LITERARY PSYCHIATRY

Literary destigmatisation of mental illness: A study of the writings of Jayakanthan

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ABSTRACT

National and international associations of psychiatry are busy formulating and executing anti-stigma measures and activities. Literary works of creative artists could be utilised for this purpose. This article based on the writings of a popular Tamil writer Jayakanthan discusses some of his works in relation to this.

Key words: Anti-stigma, Jayakanthan, literature

A plethora of instances of stigma against mental illness and discrimination against people with mental illness are available in the history of all the cultures, East, and West. The Indian aspects are mentioned by Wig.[1] This attitude has spread to health professionals, medical students, patients, and relatives and the media.[2] This pessimism has spread even among the psychiatrists themselves, especially those working in forensic psychiatry, drug abuse, and learning disability.[3] All the common negative reactions associated with mental illness like fear, disgust, danger, violence, in-curability, etc., generally arise from the public’s perceptions, ignorance and lack of proper knowledge. Discrimination was more common in rural areas.[4]

Anti-stigma campaigning is gaining momentum around the world and the initiatives taken by the World Psychiatric Association (WPA) are to be commended.[5] The guidelines provide information on how to implement anti-stigma programs using different media such as television, radio, and theatre and working with journalists, schools, health professionals, families, community neighbourhoods, and the police and setting-up consumer speaker bureaus, media-watch groups, and influencing policy makers and legislatures, and using theatre arts.

Inspite of all these anti-stigma measures the most popular and attention-drawing medium is cinema which has not done the job well and has actually damaged the cause of psychiatry and its patients. This has been forcibly brought out in a piece of work in the UK by Dr. Peter Byrne, a researcher in the field of stigma of mental illness; and a film expert, Sue Baker, who have started time to change, a Screening Madness advocacy group. Their slogan is, “Let’s end mental health discrimination.” Dr. Byrne has brought out a report, Screening Madness, which analyzes the contributions of cinema in influencing public perception and attitudes negatively. There have been some eye-opening works on films and psychiatry. Prof. Dinesh Bhugra’s Mad Tales of Bollywood has exhaustively studied mental disorder in Hindi cinema.[6] Mohan a retired Professor of Psychiatry of Mohan Kumaramangalam Medical College, Salem Tamil Nadu in his personal communication to me has enumerated 55 Tamil movies with a “psychiatric slant” and comments thus – “the portrayal of the mentally ill and mental illness with the usual distortions has contributed a lot to the stigma and burden which the mentally ill and their caretakers have to bear. To beat stigma against people with mental health problems we need parity not pity. Members of our profession need to be vigilant in

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guiding the gullible public when they are forced to view execrable matter all in the name of entertainment. We live in an age where we are seeing more psychiatrists in cinema than ever before.”[7]

Few writers in fiction have paid attention to the clear delineation of mental illness and its treatment, only the negative attitudes have been high-lighted – a similar situation to the film media mentioned in the report Screening Madness.

An outstanding exception is the Tamil writer Jayakanthan (JK).

INTRODUCING JK

JK was born in 1934 in a family of agriculturalists in Cuddalore in Tamil Nadu. He had no formal education. He grew up under the aegis of an uncle who introduced him to the works of Subramanya Bharathi and communist ideologies. His mentors were some great Communist leaders of Tamil Nadu, such as Mr. P. Jeevanandam and Mr. Baladandayutham. JK has written more than 200 short stories, 40 novelettes, 15 novels, 500 essays, and 3 biographies. One of his novels “Unnaippol Oruvan” taken as a movie became the 1st Tamil film to get the President’s Award (3rd prize) in the Best Regional Film category. He has received many awards, such as the Rajarajan Award, Bharathya Baksha Parikshit Award, Nehru Literary Award given by the Union of Soviet Socialist Republics. The most notable awards are Padma Bhushan, the Jnanpith Award, Fellow of Sahitya Akademi and Sahitya Akademi translation prize for his novel “Sila Nerangalil Sila Manithargal.” Bharathiyar Award was given to him by the Tamil Nadu Government in 2010.

He is very much interested in highlighting the lives and thoughts of the under-privileged and the marginalized. In his own words he says, “There was a time when numbered amongst my close friends were rickshaw – drivers, prostitutes, rowdies, pickpockets, and cigarette-butt scavengers. Perhaps because of this fact I can never work up disgust towards their kind. There is a sense of involvement among them. Sometimes I even wonder whether I wouldn’t have been happier if I had decided to live among them as one of the families. Truly an attraction for their life came to be planted in my youthful mind. There is in the life of such people a flaming passion, a liveliness and truth. They hold a notion that I have all along been writing about people of the lower strata. However, haven’t I really been writing high level people among the so-called lower strata. Who belongs to the higher strata and whom to the lower strata? That cannot be determined by their position or by their place of living. It is how they are-how they live-that a determination should be made.

Mr. K. Diraviam, Tamil scholar and former Chief Secretary to the Tamil Nadu Government, has written in appreciation of JK, “JK is a phenomenon in contemporary Tamil writing – an inspiration to some, a challenge to some, an anathema to a few. There are many who consider him a dynamic writer of profound social significance. There are also some who consider him a disturbing element, with his alleged obsession with individual perversions and social aberrations. However, whether he pleases or provokes delights or disturbs, soothes or sears, consoles or challenges, none can deny that he is a writer of rare power and refreshing realism, vigorous in his portrayal, virile in his style, sweeping in his range and subtle in his touches.”

JK’s views on mental illness

(From his book confined – out in the open)

JK visits an institution for the mentally ill and gets acquainted with four of the inmates. One of them is a highly qualified, foreign-trained, professor of physics who develops schizophrenic breakdown after his return to India. The response to Electro Convulsive Treatment and Insulin Coma Treatment (both out of vogue now) had been poor and he was leucotomised. The 2nd patient suffered from repeated epileptic attacks in his youth and later developed delusional disorder. The 3rd subject, a rich farmer fallen on evil days developed severe depressive disorder and committed multiple, motiveless murders with amnesia for his actions. The next subject was a responsible civil servant who had developed delusions that he was Lord Rama and his wife was Sita and his brother Lakshman.

JK describes a number of odd eccentric personalities living amidst us. The descriptions include those of a paranoid personality, a dependent personality and a few others suffering from personality disorders “Not Otherwise Specified.” JK’s descriptions appeared in book form in the late 1960’s and the following excerpts are from his introductions. His enlightened views on the subject of mental illness and its treatment could be found in the following passages (translated).

“Even after a mentally ill person is completely cured, this world suspects him; ridicules him; is afraid of being alone with him. If he fondles a child it is concerned about the child. Even his wife is afraid of remaining alone with him in a room. By these activities this world sends him back to the asylum. There I met some people who underwent such treatment in the hands of this world. Like the world is afraid of them, they are also afraid of this world. Is not this world bigger than their world? Is not this unnamed world a bigger asylum? So being afraid of us they are inside.

To them their world may seem to be very blissful! That’s why they forget you and me the people of the outer world; and act. They have not done anything that others have not. They cry, laugh, sing, dance, speak, love, and show gratitude. They do whatever we do. Even then they are called insane. Where is the line drawn? Some time ago when you were dressing in
your private room, you were nude – do you remember? They are like that in their private world. However, they are called insane! A thin screen draws a line between you and them. The other day in uncontrollable anger you threw a vessel and broke it – do you remember? There may be a thousand reasons for that. Can you justify that action? Sometimes they too have done like that. But they are insane!"

"I am singing. I know there is no one to listen. In that solitude I forget myself. I am singing as it is sweet to my ears. I ask: What is its name? They also sing like that for their happiness. Like that sometimes in solitude, in a similar state of happiness they talk to themselves. But they are insane! Because of happiness or sorrow beyond limits, have you not spent sleepless nights? They also have been like that. But they are insane!"

"The matter is this: Occasionally we are like that. But they are always like that. That is why they are inside and we are outside. Only this "occasionally" and "always" have created such a great difference there are people who do not cross the border of insanity – who stand within the border and often touch the border and return and who touch the border and do not return. Consider seriously, who is not insane among us? We call many of our insanities desire, affection, devotion, love, art, valour and entertainment and are happy with ourselves. If we deeply think about them with a clear mind we can understand that we are all mad; madness alone is human nature."

"We say that if a man laughs and weeps with the reason he is not mad, and if a man laughs and weeps without reason (as far as we know) he is mad. In the past when we laughed and cried we gave reasons to justify our actions. But these justifications have now been proved lies. Does it mean that our past laughter and crying were sheer madness? We call this knowledge and experience. I am telling this just to insist that it is not proper to shun the mentally ill thinking that they have nothing to do with us or they are fit only for our ridicule and ill treatment. The basic similarity between us and them is they do not know that they are insane and we do not know to what degree we are mad. So knowing the degrees of our madness is the criterion for our mental health."

"Mind is more complicated than the physical body. Mental disease is more subtle than physical illness. It is better to understand mental disease than to hate it. Human beings exhibit many differences, many different traits. Madness is one such difference. It highlights man’s individuality. Hence we must consider madness as a plus point. We should appreciate this individuality. One man differs from another without losing the basic unity. No one man is like another."

"Nature is a wonderful artist. An artist who just draws all the faces that make up his picture is not skilful. His skill is judged by his ability to draw various expressions, figures, scenes, etc., We should be impressed by the way the great artist called Nature has created each human being in a different design. One is not like another. How many different types of men! How many different shades in eyes alone! In nose profiles, in complexion, in hair curls, in throwing-up arms, in gait, in tone, in sound. If the universe can be divided into innumerable tiny divisions how many divisions can we make – that many! The ability to perceive all these is artistic attainment."

"If in outward appearance alone there are so many divisions how many there will be in mind, thinking, ideas, fear, desires, appreciation – in all these inward happenings! There is no justification in it – to fear, to make them all alike, to feel bored, to be worried for these opposites among men. Only these move human life. If these do not exist there will be no art, no literature, no imagination, in short, no individual. All are not exactly alike; it cannot be. However, you are – or you think you are – you approach them accepting them as they are.”

The origins of a recluse – a divided self
In another of his remarkable novels, “Rishi Moolam” which when translated into English means “The origins of a recluse,” JK gives a vivid description of the onset and progress of schizophrenic disorder in a young man named Rajaraman. Hailing from Krishnagiri, a village situated on the banks of River Cauvery, Rajaraman is presented as a recluse. He talks with philosophical detachment.

Rajaraman is the 2nd son of Krishna lyer, who is an expert in rituals and Vedantic knowledge. He has one elder brother and three sisters. Rajaraman is well-versed in the Vedas and intelligent in studies. After his schooling, he goes to Annamalai University and resides at the house of Sambaiyer, who runs a hotel. Sambaiyer and his wife Sharada share a platonic relationship. Rajaraman shows parental affection towards the couple.

During Rajaraman’s childhood, his mother, Indhumathi always remained in her private room. No grown up child was allowed inside that room. 1 day, with childish curiosity Rajaraman entered the room. When his mother walked in after her bath, he hid under a cot and without intending to, witnessed her nudity. He was severely punished by his mother. This incident left a deep scar in his subconscious mind, as a result of which he experienced depression and had disturbing dreams.

Rajaraman sees Sharada in the place of his mother. Unfortunately, he accidentally has physical relationship with Sharada. She partially confides in her husband about this matter. Meanwhile Rajaraman leaves the town. He takes to smoking cannabis and becomes a recluse.
After a few years his sister and her husband see him in the town of Varanasi and bring him home. After a long time, Sharada comes to see Rajaraman. She asks him to return to family life. However, Rajaraman merely laughs at her. His mental state after his return from Varanasi is vividly described. He is given a thatched outhouse where he spends all his time in solitude, laying down on the ground, smoking tobacco, and cannabis and gazing at the other bank of Cauvery where corpses are cremated. With every cremation, he imagines that he too is being cremated. This way he tries to obliterate his ego.

This story is reminiscent of the so called clinical biographies of chronic schizophrenic patients and their extended families presented by Laing in his books, “The Divided Self” and “Sanity, Madness and Family.” Laing highlights the role of families in the causation of the disorder. Although, vulnerability-stress causation is given importance currently, the works of JK and Laing were published in the 1960’s and 1970’s when the importance of the schizophrenogenic family (rather than schizophrenogenic mother) was emphasized. Burgeoning radio imaging and molecular genetics later shifted the scales in favor of biological factors. Nevertheless, psychological and social factors are still considered important in the onset and relapse of schizophrenia. Laing highlights the role of families in the causation of the disorder. Although, vulnerability-stress causation is given importance currently, the works of JK and Laing were published in the 1960’s and 1970’s when the importance of the schizophrenogenic family (rather than schizophrenogenic mother) was emphasized. Much of the incomprehensible speech and odd behaviour of these patients could be understood if the environment of the patient is analysed properly. In the words of Laing the patient is disturbed because the environment is disturbing. This could be seen in speech and behaviour of Rajaraman.

Many of the concepts of the disorder touched upon by JK could be utilized in the psycho education and family intervention therapies, incidentally contributing to anti-stigma measures and compliance therapy. In passing, his descriptions of the self are very close to the existential theories of Heidegger and Sartre.

**Foster family care**

In another remarkable novel entitled “A Man, A Home and A World” published in 1971, JK describes an non resident Indian from erstwhile Burma returning for the 1st time to his father’s village at the foothills of a mountain range in Tamil Nadu. Travelling in a lorry, the hero Henry enjoys the beautiful scenery around him. He notices a young woman enjoying the cool water of an adjoining lake. The lorry driver informs Henry that she is a harmless, homeless, wandering lunatic of the place, causing no harm to the locals and benevolently ignored by the neighbours.

Henry’s next encounter with her is when he sees her stark naked, sitting on a pile of bricks with her knees drawn towards her. Henry is informed that though villagers have offered dress materials to her, she does not use them. When Henry re-builds his father’s ancestral cottage, he offers her a wooden plank to lie upon and tells her in English to wear the dress he is offering her. She simply smiles and dons the dress. She then regularly visits the building site and watches the masons at work. When one of them asks her water to drink, Henry tells her to help him. She goes inside the house and brings water in a vessel. She pours the water in a glass and offers to the needy. Her service is also utilized to quench the thirst of school going children. She is slowly socialized and now she starts wearing clothes. The villagers know that she is not deaf and somehow understands instructions given in English through gestures. Henry succeeds in breaking up her social withdrawal and isolation and builds up an interpersonal relationship between her and the neighbours.

During the housewarming ceremony attended by a number of local residents the girl participates in the various activities. After some time, to the great surprise of others and to the disappointment of Henry, she disappears from the scene, leaving her dress material behind. It can only be presumed that the social stimulations were too much for her and had precipitated her relapse. We can be sure that Henry would try again to bring about a happy ending.

JK succeeds remarkably well in depicting the existence of a chronic, wandering, mentally ill subject in a rural setting where little stigma is shown to the sufferers of mental illness. The attempt and success of Henry in rehabilitating this girl (though with temporary relief) brings to our mind the foster family care practised in Geel at Belgium. Geel is well known for the early adoption of de-institutionalization in psychiatric care. This practice is based on the positive effects that placement in a host family gives the patient, most importantly, access to family life that would otherwise have been denied. The legendary 7th-century Saint Dymphna, is credited for this type of care. Goldstein, in his internet article titled “Geel, Belgium: A Model of Community Recovery” writes, “For the individual with mental illness striving to live a meaningful life in the context of the recovery model of treatment, (compare to “medical model” with a goal of symptom reduction and/or cure) opportunities for community integration serve that model and are critical to its success. Successful recovery for individuals, in turn, allows them greater ability to function as members of their community. Thus, it is logical to encourage a concept of “community recovery” in which communities strive to live with, rather than fear, the realities of mental illness.”

Presently, psychosocial treatment for the severely mentally ill is practised in various rehabilitation centres. This includes social skills training, cognitive remediation and social cognitive training.
Drug and alcohol abuse
JK is familiar with the use of alcohol, nicotine and ganja and is frank enough to share his experiences in many of his writings (but aware of their limits and limitations). Many of his characters including women are habituated to drinks and end up in ruins. He is very definite that legal restrictions should not be placed on their use and does not approve of the State’s prohibition politics. He stresses the individual’s rights to drink and enjoy (I am not quite sure whether he would preach temperance along with Thiruvalluvar!).

Doors of perception
One of the characters in his novel “One man, one home and one world” under the influence of ganjahallucinates “It is not sleep – I could not fathom where I was. A lamp is burning inside a temple. A floor made of red tiles at the sanctum sanctorum. Shiva’s temple the grass growing in the cracks between the tiles form green squares. The tiles are smooth. In the temple tower pigeons are cooing. The lamp is burning inside a small lamp no deity. Only a lamp an earthen lamp. I am going close to it. The flame is motionless. Now in the sanctum sanctorum one can hear a musical sound. Don’t know if it is a child or a woman. A child walks holding the hand of a woman. Only the feet are visible. How fascinating the walk of the child jiljil can you hear the sound? Between the tiles there are green lines made of grass, on the tile the child’s feet the lamp is burning inside. No oil in the lamp. However, there is water. The lamp is lit with the water there is fire but no heat it is cool a lamp lit with water.”

The reader of this passage could immediately recall his experiences with Mexican cactus peyote, whose ingredient is mescaline.[12]

Another character in JK’s novel decries the cruel treatment meted out by the police to the prohibition law breakers.

CONCLUSION

Anti-stigma measures should take the help of literary works of writers enlightened in this area, like JK dealt with in this write up. It is suggested that the local psychiatric societies should periodically select works of this nature and popularise them through media. We can have discussion groups of professionals, journalists and lay public through visual and auditory media. It is to be admitted that the present day “cine madness”[14] is actually increasing negative aspects of mental illness which can be counteracted by the above mentioned suggestions.

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REFERENCES

1. Wig NN. Editorial: Stigma against mental illness. Indian J Psychiatry 1997;39:187-9.
2. Sartorius N, Gaebel W, Cleveland HR, Stuart H, Akiyama T, Arboleda-Flórez J, et al. WPA guidance on how to combat stigmatization of psychiatry and psychiatrists. World Psychiatry 2010;9:131-44.
3. Thomsicraft G, Rose D, Mehta N. Discrimination against people with mental illness: What can psychiatrists do? Adv Psychiatr Treat 2010;16:53-9.
4. Loganathan S, Murthy SR. Experiences of stigma and discrimination endured by people suffering from schizophrenia. Indian J Psychiatry 2008;50:39-46.
5. WPA. The Training Manual of the WPA Open the Door. 2005.
6. Bhugra D. Mad Tales from Bollywood: Portrayal of Mental Illness in Conventional Hindi Cinema (Maudsley Monographs). Psychology Press; 2006.
7. Mohar R. Psychiatry and the Cinema. Personal Communication; 2011.
8. Laing RD. The Divided Self: An Existential Study in Sanity and Madness. England: Penguin Books; 1965.
9. Laing RD, Sanity EA. Madness and the Family: Families of Schizophrenics. England: Penguin Books; 1964.
10. Hatfield AB. Families as caregiver: A historical perspective. In: Hatfield AB, Lefley HP, editors. Families of the Mentally Ill. New York: Guilford Press; 1987.
11. Holloway F, Stein G. Seminars in General Adult Psychiatry. 2nd ed. In: Stein G, Wilkinson G, editors. London: Gaskell; 2007.
12. Geel GJ. Belgium: A Model of Community Recovery. Samford University Psychology Department, 2009.
13. Aldous H. Doors of Perception. New York: Harper and Row; 1963.
14. Swaminath G, Bhide A. Cinemadness: In search of sanity in films. Indian J Psychiatry 2009;51:244-6.

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