (3–7).

*The Discourse of Disability: Indian Perspectives* by Vivek Singh (2024) is the latest addition to the corpus of scholarship on DS in India. Disability Studies scholar Lennard Davis in the preface to the book writes: “National perspectives can alter our way of thinking about disability... because India contains a multiverse of perspectives and religions, it would be a false start to assume a unified historical and current view of disability in a nation that is composed of diverse populations” (x).

Singh’s book is a thorough analysis of the conceptualisation of physical disabilities within the Indian context and seeks to delve into questions like: “What are the concepts of disability and how are they perpetuated in society? When do these concepts change? How has language perpetuated the notions of ability and disability and naturalized their normalization in terms of inclusive and exclusive practices?” (4). The book calls for the acknowledgment of ‘pain’ as inevitable in discourses of

physical disabilities. It advocates for “post-conventional and postmodern theories” (136), and the “intersectionalities of positivism, post-structuralism, and phenomenological views of nature as well as of the human body” (138) for enabling inclusion.

### **The Vedic Period: Magico-Religious System and Karmic Philosophy**

The earliest written accounts of the disability discourses in India can be traced back to the great epics. The Hindu epics like the *Ramayana* and the *Mahabharata* abound with disabled characters. Manthara and Shurpanakha from the former, and Shakuni and Dhritarashtra from the latter, are all disabled characters quite familiar to the Indian population<sup>11</sup>. Not only were these characters disabled, but they were also representations of some vile character features: their bodily difference was given prominence to establish that they had undesirable personalities. Manthara, the scheming maidservant of Queen Kaikeyi, was a woman of a lower caste; Shurpanakha, on the other hand, had two detrimental attributes: her caste and her sexuality. Shakuni was a crafty manipulator responsible for the Kurukshetra war, and Dhritarashtra devolved to become a megalomaniac king. It is easy to associate some flaw and/or villainy with all four mentioned characters. The implication is simple to infer: Disability is a physical manifestation of some negative personality/character traits.

But there is another idea of disability running parallel in the Hindu myths. The characters of Trivakra, Gandhari, Ashtavakra, and Shukracharya are relevant in disability history as representatives of this parallel line of thought. In the *Bhagavata Purana*, Trivakra was a lower-class woman and the maidservant of King Kamsa. Born with three bends on her body, Trivakra had impressed Lord Krishna by sharing the

King's ointment with him. As a reward, Krishna is believed to have cured her deformities. Gandhari, in the *Mahabharata*, was married to the blind King Dhritarashtra and had chosen to blindfold and disable herself to fulfil her marital duty.

On the other hand, Ashtavakra was born with eight bends on his body. His father cursed him when Ashtavakra, still a foetus, corrected his father's pronunciation while chanting mantras. He grew up and mastered the *Vedas*, becoming a learned sage. When his father was appeased, Ashtavakra was healed of his disability. Finally, the revered scholar Shukracharya was slighted by the devas, which prompted him to become the teacher of the asuras. When he helped his student Bali from being deceived, Vamana retaliated by poking Shukracharya in the eye, rendering him blind. While Trivakra's story runs on the moral of devotion, Gandhari's self-abnegation is celebrated as her piety for her husband; both Ashtavakra and Shukracharya's tales are warnings against defiance: the father in the former case, and God in the latter, maintain an iron-clad authority that, which when questioned, has repercussions. The insinuation of all these myths can be stated thus: A meek submission to authoritarian figures (religion and patriarchy here) can restore one to a state of health, while any transgression has the consequence of rendering the person disabled.

Further, India has always been a land obsessed with the control of sexuality, especially a woman's sexuality. It is from this supposed need to curb the libidinal desires of women that another popular belief about disability emerged. Since sexual urges and promiscuity were considered rightful only for males, bodily restrictions were imposed on females to maintain the social order. This imposition was established by the clever introduction of the notion that sexual transgressions led to disability in females or disabled children were born out of adulterous relationships.

This belief served dual purposes: controlling women's bodies/sexuality, and simultaneously allowing the disowning of the disabled child, who could be claimed to be born out of an extra-marital affair. Hence, they would not be a threat to the rules of succession.

Shurpanakha and Ahalya are both examples of women who incurred disability due to their sexual desires. While the former desired a married man, the latter was tricked into physical union by a deity in her husband's guise; Dhritarashtra and Pandu were born disabled because their respective mothers were unhappy with a grotesque-looking Vyasa impregnating them. Consequently, another speculation disseminated in the narratives: Disability in women/children was a result of their mother's promiscuity, infidelity, or refusal towards a man's sexual advances.

While all the above instances were cases of physical disabilities, references to disabilities of the mind also find mention during the Vedic times. The most well-known and widely read Hindu scripture, the *Bhagavad Gita*, is a part of the *Mahabharata* and is often regarded as a discussion on mental distress/disabilities. The *Bhagavad Gita* comprises the dialogue between the Pandava prince Arjuna and his charioteer, Lord Krishna. Agitated by the moral dilemma of war, Arjuna seeks advice from Lord Krishna to face the upcoming challenges. The 700-odd lines of the *Bhagavad Gita* are a reply to the question posed by the blind King Dhritarashtra to his charioteer Sanjaya, in a state of agitation. Even the narrative framework resembles the content of the text:

The personality in the *Gita* is compared to a chariot drawn by horses- the horses represent the senses, and *buddhi* (intellect) is the charioteer, the reins

denote the mind. *Gita* advocates the attainment of a state of evenness of mind-  
*Samatham*, its steadiness- *Sthitapradnya* and peace- *Shanti*. (Abhyankar)

Further, in chapter 14, verses 11–13, there is a mention of madness being the outcome of ignorance: “O son of Kuru, when there is an increase in the mode of ignorance, madness, illusion, inertia and darkness are manifested” (*Gita Daily*). According to these lines, the predominance of ignorance (*tamasi*) leads to the sabotage of the mind through *pramada* (madness), *moha* (illusion), *apavrtti* (inertia), and *aprakasha* (darkness). Thus, the *Gita* claims: Madness is a manifestation of the lack of knowledge.

Up to this point, the discussions have all been about popular Hindu scriptures like the *Mahabharata*, the *Ramayana*, the *Bhagavad Gita*, and the *Bhagavata Purana*. Chronologically, the *Vedas* come before the *Mahabharata* and the *Ramayana*, are attributed to no single author, were part of *śruti* (‘what is heard’), and were mostly transmitted orally before being compiled into volumes centuries later. Written in Vedic Sanskrit, the four *Vedas*—*Rigveda*, *Yajurveda*, *Samaveda*, and *Atharvaveda*—are considered *apauruṣeya* (‘authorless’). It is believed that the rishis ‘heard’ the verses of the *Vedas* after intense meditations, and then orally transmitted them to others from around 1500 BCE (Doniger). ‘Hearing voices’ is symptomatic of several mental conditions, and a book compiled thus that would pave the way for the Hindu way of life for centuries to come is poetic, to say the least.

The *Vedas* are very specific about the importance of the well-being of the mind in the journey of spiritual attainment. To trace the evolution of disability/madness in India, an analysis of the *Vedas* is inevitable, since it shaped how disability/madness was understood for centuries to follow. The *Vedas* have specific

references to psychological disorders, which include mental, emotional, psychosocial, and developmental disabilities. To understand disability/madness during the Vedic period, it is essential to note that the Vedic times gave equal importance to religion and magic. Celebrated Indologist Kenneth G. Zysk, in *Religious Medicine: The History and Evolution of Indian Medicine*, has called Vedic medicine and healing ‘a magico-religious system’. He writes:

The Vedic Indian’s attitude toward disease... was dominated by the belief that evil spirits, demons and other malevolent forces invaded the body and caused their victims to exhibit a state of disease. These demons were often personified and deified, giving rise to an entire pantheon of gods of disease... Other external diseases and afflictions were noticed to have been caused by noxious insects and vermin, often thought to be demonic in character. (8)

This magico-religious system of disease needs to be the reference point along which further readings of disability/madness during the Vedic period have to be made.

The limited number of critical commentaries and scholarly writings on the *Vedas* means that a study into understanding disability/madness during the Vedic period entails the method of speculation. The *Vedas*, particularly the *Atharvaveda*, which is a treatise on medicine and health, will be analysed as a narrative by the method of interpretation. Religion and medicine were intricately linked during the Vedic period, a fact reiterated by devoting the entire treatise that is the *Atharvaveda* exclusively to the themes of medicine and treatment. Also, it should be noted that the remedies for most diseases were sought and found in nature. Thus, the combination of religion and nature had a huge role in the course of treatment adopted for particular diseases.

Since the critical analysis of the *Vedas* is sparse, this would be an analysis of what the hymns convey verbatim, in Ralph T.H. Griffith's translation of the *Vedas*. One of the most striking mentions of disability in the *Vedas*, called "Charm Against Mania" (VI, 111), is as follows:

1. Release for me, O Agni, this person here, who, bound and well-secured, loudly jabbars! Then shall he have due regard for thy share (of the offering), when he shall be free from madness!
2. Agni shall quiet down thy mind, if it has been disturbed! Cunningly do I prepare a remedy, that thou shalt be freed from madness.
3. (Whose mind) has been maddened by the sin of the gods, or been robbed of sense by the Rakshas, (for him) do I cunningly prepare a remedy, that he shall be free from madness.
4. May the Apsaras restore thee, may Indra, may Bhaga restore thee; may all the gods restore thee, that thou mayest be freed from madness! (3235)

The first line resonates with what was considered madness and how it was treated. Someone who talked loudly and incessantly was labelled mentally unfit, and the punishment given was restraint. What is to be noted here is that a communication gap was labelled as madness: an inability to utter comprehensible words, or an inability to comprehend what was uttered by someone. It is also evident from the hymn that the mad were considered incapable of understanding God or attaining spirituality. The prayer is offered to Agni, who is regarded as the remover of impurities in the spiritual realm, implying that madness is an impurity of the mind. The second line suggests that the remedy is just secondary to divine intervention.

The remedy is prepared ‘cunningly’ because it is a minor aid while Agni’s influence is paramount.

This blend of magico-religious incantations and the proto-scientific usage of medicinal herbs raises an interesting question: What was considered the primary cure for the disability/madness, the incantation or the herb? The utterance of incantations as a means of curing disease sounds entirely unscientific, but during the Vedic period, it was grounded on the firm belief that words had potent power. Zysk makes a similar observation:

The healing ritual always required the recitation of religious incantations or charms... certain apotropaic devices which included the use of sympathetic magic, of the rhetorical question, of onomatopoeic sounds, of the identifying name, of the esoteric word or phrase which, when properly uttered focused the demon’s attention on the healer, leading to its loss of grip and power. (9)

The next couple of lines narrate how madness occurs in an otherwise sane mind: when a person commits a sin or when a demon possesses them. This idea of demonic possession yielding a mind impure prevailed during the Vedic period, ultimately determining the perception of madness in the subsequent centuries: Madness was believed to be the whim of some vile supernatural being who possessed a person at random.

Since there were no somatic (relating to the body) sources for madness, it could only be cured by getting rid of the demon. The intervention again comes from the good kind of supernatural to cure the ailing mind. Zysk writes about “Charm Against Mania” as follows:

There are two types of insanity or madness mentioned in the charm: *únmadita* which implies the demented state brought on by the patient himself as a result of his infringement of certain divine mores or taboos; and *únmatta* which suggests an abnormal mental state caused by possession by demons, such as the *Raksha*. To the ancient Indian, insanity, like death, was considered to be a state when the mind leaves the body. Likewise, the patient exhibited the distinctive symptom of uttering nonsense. (62)

The performance of an elaborate ritual was deemed necessary to rid the mad person of demonic possession. The theatrics of the healing activity practically rendered the healer a thespian. The *bhiṣáj* (healer) was popular for dancing and reciting hymns, and was also called *vípra* (shaker) due to the sprightly shaking of his body, or *kaví* (chanter) due to the recitation of the verses (Zysk 8). The intricate performance stressed equally on the preparation of herbal remedies and the utterance of healing incantations. This would also mean that mental diseases were viewed as non-somatic: the body was simply a carrier, which remained unaltered once the malignant possession was banished. *Bhuta-Vidyá*, or the science of demonic possessions and its therapeutics, was created with the sole purpose of taming these foul entities and, in effect, curing the diseased mind.

The other conspicuous reference to disability/madness is during the mentions of *Soma* across multiple hymns, reproduced below:

All that is bare he [Soma] covers o'er, all that is sick he medicines;

The blind man sees, the cripple walks. (Hymn LXVIII Soma 1259)

Send us a good and happy mind, send energy and mental power.

Then- at your glad carouse- let men joy in thy love, Sweet juice! (Hymn XXV  
Soma 1495)

During the Vedic period, the consumption of *Soma*, an elixir distilled from a certain plant, was believed to hold numerous health benefits. Though the precise identity of the plant from which it was distilled is unknown and remains widely debated, the role of this drink in the Vedic culture cannot be emphasised enough. *Soma* was a miraculous, fix-all remedy that was believed to have the power to cure physical disabilities. The celestial and psychedelic nature of *Soma* is established by announcing that it is a medicine for all that is sickness. Not just physical disabilities, but *Soma* is credited with bringing forth 'a good and happy mind'. In the pre-scientific Vedic period, it was believed that madness could be cured by consuming this drink.

Thus, the Vedic period exemplified the magico-religious system:

Disability/madness was the result of demonic possession, and healing entailed the right words uttered in a particular way, while also encouraging the consumption of a supposedly magical potion to aid in healing. However, the Hindu religion and its emphasis on a magico-religious system was not the only prevalent discourse on disability/madness during the Vedic period.

Buddhism was another religious institution that exerted tremendous influence on the conception of disability/madness in India. Theravada Buddhism, the oldest school of the religion, held disability/madness to be the consequence of bad karma. Sins committed in previous lives were essentially believed to be the reason why people were born disabled in the present life; because the person had already sinned,

they were placed on a lower level on the path to enlightenment. They were also expected to strive harder to better their karma so that their next life would be easier. The Theravada Buddhist view on disability/madness rested on Karmic philosophy, but within other schools of Buddhism, there were conflicting interpretations. For instance, in *Disability and Religious Diversity*, Schumm and Stoltzfus write:

Karma is seen as a law inherent in the nature of things, like a law of physics... Therefore, physical health or illness is not seen as a karmic reward or punishment, but as simply the natural results of a multiplicity of interconnected actions. Buddhism teaches that individual lives, including issues of chronic disability and illness, are intimately linked to other human beings, to society, to prior generations, and to the natural environment. (167)

A look at two Buddhist texts, *Milinda Pañha* and *Buddhacharita*, will explicate how disability/madness was perceived in the Buddhist tradition. *Milinda Pañha*, believed to have been written between 100 BCE and 200 AD, was a dialogue between the Indian sage Nāgasena and the Indo-Greek King Menander. In the section “The Bodhisatta’s Weakness” (Bhikku Pesala’s translation) comes one of the earliest references of love-sickness as madness. Menander seeks accountability on Bodhisatta’s part for killing beasts as part of a sacrifice. Nāgasena justifies that Bodhisatta had done it unconsciously, out of his infatuation for Princess Candavati. Here, Bodhisatta’s love-sickness has rid him of his senses, in effect making him a madman. Nāgasena establishes that “an evil act done by a madman is not considered a grievous offense” (Pesala 120) and gets Menander to reciprocate the same sentiment. He concludes the conversation by saying: “It follows that the offense of one who is mad is pardonable” (120).

Further, throughout the *Pañha*, are details of the ‘aloof’ nature of the *arahants* or the enlightened ones. The *arahant* is believed to have “passed beyond all fear” (91), “has no fondness for or aversion to life” (44), and “feels only one kind of feeling; physical feeling but not mental feeling” (133). According to Nāgasena, “the arahant’s mind is well trained, so when his body is affected by pain, he fixes his mind firmly on the idea of impermanence” (134). This dissociative approach to pain is compelling and attributes a parahuman trait to the *arahants*.

In Buddhism, suffering, healing, disability/madness, and salvation are intertwined. The idea of merited suffering leading to spiritual healing is a central doctrine in Buddhism because Buddhists believe that life entails unavoidable pain and suffering. Since life inevitably leads to pain and suffering, Buddhist tradition encourages the practice of spiritual healing. To understand why disability/madness is perceived as it is, it is necessary to look at the Buddhist worldview. Buddhists believe that everything in the world is impermanent and interdependent:

Buddhism teaches that human life involves the Pali term *dukkha*, usually translated as suffering, dissatisfaction, or turmoil. Suffering is vaguely defined as “what is hard to bear,” and includes innumerable conditions such as physical pain, psychological distress, and forms of social suffering such as racism, sexism, or poverty. (Schumm and Stoltzfus 164)

Schumm and Stoltzfus offer a lucid insight into the Buddhist worldview of suffering as a requirement for spiritual enlightenment:

Suffering is not unique to those who struggle with chronic disability or illness. The point is that even those who are physically healthy and materially wealthy nonetheless experience a chaotic, continually festering dissatisfaction. At the

core of human personality is a free-floating anxiety that has no particular object but can be attached to any issue, problem, or condition. (164)

Buddhist tradition claims that the process of spiritual growth is similar to the process of healing from an illness. They argue that selfish attachment is the root cause of all suffering. This selfish attachment to impermanent aspects of life, “health, life, wealth, or anything we associate exclusively with ‘me’ or ‘mine’”, is a bigger illness than any physical or mental disability, for it prioritises the personal over the collective. Thus, people suffer because of selfishness rather than illness. For Buddhists, spiritual growth happens when one heals from selfishness by practising detachment (164–65). Thus, the quest for detachment, of the ‘act of letting go’, is central in Buddhist tradition if one wants to live a healthy life. Schumm and Stoltzfus continue:

Every situation is a mixture of health and illness, so that even within physical distress a healthy process is occurring. Our perspectives of ourselves and others need not operate from an emphasis on deficits, problems, and weaknesses. The teaching that people have no permanent self means that people are always capable of multidimensional growth and transformation, and should be respected accordingly, rather than dismissed as unhealthy. (165)

The *Buddhacharita*, written by Āśvaghoṣa, narrates the life of the Buddha. Book III of the *Buddhacharita* (Edward B. Cowell’s translation), titled “The Prince’s Perturbation”, narrates how witnessing disability/madness had a tremendous impact on young Siddhartha, eventually leading him to enlightenment. Having expressed the wish to see his city, the young prince had set forth, but the King had made arrangements to remove anything unsightly that could upset his beloved son. Amongst those removed were “any afflicted person in the highroad” (34) and “all those who

had mutilated limbs or maimed senses, the decrepit and the sick and all squalid beggars” (Cowell 34).

According to the narrative, the deities had conspired to create the presence of a decrepit old man, followed by a man afflicted with a disease, and eventually a dead man. The sights led the young prince to ponder upon old age, illness, and death. Deeply distressed, the young Siddhartha says: “What rational being, who knows of old age, death and sickness, could stand or sit down at his ease or sleep, far less laugh?” (53). This episode of using disease and disability/madness to nudge the young Siddhartha along the path of enlightenment stresses how these are universal conditions, and that health is not a stable category.

Similarly, the two stories of Paṭacārā and Kisa Gotami within Buddhist tradition reiterate the instability of the human condition. The story of Paṭacārā is not well known in India, despite the importance given to her by Buddha. According to the tale, a bereaved Paṭacārā, who had lost her husband, two sons, and parents in the span of a few hours, was inconsolable and depressed. She tore the clothes off her back and wandered the streets naked. When she reached Jetavana to meet Buddha, it is said that she regained reason, and crouched in shame at her nakedness. Buddha listened to her story with compassion and taught her about the impermanence of life.

Paṭacārā is believed to have had an epiphany and thus achieved total detachment. Buddha made her Bhikkuni Paṭacārā, one of his foremost disciples, and called her ‘the keeper of *Vinaya*’. Paṭacārā is said to have possessed great discipline and compassion, hence helping numerous troubled souls who came to the monastery seeking solace. Paṭacārā is Pali for ‘the naked one’ or ‘the shameless one’. The emphasis of this name suggests that Buddha believed that one’s past conditions,

including their troubled psychiatric history, should not be held against them. Despite their condition, these are people who have overcome adversities and are hence best suited to lead others along the same way to detachment and discipline (*Vipassana Research Institute*).

The story of Kisa Gotami, too, is that of a lamenting mother. When her young child died, Kisa Gotami succumbed to her grief so much that people around her firmly believed that she had lost her mind. Desperately, she sought help from Buddha to revive her dead son. Buddha agreed on one condition: that she bring him a fistful of mustard seeds from a family that had not known the death of a beloved one. Kisa Gotami approached various families, but none that had not experienced the death of a dear one. She finally had the realisation that all living beings eventually die, and to forget to live under such circumstances is not right (*Vipassana Research Institute*). Although given as a tale to describe the impermanence of life, Kisa Gotami's story is also of a woman who was deeply anguished by death and helped by an empathic Buddha: "But he verily is like one bereft of sense, who, beholding another aged or sick or dead, remains self-possessed and not afflicted" (Cowell 54).

For Buddha, the essence of being human is to be moved by and feel empathy for a fellow human, and anyone who cannot feel for another human is suffering from the greatest ailment of all. Thus, Buddhism promotes healing by stressing that everything in life is fleeting, and that change is the only constant. The desire for certainty or fixity would only lead to disappointment. Hence, acceptance of things as they are is important to lead a life of happiness: Thus, health is a provisional categorisation, subject to the influence of various factors, and therefore, the healthy/unhealthy dichotomy is efficiently dismantled within Buddhist thoughts.

Jainism is another prominent religion in India, and its vestiges on disability/madness discourses are considerable. Jainism is the world's oldest religion in practice today, and could have had a major impact on other practised religions. The Jain dharma follows the motto of 'Parasparograhō jivānām', Sanskrit for 'souls render service to one another', which emphasises mutual support and interdependence. *Sallekhana*, alternatively called *Santhara*, is a Jain religious practice that entails fasting until death. Since the founding of the Jain religion, *Sallekhana* has occupied a controversial position. This religiously-supported form of starvation has often been equated with suicide, and as a method to express remorse and repentance.

However, *Sallekhana* is not the only practice that comes under voluntary religious death. In Hinduism, there is an equivalent called *Prāyopaveśanam* which literally means 'resolving to die through fasting'<sup>12</sup>; in Japanese Buddhism, *Sokushinbutsu* is a practice of inducing death through starvation, and entering mummification while still being alive; in Christianity, the sect of the Cathars followed *Endura*, which was the practice of refusing food and drinks on death beds to speed up death; the Tamil *Vaṭakkiruttal*, literally 'fasting facing North', was practiced by captured kings to preserve their honour and prestige. What is common to all these practices is that they can only be undertaken under special circumstances. The practice of *Sallekhana* was so widespread that it captured literary imagination. *Ciṇṇapañcamūlam* by Kariyaasaan, a post-*Caṅkam* collection, called for compassion towards those performing *Sallekhana*; the Tamil Jain epic *Nīlakēci*, was written as a rebuttal to the Tamil Buddhist *Kuṇṭalakēci* by Nathkuthanaar, which described *Sallekhana* as suicidal.

In “Jainism- Its Relevance to Psychiatric Practice; with Special Reference to the Practice of *Sallekhana*”, Somasundaram et al write: “The criteria which must be met to qualify for this practice are: 1. Intolerable personal problems; 2. Old Age; 3. Incurable disease”. All three criteria mentioned here could include disability/madness. For the practitioners of the religion, these criteria imply that disability/madness entails a diminished quality of life only because it hinders their religious duties: for the Jains, disability/madness was an inconvenience that could potentially obstruct their spiritual obligations.

### **The Transitional Period: Welfare State System and Inclusive Representation**

Disability/madness was conceived within myriad magical and religious frameworks and its many offshoots during the Vedic period. Before the Classical period, an interim period of transition occurred when a gradual change in thoughts on disability/madness discourses was disseminated. The acknowledgement of the existence of people with disability/madness in the Vedic period resulted in their integration into the political entity of the state during the Transitional period. The effort at integration came with numerous political responsibilities; consequently, there was a thorough revision of the state policies, and the discussions of disability/madness started to revolve around the political unit of the state.

Kautilya’s political text *Arthashastra* is an account of the Mauryan empire during this period. Although without a pan-Indian influence, this text is relevant for its numerous musings on disability/madness. *Arthashastra* is perhaps the earliest known work written about Indian polity. In contrast to Plato’s *Republic*, this pioneering work of statecraft held a mostly humane and accommodating view towards people with disability/madness. The author himself, very little of whose life is known,

was supposedly a person with a disability. In the introduction to his translation, L. N. Rangarajan writes that according to a Buddhist source, Kautilya “was known for his proficiency in the three Vedas, in the mantras, skill in stratagem, dexterity in intrigue and policy, but also for his physical ugliness, disgusting complexion, deformity of legs and other limbs” (17–18). It was probably for the same reason that Kautilya, despite being a scholar in the *Vedas*, had a fairer and more democratic approach towards the disabled community.

The social position of the disabled can be contrasted with that of the *patita*, or the fallen. Within the Kautilyan society, the *patita* were the outcasts who were the victims of social ostracism due to their heinous transgressions. They “were treated worse than idiots, lunatics and lepers who could at least receive food from their families” (51). The *patita*’s condition was worse than that of the disabled since they were banished from the Aryan society. This brings forth two curious observations: first, social transgressions and moral abnormalities were considered more unpardonable and undesirable than bodily/mental abnormalities; second, contrary to the Karmic philosophy, the Kautilyan society didn’t attribute disability/madness in a person to sins committed in the previous lives.

According to their beliefs, able-bodied sinners and disabled innocents could exist. Thus, the aged, the sick, and the disabled were all given the required protection of the state (Rangarajan 88) since they could not be part of the labour and employment. This meant that they lived a content life, enjoying security, without having to resort to beggary to make ends meet; the integration into society also meant they were not considered liabilities putting a burden on the state. Though considered a ‘weaker’ section of society, they enjoyed special privileges like priority of audience

before the king, maintenance at state expense, free travel on ferries, and the special responsibility of judges on matters concerning them (91). Also, “taunting a person with being leprous, mad or impotent or of low birth (e.g., a low Brahmin)” was considered aggravated defamation (471).

Even though the disabled community enjoyed hitherto unknown rights and benefits, the stigma about their conditions persisted. Given a choice, Kautilya maintained that every precaution would be taken to ensure a ‘healthy’ lineage of the royalty, so much so that if the king was sick, the queen was encouraged to have conjugal relations with a healthy other to beget a ‘healthy’ child: “An old or sick king shall get a child begotten on his wife by one of the following: his mother’s kinsman, a close relation [of the same *gotra*] or a virtuous neighbouring prince” (169). The section on conjugal duties further illustrates this point: “A husband is not obliged to have intercourse with a wife who is either insane or a leper. However, a wife can have intercourse with a leprous or mad husband, to beget a son [to carry on the family name]” (396). Even within the disability rights, there was a hierarchy that upheld disabled men while subjugating disabled women. Property right was also severely hampered if one was disabled: eunuchs/impotent persons, idiots, the insane, the blind, and lepers all belonged to the disinherited category (415). In matters of wealth and property, thus, they were drastically impeded.

The most controversial chapter in *Arthashastra*, Chapter 14, is often omitted from the translations. Titled “Secret Means”, the chapter argues for questionable methods to maintain the *Varna* system or the institution of the four castes. In the first section of this chapter titled “Means to Injure an Enemy”, Kautilya recommends inordinately frightful methods to injure anyone considered a threat to the state. His

*Arthashastra*, thus far elevating the position of the disabled community, suddenly calls for the use of the mleccha<sup>13</sup> class to disguise as “a hump-backed, dwarfish, or short-sized person, or of a dumb, deaf, idiot, or blind person” (Shamasastry) to administer poison to the enemy of the state. He also lists various mixtures and concoctions that could cause instantaneous/slow death, blindness, madness, leprosy, gonorrhoea, consumption, fever, dumbness, and deformity. The extent to which Kautilya endorses inflicting diseases and disabilities to ensure the security of the state is quite contradictory to his general sense of allegiance with the disabled community.

The following two sections in Chapter 14, “Wonderful and Delusive Contrivances” and “The Application of Medicines and Mantras”, elaborate on methods to survive prolonged fasting, cause changes in the colour of skin and hair, be fireproof, improve stamina, develop abilities to see in darkness, render invisibility and induce slumber, among others. One can only imagine the number of people rendered disabled, if not dead, by following these appalling methods in the name of state security. It also raises questions about the extent to which Kautilya and the royalty valued the integrity of their kingdom, the collateral damage of which would have been large groups of people disfigured, maimed, and/or dead. The final section, “Remedies Against the Injuries of One’s Own Army”, describes numerous methods to cure various illnesses and conditions inflicted by enemies, signifying that health played a dominant role in the political consciousness of the times.

The political protection and recognition of the state meant that people with disabilities could no longer be ignored. They occupied a visible position in the state and were soon imbibed into the artistic consciousness, essentially trickling down into the psyche of the common man or the folk. Theatre, an irreplaceable aspect of Indian

art, was one of the first artistic forms that had roots in the folk. The performance of plays has captured the Indian imagination for centuries and has countless allusions to disability/madness. This mandates a close examination of the art form to sift out how theatre has influenced the perceptions of and responses to disability/madness.

Bharata's *Nāṭyaśāstra* is the foundational text of Indian theatre and aesthetics, and has played a drastic role in formulating the theory of experiencing art. The word for acting, *abhinaya*, literally means 'to carry forward': carrying the meaning of the text to the spectator as a performance. According to *The Oxford Companion to Indian Theatre*: "It [*abhinaya*] covers all histrionic activity: the physical, verbal, mental, and decorative. Traditionally, Indian theatre classifies *abhinaya* as fourfold: *angika* (physical), *vacika* (verbal), *sattvika* (internal or emotional/mental), and *aharya* (external or added, of costumes, props, make-up, as well as décor" (Lal 1).

The first three aspects of *abhinaya* pose a relevant question: How would theatre artists perform characters with physical, verbal, and internal or emotional/mental disabilities? Bharata answers this question by giving minute details about *abhinaya*. He categorises the four aspects of *abhinaya* into their components: how each limb and muscle in *angika*, the pitch and tone in *vacika*, and impulses and concentration in *sattvika* are relevant in making *abhinaya* perfect. The emotive states or *Bhava* vital for performance are classified into three: *sthayin*, *sancarīn* or *vyabhicarīn*, and *sattvika*. The thirty-three *vyabhicarīns* are accompanied by their respective *sthayins*: four of which are interesting, namely, *moha* (distraction, delusion), *apasmara* (dementedness, epilepsy), *unmada* (insanity), and *vyadhi* (sickness) (Lal 61–62). Also, in *Nāṭyaśāstra* chapter XIII, there is a meticulous division of *gati* or gait. Two instances of such *gatis* are the details of the gait of a

lunatic and that of people who are lame, cripples, or dwarves. This section underscores the need to give a sensitive and nuanced portrayal of people with disability/madness in a theatre performance.

Possession or the state of being possessed by an entity, deserves a special mention in the Indian theatrical rhetoric. The state of being possessed entails overwhelming control or taking over by an evil spirit such that the possessed person loses any control over themselves. Possession as a theatrical feature is believed to have been “adopted and adapted from religious ritual” (355). Theatre heavily borrows from such performative and ritualistic folk practices, like black magic, witchcraft, and exorcisms, for visual spectacle. As Ananda Lal writes:

There are documented instances of possession in folk rituals like *Tumpi Tullal* in Kerala, where the girl performer loses consciousness and behaves as though possessed, or when a *velichapad* (oracle) attached to some shrines assumes the role of the deity and prophesies future events or cures diseases. Traces of it are also found in the cult of Ayyappan and perhaps even in the mass prayers of the Christian Pentecostal sect, both in Kerala. It is believed that devotees of Murugan in south India become possessed while dancing the *Kavadi*; this device may have carried over into traditional street plays like the *Terukkuttu* of Tamil Nadu or the *Yakshaganam* in Andhra Pradesh. In many tribal dances, the crescendo of the drumbeats in unison with human voices work out a kind of mass mania conducive to possession. (355)

The presence of possession in Indian theatre can also be traced to the ritualistic dramas of *Chhau*, *Ramlila*, *Teyyam*, *Tira*, *Kalan Kolam*, *Kaliyuttu*, *Kathakali*, and *Prahlada Nataka*. Ananda Lal further writes:

Classical Indian theatre promotes impersonality and non-identification between actors and characters, as also between spectator and character, hence the *natyadharmi* (theatrical) style of presentation avoids possession. On the other hand, folk influences seem to encourage at least temporary identification through *lokadharmi* (popular) devices, which may not stand in the way of possession. (356)

The Marathi dramatic song, *Bharud*, is a performance of a humorous story with dual purposes: to entertain and to inculcate an ethical idea. Saint poets like Eknath were its chief proponents, critiquing “inhuman practices in different cults, and hypocritical and or fraudulent behaviour... [like] exorcisms of ghosts” (Lal 55). Similarly, *Bhutardane*, literally ‘spirit propitiation’, is a collective name for a collection of ritualistic performances found in coastal Karnataka. Studies reveal that there were “cults of hundreds of *bhutas*...[and] the purpose of the ritual was manifold: it was a religious ceremony, a medium of communication, a folk judiciary, a social therapy, as well as a kind of entertainment” (67).

*Nondi natakam*, a popular Tamil form of drama known for its simple language and engaging music, is the most evidently visible type of performance with the presence of a disability. Translated as ‘lame drama’ because “the dancers tie up one leg during performance”, the plot of the drama “deals with a lame thief, his love life, devotion, and conversion” (Lal 317). Even though a didactic performance, *Nondi natakam* is proof that marginalised communities had space and voice in the genre of performance. While *Bharud* and *Bhutardane* can be taken as examples of performances using *lokadharmi* devices, *Nondi natakam* was essentially a *natyadharmi* style of performance.

The magico-religious system of the *Vedic* period had its residual effects during the intermediate period, as is evident from the rampant performances of possession in Indian folk traditions and theatre. While the *Nāṭyaśāstra* exemplified the reality and lived experiences of people with disability/madness with precise instructions on how to perform such experiences, the folk traditions ranged from a critique of the magico-religious system to the ground reality of living a disabled life, finally bringing it into the purview of the common folk.

### **The Classical Period: Medicine, Literature, and Normalcy**

Since the magico-religious system declined during the Transitional period, the conceptualisation of disability/madness underwent a drastic change during the Classical period. The first steps to a proto-scientific understanding of disability/madness taken during the Transitional period took longer strides during the Classical times. However, Hinduism still had a stronghold, and the Vedic thoughts still exerted influence on ideas of disability/madness. Ayurveda, influenced by medicine, religion, and astrology, became an established system and de facto authoritative technique to understand health and illness.

*Caraka-Saṃhitā* and *Suśrutasaṃhitā* were the fundamental texts of Ayurveda. Both works were the contributions of numerous authors spanning decades, finally compiled into absolute works by Caraka and Suśruta, respectively. To understand the Ayurvedic system, one needs to grasp the theories on which it was founded. Ayurveda, as a systematic study of medicine, was based on the *tridosā-vidyā* (analogous to the theory of humours) and the *pañca-mahā-bhūta* (the theory of five great elements). Accordingly, the trinity of *vāta* (wind), *pitta* (choler), and *kapha* (phlegm) in the former, and the quintet of *prithvi* (Earth), *apas* (water), *agni* (fire),

*vayu* (air), and *akasha* (ether) in the latter, is essential in the understanding and diagnosis of any disease: an imbalance resulted in ailment, while the restoration of harmony helped regain health (Jayasundar 908–914).

This is in contrast to the magico-religious system during the Vedic period, where the presence of benevolent and malevolent beings was necessary for diagnosis. The Ayurvedic system cited bodily imbalances as the cause of a disease. For the first time in Indian thought, diseases had a somatic origin. Although Ayurveda introduced a paradigm shift in the medical system by taking an allopathic approach to treatment, the system was not entirely devoid of the influence of religion. The Ayurvedic system tried to imbibe both religion and medicine into a state of harmony within its structure. The *Vedas* were still highly revered in the Hindu-dominated tradition, and a religious tone was a requirement to be considered valid.

Often contrasted with the Unani medicine, a Perso-Arabic medical system practised largely by the hakims of the Islamic faith, Ayurveda imposed a nationalistic tinge on itself by being referred to as ‘Hindu Medicine’ in later centuries. This tension between religion and medicine is evident at various points in the *Caraka-Saṃhitā*, intermittently stressing the primacy of health and the glory of religion. However, it cannot be denied that a modern and holistic approach to treatment of the mind, body, and environment was the aim of the Ayurvedic system.

As with the *Vedas*, *Caraka-Saṃhitā* (P.V. Sharma’s translation) deals with the treatment of *unmāda* (insanity) specifically in chapter IX. According to a verse in this chapter, “antagonistic, defective and impure food; insult to gods, teachers and brāhmaṇas; mental shock due to fear or exhilaration and difficult postures are the cause of insanity” (Sharma 160). This verse best encapsulates the dualistic approach

of Ayurveda. While one's eating habits, extreme shock, and bad postures influence health, so do disrespect towards figures of authority like the preachers of religion. The verses then go on to describe various symptoms of 'insanity' that include "perverted intellect, psychic agitation and incoherent speech" (160). Further, if such a person does not know "pleasure, pain, ethics and religion then how can he get peace?" (160), the implication being that a thorough knowledge of pleasure and pain, ethics, and religion was a necessity for a peaceful mind.

The Ayurvedic tradition diligently described two types of insanity, exogenous and innate. What was classified as insanity is also bizarre according to modern standards: "Inopportune laughing, smiling, dancing, singing, speaking, movement of body... Slow speech and movements, anorexia, liking for women and loneliness, excessive sleep" (160–61), were all considered symptoms of innate insanity caused by *vāta*. The causes of exogenous insanity were believed to be "insult to gods, sages, *gandharvas*, *piśācas*, *yakṣas* and forefathers; unmethodical performance of religious duties and vows etc. and past deeds" (161). The causes of exogenous insanity bear testimony to the strictly religious and cultural milieu of this era, and the traces of the Vedic magico-religious system persistent in medical thoughts. Disrespecting ways of being and questioning figures of authority was deemed to lead to insanity in a person. This, however, could be interpreted in two ways: either the people believed that such acts led to insanity, or this was a coercive method to restrict and control certain groups and communities. Either way, it worked in framing insanity during the Classical period.

The idea of 'normalcy' or a 'standard' was also rigorously implemented during the Classical period. According to a verse in *Caraka-Saṃhitā*: "One with

superhuman speech, valour, power and movements and also similar in knowledge, understanding, strength etc. and having irregular time of aggravation of the disease is diagnosed as a case of insanity caused by evil spirits” (162) This verse is particularly illuminating: abilities of all kinds were contained, with well-defined upper and lower limits. Anything more or less was attributed to insanity caused by evil spirits.

‘Superhuman speech’ could mean linguistic productivity or simply being skilled at oration; ‘valour’ could be the courage to question authority or bravery born out of humane concerns; even ‘knowledge and understanding’, which could be acquiring forbidden knowledge and/or an ability to retain information and empathy, were all seen as markers of insanity. In modern thought, such people could be classified as savants or empaths. But these were not modern times, and anything beyond the range of normal was simply unacceptable.

Religion was a limited but indelible presence in the *Caraka-Saṃhitā*: “Gods etc., invisible as they are, enter into the body of the person swiftly without defiling it by the influence of their own qualities like image and the sun entering into mirror and sun-stone” (162). The *Saṃhitā* explicitly mentions that “prodroma coincides with the entry of Gods” (162). Prodroma, or the earliest sign of an onset of disease, in the *Saṃhitā* is the “entry of God” into the host’s body. But it is made clear that this entry does not defile the body in any way: like sunlight and image, God’s entry is pure and leaves the body unadulterated.

The dominant social structure, where patriarchy and casteism ruled unconstrained, had the upper hand in configuring the narratives of disability/madness: “One having movements, diet and speech corresponding to curse, magical spell or meditation of teachers, elders, accomplished persons and sages should be known as

madden by them” (163). All figures of authority had an unassailable position during this time. Interestingly, the unassailable nature is compounded by the absolute power of labelling someone insane, especially if any figures of authority felt threatened. This power essentially enables them to keep ‘unwanted’ figures in control: “Speaking ill of brāhmaṇas” and “expressing aversion and contempt to god and brāhmaṇas” (163) were all strictly forbidden.

Although diagnosis and treatment were scientific to an extent, the causes of disability and illness were still intricately linked with religion and culture. While the worship of Śiva was believed to aid in overcoming the fear of insanity, the worship of Pramathas<sup>14</sup> was believed to help recover from insanity (170–71). While the religious currents dictated the *Samhitā*, the brāhmaṇ way of living was also heralded as being the best way to stay healthy: “The person having preponderance of *sattwa*, abstaining from meat and wine, taking wholesome diet, sincere and pure is not affected by innate or exogenous insanity” (171).

The treatment for both types of insanity, innate and exogenous, was inhumane: “The fear of life is above that of the bodily affliction and as such it leads to the pacification of the mind deranged wholly” (170). Thus, the *Samhitā* advocated for ghastly means to cure the deranged mind, which included burning with an iron rod, oil or water, lashing with a whip, solitary confinement, terrorising with a serpent, lion, or elephant, armed thieves or enemies or intimidating to kill by the king’s orders (170). The permutations and combinations of various symptoms that could be viewed as insanity during this period are exhaustive. But there is a unifying thread that binds the diagnostic confirmation of insanity: people were diagnosed as mad for questioning religious authority. A recurring pattern emerges if one were to look at what could be

labelled as insanity: An encroachment into the boundaries laid down by Vedic tradition.

*Suśrutasaṃhitā*, the other medical compendium responsible for advancing the Ayurvedic system, had a more scientific approach to treatment. The book is a comprehensive account of various diseases and disabilities, neatly systemised and concisely written. A look at the structure of the text itself is evidence that the compendium is vastly more researched and organised. The various types of diseases, causes, classifications, symptoms, prognoses, and treatments are described in detail under various sub-sections. The first section of interest is Chapter LX titled “*Amánusha-Prathisheda*, or the Diseases Brought About by Superhuman Influences” (K. L. Bhishagratna’s translation). Suśruta claims that the superhuman includes deities, demons, ghosts, monsters, manes, filthy goblins, malignant spirits, and serpent-deities, collectively called the eight *grahas* (372).

According to this chapter in the *Samhitā*, the *grahas* “choose their victims from among persons who are impure in body, mind and acts” (372). An elaborate description of the type of illness caused by each *graha*, its symptoms, times of possession, and treatment follows. The treatment is divided into two sections: Religious Treatment, which demands *Japas* (mental repetition of mantras sacred to any deity), *Homas* (offering of oblations to the gods), and other religious rites” (377) and Medical Treatment, which includes drugs prepared out of herbs and other organisms (378). The section specifically on ‘Medical Treatment’ emphasises and validates rudimentary scientific measures over spurious demonology, in opposition to what was proclaimed in the *Caraka-Saṃhitā*. Another stark difference in the *Suśrutasaṃhitā* is the conscious effort to not resort to gruesome methods in the guise

of treatment: “No hostile measure should be adopted in a case of possession by a *Graha*” (380).

Chapter LXII of the *Suśrutasaṃhitā* is titled “*Unmāda-Prathisheda*, or the Treatment of Insanity”. Since the aetiology (the cause) of insanity is quite accurate and at variance with the magico-religious Vedic system as well as the *Caraka-Saṃhitā*, the section is reproduced verbatim below:

Derivation:- In as much as (in this disease) the deranged bodily *Doshas* traversing the upper part of the body affect the up-coursing nerves and produce thereby a distracting state of the mind, it is called *Unmāda* (Insanity), and it is a disease of the *Manas* (mind).

Classification:- This disease is divided into five different types according to the nature of their origin —viz., the three types due to the several actions of the three deranged and aggravated *Doshas*, the one due to their concerted actions and the one due to grief, etc. (real or imaginary). There is a sixth kind also, viz., that due to the effects of poison, which should be treated according to the nature and intensity of the deranged *Dosha* or *Doshas* lying at the root and which in its early stage, if not abnormally aggravated, goes by the name of *Mada*. (387)

The general treatment for insanity in the compendium is mentioned as to be “first treated with *Sneha* [emulsive measures] and *Sveda* [mild fomentations] and then subjected to a course of emetics, purgatives and head-purgatives (*Siro-Virechana*)” (389). Further, a detailed list of various natural remedies is prescribed to alleviate the symptoms of insanity. There are no mentions of hymns, incantations, or demonology in this section.

From the *Caraka-Saṃhitā* to the *Suśrutasaṃhitā*, there was an almost radical shift in how disability/madness was understood. Madness, in particular, went from medico-religious in Caraka's compendium to *more* medico-*slightly* religious in Suśruta's compendium. As established, religion and medicine were inseparably linked and exerted influence over each other, with the former being the dominant aspect in determining the definitions and deviations of disability/madness.

As with theatre during the Transitional period, disability, disease, and disorders manifested in literary writings during the Classical period. *Panchatantra*, ascribed to Pandit Vishnu Sharma, is regarded as the oldest collection of Indian fables: some of the tales in it are believed to have survived from the Vedic period. *Panchatantra* is considered to be part of *Nitishastra*, or 'a book of wise conduct in life'. G. L. Chandiramani, in the preface to her translation of the book, writes: "The Panchatantra is woven round the frame of a tale of a king who entrusts his three 'dud' sons to a learned man, a Brahmin, called Pandit Vishnu Sharma, to enlighten their minds within six months" (v).

Thus, the genesis of the book rests on the premise of the education of neurodivergent<sup>15</sup> princes: What does the translator mean by 'dud'? What did Vishnu Sharma mean? The original Sanskrit version uses the word "paramadurmedha" or 'dull-minded' and translators have all interpreted it differently, none less intriguing. Since there is no solid evidence of what the author may have meant, reading with an MS-magnifying glass opens up myriad possibilities, the most prominent being that the sons could have had undiagnosed conditions. The travesty of having disabled sons is immense, according to the King in the frame tale, who laments: "Unborn, dead and

stupid sons, / The first two are to be preferred / For they cause sorrow only once /  
 Whilst stupid sons are a torment to the heart / Till the end of life” (1).

The fate of having a stupid son far outweighs that of an unborn or dead son: being sonless or having a dead child was considered better than having a stupid son. This is to be anticipated in the socio-cultural milieu when the *Panchatantra* is set. Especially in the royal family (as elaborated in Kautilya’s *Arthashastra*), which is expected to be the epitome of pomp and power, having a ‘dud’ son would shatter the whole power system on which the monarchy was founded.

Right from the outset, a clear distinction between the normal/abnormal is maintained, thrusting that deviations of any type are unacceptable. The anthropomorphic characters in *Panchatantra* serve a dual purpose: they can be equated to humans in the real world, whilst being in a safe zone to narrate matters that could be considered inappropriate or insensitive when attributed to humans. For instance, “The Story of the King and the Foolish Monkey” ends with the moral, “The king who wants to live a long life, should not engage stupid servants” (84).

In “Action Without Due Consideration”, there is a verse that explicitly links madness, dreams, and prophecy: “The dreams of a sick man / Or a man overcome with grief or worry, / Desire or madness, / Prophecy nothing” (212–13). According to the above lines, the dreams of a man who is unwell, depressed, hypertensive, lecherous, or mentally unstable do not signify anything. Reading contrarily, then it would seem that the author is claiming that the dreams of a man who is well, cheerful, unworried, of acceptable sexual urge, and mental stability may prophesy something. This makes one wonder how all these emotions can be measured; and even if one were to come up with a clever way to measure them, one stumbles over the problem

of what could be the acceptable, normal range of these emotions. In any case, attributing meanings to dreams seems to be the opposite of what would normally be considered sanity. The story itself proceeds to be an instance of moral education discouraging greed, paying no more heed to its beginning.

In yet another fable titled “The Story of the Jackal who Fell into a Vat of Indigo Dye”, the story goes: “The poor, the sick, fools, exiles, / And servants who have to serve all their lives, / All these, although living, / Are, in reality, dead” (44). This fable, although on the moral of pretension and jealousy, inevitably has a mention of sickness and mental acumen. Again, the sick and the fools are labelled ‘living dead’: people who have all basic life functions but lack personality, character, and identity. This is a recurrent theme in the *Panchatantra*: illness and disability/madness stealing people of their sense of self and agency. Disease and disability/madness were to be averted at all costs since both were equated with numerous ‘unwanted’ people, places, things, and feelings.

Take, for instance, the following lines: “Suppress your enemies and diseases / At the very beginning / Or they will become strong / And destroy you” (35, 63, 125). These four lines are repeated three times in the text. Disease and disability/madness appear to be a convenient tool for comparison and appear throughout the *Panchatantra*. Although a book of fables aimed to instill a sense of morality in young children, the problematic representation of disability/madness within the text serves to stigmatise and stereotype, inadvertently passing on the same ‘values’ to its readers.

The discussions on disability/madness have been generally, if not exclusively, on the Aryan constructs. Thus, the influence of the Vedic and Karmic philosophies was a common denominator for understanding the disabled experience. Since the

study of disability/madness was imbued with an Aryan tinge thus far, attention will now be diverted to certain literary and medical traditions that were specific to regions of peninsular India. *Caṅkam* literature and the Siddha medical tradition had a distinctive Dravidian origin and flourished in southern India. The Siddha system of medicine flourished in India simultaneously with, if not before, the Ayurvedic system. While the Sanskritised Ayurvedic system influenced the North Indian understanding of disability/madness, the Tamil Siddha system found its stronghold in South India.

The origin of the Siddha system is steeped in suspense, with an interplay of myths, customs, religion, and nature influencing how it took shape. The local belief is that Lord Śiva divulged the systematic knowledge of Siddha medicine to Goddess Parvathi, who passed it down to Nandideva, from whom the Siddhars (Cittar) (who were a total of 18 learned persons) gained the knowledge (Somasundaram, “Siddha” 38). The writings by Cittar in Tamil literature are baffling; the thematic concerns themselves are quite distinctive, with “claims made by the authors of these poems that they have achieved certain psychokinetic powers and other capabilities which belong to the sphere of parapsychological phenomena” (Zvelebil 218).

The Cittar were an enigmatic group obsessed with the body and health. *Pirāṇam* (breath) was considered the vital energy, so much so that *marāṇam* (death) was defined as the complete loss of *prāṇa*. They had an entire set of systemic breathing exercises believed to prolong life and even help attain immortality. They believed that *uyir* (soul, life-force) did not exist apart from *uṭal* (body): if the body dies, the soul dies with it (Zvelebil 224–228). Hence, their obsession with protecting the body. Poet Tirumūlar writes of the Cittar idealisation of the human body: “If body is destroyed, soul is destroyed; / and one will not attain true powerful knowledge. /

Having acquired the skill to foster the body, / I cherished the body, and I fostered the soul” (Zvelebil 228). The interest in youth and health, and by extension immortality, influenced the Cittars’ interest in medicine. For them, every disease was curable, and everlasting youth was an achievable goal. Zvelebil writes that they believed that one could “get over the five limitations of *narai* (grey hair), *tirai* (dim vision), *mūppu* (old age), *nōy* (disease), and *marañam* (death)” (228).

Sage Agathiyar was believed to be the chief of the Cittars, who was learned in philosophy, religion, and medicine. Among his various treatises was *Kirigainool* (Diseases of mind-types and treatment), where Agathiyar painstakingly classified and listed out various types of psychotic, emotional, and behavioural insanity based on their phenomenology. He used the theories of *Panchabhootas* and *Tridoshas* to classify various types of insanity (Somasundaram, “Siddha” 42). Even though Ayurveda and Siddha developed in distinct locations, they constantly influenced and modified each other. For instance, the theories of *panchabhootas* (five elements) and *mukkuṭrangal* (aka *tridoshas* or three morbid humours) find a place in both the systems (Somasundaram, “Siddha” 41). Both systems of thought believed that human beings are a microcosm of the universe and are made up of the same elements that the universe is made of.

The *Caṅkam* literature was quite different from the literature produced during the Vedic period, which was heavily, if not exclusively, influenced by Sanskrit. As Kamil Zvelebil writes in *The Smile of Murugan: On Tamil Literature of South India*:

[The Vedic literature] is the literature of a sacerdotal class, [and distinct] from the great epics which are the literature of the ruling barons, from the classical literature which is par excellence the literature of the “man about town”, of the

nāgarika; it is also different from the Buddhist and Jaina texts, since these are mostly the literature of monastic orders, of monks and nuns. (12)

Hence, *Caṅkam* literature did not describe the reality of any particular social class but of the entire gamut of the Tamil population. The entire range of human experiences finds a voice in the literary representations, hence making it possible to witness the life of the ‘common folk’.

The ordinary experiences of the common folk were, of course, idealised to some extent, but not so much so that the earthy, everyday experiences were removed. It is also to be noted that *Caṅkam* poetry was highly secular, with “almost no supernatural meddling in worldly affairs” (Zvelebil 20). Classical Tamil literature, thus, was the literature of, for, and about ordinary people. This ordinariness needs to be established since nowhere else does one find the gathering of how disability/madness, or any experience for that matter, was felt and given meaning in daily life.

One of the key terms in Tamil poetry is *pukal*, which can be described as ‘fame’ or ‘glory’. To die the death of a hero on the battlefield was considered a deep honour. Hence, there are mentions of *viluppuṇ* or ‘excellent wounds’ in *Caṅkam* poetry (Zvelebil 19). This *viluppuṇ* from the battles could be anything from a mild scar to a physical disability like the loss of limbs. Since a sense of *pukal* dominated the imaginations, *viluppuṇ* was exhibited with great pride, effectively imbibing attention to the body into the very structure of *Caṅkam* poetry.

In *The Smile of Murugan*, Zvelebil tries to trace the Jain origin of Tolkāppiyān and makes the following remarks: “The description of a *mātrā* (prosodic unit) as

being equivalent in duration to *kaṇṇimaittal* “closing and opening of the eyelid” and to *kainnoṭi* “snapping of the finger” is supposedly of Jaina origin” (137). This establishes that something as basic as prosody has ingrained the body and its functions at its pivot. Although a comprehensive work of grammar, *Tolkāppiyam* is also an authoritative text on customs, habits, and polity. The book describes in detail the psycho-physiological aspects of human emotions.

O. Somasundaram in “Psychiatric Thoughts in Tamil Culture” writes that emotions are classified in this text into eight types: “*Nagai*- Laughter; *Azhugai*- Melancholy; *llivaral*- Dejection with guilt and deistic for living; *Maoitkail*- Wonder; *Achcham*- Fear; *Oovagai*- Jubilation; *Veguli*- Anger, Resentment; *Perumidham*- Buoyancy, Elation” (165). The Buddhist poet Sathanar is believed to have used this understanding of the classification of human emotion for “the consideration of illusions, hallucinations, and disorders of thought both form and content” in his epic *Maṇimekalai* (166).

The performance known as *veṛiyāttu* during the *Caṅkam* age, which has representations in the anthology called *Aiṅkuṛunuru*, under the section of *Kuṛiñci* poems (Zvelebil 97), is quite interesting. The *Kuṛava* community of the age, who inhabited the mountainous terrains, believed that the touch of the deity Murugan troubled virgin girls. *Veṛiyāttu* was a performance designed to pacify Murugan and rid the afflicted girl of her malady (Bronkhorst 164–65). This affliction was called *aṇaṅku*, or ‘a dangerous sacred power’: dangerous because it could not be contained, and sacred because it could not be explained (Rajam 257–58).

There is some dispute among scholars as to what *aṇaṅku* could be, with meanings varying from possession of divine knowledge to simply possession by

demonic forces. In *Caṅkam* poetry, however, *aṅṅaṅku* manifests as the love-sickness of a girl separated from her lover. Since love is forbidden and hence hidden, the girl's parents assume that their daughter is touched by Murugan and prepare for *veṅṅyāttu*:

Ignorant of the real cause of her emaciation the orthodox mother attributes it to the deity of the region, Murugan, and invites the officiating priest called *vēlaṅ* to cure the girl of the malady. In a place ritually decorated for the purpose, the *vēlaṅ* invokes the presence of Murugan by offering red millet mixed with ram's blood and plays the spirited dance of *veṅṅyāttu*. He diagnoses the girl's sickness by means of *kaḷaṅku* (molucca beans) and proclaims that she is possessed by the hill deity (Murugan). To ascribe her mental affliction to some other curious cause is unbearable and dishonourable to a chaste girl. (Brokhurst 164–65)

This 'curious cause', of the possibility that the 'chaste girl' could be having a 'mental affliction' outside the influence of Murugan and hence incurable by the *vēlaṅ*, is perhaps overlooked deliberately. The possibility of a real affliction is a problem for both parties: for the family because they will have to bear the stigma of living with a mad daughter who will be shunned by everyone else, and for the *vēlaṅ* himself, who cannot attribute the affliction to supernatural causes and cure it, hence leading to the questioning of his authority over the whole exercise.

Tamil *Caṅkam* literature is almost exhaustively the poetry of love and pining. There is a comprehensive usage of comparisons and contrasts to express the many forms and shades of love, including the usage of pain, illness, and disability in the poetry. For instance, Book III of *Tirukkuṟaḷ* has two sections, titled *kaḷavu* (concealed love) and *kaṅṅu* (wedded love): while the former has a poem on 'the mental

disturbance caused by the lady's beauty', the latter has thematic poems on 'Eyes concerned with grief, Grief's pallor, Solitary anguish, and Wasting away' (Zvelebil 163). The following are a few lines from the *kaḷavu* poems: "Withdraw, it burns; approach, it soothes the pain; / Whence did the maid this wondrous fire obtain?" and "A double witchery have glances of her liquid eyes; / One glance is glance that brings me pain; the other heals again" (Zvelebil 166). The imagery of burning, soothing, pain, and healing has a distinctive DS echo to it.

The oft-quoted equation of blindness with ignorance finds an expression in *Tirukkuraḷ* as well: "The learned men alone are said to have eyes: the unlearned have but a pair of sores in their face" (Zvelebil 167). Here, the function of the eyes, that is vision and sight, is given a superficial status. The poet claims that learned men alone possess sight since they have the gift of knowledge; the unlearned, even though they have functional eyes, are ignorant, rendering the eyes as good as sores on the face.

The *Śaiva* Bhakti poems in the Tamil literary tradition had yet another function: expressing selfless devotion to God. Hence, the disabled imagery in the *Śaiva* Bhakti poems is that of a devotee's undying love for the almighty. A prime example would be the two poems on Saint Kaṇṇappar by Nakkīrar and Kallāṭar. A staunch devotee of Śiva, Kaṇṇappar had gouged out his own eyes to replace them with the injured eyes of the *Śivalingam*. The legend goes on to say that pleased with his devotion, Śiva had restored Kaṇṇappar's sight. Here, self-inflicted disability is an act of devotion, while the regaining of ability is a gift from God (Zvelebil 148). As Zvelebil notes, "In Buddhism and Jainism, the liberation of the individual from the fetters of 'human bondage' was achieved by total denial and renunciation. In bhakti, it is achieved by total devotion and worship" (195).

Alternatively, the *Gāhā Sattasaī* is a collection of ancient poems in the Maharashtrian Prakrit language believed to have been written by King Hala in the first century. The *Sattasaī*, translated as ‘the seven hundred’, contained simple poems on love and life in the countryside. Sanskrit, the language of the elite classes, was free of any local experiences; Prakrit, contrarily, consisted of regional dialects and was a deliberate choice to convey the rustic ways of loving and living. As with the *Caṅkam* literature, *Sattasaī* is then a credible representation of the ways of the countryside in peninsular India.

Also, similar to the *Caṅkam* literature, it is extremely difficult to find representations of the body, health, pain, suffering, and disability in this anthology since these are almost exclusively poems on love, but that doesn’t mean there is no representation of disability/madness in it. Disability/madness is a universal experience, and a close examination of *Sattasaī* reveals mentions of it, although in the context of love. As Peter Khoroché and Herman Tieken write in the introduction of their translation: “The poems about love’s joys and love’s excesses are notable for their frankness but, as with all love poetry, the greater part of the *Sattasaī* is about unhappy love: love thwarted, unrequited, dissembled or betrayed, as well as love in separation” (2).

Both sides of love find a voice in this anthology: the ecstasy and the pining. For ease of understanding, the poems are classified as blind love and love-sickness. The classification in itself, of love being blind and love leading to sickness, is proof of how corporeality is integrated into the most basic of emotions. The following lines describe how the powerful emotion of love can adversely affect the psyche of a person: “Of course the sight of her precious face / Is enough to rob any man of his

senses. / But to glimpse the outskirts of her village / Is a joy in itself” (Khoroché and Tieken 27). The poet himself writes that it is the beauty of the woman that is responsible for the man’s loss of sense. A loss of sense could be a sign of a deeper psychosis, which inadvertently masquerades as love in these lines.

However, it is always the love-sickness that finds an emphatic voice and space in *Sattasaī*. These lines in the anthology talk about *Kama*, the God of love, who exists in the minds of lovers: “They pierce one’s body, / Cause pain / But without making wounds. / Ah! Love’s arrows are unique” (179). Here, the poet is talking about the anguish faced by the lover, unrequited or separated. Since there is no wound, the pain is mental and possibly traumatic. These traumatic experiences of the pangs of love, interestingly, are said to ‘pierce one’s body’.

These, however, are not the only lines in *Sattasaī* that reflect the trauma of love-sickness: “I suppose you have never felt / The pain of grief, / That you ask me, laughingly, / Why I am so thin” (47), “She stares into thin air, / Heaves long sighs, Smiles vacantly / And mutters nonsense: / There must be something on her mind” (56), and “But the ache I feel in your absence / Is something you know of yourself. / Like being ill without a doctor, / Like being poor amongst one’s relatives” (155). All three quatrains have the theme of the psychotic manifestation of love-sickness. While the first has the lover wasting away physically by refusing to eat, the second is a portrayal of the grief following a heartbreak, where the lover has lost a sense of reality and is on the verge of a nervous breakdown. The final quatrain compares the love-sickness to an illness, and the lover to a doctor: the sole person capable of healing the person who is suffering.

Despite being simple and rustic, the poems from *Sattasaī* prove that there was almost a reverential aspect to the suffering brought about by blind love and love-sickness; it also emphasises how these experiences ultimately find a metaphor of illness and disability since they were ubiquitous experiences.

### **The Medieval to Modern Period: Socio-Religious Movements, Colonialism, and Institutionalisation**

The medieval to modern period spans about fifteen centuries. It began with the rule of numerous princely states and empires, followed by the invasion of the Mughals, and finally by the conquest of the Colonisers. The Bhakti movement, with a Hindu socio-religious-literary reformation idea at its core, inspired all the major religions in India and influenced the entire medieval to modern period until the arrival of the colonisers. Thus, Bhakti was a microcosm of the Indian population with its organic synthesis of all major categorisations of human identities like caste, class, gender, and all its available combinations. In essence, Bhakti was a revival of Vedic traditions elevated to the level of spiritual mysticism. Thus, the magico-religious elements of the Vedic times manifested as Tantrism, Sufism, Shaktism, and other esoteric practices. Thoroughly ritualistic, one of the key features of Bhakti was the renunciation and re-evaluation of both the body and the mind to achieve exalted devotion.

However, the *Nirguna* saints within the tradition, which included literary giants like Sant Kabir and Surdas, propagated a hierarchical structure that put the males at the pinnacle. In contrast, the females, the old, and the differently-abled were all considered lesser beings: “Keshavdas says clearly, a woman should not leave her husband even if he is disabled, dumb, mad, lame, blind or deaf” (Pande 220). Women

writers like Mirabai and Akka Mahadevi retaliated by defying both the Brahminical order and the patriarchal formation of society; thus, their poetry is imbued with “a certain madness, mysticism and sheer passion” (Ramaswamy, “Madness” 148), because their intense devotion to God was equated to erotic mysticism.

Since conformity was expected of women, labels of madness were easily ascribed to those who rebelled against patriarchy. For instance, “Akka Mahadevi... is said to have defied society and conventions by walking naked” (Ramaswamy, “Madness” 149). Similar strains of insanity were attributed to other women writers who “were usually scorned by their contemporaries as ‘mad’ and ‘shameless’.” [Kashmiri poet] Lalla was called ‘mats’ or mad, and [celebrated Krishna devotee] Meera referred to herself as *diwāni*, one who is not in her senses” (Ramaswamy, “Rebels” 134). Ramaswamy also narrates the legend of *Kāraikkāl Ammai* (born Punitavati) who, upon being abandoned by her husband, “assumed a skeletal form and renounced home” (Ramaswamy, “Rebels” 142). Thus, women choosing the labels of madness and disability was a way of liberation from the rigid patriarchal structures of society during the Bhakti period.

Mahendravarman I’s satirical one-act play *Mattavilāsa-Prahasana* written around the 6<sup>th</sup>-7<sup>th</sup> century, is a critical commentary on the esoteric practices popular during the time. David Pierdominici Leão’s “*Mattavilāsa-Prahasana*: New Perspectives of Study” analyses how the play mocks the heretic practices of “a *kāpālīka* ascetic, his partner and a Buddhist monk” (94) with the plot revolving around how the monk is “unjustly accused by the two protagonists of having stolen from them a skull, the regular container used by this sivaite sect to collect alms” (94). The humour in the play is targeted at the sect’s ritualistic and sexually transgressive

practices and their usage of psychedelic drugs. When the couple finds their skull-bowl missing, they accuse the Buddhist monk, leading to a flurry of insults targeted at Buddhist practices.

The resolution comes in the form of a dog, with the *kāpālīka*'s skull full of meat, being chased by a 'madman': "The madman attempts to run away with the skull full of meat. They stop him and the man shouts gibberish, and they all wonder whether he is out of his mind. At this, the man says that he has heard the word "madman" many times... and runs away" (97). In the context of the play, practitioners of heresy, a stray dog, and the 'madman' inhabit the same sphere: religious deviancy is equated to bestial behaviour and deviations of the mind. Leão writes that the play is "a biting satire of the deviant behaviour of the most varied religious sects, castigating their moral degeneration" (99). Alternatively, the play has also been analysed as a celebration of madness in its worship of Siva: "The object of this devotion is Śiva, one of whose forms is Bhola, the madman or the simple-minded, often high on *bhanga* (cannabis) and capable of the most outrageous anti-social behavior" (100). Through the worship of Bhola, revels in madness were normalised and celebrated as a valid way of being in the world.

The Islamic mystical practice of Sufism, too, had the *Bhakti* spirit and focused on the metaphysical conception of illnesses. Sufism emphasised the purification of the soul, which would enable communion with God. This communion was generally a psychic experience that yielded *ma'rifa* or divine knowledge (Diaz 526). Thus, people who had these psychic experiences were revered since they were in the process of communicating with God. Heghnar Zeitlian Watenpaugh in "Deviant Dervishes: Space, Gender, and the Construction of Antinomian Piety" writes about the 15th-

century British merchant William Biddulph, who was surprised to see “fooles, dumbe men, and mad men” (535) being celebrated as saints. Watenpaugh writes:

Biddulph was describing *majdhūbs* (those enraptured by God), a category of Muslim saints... The unconventional, often offensive behaviour of the *majdhūbs* was taken as a sign of their closeness to God’s truth, their ability to see hidden things... [The Islamic society] embraced certain exceptional beings who flaunted their rejection of these norms and called attention to their constructed and arbitrary nature. (536)

These men formed a community of ‘deviant dervishes’ who “shunned the city and conventional domesticity, living in the wilderness” (536). The *manāqib* emerged as a literary genre dedicated to the unconventional practices of these mystical practitioners, establishing their ‘deviant’ ways worth celebrating in literature. The *majdhūb*, for instance, Watenpaugh writes:

... has been uprooted from his own consciousness by God’s *jadhba* (attraction), skipping several stages along the mystical path. Having experienced direct and sudden contact with God’s truth (*haqīqa*), the *majdhūb* has become aware of the arbitrariness of external reality (*zāhir*). Due to the sudden rupture of normative space-time through which he has attained this knowledge, a *majdhūb* may appear deranged or mad; he may adopt a mendicant life, violate social norms and the law... To the uninitiated eye, such behavior appeared as madness. (539)

The period also saw the rise of various *dargahs* (shrines of Sufi saints) as places of healing, especially for people with mental illnesses. Indian psychoanalyst Sudhir Kakar writes about the Sufi practice of *ilm-i-ruhani* or soul-knowledge, which

encompasses answers to philosophical questions of “birth, death and human suffering” and within its purview had “branches of white (*ulwi, rahmani*) magic and the black arts (*silfa, shaitani, sihr, jadu*). One of the occult practices was *raaz-i-fanah* or the secret of annihilation: “the *raaz-i-fanah* means—to read the *namaaz* at your own funeral” (*Shamans* 44).

The abstruse practices of Sufism underwent a sudden decline following the arrival of the British East India Company, which laid the foundations of Colonialism in India. For the first time in its millennia-spanning history, the natives came in touch with Western ideas and practices that labelled Indian ways of knowing as pseudo-scientific and uncouth. Western theories of madness were deeply influenced by the ideas of Hegel and Foucault, where the Enlightenment idea of ‘reason’ took centre stage, relegating anything deviant to an inferior, other position. Waltraud Ernst in *Mad Tales from the Raj: Colonial Psychiatry in South Asia, 1800–58* writes:

Specific measures of state intervention, such as the 1858 Medical Act, [were implemented] which enshrined particular medical approaches as the single orthodoxy, sidelining heterodox practitioners and ‘quacks’. The marginalization of indigenous Unani and Ayurvedic experts in the period up to the 1920s, in particular, as well as the rhetorical condemnation of folk and tribal practitioners in India more generally, is well in line with the denigration of heterodoxies such as homoeopathy, balneology and ‘itinerant’ practitioners, snake oil sellers and ‘Sequahs’ in Britain. (xiii)

Thus, ‘madness’ that henceforth roamed free in the society or was negotiated within the public compounds of a *dargah* was shunned and hidden within the mental asylum in the name of institutionalisation introduced by the Colonisers.

Shilpi Rajpal in “Routine, Labour and Madness: Work-Ethic and the Economy of Colonial Northasylums” writes that even though asylums were set up to house European soldiers who suffered from insanity, by the nineteenth century, “the system was extended to the ‘dangerous’, the ‘unruly natives’” (833). There was a redefinition of the concepts of normal and abnormal in post-industrial Britain that valued productivity and labour as the standard of ability. Further, the narratives of the “lazy natives” (835) allowed the use of labour as part of the civilising mission: “The asylum acted like a small-scale cottage industry that aimed self-sufficiency” (835–36).

Mukesh Kumar in “Disciplining the ‘Mind’: Indian Inmates in Lunatic Asylums in Nineteenth Century India” studies how the Colonisers used Western medicine as a tool for validating the colonial agenda, often pushing native medicine into a subversive ‘other’: “The psychiatric system in India was the largest established by a colonial power in a colonised region” (861). He writes that the extensive network of mental asylums in India was more about custody than therapy because madness posed a serious threat to the colonial order.

Racial discrimination in the form of segregation of the Indian mad person from the European mad person to prevent “undesirable social proximity” (863) was maintained through separate mental asylums. While the former were locked up in unhygienic buildings without basic provisions, their European counterparts were housed in high-class facilities of luxury. Kumar writes of the regimentation of the asylum and the imposition of labour as a valid way of treatment, nullifying all native conception of madness and its management:

The Indian mechanism emphasised the need to reintegrate the patient with one’s own social system, group involvement, and socialisation as the way to

treat mental illness and did not view isolation to be appropriate. However, in the colonial administration isolation was a must, in the strict environment that forced the insane to recognise and accept responsibility for their guilt. (863)

Thus, the madness was remodelled to fit the ideals of the European rational man. Consequently, there was a conflict in the discourses of madness in Colonial India, leading up to Partition in 1947.

The conceptualisation of disability/madness underwent radical shifts in the multiple millennia of Indian history. Ian Hacking opined that the ‘ecological niche’ of disability/madness was a prominent presence in any understanding of what entails disability/madness at a point in history: “Many of the widespread forms that mental disorder takes are brought into being by the particular conditions obtaining in a given historical moment... and– if those conditions should change– the disorder may disappear or shift form again” (Gammelgaard 315). Hence, the experience of disability and madness needs to be studied by contextualising all the conditions persisting at that particular moment in time.

## **Conclusion**

Disability discourses during the Vedic period were enmeshed in the magico-religious system. The causes and the cures were attributed to the supernatural, and a scientific approach to disability was non-existent. Both physical and mental disabilities make prominent appearances, revealing their ubiquitous presence in antiquity. Within the Vedic period, disability was viewed as a manifestation of moral frailty, a punishment for authoritarian transgression, or simply a way to suppress the autonomy of women. The major Hindu epics, having established these ideas, resorted to correcting bodily/mental flaws by invoking gods and deities.

Hinduism gave importance to Karma, and the non-Hindu population imbibed this spirit to spread the idea of righting the wrongs committed in past lives. Buddhism was careful not to involve celestial beings in the discourses of disability and used it to ponder on the nature of life and suffering. On the other hand, more than dwelling on the causes of ill-health, Jainism encouraged practices that sped up death. In effect, being disabled was believed to be an unfulfilling way of leading life. All the major religions sought, in one way or another, to rectify disability.

The intervening time between the Vedic and the Classical periods had a more human-centred approach to disability/madness. As described in Kautilya's political treatise, people with disabilities could no longer be shunned with sorcery, and policies were put in place to integrate them into society. However, it also led to a hierarchical system based on caste and gender, where certain sections were discriminated against under the pretext of state security. Since disability was now a human affair, representations of it began appearing in literary texts and folk performances. The performance of possession is simultaneously evidence of the remnants of Vedic influences and the paucity of knowledge on the disabilities of the mind.

A radical change happened in the Classical period with the compilation of *Caraka-Saṃhitā* and *Suśrutasaṃhitā*, which initiated the idea of the somatic origin of diseases. The magico-religious system was almost dismantled during this period, and a more scientific approach to classifying and curing ailments was established. The Vedic influences made intermediate appearances, especially to validate the hegemonic caste practices. The idea of normalcy, too, was first conceived during the Classical period, and the upper-caste Hindu man was considered a normative being. Normalcy, thus, was a tool to maintain the social order.

Several literary writings burgeoned during the Classical period: while the *Panchatantra*, with its moralising tales, created a world where intellect was valued and a lack of it deemed a person unworthy, the poems in *Caṅkam* literature and *Gāhā Sattasaī* equated mental maladies to love-sickness to protect the chastity of young girls. The Siddha system evolved in the Dravidian land, with a mysterious group of practitioners trying to surpass death itself with their esoteric and alchemical traditions.

From the Medieval to the Modern period, conceptions of disability/madness underwent tremendous changes, often multiple ways of understanding it existing simultaneously. Bhakti was the dominant philosophy during those times, which elevated devotion to a level of mysticism. While men used it to establish patriarchy, women used the inherent syncretism in Bhakti to emancipate themselves. For the first time, madness was celebrated as an experience that enabled communion with God. However, by the 17<sup>th</sup> century, Colonisers brought Western modernity and institutionalisation to India, fundamentally confining madness to medicine and mental asylums.

As outlined in this chapter, a genealogical study has emphasised that religion, polity, literature, and medicine have had a deep but complicated relationship with disability/mad discourses. The many definitions and classifications of disability and madness, as underpinned in these texts, will have ripple effects leading up to the Partition of India in 1947, still rendering meaning to a complex lived experience. The following chapter analyses madness at this point of a historical rupture.

## Chapter 3

### **Madness and Historicity: Semiotic Incapacity and Experience in *The***

#### ***Unsafe Asylum: Stories of Partition and Madness***

The story of any sickness, of course, is one that doctors and patients weave together, in which they find consensus about what constitutes a culturally legitimate and sensible symptom at a particular moment in history.

—Roy Richard Grinker, *Nobody's Normal*

The lived experience of disability/madness is unique to each geographical locale and the historicity of the particular culture-specific events. Doctors and patients draw from the scanty corpus of medical knowledge and available expressions of affliction to formulate ‘the story’ of an illness rooted in the socio-cultural realities of that precise moment in history. The Partition of India is one such historical event that has produced and shaped the concept of living with a disability/madness. The occupation of India by the Company at first, and the Crown later on, lasted for about three and a half centuries, which eventually led to the Partition of India in 1947 on communal grounds. The horrific tearing apart and formation of two new nations had traumatic consequences on the psyche of the people on both sides of the newly drawn frontier. This chapter will investigate the effects of Partition in framing the lived realities of disability/madness and how the witness/survivor articulated these new realities by exploring Anirudh Kala’s *The Unsafe Asylum: Stories of Partition and Madness*, published in 2018.

As Kala himself highlights in the title of his work, madness is an inescapable presence in the discourses of Partition: stories of Partition are inevitably stories of

madness as well. The thematic relevance of madness lies in its flexibility as a concept, which can be used to convey numerous ideas. In Partition and Colonial literature, madness as a theme generally conveys ideas of colonial anxiety, Partition stress, the trauma of being uprooted, a sense of loss of the past and helplessness regarding the future, and so forth. Often, Colonial literature reduces madness as a reaction to colonial hegemony: the colonised succumbing to a state of frenzy due to the violence meted out on them by the Coloniser. Thus, madness is mostly read as a metaphor for studying colonial impacts and not for the existential realities that it brought forth.

The metaphorical reading of madness as an effect of colonialism, and away from the lived experience of people, is limiting; it doesn't account for the individual and reduces madness to a collective colonial consequence. Such generalisations are apt when studying the magnitude of colonial repercussions, but are restricted when one needs to examine the uniquely individual experience that madness is. For centuries, writers have restricted madness to a literary decoration, using it as everything except a unique individual experience. Such simplistic writing has hindered the study of the ontological experience of madness and attributed the individual's experience to colonial anxiety:

Western medicine has always cooperated with colonial authority to facilitate its rule, especially by using mental institutions as prominent symbols of their civilising mission, and how the rebellious voices “were diagnosed as epileptic, neurotic, or suffering from ‘religious mania’... colonisation has produced psychological harm, existential dread, and a neurotic refusal of one's own identity within the colonised. (Benny 263)

Madness was not exclusively a representation of colonial hegemony but also a loud response to it. The brutal excesses of the event did irreparable damage to the psyche of the people, as evident in the text under study. As Shoshana Felman writes in *Writing and Madness: Literature/Philosophy/Psychoanalysis*: “Throughout our cultural history, the madness that has been socially, politically and philosophically repressed has nonetheless made itself heard, has survived as a speaking subject only in and through literary texts” (15).

Thus, this chapter analyses the myriad ways in which the experiential knowledge of a historically relevant event constituted the expressions and realities of madness for the people who experienced it.

### **Review of Literature**

The association between Partition and trauma has been analysed in various literary works, from Saadat Hasan Manto’s short stories in the 1940s and 1950s and *Train to Pakistan* by Khushwanth Singh (1956), to *The Other Side of Silence: Voices from the Partition of India* by Urvashi Butalia (1998) and *A Time of Madness: A Memoir of Partition* by Salman Rashid (2017) more recently. While Manto’s stories, especially *Toba Tek Singh*, deal with the psychological trauma of the bureaucratic procedures that followed Partition, Singh’s historical novel, among its many political criticisms, deals with the trauma of Partition at the grassroots level through the separation of a Sikh-Muslim couple. Alternatively, Butalia places personal experiences and individual losses of the epochal event at the centre of her oral history, drawing attention away from the bureaucratic procedures of Partition. Rashid’s chronicle is a personal and poignant portrayal of the brutalities of a crudely executed rupture, eventually placing the event of Partition itself as madness.

Aside from literary writings, the repercussions of Partition have also been thoroughly researched from an academic point of view. Savita Kumari's *Partition Trauma in the Post Colonial Novels in English* (2017) deals with political trauma following "a gradual loss of idealism, disillusionment and cynicism" (i) in select works. The thesis asserts the connection between post-colonial theory and Partition trauma, stating that in the aftermath of the World Wars, "colonial values did not disappear... Therefore the post-colonial theory emerged from the colonized people's frustration, their direct and personal clashes with the conquering culture, and their fears, hopes and dreams about their future" (iii). Similarly, the thesis titled *1947 Revisited: A Study of Contemporary Partition Fiction in the Light of Trauma Theory* (2020) by Nibha A. Thakore is a psychological study rooted in Trauma theory beginning from Freud and Breuer, but ultimately settling on Cathy Caruth. As mentioned in the introduction to the thesis, the project aims "to understand the trauma of the people who experienced the partition of the country through literary representations... The narratives... deal with both individual trauma as well as collective trauma of the entire community" (13).

Surbhi Jain's *Trauma and Human Suffering: A Study of Select Partition Narratives* (2021) studies "the traumatic impacts of Partition and how is it portrayed by the writers who have been the victims and witnesses of the tragic event" (v) by relying on Trauma theory of Cathy Caruth and Judith Herman, Resilience theory of Dysheada Reid, Survivor Syndrome of Helen Wolfe, and Identity theory of Peter J. Burke and Jan E. Stets as its framework. The thesis analyses the complexities of trauma, the duality of post-traumatic growth, survivor's guilt, and the resultant psychosis leading to identity crises in several of the survivors. Comparably, Nayav

Ali's *Trauma and Resilience: A Critical Study of Select Partition Novels* (2022) examines the selected works from the framework of trauma and resilience. In the abstract to the thesis, Ali writes that the work "distinctively categorizes the diverse dimensions of trauma in terms of gendered violence, existential crisis, and traumatic memories; and focuses on the spirit of resilience in the different novels" (2). This study incorporates trauma studies and builds further by incorporating theories of resilience by Norman Garmezy, Michael Rutter, Michael Ungar, and Glen E. Richardson.

Thus, much of the research on the experience of Partition has utilised an approach focused on trauma theory, post-traumatic growth, and resilience theory. Although disability/madness are mentioned in these theses, it cannot be denied that the scholarship has concentrated on the impact of Partition on the psyche of the people from the perspective of trauma. The numerous voices and silences of people engaging in the process of meaning-making of the brutal event are conspicuously absent. Hence, the text undertaken for the study in consideration is Anirudh Kala's *The Unsafe Asylum: Stories of Partition and Madness*.

### **The Narrative Strategies**

In *The Unsafe Asylum*, Kala employs a curious technique. He breaks all traditional rules of framing a narrative, choosing a form that reflects the narrative's content, and thus exaggerating that unconventional stories demand unconventional ways of narration. The book is a collection of 13 stories, varying in stylistics and aesthetics. The first story in the collection, "No Forgiveness Necessary", follows a third-person point of view presented as notes, locating the events narrated in "June, 1947/Mental Hospital, Lahore" (1) and "December, 1979/ Phagwara, Indian Punjab"

(20). Contrarily, the story titled “The Diary of a Mental Hospital Intern” is presented from a first-person point of view as entries made during its writer’s internship beginning on 23<sup>rd</sup> October and ending on 24<sup>th</sup> December in the 1960s, using short and interrupted language as a method of narration.

The text follows this method throughout, breaking the linearity of time and making chronological jumps back and forth, sometimes cramming decades into a few pages and otherwise rambling on about a single day. Kala, unlike his character Sami in “A Spy Named Gopal Punjabi”, who while telling a story to his grandkids had “a plan for his storytelling, a linear plan, one thing leading to another, no going back and forth like a wonky time machine” (Kala 222), chooses fragmentation because a narrative about an event like Partition demanded one.

Set in what narratological lexicon would be called *in media res*, the text begins amid the tense discussions of an impending Partition. The event is not presented directly, but the reader is made aware of it by showing its impact on the witnesses/survivors. The use of witness/survivor is a deliberate choice since the act of witnessing is at times equivalent to the effect of being victimised. Canadian Oral historian Erin Soros makes a profound declaration about the act of witnessing:

There is something helpless in being a witness.

I have committed this opening line to memory. It begins Stó:lō writer Lee Maracle’s *Celia’s Song*... which is written to all those children who were “removed from our homes and who did not survive residential school.” So we encounter a profoundly troubling form of witnessing: the acute helplessness at and through death. (Donaldson 71)

Soros, further in the essay, explains how this gnawing sense of helplessness, of witnessing something unnatural and terrible, is in fact beyond the scope of language, always escaping capture, so much so that once verbalised, the words are plain and dull: “*There is something helpless in being a witness. There is something helpless in being a witness. There is something. Helpless. In Being. A witness*” (Donaldson 72), all one can do is repeat the words, differently each time, unable to capture the intensity of the event.

By keeping the event of Partition itself under the proverbial carpet, Kala foregrounds the impact of the event on the witness/survivor, and simultaneously draws attention to two points: if Partition is a metaphor for madness, keeping it hidden is a post-colonial attitude hitherto unseen in the Indian cultural milieu; and, despite drawing attention away from Partition or madness, neither stay hidden under the proverbial carpet and make themselves visible through the effects they have on people. Choosing not to describe the event of Partition, its bureaucratic planning and logistical hassles, is a statement in itself: to look away from the politics of the nation and focus on the politics of the person. Thus, the human experiences of witnessing and suffering through this epochal event absorb one’s attention. *The Unsafe Asylum* never falters in the singular aim of resisting reductionist accounts of Partition history, and gives voice to a historical pain through its many witnesses/survivors.

The harsh ambiguities of Partition are portrayed in Kala’s work, mustering as much clarity as possible. In a text dealing with the terror of physically visible ruptures, the invisible ruptures of the ‘bodymind’ are inevitable. Margaret Price in “The Bodymind Problem and the Possibilities of Pain” develops on Babette Rothschild’s concept of the ‘bodymind’ within Trauma Studies. She advocates for a

holistic approach, and negates the duality of the body and the mind as two separate entities: “Mental and physical processes not only affect each other but also give rise to each other—that is, because they tend to act as one, even though they are conventionally understood as two—it makes more sense to refer to them together, in a single term” (269).

In Indian philosophy, however, the Cartesian split was a null event because the body and the mind were always considered inseparable<sup>16</sup>. For Descartes, the mind belonged to the non-physical realm and the body to the physical realm. In the Indian schools of philosophy, both the body and the mind belonged to the physical realm, thus affecting and being affected by each other. In consequence, there is an absence of the equivalent word for ‘bodymind’ in Indian culture because speaking of the body is already inclusive of the mind, and speaking of the mind is inclusive of the body.

Such absences are symptomatic of the Indian conceptualisation of disability/madness precisely because the Indian schools of thought have never understood them the way Western philosophy does. Similarly, to a culture and population that had lived mostly in harmony for thousands of years, the idioms for the experience of violence are almost non-existent in its language, thus rendering meaning-making of such tumultuous events a futile attempt. The narrative employs this very nature of ambiguity in its structure: the text is a polyphonic collection, voiced in multiple languages, and narrated from various points of view.

In *The Unsafe Asylum*, Anirudh Kala examines the impact of Partition on the psyche of people predominantly in the Punjab area, which incurred maximum damages before, during, and in the aftermath of the event. In the context of this study, Partition is both a historical event and a narrative event. While the former is an actual

event that happened in a specific historical period, the latter is a narrativised and partly fictionalised account of that event, which brings about a transformation in the narrative. Tilmann Köppe is wary of traditional definitions of events within Narratology and writes:

These studies are mostly concerned with shaping conceptual tools for the characterization of events according to, for example, their contribution to the plot, their degree of conformity to a protagonist's goals, their ethical significance, or their surprisal value or emotional import for readers or listeners of the narrative. (101–2)

He argues that these features are neither essential nor constitutive. The ethical significance, for instance, varies when one looks at Partition from the nation's perspective and the individual's perspective.

*The Unsafe Asylum* is a deeply unsettling collection of stories bound together by two inmates of the mental hospital at Lahore: Rulda Singh, a Sikh from the Muslim-dominated Rawalpindi, and Fateh Mohammed aka Fattu, a Muslim from the Sikh-dominated Hoshiarpur. Their religious identity is a prominent marker in the nebulous times the narrative is set. From the beginning, Kala dismantles any supposed misconceptions regarding Rulda and Fattu by placing them in a marginalised community in their respective hometowns. By locating them within a minority community beyond the confines of the hospital, he argues that their madness and identity as inmates at the hospital are the reasons they survive as religious tensions mount in the outside world.

This demarcation between 'the inside' and 'the outside', within the mental hospital and beyond its walls, is how Kala forces the readers to reevaluate the

conventional definitions of madness. Though labelled mad and confined to the hospital for multiple decades, Rulda and Fattu share a tender friendship and warm humanness; this makes the reader wonder who is 'sane' in the backdrop of the mindless murders and merciless mayhem that ensues 'outside' as talks of Partition begin.

Dr. Prakash Kohli is another unifying thread in this seemingly random collection. A resident of Chandigarh, Kohli is in search of a lost piece of history: the case of the missing mental patients, several hundreds of them, during the exchange of Muslim inmates in India to Pakistan, and the Hindu and Sikh patients in Pakistan to India across the newly formed border. Kala ingeniously places Kohli as a resident of Chandigarh: "The city was a post-Partition phenomenon" (Kala 186), with no history of its own, born at the cusp of a nationally significant event. This same absence of history of his hometown looms as a premonition of what is to be of his pursuit of the missing patients.

Divided almost equally between India and Pakistan, and between the mental hospital and the normal society, this decades-spanning work straddles between the 'rational violence' of the sane population and the 'irrational empathy' of the residents of the hospital, urging one to rethink the many definitions of madness that are offered vividly in the text. Madness is a forever lingering trace in the text, as made evident through the narrative focalisation alternating between the mental hospital inmates Rulda and Fattu, and the psychiatrist Dr. Prakash Kohli.

In "Madness and Colonialism: An Analysis of Anirudh Kala's *The Unsafe Asylum*", Ann Treasa Benny argues: "Anirudh Kala brings out subtle details of colonial ideologies through his portrayal of madness. The madness of the hospital

inmates symbolises and mirrors the madness of partition and violence surrounding them” (6). It is such reductionist analysis of madness that this chapter aims to tackle. The madness of the hospital inmates and the psychic turmoil of the people who were displaced were a health hazard, a risk to the familiar ways of being that threatened their existential equilibrium.

Kala, however, does portray madness in varied shades, leaving the reader to decipher what in actuality madness is, how it can be defined, and if the definitions are oppressively adherent to certain preconceived notions or ideologies. The author elaborates on the following ‘types of madness’ in *The Unsafe Asylum*: first, the madness of the inmates of the mental hospital who adhere to the clinical definitions of madness and are mad because medicine/society deems them so; second, the madness of communal violence, a metaphorical equivalent to the ‘unexplainability of violence’ inflicted by communal feelings, where the Hindus, Sikhs, and Muslims resort to irrational acts of crime unbecoming of how a ‘normal’ human being should behave; third, the chaotic madness before, during and following Partition where millions of people, who were ‘normal’ so far started acting ‘abnormally’ because of the situation, as they were uprooted from the comfort zones of their homes to an uncertain future in a new land, depicting the ‘loss of stability and spatial disorder in the form of movement’; fourth, the ‘intergenerational trauma’ that manifested as madness in people who had no direct experience of Partition.

However, these are not clear-cut categories of madness that Kala employs, because one finds segments of normalcy even within these categories. For instance, certain conversations between Rulda and Fattu are emotionally insightful and uncharacteristically intelligent, quite contrary to what is expected of clinically mad

inmates of a mental hospital. The term ‘normalcy or a state of being normal’ is a much-debated concept within Disability/Mad Studies. In “Introduction: Normality, Power, and Culture”, Lennard J. Davis writes:

To understand the disabled body, one must return to the concept of the norm, the normal body... I would like to focus not so much on the construction of disability as on the construction of normalcy. I do this because the “problem” is not the person with disabilities; the problem is the way that normalcy is constructed to create the “problem” of the disabled person. (1)

Davis’s words also hold within Mad Studies, where the ‘construction of normalcy’ has given birth to the idea of a ‘normal mind’, undoing the possibility of a ‘range/spectrum’ in human mental abilities. Kala dismantles such ideas of normalcy and deftly pursues the question of ‘who, in fact, is mad?’ throughout the collection. The focus is shifted from the technicality of the Partition to the inescapable horrors faced by the common person; the intergenerational trauma that followed is highlighted to suggest that even though the Partition was an event in the past, the memories of it and the trauma that it created lurks not too far away, very much in the present.

Any reading of *The Unsafe Asylum* is also an attempt at answering the question of ‘what is madness/who is mad?’, inadvertently leading one to think about ‘what is normalcy/who is normal?’. This idea of ‘madness/normalcy’ is seamlessly woven into the text’s narrative fabric, not as two binary opposite categories, but as states of being that impinge upon each other. In fact, this idea of a continuum is reflected in the structure of the text where each story of the collection varies from the other in how, when, and where it is narrated. The shifting perspectives, non-linear

timeline, and the oscillation between ‘inside’ the hospital and the ‘outside’ world breaks the narrative fixity, keeping the reader in limbo as to where the text is going. The text, by extension, is a mind in its usual state of working. Louise Harrington in “Fragmentary Evidence: The Struggle to Narrate Partition” writes: “In trauma narratives, the self is often fragmented and there would be a disruption in one’s ability to comprehend the situation in its totality which is often represented through the lack of structure. Therefore the ‘non-linear and polyphonic narrative’ cannot be judged as a deficiency but rather as a truer representation of the realities” (18).

Although following no identifiable pattern, this narrative offers two distinct spatial discourses: one within the confines of the mental hospitals or the ‘inside’, and the world beyond the hospital walls or the ‘outside’. This demarcation, although intended to prevent dialogues between the two ‘sides’ to maintain social order, serves a whole other purpose in *The Unsafe Asylum*: for the reader to decide, at least by the end of the narrative, to come to a consensus about which side of the wall has ‘mad’ people.

Similarly, since time doesn’t flow linearly in the text, an attempt to classify temporality, with the event of Partition as the breaking point, will yield two neat categories of ‘Time-past’ and ‘Time-present’. While ‘Time-past’ encompasses a period where life was familiar and predictable, ‘Time-present’ comprises all the negative consequences of Partition. For the characters in *The Unsafe Asylum* impacted by Partition, looking at ‘Time-past’ even from the vantage point of ‘Time-present’ was an uneasy sight; since ‘Time-past’ was a memory beyond Partition, the breaking point. Thus, the spectres of the ‘Time-past’ are conspicuously lingering in ‘Time-present’.

## The 'Inside' and the 'Outside'

You know the big sign over the gate which reads Mental Hospital, Lahore? We should take it down and put it up inside, so that everybody is clear which side of the gate is the actual mental hospital.

—Anirudh Kala, *The Unsafe Asylum*

The book begins just weeks before Partition, in June of 1947, with the story of a Sikh Army Officer who has lost his family in mob violence. Angered and struck mad by a feeling of revenge, he swears to kill ten people from the Muslim community. He kills one, a Muslim psychiatrist, having come 'back to his senses' soon after the 'mindless' terror he had caused. Titled "No Forgiveness Necessary", Kala guides his readers to an event that demands forgiveness, but the need for which ultimately fizzles out, due to the time and experiences that pass in the intervening period. Strictly speaking, the 'inside' and 'outside' classification doesn't always adhere to the hospital walls and beyond it. Inmates have experiences both in the hospital and in the world 'outside', and so do the doctors who inhabit both personal and professional spaces on either side. For clarity, the experiences of the people labelled clinically mad will fall under the purview of the 'inside', and all experiences of the normal people will fall in the 'outside'.

The narrative opens with the ominous mention of the confinement faced by the inmates of the Mental Hospital in Lahore when "all the lights went off" as Dr. Iqbal Junaid passed through the "fortress-like gates" of the hospital "on his wobbly cycle" (Kala 1). The author provides three relevant details in the opening line of the narrative: of the impending darkness in the form of Partition and an unknown future, of the seclusion of the hospital inmates placing them in all sense in a separate world

within the normal world, and the ‘wobbly’ or unstable mode of traversing between the two worlds, the ‘inside’ and the ‘outside’. In effect, Dr. Iqbal’s unsteady travel from the ‘outside’ to the ‘inside’ symbolises the journey from the current times to the time of Partition and after.

Since the beginning of the asylum, mental health patients have been treated analogous to criminals, with the mental hospital being a replacement for the prison. The mental hospital, in its structure, resembles a prison, which further stresses Foucault’s concept of surveillance<sup>17</sup>. He asserted that the asylum was designed to induce conformity. The construction of the asylum ensured that there was no dialogue between reason and unreason, which had the potential to undermine society. Asylums so designed, rather than liberating the ‘insane’, enforced a ‘moral imprisonment’ of the inmates (Foucault, “Panopticism” 1–12).

One of the primary agendas of human society and civilisation has been to maintain social order by inducing conformity. Any person or event that had the potential to undermine society was deemed undesirable and forced to undergo ‘moral imprisonment’. The design and construction of the mental asylum in *The Unsafe Asylum* is such that ‘dialogues between reason and unreason’ are prevented: “The vast expanse of the mental hospital compound, all of a hundred and seventy acres was “eerily silent, and shrouded in complete darkness” (Kala 1). The graveyard imagery of the shroud again hints at the fate of the mental hospital and its inmates, feared and fascinated by at once. The mental hospital accommodated “more than twelve hundred seriously disturbed mentally ill patients” (1). Later on, Dr. Iqbal claims that “the buildings were scattered without any particular architectural logic across the expanse of the farmland, dignified by the title of campus” (4). The animated descriptions of

the architectural and infrastructural spatiality of the 'inside' and its grounds show how the very design of the place mirrors the sanist ideas of what madness looks like.

A glimpse of the 'outside' is provided as the narrative progresses, with extensive details about Dr. Iqbal's physical appearance. The intention is for the reader to be guided to the idea of religious madness/fanaticism prevalent during the times, specifically in the 'outside'. In times before the Partition, such details of the attire of a person would not be so conspicuous. By pointing out the "sodden skullcap", "his flowing beard" and the preference of Dr. Iqbal "to wear pyjamas which were convenient for prostrating during namaaz" (1), Kala puts the reader on guard and his characters under surveillance. Religious specificities on the very first page of the narrative point to the fact that the madness that transcends the medical diagnosis is an unavoidable presence in the text.

Dr. Iqbal shivered, not because of the heavy rains, but "recollecting the bedlam he'd witnessed that evening on his way here [to the hospital]" (2). This sentence is relevant for two reasons: the fact that Dr. Iqbal is more scared of the 'outside' world and its normal people than the so-called mad of the mental hospital; and, for the use of the word 'bedlam', which is an archaic word for mental health institutions. Anthropologist Roy Richard Grinker in *Nobody's Normal: How Culture Created the Stigma of Mental Illness*, writes how the word came into being: the Bethlem Royal Hospital, a psychiatric hospital in London founded in the fourteenth century was "locally pronounced "Bedlam," from which we get the word *bedlam*, meaning chaos" (20). By using the word in his text, Kala is playing with the idea of rethinking which side of the wall is the institution for the mentally ill, and also

dissecting the fact that the ‘outside’ world is still holding on to arcane notions of the past and using them to terrorise people in the present.

Though whiffs of religious animosity in the ‘outside’ pervade in the opening pages, the traces of religious harmony on the ‘inside’ make it into the narrative early on, when Dr. Iqbal is welcomed by “a raucous ‘salaam-alekum!’ followed by a hesitant ‘Sat-sriakal’” (2). This is how Fateh Mohammed and Rulda Singh are introduced, again followed by a description of their attire: they wore “outsized uniforms with tall grey-and-black stripes which made them look more like prisoners-of-war than patients in a hospital” (2), simultaneously contrasting it with Dr. Iqbal’s clothes and also harking back to Foucault’s asylum-prison analogy. The first signs of the impending Partition affecting people’s lives are introduced soon in the text, as a negotiation between the ‘inside’ and the ‘outside’. Despite discharging Fattu and Rulda from the mental hospital, Dr. Iqbal receives no response from their families: “The two families, finding themselves on the wrong sides of a looming, even if so far tentative, border between India and Pakistan, would have had more compelling issues of life, death, home, and hearth on their minds than collecting a ‘kamla’ family member from the hospital, even if he had partly recovered” (3).

This observation of where madness lies in the order of things of the ‘outside’ world, is contrasted with the ‘inside’ world’s outlook. The reluctance on the family’s part to collect the ‘kamla’<sup>18</sup> family member meant that the responsibility now fell on Dr. Iqbal to deal with them. Rather than “follow the tortuous rigmarole of re-admitting Rulda and Fattu under the Indian Lunacy Act” (3), they were asked to stay behind at the hospital and “make themselves generally useful to the staff” (3), since “a mental hospital was a safer place than the world outside in that summer of 1947” (3).

Reversing conventional notions of violence on the ‘inside’, the Partition had changed the ‘outside’ so much that the ‘inside’ was now the safe space. But this also meant that Rulda and Fattu now occupied a liminal space. Though residing in the ‘inside’, they were fit to belong to the ‘outside’ world.

The next warnings of the imminent event appear in the form of “a bland three-line note” (6), that requested Dr. Iqbal “to prepare a list of names and addresses of all Hindu and Sikh patients admitted at MHL at the earliest” (6). Dr. Iqbal knew that of the total 1,267 patients at the Lahore Mental Hospital, 678 were Hindus and Sikhs, 560 were Muslim, 20 were Christian, and 9 were Parsi. But what alarmed him was that so far in his eleven years at the hospitals, he had only dealt with numbers, rather than specific personal and religious details of the patients. Dr. Iqbal is portrayed as a humane and hence unqualified psychiatrist who “lacked the skill of professional detachment” (7). Kala ensures that the readers don’t get caught up in the medicalised discourses of the mental hospital, and focalises the story through Dr. Iqbal who was a ‘licentiate’ described as “methodical, dependable and predictable, but not the sharpest tool in the shed” (5), as opposed to his colleague Dr. Satinder Sharma who was a ‘regular medical graduate’ described as “brilliant and quirky” (5).

Again, there is an attention to vocabulary, where the eccentricities of those on the ‘inside’ labelled them as ‘kamla’, while the same eccentricities in the ‘outside’ world were affably referred to as ‘quirks’. Here, Dr. Iqbal and Dr. Sharma are portrayed in what is a psychological tactic used in interrogation called ‘good cop, bad cop’, where the former exemplifies sympathy and the latter hostility. Dr. Iqbal spent most of his time with his patients “feeling their moods, cringing at their nightmares, getting exasperated over good-for-nothing fathers, truant mothers, groping uncles,

unfaithful wives and fist-happy husbands” (6). The value of empathy, according to Kala, outweighs professional qualifications. Also, there is this implication that a lack of a secure and stable family exacerbates the onset of madness. A lack of emotional support at the family level tends to have deteriorating effects on the minds of people, which could be especially hampering in the Indian subcontinent where the idea of a loving family is put on a pedestal.

Rashida, Dr. Iqbal’s wife, is the only rationally vocal character in “No Forgiveness Necessary”, rightly ascertaining the anarchic state of affairs to come. She comments how Dr. Iqbal hasn’t had ““a single day duty since this started’... and while saying ‘this’, she made a wide generous sweep, taking in the whole city” (11). The riots had reached such a savage peak that Rashida couldn’t find language to describe it, finally resorting to gestures. Martina Kopf argues that one of the features of traumatic events “is its resistance to narrative representation. The desire to tell is opposed by the absence of language” (43). Rashida’s observation is just as true for the ‘inside’ when she comments on her husband’s workaholic nature: “Heavens will not fall if the crazies in the mental hospital don’t have a doctor for one night. In any case they don’t have a real illness” (11). The savagery of the ‘outside’ was a changing point that rendered the illness of the ‘inside’ unreal.

Throughout the collection, Kala lucidly writes about the mad riots that engulfed Punjab months before the actual Partition had occurred, masterminded by “religious zealots-turned-goons and goons-turned-religious zealots” (9). Dr. Iqbal had witnessed the horrors of religious madness when a helpless Sikh man was hounded and murdered by a mob of Muslim men: “It was surreal, the stage of a fast-moving macabre play emptying itself between acts” (15). Foreshadowing is a technique used

in the narrative to prepare the readers for the brutalities to come. For instance, foreshadowing is used when Dr. Iqbal cycles off to work: “the silent market lay before him like a dead person” (12). Soon after, Dr. Iqbal witnesses the lynching of the Sikh man who was pursued by the mob “like a pack of hounds” (15). The witnessing of the event has an indelible impact on Dr. Iqbal who “sitting on his hunches in front of an open drain, retched his guts out” (15), because a tragedy of this scale could only provoke a physical reaction and not a verbal one, much like his wife’s gestural wave earlier on.

The absence of language and a recourse to silence, although dominant in characters throughout the collection, makes a marked absence in conversations between Rulda and Fattu. Having heard of the happenings in the ‘outside’ world, particularly that of the potential exchange of mental hospital patients between the two nations, they try to gauge the concept of madness. In a dialogue eerily reminiscent of Samuel Beckett’s Vladimir and Estragon in *Waiting for Godot*, Rulda and Fattu debate:

‘Have the outsiders gone mad?’ Rulda wanted to know.

Fattu chuckled, ‘Yes, they have.’

‘You really think so?’ Rulda’s amusement and interest was clear.

‘We are at least predictable!’ said Fattu condescendingly.

‘Not always.’ Rulda was a fair man.

‘Well, we are predictably unpredictable. Outsiders are unpredictably unpredictable. That makes us more predictable. They should be inside and us outside.’

‘But they are so many. All of them cannot fit in here,’ Rulda objected to the logistics of the proposition. ‘So many people cannot be mad.’

‘Why?’ Fattu wanted to know, swatting a mosquito on his arm.

‘The majority has to be sane,’ Rulda did not sound fully convinced himself.

‘Why?’ Fattu persisted monotonously.

‘Because if most people were insane, the world would come crashing down.’

Rulda thought that it was a rather good argument.

‘Maybe it is crashing down as we speak.’ Fattu observed. (17)

Rulda and Fattu continue to debate in the passages to follow, talking about the impracticality of Partition, which includes the careless deportation of people across boundaries. Rulda, although a Sikh, was based in Rawalpindi, which was to be part of Pakistan, and Fattu, a Muslim, was based in Hoshiarpur, which was to become a part of Hindustan. They argue that all the ‘outside’ people need electric shocks and wonder whether they have enough electricity to give shocks to all of Lahore. This tragi-comic, almost nonsensical conversation between two mentally ill friends offers more wisdom than the havoc described in the pages to come.

The narrative inevitably leads to what is foreshadowed in the title of this story: Dr. Iqbal’s murder. More than three decades later, his son Dr. Asif Junaid Hussain, a psychiatrist, tracks down the Sikh Army Officer Ramneek Singh, who had sworn to kill ten Muslims but managed to kill just one, from the Army identity booklet he had accidentally dropped at the scene of the murder. The title, “No Forgiveness Necessary”, indicates that the magnitude of the event, the intervening time that has passed, and the realisation of its futility has rendered it unnecessary: “No forgiveness was asked for and none granted” (28). Asif introduces himself to Ramneek on the

pretence of returning his Army booklet and says: “This is the first time I have been able to come “this side”. I thought I should return it to the rightful owner” (22). There is again a reference to ‘this side’, which simultaneously means the other side of the border and also the side of the perpetrator.

The loss of his Army booklet is equivalent to the loss of his identity as a human being: the moment Ramneek shot Dr. Iqbal all those years ago, he ceased to be the person he was. Kala movingly describes the traumatic incident from Ramneek’s perspective, who had spent thirty-two years “trying to cauterize from his consciousness the memory of the morning Asif had so matter-of-factly conjured up” (22). For more than three decades, Ramneek had lived with the crime, unable even to vent out; now another person knew, the victim’s son, and Ramneek could not even expect sympathy knowing what he had robbed from Asif and his family.

Ramneek reflects: “The man who did “that” was me. But this is not who I am” (23). The pronominal shift, which is the substitution of one pronoun for another, expresses a sense of alienation: “By replacing a first-person singular voice with first person plural, or with second or third, while retaining the original focalization... functions to simply and coherently signpost a character’s alienation” (Gammelgaard 172). Ramneek’s dissociation between the person who committed the crime and the person who he was, symbolically represented by the loss of his Army identity booklet, can be understood in terms of Cathy Caruth’s ideas of trauma and guilt, which is “the oscillation between a *crisis of death* and the correlative *crisis of life*: between the story of the unbearable nature of an event and the story of the unbearable nature of its survival” (7).

Replying to Asif's question about why Ramneek killed his father, he narrates how that fateful day, Ramneek had returned home to find his ten-year-old son lying dead in the courtyard, covered in multiple stab wounds inflicted by a Muslim mob. Filled with revenge, Ramneek had stepped out wanting to murder Muslims, and Dr. Iqbal happened to be the first one he met. The mindlessness of his act, the raging madness that provoked it, is blurted out by Ramneek as he says: "I am not condoning anything. Thousands of people who had their families slaughtered in front of their eyes did not kill anybody in return. And thousands of people who killed had not lost anybody. Your father had done me no harm" (26).

Raging madness is not only a response to the inability to grasp unspeakable terror, but unfortunately a 'natural state' in human beings. Yugoslavian artist Marina Abramović's performance art piece "Rhythm 0" is a testimony to this 'normal' human tendency. In the performance, seventy-two objects ranging from things like water and a feather to scissors and a loaded gun were laid on a table that her audience could use on her. The purpose of the performance was to study the male gaze and if given a choice, would humans choose violence without provocation (Cunningham). Kristen Renzi in "Safety in Objects: Discourses of Violence and Value- The 'Rokeby Venus' and 'Rhythm 0'" writes: "The unscripted nature of her performance turned mortally hazardous... During the six-hour performance that followed, Abramović was undressed, re-clothed, drawn on, photographed, cut, posed, and otherwise marked by viewers. Eventually, a loaded gun was held to her head, and the performance was halted" (124).

Though the performance was designed to test Abramović's physical and mental pain thresholds, it inadvertently revealed that within human nature, violence

was a 'rational' choice. As Renzi herself concludes, the performance is a testimony to "indulgence... in excessive gestures of which a group of human subjects are capable, while ultimately emphasizing their avoidance, albeit narrowly, of doing lasting harm and damage" (133).

Though the raging madness was a rational choice at the moment, its repercussions are soon felt in the psyche. Ramneek had "started sobbing like a child" (19) soon after murdering Dr. Iqbal, and "crouching like a child, he started sobbing [again]" (27), thirty-two years later when confronted by Dr. Asif. The repercussions are not just felt by the perpetrator, but also by the family. Ramneek's wife, following their son's murder, had suffered a stroke and was rendered 'speechless'; his younger son Aman was witness to his father's plight, seeing him spend countless nights having nightmares. Aman had requested Dr. Asif to recommend a sedative that would help with his father's sleeplessness "which no Indian doctor had been able to cure" (28). Dr. Asif realises that having acknowledged his crime, Ramneek probably felt less guilty and would sleep well thereafter. He randomly writes down the name of a medicine, aware that the act of 'verbalisation' of a pain that had festered for thirty-two long years was the most effective sedative of all.

The rivetingly titled chapter "Partitioning Madness" is narrated by Rulda to Medical Superintendent Dr. Mohinder Singh and Dr. Prakash Kohli, twenty-two years in the 'time-present', after the actual Exchange of the mental hospital inmates had taken place in 1950. This chapter is a glimpse into the mind of a mad person: "Wake up is a relative term. My mind is muddled and thinking tiresomely sticky. A throbbing headache stops my thoughts from connecting with each other" (52). But the narration itself takes place because Prakash is in search of the missing mental hospital patients.

Dr. Mohinder informs that they were expecting “more than twice as many... [but] they died” (70) in the intermittent three years between Partition and the Exchange.

Contrary to what is expected, Rulda’s narration is lucid and articulate. The reader is tethered on firm logical ground throughout the narration, never once in doubt of what is happening. This is in stark contrast to the chapter “The Diary of a Mental Hospital Intern”, narrated by Prakash during his internship days at Ranchi Mental Hospital. Typical of diary entries, the narration follows a fragmented, stream-of-consciousness style, constantly unmooring the reader, which is quite unexpected of the narration from a normal mind. Rulda’s narration begins in the railway station, on the day of the Exchange. The dense fog of the winter morning had “somehow seeped into my head too” as he sees hundreds of “similarly clad silhouettes” (52). Rulda, along with the four hundred fifty ‘non-Muslim lunatics’ were being shifted to India in 1950, three years after the Partition. Rulda states that the throbbing pain in his head was due to receiving electroconvulsive therapy (ECT) that morning, since “Mondays, Wednesdays and Fridays are “bijli” [electricity] days” (53).

Rulda’s thoughts inevitably lead to Fattu, when he reminisces how they both started receiving ECTs. Several times in the narration, Rulda and Fattu are presented as inseparable beings, where talking about one without the other seems impossible. Even as he thinks about the ECTs, Rulda presents Fattu’s story before his own. Fattu had jumped into a well in a depressive phase. When rescued and asked why he had jumped, he replies: “I wanted to make a token of contribution towards balancing the statistics...the head clerk, says that the death rate of non-Muslim lunatics in the last three years has been twice than was expected...Train will go empty if it is delayed even more” (54).

Triggers, or instances that push vulnerable people off the precipice, are common in people with depressive tendencies. Fattu is triggered when he hears that the death rate of non-Muslims is unusually high. He mentally notes that if the Exchange was delayed further, there would be no patients left alive to be shifted. This grim realisation drives Fattu to kill himself, but the act of self-sabotage itself follows a linguistic inability to make sense. Rulda observes: "He stopped eating, praying, sleeping and replying to questions, even from me" (54). The chain of events that led to the act of annihilation itself began with the termination of meeting his existential needs, followed by a refusal of any attempts at conversation; once 'speech' stopped, the direct consequence was an attempt at death.

Rulda's shock treatments had begun, juxtaposed comically next to Fattu's existential crisis, when the hospital had run out of anti-lice powder and he had argued with the spiteful warden. Emotions were interpreted differently on either side of the hospital wall. Unrestrained emotions were labelled madness or eccentricity, depending on where the person was located. When the head warden is irked by Rulda's request for the lice powder, he angrily asks him to cut his hair, commenting: "You Sikhs have hair of gold or what!" (55). A deeply religious Rulda was offended and grabbed the warden by his collar, but immediately let go when he "realized the horror of what [he'd] done" (55). While the warden's anger was considered normal owing to his status as a member of the 'outside', Rulda's anger was interpreted as a relapse into madness simply because he was on the 'inside'. While Rulda realised the 'horror' of what he'd done and stopped, the people on the 'outside' had not realised the horrors they were inflicting and continued.

The medical Superintendent had re-admitted Rulda with “Acute Mania as the diagnosis, knowing fully well that you have nothing of the sort” (56–57) and recommended ECTs to make his claim authentic. These incidents ended their status as “two discharged-but-uncollected patients” (55), restoring them to the ‘inside’, nearly three and a half years after Dr. Iqbal had discharged them. Their case is representative of the heartbreaking reality of being mentally ill in India; despite being cured, most families prefer not to take the inmates of a mental hospital back, which leaves them at the mercy of cruel bureaucratic procedures.

The minor scuffle between the warden and Rulda is soon blown out of proportion on a religious basis. Rulda, who had not worn a kara (steel or iron bangle worn by the Sikhs) for a long time, is accused by the Deputy Medical Superintendent, a Mohajir (Muslim immigrant from India), of using it as a weapon to “hit and cut his [warden’s] lip” (56). His identity of being a person on the ‘inside’ had brought about his readmission to the hospital, despite him realising the wrong he had done; contrarily, people on the ‘outside’ roamed about freely despite the horrors they committed because they belonged to the ‘outside’.

Almost instantly, there is a carceral comparison. Rulda was taken back to the ward “like a recidivist felon being taken back to prison” (57). His identity as an inmate of the ‘inside’ couldn’t be easily shed, if at all it could be shed. As Erving Goffman elaborates in his monumental *Stigma: Notes on the Management of Spoiled Identity*, stigma is bestowed upon an individual due to their “differentness” (6), which resultantly stops them from getting social acceptance and they forever remain “a blemished person, ritually polluted, to be avoided, especially in public places” (11). Rulda’s insights into the medicalised view of disability and madness are compelling

and demonstrate Goffman's observations on stigma. Rulda calls the therapy "a benevolent electric shock... the parting gift... from my erstwhile carers" (57). His schedule for receiving the next shock treatment was carefully recorded before his cross-border migration, and Rulda wryly observes that "doctors on both sides understood each other even if the politicians did not" (57). Goffman writes:

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 un-thinkingly, 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. (14)

The fear of their deviance from the rules of the 'outside' was so deep-seated that the authorities wouldn't "let the minor issue of relocation to another country interrupt an on-going course of treatment" (53).

Rulda and Fattu's illnesses are quite intriguing to read. Rulda says: "The two peaks of illnesses— Fattu's and mine— had not only respectfully steered clear of each other all these years, but were also exactly the reverse of each other in every manner. It was for the first time that we had "fallen ill" together" (58). The fact that their madness had not occurred concurrently, and each had witnessed the struggles of the other until Partition was a looming presence, is a testimony to their illness being a physical reaction to the event itself: "With awe, each of us had watched the others illness from close quarters, the reverse of our own... Of course, we had our add-ons: mine were visions, and Fattu's, voices" (58). Rulda and Fattu's conversations are what Stephen Frosh calls the psychoanalytic dialogues between 'I' and the 'self' in "Identity Crisis: Modernity, Psychoanalysis and the Self":

The self has an importantly ambiguous status: it is both an object of knowledge and contemplation, and an experiencing subject... on the other hand, under most conditions I cannot know myself fully (because I am in my self); that is why I need the psychoanalytic dialogue, in which I see myself from the vantage point of the other. So an other can get closer to my self than I can myself, even though I am embedded within it and am the only one who has direct access to it. (2)

It is this psychoanalytic dialogue between Rulda and Fattu that keeps them humane during the turbulent times.

Simultaneously, the inhumane treatment of the patients during the Exchange is described vividly in this chapter. The train transporting them to the 'other side' is called the "Charya Express": "Charya, of course, is "mad" in Sindhi" (59). The Exchange itself had taken place three years after the Partition because it was not a priority: "Mentals are the rear end of mankind... Are we mankind? Do we count even as the rear end?" (62), Fattu and Rulda converse. They dwell on the smartness of the people 'outside, who were "sending you to where my home is and keeping me where your home is" (61). The irrationality of the entire event is further exemplified in this conversation between them:

[Rulda asks] 'Then why were we not asked about our preference?... [Fattu replies] '...we were not asked because we have no legal capacity. We don't understand implications'... [Rulda asks] 'You mean people outside understand the implications of everything they decide to do?... So they knew a million people might die and still went ahead'... [Fattu replies] 'Yes, they thought it was still worth it'. (62–63)

The receiving party of the Punjab Border Police, Rulda notes, “were armed to the teeth as if going into a battle” (63). The carceral nature of the Exchange is further elaborated as “the process was quite like the exchange of prisoners of war, complete with queues, uniforms and names being ticked off from smudged lists” (67). Since the Indian Punjab had no Mental hospital, “a detention centre, used to house offenders belonging to the Criminal Tribes, had been expanded” (68).

The entire process of separating patients based on their religions and also language was barbaric and illogical, as Rulda laments: “How the authorities managed to sift out the Punjabis from the non-Punjabis, when many of the patients had not spoken for years and would stare back blankly when asked any questions, is not known” (69). It is again the absence of language that leads to the uprooting of the people on the ‘inside’ albeit a familiar one, to an ‘inside’ on the ‘other side’ they could not fathom. The inhumanity meted out to patients who do not possess language is best typified through the story of Venky. Venky was a frail, tube-fed young boy who couldn’t speak except for a few Tamil words. Therefore, it wasn’t an absence of language but an absence of the language of the dominant ‘outside’ world that categorised Venky as mad. As the train carrying the patients to Indian Punjab reached a station, Venky leapt up in joy and shouted: “Madras” (66). Rulda corrects him, “Attari, not Madras” (66), and observes that “Venky did not find “India” interesting and sat back in his seat looking even more forlorn than before” (66).

Venky was left behind in Amritsar, even though the non-Punjabis were to be sent to Ranchi because of “a faded carbon copy... [when] a rushed peon... peered briefly at the flimsy sheet... in the dim light of the sorting office, wrote out Vikram Singh Chawla instead of Venkat S. Cholagar” (70). This signifies the madness of

Partition that changed a person's identity spuriously— Venky was not mad, but Madrasi, a person of a different linguistic community who could not be placed on either side of the newly created linguistic boundary. Sebastian C. Galbo writes that in the context of Apartheid, “madness operates as an unstable social and political construct perpetuated by hegemony, mostly to codify otherness, justify extrajudicial incarceration, and control populations” (Gammelgaard 87). Galbo's observation rings true for Partition as well.

Contrarily, in “The Diary of a Mental Hospital Intern”, Prakash strikes up a conversation with Nicole Forrester at the Anna Freud Ward, the French schizophrenic patient-cum-staff of the hospital who, unlike Venky, has agency over her madness. Nicole serves a dual role in the narrative, of a person inhabiting both the ‘inside’ and the ‘outside’, although not simultaneously. The Anna Freud Ward reflects this duality of Nicole in its architectural design: “halfway home for women who have recovered, at least partially. Built like a house... ‘Residents’ wear actual clothes... are free to go out” (96), unlike the stringent seclusion elsewhere in the hospital.

An episodic illness, Nicole exemplifies the value instilled in people with ill health, at least during the duration they are not unwell. Nicole says, “When you have been on both sides of the table, you get an intriguing third perspective” (101). Jurelle Bruce calls this dissociative narrativity: “The dissociative narrator can venture elsewhere, “no longer inside” a bounded subjectivity... [They] retain the intimacy and immediacy of the first-person “I,” while also traversing multiple vantage points and personalities” (66). Her linguistic ability is a mirroring of her on-and-off illness, and probably its only sign, as Prakash observes: “She talks haltingly, as if she thinks in

French and speaks in English, substituting a Hindi word when she can't get the right English one" (97).

Nicole narrates to Prakash how she "went loco" (100)<sup>19</sup>: shifting jobs, losing her parents during the War, her inability to conceive, and finally, the death of her loving husband Peter had pushed her off the edge. She was soon diagnosed with schizophrenia. Nicole says: "I kept on hearing Peter's voice, but as if he was talking to somebody else about me, and not to me... I tried to talk to him but it was like he didn't hear me" (100). Prakash could understand Nicole's situation and says: "I think that the illness, whatever it was, left you years back, but you are clutching its leftovers. You are not letting go of it because this is the only way you can hear his voice" (101). Nicole is representative of the people who choose madness for the comfort it offers, in the way of the memory of a dearly loved but deceased husband, in this instance. Although labelled mad clinically, Nicole has a choice to let go and escape the confines of the 'inside' world. Still, she deliberately chooses to stay because the happy memories with Peter far outweigh any supposed labels of the 'outside' world. She would rather stay mad than forgo any chance of hearing Peter's 'voice'.

Narrated by Prakash, this story is an account of his internship days at the Mental Hospital in Ranchi. Following the stream of consciousness of its narrator, the reader is led intimately into the psyche of Prakash, offering a disjunctive glimpse into the workings of his mind. The narrative piece, despite being random and incoherent at times, comes with the reassurance that at least in the inner sanctums of one's mind, the lack of order is not a disorder, per se. To typify the working mind, the entries are written in broken language, despite which they make complete sense. The carceral-

war imagery is a recurrent motif in the text and has a dramatic appearance in one of the earliest entries made by Prakash: “Everybody drank as if I was going to the border” (93). For people of the ‘outside’ who worked on the ‘inside’, working with mad people was akin to being a soldier on the frontier.

However, for the narrator himself, the internship has a completely different purpose: “Buddha had his enlightenment here [Gaya]. I will get mine at Ranchi” (94). For a young Prakash, work indeed was worship. Of his two-month-long internship at Ranchi, one was to be spent in the European Hospital and the other at the Indian Hospital. Even though both were constructed by the British, they “didn’t want their countrymen to mingle with Indians in so vulnerable a condition as mental illness” (94). Despite the chances of them finding a common language for communicating being negligent, the design ensured that no communication could take place between the inmates of the two hospitals.

A lot can be inferred from the architectural/infrastructural layout of a given structure/place. Prakash observes that the hospital is in “a tucked-away city” (94), a metaphorical sweeping under-the-carpet kind of gesture, to keep the mad away from the normally functioning ‘outside’ world. The sprawling campus with two hundred rolling acres has “a huge gate [that] dwarfs everyone” (94), ensuring that entry and exit are firmly restricted. Even though located in a semi-arid land, the mental hospital had fertile grounds owing to the “forced hard work by generations of mentally ill patients, packaged as occupational therapy” (94).

The manual labour demanded of the patients in the guise of treatment arose from a sense of superiority. Shilpi Rajpal asserts it was imposed as “strict regimentation of everyday routine... [because] Routine allowed entrenchment of

authority... and instilled discipline” (834). Prakash observes how “sprawling ill-kempt lawns and fields, dotted with thousands of perennial, self-sustaining trees” (104) surround the campus, indicating that when a living being is left on its own, they thrive; as opposed to the wards which under strict surveillance were “noisy, cramped and dirty” (105).

Even though the ‘inside’ was a safer space, the conditions there were determined by the ‘outside’, including the bureaucratic procedures and traditional ways of dealing with a mad person within the family setup. A month into his internship, Dr. Prakash Kohli shifts to the Indian Hospital and witnesses the travails and utter lack of respect meted out on a person with madness: “A dishevelled man with matted hair was being helped out... by a ten-year-old boy... His hands were tied with a rope, the child holding the other end... when the son found out they would have to wait, he expertly tied his end of rope to a tree and settled down” (102).

Physically restraining a mad person to prevent mishaps is a common practice in India. This practice of restraint comes from a feeling of ‘othering’ the mad, where their identity as a human being is stripped, and they are relegated to the level of domesticated animals, to be controlled with a leash. Dr. Prakash was shocked by the administrative inadequacies of the mental health sector and worked twelve hours a day, seven days a week. He didn’t have a choice and was in sheer awe of the number of mentally ill people at the hospital every day: “It’s as if there is a huge factory out there, producing madness” (104). Because of the number of people pouring in every day, examinations were tedious work, and even empathetic doctors like him were forced to stay detached: “Focus on the symptoms... not the causes, which could be anything or nothing. No way to tell without intensive observation. Keeps you sane–

there is no time for more... Hopefully somebody in the wards looks at them as individuals” (104).

Prakash does meet the person who ‘looks at them as individuals’ when he makes rounds in the wards: the Malayali nurse Gracy Thomas who is “frightfully young for the job” that consists of taking care of “the raucous crowd of semi-dressed, unshaven, excited restless men” (105). However, Gracy is at ease with her patients, cracking jokes and making the men smile; the highly agitated men silently obey the young nurse. When Dr. Prakash remarks that her Hindi must be good, the nurse from Kerala replies that she doesn’t speak Hindi: “I joke in Malayalam. They laugh in Hindi... I understand them. They understand me” (106). Exemplified in Gracy is Kala’s politics on the madness as a linguistic impasse: any breach of that barrier leads to a space of communication where madness ceases to exist. In the ‘outside’, a common language for communication is a necessity for its effectiveness, and a lack thereof leads to a space of linguistic meaninglessness akin to madness. However, on the ‘inside’, what mattered was not a common language for communication but a reciprocal intent to understand, which ultimately created a space where madness ceased to be.

Gracy and Venky are representative of Glissant’s notion of ‘detour’, which is “a tactical and ambiguous mode of resistance” (Gammelgaard 90). Detour encompasses “a form of struggle appropriate to a specific situation in which there is not an overt struggle between two factions each of which aims to take power, but rather a (suppressed) opposition on the part of those who are suffering from the established order” (90). Gracy, through her refusal to speak in Hindi, and Venky,

through his refusal to speak at all, resist sanist beliefs and assert their place in the madness discourse.

The bureaucratic oppressions are further elaborated during Dr. Prakash's visit to the women's ward, run by the matron Saima Bhatti. When Saima claims that cropping the hair of newly admitted patients is compulsory and a matter of hygiene, he responds by saying that "maybe it should also be a matter of choice, and they should wait to see if the girl can take care of it herself" (106). Even within the health sector, people who advocate for the fair treatment of patients are sometimes looked down upon. After the incident with Saima Bhatti, Dr. Prakash was "treated as a subversive human-rights activist" (107), and assigned to make rounds with a minder, indicating how deeply the roots of the current oppressive system lay.

Even though disjointed, the narrator makes a remarkable declaration about mental health care in India and the need for actually listening to the patients: "Armchair psychiatry is what is taught in Institutes. This here is the real karmabhoomi [workplace]... Unlearn some things to make space. Study files, speak to patients. Concentrate on the individual" (95). A sympathetic and observant person like Dr. Iqbal, Prakash goes through "long histories and 'progress' notes, of persons who have spent half their lives here and will die here" (95).

Mental health is intricately linked to ideas of family, wealth, and property. Despite recovery, many patients stay back in the hospital simply because their families do not want them back, "especially when someone usurped the man's property, so the last thing they want is the legal owner to turn up" (95). The ache of this abandonment is expressed as "stacks of sent letters [announcing discharge] with red stamps of the Returned letters Office [which lay] in a heap in a corner" (95). The

idea of family is a brittle subject, formed on firm grounds of normalcy; any deviation and the family breaks: “So much for The Great Indian Family and its protective nurturing” (95), remarks the former manager to the narrator. Whenever madness steps in, all conventional rules of the family collapse.

The readers encounter various patients through Dr. Prakash. Their stories are narrated to him and are made available to the reader, with his thoughts and interpretations added to them. Kala’s intention is clear here: by making an empathetic and humanitarian figure like Dr. Prakash the listener of mad stories, he is boldly and loudly making a statement as to where the loyalties of the reader should lie. On the last day of his internship, Dr. Prakash makes the acquaintance of Panditji, a patient whom Dr. Prakash had mistook for the gardener. Panditji is introduced as a man brought up in the lap of nature, and his “bald head and dark leathery skin, the result of time spent outdoors, gardening” (107).

He lived in a small hut made from jute and bamboo at the farthest end of the hospital, near the boundary wall. He thus occupied a liminal space, that merged the ‘inside’ and the ‘outside’. The patch of land in front of his hut was bustling with all kinds of flowering plants. Panditji was admitted to the Hospital at the age of eighteen and had spent twenty-five years there. He, too, talks about the illogical nature of the Exchange that took place: “People were picked up at random. Many of them did not understand Pakistan or India... how could they tell if they wanted to go to Pakistan or not?... The clerks looked at the names and said, ‘Here is a Muslim for Lahore.’ Nobody bothered about the fact that the fellow actually spoke Bengali, whenever he chose to speak, that is” (110). Panditji’s statement substantiates how the absence of a common language is marked as madness.

Despite his name being Anil Pandey, Panditji is described as a spiritual being, tending to gardens at the edge of the ‘inside’-‘outside’ boundary. When asked about why he is addressed as Panditji, he replies that many years ago an old patient on his deathbed had asked him, a brahmin by birth, to “whisper a mantra into his ear for moksha”. Even though he did not know any such mantra, he “whispered some words anyway” (111). Since then, his identity changed from Anil Pandey to Panditji, and he has been summoned whenever someone is about to die. The anecdote elaborates on the power of words, even meaningless ones, in labelling someone as mad or not: as long as there is language, one could traverse from the ‘inside’ to the space where ‘inside’ and ‘outside’ merged.

### **‘Time-past’ and ‘Time-present’**

Is it Partition time again?

—Anirudh Kala, *The Unsafe Asylum*

The narrative moves back and forth in time to portray the experience of Partition and its effects. While Partition was the point of rupture in the normal flow of time, ‘Time-past’ deals with the experiences of people until the moment of rupture, and ‘Time-present’ is a depiction of the effects of Partition on people who may or may not have had direct experience of it. Kala reinforces this indirect experience of Partition in *The Unsafe Asylum* through transgenerational trauma in a generation that did not witness it, especially in the chapter “Folie Á Deux”. He writes: “Mental illness often ran in families and bred true to type... there was a need to believe in the ‘reality’ of the others [in the family], howsoever bizarre it might appear to an outsider. The French called it *folie à deux* or *folie à famille*” (121). The title indicates how even decades after the fateful event, its impacts are still felt in the ‘Time-present’.

In “Belly Button”, Dr. Prakash Kohli is on a trip to Nankana Sahib in Pakistan, the birthplace of Guru Nanak, in the year 1979. He is “the only clean-shaven, bare-headed man on the trip” (30). More than three decades since Partition, the conspicuous attention to the appearance of a person is still prevalent because Prakash belongs to a religious minority in the context of this story. There is an intentional mirroring between Prakash and Asif, and their fathers Ved and Iqbal: both Prakash and Asif undertook journeys to the ‘other side’ at a chronologically congruent period in the ‘Time-present’; both were psychiatrists by training; and both their fathers stuck to their “clockwork routine” (43), were “strangely oblivious to the winds of change” (43) in the summer of 1947, and were victims of random gunshots that killed them.

Prakash’s Sikh co-passengers were reminiscing about a past before Partition and he observes how three different times were being negotiated: “There were three constructs being compared. The real brick-and-mortar Lahore they were passing through, the Lahore they had been carrying in their minds and the Indian cities they were coming from” (31). Here, the ‘brick-and-mortar Lahore’ would have been the ‘Time-present’ for his co-passengers had the event of Partition not taken place, but since it did, their ‘Time-present’ is the ‘Indian cities’ they were coming from; the ‘Time-past’ is represented by ‘the Lahore they had been carrying in their minds’, in times even before Partition had taken place. His co-passengers, Prakash observes, were living simultaneously in all three times. They discussed how “chillies tasted hotter and potatoes blander ‘this side’” (33), and Prakash is enthralled by how they were “talking about real and imagined differences in vegetables on the two ‘sides’” (33), a remark as valid for the people he would encounter.

The dangers of precarity, be it the absence of information or the loss of connections with loved ones, are performed as an annual ritual at Nankana Sahib in an attempt at closure for the ones involved. The weight of unanswered questions has taken a toll on people in the ‘Time-present’, and any news of people and places once held dear was met with great affection. Thus, people gathered together at night and were sorted according to the cities they resided in before Partition, so the current natives could update them about what had transpired since Partition: “They attempted to fill the gaps in their heads about friends and neighbours they had left behind... Precise questions were asked and sometimes answers found... News of a death was precious too. It filled a void” (36–37). In her article “Why We Need Answers”, Maria Konnikova states:

Psychologist Jerome Kagan posited that uncertainty resolution was one of the foremost determinants of our behavior. When we can’t immediately gratify our desire to know, we become highly motivated to reach a concrete explanation... We want to eliminate the distress of the unknown. We want, in other words, to achieve ‘cognitive closure’.

Equally important is knowing what happens when closure is not achieved. The witness/survivor is in a state of perpetual freeze, unable to move on, where the innate need for clarity clashes with the absence of information that could resolve it. The search then, is for an elusive narrative explanation. Dominick LaCapra, in *Writing History, Writing Trauma*, writes that this elusion creates tension in day-to-day living by creating “endless mutability, fragmentation, melancholia, aporias, irrecoverable residues or exclusions” (71) that the witness/survivor is forced to live with.

The aftermath of Partition, the actuality that the event was not a narrative fixity but the starting point of madness, manifests as narrative mutability. It is compared to the postpartum blues of Sneh, Prakash's mother: "For her, the enormity and uncertainty of their situation became combined with her postpartum blues, and she hardly even spoke during those days" (44–45). Likewise, the birth of the two new nations was bound to create 'blues' for the people, and like Sneh's response, the once afflicted by the enormity of Partition would ultimately be exiled to a narrative void owing to the immensity of the event.

Conspicuously, Prakash's birth is analogous to Saleem Sinai's in Salman Rushdie's *Midnight's Children*; like the protagonist of Rushdie's novel, Prakash is also born with a deformed body part. The difference lies in the deformity's purpose. While Saleem Sinai's large nose gives him a super-ability, Prakash's deformity is a permanent reminder of the horrors of Partition, bequeathed to him by Roshaan, the midwife who helped deliver him: "Do you have a rather prominent belly button?... The night I delivered you... there was a mob carrying mashaals [torch] and yelling like all the fiends in Hell... I was trembling all over when I tied the cord" (50–51). Thus, it is implied that those who had no part to play in Partition also had to partake in its repercussions; repercussions, much like the prominent belly button, that couldn't be discarded and had to be carried as long as one lived in the 'Time-present'. Roshaan also remembered to return to Prakash a necklace, which his mother had forgotten to pack in the hurry to escape: "The unexpected family heirloom" (51), though a treasured legacy for Prakash, is also passed down generations immaterially as *folie à deux*, "a cursed heirloom" (121) in the form of madness.

“Sita’s Bus”, starts deceptively simple with the marriage of an exuberant Sikh sports instructor Harpreet Cheema of Jullundur to Manjeet Cheema of Sialkot. This story is representative of the turmoils faced by women in the ‘Time-present’ who were left on the ‘other side’ in the ‘Time-past’ and were returned to ‘this side’ after Partition. The twenty-three-year-old Harpreet had been married twice, but “by an eerie quirk of chance her last name had not changed after either her first or second marriage” (73). The narrative begins and ends with bus journeys, but her time between the two travels is laden with events over which she has no agency.

Following anarchy in Sialkot soon after her first marriage, her husband and his family fled to India, abandoning Harpreet. She is abducted by the lusty Murtaza, but ends up marrying his younger brother Aslam after converting to Islam and adopting the name Firdaus. But one and a half years into their blissful marriage, the governments of both countries had reached a consensus that “all the religious conversions and subsequent marriages of women which happened after 1<sup>st</sup> March 1947, on both sides, are cancelled... such persons must be restored to their respective Dominions. The wishes of the persons concerned are irrelevant” (85). On the suggestion of his cousin, Aslam and Firdaus flee to Bhimber in Azad Kashmir, which being a part of neither nation, would be exempt from the newly formed “Abducted Persons’ Recovery and Restoration Act” (85). But Firdaus had been picked up by the officials a month and a half later and transported back to India on a bus:

She’d noticed that the women in the bus from Sialkot were an odd mix. Some looked relieved, others fearful, and still others, lost. And each woman was a strange mix within herself... During the journey, the same woman who was

joyous about going to India, would start crying hysterically, to head back to Pakistan. It was a bus full of mad women, she'd thought dully. (89)

As the title indicates, the women on the bus were expected to take the mythical Agni Pariksha<sup>20</sup> to prove their 'purity' before they could return to their families. Firdaus wakes up in a hospital feeling sore and is told that her pregnancy was terminated. She is informed that "when families ask for repatriation, the protocol includes consent for abortion... Nobody ever wanted to have a woman back who was pregnant... the state is doing what the families want" (90). In utter shock of what had happened to her without her consent, Firdaus relinquishes all her religious possessions and surname, and jumps aboard a bus bound for Delhi, away from her first husband. Harpreet's story is about the loss of autonomy over one's bodymind, especially when that autonomy interferes with political questions. In the introduction to *Autonomy and Mental Disorder*, Lubomira Radoilska writes:

[There is an] assumption that personal autonomy and (severe) mental disorder are mutually exclusive... participants in the autonomy debate, who otherwise disagree on both the nature of the capacity for self-determination and the appropriate scope for a right to self-determination, often concur on the idea that mental disorder affects this capacity and, consequently, undercuts the corresponding right. (x)

Since Firdaus, despite her semantic affiliations, was a woman and a woman in the possession of a man from another linguistic community, a spoiled identity<sup>21</sup> was imposed upon her that refused her autonomy over her bodymind. Hence, the decisions about her were made for her.

The chapter “Folie Á Deux” is an intimate narration by Prakash detailing one specific case of his career. A young woman had accompanied her mother to visit Prakash on his first day as a psychiatrist. As she narrates the history of her mother’s illness, Prakash notices that her “account contained words like ‘episode’, ‘remission’ and ‘delusion’, indicating [she] had been in hospitals before” (112). The first attack had come in 1948, a year after her parents had moved from Multan to Patiala: “It had all started with a feeling of foreboding... she vividly ‘saw’ bearded ‘mussalmans’ wearing clothes drenched in blood, threatening to amputate her breasts” (113).

Since treatment was not available, her father resorted to words of assurance and an exorcist who “mumbled some words and gave her leaves from a herb to keep under the pillow” (113). Just like Panditji in “The Diary of a Mental Hospital Intern” who had “whispered some words” (111) into the ears of a dying patient, here the exorcist ‘mumbled some words’ which were believed to heal madness. The second attack occurred after an intermittent period of twenty years. The seventeen-year-old daughter, her younger brother Om, and their younger sister Chitra had tried to take her to a hospital, “away from the marauding Muslim mobs only she could see chasing [her]” (114).

She recovered a month later, preferring not to talk about it: “It was as if there was another person sleeping inside her... she also had this superstition that any mention of it might bring the nightmare back” (114). Her daughter claims that “the absurdity of it all” (114) embarrassed her mother, and she wilfully chose not to verbalise the madness she had lived through. The consultation with Prakash was following her third bout, which began with her becoming “guarded and distrustful” (114). She had started “hearing the frightful voices again... Mussalmans wanting to

cut her to pieces... also threatened to rape her daughters” (115). The mother recovered under Prakash’s care in three weeks, and the elder daughter sent him a thank-you postcard. Their correspondence continued through postcards over the years.

Prakash was deeply affected by the case; however, this could not be the only case that impacted him. Even though he had intimate knowledge of the family’s history through the elder daughter, her name itself remains unknown throughout the chapter, indicating that she is a variable that could be replaced by anyone and Prakash would be affected regardless. She continued to communicate with him even after her mother’s discharge. However, six months later, he received a postcard informing him that her mother had killed herself. On the fateful night, the sound of a wedding procession had triggered her: “She had woken up and started shouting that ‘mussalmans’ were battering down the front door” (116). Terrified, her mother had run up to the roof and jumped into the night. Prakash had sent a condolence letter, and “for days afterward, I had my share of the soul searching which every psychiatrist faces whenever a patient commits suicide” (116). Prakash’s grief indicates that madness is not a condition situated in the individual but affects an entire gamut of people, from family to professionals who oversee its management.

A year later, Prakash received another postcard saying, “Om had become very strange and was hearing horrible murmurings” (116–17). Prakash had asked her to bring Om to the clinic, who looked “a far cry from the shy, finicky boy who had looked after his mother so lovingly... he cried and pleaded to be saved from the bearded men with green armbands and their sickles” (117). Om had also started writing a diary which was “two hundred pages full of words like ‘energy’, ‘god’, ‘sun’, ‘moon’ and ‘Om’, interconnected in all possible permutations with arrows and

stars and symbols... there were words like ‘soulwolver’ and ‘existencepump’ that you’d never heard of” (118).

In “Lacan and the Language of Mania: From Language Gone Mad to the Madness of Language”, Bart Rabaey and Stijn Vanheule follow the Lacanian principle that classifies manic language, called ‘flight of ideas’, as a core symptom of madness. They argue that rather than a phenomenon of ideas, madness is a “phenomenon of language and speech”:

Lacan’s views on the language experience of mania take as a starting point a view of mania as a particular phenomenon of language disturbance within the structure of psychosis... Lacan’s views on the particulars of language in mania are used to articulate a perspective on language itself, beyond the view of mania as manifestation of psychotic language functioning, and about the relationship of language, and language use, to the subject and the experience of subjectivity. (2)

In his own words, Om describes that for six months, “he had been having an uncanny feeling... everything happening around him had an ‘as if’ quality” (118–19). A year later, another postcard informed Prakash that she wanted to bring Chitra, who “believed that a ‘mussalman’ doctor had killed your mother” (121).

For the following three years, the elder daughter had visited Prakash every month with her siblings for treatment. Then one day, she barged into his office wailing that Om and Chitra were not ill; there were bearded mussalmans out there trying to kill them, and she had “seen them” (123). She accused Prakash of being on their side, having her mother murdered, and driving her siblings to madness because “he loved [her] and wanted everyone out of the way” (123). The Islamophobic tendencies that

the siblings display are borrowed from the mother's account of experiencing a traumatic event. In Trauma Studies, it is termed as 'inherited memory', 'belated memory', or 'prosthetic memory' (Lury; Landsberg). A devastated Prakash breaks down crying, remembering that the last time he cried was when his father was killed by a stray bullet. Prakash notes that "the delusion of Muslim men baying for blood and honour had been passed down through the family like a cursed heirloom" (121), unlike the heirloom he had received from an affectionate Roshan in the 'Time-past'.

"The Mad Prophet" brings together Dr. Prakash Kohli and Dr. Asif Junaid Hussain in the 'Time-present'. Many months before, Salman, Prakash's companion at Nankana Sahib, was taken to Dr. Asif when he had bouts of "crazy weepiness" (125) that made him "howl every morning like a slapped child" (122). Dr. Asif had prescribed medication for depression. Prakash's interest peaks upon hearing this, and he desires to make the Pakistani psychiatrist's acquaintance. When Prakash visited Asif, the latter was amid consultations. The last patient of the day, Mr. Haq, is introduced as Asif's 'client', who needs him "off and on for what he calls his 'blue funks'" (128). Mr. Haq had an empathetic association with Amitabh Bachan; whenever the latter fell ill, so would the former. While in "Folie À Deux" the 'horrible murmurings' culminated in madness for the entire family, visions of "dead bodies in red uniforms with brass badges lying on railway platforms" (130) were the onset of madness for Mr. Haq. Asif informs Prakash that Mr. Haq and Amitabh Bachan were born on the same day, at the same time, in the same city.

Once Mr. Haq leaves, Prakash bids an emotional goodbye to his young escorts, Mehmood, Shaukat, and Salman, while "absent-mindedly touching his navel" (132), thanking and remembering the heirloom inextricably gifted to him in that

nation. As per his wish, Prakash is taken to the Lahore Mental Hospital by Asif, where he is introduced to Dr. Salma Ansari, the Deputy Medical Superintendent and Asif's cousin. Prakash informs Salma of his quest: the deaths of nearly five hundred Hindu and Sikh patients in the three years between Partition and the Exchange. When Salma enquires how so many people can die, Prakash replies: "There are many ways of killing a mental patient, without even lifting a finger. He gets dysentery; nobody does anything about it. He dies. Simple" (137).

Salma cannot process the 'logic' of the deaths, and Asif offers that even Partition was not based on logic. The tangled relationship between Partition and madness is succinctly expressed by him: "The partition of mental hospitals was an extension of the Partition of India. So people died here too. Only difference was the modus operandi and the cold-bloodedness" (138). Besides the conversations between Rulda and Fattu, this is one of the conversations in the text that gives an objective insight into the effects of Partition. They converse as Salma takes them along during her night rounds. The final ward, Ward 12, secluded disruptive patients. That night, Ward 12 housed just three patients: A pair of schizophrenic brothers and a composed old man who would start digging at any sight of soil. Salma informs them that the old man was staying there by choice and that he was digging "to make a tunnel to connect this hospital to Amritsar Mental Hospital... to meet his friend Rulda Singh" (142).

The sudden realisation hits Prakash of an evening many years before, and he immediately recognises the old man as Fattu. In 'Time-present', he is still on the 'inside' and still uncannily intuitive: from the circumstances, he rightly ascertains Prakash is a psychiatrist from the 'other' side. His perceptive nature is given importance in the narrative, particularly because he can reflect on his madness. He

claims to have conversations with Rulda every day, but quickly adds, “with me being so mental, how do I know that the conversation is real or whether it is my confounded cranium echoing again?” (144). In Rulda’s absence, the psychoanalytic dialogue is between Fattu’s ‘I’ and the ‘self’. Once they leave, Salma tells them that Fattu is famous for his prophesies: “He is supposed to have prophesied the breaking away of East Pakistan, two years before it happened” (145). Through Salma, who says Fattu “doles out gibberish when angry” (145), which normal people attribute significant meaning to, Kala ridicules the sanity of the ‘outside’ world, which believes that Fattu can predict the future. Following a verbose rant by Fattu, Salma says: “Here is more prophesy material for us to fit into future events after they have happened” (147).

In “Love During Armistice”, Prakash and his wife Jasmeet encounter Brij Bhushan, a young schoolboy in his late teens. Having arrived at their weekend getaway in the middle of the night, drenched wet and running a fever, they take the boy in and encourage him to share his story. Brij, who later in the chapter is diagnosed with “delusions of erotomania” (164), writes letters to his lover Benazir in Pakistan, against the wishes of his father, who reprimands him for the behaviour. Jasmeet and Prakash assume that the parents find it difficult to accept his relationship since his girlfriend is a Muslim. When his father Sunil comes to collect him, he reveals that his son has been running away from school for the past two months and had written forty letters to Benazir Bhutto, the daughter of Pakistan’s President. Young Brij had been smitten by Benazir ever since he saw her when she had arrived for the Simla Agreement. A deeply hurt Sunil observes how the trauma of Partition still haunts generations decades after it had taken place: “When will the Partition of the two

countries leave us alone? In front of my eyes, I lost my father to it when I was that old,' he said nodding at Brij. 'And now my son'" (156).

Brij's story is congruous to both the relationship between Rulda and Fattu, and Mr. Haq's preoccupation with Amitabh Bachan in "The Mad Prophecier": much like Rulda and Fattu, Brij communicates with Benazir through letters and dreams, and quite alike Mr. Haq, Brij was obsessive about a person who probably wasn't even aware of his existence. Brij had dreams of Benazir and claimed she told him secrets no one could know. Sunil started reprimanding Brij when police started intercepting his letters for security reasons: "I have no problem with whatever madness it is, as long as it stays in your dreams. My problem is the police and the snooping detectives who come every time you write a letter" (159). Brij, like Mr. Haq, is a witness/survivor of a historical turmoil that confounds explainability. Caruth writes that if one were to read trauma as "a pathological symptom, then it is not so much a symptom of the unconscious, as it is a symptom of history. The traumatised, we might say, carry an impossible history within them, or they become themselves the symptom of a history that they cannot entirely possess" (5).

Brij is a representation of how madness has had political consequences since Partition. Before 1947, Brij's letter-writing spree would have been bracketed as a case of innocent infatuation. But since he lived in the 'Time-present', such actions were deemed suspicious. Once Brij is admitted to the Post Graduate Medical Institute in Chandigarh where Prakash is a Duty Resident, Kala slyly slips into a political discussion about Kashmir, presented as Brij's case history, in the guise of a mad conversation between Brij and Benazir. When Brij claims that despite having a Muslim majority, Kashmir belonged to India because it had a Hindu king, Benazir

asks why the Hindu-dominated Junagarh was forcibly occupied by India even though it had a Muslim king: “The patient thinks she has a point because you cannot look at the religion of the king in one state and the religion of the population in another state for deciding which way the state should go” (163). Such statements about tense political issues could only be posited in an imaginary conversation between a mad boy and his imaginary girlfriend.

Brij absconded from the hospital soon after, since the medicines were curtailing his dreams and hence his communication with Benazir. Two years later, Prakash coincidentally meets Sunil at the airport, who informs him that Brij is still missing. However, one of Sunil’s acquaintances had coincidentally seen Brij in Ajmer a week before. Brij had “Brij Bhushan Bhutto” (166) tattooed on his arms, indicating that the remnants of Partition still haunt generations later, and the impacts are as visible and lasting as ink branded onto human flesh.

“Refugees” begins in the ‘Time-present’, but the spectres of the ‘Time-past’ are conspicuously lingering: ““Is it Partition time again?’ Ma asked when I drove her to a station to put her on a train... I patted her on the back and said, ‘Don’t be silly. Partitions do not happen every day’” (167). These lines serve as a prologue to this section, but read like an epitaph, mourning a ‘Time-past’ that is always contained in the ‘Time-present’. This section acquaints the reader with Prakash’s private fears.

Living with his family in a precarious ‘Time-present’, he contemplates how the shoulder-high walls surrounding his house “went up a couple of feet every time there was a shooting or a rich man’s son got kidnapped” (168). The times were so tense that Prakash sarcastically notes that “history in these parts will remember the 1980s as the years of rising boundary walls in Punjab” (168), placing the narrative

almost four decades after the Partition. Their everyday life followed a strict pattern: “The routine tiptoed on a very thin ice of sangfroid, below which was a dark lake of fear” (168). Everybody in the family felt what everyone casually called the ‘Punjab Problem’, relegating it to a status of what Prakash called “a stubborn crossword puzzle refusing to be solved and not a ruthlessly violent terrorist insurgency in its prime” (168).

The headline in the morning newspaper calling out for a Sikh-only Punjab by the Free Homeland Army takes Prakash back to a memory of his five-year-old self walking in the morning market with his father when they were called ‘refugees’ by a vegetable vendor: “I hear the word ‘refugees’ hurled at our backs, where it seems to stick— at least to my back” (169). Young Prakash knew that the word meant “people who came here [to Punjab] at the time of Partition” (169–70) and asked his father how the vendor knew, to which his father calmly replied that it may be because they bargain too much. Although a humorous response, the young Prakash takes it for a fact and refuses to ever bargain in his life. Selma Fraiberg et al in their landmark study, write about the influence of parental troubles on young children using the metaphor of a fairytale:

In every nursery there are ghosts. They are the visitors from the unremembered past of the parents, the uninvited guests at the christening... [Sometimes] the intruders from the parental past may break through the magic circle in an unguarded moment, and a parent and his child may find themselves reenacting a moment or a scene from another time with another set of characters. (1)

For Prakash, bargaining entailed a reenactment of the moment when he was marked different. Thus, “Whenever Jasmeet [his wife] has asked me, ‘Why don’t you ever bargain?’ I have always replied flippantly” (170).

The political issue called the ‘Punjab Problem’ had numerous mental health consequences in the ‘Time-present’, as made available through the story of Pal Singh. A model school teacher, Pal was haunted by the images on his television, which showed “dead bodies turning up regularly... finding a blown-up bus here and a charred train there” (171). When news reached him that armed boys were hiding in the ruins of a temple, he went to confront them, only to be shot dead by a hail of bullets. His seventeen-year-old daughter had come to update Prakash about her father, bringing along a plastic bag that she left with Prakash, saying, “left-over medicines for poor patients” (172). The deepest sense of humanity in the young girl, even amidst the gravest tragedies, strikes Prakash’s empathy. He pretends to “rummage through the half-consumed strips of tablets, just so [he doesn’t] do anything stupid like crying” (172).

Prakash, already battling his traumatic past, is deeply invested in his patients. The ‘Punjab Problem’ only added to his stress when the Free Homeland Army threatened him: a letter with the photographs of his children attached asked him to donate forty lakhs to their cause. When a phone call was made to the Police, the security guard at his house was shot dead within minutes, showing their reach. Prakash has no option but to move to another city. It is when he bids a hurried goodbye to his mother at the railway station that she asks whether it is Partition time again. The rushed and secretive nature of his departure prompts his mother to ask this, since it resembled the Partition times.

Prakash moves to England, leaving his wife and kids with her parents in Bombay. Prakash reflects how “becoming rootless has been easy. It has taken half a day and not even a missed meal” (176). Months pass by, and a homesick Prakash is worried about his family. Even his work that gave him such joy was “dull and protocol-driven” (178). Jasmeet updates him about the happenings in India: “Seventy-five people were shot dead in a train” (177), “thirty-five policemen and their family members were killed” (177), and so on. Much like his patient Pal Singh, Prakash was impacted by the happenings back home and his helplessness regarding the situation. ‘Time-present’ rolls by for Prakash, till one day when he returns home to find that he is being held hostage by the Free Homeland Army.

The disembodied voice of his captor reveals that he was “somebody who lived in Yorkshire for years but also speaks an earthy Majha dialect” (179). The use of a disembodied voice to convey terror in Prakash mirrors the effect of voices heard by his patients: this is a deliberate attempt to emphasise how fear can drive one mad. The captor makes him an offer to return to Punjab and leaves. Prakash notes a hint of familiarity in the voice of his captor and realises it is his childhood classmate, Harmohan.

He recalls that Harmohan had left for England halfway through school. He had made a reappearance in Prakash’s life at age twenty-two when he had taken a sabbatical and returned to India. When Prakash wonders whether Harmohan is too young to take a sabbatical, he replies: “The fact is that most of us who belong neither here nor there are quite messed up... those of us who are unlucky enough to know this have a need to sort it out... religion is just one of the many ways to go about it” (181). Om, Harmohan, and Prakash experience what Sass and Parnas call ipseity

disturbance. They claim that ipseity disturbance has “two fundamental and complementary components: hyperreflexivity and diminished self-affection” (Gammelgaard 176); while in the former, “the subject may experience itself as an external object”, the latter involves “believing that actions, feelings, and thoughts are under the control of some alien force” (Gammelgaard 176). For Harmohan, rootlessness was a precipitating factor in the choice he made to serve the Free Homeland Army through his religion. In contrast, Prakash, despite his rootlessness, chooses to serve through his profession: while Harmohan unleashes religious madness on people, Prakash himself becomes a victim.

In “Smart Aleck”, Prakash is in Pakistan for a conference in the ‘Time-present’. En route to the conference on the Rawalpindi Express, he gets acquainted with his co-passenger Mr. Jaffer Hussain, a lawyer at Lahore High Court. When Prakash mentions his interest in Partition and the Exchange, Mr. Hussain responds that “post-Partition, all prisoners on both sides went through the same process of exchange” (187) in the year 1948. He knew of this because one of his clients, Ali, was an under-trial convict who came to Pakistan for a murder he committed in Faizabad, India. Ali was an assistant to a lawyer in Faizabad district court and had murdered a fellow assistant following an altercation: the latter had teased Ali’s girlfriend Mehr, and in the fight that ensued, Ali had stabbed him dead. Ali had chosen to be shifted to Pakistan because the legal advice given to him was that due to the absence of witnesses there, he would be acquitted and could return to Mehr in India. Since the court procedure took months, Ali desperately forged documents to speed up the process, only to be caught and deported. Ali had visited Mr. Hussain to get a passport, which was the only valid document that would help him get to India. Despite

Mr. Hussain's help, the process took months; meanwhile, Mehr was married off to Dubai: "It is time to move on. It has been a long time, a whole lifetime" (197), Mr. Hussain says.

Seeing a pretty young girl's photograph in Mr. Hussain's wallet, Prakash asks if it is his daughter; Mr. Hussain replies he is unmarried. Prakash realises that the young girl in the photograph is Mehr, and Ali is Mr. Hussain himself. When confronted, Mr Hussain reveals that he was a Brahmin who converted to Islam in the hope that it would allow him to marry Mehr. Even though he claims it is time to move on, Mehr's photograph in his wallet symbolises how he is still stuck in the 'Time-past'.

"Three Passports" deals with the residues of Partition experienced by Prakash's son's family: Anhad, his wife Saba, and their daughter Sehrish, who had no direct experience of Partition. The chapter is narrated by Saba, a Pakistani psychiatrist, and portrays the segregation she faces even seven decades post-Partition. Anhad's family was residing in the United Kingdom, and their three-year-old daughter was a British resident; thus, the three of them had three different citizenships. They were at the Indian High Commission in London to apply for a visitors' visa to travel to India to celebrate Diwali with Anhad's parents in Chandigarh.

Saba and Anhad, both students of psychiatry, met while studying in the UK and had a relationship founded on intellectual grounds. They frequently debated about the human mind and its implications, the following being one of them when Anhad remarks: "It is eerie to know that the way I feel and behave has a stamp... of what our prehistoric ancestors felt when they saw a thunderbolt hit a tree" (203). Saba, who

studied Jungian theories, responds that there is a striking similarity in primitive communities despite the continent on which they are located: that effects transcend time and space. Although presented as an academic discussion, the implication is that if a generation that lived five millennia ago still impacted the psyche of the present generation, a generation a few decades since Partition could not escape from its consequences.

A simple family visit involved tedious paperwork, all aggravated by the fact that India granted city-specific visas to Pakistanis. Since numerous calls were made between Anhad, who had travelled ahead with their daughter to India, and Saba who was still in Pakistan awaiting her visa, an Inspector from the Intelligence Bureau named Balwant Bharti visited Anhad suspecting criminal activities due to the “over-use spikes” (208): “After all, Pakistan is an enemy country,” (208) he says. Even when Saba crossed over on foot at Wagah, she was heavily scrutinised by the Punjab Police, Border Security Force, and Immigration and Customs authorities despite being the only person crossing over from the ‘other’ side that day. Both Mr. Hussain and Saba face the consequences of Freud’s concept of repetition compulsion, which is “a rehearsal of traumatic past events for a different outcome... the repetitive-compulsive subject revisits a traumatic event driven by an unconscious urge for a *do-over*, [for] a more desirable outcome” (Jurelle Bruce 82).

Even after reaching Jalandhar, she had to go through troubles with accommodation when the hotel insisted that she fill out separate forms even though Anhad had accompanied her. Since her visa was city-specific and forced her to stay just in Jalandhar, Anhad insisted that they sneak out to visit his parents in Chandigarh. While attending the Diwali mela, they accidentally meet Inspector Balwant. Anhad

hurriedly introduces Saba as his cousin Mita Kohli from Hyderabad, much to Saba's bewilderment. The paranoid need of the Inspector to track down illegal Pakistanis leads Anhad to make such a blatant lie, showcasing how hatred functions as madness, and how to counter such anger one is forced to tell lies. Although essentially a tale about a family get-together, the narrative is pieced together with phrases like "I hope this is not a satellite phone" (208), "why Dr. Prakash Kohli's son would go and get married to a Pakistani Muslim girl" (208), "so bleak and lonely" (209), "obtain a police verification every day" (210), "I was quite agog at this clandestine conspiracy" (211), highlighting the post-Partition problems that persist in the 'Time-present'.

The problems are not restricted to bureaucratic procedures, as is described in "A Spy Named Gopal Punjabi". The narrator of this piece is Samiullah Ahmed Pasha aka 'Sami', a former spy of the Inter-Services Intelligence (ISI) agency in Pakistan. Having spent years in service, Sami is a witness to the horrors that both nations are capable of in the mad hatred for each other that followed Partition. When unable to connect to his son Major Rehman who was posted in Azad Kashmir following the frequent terror attacks, Sami reiterates a sentiment reflected by people of that generation on either side of the border: "Peace my foot... Those kaffirs just understand one language— that of nukes" (220). The madness that ensued following Partition birthed the idea that even a nuclear war was a preferable choice.

Sami narrates the story of Gopal Punjabi, a highly revered former spy of the ISI (Inter-Services Intelligence), to his grandkids. Born in a devout Hindu family before 1947, he had lost his parents at age eleven during the Partition and moved in with an abusive uncle in India. He had escaped back to Pakistan in his late teens, worked and got a college degree, and returned to India to reconcile with his uncle.

Sami says that he was scouted by RAW (Research and Analysis Wing), where he worked as an undercover agent sincerely serving his nation, undertaking and completing impossible missions. Spurned by his wife and his cover blown as an agent which resulted in him being disowned by RAW, he had returned to Pakistan loathing the nation he had so dutifully served. He served ISI thereafter, dying in an operation in Bangladesh aged thirty-nine.

When the enthralled grandkids are put to bed by his wife Aalia, Sami suddenly falls ill, and in his dying breaths confides to his wife that he is Gopal Punjabi: the story about a spurning wife and a disowning nation was cooked up to add credibility to the story. He simply wanted to return to Pakistan, where he had spent a happy childhood with his parents. Although Aalia wonders “how a young man could give up his country and his faith just to fulfil a childish wish to go back to where he had once been happy,” (236) the answer is pieced together by every story in this collection: a desire to go back to a peaceful ‘Time-past’.

“Rulda’s Discharge” is the final story in the collection that explores Rulda’s painful transition from the ‘inside’ to the ‘outside’. Rulda was coincidentally reunited with Ranjot, his nephew, who had invited Rulda to live with his family in Delhi. The invitation left Rulda perplexed because “after living in a mental hospital for forty years, he didn’t think he was capable of living anywhere else” (239). He eventually obliged to the proposition, although not without his share of apprehensions. The panic of leaving had left him numb because “for the first time in forty years, he would not be going to sleep in a mental hospital at the end of the day” (239). He felt empty and realised that “perhaps staying in a hospital for a lifetime took away the cheer you were supposed to feel at leaving it” (239). Rulda wondered why he could not feel any

emotion, but remembered an altercation with a shopkeeper the previous week when he had felt “an intense visceral anger... maybe anger was the only emotion hospitals left you with” (240).

Rulda was accompanied from the hospital by Anoop, Ranjot’s young assistant. On the train to Delhi, news broke about Indira Gandhi’s assassination and the riots that erupted as a consequence. Rulda thinks: “It did not concern him. It was not 1947 after all. It was 1984” (241). Rulda, having lived in the ‘inside’ for decades, was not aware of the situation in the ‘outside’: ‘Time-past’ was a tremendous fragmentation with its reverberations still being felt in the ‘Time-present’. At the Sonapat station, armed policemen do a random check and encourage the passengers not to go to Delhi since the “weather is not fine” (241). In a hallucination that doubles as a premonition, Rulda sees the train being flooded with grimy water.

They get down at Delhi, but Rulda gets separated from Anoop in the bustling crowd. He reaches outside the station to see a crowd that has gathered in the parking lot. Rulda saw Anoop lying motionless on the ground, with men beating him up with hockey sticks, shouting, “Khoon ka badla khoon [blood vengeance]” (243). As he witnesses the gory event unfolding, suddenly, there is a heavy smell of kerosene, and Anoop’s body is set on fire: “Rulda knew that this was no madness; this was what they called ‘reality’” (243).

Rulda escapes first in an auto rickshaw, then on foot. He runs for hours and stumbles upon a pile of bricks next to a freshly dug grave. He walks further and reaches the ruins of Chausath Khamba<sup>22</sup>, where he hears distant qawwali intermingled with Anoop’s screams. Frightfully, Rulda runs again and crosses two men on a motorcycle, with the pillion rider holding a jerry can. He stands transfixed, till a taxi

driver stops by and asks where he wants to go. Rulda replies: “Is there a mental hospital in this city?” (245), yearning to escape ‘reality’ and seek refuge in ‘madness’. Rose Miyatsu has a prominent section in her essay that she titles “Dangerous Places: Institutions as Last Hope for Community” (Donaldson 57), to indicate that institutions never foster companionship for the mad community, and often end up being a place from which the mad person needs to be rescued. Thus, Rulda’s wish to go back to the mental hospital is indicative of the unimaginable horror he witnessed on the ‘outside’.

This motif of the ‘hero returning home’, a place of security and belongingness, emphasises that the ‘inside’ was a safer place to be. Rulda is appalled by the ‘reality’ of the outside world, where violence lurks in every corner. At this juncture, even the reader identifies with Rulda and subconsciously chooses the familiarity of the mad confines of the hospital.

## **Conclusion**

*The Unsafe Asylum: Stories of Madness and Partition* offers a vivid portrayal of the impacts of Partition on the individual and collective psyche of the Indian people. The mental health problems that followed still have repercussions in the present day, as made evident by multiple stories in this collection, where not only the people who witnessed and experienced Partition suffer, but the generations that came after too felt its consequences on their health and being. The experience of madness is inextricably related to language. The inability of language to capture and contain experiences within it is labelled as madness. Clinical madness is redefined in the backdrop of the fragmentation that Partition brought forth. The historical break also led to the flourishing of different types of madness, which under diagnostic criteria

were considered normal, but which nonetheless could not be accepted as such. Such madnnesses manifested and functioned through language, which this chapter analysed.

While historical events framed madness in this chapter, the following chapter analyses how socio-cultural realities force gendered subjects to seek recourse in madness.

## Chapter 4

### **Madness and Subjectivity: Ontological Ambiguity and Resistance in *The Mysterious Ailment of Rupi Baskey: A Novel***

Almost every woman I have ever met has a secret belief that she is just on the edge of madness, that there is some deep, crazy part within her, that she must be on guard constantly against ‘losing control’ — of her temper, of her appetite, of her sexuality, of her feelings, of her ambition, of her secret fantasies, of her mind.

—Elana Dykewomon, *Sinister Wisdom* 36

The intersection of tradition, culture, and myths in the formulation of madness leads to a dilemma: since supernatural elements dominate in the rural belief systems of India, madness is mostly understood in the context of the Vedic magico-religious ideals, which guide the ontological reality of the inhabitants in all spheres of life; and, such constructions of madness produce epistemic conundrums, since the traditional systems within the country are varied, and the resultant conceptions of disability/madness cannot be classified systematically. Added to this conflict is the competition with dominant ideologies deemed scientific and modern, effectively trying to relegate anything native to a position of the ‘other’. This chapter will study the ambivalent existence of women living with disability/madness in traditional communities, and understand how such existential ambivalences are used to negotiate with oppressive structures, by analysing Hansda Sowvendra Shekhar’s *The Mysterious Ailment of Rupi Baskey: A Novel*.

Madness has captured the imagination of artists, critics, and the common folk in the same measure, especially when that madness is attributed to a woman. In a

society as steeped in traditions and patriarchy as India, madness can be a powerful signifier to regulate 'unruly' women: women who sought knowledge and freedom, insisted on rights and equality, or in any way made demands that were perceived as a threat to the established societal hierarchy that comfortably seated men and their needs at the pinnacle. The label of madness was assigned to women with such ease and regularity for such a long time that, as Elana Dykewomon pointed out, women now believed they were 'on the edge of madness' and refrained from anything that could potentially lead to 'losing control'.

Thus, madness was a potent marker used for oppression and control that had practices like social stigma and negative stereotyping at its disposal. As Shekhar establishes in the text's title, there was a pervasive presence of 'mystery' in the 'ailment' attributed to women. The 'ailment' was not just strange but singular. In his narrative world, which was reflective of the 'real' world, the mysterious ailment of Rupi Baskey, was the mysterious ailment of *only* Rupi Baskey, implying different versions of such ailments were deployed on women, as and when the need arose.

The many versions of female madness in *The Mysterious Ailment* serve vastly distinct purposes. While the practitioners of the occult *dahni-bidya* (witchcraft) represent radical feminist ideals perceived as a threatening madness for the male order, the portrayal of motherhood and its associated travails suggest the conformist, acceptable madness in women which stimulated the sympathetic sighs of the society. The titular character, Rupi Baskey represents a third strain of female madness, at the cusp of the dahni/mother dichotomy, simultaneously drawing the ire of the dahnis for her complete lack of agency, and arousing support from everyone else, for it is her lack of agency that maintained the societal status quo.

Thus, *The Mysterious Ailment* assimilates numerous forms of female madness in the text by depicting how female subjects try to accommodate this identity in their favour. The women emerge victorious at times, lose against powerful patriarchal structures at others, or mostly stay in the stagnant spaces allotted to them. Elaine Showalter in her introduction to *The Female Malady: Women, Madness and English Culture, 1830-1980* writes: “A serious historical study of the female malady should not romanticize madness as one of women’s wrongs any more than it should accept an essentialist equation between femininity and insanity. Rather, it must investigate how, in a particular cultural context, notions of gender influence the definition and, consequently, the treatment of mental disorder” (5).

According to Showalter, the aim of female narratives of madness is then to refrain from “romanticizing and endorsing madness as a desirable form of rebellion” (5) and to identify it as “the desperate communication of the powerless” (5).

*The Mysterious Ailment* is a narrative about female madnesses, written by a male author that dismantles these ideas by acknowledging female madness as a powerful choice and a mode of resistance for claiming their rights, concurrently being a loud display of the female ‘communication of power’.

Thus, this chapter studies how dominant ideologies impinge upon female subjectivities to cause madness, and how such mad identities are assimilated to their favour by the subjected women.

### **Review of Literature**

There are abundant literary representations of female madness in Indian writing in English and from the native languages across India. From the female-centric short stories of Mahashweta Devi to the confessional poetry of Kamala Das,

women asserting their rights have always faced the backlash of being attributed madness to their identity. While Devi's *Rudali* revolves around a Dalit professional mourner believed to cause misfortune to everyone around her, Das's poems of frank sexual longing and self-discovery were unlike any Indian women's writings in the decades following Partition. Meanwhile, Anita Desai in *Cry, the Peacock* (1963) explored the theme of madness in the unhappily married Maya, haunted by a prophecy made during her childhood. Marital dissatisfaction leading women to madness and the use of Gothic devices to convey a feeling of eeriness and horror, is a theme oft-seen in texts about mental illnesses.

In 1997, Arundhati Roy experimented with madness as one of its central concerns in *The God of Small Things*: "Insanity hovered close at hand, like an eager waiter at an expensive restaurant" (207), she writes, because the characters in the novel "they all broke the rules. They all crossed into forbidden territory" (31), thus constructing madness as the only conceivable response to social transgressions. More recently, Tishani Doshi voiced the equation between gendered violence and madness in her poetry collection *Girls are Coming Out of the Woods* (2017), and Sandhya Mary's *Maria, Just Maria* (2024) set in the backdrop of a psychiatric hospital is "an insightful and humorous take on ideas like normal-abnormal, natural-human, love-hate, etc. that define contemporary society" (Book Blurb).

Scholarly writings on female madness have been copious in recent decades. Ankita Chakraborty in *Motherhood, Madness and Suicide: A Study of Selected Women Writers* (2010) examines "the connection between female authorship and themes, such as 'motherhood', 'madness' and 'suicide, springing from the bedrock of female

psyche and biology” (4). Amongst the authors selected are Ashapura Debi and Arundhati Roy, who discern motherhood, madness, and suicide as:

the three rites of passage— centred on creation, existence and death—that profoundly influence the female experience, under the delimiting, and often damaging circumstances, created by patriarchy. From motherhood to suicide, with madness as the dark interim, it is a full circle of oppression and dispossession that defines a woman’s life in a phallic culture. (5)

The study borrows from the writings of Helene Cixous’ *The Laugh of the Medusa*, Luce Irigaray’s *This Sex Which is Not One*, and Shoshana Felman’s *Women and Madness: The Critical Phallacy*, and others.

Further, Jyothsnaphaniya Bolla’s *Selves of Their Own: Metaphor of Madness in Selected Postcolonial Women’s Fiction* (2015), looks at “postcolonial women’s texts in the anti-psychiatric perspective” (v). The second chapter of the thesis titled “Selves within Self: Redefining Madness in *Cry, the Peacock* and *A Question of Power*” investigates the use of hallucinations in the selected texts as a method for “revealing their new selves” (v), using concepts from Jane M. Ussher’s *Women’s Madness: Misogyny or Mental Illness?*, Ivan Leudar and Philip Thomas’s *Voices of Reason, Voices of Insanity: Studies of Verbal Hallucinations*, and Sarah Pinto’s article “Consuming Grief: Infant Death in the Postcolonial Time of Intervention”.

Sarah Pinto’s *Daughters of Parvati: Women and Madness in Contemporary India* (2014), is an ethnographic study of gendered madness in India. In the introduction to the book, Pinto writes: “This book is a description of those spaces of ethical grappling at the overlap of crises— crises of mind, crises of relatedness, crises of intimacy, crises of medical care— and the decisions, assertions, compromises, and

actions that happen there” (4). The book explores the lives of several women in North India across different psychiatric facilities and attempts to piece together their stories. Pinto teases out the vulnerabilities of the many women she encounters, all the while undergoing familial crisis of her own: “This book is an account of that time and those moments of undoing” (2). *Daughters of Parvati* is a book on the complicated connections between language and female madness, which Pinto astutely claims are a “crisis of narration” (5) imposed through “unfinished and unfinishable stories, dilemmas of representation, disjunctures in perspective or coherence, and destabilizations of truth telling” (5). Thus, “crises of narrative that coincide with medical crises and kinship crises are a telling place to find things dissolving (and reconstituting) or disintegrating (and reintegrating)” (5).

Finally, Nikita Sharma’s intelligent inquiry into madness, titled *Madness as a Literary Structure and Form: A Spatial Study of Narratives* (2022), examines the “aesthetic negotiation of the literary design of madness” (Abstract). Sharma argues that ‘madness’ is negotiated in three literary stages within the narratives: “Madness can be witnessed as an erratic urge to mimic and repeat the dogmas, doctrines and paradigms of various monologues in a system... [secondly], writers of madness have given empirical doubts as soliloquies to the madman and also, [thirdly] confrontational audacity to the diabolically dialogical madman” (Abstract). The thesis takes ‘noise’ as a starting point for analysing madness and ends at ‘silence’; in between come monologues, soliloquies, and dialogues, neatly pointing to the centrality of language in any discourse on madness.

The literary writings about female madness published in India are mostly written by women. Men writing about female madness is paltry and often sidelined

within the text. It was also observed that the available narratives on female madness were almost entirely located in urban spaces. Female madness in the rural, lower-class strata of society, far removed from the medicalised notions of disability/madness, was markedly limited. Accordingly, Hansda Sowvendra Shekhar's *The Mysterious Ailment of Rupi Baskey: A Novel* was chosen for the study.

### **The Narrative Strategies**

Hansda Sowvendra Shekhar subtitles *The Mysterious Ailment* as 'A Novel', although the text is far from fictitious. Except for the mention on the title page, every other aspect of the narrative indicates that *The Mysterious Ailment* is a work that harmoniously blends copious amounts of facts with sporadic elements of fiction. The geographic map of the northeast part of Jharkhand, where the narrative is set, opens the book, even before the plot begins, firmly establishing the places in the text—Kadamdihi, Tereldihi, Nitra—as real. A closer look at the places where the majority of the plot unfurls yields an illuminating observation: Kadamdihi and Tereldihi are near the frontier that separates Jharkhand from West Bengal and bounded by mountain ranges on two other sides, essentially imposing seclusion in a sense; Nitra, however, is surrounded by the Subarnarekha river, the industrial towns near Rakha mines, and the temples of Rankini and Siddheshwar, inherently in the lap of culture and civilisation.

Place is a prominent presence in *The Mysterious Ailment*, wherein the syncretic religion of the Santhal community creates a vigorous atmosphere. In his article "Sarna-Hindu Theology: A Study of Some Cults, Gods and Worship in Jharkhand", Shekhar justifies why he prefers the term Adivasi: "Maybe because the term "Adivasi" means the "First Dweller"—a term that has more authority and more

purpose... The term “Adivasi” has a feeling of belonging to a place that the terms “tribal” and “Scheduled tribe” do not have” (95). Shekhar ingeniously uses the geography of the places to forcefully subvert any misconceptions about nature/culture and tradition/modernity that the reader may hold. He furthers this agenda in the epigraph to the book by quoting the English transliteration of a Santhali song, its meaning explained nowhere in the text, in effect leaving the reader to take the effort to discern meaning for themselves.

The entire process of reading *The Mysterious Ailment* is an exercise in carrying on this effort, not simply because of the inclusion of transliterated Santhali in the text, but also because of the plot itself. Inspired by his experiences as a Medical Officer working for the Government of Jharkhand in remote areas, Shekhar, a Santhal himself, uses a narrative technique that makes it hard to discern whether the book is a work of social realism or magic realism, because instances from the text validate both the categories. The text presents the historical struggle of Adivasis led by legendary Birsa Munda<sup>23</sup> and poignantly portrays the oppression meted out to them. Simultaneously, there are depictions of the esoteric practices of dahni-bidya and encounters with eerie creatures like the Dhonkundra-bhoot (a spirit believed to bring wealth). The supernatural elements in the text suggest gothic influences, but with a distinctively Indian subtext. For instance, while the gothic usually uses dark, gloomy confines of spaces to instill a sense of morbidity and fear, this text describes the gothic in vastly expansive spaces of river banks, on konami (full moon) nights, nonetheless with the same effect.

The twenty unnumbered chapters of the book are intriguingly titled— “The Strongest Woman of Kadamdihi”, “The Son with Two Mothers”, “The Fall of the

Strongest Woman of Kadamdihī”, “The Clash of the Equals”— lending an epic quality to a story of the Adivasis living in isolated villages of India. Another visible element of epic grandiosity in the narrative is a self-fulfilling prophecy made by Rupi’s mother very early on in the narrative. On one of their trips to Chakuliya during Rupi’s younger days, her mother had predicted that Rupi would be married to the majhi-gushti (the household of the headsman of the village), a comment that had made Rupi blush “like a joba-kusum in full bloom” (19), keeping her “doubled up in shyness like a pangolin” (20).

The discourses of health are the unifying thread in the narrative. As can be expected of a narrative set in the lap of nature, the descriptions are imbued with vegetation/bestial imagery. Such imagery is interspersed throughout the novel to describe various characters: a young Rupi on her wedding day is compared to the fair flowers of the dogor tree (a species of the jasmine family); when she falls in the field in the process of birthing her eldest son Jaipal, a heftily built Rupi is compared to a “felled banyan” (4), and the son she birthed is described as being “only slightly bigger than a kitten” (5). Meanwhile, her brother-in-law, Doso, is described as a “wild bull” (11) at the beginning of the narrative but deteriorates towards the end: “Doso, once an irrepressible bull, became a servile lamb” (165).

Shekhar adopts a third-person point of view for the plot, distancing the narrator and the reader from the events of the text. The reason for this distancing is perhaps his identity as both an insider and outsider, a Santhal who has been educated out of his Santhali way of being, that requires him to be impartial to both his identities. The complexity of the plot and the element of the supernatural demand the reader to have a holistic view of the happenings to stay objective and empathetic,

which the third-person point of view allows. This narrative technique also allows a single character, the titular Rupi Baskey, who anchors the entire narrative, to be the focal point of the readers' attention. Shekhar begins the narrative with the following line: "Rupi Baskey cannot believe she was once the strongest woman in Kadamdihi" (1). In textual time, Rupi is reminiscing about a past when she was healthy, and it is the diminishing of Rupi's health and the imposition of a state of disability/madness that the narrative tries to address.

Rupi's journey from the first chapter, "The Strongest Woman of Kadamdihi" to the fifteenth chapter, "The Fall of the Strongest Woman of Kadamdihi", forms the crux of the narrative. The dogor tree is a calculated presence throughout it. Shekhar symbolically uses the dogor tree repeatedly to convey a sense of loss and intrigue. Rupi, fair like the dogor flowers on her wedding day, had withered twenty years later. Shekhar writes thus of Rupi's pining for a past forever lost: "Helplessness, regret and anger race across her face... She looks up at the dogor leaves and in spite of herself, as if it were a crime to cry, permits the tears to roll down her cheeks" (8). Later in the narrative, when Rupi is married and brought to Kadamdihi, the naikay's wife, who the people of the village believed to be a dahni (witch) because of her rolling eyes, remarks: "So fair, just like the dogor flower. I think I can see her sitting under the dogor tree already" (74). Rupi's journey from health to disability/madness is traced through her journey from being fair like the dogor flowers to sitting under the dogor tree.

In the narrative, the nameless villagers function as the audience, giving insight into the lives of the four generations of Putki's family, essentially lending the events in the narrative the quality of a play performed on stage. Putki laments: "Their house

has become a spectacle. It has always been one... Each episode in their lives has played out in full view of Kadamdihi, even as the village has speculated about them, cheered them on, lamented their fate and, most of all, enjoyed the show” (9). Putki’s family’s life unfurls in full view of the village: “The villagers sigh. ‘Who is to blame?’ someone says. ‘Putki was never meant to be miserable. She’d have lived like a queen. But then...’” (21). Shekhar ends the second chapter, “Kadamdihi, Tereldihi”, with an ellipsis, a narrative device that leaves the reader in anticipation, creating an ominous atmosphere.

Even though Putki’s immorality during her youth and Khorda’s rejection of several young women as prospective brides for their son Sido were pointed out as reasons for the downfall of the Baskey family, there was another section that believed that despite them, Putki should have lived a happy life. Within the narrative, storylines deviate as opinions do, creating a tense atmosphere, magnified by the expert use of the ellipsis. Neal Alexander in “Spatial Stories: Narrative and Representation” writes:

Storylines branch and ramify unexpectedly, incorporating shifts of pace and tone of voice, or employing ‘anachronies’ such as flashbacks and prolepses, before circling back... via some convenient narrative bridge, a corresponding sound or image, or a loose association of ideas... Carson amplifies and enriches what Paul Copley calls the text’s ‘narrative space’, multiplying the turns and detours through which its progression from beginning to end is delayed, frustrated, or held in suspense. (145)

Shekhar exercises control over the narrative pace by making it reflect Rupi’s state of mind and health. The initial few pages of the narrative pack extensive details about a young Rupi engaging in chores at her maternal home in Tereldihi. In her

hometown, Rupi is described as hard-working: “She cleaned the house, washed utensils and clothes, and drew water from the well. She threw grains to the fowl and grazed the cattle and goats. She helped raise her younger siblings and cousins. She went shopping at the weekly haat [market] in the neighbouring village of Joram” (2). Shekhar lists out, almost breathlessly, how thoroughly active Rupi’s life was in her home. Even pregnant, “Rupi knew no rest and had to be doing something or the other all the time” (3). Despite giving birth to Jaipal on her feet, Rupi recovered quickly and was back working in the fields within five days. This rampant activity follows in her marital life, during her pregnancy, and after Jaipal’s birth till she returns to Nitra, where her husband Sido, works as a school teacher.

Her arrival in Nitra following Jaipal’s birth coincides with an extended period of inertness. Events follow, one after the other, but Rupi is restricted to her bed, barely able to take care of herself: “On some days Rupi suffers a headache. On others, a funny feeling in her stomach will not let her stand or sit straight... Sometimes she feels such acute fatigue that she cannot walk to the pond to wash herself” (6). At the beginning of the text, Rupi’s physical strength is described as superhuman, supernatural even, and the consequent decline forms the novel. Rupi’s health drives the narration forward, and the answers to the how and why of its deterioration are explored throughout. On days she is unable to take care of herself, she is forced to request her sister-in-law, Dulari to help her: “Rupi sits on the cot under the dogor tree and sponges herself, remembering the days when she had been compared to its fair flowers” (7). Rupi yearns to go back to the past she cannot possess, symbolised by the dogor tree, to which the narrative circles back at the end.

The voluble descriptions of the social system of the Santhali community in the narrative are compelling. Shekhar gives a detailed account of the paaris (surnames) of the people in the kulhi (village): Somai-haram's gushti (household) was called Hansda and the eldest male of the clan was the majhi (headsman) of Kadamdihi; therefore, their house was built at the top of the main street, a prime position. The naikay (priest) with the surname Marndi was the bridge between the villagers and their Gods; because their role was religious, they held a superior position and lived opposite the majhi. The surname of Murmu was born by the jogmajhis, who were the organisers of weddings, funerals, and the meetings of the moray-ko (the five village elders); since their role was important, they also resided in the head of the kulhi. Tudus were the godeth, the village crier who lived at the end of the village: "They are considered to be the lovers of poetry, music and the arts. Because of their love for the finer things of life, Tudu men are said to impress women easily" (12–13).

The close association with nature is also reflected in how the Santhali surnames originated: "Hansdas... are said to have hatched from the eggs of the mythical swans, Hans and Hansli, while Murmus are believed to be the kids of the sacred nanny-goat-Murmu-Enga" (13–14). The Santhals followed the animistic religion of Sarna and worshipped nature and its spirits. Such descriptions give an insight into the rigidity of the societal setup and the indomitable influence of nature and religion in the lives of the Santhals. The efforts in navigating the rigid barriers laid down by society and religion eventually bring forth storylines of women like Rupi, the naikay's wife, Gurubari, and Dulari, however, with vastly different outcomes.

The organisational scheme of the village was further based on the caste system. The Kamar and Kunkal, who belonged to the lower rungs of the caste ladder, lived on either side of the kulhi. Although outsiders who arrived later in the Santhal-dominated Kadamdihi, they believed the natives to be impure because the Santhals ate meat, drank haandi (a type of liquor), and practised polygamy. The Mahatos and Maarhs of the neighbouring villages were prosperous landowning communities. While the Maarhs were perceived as arrogant, the Mahatos were subjected to jokes that claimed they were stupid (14).

Shekhar, typical of his style, reverses such notions about the Mahatos and writes: “They are extremely hard-working and shrewd people with a propensity for thrift and a knack for survival... [they] stick to others of their communities in times of crisis... a Mahato, however poor, will never starve” (15). Shekhar advocates for the idea of community and co-dependence enshrined in the Mahato existence, and despite being perceived as simple-minded, celebrates their values of putting community over the individual by including scathing remarks like, “arrogance is the undoing of the Maarhs while merrymaking is the undoing of the Santhals” (15). If simple-mindedness ensures survival, then that is preferable to arrogance and merry-making, which might eventually lead to downfall. This exact sentiment is reiterated by Dulari towards the end of the narrative when she claims that she willingly chose to be a dahni because it ensured her survival in a male-dominated system.

The ample descriptions of society, culture, and religion are a strategy to express the almost claustrophobic nature of the Santhal way of being for its women. Within the Santhal village, numerous strictly coded rules and norms persisted under the guise of culture and religion, which impeded women tremendously. To overcome

such obstacles, which generally turned oppressive, women like Gurubari and Dulari turned to dahni-bidya, thus making the occult practice an organic presence in the narrative. Kathleen A. Miller writes about “the relationship between horror as a literary effect and the socially produced horror of illness and disability” (143) wherein the inclusion of “gothic monsters... have figured racial, ethnic, mental, and sexual difference as “grotesque” disability, doing so in anxious narratives that relocate cultural fears onto supernatural and/or disabled bodies” (143). However, in *The Mysterious Ailment*, one witnesses not an imposition but an embrace of the supernatural and/or disabled body as a formula for liberation from the strict patriarchal society.

Within the narrative, discourses fall under numerous dichotomies— male/female, nature/culture, normal/supernatural— but not in the traditionally understood ways. For instance, scholarly writings have focused on binary oppositions by claiming that the second term in the pair— female, culture, and supernatural— is the inferior, ‘other’ of the first term: male, nature, and normal. In *The Mysterious Ailment*, such conventional notions are dismantled, rendering it a thoroughly revisionist text. For instance, even though the characters in the narrative follow the traditional gender roles in the beginning, there is a reversal as the narrative progresses. For instance, Sido, a school teacher, ends up a mere puppet in the hands of his lover Gurubari, and so does Doso, whose violent ways are curtailed under his wife Dulari’s influence. The natural/cultural/supernatural triad plays out in more complicated ways in the text, and is strategically deployed as a way of resisting the various forms of patriarchal oppression that women face.

Since Rupi and her debilitating condition are the focal points of the narrative, the shifts in her condition as she traverses from Tereldihi to Kadamdihi, and finally to Nitra need to be analysed. In the narrative, these three places are roughly representative of the natural, the cultural, and the supernatural, respectively. The other triangular relationship within the text is between men, mothers, and dahnis, which transpires irrespective of where the narrative unfolds. Both the triads— ‘natural, cultural, and supernatural’ and ‘men, mothers, and dahnis’— interact within themselves and with elements in the other triad to essentially form an amorphous web that configures the different types of madness within the text. Shekhar writes of these tangled connections in the aftermath of Somai-haram’s apprehensions following his distressing dreams about his pregnant wife, Older Somai-budhi: “That is what has been done over the years. Santhal men drink haandi, Santhal women practise dahni-bidya, and no one speaks about it. It is as natural as the wind blowing through the trees in a sarjom grove, as water flowing in the Kadamdihi stream” (37).

While nature emerges as a dominant character in the narrative, so do characters who worship nature, sometimes in unacceptable ways within the Santhal belief system. The forest surrounding Kadamdihi shrouds the small farming village in an eerie aura, implying that this village is not the typical quintessential microcosm of India, and that forces beyond the purview of the normal exist. It is in this provocative backdrop that the reader encounters the numerous characters of Shekhar’s world. Scattered throughout the novel are real historical events, as if tethering the readers to the center and reaffirming that as other-worldly as it may seem, the story doesn’t unfold in the realm of the impossible. This is a technique that the author uses to

permeate authenticity in the text, to claim that events and individuals in his fictional world may exist in the real world.

Shekhar's work has often been read under the subaltern lens, but a reading from the theoretical framework of literary disability/mad studies is just as important. If the tribal ways of living are a reaction to and a resistance against the mainstream/dominant ideologies, then these reactions/resistances must be founded on real factors, one of which has to be the dichotomy of health/disease. For a poor, illiterate, working-class tribal, their ways of living are not self-aware ways of reacting against the dominant class, but rooted in their surroundings and existence, where a healthy body/mind plays an irreplaceable role.

### **Natural, Cultural, and Supernatural**

Over time, she was shown everything. The place where her elder brother-in-law was born, the place where her father-in-law went to work, the place from where her mother-in-law had run like a madwoman, the place where her aunt-in-law practised her special skills.

—Hansda Sowvendra Shekhar, *The Mysterious Ailment*

The synthesis of the natural, cultural, and supernatural in the conception of madness is evident in the respective spatial equivalents of Tereldihi, Kadamdihi, and Nitra. Rupi, a resident of Tereldihi, moved to Kadamdihi after her marriage to Sido, and then shifted to Nitra, where her husband worked as a school teacher. Anchored on the tribal Santhal community of all three places, Shekhar opens the narrative in Kadamdihi during the Ashadh (Monsoon), “in the middle of the planting season” (1). Rupi is introduced thus, heavily pregnant, “transplanting rice saplings” (1) with other women in the fields. Rupi's introduction in the narrative amidst the muddy fields in

Kadamdihi, as opposed to her first mention in Tereldihi “hunting sparrows with slingshots” (2), is relevant to understanding the nature and culture equivalent the two villages stand for. Edward S. Casey in “How to Get from Space to Place in a Fairly Short Stretch of Time: Phenomenological Prolegomena” writes:

Given that culture manifestly exists, it must exist somewhere, and it exists more concretely and completely in places than in minds or signs. The very word *culture* meant “place tilled” in Middle English, and the same word goes back to Latin *colere*, “to inhabit, care for, till, worship.” To be cultural, to have a culture, is to inhabit a place sufficiently intensely to cultivate it—to be responsible for it, to respond to it, to attend to it caringly. Where else but in particular places can culture take root? (33–34)

Thus, locating Rupi’s introduction in a ‘place tilled’ effectively becomes a cultural act. In opposition, in her hometown Tereldihi, Rupi is always moving, reaching the ‘family fields’ only in the end: “She went shopping at the weekly haat... some seven kilometres from Tereldihi... [attended] the annual Buru-Bonga—the Worship of the Hill... [visited] the ancient shrine to Marang-Buru on top of the hill... Besides all this, Rupi worked the family’s fields” (2). The substantial differences between Tereldihi and Kadamdihi are further inflated when Khorda and Putki seek Rupi’s hand in marriage for their son, Sido: “Tereldihi, too, was named after a tree—the terel or the kendu whose leaves are used to roll bidis with... Unlike Kadamdihi, which was more cosmopolitan because of the three different communities which lived there and its proximity to Chakuliya, Tereldihi was a wholly Santhal village. And because it was located inside a forest, the village was quite remote” (18).

Rupi's life in her hometown as a young girl is described as idyllic, where "she performed the routine tasks expected of any girl in a village" (2). Her life is naturalised and normalised in Tereldihi, devoid of any reference to disability/madness. Wilbert M. Gesler and Robin A. Kearns's *Culture/Place/Health* "explores the links between culture, place and health" (1) and elaborates on the concept of therapeutic landscapes or "places where place itself works as a vector of well-being" (5), and tries to seek an answer to the question "What makes a place a healing place?" (132). For Rupi, Tereldihi functions as a therapeutic landscape due to her familiarity with its people and surroundings. Consequently, her rapid shift to Kadamdihi as Sido's bride brings radical changes too quickly for her to keep up with, resulting in a break from normalcy. Hence, the second chapter of the book is interestingly titled "Kadamdihi, Tereldihi"—instead of Kadamdihi and Tereldihi—wherein Shekhar uses a comma as if to introduce a list to suggest Rupi's state of flux shall continue.

Like most villages in India, Kadamdihi was named after its most identifiable feature, the Kadam tree. Putki reminisces how, when her father Somai-haram founded the village, the Kadam trees were aplenty: "Kadamdihi was named after the kadam tree. No kadam trees are to be found in Kadamdihi anymore," (10) she observes. Bereft of its main identity, the loss of its Kadam trees, Kadamdihi is in a state of crisis and is sabotaging its people, most visibly the Baskeys. It is in this moment of crisis that Rupi reaches the village after her marriage to Sido.

This was not the fate of just Kadamdihi, but all its neighbouring villages. Putki's bosom friend Della's husband Tira and Gurubari's husband Bairam were from Horoghutu, which meant the 'banks of the tortoise'. But "just as Kadamdihi had no kadam trees, Horoghutu had no horo in its ponds and streams" (50). It was the

imposition of culture in varying forms of development and modernisation that led to such upheaval in both villages. Shekhar is critical of such rapid modernity and writes extensively about the impact of such colossal changes on people's psyches.

Sarah Curtis in *Space, Place, and Mental Health* "considers the connections between degradation of the material environment and social incivility and stress, sometimes referred to as the 'broken window phenomenon'" (167) by using Émile Durkheim's theory of anomie which is "concerned with the impact of modern living on our sense of integration in wider society" (168). Durkheim suggests that rapid modernisation and the rise of:

industrial societies was detrimental for wellbeing because it broke up established patterns of social relationships, producing social and geographical divisions... separating workers from their family for long periods of the day, which... [was] disruptive to family relationships. These processes... were responsible for a sense of 'anomie', or loss of a sense of one's value and 'place' in society. (169)

Similarly, Liah Greenfield in *Mind, Modernity, Madness: The Impact of Culture on Human Experience*, adds to this debate by studying the links between nationalism, modernity, and madness, and "connects in a causal relationship the cultural phenomenon of nationalism and psychiatric diseases of unknown etiology: schizophrenia, manic depression, and major unipolar depression. These diseases are the *explanans*, the effect, and nationalism is the *explanandum*, the cause" (2).

In *The Mysterious Ailment*, modernisation had reached Nitra, and was in the process of reaching Kadamdihi, but Tereldihi was far behind. The rampage that it brought forth is symbolised through Rupi's psyche, which was in a state of balance in

Tereldihi, followed by the onset of disability/madness in Kadamdihi, and finally a downward spiral in Nitra. Shekhar writes: “Nitra was one of the few villages which already had electricity. In Kadamdihi, they were still digging the earth to fix wooden pylons. And while Kadamdihi would soon have electricity, Tereldihi would remain unconnected for a long time” (93). He places Rupi in all three stages of modernisation, by using natural/cultural/supernatural strains within the narrative to rally against the negative excesses it could potentially bring.

Amidst such drastic changes, Rupi’s hometown, however, maintained its essence: “There were no kadam trees in Kadamdihi, but Tereldihi was surrounded by a forest that not only had terel but also sarjom, matkom, kowha, tarop, bhurru, mango and jackfruit trees” (20). From “a village in the hills” (2), Rupi is “brought to Kadamdihi in the plains” (2) after her wedding. Two months later, Sido decides to take Rupi to Nitra. Rupi, who was still adjusting to her life in Kadamdihi, was uprooted once again.

During her two months in Kadamdihi under the guidance of her chaperone Sonamuni, she had begun to hear of the forbidden practice of dahni-bidya (witchcraft), and the women with rolling eyes in Kadamdihi who were dahnis. Rupi’s attempt to understand this occult practice is the second pivotal moment of fragmentation in her psyche. As Curtis writes, “characteristics of places are constructed ‘from within’ according to views and attributes of local inhabitants, but also ‘from without’ by perceptions of people who have never physically entered the spaces in question, but form views based on representations of the place as ‘healthy’ or ‘unhealthy’ in media and other public discourses” (28). Thus, Sonamuni’s words pave the way for Rupi to think of Kadamdihi as ‘unhealthy’.

Rupi's reaction to such stories, too, was unexpected: "She wondered if Kadamdihi was really as mysterious a village as the grove of trees outside the village made it seem. She wondered if she would have to change herself to fit in there" (76). Rupi's predicament arose out of a need for a sense of belonging in Kadamdihi, where the cultural flux places her as an outsider because she is from Tereldihi. Kelly-Ann Allen in *The Psychology of Belonging* looks at the intricate link between belongingness and mental health:

The feeling of exclusion or ostracisation can be painful. It can shape our future interactions and our attempts to belong in other social contexts... We find much of our meaning, identity, relevance and satisfaction in life through our sense of belonging to groups. At family, community and societal levels, we rely on others for support, validation and understanding. (1)

Rupi's wondering if she would have to change herself stems from this need for belongingness, especially for a woman uprooted from the comforts of familiarity of her hometown to an unfamiliar village where things beyond the normal were openly practiced. Also, in the Indian context, belongingness is valued culturally because of the priority given to the collectivist rather than the individualistic identity. Thus, as a new bride, the last thing Rupi would want in Kadamdihi was to be socially ostracised.

On their way to the Chakuliya railway station to go to Nitra, Rupi anxiously waits to see the dilapidated memorial of a Marwari businessman located on the bank of a stream that was ritually used as a crematorium. The memorial was said to be the hold of a ghost, and Rupi had been curious for the very same reason. Rupi's inquisitiveness about the dilapidated monument and the ghost it housed suggests her desire for a past she craved and a past, much like the ghost, beyond her reach. While

the dogor tree is symbolic of Rupi's state of health and beauty in the past, the memorial is representative of the specters of the past that still haunt Rupi. Sido's disregard for her exacerbated Rupi's desire to return to simpler times: "Sido did not speak to Rupi at all. It was as if he regretted his decision to take his wife to Nitra" (85). Rupi felt unwanted and unwelcome and learnt to restrain herself around her husband: "There were so many things she was seeing for the first time and she wanted to know about them all. But how could she ask?... What would her husband think? These thoughts kept her silent, and the silence soon became unbearable" (87). For Rupi, silence became a necessity and added to her woes.

During their train journey, Shekhar carefully describes the places Rupi sees: the school Sido went to, the rice mill Putki and Della worked at during their youth, and a copper factory. While Sido's school was captured in her memory as a "place which had made her husband and, in turn, herself, worthy of envy" (85), the rice mill had made her wonder: "Why did women like Putki and Della, who belonged to prosperous families, ever need to work in a factory?" (86). Rupi doesn't consider her education a possibility and is content with having an educated husband. Further, her lack of knowledge about the importance of freedom and autonomy in a woman's life, and her contentment in being considered 'worthy of envy' through her husband's achievements are indicative of how dependent she is on the male figures in her life, which eventually leads to her undoing.

Rupi could not escape her situation with Sido because she was uneducated: "I'm such a fool," (92) she thinks following her inability to read a board that had Sido's name written in Devanagari. For a girl like Rupi, ignorance was the right way to exist because that was what society demanded of her. In contrast, "Gurubari and her

sisters... had attended government school... they were literate enough to sign their names in Devanagari and Bangla and read and write letters and papers in Hindi and Bangla” (103). Although an educated woman was not embraced in the Santhal community, Gurubari had a taste of comfort and freedom through her education and could not go back to archaic ways of existing. Gurubari’s stance on her life is made evident when Rupi asks why she wouldn’t go to Horoghutu to live with her in-laws and Gurubari replies: “I don’t think I can live there. After living in Nitra for all these years, so close to the bazar [market], I can’t go back to fields and farms” (103).

The train journey also reveals the travails Rupi is about to face in Nitra. While she has time to observe the outcomes of modernity and culture in the form of the school, the rice mill, and the copper factory, all reminding her of her insignificance, the sights that define her core identity, her closeness to nature and religion, however, speed past her. Crossing the Subarnarekha river “reminded [her] again of her village” (87). Her craving for Tereldihi and the natural is so predominant in her that “she wished the train could move backwards. She wanted to see the Subarnarekha again” (87–88). Additionally, a devoutly religious woman, Rupi’s journey to Nitra has conspicuous examples of the supernatural that await her. Rupi misses out on seeing the two renowned temples of Maa Rankini and Siddheshwar en route. She missed the former because “her view was blocked by a man standing in the aisle” (89), and the train had passed the latter by the time she had “peered out of the window on the other side but couldn’t see either the temple or the hill” (90).

In Nitra, a different world awaits Rupi: “Their stop, Rakha Mines, was a small, nondescript place... It was very silent and still, like air gone bad” (88). Shekhar carefully describes Rakha Mines as ‘nondescript’, that is, it lacked an identifying

feature, which all the places Rupi was associated with thus far had. Curiously, later in the narrative, when Sido takes a sick Rupi to a herbalist, his diagnosis turns is, “I see bad air” (154), circling back to Nitra as the reason for Rupi’s ill-health. The stunning effect of the change in place is expressed the moment she steps out of the bus in Nitra: “Rupi stood rooted to the side of the road, breathing the alien air of an alien place, too dazed to know what to do” (91). Sarah Curtis elaborates on the effects of physical and social places/space on the well-being of people:

Place and space are not seen merely as ‘containers’ for ‘epidemiological processes’ (causal pathways producing health variation). Rather, space and place *contribute* to processes helping to *constitute* health variation among individuals and populations... [Such considerations] investigate how ‘compositional’ attributes of the individuals making up the population interact with the ‘contextual’ aspects of a socio-geographical space or ‘setting’. (22)

Rupi’s stepping into Nitra is described as ‘alien’, a movement away from the therapeutic landscapes of Tereldihi and Kadamdihi, devoid of what Curtis calls any familiarity with “aspects of the physical (natural and built) environment, the social environment (comprising social relationships) and the symbolic environment (understood through the meanings attached to geographical settings)” (23).

All these aspects affect her in Nitra the moment she enters the majhi’s house, where Sido lives with Bairam’s family. When they arrive, both the majhi’s wife and Gurubari welcome the newly married couple. Rupi observes that Gurubari’s hands were tattooed just below her thumb: “a circle with a dot in the centre and lines radiating from the perimeter of the circle” (94), and that Gurubari did not bless her, which was traditionally expected of elders. Rupi could neither understand the

implications of the symbolic tattoos nor the reason for the lack of socially expected blessings from Gurubari, who was supposed to be like an elder sister to Sido. When she finally raises her eyes to meet Gurubari's, Rupi trembles: "Gurubari's eyes, Rupi saw, were much like those of the naikay's widow and daughter-in-law in Kadamdihi" (95).

The majhi's house was partitioned into two. The majhi and his family lived in one half, and the other half was further divided into two: Sido lived on one side, and Bairam's family lived on the other. There was one kitchen where Gurubari cooked for her family and Sido before his marriage with Rupi. In the evening, women from the village come to visit Rupi. As she talked, Rupi caught the scent of jasmine oil and turned to see an old, silver-haired woman sitting beside her. She began a conversation with Rupi about the division of rooms:

[Woman] 'Gurubari has her own kitchen. Doesn't she?'

[Rupi] 'Yes, she does.'

[Woman] 'That means the division of rooms has not been equal.'

[Rupi] 'We'll have a kitchen, the majhi's wife said so.'

[Woman] 'Get your kitchen. A separate kitchen.' (98)

When Gurubari interrupts, the woman vanishes. A flustered Rupi is spellbound and accompanied by Gurubari to a separate room and questioned about the incident. When Rupi describes the silver-haired woman and the conversation they had, Gurubari becomes secretive and worried. She dismisses the incident by claiming the woman is probably a thief.

When Gurubari insists, "And why have separate kitchens? Now we'll have the same kitchen. We'll cook together, like sisters" (100), Rupi, despite her inhibitions,

meekly agrees. Rupi is baffled about her physical environment because although the house was partitioned, she couldn't have a separate kitchen. This was aggravated by the lack of a meaningful social relationship with Gurubari, who had blatantly denied blessings to a newly married Rupi. Further, Gurubari's rolling eyes, the tattoo, and the encounter with the silver-haired woman worsened the situation because Rupi couldn't place them in the symbolically meaningful order of things.

Rupi's anxious phase in Nitra accelerates as the days roll by. Rupi realises that she couldn't say no to Gurubari, that her "persuasion was powerful... like honey dripping from a hive above one's head, a never-ending stream of sweetness, such were Gurubari's words" (101). The arrangements of the house were never discussed, much to Rupi's astonishment:

Rupi found it all rather strange. At home in Tereldihi, she had seen both her parents run the household together. It never seemed to her like any one of them had the upper hand. In Kadamdihi, too, her in-laws were like friends, equals, voicing their opinions, discussing them, at least talking to one another. Here in Nitra... there was hardly any communication between the men and their wives. (102)

Psychologists Irwin Altman and Dalmis Taylor in "Communication in Interpersonal Relationships: Social Penetration Theory" discuss the concept of social penetration as a process that enables intimacy in relationships; this social penetration is mainly achieved through self-disclosure, where participants reciprocally share personal information to strengthen their bond. Self-disclosure is relevant for intimate bonding between married couples, and a lack has serious mental repercussions (257-77). Thus, Rupi feels something amiss at Nitra. The lack of communication between herself and

Sido, and the couple she watches at close quarters, Gurubari and Bairam, was unnatural. This adds to the many apprehensions she harbours.

Rupi tries to control her worry and tells herself not to associate rolling eyeballs with witchery. However, a part of her was terrified because women could learn this art suddenly: “After all, it took just two words and a half” (95). The ease with which the dahni-bidya could be acquired, by the utterance of only ‘two and a half words’ implies that women could become dahnis almost instantaneously. The choice to make this decision comes from the oppression meted out to them for centuries that had already pushed them to the brink. Dahnis and dahni-bidya, just like the worship of the Dhonkundra-bhoot aka Sima-Bonga, are described as supernatural and evil in almost the entirety of the narrative. The Sima-Bonga was to be paid obeisance along with the other deities “to keep the village safe from its evil influence” (26).

Oddly though, Shekhar resorts to using the word ‘evil’ only while describing how Gurubari, the majhi’s wife, and the silver-haired woman, who was the majhi’s wife’s aunt, were connected in Nitra. Soon after Gurubari’s marriage to Bairam, they moved into the majhi’s house: “Evil has a way of bringing together the like-minded. Gurubari became fast friends with the majhi’s wife. The silver-haired aunt became a mother figure to both of them, in both their worlds: the social world of ordinary people and the world of women with special power” (135).

However, when her son dies, the majhi’s wife accuses her aunt, leading to a rupture in the group: “Evil though, however powerful it might become, has to fall on its face” (136). The evil within the dahni-bidya is restricted to their expression of sexuality, which when paired with scatological elements in the text, manifests a feeling of uncanny: “Four women gambolled naked, their bodies illuminated by

moonlight... Every now and then, they reached down to pick something off the grass and put it in their mouths” (34), or “witches practiced their craft there, feeding on human waste when they could not find a live human to consume” (171). Mary Douglas in *Risk and Blame: Essays in Cultural Theory* discusses how libel is used as a strategy for rejection: “The simple food libel (foreigners eat disgusting foods), and the sex libel (the demeaned category is promiscuous, effeminate, incestuous), escalate to violence and perversion, and if the determination to exclude is fixed, it resorts to the blood libel (the enemy is murderous, and even murders children)” (86). Thus, dahni-bidya is discredited by attributing all three aspects of libels Douglas cites.

Although dahni-bidya is portrayed as evil and reiterated through statements like “Those who do bad will find bad” (158), emphasis is also given to the idea of goodness and its lack of positive implications for women. Remarkably, the dialogue is given to the dahni Dulari. Her husband Doso “showed Dulari her place in the house very clearly... Dulari submitted meekly to the roles she had been assigned” (161). Doso carried on his affair with his Sabar lover despite having a son, Saagen, with Dulari. When Dulari finally confronted her husband, “Doso beat Dulari to within an inch of her life” (164). It is the following day that Doso’s lover is found dead, suggesting that for Dulari, the choice of dahni-bidya was a matter of survival. When questioned by Rupi regarding the incident, Dulari retaliates: “What good has your goodness done to you?” (184).

The evil of the Sima-Bonga, however, is in sharp contrast to that of the dahnis. Since the worship of Sima-Bonga was believed to bring easy wealth, it was called the Dhonkundra-bhoot. The physical appearance of the Dhonkundra-bhoot is steeped in ideas of disability: “It manifests itself as a small child— or a dwarf, no taller than

three feet— with large saucer-like eyes and a small, pinched mouth. White from head to toe, it comes out to play in the night” (27). Not just physically deformed, its very complexion is a stark opposition to the Santhals’, who are dark-skinned. An otherwise desirable trait, the white skin of the Dhonkundra-bhoot elicits fear precisely because it is a deviation from the normal of the Santhals. Those who appease it “usually suffer strange, incurable illnesses. Some of them... become sterile and never sire or bear children. And the children they do have turn out to be weaklings or imbeciles” (27). The tamer must also endure the maddening cry of the Dhonkundra-bhoot; these painful ululations are ceaseless and eventually lead the worshipper to lose their mind. The loss of sanity as a consequence of worshipping dark forces affirms that the Santhals disapproved of it.

The shrine of the Sima-Bonga is proof of the supernatural within the culture and is physical evidence of the ostracisation of a disabled identity: “Set apart from the others, [it] was devoid of offerings and embellishments... No one other than the naikay knelt before Sima-Bonga, the deity of this mysterious isolated shrine” (26). Shekhar cleverly showers the shrine of the Sima-Bonga with the eerie. The details of the other five shrines are confined to a single paragraph, whereas there are pages of descriptions about the Sima-Bonga. While the other shrines represented positive energy, the shrine of Sima-Bonga represented the negative force that “causes disease, infirmity, poverty, doom and finally, death” (26). In “Landscapes of Loss: The Semantics of Empty Spaces in Contemporary Post-Apocalyptic Fiction”, Martin Walter discusses Freud’s theorisation of the eerie:

Freud used the term ‘uncanny’ (German: ‘unheimlich’, literally ‘un-homely’) to refer to a situation that is strangely familiar, or to which onlookers feel

attracted, but by which they are repulsed – a phenomenon he called ‘an affair of “reality-testing”’. He argued that uncanniness emerges in periods of transition and... is often ‘associated with an experience of the threshold, liminality, margins, borders, frontiers’. (137–38)

Sima-Bonga’s shrine is representative of this threshold, where it elicited fear for people who were frightened of the negative force that it possessed, and fantasy for whom it was an assurance of wealth.

For people who tamed it for worldly possessions, Sima-Bonga took precedence over Marang-Buru, Jaher-Ayo, and Karam-Bonga, the deities who look after families. Here, the intent is clear: those who worshipped Sima-Bonga were devoid of familial or filial bonds. Sima-Bonga was worshipped by people who were so avaricious that they were willing to forgo their families. The *naikay* bears testimony to this sentiment, who despite “all those sacrifices to feed the bad god [had] began losing his mind” (79), and soon after “was just found dead one morning. No disease, no fever, nothing” (80). Thus, in the narrative, the two-pronged way evil manifests in the Sima-Bonga is through a focus on its disabled identity and a reference to the eerie.

It is in the discussion between evil and morality that the narrative discusses the pernicious cultural practice of untouchability in the Kamar and Kunkal communities, contrasted with the supernatural *dahni-bidya*. The Kamars and Kunkals believed that even a touch from a Santhal could defile them, a fact made evident when a young Sido had unknowingly touched a Kamar woman while herding his goats. The woman had complained to her community: “That Sido, that lame Khorda’s son, he threatened to touch me with his hands” (16). In the cultural context of untouchability as a crime,

the victim resorts to the perpetrator's father's disabled identity as a reinforcement for the crime committed, as if nothing can be expected of the progeny of a disabled person who has a spoiled identity.

When Khorda barges into the Kamar village to confront the supposed crime of untouchability his son had committed, he adopts an illness metaphor to talk about untouchability: "You move your clothes and baskets out of our way when we walk on your street, as if we suffer from some contagious disease" (17). Balmurali Natarajan in "Place and Pathology in Caste" invokes Mary Douglas' concept of dirt as central to the practice of untouchability:

Caste and untouchability are fundamentally about *order*, imagined "natural" order and habitual social ordering. At the cognitive centre of caste ordering is a notion of dirt or "matter out of place"... Dirt captures the twin aspects of contemporary caste, i.e., separation (via ascribed difference, even radical alterity) and stigma (based on humiliation and leading to exclusions and monopolies). (50)

This association between untouchability and contagion bears testimony to how stigma is created. The healthy body of a Santhal is ascribed the trait of a disease, an imaginary illness, to mark them as inferior and to practice cultural power on that ground.

On the other hand, the practice of dahni-bidya is described in a more democratic light, obliterating any classifications demanded by culture:

This power knew no difference of gender, caste, religion, community or village... On ordinary days, [the dahni would] be an ordinary Santhal woman,

a follower of Sarna, untouchable to most Kamar and Kunkal women. But when the dahnis gathered on certain konami nights, all barriers of religions and prejudices of community would be forgotten. (32)

In the man-made laws of culture, untouchability was a discriminatory practice, contrasted with the supernatural laws of dahni-bidya, which was more egalitarian. But the cultural and the supernatural cannot be completely distinguished from each other in Kadamdihi, because within religion, the supernatural was inevitable.

The practice of dahni-bidya by the naikay's wife in Kadamdihi is only described on the banks of the Kadamdihi stream flowing on the outskirts of the village, indicating a liminal space. Contrarily, Gurubari practiced dahni-bidya irrespective of where she was, mostly at home. This is made evident by the multiple instances of Rupi witnessing Gurubari in the process of dahni-bidya in the house they shared. Further, Gurubari and Bairam's daughter was surprisingly called Purnima, or the full moon, suggesting that Gurubari was always a dahni, irrespective of the Konami (full moon) nights. The practice of dahni-bidya is discerned differently in Kadamdihi and Nitra. Although the villagers disapproved of the naikay's wife's practice of dahni-bidya in Kadamdihi, they also admired her for other abilities: "She could work as well and as hard as three men put together, and she hated people who loitered about or wasted time" (30); her social skills were celebrated too for she "was the life of every gathering. Her mesmerizing, maternal smile concealed the power which came over her on certain nights" (32).

While the naikay's wife was a dahni who was partially admired, the naikay who worshipped the Sima-Bonga was condemned. The naikay's health was failing, his only son was sickly, and his wealth remained unchanged. Somai-haram observes

that it was perhaps the naikay's pride in his surname, that made him "go to any lengths to increase his wealth" (36). Meanwhile, their daughter Della, despite her promiscuity, was "one of the best women the village had ever seen" (55). Unlike her mother, Della "believed in the good gods" (55). However, Della and Putki's friendship bothered the naikay's wife. She needed a successor, and Della was too unruly for her control, although "all she had to do was to whisper the adhai-koli montro into Della's ears, or trace the montro on her open, unsuspecting palm" (55). Although Della was wayward, the villagers admired her for her carefree and bold spirit. They only wished she would not follow in her mother's footsteps, and Della was just as adamant not to learn the occult practices.

Meanwhile, the dahni Gurubari is wholly vilified in the narrative, with no redeeming traits. She practiced dahni-bidyā within the confines of her home, a personal space that Gesler would call a healing place for most people for the safety it offers (*Healing* 2). Bairam had married Gurubari "having weathered his family's disapproval of their love affair" (103) and was "planning to live separately from his family" (153) after his retirement, breaking all ties with them. Besides having an affair with Sido, Gurubari was also "feeding off Sido-baahu" (153), breaking up all the families she was associated with. Thus, the stamp of evil within the system of dahni-bidyā rested on the grounds of morality.

When Della married and departed to Namal disom, Somai-haram picked Khorda Baskey of Lowadihi as Putki's groom after her failed marriage with Salkhu. Shekhar gives lengthy descriptions of Lowadihi before describing Khorda himself, asserting the strong influence place has over personality. Lowadihi had its own set of supernatural beliefs in the form of compelling female entities. A beautiful jugni spirit,

believed to cause illness, was said to reside on a hillock outside Lowadihi. In Salbuni, five men had contracted diarrhoea, three of whom had died, when a cowherd had absent-mindedly sent the jugni to the village (64); and, the Saat-Bohoni, were goddesses of the water bodies, with “their feet turned backwards” (68), believed to seduce attractive men.

Khorda lived in this village that had imposing supernatural beings. However, due to Putki’s hedonistic nature, Somai-haram wanted to keep her home even after their marriage. This was bound to be detested by any prospective grooms since culturally, wives are supposed to live with their husband’s family; the husband himself would become an object of ridicule if he chose to stay with his in-laws. However, Khorda agreed to be “a ghardi-jawai [house husband] in his father-in-law’s house”, and due to his affable and intelligent nature, became “one of the much-respected sons-in-law of the majhi-gushti of Kadamdihi” (73). Thus, Della and Khorda were proof that a break from the cultural was acceptable when it came from people who were considered naturally good.

At the halfway point, the narrative circles back to where it chronologically begins. Sido brings a pregnant Rupi back to Kadamdihi from Nitra, where she gives birth to Jaipal. Although she recovered after childbirth, the eight months she spent in Kadamdihi as a new mother were unnerving: “She did not know why she felt unable to stay away from Gurubari. And she didn’t quite understand why Jaipal was always very well behaved whenever he wore the clothes which Gurubari had gifted” (107). It was soon after her return to Nitra that Rupi’s health took a drastic turn: “She realized that she wasn’t feeling strong any more. Was it the breastfeeding? The overexertion? The anxiety?” (107). Rupi felt compelled to return to Kadamdihi to regain her

strength, where “No one questioned Rupi’s abilities... either as a mother or in the fields” (109).

Her return to Nitra coincided with the return of lethargy in her. Additionally, Rupi realised that “Gurubari’s claim on Jaipal had increased” (109) after their return from Kadamdihi. She worried further upon the realisation that Sido was spending time alone with Gurubari. She did not understand what her illness had to do with Sido and Gurubari spending time together, but “when she tried to make sense of the things which were happening to her, she could feel her head ache as if it would burst” (110). Devastated by the realisation that she may be sharing both her husband and her son with Gurubari, Rupi kept to her room. Romola was Rupi’s only companion in Nitra, with whom Rupi couldn’t disclose her burdens because they were under Gurubari’s surveillance.

The beginning of Rupi’s ill-health coincided with the fragmentation of the Baskey family. Doso had begun a relationship with a Sabar girl, much to Sido’s vexation. The primitive community of the Sabars, with no organised language or religion, was scorned by the Santhals. Hence, Putki’s sons fought every time they met. While Sido blames Doso for being in a relationship with a woman of an inferior community, Doso retaliates by accusing him of having an extramarital affair with Gurubari. Putki lamented over her sons’ disputes with her neighbours, who would speak amongst themselves: ““Like mother, like sons... Sido and Doso are really Putki’s sons. There is no doubt about that”” (118), evoking Putki’s immoral youth.

As time passes, Rupi gives birth to two other sons, Bhishu and Phuchu, worsening her condition. During the seventh month of her pregnancy with Phuchu, Rupi witnessed an incident that revealed the truth about dahni-bidya in Nitra, and

compelled her to leave for Kadamdihi immediately. When Rupi ventured out to relieve herself one morning, she saw a man “as tall as the house itself... the man had long arms and legs and a stout, animal-like body. He seemed to be covered in the inky blackness of the recent night” (133). Rupi runs to Romola’s house seeking refuge, where Romola and her family reveal to Rupi that the majhi’s wife is a dahni.

The villagers in Nitra believed that the majhi’s wife had fed the mohni medicine, a magical concoction used “to seduce or influence another” (135), to the majhi’s prosperous family at their wedding. Her eldest aunt, a silver-haired and jasmine-scented woman, had stayed with her to carry out the remainder of the procedures. The aunt, the majhi’s wife, and Gurubari gathered other women and practiced dahni-bidya, dancing in ecstasy and making offerings to their high God, the Bhaatu. The mornings after such get-togethers, the victim was found dead in bed. However, it was when the Bhaatu fed on the majhi’s son and the majhi’s wife blamed her aunt that the group disbanded. The aunt rebelled, claiming her niece was to be blamed, but left anyway. She had long been dead when Rupi met her for the first time in Nitra. Romola informs Rupi that it is a good sign that the spirit of the aunt was sending warnings to Rupi. Romola also shares her speculations with Rupi regarding her health: “How can you be sure she [Gurubari] hasn’t put anything in your food, something that you should never eat?” (140).

Rupi, fearing for her family’s safety, returns to Kadamdihi immediately, while Jaipal and Sido, who were completely under Gurubari’s influence, stay behind in Nitra. While Rupi had been back on her feet days after giving birth to Jaipal, her recovery after Phuchu’s birth had taken weeks and still was only partial. Intriguingly, one of the first things she does after regaining an iota of her former health is to return

to the fields: “She waded into the slush, tired quickly, and sat on the aaday. But she had at least made a start... Rupi kept visiting the fields every day throughout the farming season” (151), signifying her association with the natural/cultural and the function of Kadamdihi as a healing place. Rupi returned to Nitra six years after Phuchu’s birth, where “Rupi’s enthusiasm sank like a bar of soap would in a pond” (151). “This time Kadamdihi had no effect” (144), laments Rupi indicating that the supernatural had overpowered the natural/cultural.

Back in Nitra, Rupi realised that Jaipal had grown completely out of her control. She yearned for him and “still nursed the hope that her son would return to her one day” (149). Her dreams of the silver-haired aunt had returned, and her friendship with Romola was also in jeopardy. Rupi lacked any sense of autonomy after her return to Nitra and is described as “a dog trained to retrieve quarry for its master” (152) or as “a marionette and Gurubari held her strings” (142). While the vegetation imagery of the dogor flowers was used to describe Rupi’s blooming youth and beauty, it is now replaced by bestial imagery to denote the lack of control over herself. Rupi would even tell Gurubari about the dreams she had of the silver-haired aunt, which Gurubari would nullify by gaslighting<sup>24</sup> Rupi: “Don’t tell these things to anyone, or they will think you are going mad. Who knows, they may even accuse you of knowing things you aren’t supposed to know” (152).

In Kadamdihi, one of the villagers suggests to Sido that the reason for Rupi’s failing health could be “an evil eye” (153). An indignant Sido retaliates by ridiculing the villager’s lack of knowledge, asserting he believed in modern medicines. Although a representative of the modern man, ironically, Sido was under the influence of the supernatural. It is when a helpless Sido takes Rupi to a man who practiced

alternative medicine and cured diseases “with the help of roots, resins, fruits, seeds and herbs” (154) that the herbalist claims they need to cleanse the “bad air” (154) around her.

Khorda dies soon after, and in his dying moments utters things that add fuel to debates about dahni-bidya: “There are two of them... They’re standing on my chest” (154–55), he says. The author claims it is “a vision” (154), not ‘a delusion’, asserting the strong influence of the narratives of dahni-bidya even in a man as unconcerned as Khorda was. Shekhar again retreats to the liminality of the space Khorda inhabits to give weight and credibility to his supposed vision: “Khorda muttered in those in-between moments between living and dying, those moments of revelation, of realization” (154). Khorda’s final words provided traction to the villagers, who mocked Sido for not knowing “that his wife’s infirmity is not an ailment” (156). To find the truth of Khorda’s death, some villagers took off to meet an ojha [a spirit healer], who confirmed their doubts: “One-old-woman... Another-younger... They-lived-very close-to-the-dead-man” (157). The naikay’s wife and daughter-in-law were charged, and soon the former died.

Khorda’s death was a huge change in Kadamdihi: “When Khorda-haram died, the last custodian of Kadamdihi’s morality was lost” (158). The sacred festivals of Baha and Maak-Moray were not organised thereafter. The new naikay’s family prayed just to the Sima-Bonga, neglecting the good gods. Shekhar writes: “In Kadamdihi, faith slipped into crisis” (158).

## Men, Mothers, and Dahnis

That woman is not my mother, she is just a witch. She ate my father up. And that barren sister-in-law of mine, she is being punished for her sins, for all the men and cattle she has killed.

—Hansda Sowvendra Shekhar, *The Mysterious Ailment*

Madness in men is almost a heroic collateral damage owing to, if not exclusively, the ‘shell-shock’ later medicalised as post-traumatic stress disorder (PTSD) of their glorified presence in wars, defending their women and their country. If not from war, then madness in men takes on a disguise of divinity, a spiritual calling that renders them enlightened and earns them the title of a yogi, a guru, or any other equivalent mystical identity. However, madness in men is conspicuously absent in *The Mysterious Ailment* till the moment of the loss of morality and the crisis in faith following Khorda’s death.

While there was an increasingly extensive practice of dahni-bidya by the women of Kadamdihi, the men turned to newer forms of faith and morality. The old gods were neglected, and the baba of a cult called Marang-Buru-Sabha was rampant: “He claimed to have received a divine message and became a godman” (180). Shekhar writes a scathing critique of the cult and the godman. The followers “spent generously at his gatherings”, “advertised heavily”, “had the image of a trishul... etched on their walls”, and “gathered to chant Marang Buru!” (180). The practices of the godman’s cult are indicative of how madness masquerades as religious fanaticism.

The surprising passivity of the men in Shekhar’s supposedly patriarchal world is intriguing. In Kadamdihi, men are found “lazing around on cots and tuning the strings of their baanaam [a musical instrument]” (51), while in Nitra, “they would

laugh, talk, eat and drink late into the night” (102). The men in the four generations of Somai-haram’s family are suggestive of the change that Kadamdihi had undergone in nearly a century. While Somai-haram was a formidable man, his respected son-in-law Khorda was a supposed victim of dahni-bidyā; Sido was a puppet under the influence of the dahni Gurubari; and, Sido’s youngest son Phuchu “forgot the games of his childhood... his corpulent frame swaying from side to side” (182). In Nitra, Gurubari’s husband Bairam “had died on one konami night” (183), implicitly suggesting dahni-bidyā as the cause of his death.

Health and discourses of disability/madness are the fulcrum on which *The Mysterious Ailment* is supported, and turns. So tremendous is the focus that the first chapter is titled “The Strongest Woman of Kadamdihi”, wherein Rupi reminisces of a past state of being, when she was blooming and robust, and selected by Khorda-haram as the bride for his son Sido: “She was tall, healthy, strong-limbed, and her complexion was lighter than that of the other girls Khorda-haram had seen” (20). Twenty years later, her health had gradually diminished so much that she was “lying on a cot almost all day” (121). The readers are ushered into the narrative at the point when Rupi’s complete dependence on others makes her wonder what led to her decline in the time that had passed. She remembers giving birth to her eldest son Jaipal, “squatting in the middle of a rice paddy” (1), and it is in this flashback that a majority of the narrative unfolds.

Rupi’s plunge into disability/madness is triggered by three aspects in the text: the men in her life, her anxieties regarding motherhood, and the influence of the dahnis that surround her. Although the narrative leads one to believe that Rupi was a victim of dahni-bidyā, a perceptive reading filters out numerous other factors that

worsened her condition in the background of the occult practices. Her son Jaipal's birth is indicative of how the narrative foregrounds the supernatural even when Rupi is undergoing bodily complications: "Shin-deep in slush" (1) while working in the fields, her waters broke; simultaneously, "thunder rumbled in the distance and a flock of cranes flew out of a kowha tree... Dark clouds floated ominously in the mid-June sky" (4). Soon, Jaipal is theatrically born into the lap of nature, making Rupi's physical efforts into his birthing almost nonexistent.

Despite this strong primal association between women, birthing, and nature, Shekhar suggests that women like Rupi are denied even basic knowledge about their bodies. Rupi was already in the fifth month of gestation when she realised she was pregnant. He writes: "Rupi had herself been unsure, as she had never been trained in the ways of motherhood by either her mother or her mother-in-law. She only knew that she would be with child the day her husband touched her... Since her knowledge was so scanty, Rupi could hardly be blamed for not knowing when she conceived" (1).

This lack of information, of living in uncertainty, is a state that Rupi endures throughout her life, which affects her health. Suzanne Clisby and Julia Holdsworth in "Gendering Reproduction: Women's Experiences of Motherhood and Mental Wellbeing" elaborate on the detrimental effects of the lack of information regarding motherhood on women: "Naturalising discourses of motherhood serve to make mothering look 'easy' and cause women themselves to underestimate the range of skills required to raise children, valuations that are echoed by those around them and within wider society" (128).

Women who choose motherhood further deal with “myriad pressures over when and how to have children, how many children to have, how their bodies should look and how children are best raised” (131) and pressured to “perform motherhood in sanctioned ways and find strategies to fit other aspects of their identities into this confusing and contradictory framework” (132). Further, it is only on the night of their consummation that “Rupi had learnt that there were other kinds of work, too, that a wife was supposed to perform for her husband” (Shekhar 78). Thus, right at the beginning, it is established that Rupi is denied fundamental knowledge, a truth that will plague her for the entirety of her life.

Two decades later, Rupi is estranged from Jaipal, her eldest son, and her husband, Sido. Her former companion, the imposing dahnī Gurubari, had deprived Rupi of both Jaipal and Sido. Shekhar writes: “Her adversary Gurubari, the one who has given her the ailment, is strong. She has sucked the life out of Rupi bit by bit and Rupi, once the strongest woman in Kadamdihi, is bedridden for no apparent reason” (6). Shekhar argues that Gurubari had ‘given her the ailment’, although the how of it is not specified. Gurubari is described like the alakjari, “the golden vine which latches on to the trunk of a healthy, green tree, sends its roots deep into its heart, robbing the host of all nutrition” (6).

Bringing in the natural imagery of vegetation to a discourse about diseases, Shekhar implies that the adversity between Rupi and Gurubari is both natural and toxic. Human relationships like this can make people ill, although they cannot be diagnosed medically; a fact that is reinforced when the numerous doctors that come to treat Rupi fail to diagnose a condition in her. Although there is a strong implication of

the supernatural that Gurubari practices as the cause of Rupi's ill health, it can eventually be distilled into Rupi's inability to keep her family together.

Rupi's will to overcome her situation fails at every juncture. Each time she tries to confront Gurubari, "she is overcome by an insurmountable enervation" (7). In a landscape where women practicing dahni-bidya are scrutinised for being corrupt, the lines between good and evil are so blurred that morality rests on tricky ground. Rupi's mother-in-law Putki believes, and so does the entirety of Kadamdihi, that their family is reaping the consequences of Putki "being a bad woman and a bad mother... the immorality of Putki's youth has come back to haunt her. Rupi's disease isn't hers alone. It is Putki's, it is Sido's, Doso's and Dulari's. It will perhaps finish them all, their entire family" (9).

Ayurdhi Dhar, in *Madness and Subjectivity: A Cross-Cultural Examination of Psychosis in the West and India*, argues that the concept of 'radical enmeshment' is better suited to the Indian milieu than the Western ideals of interdependence. Radical enmeshment claims that "afflictions do not have any divisions that categorize them as physical, mental, social, or financial in nature" (113). Dhar quotes one of her interviewees' words as the most succinct definition of radical enmeshment: "Through whom it has happened and to whom it has happened, and his own family, and someone else's family' everyone is involved in the explanation, presentation, and resolution of an affliction" (113). Thus, Rupi's disease is a consequence of everything that has happened in the Baskey family because "lives and stories are not just intertwined, they are inseparable in the first place. Actions and intentions of different people and even inanimate things are not just related, they are radically interwoven – built through each other" (113).

Repeatedly, Shekhar lays weight on the idea that immorality paves the way for disability/madness. Interestingly, what this immorality entails differs for each person accused. Putki's immorality during youth was her promiscuous nature of "changing men" frequently (10), and later in life, her need to "drink like a man" (12), both transgressions for women who are expected to perform femininity in a certain way. Her sons, Sido and Doso, were immoral due to their conduct, which rendered them unbecoming of how men ought to be. Both flaunted and continued with their extra-marital affairs despite being married to good women. Dulari's immorality is hard to locate because the accusation against her was that she practiced the occult, which she had solely done to "reclaim what was rightfully [hers]" (185). Thus, Dulari's immorality could only be her audacity to claim her rights in a male-dominated society.

The idea that the outcomes of a sin committed befall the entire family and the concept of hereditary diseases are challenged here, for it is Rupi, the only innocent member of the Baskey family, who incurs maximum damages from the family's sins. However, the perpetrators are not spared either. The intergenerational transmission of an illness in the narrative is based on the magico-religious system that associates morality with diseases. Thus, Putki, in her old age, was forced to see the gradual crisis in her family, and lamented, "My sons are quarreling every day" (118). Sido, despite being an educated school teacher, had fallen for the charms of Gurubari because "education is of no use if one lacks common sense" (11), while Doso "had become more and more like an automaton, becoming fit for work only when Dulari ordered him to perform one task or the other" (181). It was only Dulari who had come out unscathed despite being a practitioner of dahni-bidya: "Dulari put on weight around her waist and her breasts became heavy. Her malnourished, impoverished look

vanished... Her buck teeth, too, began to look less and less ridiculous and more and more fearsome” (165).

But this morality principle wasn't the only basis on which the fate of Putki's family was judged. The people also believed the heartbreak that Khorda caused by rejecting several marital prospects for Sido before finally settling on Rupi had a damaging effect: “The people of Kadamdihi are certain that the collective curses of all the families whose daughters Khorda-haram rejected brought misery into Putki's life” (20–21). Within the magico-religious contextualisation in Kadamdihi, the karmic philosophy was in play as the people there believed that the Baskey family was bearing the consequence of bad karma.

Heartbreaks are a frequent theme in *The Mysterious Ailment*, wherein characters either undergo a heartbreak or cause one. While Khorda had caused heartbreak in several young women when he rejected them as prospective brides for Sido, Putki's heart breaks at the moment of departure of her dear friend, Della, who moves to a distant village with her husband Tira after their marriage. It is with Della's departure that Putki falls into a downward spiral of self-destruction, effectively beginning the ruin of her family. Putki and Della had the wildest youth, often attracting the wrath of the conservative villagers. The older Putki shared the “stories of their escapades... always deliciously titillating, which was why the women of the house of the majhi liked to host Putki” (11). Though frowned upon during her younger days, the exciting episodes of her youth were a source of entertainment with the women now, since hers was a life of boundless freedom, vividly contrasted to the confinements faced by most of the women of the village.

Putki's wild youth had been used as a reason to discredit Younger Somai-budhi, her stepmother, eventually leading to her heartbreak: "Younger Somai-budhi was bleeding. Perhaps it was the heartbreak. Or the sense of failure. The pain in her loins, the spotting she observed at times on her monochrome saris were the price Younger Somai-budhi was paying for her failure" (47). Thus, motherhood and heartbreaks are intricately linked in the text. Rupi grieved over Jaipal and hoped for his return, but "the corner of her heart where this feeling arose was where it remained, an intolerable irritant" (149). For Putki's biological mother, Older Somai-budhi, a broken heart was caused due to the three miscarriages she had, and her yearning for a child: "'How many days more before this life will end' Older Somai-budhi asked, each word of her question heavy with the stigma of barrenness which no one mentioned directly to her, but which must have been a recurring topic of conversation in almost each house of the village" (22).

Coincidentally, Putki's biological mother Older Somai-budhi, and her stepmother Younger Somai-budhi had congruent episodes that linked motherhood and bleeding. While Older Somai-budhi's first miscarriage is described as "the tissue from her womb flowed out in a bloody, mucoid gush" (23), the third and the most traumatic miscarriage had been anticipated by her when her baby had stopped kicking. Soon after, her mother found Older Somai-budhi with "her sari and petticoat hitched up and stained with blood and thick, brownish fluid. Between her feet was a lump—the dead foetus dangled from Older Somai-budhi's body by its umbilical cord" (29). Putki was conceived the fourth time, but Older Somai-budhi bled to death during her delivery: "The bleeding just wouldn't stop. Such big balls of clot— red, lumpy, smelling of metal and ordure— kept pouring out of Older Somai-budhi's body" (39–40). When

Della's marriage left Putki heartbroken, it affected Younger Somai-budhi: "Putki's sadness gripped Younger Somai-budhi. She bled more than ever before" (60); and, when Della moved further away to be with her husband, "Putki sank into further melancholy and Younger Somai-budhi bled even more, so much that she couldn't rise from her cot" (61).

The theme of broken hearts, bleeding, and motherhood is bound to the supernatural via the *dahnis*. The night of her first miscarriage, Older Somai-budhi dreamt of "a large woman whose hair was open and flying wildly... and the woman's big eyes which did not stop rolling" (23). Unable to bear the pain after her third miscarriage, Older Somai-budhi had confided in her mother the dream she had many years ago, who had always suspected the *naikay*'s wife. Although Somai-haram vehemently opposed his mother-in-law's apprehensions, "a part of him was convinced that her fears could have basis in fact" (30).

When Older Somai-budhi was eight months pregnant with Putki, Somai-haram himself had multiple versions of a dream in which his wife was sitting under the *dogor* tree. Even though "it starts with beauty, the dream soon makes Somai-haram anxious, for he can't place the dream in his calendar, or in the usual order of things" (37). In his dreams, a heavily pregnant and oblivious Older Somai-budhi is on the verge of being attacked by a woman, but much to his angst, Somai-haram never finds the identity of the woman waiting to attack. The ambiguous dream gives Somai-haram nasty feelings because of its break from the natural: although the *dogor* tree (which flowers during the rains) is fully bloomed, a light mist engulfs the village, indicating the beginning of winter. This ambiguity of the seasons, of a disruption of the natural order of things, deeply troubles him, suggesting the probability of

something untoward. As he feared, older Somai-budhi bled to death after delivering a healthy Putki: “This time, the curse took the mother and spared the child” (39).

Likewise, Rupi had dreams of the silver-haired woman in Nitra. In the dream, the silver-haired woman warns her: “Your house... it’s still not right” (112). Just like Somai-haram’s dreams, Rupi’s dreams were filled with obscurity. She had dreamt of mist and fog in the middle of a very hot summer. As she woke up, a startled Rupi saw that her two-year-old son Jaipal was missing. Rupi ran around the house to see that all the rooms, except Gurubari’s, were closed. When Rupi entered the room, the sight before her didn’t seem normal. Gurubari sat in front of a sleeping Jaipal, her hair open and uncombed in a wild tangle. The room was filled with an ominous glow, although there was no lamp in sight. When Rupi called out to her, Gurubari replied harshly: “Do you think I will devour your child? Why have you come?” (114).

A terrified Rupi recoils, and the lights go out. It is through this dream of the silver-haired woman that the mother Rupi has her first encounter with the dahni Gurubari. While both Somai-haram’s and Rupi’s dreams serve the purpose of warning, Younger Somai-budhi’s dreams were a manifestation of her yearning for motherhood: “She knew she couldn’t have babies of her own... Marrying a man with a baby was the only way she could realize her dream of raising a child” (43).

Putki, since the moment of her birth, had lived on borrowed things and never really belonged anywhere, being “juggled from one female relative to another” (40). Her birth itself was a borrowing of her mother’s time on earth; and, “unable to decide on a proper name” (40), she was called Putki after one of Somai-haram’s long-dead relatives. Somai-haram’s family expected him to properly name the child after he emerged from his grief over losing his wife, but that did not happen. Her upbringing

was done by the widowed Younger Somai-budhi, whom Somai-haram had married to take care of Putki. She thus became a borrowed mother for Putki.

Younger Somai-budhi was a peculiar person herself. Widowed a year after her first marriage, she had returned home, resisted marriage, learnt the art of weaving bamboo strips into household objects from her Mahlay (a Santhal community) friends, and practiced silence: “Silence became a way of life for her... [she] kept to her routine and to her silence” (41). More than a decade had passed when she agreed to marry Somai-haram, surprising everyone. Younger Somai-budhi is representative of what James Berger calls the ‘dys-/disarticulate’. While the disarticulate is “forcibly severed from the social fabric, stigmatized, silenced, possibly physically dismembered”, the dysarticulate is “blocked from language, standing at the convergence of all of language’s impasses: those of injury, trauma, neurological variation, sociopolitical silencing, and the working of language itself” (2). While her widowhood rendered her disarticulate, the resultant trauma led her to be dysarticulate.

Younger Somai-budhi, however, failed to raise Putki properly, who grew up to be “stubborn, wayward and unstoppable” (43), especially after realising that Younger Somai-budhi was her stepmother. Her failure with Putki had a deep impact on Younger Somai-budhi, who, from the day she was married, had been told “you have been brought here only to keep this place in order and to raise this girl” (42). As Putki grew older, she struck a friendship with Della, the naikay’s daughter. The entire village disapproved of this couple, since they were wild, promiscuous, and worked as labourers in the rice mill of Chakuliya. Meanwhile, they also blamed Younger Somai-budhi for “she failed to become the mother that people expected her to be” (43). When Della married Tira and decided to move away from Kadamdihi, Putki decided

to marry Tira's friend Salkhu in the hopes of being near Della. The marriage failed soon, and Putki returned to Kadamdihi: "And on the day of her return, the grapefruit inside Younger Somai-budhi burst, killing her. She was perhaps waiting for Putki's return, waiting to see her ward safely home... Whatever it was, Putki's return seemed to absolve Younger Somai-budhi of all guilt. It was as if she could tell the gods that she might have been an incapable mother but not a bad one" (63).

While Putki was estranged from Younger Somai-budhi mostly due to the malicious villagers who disapproved of Younger Somai-budhi's poverty and widowhood, and told an impressionable Putki that her stepmother was "a karmi-kuri [maidservant] your father has brought home to cook and clean for you" (47), Rupi's alienation from Jaipal was a devious plot designed by Gurubari. She had told Rupi about her firstborn, a boy, whom she had lost. She yearned for a son and tricked Rupi into making a promise:

'Rupi-mai, will you promise me one thing?' Gurubari asked as she poured water into Rupi's chala [utensil]...

'Yes,' Rupi said absent-mindedly, busy with the rice. 'What is it?'

'That you will give me your son.' (105)

A perplexed Rupi drops her chala and seeks clarification. Gurubari simply tells her that she wants Rupi's son. When Rupi replies that she is not even pregnant, Gurubari tells her that she will have sons and that "you will give me your eldest" (105).

Interestingly, this conversation between Gurubari and Rupi happens by the well while washing food grains. Though slightly incongruous with what Sarah Cutis refers to as waterscapes, the built waterbody of the well is still a blue and benign place, supposed to offer healing (62–63). The rice Rupi washing is symbolic of cleansing and

nourishment. It is in such a supposedly therapeutic space that Rupi is forced to make a promise to Gurubari. When Rupi finds herself pregnant soon after, her equation with Gurubari starts shifting.

After returning to Nitra following Jaipal's birth, Gurubari started exercising control over Jaipal. Titled "The Son with Two Mothers", the chapter describes the tug-of-war between Rupi and Gurubari for Jaipal. While "Rupi's care was natural and befitted a biological mother, Gurubari, however, often seemed to forget that Jaipal wasn't her son but Rupi's" (108). Gurubari strategically used her experience as a mother to discredit Rupi: "Most of her advice was followed by an assertion of how much more she knew about raising children than Rupi did. Rupi felt bad, and became gradually convinced that she didn't know enough about rearing a child" (108). Gurubari's constant meddling started producing a "nameless fear" (109) in Rupi, leaving her feeling inadequate.

This was aggravated by the fact that her illness was destroying the intimacy she had with Sido, for he "did not seem to notice what she was going through" (123). Gurubari made her feel incomplete as a mother and a wife, and "Rupi often wondered if that was why Sido sought Gurubari" (131). Rupi's change in reactions to her three pregnancies is emblematic of her perceived failure as a mother and the resultant crisis in health. While after conceiving Jaipal, Rupi "blushed and wrapped her arms around her body" (106), her response to conceiving Bishu and Phuchu were, "No more, no more, Rupi had sworn" (131), and "Rupi regretted being pregnant again" (132), respectively. As time passes, added to her worries are Jaipal's philandering nature and the reality that "Bishu and Phuchu had both received erratic schooling" (166). Rupi

realised that despite being educated himself, “Sido, too had no dream, no blueprint chalked out for his sons” (129).

Motherhood is a contrastingly different experience for the dahnis in the narrative. The villagers opined: “Sinners were not destined to relish the joys of motherhood” (136). However, all the dahnis in *The Mysterious Ailment* were able mothers. In Kadamdihi, the naikay’s wife had two children, and even though the son was a “weakling... [who] can’t have children” (46), Della was “one of the best women the village had ever seen” (55). Dulari’s son Saagen, too, had a perfectly normal life devoid of any supposed curse that was expected to befall the children of women who practiced dahni-bidya. In Nitra, while the majhi’s wife’s son was accidentally devoured due to dahni-bidya, her two daughters were healthy. Additionally, Gurubari was the proud mother of Purnima and Pansurin, who “with their looks and their education, were sure to find good husbands. Even jobs, perhaps” (166). There are ample examples of such dualistic portrayals within the narrative, where women who are respected for being good mothers and abhorred for being evil dahnis, have outcomes inconsistent with the karmic philosophy.

Furthermore, the idea of religion and religious possession within the Santhal life is evidence of how femininity is at once revered and despised. For the Santhals, the shrine of Marang-Buru and Jaher-Ayo is the holiest place in the village. The organisation of the shrine, much like the organisation of the village, was based on precedence. There were five shrines, other than that of Marang-Buru and Jaher-Ayo— to the right was the shrine of feminine power and fertility, and to the left were the Moray-Ko, the Five Great Warriors; further left was the shrine of masculine power, the hunters called Sendra-Ko, and the shrine of Dharma lay in front of Marang-Buru

and Jaher-Ayo. Sima-Bonga's shrine was set apart from the others. Even though the divine feminine took the key position at the right of the holiest place, the feminine body was deemed unfit for possession: "It is at the jaher that the gods ascend the bodies of mediums. The mediums are all men and even Jaher-Ayo, a female deity, climbs on to the body of a man. Amongst Santhals, women's bodies are not considered appropriate vessels to receive gods" (25).

Such a discriminating attitude is suggestive of why women would choose dahni-bidya, and why a society that enforces patriarchy would fixate on othering such practices. On the nights that the dahnis gathered, they were believed to "ritually suck the life out of humans and animals" (32). They were also believed to conjure up balls of fire and host their master, Bhaatu, the sacred tiger. Further, the dahnis would also engage in a "euphoric dance of oneness with their power" (32). Conspicuously, none of the characters in the narrative have had direct experience of the supposed supernatural, cannibalistic ritual, except for the ojha.

Sido had taken Rupi to the ojha when all other remedies failed. The ojha looking at Rupi, says: "I can see the suffering she's been going through'... They're coming from... the outside" (192). The ojha informs Sido of the similarity between Rupi's and Khorda's ailments, which were caused by "bad, bad women" (193). When Sido denies it, the ojha muses: "I can help you, poor woman... But the truth must come first, and your treatment lies entirely in the hands of your man" (193). The ojha takes Sido into his sanctum sanctorum to confront him in front of goddess Kali. Sido involuntarily confesses to his affair with Gurubari, when suddenly her apparition appears: "I'm taking him away!... I pray to the goddess, and I have other gods too.

And don't forget, I have made better sacrifices than you... Don't tell him that he is sitting before the goddess. She is my goddess, not yours'" (195).

S. B. Mullick in "Gender Relations and Witches among the Indigenous Communities of Jharkhand, India" traces the word *dahni*'s etymological roots to the Tantrik Buddhist *dakini*, which refers to the female personification of a stage of wisdom: "In *Pauranic* tradition, Dakini is the associate of Kali, 'the deified form of the female principle'... [Thus] the witch stands for woman's right to knowledge and access to cultivation" (350). Throughout the narrative, it is hinted that *dahnis* like Gurubari are evil and supernatural, as opposed to the good and sacred goddesses like Kali. The episode with the *ojha* suggests, as Mullick opines, that *dahnis* like Gurubari own their powers like the goddess Kali, and are discriminated against because men cannot accept a strong woman.

*The Mysterious Ailment* has two types of men: Men like Sido and Doso, who are openly violent and inconsiderate towards the women in their lives, inflicting trauma and disability/madness. There are also men like Bairam and Khorda, who were righteous but ignorant of what was happening with the women in their lives. Bairam, for instance, "was either at school or drunk" (103), and Khorda "led a peaceful life, away from village gossip and the secret lives of his family members" (146), indicating convenient oblivion in both of them. Khorda's introduction in "The Groom with One Short Leg" underscores his physical disability, establishing how it plays a relevant role in the plot. Unsettled after the death of Younger Somai-budhi and Putki's failed marriage with Salkhu, Somai-haram decided to find a proper husband for Putki, well aware that "it would not be easy to find Putki a man from a family with a status equal to theirs after all the adventures she had had" (65).

Somai-haram decides to find a man with a flaw, who would be willing to stay at his house at Kadamdihi itself, even though “no self-respecting man would want to become a ghardi-jawai” (65). The narrative leads one to think that only a man with some kind of a ‘defect’ would agree to marry Putki. Accordingly, “Khorda Baskey did not have a better name” (66). He was born with his right leg shorter than his left, and thus walked with a limp. He was a decent man, and unlike his friends, would always stay behind while they took off with the women they fancied. However, when Khorda finally met Dangi at the Dashami festival, he instantly fell in love with her. They married, but within a year, “she had succumbed to an illness which left her body as yellow as turmeric” (69). Khorda was inconsolable after her death, and many believed that he had agreed to marry Putki to escape Lowadihi and Dangi’s memories. Putki, too, surprised everyone by agreeing to the marriage: “Just as her stepmother had walked through life, Putki strolled into this marriage in silence” (70).

One of the strongest suggestions that Rupi was ill because of her lack of control over her life, and not because of the influence of dahnis, happens during her stay in Nitra. Rupi is woken up by the dream of the silver-haired woman who leads her to the byre: “Four naked women danced to some silent rhythm around what looked like a small animal. Even though the women danced vigorously, and the scene was illuminated by some hidden fire, the cows did not bellow in fright nor did the servant boys rush out of their quarters outside the byre” (167), suggesting only Rupi could see and hear the performance. This particular experience forces Rupi to leave Nitra forever.

Throughout the narrative, instances suggest what could have prompted Rupi’s mental breakdown. Her lack of knowledge, ill-preparedness regarding motherhood,

and the loss of intimacy with Sido, all in the backdrop of the eerie and incomprehensible dahni-bidya worsened her condition. Rupi had no autonomy over her body, made evident by her refusal to have a third child because “it seemed to her that her two boys weren’t really hers” (129). Despite her refusal, she had found herself pregnant once again. She was sick all the time, and her sons were complete opposites of each other: “Jaipal craved company and excitement. Bishu sought solitude, a space to reflect upon life” (130). Jaipal was beyond her control, and Gurubari’s pampering only worsened Jaipal’s nature.

They return the following day, but get caught in the rain at Kadamdihi and seek shelter in the Marwari’s memorial. Ironically, the memorial Rupi had a strong desire to inspect during her younger days, becomes the site of her final downfall. The chapter titled “The Fall of the Strongest Woman of Kadamdihi” unfurls here, when Rupi supposedly sees the silver-haired woman on the bank of the nearby stream. She shrieks, frightening everyone, and dashes out into the rain. Shekhar writes that while their domestic life was already in disorder, “a more immediate problem had begun at the Marwari’s memorial– the beginning of their complete loss of face in society” (172). The witnesses to this incident would surely talk, which would give rise to numerous questions like had Rupi seen a ghost, and if not, “why did she run off like a madwoman?” (172): “Among Santhals, it is taboo for women to become mediums... A Santhal woman who behaves in the way Rupi did at the Marwari’s memorial can do so only because of two reasons: either a spirit or a dahni had ascended the woman; or, the woman is herself a dahni” (172).

As can be intuitively guessed, the chapter that follows is “The Next Strongest Woman of Kadamdihi”. Intriguingly, the allusion to strength here is more of the

mental dimension than the physical one. It was only when Rupi 'lost her mind' that she fell from the position of the strongest woman in Kadamdihi. Following Rupi's mental breakdown, "Dulari became the strongest woman in Kadamdihi. Her strength did not flow from physical vitality or from her abilities as a home-maker... Dulari's power came from... the knowledge which made her capable of controlling people by using charms" (173).

The knowledge of dahni-bidya was passed on to many women, who were led by Dulari. While Bishu turned out to be a silent and thoughtful man who had taken over the family farming, the bright Phuchu of the young had "shuffled towards adulthood in silence" (182), making people say that he looked like "an imbecile" (182). Rupi, who had given up on Sido and Jaipal, was still sick and completely dependent on Dulari, who hated her. Rupi accuses Dulari of devouring everyone, to which the latter retaliates: "But tell me, dai, if you are so good, what is your goodness doing?... I may be a witch, but tell me, did I have a way out? What was mine was being taken away from me. I had to claim it for myself... If you are so good, use your goodness to get back what you have lost" (184–85).

Rupi's outburst with the dahni Dulari, as opposed to her resigned submission towards the dahni Gurubari, lends weight to the idea that Rupi recognises Dulari as a victim of her circumstances. The conversation with Dulari forces Rupi to reflect on what had transpired since her marriage. Consequently, when Sido thought he had found a cure for Rupi in homeopathy, Rupi was completely indifferent: "She was disinterested in a cure" (186), since the disease had become a part of her, despite its inconveniences. But Sido had insisted, and Rupi obliged. When the first round of medicines seemingly failed, Sido protested to the doctor, but Rupi insisted she was

feeling better because “being ill at home is far more preferable to being healthy in a clinic like this” (191). After the consultation, Rupi was taken to Gurubari’s house in Chakuliya, where, to her surprise, she met Jaipal. Rumours about him and a woman bothered her, especially when she found out that Gurubari knew all about it. Rupi’s breakdown seeing Jaipal “carried sadness that was too heavy to be borne” (191–92).

The final nail in the coffin that was Rupi and Jaipal’s relationship was struck when they argued over Dumni, his wife. The altercation had taken an ugly turn, and Jaipal had threatened to end Rupi. Rupi was left sick and inconsolable, and a fuming Bishu had vowed to kill anyone who put his mother again in such agony. Jaipal left to live with his in-laws, only to return a month later, when he was asked to make his living. Rupi was vexed when Jaipal was treated disrespectfully at Dumni’s house, and she “spoke for the sake of speaking, for there was something in her mind that needed to be said out loud” (202). She was angry at Jaipal, but far angrier at Putki, who, like Dumni, had spent her younger days in intoxication and pleasure. Jaipal and Dumni, after their return to Kadamdihi, had been more yielding. Some sense of order followed in Putki’s household after that. Bishu’s marriage to Rupali helped bring normalcy to the Baskey household: “Bishu’s wife would be the next Rupi of Kadamdihi. For she was healthy and strong, and as fair as Rupi had been when she got married to Sido” (203).

Essentially, Rupi’s healing begins the moment her entire family returns to Kadamdihi. Kadamdihi functioned as a therapeutic landscape for all the broken relationships in the Baskey family, because it was their ancestral land. In her work, Dhar elaborates on the Indian ideals of ‘pitr-bhoomi’, which translates to ‘paternal or ancestral land’. Accordingly, people have “a material attachment and a direct

connection to land, especially one's own land" (100). The physical bond with pitr-bhoomi cannot be broken, and any attempts at it can have serious ramifications because the pitr-bhoomi constructs one's subjectivity. Dhar writes: "The connection, an undying direct relationship with the land that persists across time, space, and people, and is essential to cure, is independent of where one lives. Breaking connections with one's land can have negative consequences and the resolution of those problems is possible only when one returns to the land" (100).

Thus, for Rupi to begin a journey from disability/madness to a state of health, a return to her pitr-bhoomi was inevitable. Additionally, Rupali's presence aided in Rupi's regaining her strength. Rupali was a practical woman, and inescapably intended to represent how Rupi's life would have turned out had things not panned out the way they did for Rupi. Realising how cramped their house was, Rupali insisted on more rooms, in striking contrast to how Rupi had failed to get a separate kitchen for herself at the majhi's house in Nitra. When she communicated to Bishu about the lack of space and added that they build a separate hut, "Bishu gazed at her in admiration" (206), as opposed to an unsupportive Sido who had never shown interest regarding the matters of the house. Rupali got to work the following day, and built a separate hut near the main house: "Inside this hut, Rupali gave birth to a son and vowed to have no more" (207), asserting a sense of autonomy over her body. In contrast, Rupi, who was sick after birthing Jaipal and did not want more kids, had two more children, indicating a lack of command over decisions about her body. Rupali's son grew up with Dumni's child, and Bishu got them "enrolled in a school at his wife's behest" (207), ensuring they wouldn't have irregular schooling like their fathers, a problem that had gnawed Rupi about her sons.

Rupali's confidently assured nature extended to her daily rituals as well. In a society where Santhals frowned upon the non-Santhals and their practices, a culturally defiant Rupali, like the non-Santhals of Kadamdihi during the kaalsandhya, "sprinkled some water over her head and lit dhup-batti whose fragrance wafted through the hut and even reached the main house" (206). Kaalsandhya was "the in-between period between sunset and darkness. The time of the spirits" (125). Rupali's practice of lighting the dhup-batti is a fulfillment of the wish Rupi had decades before in Nitra, when she had desperately "missed the uplifting fragrance of the dhuna which seemed to enter each pore of one's being" (125).

The restoration of Rupi's health begins with her return to Kadamdihi and Rupali's entry into the Baskey family, where Rupali makes choices for her family that Rupi had failed to make with hers. Sido "had become a contented man" (207) playing with his grandsons; Jaipal "had simmered down after becoming a father" (207); and Dulari "had almost become the Dulari of old" (207). Thus, all three aspects that had led to the decline of Rupi's health—the absence of her man in her life, her fears regarding motherhood, and her supernatural encounters with dahnis—had ceased. The settling down of things in her life had a drastic effect on Rupi: "Satisfaction showed on her face and, at times, peace" (207). The narrative ends with Rupi's dream—she sees her family, Khorda, Putki, Sido, and Doso, all affectionate and healthy. Under the dogor tree, Rupali stands with her son. Rupi smiles at the scene of serenity, "her body free of suffering, and lies on the parkom [bed] under the dogor tree thinking: Just like me, just like me" (208). Rupi's ill-health stemmed from the absence of this happy family she saw in her dream, a life that she had wished for herself, but Rupali was living instead.

## Conclusion

Though not ideal, women in the narrative try to make the best out of the conditions available to them. Shekhar writes that the *The Mysterious Ailment* “explores the age-old notions of good and evil and the murky ways in which the heart and the mind work” (Book Summary). Any arbitration with dominant ideologies demands solutions that are ‘murky’. In Shekhar’s narrative world, one encounters women ‘living with madness’ as opposed to ‘mad women’. While the patriarchal scheme imposes the identity of madness on women, women themselves embrace such an identity and define it to fit their needs. Although the supernatural elements in the narrative are implied to cause madness in Rupi, a closer reading suggests that factors produced by the patriarchal setup and the rapid movement from one place to the other produce a rupture in her psyche. Additionally, the lack of emotional intimacy, the expectation of performing motherhood, and the constant intrusion of witchcraft lead to the nervous breakdown that is labelled as madness. Educated women, and women with a sense of agency, like the dahnis in the text, though attributed madness due to their opposition to the male-dominance, use the label to reclaim what is culturally denied to them.

Although socio-cultural ideals imposed mad identities on certain subjects, some successfully navigated them. The following chapter analyses the liberatory potential of clinical madness through literary creativity.

## Chapter 5

### **Madness and Creativity: Counter-Narratives and Agency in *I Have***

#### ***Not Seen Mandu: A Fractured Soul-Memoir***

For what is normal and abnormal are shifting signifiers... Mental illness categories, like art forms, are obvious examples of the arbitrariness of language... If illnesses (or art forms) do not fit into neat categories they can be seen to taunt the overriding structures set in place to create objectivity.

—Teresa Bell, “Post-*Madwoman* Writing”

The trope of the ‘mad genius’ or the ‘troubled artist’ is so ubiquitous across civilisations that a strain of madness is considered almost necessary for the creative process. Starting with Plato’s ‘divine madness’ in *Phaedrus*<sup>25</sup>, the mad artist/genius has captured the minds of generations of people, triggering varying degrees of reaction both to the creator and their creation. Artists, writers, and poets are believed to be ‘touched’ by madness and experience excruciating emotions as a precondition for producing art. The art created is a cathartic release for the madness of its creator, a space where the artist casts off their madness. Such ideas about the creative process that requires madness to be an inevitable presence come with severe consequences: a simultaneous validation of the creation and vilification of the creator.

Madness is an ambiguous categorisation that invokes, as Bell writes, a sense of ‘abnormality and arbitrariness’, and incites a fear of ‘the collapse of objectivity’. Writers and their linguistic creations elicit numerous interpretations, mostly due to their reach and accessibility. The narrative process and the narrative itself are grounds teeming with possibilities of how language, mind, and the mind mediated through

language influence each other. This chapter will examine how the convergence of linguistic creativity and madness manifests in asserting supposedly abnormal identities, by inspecting Jerry Pinto's translation of Swadesh Deepak's *I Have Not Seen Mandu: A Fractured Soul-Memoir (I Have Not Seen Mandu)*.

Swadesh Deepak was one of the foremost playwrights and novelists in Hindi during the last quarter of the 20<sup>th</sup> century. Although a writer in Hindi, Swadesh Deepak was a professor in English, signalling his proficiency in the said languages. His dual existence in the two languages, as a writer in one and a teacher in the other, paves the way for irreconcilable ideologies that build tension in the narrative. While there are numerous examples of autobiographical writings about mental illnesses from elsewhere, Deepak's memoir is the first of its kind to emerge out of India. While Indian Writing in English has a dearth of mad representations or has misleading representations, Deepak's memoir stands out as an accurate and assertive portrayal of his madness.

However, writing about madness and writing madness are two entirely different things. While the former utilises characters that mostly inhabit the fringes of the narrative, the latter takes control of the narrative by occupying the centre stage, clamouring for what was historically denied, and proclaiming mad existence as legitimate. As Felman writes, the autobiography of madness is a separate critical genre:

The genre takes effect either rhetorically, satirically, as an ironic mirror to the madness of the world and as a critique of normative behaviours, or tragically, poetically, and philosophically, as an experience and a life itinerary of initiation: an initiation not just into suffering, but into a heightened poetical

perception and into the assumption of fate, an insight and a message deriving from a human practice of the limits. (*Writing* 14)

Deepak's memoir of his descent into madness, which foregrounds his creative prowess in the backdrop of the oppressive scientific and societal stigma, is a testimonial to all the aspects of an autobiography of madness that Felman lists out, and more. *I Have Not Seen Mandu* is a text par excellence that asserts the experience of madness from a creative perspective, and vividly describes how language, creativity, and madness influence each other, often blurring out any distinctions between the three.

Thus, this chapter studies how labels of madness are interrogated through creativity, and how such creative methods accomplish alternative perspectives to assert affirmative identities.

### **Review of Literature**

Creativity and madness have been represented with equal vigour in numerous works. Sylvia Plath's semi-autobiographical work *The Bell Jar* (1963) and Fernando Pessoa's abstract "factless autobiography" *The Book of Disquiet* (1982) are among the widely recognised books that link creativity and madness. More recently, American clinical psychologist Kay Redfield Jamison's self-help book *Touched with Fire: Manic-Depressive Illness and the Artistic Temperament* (1993) and Marya Hornbacher's *Madness: A Bipolar Life* (2008), led to a flurry of autobiographical publications about madness that transcended genres.

Within IWE, Amandeep Sandhu's *Sepia Leaves* (2006), Jerry Pinto's *Em and the Big Hoom* (2012), Pankaj Varma's *Silver Haze* (2014), and Gayathri Prabhu's

*If I Had to Tell it Again: A Memoir*, are all partly fictionalised narratives of living with a mentally ill parent. The anthologies *A Book of Light: When a Loved One Has a Different Mind* (2016) edited by Jerry Pinto and *Side Effects of Living: An Anthology of Voices on Mental Health* (2019) edited by Jhilmil Breckenridge and Namarita Kathait bring together stories about the fragility and immensity of living with madness in India. Pinto's collection has a piece titled "Papa, Elsewhere" from Sukant Deepak, Swadesh Deepak's son.

An academic inquiry into the creative aspect of madness and conversely the madness in creativity focusing on India is sporadic, although not non-existent. Sudhir Kakar, widely recognised as the foremost practitioner of psychoanalysis in India, researched extensively on the Indian psyche and wrote books like *Shamans, Mystics, and Doctors: A Psychological Inquiry into India and its Healing Traditions* (1982) that studied indigenous therapeutic systems "that are concerned with the restoration of what is broadly termed "mental health" in the West" (10), *Mad and Divine: Spirit and Psyche in the Modern World* (2009) that explored "the interplay... between spirit and psyche... and the moments of creativity and transformation when the spirit cools" (12), and *On Creativity* (2015) which is a cross-cultural analysis that discusses "the contemporary relevance of the traditional Indian view of creativity" (7).

Lakshmi R. Nair's *Transformative Resistance through Creativity Revolution and Literary Resistance through Narrative Agency in Selected Works* (2019) studies "resistance theory, especially the transformative resistance of gendered subalterns through their creativity revolution; and the literary resistance of the selected writers through their narrative agency" (Abstract). The fourth chapter of the thesis, titled "Performing Resistance through Epiphany, Insanity, and Ignominy", scrutinises

Mahasweta Devi's *Draupadi* to study "creative and impressive ways of resistance which enable individual but productive, accommodating but confronting, and circumventing but reconstructing strategies" (176) using theories of Gayatri Chakravorty Spivak, Shweta Choudhary, Delice Williams, and Catherine Pessoa-Miquel.

*Society through Self: A Comparative Study on the Select Life Writings of Indian Creative Writers in English* (2022) by W. Breethy, examines the works of major writers in IWE and concludes "Women writers got more stimulation to write because of their pain and suffering and their writing healed them... But on the side of men writers... their writing began with passion but later on, they developed an emotional connection with writing. Ruskin Bond saw writing as a therapy and a tool to escape from his broken family environment" (36).

*Narratives of Pain: A Study of Psychosocial Perspective* (2023) by Neha Mishra Raj "explores the concept of illness narratives as stories that describe the physical and mental suffering caused by disease, and validate the uniqueness of the illness experience" (1). The steps towards healing are achieved by "foregrounding the power of storytelling to fully explain the relationship between illness, bodily experience, subjectivity, and its social/cultural reception" (1). Mishra bases her fourth chapter titled "The Unreliable Narrator: Demystifying Mental Illness" on the theoretical framework of Arthur Frank's chaos and restitution narrative by "interrogating the sanctity conceded in the autonomy of agency and voice in the subject of analysis, along with the conception of expression and autonomy within the scope of illness narratives" (186).

Shibashish Purkayastha's *Selfhood and Narrative Agency: A Study of Indian Life-Writing and Fiction on Physical Disability and Mental Illness* (2024) draws from literary disability studies, mental illness and literary studies, life-writing, and narrative theory to examine how "collaborative narration, embodied narration, and personal experiences of discrimination serves to elucidate the multifaceted nature of self-expression and resistance within the narratives of physical disability and mental illness" (1). Purkayastha's thesis studies Deepak's memoir as one of its primary texts to conclude that "life-writing construct a positive recovery narrative through their story-telling which may have a positive therapeutic effect creating narrative agency, a sense of connectedness, and creativity" (73). Rita Felski's concept of deep intersubjectivity, Charlotte Baker's textual psychosis, and Shoshana Felman's narrative psychosis are used to substantiate the arguments in the thesis.

### **The Narrative Strategies**

*I Have Not Seen Mandu* is a translated work. Originally titled *Maine Mandu Nahin Dekha: Khandit Jeevan ka Collage*, published in 2003, Pinto's translated work was released almost two decades later. Deepak's subtitle of his memoir is indicative of the ruptures the illness had caused in him, and the attempts at documenting that rupture are bound to have certain imperfections. The Hindi '*Khandit Jeevan ka Collage*' captures his attempt at piecing together a life torn asunder in a way that the English '*A Fractured Soul-Memoir*' cannot. This tension between the two languages is evident in his work and is a source of constant agony for the writer. Deepak began writing his memoir a decade after the onset of his illness, and the experience made it difficult for him to recollect precise details. Hence, he justifies the subtitle which

reinforces the ambiguity inherent in the text: “Since memory came in flashes, I used the collage mode, juxtaposing various time zones” (xviii).

In “The Mimesis of Madness and the Semiotics of the Text”, Wladimir Krysiniski claims that the discourses of madness arise because it is considered “the social adventure of subjectivity” (1). The social subject is expected to fit into certain normalising codes, and the antithetical-sounding ‘social adventure’ is expected to be curtailed. Krysiniski writes: “Condemnation, glorification, apotheosis, negation, normalization- madness resides as much in a diversity of viewpoints as in the clinical apprehension of its somatic and psychic manifestations” (1).

The numerous semiotic orders trying to contain madness promulgate drastically different definitions, and the translation of a work of madness further complicates the issue. Someshwar Sati and G. J. V. Prasad in the introduction to *Disability in Translation: The Indian Experience* write that despite the complications in translating texts about disability, the translator can function as an activist: “Translation is an ‘enabling’ act, one which directly addresses a ‘disability’, the readers’ lack of reading ability in a particular language so that they can read the text in another” (13). Sati and Prasad cleverly claim that the absence of translation is disabling in a land like India where multiple languages are spoken. Hence the translator can be proactive by creating a culture-specific and context-sensitive text.

In the Translator’s Introduction to *I Have Not Seen Mandu*, Pinto writes: “The translation of this book began when I was a young man who found that he was not the only person in the world with a bipolar mother” (ix). These introductory lines achieve two purposes: translations are believed to be unremarkable and unfaithful to the originals. Pinto’s knowledge of what entails madness through the experience with his

mother suggests his sincerity towards the raw representation of Deepak's condition; and, his attempt at the translation is also a journey for answers he has been seeking since his boyhood. His intimate experiential knowledge of what society contrives as madness, owing to his mother's condition to which he was a close witness for extended periods, suggests his intention of translating Deepak's memoir is unadulterated by any selfish motives. Pinto's almost confessional introduction achieves the purpose of instantaneously connecting the reader with the translator and, through the translator, the writer. This sense of faith and familiarity is a necessary aspect for reading books like *I Have Not Seen Mandu*, which demands exhaustive engagement and empathy from the readers.

The critical engagement is not restricted to just the content of the work, but to the form as well. On the dedication page of *I Have not Seen Mandu*, there is a gut-wrenching line: "Caveat: Where you think fit, add the word 'perhaps'. For some unsettled memories are fractured". Deepak uses the words 'perhaps', 'unsettled', 'memories', and 'fractured' in the span of two sentences comprising a total of merely fourteen words, highlighting the evasive unpredictability of his work, and thus his life. These lines encapsulate how madness eludes the clutches of words, refusing to be bounded by definitions.

Memories in themselves are quite characteristically fluid, suffering additions, deletions, and revisions over time. Studies conducted over the years bear witness to this fact: Japanese filmmaker Akira Kurosawa's *Rashomon* (1950) led to the conceptualisation of the Rashomon Effect, which described memory's unreliability, relativity, and subjectivity (Otway 5–7). Swadesh Deepak reiterates these views and

establishes that memories themselves are formed flawed when the person is mentally distressed, and each recollection of it is filled with doubts about credibility.

The sharp vicissitudes and vacuums of Deepak's health create a tense narrative space that requires one to grapple with the highs, lows, and both sides of his condition as he narrativises them; a narrative seismic ground is probably a better word, for Deepak constantly unmoors his readers with his blatant honesty and visceral descriptions. Pinto's view on his novel *Em and the Big Hoom* is just as apt for his translated work: "I have always maintained that the novel was ninety percent fact and ninety percent fiction. If you know your Venn diagrams, you will know that this allows the reader comfortable space to make her own decisions about the book" (Deepak ix).

The gaps in the novel and the narrative seismic ground are a requirement for a text like *I Have Not Seen Mandu* which adds considerable layers to it. While the memoir itself is fractured, both the writer and the translator encourage the reader to make their inspections and introspections about it. The reader willingly puts in the effort for Deepak, who, a few years after the grand release and publicly approved celebration of his book, had a relapse: "Swadesh Deepak got up, went out for a walk and never returned" (xi). This was in 2006 and he remains missing almost two decades later. This tragic detail induces one to invest in Deepak's memoir, making them question what travails led him to walk out of his life, only to realise by the end of the narrative that life had walked out on him, and he had simply followed suit.

*I Have Not Seen Mandu* is a self-reflexive memoir wherein Deepak mentions his contemporaries and their works. He also includes discussions with Editor Giridhar Rathi, giving the reader a glimpse into the memoir's genesis, thus lending "an insight

into its prehistory” (xi). It was Rathi who encouraged a reluctant Deepak to write about his illness: “Forget about time and the sequence of events. Liberate yourself from past-present-future. Write it down as it comes back. Genre, style, forget about these things. If you want, write a poem; put in dialogue as if it’s a play— a fractured prose for a fractured autobiography. And then we will have the first book that is like us” (119). Rathi acknowledges that writers have a fragmented existence, and their power lies in harnessing that fragmentation. Rathi encourages Deepak to acknowledge and celebrate the unique lives of writers by writing a book that reflects them.

The prehistory, however, is not restricted just to the book, but to Deepak as well. The seven-year-long illness was essentially a break in his psyche, neatly dividing him into ‘the Deepak of before’ and ‘the Deepak of after’: “Swadesh Deepak’s words carry all the scars of who he was and what his illness had made of him” (xii). This sharp differentiation is evident throughout the narrative. Within these structural aspects of the narrative, one also encounters the post-history of the book. Deepak makes an assured prediction of what will happen once his book reaches the readers: “I can see the future. When I finally commit my words to paper, I know that you will not believe them. May God never require you to walk the path I have so that you may understand” (201). Thus, Deepak directly addresses the reader by adopting a second-person point of view.

Deepak plays with all the points of view in the narrative. As can be expected of autobiographic writing, the narrative is mostly written in the first-person with occasional shifts to second-person and third-person. Deepak ingeniously uses the latter two to achieve specific purposes within the text, that range from alienation to affectation. For example, Deepak directly addresses the reader in the initial pages:

“Don’t believe me if you don’t want to” (3), he writes as if reassuring himself of the credibility of his experience by breaching the interface between the writer and the reader. He deliberately fuses reality and fantasy in his narrative despite the viewpoint he adopts. This coexistence makes the reader wonder about the truth value of the real as much as of the fancy, and is an effective way in which Deepak communicates with the reader. Deepak’s narrative has a proclivity towards madness because of its fragmented, unreliable, translucent, and fantastical elements within the multiple viewpoints he uses.

The reader is hauled into another jolt when they encounter the author’s introduction; in fact, Deepak titles it “There Is No Bridge Here (In place of an introduction)”, as if warning the readers that there is no support system, that if one ought to read him and his madness, the only way is to dive deep and swim through. This section opens like a diary entry, giving a peep into Deepak’s consciousness, and it is a consciousness that demands the utmost attention. He begins documenting in Calcutta in “The eleventh month of 1991”, and takes the readers straight to his condition: “Mayavini has hammered a nail into my head. I found out later, very much later. My world went from Glorious Technicolor to monochrome, diseased and ugly. My river was lost. There was no bridge for me anywhere” (xvii).

Deepak’s work abounds in metaphors, as can be expected of a writer as gifted as him. Mayavini is both his muse and the female personification of his madness (alternatively a hallucination), with whom he describes having a perverse relationship. For Deepak, the illness was beyond normal, and resided in the land of the supernatural, for it had robbed him of the vibrancy in his life and dried up his river, which is metaphorically the source of his creativity. So, during the onset of madness,

instead of the nourishing river, Deepak describes himself as “swimming in a river of acid” (1). Deepak graphically describes the seven-year period he was under treatment in the hospital as being “the prisoner of a mental illness” (xvii) and being “in warrior mode all the time” (2). The carceral metaphor of the prison and the combat expression of the warrior indicate both the wrongful confinement and the helplessness of his situation.

The book has nine chapters, seven of which have epigraphs, that give insights into the respective chapters. The epigraph of Deepak’s first chapter, “A Late Night with Nirmal Verma”, is suggestive of his justification for having a holistic balance between language, creativity, masculinity, and memories: “All desires are not evil-Katyayani” (1). Deepak’s desire to be a master of language, thus helping him reach the zenith of creativity, while managing his toxic masculinity, and navigating his traumatic memories ultimately brings forth his collapse. In certain parts of the text, Deepak alternates between the style of a report and the structure of a play; while the former supposedly lends an unbiased aura to the events, the latter cites the characters before the dialogues, reminding the readers of Deepak’s plays. This maintains an anticipation of the tempestuousness inherent in his creative writings.

Another curious technique that he employs is that of associative memories. Deepak jumps back and forth, both spatially and temporally, when something in the present reminds him of something from the past. The specific memory may again prompt him to a different memory, before circling back to the present time and space. This ‘beading of memories’ lends the narrative a unique form, where each incident is distinct yet strung together by the narrative thread that Deepak manipulates. For instance, although the narrative begins at Sheila Sandhu’s house in 1996, a casual

remark from Nirmal Verma nudges him to the memories of his stay at the hospital, before coming back to the present, only to flit back to his first encounter with Mayavini, his “internal seductress” (51) in 1990. The word seductress prompts another memory from the year 2000, when Nirmal Verma asks him the Hindi for seductress: “I advised him to use the English word; Hindi has no seductresses” (3). Deepak writes of these rapid shifts as “the film began to rewind” (3) or “The cassette inside me stopped, the film show stopped” (47), suggesting time passes differently for him.

Deepak is critical of his life as he is of creativity, to a point where sometimes the two cannot be distinguished. Creativity and language hold immense power over him, such that his nightmarish descent into madness is reached when his linguistic productivity is threatened: “He found himself without words— the ultimate Hell for a writer” (x). The intricate connection between his madness and creativity is evident from the symptoms that manifest: “One of the symptoms of Swadesh Deepak’s manic episode was the tendency to speak English. Here was a professor of English who had been silenced by a ‘seductress’... He has insulted her in public and she takes revenge by silencing him” (xiii).

Deepak is robbed of language and creativity by the seductress, whom he calls Mayavini, rendering him unproductive. Although he speaks in his native tongue, he occasionally switches to his professional language. This shift in language is indicative of the change in his moods. While Hindi is for his ordinary and ‘normal’ self, which contains his identities as a family man and a friend, English is for his volatile identity as a critic and a creator. The association of his illness to the language was so tremendous that every time he spoke in English during his stay at the hospital, he was

restrained for showing symptoms of madness: “They knew I had gone mad. Because they know one thing— he who speaks English must be mad” (44), and “She knew that when I speak English continuously, I have retreated to my secure country” (287).

His animosity toward the English language before and during the illness is irreconcilable: “To him, English is a ‘language of lies’... For it seems also to be the language from which he draws his references... How then can this be the language of lies for him?” (xiii). Despite calling it a ‘language of lies’, Deepak refers to almost all the canonical works and classical characters in the English language in his memoir: Maud Gonne who had spurned the Irish poet W. B. Yeats, the legendary Helen of Troy whose beauty had destroyed entire civilisations, and T.S. Eliot’s monumental Modernist masterpiece *The Wasteland*, among others, are prominently alluded to in the text. The motive behind the choice is inescapably evident: unrequited love, forbidden desires, and spiritual/creative dearth were the problems Deepak was grappling with. The tragic poetics of his choices are not lost upon the reader: Deepak’s unrequited love is with the English language in which he creates, his forbidden desires are for his muse who refuses to inspire him, and the consequent loss of language thereof leads him to a spiritual death. Deepak attacks creativity when it evades him, and the language of creativity with equal vigour: “The Swadesh Deepak we meet here turns his guns on Hindi and Hindi writers with as much violence” (xiv).

Deepak’s uneasy relationship with his language of creativity and his character are just as difficult to discern. Pinto, in the process of translation wonders, as the reader when they read the translated work does, “whether his misogyny was part of his illness or part of his character... At other points he displays a communal streak: judging people by surnames. He body-shames others when he is in a rage” (xii). The

abstruseness of the textual writing conflated with his madness, gives Deepak the creative license to openly critique and question, something beyond his scope if not for his mad identity. Krysinski attests to this prospect when he writes that literature mimes madness by “conserving the ambiguous status of madness” (2) and this disambiguation “requires the grasp of the modalities, the limits and the finalities of the mimetic registers of madness in the text” (2). Deepak utilises this ambiguity in his writing and leaves the responsibility of the meaning-making to the reader:

Positing the meaning of madness in the text and interpreting this very meaning reflect the paradoxes of a mimetic activity which adopts madness as an object of reflection. To mime, to reproduce, to represent madness in the text presupposes a polyvalence of the semiotic gesture constructive of meaning... the semiotic gesture must reconstitute, mime and manifest, if not understand the difference. (Krysinski 2)

Thus, the fervent portrayal of madness in the book is both a reflection, albeit imperfect, and a searing critique of society’s dominant and totalising ideologies.

Deepak’s madness is intrinsically related to language and his creative process. So are his memories and toxic masculinity. After reading Deepak’s play *Court Martial*, Pinto confesses that he remembered thinking “the writer came out swinging sledgehammers; that it was a male play, drenched in testosterone” (x). Further proof of his intense masculinity and the precarity of his memories are in the introductory section: “My armoury began to fill again. I thought memories dry out in the sun; I was wrong. Memory lives in the soul and therefore it is immortal” (xviii). In Deepak’s words, the return of language and creativity is compared to the stocking up of weapons in his ‘armoury’, while his memories leave a permanent mark on his self.

Deepak had set himself on fire on Mayavini's provocation, and oscillated "as a patient shared by the Burns Unit and Psychiatric Ward" (xvii). This state of limbo that he experiences in the hospital and his illness is reflected in his book as well, where the narrative continuously and rapidly shifts in temporality, spatiality, aesthetics, and stylistics. After his discharge in February 1995, he found it difficult to reintegrate into normal life: "And then began the difficult time of re-entry. My heart and my brain lead me in different directions, neither listening to the other" (xvii). One of the first things he does after recovering is to go back to writing, and this is when he wrote the play *Sabse Udaas Kavita (The Saddest Poem)*. His friends advised him to write about his seven-year-long experiences, but he could not do it initially: "Many years later hazy and fractured memories began to return, but not in sequence... What I could not remember, I salvaged by talking to my family and the people at the hospital." (xviii). Despite the prolonged illness, Deepak had mustered the strength to go back to writing.

*I Have Not Seen Mandu* is a rarity in Indian Writing in English. As Pinto himself establishes when he writes about his avidness in reading psychological literature: "There wasn't much out of India... the whole notion of mental ill-health was to be swept under the carpet. People just don't talk about it" (ix). Deepak's writing about his descent into madness in India was ground-breaking in the Indian literary landscape. The onus now fell on his readers, and Pinto voices this for every person who has encountered such narratives: "How do you respond to such a story?" (xi). Deepak provides the answer to this troubling query a few pages into his memoir: "A genuine writer has total faith in the intelligence of the reader. So he leaves some spaces for them to fill" (12).

Despite the fractured nature of the book, the narrative is pieced together by certain factors that have a drastic influence on Deepak. Deepak, who is both a teacher and a writer, is immersed in language and the creative world. His professional language English and his creative language Hindi are at loggerheads throughout the expanse of the narrative. This conflict between the languages and his preference for one over the other is evident in the two statements he makes: “For all the years that my soul was in chains, I was addicted to the speaking of English” (xviii), and “Where does the English word General have the power and command of the Hindi ‘Jarnail’?” (10).

Similarly, the intensity of his misogyny and his memories play a tremendous role in his downward spiral. In the introduction, Deepak writes “When you have been mad, your memories are of insult and contumely” (xviii); and during his conversation with fellow writer and friend Nirmal Verma, Deepak admits to his vanity: “I did not want to enter into the forbidden territory of long-term memory...[Swadesh] is a man of machismo. This macho pride took him to a hallucinatory world for seven years” (18).

Thus, his cognition and masculinity have an inescapable role in his condition. Incidents scattered throughout the text are a testament to the intense influence of these factors on Deepak’s psyche. Pinto writes: “It was said of Swadesh Deepak that he hunted his characters with a gun. I suspect that in this book, he has turned his weapon on his readers. You have been warned” (xv). The weapon is turned on the reader because reading madness requires one to abandon positivist attitudes and polemical values that deflect them from the principles conveyed in the text.

## Language and Creativity

Every language fails to express the grief of man.

—Swadesh Deepak, *I Have Not Seen Mandu*

Writer Nirmal Verma looms large over the book's first chapter, "A Late Night with Nirmal Verma", signifying his influence on Deepak. His remark that Deepak has recovered completely, makes Deepak feel "a little happier, the unafraid happiness one feels when emerging from darkness into light" (1). Deepak constantly uses light/dark imagery to describe his health/illness throughout the narrative. Curiously, he refers to his stay at the hospital as dark, thus implicating the medicalisation of his madness; and his discharge into society is equated to light, advocating for the importance of normalisation of his madness. Emerging from illness, he started feeling 'unafraid happiness', implying that a foreboding feeling accompanied the moments of happiness during his illness. Using 'unafraid' as an adjective to describe his happiness following the illness accurately portrays the grim nature of his state of unhealth. Verma's innocent remark leads Deepak to reminisce about the period he was unwell in the hospital: "I had spent seven years in a dark deep pit. Slowly I had forgotten how to use language. But I kept chatting to the darkness; in the language of the darkness. A soul in a constant state of unrest learns strange, unique languages. These words are not to be found in any dictionary" (1).

Deepak refers to the 'language of darkness' as both 'strange and unique' because the words to describe the condition of madness are not found in any of the languages. In *Madness and Civilization: A History of Insanity in the Age of Reason*, Foucault elaborates on the curtailment of dialogue between Reason and Madness in eighteenth-century Europe. He argues that the absence of a common language "thrusts

into oblivion all those stammered, imperfect words without fixed syntax in which the exchange between madness and reason was made” (x). This resulted in “a break in the dialogue” (x) and an imposition of silence.

Contrarily, Deepak lambasts the rational language of sanity for failing to accommodate the experience of madness in it, and writes a narrative that defies the most basic of its grammatical rules. Hence, during the medical conference on his case where he is rapidly asked questions about himself, Deepak writes: “The questions were so meaningless. I was answering like a telephone... I was in a country where no one spoke my language. I could not understand their language” (237). But despite everything, he refused to be silenced and created a language to converse with darkness. He swiftly moves from an “unsettled silence” (16) and a “deceptive silence” (308) to a “hopeful silence” (31) by learning “the language of silence” (36) and asserting “My end shall not be in silence” (334).

This is a tendency Deepak showcases throughout the text, where he moves from a state of subdual to a sense of strength in his situation. Across the narrative, Deepak describes his illness as “a dark deep pit” (1), “a bottomless pit” (2), “a subterranean existence” (4), and “a black pit” (10), hinting at the unending bleakness and unbearable weightiness of his situation. By depicting his illness as a ‘pit’, Deepak ascribes a spatial quality to his experience of madness, making it physically real and challenging the supposed intangibility of it. Although his wife Geeta and his friend Vikas Narayan Rai were waiting at the edge, they couldn’t help because “it was I who had to make the leap that would bring me out” (1). Alternatively, he claims that for seven years he was floating in a “river of acid” (1), without so much as an attempt for a leap; when he finally managed a hop, Geeta and Vikas pulled him out.

From a 'pit', he promotes the illness to the metaphor of a 'river', simultaneously rendering it both physically real and natural. His madness was like floating in a river of liquid chemicals because his words had dried up: "I, Swadesh, from whom a river of words once flowed" (19), was now unproductive. The river imagery manifests throughout the narrative as "a river of sludge" (30), "a river turned black" (21), and "a river of filth" (286), depending on Deepak's mood which was largely reliant on his ability to be productive and creative.

But Deepak is also aware that his relentless pursuit of creativity could also lead to a disastrous end: "I cannot swim. So why do I think of a river all the time? Obviously not to swim in, so why this morbid obsession? Why death by drowning?" (27). Swadesh indirectly hints that the river-like illness may swallow him into its depths. He further equates his madness to a desert, beginning from his claim that his "insides are a desert" (90) to "all around me, a desert" (305), and finally reaching "I have become a desert" (319). Deepak's metaphorical reference to his madness as a pit, a river, and a desert highlights the major features of his experience of being ill: darkness, depth, and dryness.

Deepak's extended illness also meant that his responses were quite unpredictable at times. He was uneasy with flattery and recalls how he had gone on a barrage when Mayavini, during their first meeting, had called him "the most handsome but the most arrogant man" (8). Deepak had responded by publicly abusing her, and Mayavini had exacted revenge by deciding, in Deepak's words, to "tame me" (8): "First she took language from me. Then my pen. Then my right hand died, the hand in which I hold my pen" (9). For Deepak, his inability to use language creatively was the greatest travesty that could befall him.

Further, his influence under Mayavini is described as ‘taming’, a domestication of the wild beast that he is. This is suggestive of his self-awareness as a hot-tempered man who could strike without provocation. He describes his emotions identically: he feels “bestial rage” (140) and “bestial pleasure” (313). Deepak uses the metaphor of animals to illustrate his state which begins with “I turned into a cheetah” (191) to describe his volatility, to “I had become a pet dog” (328) who is adored by people yet not entirely human, to finally “I had become a worm” (329) to suggest the disregard and disgust people feel for him because he was mad.

Deepak’s metaphors of madness are his way of creating a language and method within his illness that others can comprehend. Deepak’s refusal to be silenced and finding ways to express his mad self are his attacks on the structures of normalcy that pervade society. James Olney in *Metaphors of Self: The Meaning of Autobiography* records how autobiographical writing is an attempt to create a metaphor for selfhood. He writes: “It is only metaphor that thus mediates between the internal and the external, between your experience and my experience, between the artists and us, between conscious mind and total being, between a past and a present self, between, one might say, ourselves formed and ourselves becoming” (34–35).

The self itself remains accessible only through the metaphor and “we ‘know’ the self, activity or agent, represented in the metaphor” (Olney 34) during the process of reading. Thus, a metaphor is an ideal method to portray the collapse of selfhood. However, Deepak’s madness is imposed on him by the labels of society that at times it gets the better of him: “I had become a mixed metaphor” (62), “My pills are now my point of view” (91), and “I turned from Deepak into dementia” (114), he laments at various points.

Deepak's sense of agency is shaped years after his battle with the illness, and within the text are incidents that point to his inability to return to familiar ways of being. Integrating into society after a long illness is difficult, especially if the person has a mental illness. The narrative opens with this hesitance. Deepak is worried about reacquainting with his friends, whom he had refused to meet during his illness. Thus, Vikas Rai's suggestion to join Sheila Sandhu's literary salon at her residence had perplexed Deepak. He writes: "For I was stuck in the past and struggling to arrive in the present... I was living in an unfamiliar world" (3). The world he had known before his illness had ceased to exist, and everything seemed 'unfamiliar'. The glaring unfamiliarity and disembodiment he felt with himself led to a feeling of dissociation from his surroundings so much that he had "a hatred of well-wishers" (5), which led to his reluctance to reacquaint with his friends.

Heightened senses accompany his sense of dissociation from himself and the reality he inhabited. Deepak was wary of innocuous things, like the wind. Alone in his room, he hears "a tinkling, a clattering on the windowpanes" (5) and realises that the wind has become a hunter and pressing its face against the windowpane, read out Eliot's lines from *The Waste Land*: "That corpse you planted last year in your garden, / Has it begun to sprout? Will it bloom this year?" (5). The wind reappears as "rebel platoons... [putting] his spear on my neck" (7) at Sheila Sandhu's house, and again as "a cannonball of wind, hidden behind a pillar, rose like a small dust-devil and attacked" (10) when he is with Mayavini.

Similarly, his olfactory sense is dominant throughout the text in the moments of dissociation. Mayavini's fragrance precedes her arrival. Deepak varyingly refers to the "scent of her body" (22), "the aroma of her body" (33), and his ability to "smell

her aromatic blood” (313). Even during his first meeting with Nidhi, with whom he suggests having an affair, he could “smell her blood. I thought of D. H. Lawrence. Call of blood for blood” (195). He indicates the onset of his collapse congruently by explaining it in terms of the sense of smell: “There was a sandalwood tree in my courtyard. It’s not there now. Did you take it?” (218), he asks Nidhi suggesting he was on the brink of madness; and his realisation that he was burdensome in his illness is expressed as “I had become a stink” (116).

The amplified sensory details, juxtaposed sharply against Deepak’s unnaturally high pain threshold, achieve a lasting impression. While the winds and the fragrances activate a defence mechanism in him, things that supposedly scare people in the real world do not bother him. For instance, this is how he describes his suicide attempt: “When fire was chewing up my clothes... and my body was burning, the domestic help Sultan saved me. Later he told me he found me sitting in a chair, smoking a cigarette” (xvii). This ingenious description where the physical pain of burning flesh is said to be bearable compared to the mental pain of always being in “warrior mode” (2), makes the reader aware of the intensity of his situation. Jurelle Bruce writes: “Dissociation does not stifle or dissolve narration, but rather inspires and propels an alternate narrative mode... [It] instrumentalizes the experience of being “no longer inside” oneself to produce a *dissociative narrativity*... the conventional first-person narrator is always sequestered inside their individual self” (66). Thus, Deepak achieves clarity through dissociative narration.

Deepak is careful not to ascribe pain as the only dominant feature of madness, and uses dissociation accordingly to shift the narrative point of view. While a majority of the narrative is written in the first-person, he switches to second-person or third-

person to signal a shift: “It had turned Swadesh Deepak, the born enemy of fiery beauty, into a bed-ridden shadow of himself?” (42), and “Why doesn’t Swadesh Deepak speak?” (132). This achieves an insistent purpose: He separates his mad self as just one part of his identity, and stops it from being equated with his entire selfhood.

Deepak’s sense of reality and association with the present happens only when he is in creative mode. It was during his visit to Sheila Sandhu’s house that the idea for his play *The Burning Chariot* originated, and he says: “My new son had been born— this was the play *Jalta Hua Rath (The Burning Chariot)*, but he could not write nor speak as yet” (4). Deepak has a maternal affection for his play, and cares for it as a mother would care for her neonate. Similarly, when Deepak gets the idea for his play *Kaal Kothri (Death Cell)*, he describes his exhilaration as “a long ray of light entered the world” (47). The plot and characters were so clear in his mind that some of it “wrote itself” (47). He writes: “I thought: I’ll write this in ten days. How could I have known that it would take me ten years to write it, that I would find myself in my death cell?” (48). Deepak’s inability to write is so insufferable that he equates it to being locked up in a death cell.

Despite his illness, Deepak has moments of immense clarity when he is in the creative world. When Mayavini encourages him to write a retelling of Eklavya’s story, wherein a regretful Dronacharya teaches Eklavya archery by helping him to draw the string using the middle finger, Deepak replies that people are fed up with idealism and want to see reality. A retelling of Eklavya’s story can only make sense if “Eklavya cuts off Dronacharya’s fingers for even asking for such an unjust and inhuman guru-dakshina” (111). For Deepak, realism was the ideal, and even during the height of his

illness, his creative prowess and his grip on how the real world functioned were undeterred.

Deepak's realistic vision of the world is echoed in his discussion with author Virender Mehendiratta, who had come to visit Deepak at the Postgraduate Institute of Medical Education and Research (PGI), Chandigarh, following his attempted suicide. Reading out Premchand's *Namak ka Daroga* (*The Salt Guard*), Mehendiratta is startled when Deepak says the zamindar, and not the guard is the hero of the story: "He [The guard] was weak; a coward too. He is overwhelmed by the zamindar's kindness and accepts a job with the zamindar who got him sacked in the first place. This is a eulogy to the zamindar" (216). Deepak's clear literary vision and revolutionary spirit are reflected in his writings, too. He disapproves of writers who refuse to address such issues in their writings: "The world's largest country had the world's biggest revolution for independence. The great Hindi poets had nothing to do with the hopes and fears of the ordinary blood-soaked people" (262). This is probably why most of his plays brim with violence for he believed literature should reflect the real world.

Nirmal Verma's assessment of his recovery is followed by Deepak's musings on language. Here, Deepak chooses not to narrativise his madness. Instead, he reflects on the beauty of Nirmal's language: "When Nirmal says something, writes something, words become pure, for there is no agenda behind them... through *sadhana* alone comes the gift of words that wash away sorrow. The listener, the reader is purified. Catharsis" (6). Deepak imbibes the aesthetics of both Eastern and Western traditions by invoking *sadhana* and catharsis. In Indian philosophical tradition, *sadhana*

encompasses a transcendence of ego while the Western artistic concept of catharsis is essentially a purification of the reader/audience when they encounter art.

Jurelle Bruce introduces the congruous concept of 'exclamation' in his book. Exclamation is "quintessentially performed by oppressed persons against oppressive figures and structures... exclamation channels political and artistic energies into violent outburst to achieve psychosocial catharsis" (74). While sublimation pushes impulses down into the unconscious, exclamation hurls it out into the world. Deepak takes the concept of catharsis one step further when he claims that the process of creation itself is a purge from the excesses of reality. He comments on his writing: "I was being continuously purified. I knew my priorities" (332).

The bilingual Deepak envisages a holistic and harmonious blend of the two traditions to benefit both languages: "The words are imprisoned in the dictionary. I would free them. The words of one language must cohabit with words of another language... I will marry royal words and common words. French words, English words, German and Black Negro words will all live in a commune" (258–59). He is so deeply preoccupied with language and creativity that its loss leads him to a feeling of loneliness: "I, the talkative one, was alone" (19). Now his conversations were tardy and for this precise reason he believes he was in "the final kingdom of the mad" (19). The incompatibility between the languages, both English/Hindi and rationality/madness was a constant source of agony for him: "The words are tough, obstinate... If the right words do make their way from my belly to my throat, they get stuck somewhere behind my clenched teeth" (19). The 'right words' get stuck because Deepak is aware of the irreconcilability between the supposed normalcy of rational

language and the abnormalcy of the mad language, as well as the strain between English and Hindi.

Deepak's mental chaos with his professional language English and creative language Hindi manifests most visibly after he tries to die by setting himself on fire. As the flames engulf him, Deepak writes that he feels no pain, but he hallucinates a train approaching on the verandah:

The guard got out. An English guard. I asked:

—Where does this train go?

—Ask in Hindi. I am British. So I know no English.

—Where does the train go?

—Nowhere.

—May I get on?

—Where do you want to go?

—Nowhere.

—Then get on.

I got on. The guard waved the red flag. (99)

Since the hallucination happens while fire engulfs Deepak during his suicide attempt, it can be understood as Deepak's interpretation of the afterlife. The hallucination offers multiple striking contrasts— there is an English Guard who only understands Hindi, conveying Deepak's belief that the conflict inherent in languages can only be overcome in another reality; next, Deepak's intense wish to go 'nowhere' suggests that he wants a reconciliation for the language dilemma in his present reality; finally, this desire for this reconciliation in his present reality is emphasised when the guard waves a red flag, conventionally a symbol used to halt a journey. Although Deepak

wishes to escape into another reality, his subconscious is aware that he needs to face the problems in the present reality.

Richard Kearney in *Linguistic Hospitality: The Risk of Translation*, elucidates Paul Ricoeur's concept of 'linguistic hospitality' as a method to eliminate the ethical problems inherent in translation. In translation, one needs to "honor a dialectical balance between proximity (welcoming the stranger into our midst) and distance (acknowledging that something is always lost in translation: the other's meanings can never be completely mine)" (2). A translator, Kearney argues, performs "an endless task" of approximation where neither language is "final or adequate" (2). He writes:

It is work which is also a *working through*... a difficult and demanding labor of mediation between one linguistic mind/culture/world and another. Such mediation involves a process of mourning and letting go—and in particular the renunciation of the egocentric drive to reduce the alterities of the guest to one's own will for total adequation... As Ricoeur insists: there is no such thing as language, only languages. (2)

Ricoeur's theory about translation aptly resolves the tensions between languages which Deepak highlights. Deepak, writing about his madness essentially becomes a translator trying to navigate between the language of normalcy and the language of madness.

Contrarily, Deepak is critical of languages that celebrate their critics more than their writers. He writes: "The misery of that language is assured in which critics are held to be greater than poets" (299). He writes a searing critique about them when he encounters Nirmala Jain at Sheila Sandhu's house. Deepak believed that critics used language without a sense of empathy. Even their praises about writers seem

perfunctory: “When they call a writer great, they’re writing an obituary. For after that no sensible thought can happen about the great writer’s work” (54). He accuses critics like Nirmala Jain of looking down on writers and using “weapons of literature” (7) which “they can deploy” (7) whenever they feel the need to. When she heckles Deepak about his manuscripts, Deepak writes: “There is always a hand-grenade lodged in my head; in a moment it was in my hand” (8). He rebukes her for her disrespectful remarks because he believed empathy to be one of the greatest virtues that writers could have.

Deepak’s emphasis on empathy as a supreme virtue explains why he disliked Verma’s story *Sukha (Famine)*. A terrible famine had happened the year *Sukha* was published and Deepak felt “one should not use the sorrows of people struggling to stay alive as symbols of a spiritual drought” (25). Deepak believed that writing had to be ethical, and certain boundaries should not be crossed on the pretext of creative writing. This empathy, he believed, should extend to people who suffered from madness like he did. In his conversation with poet Arun Kamal, Deepak says: “You would have saved me, Arun. Because you do not ridicule people. First one must believe before one can help” (35), to which Arun Kamal promptly replies: “Swadesh, when you feel like it, you must tell me about that enemy. You are a playwright; I, a poet— together we will destroy it” (35). Laub and Felman in *Testimony: Crises of Witnessing in Literature, Psychoanalysis, and History* voice the necessity of an empathetic listener for the witness/survivor: “The absence of an empathetic listener, or more radically, the absence of an addressable other, an other who can hear the anguish of one’s memories and thus affirm and recognize their realness, annihilates

the story” (68). For Deepak, the annihilation of the story would be the biggest of tragedies.

While this conversation with Arun Kamal reiterates the importance of kindness, it also suggests that despite creativity being the culprit behind Deepak’s condition, it was creativity itself that would save him. This comes back as a self-fulfilling prophecy towards the end of the text, when almost after a decade of struggling to write, Deepak begins to work on his play *Sabse Udaas Kavita (The Saddest Poem)*, and Geeta observes: “Your face has that old gleam on it. You’re writing... Thank God. Now you’ll be fine” (331–32). Swadesh Deepak, accused of writing violent plays, could come out of his illness only when he writes. Thus, the act of writing itself becomes therapeutic for him.

The intensity of his condition also manifested as extreme self-reliance. Deepak notes: “In these seven years I have not wept nor have I begged for anyone’s help... I have wiped out spineless words like ‘mercy’ and ‘misery’. I will die on my own terms” (320). His closest friend Sheila Sandhu comments that “he sees himself as a solitary hero” (10), and Arun Kamal’s suggestion to seek refuge in religion leads Deepak to think: “Why had I never chosen a God to defend me? When had my complete self-reliance, my assurance of my own mental powers, become a character flaw?” (35).

Deepak’s heightened senses, intense empathy, and exaggerated self-dependence are all clinically considered to be responses to trauma. Deepak, however, doesn’t succumb to his illness and wages a literary battle with these symptoms to overcome them. The wind which had intimidated him initially later becomes an ally: “I have written a lot about all kinds of wind. The wind is now a friend” (253), and the

“fecund smell” (279) and the “smell [of] burning corpses” (148) are replaced by “the scent of poetry” (260); his empathy paves way for easing suffering when he witnesses a young boy at the hospital: “A seven- or eight-year-old Sikh boy. Acid burns on both legs. On his privates too. My own wounds seemed minor” (150), and when he realises that the hospital was a safe space where “without anyone asking, people tell you their tales of woe. And others listen with attention and sympathy. The room was like a family” (151); and his movement from self-dependence to vulnerability is highlighted when he acknowledges “that one wishes to hide sorrow is itself a sign of sickness” (320) and his acceptance of the doctor’s suggestion that “Asking for assistance is a natural social thing to do” (183). Deepak’s healing was due to what Monnica Williams conceptualises as vicarious trauma: “Empathic second-hand trauma born of witnessing others’ pain, especially others with whom one holds affinity or shares identity” (Jurelle Bruce 34).

Deepak has great admiration for Nirmal Verma, as evidenced by titling the first chapter of his memoir “A Late Night with Nirmal Verma”. Verma’s *Ek Chitda Sukh* (*A Rag Called Happiness*) was the first novel about the Hindi theatre literati to be published. Deepak recollects hearing a whistling as soon as he finishes reading the novel, “a long and wounded sound” (12), asserting his deep connection to it. During their conversation, Deepak asks Verma which is his best book, to which the latter replies: “The hope of writing one’s best book is what keeps one alive” (13). Deepak’s *Court Martial* was such a roaring success that when it was performed in Calcutta, a critic had opined, “after *Court Martial*, Tagore has become irrelevant” (123). This is a revealing compliment, for Tagore was known for his idealistic writings rooted in culture and tradition, and Deepak was a realist to the core.

Sudhir Kakar in “The Artistic Genius: Western and Indian Perspectives” writes: “In Hindu mystical texts, the attributes of the transcendent-spiritual unconscious are said to be *sat–chit–ananda* (Truth–Being–Delight or Bliss) or *satyam–shivam–sundaram* (Truth–Being–Beauty)” (*Creativity* 19), and Tagore was rooted in such ideas. That Deepak had made someone as popular as Tagore obsolete with *Court Martial* would mean that it would be considered his magnum opus. This would imply that Deepak’s best work was already written, a realisation that probably hurt. *Court Martial* also ensured that social realism in literary works was celebrated, suggesting that writings of madness ought to have the same acceptance. So, when Verma notes “when we read sad books, we partake of the sadness of the characters” (15), Deepak may have hoped for the same celebration and acceptance for *I Have Not Seen Mandu*.

It was during his conversation with Verma that Deepak had an epiphany. Verma, talking about Deepak’s story *Kisi Ek Pedh Ka Naam Lo* (*Name a Tree, Any Tree*), comments that he should not have imposed such great sorrow on his character Maya Bakshi: “In a split second, Maya Bakhshi’s face united with that of the seductress, their fatal beauty becoming part of each other. Their determination to get what they wanted became one and I was sentenced to seven years for my sin. Coleridge’s Life-in-Death” (16). Reality and creativity intermingle in the tense narrative *I Have not Seen Mandu*. Life-in-Death is a haunting presence in Coleridge’s celebrated ballad *The Rime of the Ancient Mariner* (1798), who wins the Mariner’s soul in a game. By referring to the character, Deepak blends his reality with the literary. Just like the Mariner who had to live with the guilt of killing the albatross, Deepak had to live with the guilt of the pains he had inflicted on his characters. The

sorrow that Deepak had imposed on Maya Bakshi by sending her lover Ajay Singh to the gallows in *Name a Tree, Any Tree* was his greatest source of torment. The awareness and fearful remorse he suffered from the violence he had written on his characters is enshrined in a question he asks himself: “Which author has the guts to confront his characters?” (33).

Deepak’s encounter with Tejvir at the PGI is an illuminating example of the guilt he carries. Tejvir was an educated prisoner, convicted of two murders. Tejvir’s accompanying police officers had asked Deepak to guide him out of his darkness. Tejvir is respectful of Deepak when he is told the latter is a teacher recovering from a mental illness. When Deepak says it took him seven years to recover, a terrified Tejvir asks how many murders he had committed to suffer for such a long period: “I thought of all the characters I had killed in all my novels, plays and stories. In a powerful voice, I said to Tejvir: I have killed sixty people” (89). This encounter with Tejvir is suggestive of Deepak’s inability to forgive himself or to extract himself from his creative world.

Thomas S. Szasz in the preface to *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* writes about guilt by analysing Shakespeare’s Lady Macbeth. Szasz claims that despite Macbeth’s insistence, the doctor in the play refuses to medicalise her madness. He writes: “Witnessing suffering calls forth in us the impulse to help, ‘to do something’ for or to the sufferer, yet also obvious because understanding Lady Macbeth’s suffering as a consequence of internal rhetoric (the ‘voice’ of conscience, imagination, ‘hallucination’), the remedy must be internal rhetoric (self-conversation, ‘internal ministry’)” (9).

Similarly, the guilt in Deepak can only be overcome when he has a conversation with himself and regains his creativity. Thus, Deepak has conversations about his inability to write with three people, all of whom give him contrasting ways to deal with his writer's block. Nirmal Verma was the first person to whom Deepak disclosed his frustration and fear about the inability to write. "Language stands before him, its hands tied, his to command" (29), Deepak says of Verma. And the fact that both of them wrote tragedies meant they could connect well. Consequently, when Verma explains the creative process, Deepak starts believing in himself: "First you have to live with your characters for years, you must take part in their joys and personal sorrows. You will have to bleed with them, accept extensive damage to the self... When your characters come to you with hands outstretched, your book will begin to be written" (29).

Nirmal Verma functions as Deepak's double, as a person Deepak aspires to be like. Hence, this conversation can be interpreted as an internal monologue. So internalised is Verma's assurance that Deepak's creative process becomes almost a violent replication of what Verma had suggested. Later in the narrative, Deepak describes his creative process and the extent to which he immerses himself in writing when he narrates the moments following his intent to write the play *Death Cell*:

To distract yourself when in a state of mental tension, it is important to do something. I started to shave. But the characters beyond the monologue in *Kaal Kothri* began to surround me. Give us our lives. I cut my cheek. Blood in the foam. I put a pinch of powder on the cut and then started after the other cheek. The raving and ranting woman in the play said: Write down my name. I wrote it down. I cut the other cheek. (49)

Although Verma had given a figurative description of the creative process, Deepak was literally bleeding with his characters. For Deepak, the creative process was similar to the experience of madness. It is a sentiment that thespian Ebrahim Alkazi repeats when he meets Deepak for the first time: “Don’t you ever come out of your creative world? We should be trained to lock one world and enter another. Both must be separated” (81). Deepak’s failure to extract his reality from his creativity is seen as liability. His creativity is so entrenched in his psyche that it has fused with his identity to such an extent that he cannot remove himself from his creative world.

Ebrahim Alkazi had a vastly different notion of the process of creative writing. Alkazi encouraged Deepak to engage in idle flirtation and careless roaming about cities to find inspiration: “Wander about as actors do. Drink tea at roadside stalls. Go to art galleries. See those worthless Hindi films. Pamper her. Flirt with her. . . Remember. Remember it always. A woman is the greatest and purest source of inner energy” (194). Deepak follows his advice, too, and befriends Nidhi at the production of *The Burning Chariot*. Their relationship fluctuates between friendship and romance, and incidents in the text hint that Mayavini was partly inspired by Nidhi as well.

Deepak’s psychiatrist, Dr. Pratap Sharan, advises him differently when he mentions his inability to write: “You know that writing does not happen just because we want to write. Your interior world lies in ruins. When some people finally come to settle there, they will begin to write for you” (87–88). Dr. Sharan emphasises holistic well-being as a necessity for something as demanding as creative writing. Thus, all three people to whom Deepak discloses about his lack of creative productivity suggest different ways to deal with it. While Verma had advised Deepak about the

irreplaceable presence of nature in creative writing: “Feed the birds... Watch the colour of leaves change as the light falling on them changes. Go for walks. Voices will begin to accumulate in the storerooms of your mind” (31), Alkazi had suggested that women were the greatest muses and to “go and be a flaneur with her” (194).

Dr. Sharma has a third approach wherein he suggests a restoration of health was inevitable for an activity as strenuous as writing. Therefore, the creator and the characters need to be in harmony for the creations to be harmonious.

The discussions with Verma, Alkazi, and Dr. Sharan are all Deepak’s ways of overcoming the guilt that was inhibiting his creativity. Although it took time, the conversations helped to recover his productivity. Deepak’s creative methods are quite unusual as well. He writes: “The name of the play I was going to write flashed upon me: *Kaal Kothri (Death Cell)*” (47). The flashing, almost sudden intervention of the idea for a play, as opposed to deliberate and careful pondering over, suggests that the play was already lying dormant in him. The rapid evolution of *Death Cell* is further proof of this: “The play’s last scene, the monologue, wrote itself. It was an attack, anger, then contentment and finally, liberation” (47), and “I always write the last scene first so that I will never stray out of the frame I have set myself” (332).

Deepak makes it clear that he was an experienced wordsmith who did not seek inspiration from the outside. He escapes into his creative process: “I sit at my writing table. My brain burns with delirium. I want to perform the final funeral rites for this stranger, this person who was once Swadesh. He should be buried” (76). Deepak realises that the moment he gets his ‘weapons’ back, he will recover. However, he eventually realises that reality remains unaltered: “I want to write poetry. When you

cannot escape, you write poetry, but even so you do not escape” (126). The world, despite his madness being resolved, would still be the same.

Deepak calls Soumitra Mohan’s creative process, to whom he dedicates his memoir, as unique and honest: “He writes a poem and then locks it away in a drawer. He believes the poem will correct itself”. After a few months, the poem comes out of the drawer. It’s still the same. Surgery now begins. Soumitra is an expert surgeon. He wants only the specific word that the poem needs” (270). Soumitra understands that writer’s block is real, and that certain aporias can only be overcome with time. It’s only when Deepak realises that one cannot hurry or force creativity that his steps to recovery begin.

Deepak is just as critical of the medicalisation of his madness as he is of literary critics. He remarks: “Psychiatric medicines are blunt instruments to the head; you are left in a state of half-unconsciousness” (313). He is already critical of the rational language of medicine and the unhelpful nature of medical treatment worsened his suspicion. It is only when his creative side is shown an interest as a potent way to treat his condition that Deepak starts trusting the doctors. Dr. Chari had personally requested Deepak to share two of his books so that he and the other doctors could read them because they knew that “a book is a window opened into another person’s head” (169). Even the doctors who treated him saw the darkness in his writings. Dr. Partha Choudhury had asked him: “Don’t you ever see sunshine in life?” (42), and Dr. Chari at one juncture comments: “You behave in the same terrifying way as you describe in your stories” (182).

Deepak discloses with Dr. Choudhury his first encounter with Mayavini, but refers to her as Kaamna, which in English translates to ‘desire’. Thus, Mayavini refers

to Deepak's intense desire to scale the pinnacle of creativity. Numerous clues in the narrative piece together the proof that Mayavini is a figment of Deepak's imagination. The epiphanic moment with Verma made Deepak realise that the paediatric doctor and his character Maya Bakshi had amalgamated into the singular seductress, Mayavini. It is precisely because of her non-physical existence that he is wary of the "chaste hindi" (33) she speaks despite being Bengali, can smell the "aroma of her body that was no perfume" (33), and hear "the susurrant of her sari" (36) even before her arrival.

Further pieces of evidence in the narrative suggest Mayavini was a re-presentation of his character Maya Bakshi from *Name a Tree, Any Tree*: while the former is described as "the sun [that] had risen in the night" (32), the latter is "a sun walking through a room" (33). When Mayavini visits Deepak following his hospital discharge and asks when she arrived, Mayavini replies: "When you saw me" (70), suggesting she appears only when Deepak sees her. Even decades later, her appearance is the same: "Unchanged since I first saw her" (339), Deepak observes. During his conversation with poet Malay Choudhury, Deepak has yet another epiphany. Malay says that Deepak's imagination gave birth to the man in the coat who had warned him of the onset of his disease. Deepak's fear of the performance of his Hindi play in a non-Hindi-speaking community had "invested him with a body. And your own fears put those words into his mouth" (46). It is when he has this realisation that he employs the literary device of the refrain.

A few times in the narrative, Deepak uses the technique of refrain, rendering the prosaic writing a poetic quality. The instances in the narrative when he uses this technique are also peculiar. One of the first is when he publicly abuses Mayavini and refuses to apologise. Within the narrative, he hides a sonnet; however, the fourteen

lines of the poem end with “But at that time, I did not know this” (37–38). The sonnet consists of lines like “spin a circle around me thrice” (37) and “there would be no method in my madness” (38), references to Coleridge’s *Kubla Khan* and Shakespeare’s *Hamlet*, respectively. The other instance of this multiple repetition of a line happens following his conversation with Malay– Deepak suggests that the warning he supposedly received from the man in the suit about the onset of his disease was a product of his imagination. Here, Deepak repeats the line “How could I believe him?” (46–47) seven times, alternating between lines like “That fiery beauty had to be seen” (46) and “Who will sing a dirge?” (47) that describe Mayavini.

James H. Mitchell in “Madness and Magic in Repetition” elaborates on the “strange psychic needs” (33) of human beings and the “dangerously tempting” (33) bias to repetitions: “We each inherit a primitive attraction to iterated words, to refrains and chants, and our sense of the magical quality of words is very strong... [Our attractions to repetition] are really magico-religious attempts to attain and maintain power with words” (33). Another instance of this word repetition within a poem occurs in the final few pages of the narrative when a decade after his illness, Deepak is back in Calcutta. When an article reporting his play accompanied by his photograph appears in the newspaper, Deepak feels the arrival of Mayavini yet again. He includes a poem repeating the word “Today” ten times to signal the onset of madness. The poem contains lines like “her frightening scent was manifesting itself” (337), and “One more leap into the pit?” (337). As evident, Deepak uses repetitions when his hallucinations dominate him.

Deepak’s return to teaching is just as challenging. Deepak is excited to teach his students about the American poet Robert Lowell, who was “thrice institutionalized

in mental homes” (68). But during his lecture, Deepak forgets Lowell and starts talking about George Bernard Shaw’s *Saint Joan*. When his students realise what was going on, they encourage him to continue with “Lowell tomorrow” (68). Deepak ponders: “I did not understand what tomorrow meant. The word ‘tomorrow’ began to expand, to turn into months and then years. The fear inside me took hold and said— Perhaps your tomorrow is very long. A line came back from some poet: Tomorrow and tomorrow and tomorrow” (69).

It is at this time, Deepak includes another poetic passage with the refrain “At that time, how could I have known” (69) repeated seven times. Deepak yet again takes control of how the narrative of his illness will be remembered by using refrains to remove it from a space of medicalised jargon and placing it in the purview of the literary. The refrains are his way of maintaining power over the story of his madness.

### **Masculinity and Memories**

Everyone has forgotten me, save for a few. In such memories as I live, I am a storyteller. I do not want anyone to see me in this vulnerable state.

—Swadesh Deepak, *I Have Not Seen Mandu*

Deepak begins *I Have Not Seen Mandu* at his friend Sheila Sandhu’s house, where the glitterati of the Hindi literary world had gathered to talk about the arts and literature. He anchors his readers to the winter of 1996, months after his discharge from the hospital. During the seven years he was battling mental illness, Deepak had ostracised himself from his friends, with the intent to keep his ‘storyteller’ image intact. Michael Bérubé in *The Secret Life of Stories: From Don Quixote to Harry Potter; How Understanding Intellectual Disability Transforms the Way We Read*, discusses ‘evocritics or literary Darwinists’ who argue that storytelling is an

irreplaceable aspect of survival: “Our capacity for storytelling has survival value— it is an *adaptation*, an evolutionary contrivance that somehow got us through the Pleistocene [the geographical period commonly called the Ice Age]” (3). The fact that Deepak wants to maintain his identity as a storyteller attests to his will to survive.

Medically, the onset of his disease is dated to the early 1990s, when he attempted suicide by setting himself on fire, but fails. He is admitted to PGI where he is treated both for his burns and madness. However, Deepak scatters incidents and anecdotes across the text to suggest what may have prompted his breakdown. Two of the biggest contributors to his depleting mental health can be narrowed down to his notions of masculinity and the impact of memories. The socially constructed concept of masculinity entails roles and attributes typically associated with people who identify as biological males.

Deepak is affected by his toxic masculinity, recognising himself as “a puny prisoner of my own machismo” (28), as well as by the expectation of masculinity in the form of a father figure to his younger siblings: “Veerji [a Punjabi term for addressing an elder brother] here is our father” (101). Simultaneously, the effect of his memories on his health is also two-pronged. His memories of the times before his illness contain happy memories in the form of unbridled creative prowess as well as unhappy memories influenced by the volatile temper of his father that guided much of Deepak’s childhood. Similarly, memories of his illness encompass the kindness of strangers as well as the cruelty of Mayavini. Deepak oscillates between the four corners that his masculinity and memories form as his health deteriorates.

After the performance of his play *Court Martial* in Calcutta, a beautiful woman congratulated him on his brilliant work. Her next sentence, “I have not seen

Mandu” (32), and her wish to see Mandu with Deepak is the title of the memoir, indicating the impact of the single sentence on his life. Mandu in Madhya Pradesh is home to the 16<sup>th</sup> century palace of Rani Roopmati and Baz Bahadur, and is believed to be the symbol of their love. Deepak, assuming she was belittling him, abuses her in front of the people who had gathered. When actor Kriti Verma informs him that she is a paediatric doctor and a theatre enthusiast, Deepak cools down but refuses to say “one of those simple lines which can eliminate almost ninety per cent of the hurt sentiments in the world: I am sorry” (37).

From the very beginning, Deepak is aware of his ferocious masculinity which refuses to apologise despite being in the wrong. Deepak’s intense masculinity and creative supremacy bestowed him with an exaggerated and unapologetic self. Felman writes of such exaggerated outbursts as: “Madness is a hyperbole of the self produced through an intoxication of language” (*Writing* 93). This was probably why Deepak often compared himself to Nirmal Verma, whom he describes almost as a magician of language, but aware they were stark opposites. Nirmal Verma doubles as the writer and person Swadesh Deepak aspires to be like. The “Late Night” in the first chapter’s title could imply a long darkness, which is how Deepak symbolically represents his madness. Read with this awareness, the title of the chapter has another implication: Madness with Swadesh Deepak’s double, or how/if Deepak’s illness would have manifested if he had lived Verma’s life. Deepak’s discussions with Verma, thus, read like a conversation between madness/normalcy.

The intensity of his wish to be like Verma, who is loved and more importantly ‘normal’, is evident even in how he describes Verma’s wife Gagan Gill and Mayavini. During his reacquaintance with Translator Gagan, she is described as “a woman who

had escaped the covers of a book” (6) and “like a woman from a Satyajit Ray film” (6); Mayavini, whom he had met for the first time after the performance of his play *Court Martial*, is described as “the heroines of the formal poets” (32). In the text, there are multiple references to the highly masculine symbol of the femme fatale, a woman with “destructive beauty” (42), in the form of Draupadi and Helen of Troy (42). By alluding to their appearances as classical, Deepak equates them with the femme fatale, however, with vastly different outcomes. The similarity extends to the first time he visits their homes. While Nirmal and Gagan’s house is described as “a room stuffed with books. Books on the sofa too” (27), at Mayavini’s house, Deepak ran his “eyes over the books [on the shelf]. Almost all were on religious subjects” (57), suggesting Deepak may have yearned a life like Nirmal and Gagan.

Deepak observes that “Nirmal is never cruel to any of his characters” (12), as opposed to “I [Swadesh] follow my characters with a loaded gun” (13). Geeta agrees as well: “Your pen doesn’t write with ink. It writes with blood. Real blood” (86), and so does Vikas who on hearing about Deepak’s inability to write encourages: “Your pen will fill with more dynamite” (95). Verma’s writings are in sharp contrast to Deepak’s, and the latter observes that it reflects in life as well for “the permanent expression on Nirmal’s face is a smile filled with curiosity” (13). However, one of Deepak’s acquaintances had described his appearance as “bad news seems inscribed on his face” (35). Deepak understands that violence and cruelty are inherent in his writing. Thus, when Verma observes that Deepak’s illness may have been the result of the sorrows he imposed on his characters, “these characters must have got together and exacted revenge” (27), Deepak believes it to be true.

Doubling is a technique that Deepak frequently uses in the text to assert his mad identity. Deepak deliberately uses doubles following Dr. Avneet Sharma's observation: "It seems as if your personality has been split into two. One part will not obey the other. And this leaves you without direction" (173). While Nirmal Verma functions as a desired double, Mayavini doubles as his madness and muse. She also manifests as more than one person at times: "I have brought two doppelgängers with me" (170), she says at one point. Rachel A. Sims writes: "They [doppelgängers] are "double-goers", mirror-twisted twins without whom the other has neither past nor future, yet in whose present and presence tragedy must ensue. Every agitation of the one psyche is felt by the other" (3).

Deepak also achieves doubling by splitting himself into two to have a conversation with himself: "Control your words. You're a writer, not a goon... Apologize before you leave. You and apologize! That would be something. A leopard never changes his spots" (47), Deepak converses with himself after insulting the paediatric doctor in Calcutta. But he also splits himself into two personalities, one himself and the other Mayavini, to direct a conversation the way he wishes: "I am conducting both sides of the conversation... (Speaking for her)— I should not have told you to come to Mandu with me. [Speaking as himself]— Sometimes what we say and what we want can be very different" (50). Deepak realises that his unwarranted attack on her had led to a chain reaction that resulted in his madness.

Deepak employs another duality when a single person manifests as two for him. He says to Mayavini: "But I always rename my friends. It makes two friends out of one" (58). His doubling extends to his wife Geeta, too. When he worries that Geeta will abandon him from the exhaustion and exasperation of taking care of him, he

assures himself that Geeta Mehta will take care of him. His wife replies: “You impossible madman. I am Geeta Mehta. I am Geeta Deepak. You have torn a woman into two” (263). Sims continues: “The dichotomous nature of the doppelgänger can be seen as developing from the inherent presence of duality among the majority of corporeal and spiritual aspects of life: man and woman, body and soul, good and evil, and heaven and hell, conscious and unconscious” (28). Although effectively he has split Geeta into two by referring to her through her maiden name, he is harking back to the time before their marriage when he was healthy, thus stressing the corporeal dichotomy of health/illness that Sims refers to.

Another symbol Deepak uses to achieve doubling is that of a mirror. His closest friend Soumitra Mohan had once told him: “A man who moves in the mirror is mad” (22). During one of his earlier suicide attempts, he had tried to electrocute himself: “I look in the mirror. I am unshaved. An uncouth thought. The suicides I have seen never have beards nor are they properly shaved” (79). Even during what were to be his last moments, Deepak shudders at his inability to recognise his once handsome face. His failure to accept his bearded self, battered by the blows of his illness, is a desperate attempt to return to when he was “a very handsome man” (96). The mirror thus divides him into two Deepaks: the one in the mirror being a distortion of his former glorious self.

Sims writes that the use of a doppelgänger within the narrative can manifest as “metaphysical or apparitional duplication of an individual, uncanny physical resemblances between two individuals, split personality through supernatural or phantasmal, or through the disparity or complementarity between individual characters who can be viewed as dissimilar aspects of a divided whole” (4).

Therefore, when Deepak looks at himself during his illness, he writes: “Someone else’s image peers out of the mirror” (220). Even when he is in the inescapable clutches of Mayavini, he describes the bifurcation in himself by quoting Tennyson: “The mirror crack’d from side to side, The curse is come upon me” (115). Consequently, his recovery is described as “I and my words had emerged from the mirror” (21), and as “the dust-covered mirror of the self” (266) being cleaned.

Deepak’s morbid obsession with death continues in his memories of the crematorium bird. According to his mother’s childhood stories: “A frightening bird like that means someone will die” (64). Instead of being fearful when he spots the crematorium bird, he is elated: “I was very happy. Who could it be but me?” (64). Unlike the albatross in *The Rime of the Ancient Mariner*, the crematorium bird symbolised Deepak’s yearning for death. He had tried to kill himself thrice, failing every single time. Deepak is so infatuated with darkness and death, that it reflects in his references and recitations. He writes that Sylvia Plath was “in those days an obsession with me” (7) and he could quote incessantly from her poems. The darkness of his plays and the references he used in daily conversations are all probably suggestive of the illness lying dormant in him.

Deepak unsettles expectations throughout his memoir. In the introduction to *On Creativity*, Sudhir Kakar lists what are considered to be the sources of creativity in Indian artistic traditions:

*An innate creative drive*, analogous to the pratibha of classical texts into which one may tap through hard work and ‘right living’ ... *Participation in a sacred mystery*, through yogic discipline and inner searching, the artist reaches a stage where, as a subject, he merges with the inner object... *Psychological*

*balance*, through a confrontation between and a union of opposites in the psyche of the artist. These opposites are mainly the male and female principles... *A special part of heredity*, artists claiming direct descent from Vishwakarma... *The realm of Kama or Eros*, here, the close relationship between artistic creativity and the sexual life of the artist is often mentioned. (15–17)

In *I Have not Seen Mandu*, Deepak breaks all five of these principles: he is called “a wicked person” (249) whose way of living was questionable; he asserts that “my writing has never had any external inspiration” (48), suggesting he didn’t believe in sacredness in art; his psychological ruin is summed up in “I experience things that are beyond my ego and my reality” (198); he deliberately distances himself from ancestry by writing in Hindi while his father was “a scholar of Urdu” (291); and his relationship with women, in his own words, is “I have had a hatred [for them] since the time I was born” (48).

For Deepak, vulnerability was despicable and contradictory to his tempestuous nature, vividly described as “my father’s fire-hot feudal blood was still in my veins” (73). This is one of the first observations he makes about himself in the narrative, and Deepak conspicuously attributes his mercurial temper to heredity; He was bad-tempered because his father was bad-tempered. Deepak is aware how deeply the “feudal pride” (255) is entrenched in his psyche because of the indelible impact his father left on him. His uneasy relationship with his father is portrayed in his recollections of him: “He was in the habit of using abuse as encouragement. When he meets me he lays his hand on my head and laughs: Truly my son, my bastard boy” (253). Deepak’s mother, however, was representative of the quintessential Indian

mother who happily fussed over their sons: “I had only to squeak a little for her to begin to weep copiously. She would insist her husband fetch the doctor. He would not. But the eyes of the feudal fellow would fill with distaste for this illiterate woman” (103). Deepak refers to his father as ‘her husband’ and ‘feudal fellow’, asserting how detached he felt from him.

Deepak’s characteristic tough masculinity is rooted in his childhood. He quickly skims over traumatic events of his younger days in the span of a few paragraphs, either because of the pain of reliving those days or because the pains of the present far exceeded those of the past. Although Deepak’s father mellowed down in his last years, the impression he left on Deepak was ever-lasting. His older sister Kanta recounts Deepak’s toughness on the day their father died: “His eyes were dry, even as he lit the pyre” (175). Kanta mistakes Deepak’s apathy for bravery: “How brave he was. As a child he never cried, no matter how badly he was hurt” (175).

Kanta’s dialogues trigger a horrific memory in Deepak: “When I was very young, a woman raped me. I have only told Krishna Sobti this incident” (176). Experiences of childhood trauma have severe repercussions, as Jurelle Bruce writes: “When a young mind encounters devastating hurt that it cannot process through the mechanisms of a singular ego, it might fracture into multiple personalities, as if to delegate the difficult work of coping to multiple psychic agencies” (66). Although Kanta portrays him as brave, Deepak includes the incident of the physical abuse he faced as a response. This enables his readers to understand why he turned out the way he did.

Deepak’s narrative is an ode to fatherhood and the many shades of father-son relationships. Deepak’s relationship with his son Sukant mirrored the strained

relationship he shared with his father. Both fathers had given their sons strict instructions that had to be followed for their funeral. While “my [Deepak’s] father said: Don’t go to Haridwar for me. I did not” (253), Sukant was told “If I die in hospital, cremate me in Chandigarh... Fire will burn you the same in every city” (252). Deepak was estranged from his father due to his feudal nature, and Sukant couldn’t relate to his father because of Deepak’s madness. In the introduction, Pinto mentions an episode following Deepak’s dark days highlighting the unstable relationship between Deepak and Sukant: “It begins with the image of a boy, lying in bed, trying to sleep. His father, having recently returned from hospital, is outside the door, knocking. The boy has an iron rod under his bed. He loves his father; his father loves him. The rod is ‘just in case’. That’s also how it can be” (xv). While Deepak’s father had made deliberate choices that led to their estrangement, Deepak’s illness, though not intentional, had the same outcome with Sukant.

Deepak partly recognises his nature as the culprit behind his condition when he says “I was a feudal sort of man” (129). When Mayavini accuses him: “Your feudal thinking gets in the way. You want a love-slave. And the first move must be the man’s” (170), Deepak acknowledges his flaw. His self-awareness gradually paves the way for the restoration of his health. The broken father-son relationships are contrasted against healthy paternal roles in the narrative. Nirmal Verma, for instance, affectionately remembers his parents: “When my father died, I took his mortal remains to Haridwar. My soul was clothed in as dense a black cloak as a father’s death can weave” (22). When Verma describes the painful moments of his mother’s death, Deepak wonders why Verma was engaging in idle chatter. In a flash of realisation, Deepak understands: “He was telling me about his pain in an act of

empathy” (14). Deepak’s realisation of his misogyny and the importance of sharing pain are milestones in his journey to recovery.

The most poignant portrayal of the father-son relationship in the memoir was between Harnam Singh and Sikandar. The latter was admitted to the PGI for mental illness and was a constant companion to Deepak during his stay there. The young Sikandar was cared for by his father with boundless affection, which Harnam Singh extended to Deepak. Harnam believed that “if I serve a teacher, my son will recover” (146) and selflessly served Deepak. Even when Deepak soils himself, or his burns get infected by hundreds of maggots, Harnam Singh helps him.

Harnam in fatherly affection tells Deepak that taking a step backward can sometimes be beneficial. Harnam narrates how Lord Krishna got the name Ranchhodji to prove his argument: “Once there was a war. The enemy’s army was inflicting much damage. Shri Krishna realized the enemy would defeat him and kill him too. He had to survive that day if he wanted to fight another day. And so he took his army and retreated” (241). Unlike his father, who said, “Don’t write such dark stories. When I translate them into Urdu, it hurts me” (291), Harnam is accommodative of Deepak’s extreme emotions: “That’s not anger; it’s taish, a storm of rage. When a man loses it in anger, it’s called taish. When a man loses control, we call it taish, a storm. A storm” (156). The father-son relationship in the narrative that begins with Deepak’s implacable father, circles back to reconciliation in the form of his relationship with Harnam Singh.

The father-daughter relationship is set against the unsteady father-son relationship in the narrative. Deepak’s daughter Parul was, in Pinto’s words, “a firebrand in his defense” (xv). According to Deepak, “Parul is like me” (218). She

would speak for her father and make quick decisions in difficult situations. Alkazi, whom Deepak deeply revered, calls him lucky that he has a daughter: “Share things with your daughter. A daughter never makes fun of her father” (81). But despite being capable, Parul is sidelined by Deepak: “She’s strong. She makes snap decisions. But she is still only my daughter” (252).

The other equivalent relation in the narrative is the one Deepak shares with the Malayali Dr. Vasantha, whom he describes as “Parul in dark makeup” (265). Deepak’s connection with Dr. Vasantha has a foundation in language. She speaks broken Hindi, which Deepak lovingly corrects. This depicts Deepak’s ability to connect with the feminine only when he has a language advantage. Dr. Vasantha frequently uses masculine forms of verbs like, “Main bahut dar gaya tha (I was very frightened)” (267), and “Main dar se nahin rota (I do not cry out of fear)” (287) to refer to herself. Contrarily, she uses feminine forms of verbs to refer to Deepak, like “Deepak Sir, aap kitna abhaaga hoti, dard hihi hoti? (You are so unfortunate, don’t you feel pain?)” (287). Deepak’s relationship with Dr. Vasantha suggests that when feminised language is attributed to him, instead of being offended, he performs the feminine role.

Dr. Vasantha’s impact on Deepak exceeds the comfortable relationship they share. It is for her that Deepak writes *Sabse Udaas Kavita* (*The Saddest Poem*), his first book after being discharged from the hospital: “At that time I did not know that Vasantha was Apoorva from *Sabse Udaas Kavita*. I was pregnant with her” (288). Deepak uses highly feminine words to describe his creative process following his meeting with Dr. Vasantha. While his play *The Burning Chariot* was called his “new son” (4), he refers to his idea for *The Saddest Poem* as “pregnant with her” (288). For Deepak, his creative prowess was now equivalent to the female power of procreation.

His masculinity competed with this exclusively feminine ability, a competition he believed he was winning as long as he was able to create. Once his creativity was at an impasse, Deepak could only spiral out of control: “My play was stillborn” (328), he writes of his inability to write.

Dr. Vasantha’s request to write a play for her makes Deepak think: “How could I tell her the terrible truth that I could no longer write? I am barren. I am a wasteland. I am cursed. I am a bastard. I am no man. A man slain by a woman, unmanned, that’s Swadesh Deepak” (301), and “Like a barren woman longing to be pregnant, I would struggle on” (312). Deepak conjures up the images of Arjun, widely believed to be the epitome of male vigour and beauty, and Brihannala<sup>26</sup>, a eunuch and a dancer, to imply the tremendous transformation in him. The feelings of emasculation at his inability to write are expressed through lines like: “My mind is impotent. My body impotent too” (95), “The castrated can only resort to rage” (250), and “From Arjun I had turned into Brihannala, an impotent dancer” (316).

Deepak has a very conflated understanding of femininity/masculinity, which he further diffuses with his ideals of creativity: “Love and war have the same methods” (198), he writes of creativity using war-like imagery. Deepak’s violent plays imbued with trenchant language raised remarks like, “You must have a weapons factory inside you somewhere” (213). Thomas S. Szasz writes startling observations about the mad language:

The point is that when some persons in some situations cannot make themselves heard by means of ordinary language— for example, speech or writing— they may try to make themselves heard by means of protolanguage, for example, weeping or “symptoms”. Others in other situations may try to

overcome this obstacle in exactly the opposite way, that is, by shifting from ordinary language spoken in a normal tone of voice to ordinary language spoken in a shout or in a threatening tone. Obviously, the weak tend to use the former strategy, and the strong the latter. (156)

His period of illness when he was devoid of language is described to be “without weapons” (294), while his recovery and reacquiring of language are depicted as “my armoury is filled up again with my lost weapons” (336). Deepak is aware that Mayavini hunted him for abusing her publicly and devises a strategic plan to defeat her: “This time I will throw down all my weapons and make an offer of friendship” (210). Thus, Deepak’s violent language is a sign of strength to assert his mad identity.

Mental illnesses transcend the person who is suffering and extend to the entire family. Deepak’s illness had disrupted his family and affected Geeta, Parul, Sukant, and his siblings. The illness had not just impacted his creativity but the equation with his family: “Languages were slipping out of my head. Telepathy was with me still. I could talk to people who live in distant cities at will. But to speak to people close at hand, you need language” (63). When it was informed that Deepak may become a vegetable<sup>27</sup>, all his siblings were more worried about what people might say. His friend and writer Rajendra Yadav had criticised Deepak for holding on to romantic ideals about families: “The demands of the middle-class make us cruel, which is why the unity of the family is breaking down. The retired father, the sick mother, all become enemies in the home” (134). After his discharge from the hospital, things were tense at home. Geeta and Deepak constantly argued, much to the dismay of Sukant: “Both of you are mad. You will drive me crazy... Why did I take birth in this cursed home?” (75).

During one of his dark days, Harnam Singh witnesses Deepak's suffering and says: "Akaal-purakh will save him" (215). Akaal-purakh is how the Sikhs refer to God and translates to "the timeless one, or the one outside time" (215). At various points in the narrative, Deepak showcases a God complex<sup>28</sup>, however, with two drastically different purposes. There are lines like "Deepakji, you have not been touched by the flame of love. Or you might have turned God" (197) from Geeta's friend, and Deepak's own belief that "now I was writing. I was a creator. A small god" (333), that describes his creative finesse. But there are also sentences like "I had crossed the borders of time" (9), and "I was outside time" (104), like Harnam's Akaal-purakh, to denote pain. Time is a contentious subject within madness. Jurelle Bruce adds to the debates about time by introducing the concept of 'madtime': "Madtime is a transgressive temporality that coincides with phenomenologies of madness" (32). Madtime captures the temporality of madness and "signifies various modes of doing time and feeling time coinciding with spasms and rhythms of madness" (204). Deepak, despite experiencing madtime, celebrates it as the omnipresence of Harnam Singh's God.

Pain and the witnessing of pain, play a dominant role in Deepak's madness and recovery thereof. Pain begins very early for Deepak, who lived with an emotionally absent father, whose affairs Deepak was a witness to. His hospital confinement was filled with physical pain, but there was also the emotional pain that the stigma of being mad brought. Following his mother's death, his maternal aunt insisted that Deepak should not perform the funeral rites: "A madman shouldn't light my elder sister's funeral pyre... I did not feel any sorrow" (330). It was on the same

day that his aunt “made the spiralling motion with her finger at her temple— the lowest and most naked way of calling someone mad” (330).

The impact of these incidents on Deepak, who had always been vocal about empathy, is recounted to Nidhi later: “Nidhi, no one has any sympathy for me. People put their fingers to their temples behind my back and make signals, saying I’m mad” (283). Similarly, although he claimed to be unaffected by the denial to light his mother’s pyre, the inclusion of Nirmal Verma’s anecdote proves otherwise. Nirmal’s mother had died when he was away, and the telegram bearing the news of her death informed him that she died without pain. Nirmal ponders all day: “How can anyone die without pain?” (14). Further, it is when Sukant witnesses his father in a vulnerable state and realises “My poor father. My helpless father” (252), that his estrangement with him ends.

Deepak’s madness is referred to as the consequence of the pain he had inflicted on his characters. Most of his friends had voiced that the pain and violence he meted out on his characters had made them seek revenge. Ebrahim Alkazi, after reading a draft of one of his plays had declared: “Why are you so cruel? Why is there so much darkness?” (4). This was true for all the plays that Deepak had penned. As Pinto had opined in the introduction, Deepak in his play *Court Martial* was “swinging sledgehammers” (x) at his readers/audience. Deepak’s friends, all well-established names in the artistic world of literature and theatre, acknowledged and accepted his vile temperament. Indian writer Krishna Sobti playfully called him “the well-born bastard” (127), and Pakistani poet Faiz Ahmad Faiz lovingly called him “a handsome scoundrel” (176). They all acknowledged that pain was an indispensable part of Deepak’s oeuvre.

Although he is accused of inflicting unimaginable pain on his characters, Deepak's strong empathy means he could feel pain just as intensely. He says: "Outside my characters, I cannot share anyone else's pain. Not even my own" (186). Deepak underscores this sentiment when he shares his wishes regarding his funeral with a sixteen-year-old Sukant: "In a night, I increased his age by ten years. I introduced him to pain... Sorrow makes you tough, and cruel to yourself too" (250). Deepak has an agenda while giving such elaborate inclusions of episodes of pain. He believed that the pursuit of happiness was futile. He believed that human life is more wrought with pain than happiness. Thus, he includes Verma's lines as the epigraph of the fifth chapter, "'Do I Know You?': "If I can live without pain, it would not be a life of happiness. I would be in search of another pain and I would not have to go very far, for it would be standing on the threshold of my room, ready to fill any empty space in the room" (139). This was not Deepak's madness speaking, for he had similar views before the onset of his disease: "My own novel: *Mayapot— Phantom Ship*. Happiness is a phantom ship to which we must spend our own lives swimming when what is written for us as our fate is death by drowning" (22–23). Deepak believed that pain was all pervasive and paved the way for empathy.

Following his illness, when he is completely dependent on Geeta, Deepak's sense of masculinity is confused with silence and suffering. He wonders: "If a man is no longer an earning member, why is he a parasite?" (328). The fact that he was financially dependent on his wife, breaking the traditional gender roles of man as the sole breadwinner of the family, was hard for him to accept. Deepak is equated to his mercurial temper, when a few days after their marriage, Geeta had voiced: "Listen, Deepu, I think it would be best if you didn't greet me. Your 'good morning' sounds

like a threat” (260). Deepak is unused to being dependent and responds by thinking, “There is a machismo in suffering in silence” (163), and “A real man must suffer silently” (115).

Deepak’s conversation with Banalata Sen, the eponymous character in Jibanananda Das’s poem<sup>29</sup>, is proof of his realisation that his boundless ambition to reach the zenith of creativity was detrimental to his health. Deepak wished to portray the hard truths of life, and lead a life of pride and anger, but still be accepted: “Even if a poet or an author or an artist leads a foul personal life, they are revered as if they are gods. They are not treated as if insane” (255), he says. Banalata brings him face to face with reality, that the “unattainable must be destroyed” (255). It was Banalata who told him the real hard truth: “If there is a Mayavini, it is your wife Geeta. In seven years she has turned into a fortress” (256), she says, tears streaming down her face. For Deepak, Banalata Sen manifests as an opposition to Mayavini, and her very existence proves Deepak’s will to fight his illness.

Curiously, Mayavini has a third breast which makes Deepak wonder: “Is Mayavini the tribreasted one of Soumitra Mohan’s poem?” (38). Since Mayavini is Deepak’s hallucination, that she has a bodily disfigurement is relevant. Because she was an internal seductress, this would hint at a self-awareness of his abnormality. He refers to himself as “Swadesh Deepak: a leopard with hind legs lame or even broken” (23), and “I am a lame tiger” (23). The self-acceptance of his abnormality explains his empathy with a one-eared dog he sees by the road. The one-eared dog captivates Deepak and he imagines its story: “At some point during the mating season, he must have lost his ear in an argument with the other dogs” (39), indicating that his abnormality was the result of his perverse relationship with Mayavini.

Years later, a memory of the one-eared dog reminds him of Mayavini: “I remembered the one-eared dog. It was in his city that I met her” (65). His memories, circle back to the brink of madness. Felman writes of Flaubert’s *Memoirs of a Madman*: “Madness is also an excess of remembrance... [The book] is then perhaps the madness of memories, or of memory itself: a memory without a referent, a memory not of what is external, some event or fact, but of what is internal, a desire, a reminiscence— a memory not so much of the object of desire as of the desiring subject himself” (*Writing* 81.) Deepak’s acceptance of his mad memories and ease with his supposed abnormality was why he could connect to Nidhi. When Vikas Rai’s daughter suggests, “Let us make her [Nidhi] a member of our Abnormal Group” (197), Deepak finds belongingness in his madness.

One of the biggest worries that haunted Deepak was his lack of agency, which he explicitly refers to as “I am a toy in everyone’s hands” (107), and “I began to fade into a photograph in a book” (115). Felman talks about robbed subjectivities by summarising Foucault’s ideas about madness. Foucault in his influential *Madness and Civilization* writes madness was cast outside civilisation “by physically confining it” (13), and left to the mercy of psychiatry that was “endowed with the authority of an objectifying knowledge” (13): “The mentally ill are thereby robbed of subjectivity: they are observed and talked about, but their own discourse is invalidated... the symptom [of madness] is incorporated in a silenced body whose suffering cannot say itself” (13).

But Deepak tries to overcome this ‘confinement’ and ‘silencing’ by creating an inverted reality. Deepak’s complete dismantling of the systemic structures and harsh realities of life is expressed through the lines “I’m an upside-down man” (48). Lack of

accommodation in the real world meant Deepak had to struggle, which he vehemently opposes by creating his sense of reality: “I entered my dream world. The trees have colourful fish hanging from them, not flowers. A vegetarian tiger nibbles grass. The wolf has a pen and paper in his paws” (207). Deepak’s efforts to reverse the rules of the world are reflected in the deconstruction of the creative conventions as well, which is made evident through his interaction with Michael. A recently admitted patient to the Psychiatric ward of the PGI, the ten-year-old Michael requests Deepak to tell a story. Deepak writes:

I closed my eyes, stunned. All the stories had abandoned me.

—Michael, there was once a king.

Excitement transformed him.

—Michael, there was a queen.

I was silent. He was silent. Then he smiled

—It’s a lovely story, uncle. Tell it again tomorrow.

He went back to his bed, very happy. (298)

As opposed to the conventional ‘beginning-middle-ending’ structure, Deepak deconstructs the very method of storytelling. Further, Deepak leaves bits of himself in the books he writes. It is a statement that Krishna Sobti repeats when she says: “Every book is autobiographical” (180). Deepak’s plays brim with characters that represent a side of him. Pinto writes that the character of Kishorechand Sharma in *Death Cell*, “a poet who writes in English” (xiv), represents “all the fears and hurts Deepak might have otherwise been unable to express” (xiv). Similarly, during his discussion with Alkazi about his play *The Burning Chariot*, Alkazi asks who the intellectual and mad central character Baba of the play is. Deepak replies: “Baba is me” (82).

Deepak was quite similar to his Tamil predecessor from South India, Pudumaippittan. Preetha Mani writes of the legendary writer: “[He] proclaimed that his stories were meant neither to teach lessons nor to envision future realities. Through such remarks, Pudumaippittan dissociated his writing from pedagogic or moralistic projects. He claimed madness as a mantle” (77). Swadesh Deepak follows a congruent path in his memoir, asserting his mad identity with utmost flair.

### **Conclusion**

Deepak uses madness to escape into his creative world, where he is free to assert his agency. In his creative world, he deconstructs reality, constructs a language that is not oppressive, and dismantles structures such that they are more accommodative of madness. Deepak, although silenced by the internal seductress initially, turns back to language and creativity. His memories and masculinity, which were obstacles in his journey to healing, were suitably addressed by acknowledging pain and guilt. Writing is the therapeutic release for Deepak, and he constantly mixes reality with creativity, to bring the excesses of the world to equilibrium. Deepak asserts that life is a balancing act, that one cannot run away from the harshness and cruelty that permeates in the world. And instead of breaking down at such points in life, one needs to be resilient enough to counter-narrativise such experiences.

## Chapter 6

### Conclusion

Madness is a floating signifier and dynamic social construction that evades stable definition... madness is [also] a lived reality that demands sustained attention... [Thus,] a model of madness that is theoretically agile enough to chase floating signifiers while ethically rooted enough to hold deep compassion for madpersons [is a critical necessity].

—La Marr Jurelle Bruce, *How to Go Mad*

The present study is an attentive attempt at the academic discipline of Literary Mad Studies in select works of Indian Writing in English. The thesis has tried to capture the uniqueness of the mad existence in India as represented in its literary narratives. Suitable concepts were borrowed from Disability Studies and Mad Studies, while the techniques of Narratology were revamped to complement the study. Since madness is a disruptive experience that challenges ideas of normalcy, being mad entails being subjected to prejudices, biases, misconceptions, and a host of other discriminatory attitudes. As Disability Studies did with the concept of ableism, scholars of Mad Studies coined the congruent term of sanism to highlight the oppressive behaviours towards people who identify as mad.

Despite the commonality of discriminatory practices meted out to people who identify as mad/disabled, the thesis has, from the very beginning, asserted the universality of such experiences that are historically, socially, and culturally rooted in both place and time. Thus, there is a constructed-ness to the experiences of disability/madness, especially in a land like India, where multidimensional factors are

in play. The research explored the influence of Indianness in the construction of madness in select texts.

This brought forth discussions on concepts like normalcy, expectations, and power that are inseparable in the discourses of disability/madness. Thus, three pertinent queries were raised in the Introduction to the thesis: “How does one arrive at a standard set of expectations held to be normal? Who determines them? Can human nature be boiled down to a set of traits and behaviours that are acceptable, or even ubiquitous?” (4). The answers to these questions are: One shouldn’t arrive at the concept of normalcy based on expectations; Even though nobody should, the people in power determine the normal/abnormal divide; And, no, human nature cannot be ubiquitous or homogeneous. The process of answering these questions more specifically inspired the objectives of the study, which were substantiated through the findings of this thesis.

The first chapter of the thesis, titled “Delineating Discourses of Disability/Madness in India”, was incorporated as an answer to the first objective of the thesis, which planned to highlight “the unique nature of being mentally ill/mad in India as represented in literary narratives” (6). This chapter assembled the narrative history of disability/madness sprawling over numerous millennia. Since the recorded history of India spans too many centuries, which have too many impactful events, the analysis was divided into four sub-sections for coherence.

The Magico-Religious System and the philosophy of karma dominated during the Vedic period. The Aryan representation of disability/madness in the Hindu epics of the *Ramayana*, the *Mahabharata*, the *Gita*, and the *Vedas* was analysed. The Vedic period believed disability/madness was a consequence of: (1) a character flaw, (2) a

transgression of institutions of power, (3) an unexpected, abnormal behaviour, and (4) an absence of knowledge. The ideas of this period were framed within the magico-religious system with the concept of karma at its centre.

Thus, the supernatural good beings bestowed health for good, acceptable, and normal behaviour, while the supernatural bad beings robbed a person of their health, rendering them disabled/mad. The restoration of health could be hastened through good karma and the acquisition of good knowledge, also known as the knowledge of religion. Alternatively, the Buddhists emphasised that health is a provisional category and practised detachment to overcome the healthy/unhealthy dichotomy. The Jains, too, believed disability/madness to be a natural course of life; however, they also believed it to be a hindrance to spiritual obligations.

During the Transitional period, the representation and integration of the disabled/mad community into society began more intently. Kautilya's *Arthashastra* described how the community was protected by the state, by juxtaposing them with the *patita*, who were outcasts facing social ostracisation due to their abnormal moralities. Bharata's *Nāṭyaśāstra* gave strict instructions regarding the accurate portrayal of the disabled/mad experience by devoting entire sections to their representation. The folk-art performances imbibed this spirit by using techniques like possession, which enabled the visibility of madness. Thus, sensitive representations of madness reached the common folk.

The medicalisation of disability/madness with the advent of Ayurveda, as expounded in *Caraka-Saṃhitā* and *Suśrutasaṃhitā*, was the main contribution during the Classical period. Illnesses of both the body and the mind were painstakingly classified, and remedies were suggested to rectify the problem. Such scientific

diagnoses essentially gave birth to the thought that there was something called a normal body/mind. The literature of the period, like *Panchatantra*, propagated the ideas of the normal in its stories, inculcating values of normalcy to young children and adults alike. Simultaneously in Southern India, the *Siddha* system flourished with its obsession with health and longevity. *Caṅkam* literature and Prakrit literature elevated physical/mental damages of war and love-sickness to the level of male heroics and religious madness, respectively.

From the Medieval to Modern Period, the psychic experiences elaborated within the Bhakti and Sufi systems took precedence. There was almost a celebration of madness when equated with religious devotion. Although patriarchy was still prevalent and tended to attribute madness to uncontrollable women, women themselves used the inherent mysticism in the Bhakti tradition to break out of the restraints placed on them. It is with the advent of colonialism that the celebration was put to an end, and mental illnesses were relegated to mental disabilities that ought to be institutionalised.

The second chapter, “Madness and Historicity: Semiotic Incapacity and Experience in *The Unsafe Asylum: Stories of Partition and Madness*”, strives to answer the second objective of the “malleability of madness” and the “construction of a different language-mediated reality” in the face of an event that wreaks unimaginable horrors. The many types of madness that the text discusses are clinical madness, communal violence, raging madness, and transgenerational trauma. The walls of the Mental Hospital in the narrative act as a boundary to keep the madness out for both sides. While most of the inmates show extreme empathy and clarity of thought irrespective of the ongoing Partition, the uncontrollability of the experience

renders the sane population incapable of verbalising their reality, consequently immersing them in a nebulous state. This broken reality is conveyed through broken language, which differs from one person to another. The many types of madness are a response to a traumatic event, which, due to its inability to be narrativised, manifests as non-clinical madness in the text.

The act of witnessing such an event causes a historical pain in the bodymind of the witness/survivor, exacerbated by the notions of normalcy and stigma. While the psychiatrist Prakash Kohli and the hospital inmates Rulda and Fattu maintain normalcy through most of the narrative, succumbing only to clinical madness for a short time, it is characters like Gracy Thomas and Venky who highlight madness as a linguistic impasse, and rebel in their small but impactful ways by the method of detour. Thus, the reading of this text is an examination of ideas of madness and normalcy.

The study also looked at a generation before and after Partition, to conclude that religious madness and raging madness were rampant, and did far more damage than clinical madness. A look at the experience of the time of madness, but also the experience of madness from the vantage point of time, was relevant to demonstrate the proclivity towards abnormal behaviour even during normal times. The experience of the time of madness is illustrated through fragmentations, ruptures, and aporia, and its impact is showcased by stressing the importance of closure for the witness/survivors.

The transgenerational transmission of trauma manifests as clinical madness in different generations of families, indicating that time cannot fully heal certain wounds of the mind. But juxtaposed against this transgenerational trauma is also the religious

and raging madness of individuals, groups, and entire nations. Despite no stake in the event, they choose to act such that clinically they would be called normal, but from the perspective of humanity, they would fall into abnormality. The section concluded with the observation that madness is a phenomenon of language that transcended generations, navigated through psychoanalytic dialogue, but was aggravated by un-narratibility in the face of a terrifying and transformative historical event.

The third chapter, “Madness and Subjectivity: Ontological Ambiguity and Resistance in *The Mysterious Ailment of Rupi Baskey: A Novel*”, answers the next objective, which claims to study how “the mad experience shifts from person to person” and how characters “resist normalisation and homogenisation” (7). The chapter studied how madness is assigned to certain subjects with vastly different outcomes, and how the subjects themselves retaliate by embracing such labels to assert themselves. The gendered nature of madness and its repercussions on their subjectivities are navigated differently by the characters. The patriarchal society is tackled by strong women, whose acts of resistance are labelled as madness. Women expressing themselves as independent in the normal world, like Putki and Della, and women pursuing the supernatural realms, like Gurubari and Dulari, are both met with protest for disturbing the social order.

Despite the claustrophobia of religion and culture, gender roles are expected to be performed by women. Failure to meet patriarchal expectations is considered a social transgression, and is ultimately relegated to madness. However, women like Rupi, despite performing the co-dependence in the community, fail to achieve social penetration or belongingness. Spatial equivalents representative of natural, cultural, and supernatural elements portray the effect of place on mental health. The rapid

movement between the three places has severe consequences, as opposed to being static and located in one place. The shift in place, owing to the patriarchal institution of marriage, affects the titular character, who constantly moves away from her therapeutic landscape/healing place, to places of rapid modernity, leading to anomie. On the other hand, characters who move around of their own free will retain their mental stability. Since traditional systems do not break down easily, women characters express dissent through employment, sexuality, and dark magic. The obscurity of such practices leads to irrational labels of madness, which the characters willingly embrace.

Men, Mothers, and Dahnis are dominant identities in the backdrop of the supernatural atmosphere of the narrative. While certain male characters come out of the narratives as powerless beings, the practitioners of the occult reap only gains; the mothers in the narrative occupy the middle ground, their madness being acceptable as long as it maintains the status quo of patriarchal power within the narrative. Mothers who are also practitioners of the dark arts are censured, despite only benefiting from their dual roles. The dahnis are discredited through libel, associated with the concept of dirt, and accused of evil. Contrarily, mothers suffer from guilt and heartbreak. Despite such accusatory labels, dahnis do not succumb, while the mothers do, to various types of madness. The inability to build a healthy relationship with one's family, aggravated by the move away from one's pitr-bhoomi, affects the radically enmeshed existence of Rupi, who could only become mad.

The fourth chapter, "Madness and Creativity: Counter-Narratives and Agency in *I Have Not Seen Mandu: A Fractured Soul-Memoir*", analyses the "function of madness" and the "insights literature provides about life". Creativity has been

historically used to tackle mad identities, and choosing the text of a mad creator is an exemplary way to challenge psychonormative narratives. This chapter examined how creativity is a site for rebellion against ideas of normalcy. Writing is a therapeutic experience for it helps to change and correct the repressive nature of reality. The oppressive nature of rational language is contrasted against the liberatory power of madness. Deepak demonstrates how language fails to accommodate experiences of madness, while creativity offers the space for an accurate portrayal of such experiences by moulding language to suit the mad experience.

Madness is considered a social adventure that ought to be curtailed. However, Deepak vies for faith and familiarity, as well as engagement and empathy for understanding madness. Language plays a central role in madness. While rational and normal language creates obstacles to understanding madness, Deepak resorts to creativity, silence, metaphors, and feminine language to counter such oppressions. There is excessive sensory detailing and metaphorical references for an apt portrayal of madness. While violence and the guilt it produces hinder healing, acknowledgement of pain and dependence aid recovery. Linguistic hospitality and exclamation are celebrated as methods to accommodate madness within sanist perspectives. The merits of the creative process and writing as therapy are also restated.

The survival value of storytelling and the need for an empathetic listener are irreplaceable in narratives of pain and madness. Toxic manifestations of masculine identity and traumatic memories shape madness. Mayavini, his hallucination, manifests as madness and muse, and is also the femme fatale that tempts the masculine urges of Deepak. The inherent violence and cruelty of his plays are seen as

a precipitating factor in his madness, although Deepak manipulates them to discard the negative excesses of his personality. The experience of witnessing the pain and stigma of madness helps overcome the estrangement in the father-son relationship. The traditional creative and linguistic structures are deconstructed, and madtime is enunciated to accurately portray madness. Meanwhile, the robbed subjectivity is reclaimed through the use of doubling/doppelgänger.

The constructed-ness of madness is expressed and executed through language. Across the three textual analysis chapters, narrative techniques are deployed to rediscover the functions of language and madness, while also re-modelling such techniques to give a clear portrayal of madness. Thus, shifting points of view and a preference for fragmentation over linearity are employed in the texts. Ambiguity is used to demonstrate the translucence of madness, while focalisation is maintained so that the reader still empathises with the mad person. Foreshadowing is employed for grounding the immensity of certain experiences like the Partition. Pronominal shift or use of shifting pronouns and dissociative narrativity or separation of uncharacteristic behaviours, is maintained so that madness is reinforced as an experience and not an identity. This ensures sensitivity and solidarity with the mad person.

Supernatural elements contrasted with historical events create a liminal space that blends magic realism with social realism in *The Mysterious Ailment*. The epic grandiosity of the narrative events, a self-fulfilling prophecy, and the villagers who act like a chorus/audience simultaneously lend both heroic and tragic tinges to the narrative, replicating the two main types of madness in the text. The narrative pace and the flashback technique are suitably used to represent the experience of time and a desire for a past state of health, respectively. The use of ellipsis in the text conveys

both silence and the requirement on the part of the reader to fill in appropriate meanings. Vegetation/bestial imagery and symbols are used as signposts to reach conclusions about the mad experience.

The volatility of madness experienced in madtime unfurls over a narrative seismic ground. The self-reflexivity of Deepak's memoir is a source of its strength, wherein, despite being in the throes of madness, he gives details of the book's prehistory and predictions post its publication. The unreliability of the mad narrator is challenged and translation itself becomes an enabling act. The use of metaphors, internal monologues, epiphany, and refrain achieves the purpose of creating a language befitting the expression of madness. Deepak voices the need for radical empathy and radical compassion, and dismantles familiar narratives about madness.

### **Limitations of the Study**

There are a few evident shortcomings in the present study. The extremely narrow focus on Partition is one of them. Other historical events like war, where the dynamics of struggle are different, can provide different perspectives. The focus can also be shifted to autobiographical accounts or works of oral history for more historical accuracy. This study looked at only the Partition as the historical event that framed madness. India being a unique land offers multiple other events that are rare and demand as much attention. Further, the primary focus was on the people who experienced Partition. The transgenerational effects of Partition can be further explored. Historical events like riots, which have happened in abundance, can also be studied to trace the experience when both the perpetrator and the witness/survivor have the same national affiliations.

This research aimed to study the uniqueness of the Indian experience of disability/madness. Even though there are distinctive elements, the diversity of the nation suggests that there is no singular, uniform experience. The socio-cultural milieu dictates ontologies of disability/madness, suggesting that the distillation of the experience is impossible. However, this also indicates the necessity to study the specific nature of disability/madness across communities of India.

This thesis also constantly refers to the inadequacy of language in capturing madness. Although narrative techniques were reframed, the residual effects of language or normalcy cannot be fully overcome. Thus, multimodality and the visual aspects of graphic narratives are an apt mode to study the evasive aspect of mental illnesses. While the relevance of arts and literature as modes of expression of madness is emphasised, the possibility of integrating such narratives within medical discourses as potential ways of rehabilitation was not considered.

## Chapter 7

### Recommendations

The study of texts from a Mad Studies perspective is a neglected, but much-needed initiation. Although there are ample examples of the interrogations of madness in the Euro-American narratives, the conspicuous absence of such studies within Indian Writing in English is a tremendous drawback. A careful analysis needs to be made of the discourses of disability and madness in Indian narratives.

The present study had a restricted focus on the intrusions of madness on the female gender. In a world trying to embrace newer genders, it is imminent that studies focus on the mental health of all such communities. Especially in India, where Article 377 is much contested and the population is still coming to terms with genders beyond the male and the female, the repercussions it has on people who identify beyond these labels are a necessity. A vast number of the population still believe that the third gender is 'a lifestyle choice, or 'a mental disorder'. Thus, academic deliberations on such sensitive areas are relevant.

Another lacuna in Literary Mad Studies is the invisibility of childhood narratives as primary texts. Although Young-Adult narratives have asserted the impact of mental health-related issues, the impact on the younger demographics is still largely absent. Cases of childhood madness are easily relegated and discredited by infantilisation. However, texts that convey and communicate madness in children are indispensable in constructing an accurate portrayal of mental health. The vulnerability of young children as expressed in literary narratives needs to be analysed and addressed.

The intersection of criminology, psychology, and literature is an exciting area for research. In legal discourses, violent crimes are at times diluted through a focus on the mental health of the perpetrator. Thus, madness is at times used to escape from the consequences of one's actions. Contrarily, genuine cases of crimes compelled by a mental illness need to be understood. The problem with discourses of madness in India is that most of it is analysed from a moral and ethical framework; however, madness needs to be understood from the framework laid down by discourses of health.

Since the inability of language to describe madness and the mad experience was a central argument of this thesis, the visuality of madness can be an interesting area to explore. The portrayal of madness in graphic narratives and films can be investigated. The visual aspects of both these genres can enable the portrayal of the mad experience.

## Notes

- <sup>1</sup> Disability Studies has often been criticised for its focus on the ‘white’ experience, imposing racist and heteronormative biases in its conceptualisation. See “An open letter written to White disability studies and ableist institutions of higher education” by Angel L. Miles, Akemi Nishida, and Anjali J. Forber-Pratt in *Disability Studies Quarterly* (vol. 37, no. 3, Summer 2017).
- <sup>2</sup> Pathology or the pathogenic view, Goodley says, views disability as “a physical, sensory or cognitive failing that tragically ‘handicaps’ those ‘afflicted’” (6).
- <sup>3</sup> Fiona Kumari Campbell describes ableism as a knowledge system, “a network of beliefs, processes and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect, species typical and therefore essential and fully human” (204).
- <sup>4</sup> Davis argues that words like ‘normal’ and ‘normalcy’ entered the disability vocabulary only in the mid-nineteenth century, to convey a hegemonic attitude.
- <sup>5</sup> Anand borrows the term corporeality from Margrit Shildrick to refer to “not simply the materiality of the body, but the manner in which the body is experienced and lived by an embodied subject” (“Corporeality” 154).
- <sup>6</sup> Goodley clarifies that disability and impairment are always conflated. Impairment “is the functional limitation within the individual caused by physical, mental or sensory impairment” (8).
- <sup>7</sup> See “The Cyborg and the Crip: Critical Encounters” by Alison Kafer.
- <sup>8</sup> In Medicine, comorbidity is the simultaneous yet distinct presence of more than one medical condition.
- <sup>9</sup> Popularised through the Indian Prime Minister’s radio address ‘Mann ki Baat’ in December 2015, *divyangjan* replaced *viklangjan* in an attempt to be more inclusive and less oppressive.
- <sup>10</sup> Developed in *A Thousand Plateaus*, the rhizome is described as “a mode of composition that is distinct from the book, and a theory of language that is opposed to a basic structure, logic, or grammar from which variations develop” (Colebrook).
- <sup>11</sup> Manthara, Shurpanakha, Shakuni, and Dhritarashtra are Sanskrit for ‘tardy, foolish, crooked’, ‘one with long, sharp fingernails’, ‘a large bird, signifying a vulture’ and, ‘upholder of the nation’, respectively.

- <sup>12</sup> In Hindu myth, it is believed that sage Shuka narrated the *Bhagavata Purana* to King Parikshit while he was observing Prāyopaveśanam
- <sup>13</sup> The Sanskrit term was originally used “to indicate the uncouth and incomprehensible speech of foreigners and then extended to their unfamiliar behaviour” (Stefon).
- <sup>14</sup> Pramathas were celestial beings believed to be the attendants of Rudra.
- <sup>15</sup> Neurodiversity is a portmanteau of ‘neurological’ and ‘diversity’, suggesting a range of possible cognitive functions.
- <sup>16</sup> The philosophical concept of the Cartesian Split proposed by René Descartes established the duality of the body and the mind in Western thought, establishing them as two separate entities.
- <sup>17</sup> Surveillance is a method of constant observation that induces conformity. Foucault analyses how power and control are maintained in societies through surveillance.
- <sup>18</sup> Kamla is Punjabi for a madman.
- <sup>19</sup> Spanish slang suggestive of craziness, madness.
- <sup>20</sup> In the Ramayana, Sita gives Agni Pariksha, or Trial by fire, to prove her purity to Rama after being kidnapped by Ravana.
- <sup>21</sup> According to Erving Goffman, spoiled identities like physical/mental disabilities are viewed as deviant, and thus enable the social construction of stigma.
- <sup>22</sup> A tomb built during the 17<sup>th</sup> century.
- <sup>23</sup> Birsa Munda was an Indian tribal activist of the late 19<sup>th</sup> century.
- <sup>24</sup> A method of psychological manipulation that makes the victim question their truth and sanity.
- <sup>25</sup> Called ‘theia mania’, Plato classifies madness into four types.
- <sup>26</sup> In the *Mahabharatha*, Brihannala is Arjun in the disguise of a transgender.
- <sup>27</sup> In medical terms, the vegetative state refers to a disorder of the brain where a person is awake, but unconscious and unaware.
- <sup>28</sup> A non-clinical term for narcissism, where the person believes in the infallibility of their self.
- <sup>29</sup> Bengali poet of the early twentieth century.

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