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Social awareness of deviance: Mapping sociality and aberrancy in Rural Malabar, Kerala

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Abstract---Aberration in social behaviour seems to provide the theoretical ground to understand social relations. This is because the aberration foregrounds the underbelly of social relations. It is in and through aberration, that one can properly analyze the basis for sociality. Knowledge of ‘insanity’ is not new to the natives of Malabar. However, there are many contradicting conceptions and heterogeneous healing practices around insanity within the community. There have been studies on the treatment method of madness and its evolution from traditional to modern medical sciences in Kerala. This paper attempts to take the study further to concentrate on the social awareness of madness in the cultural context of Malabar, Kerala and an attempt to engage with the role of neighbourhood in understanding aberrance.

Keywords---aberrance, tradition, modern, social perception.

Introduction

*Listen to this tale of love's bewilderment.
Where madness dissolves, the fairy has fled.
There is no more of you and there is more of I.
There is only a certain Not-Knowing.
— Siraj Aurangabadi**

In *Madness and Civilization*, Foucault insists that madness is not a natural, unchanging thing, but rather depends on the society in which it exists. Various cultural, intellectual and economic structures determine how madness is known

* Siraj Aurangabadi (1715-1763), an Indian mystic poet.

and experienced within a given society. In this way, society constructs its experience of madness (Foucault, 2001). Foucault sees madness as being located in a certain cultural “space” within society; the shape of this space, and its effects on the madman, depend on society itself. This article tries to look at the cultural “space” which generates the idea of deviance in the local context of Kuttiadi, a semi-urban place in the eastern part of Malabar, Indi and the changes this idea of determining the madness had over the years.

A recent study by the cultural anthropologist Stefania Pandolfo extends the understanding of the relationship between madness and culture. In her book *'Knot of the Soul: Madness, Psychoanalysis and Islam'* she argues that the voices and experiences of the insane echo the cracks and destruction of their culture (Pandolfo, 2018, pg.43). She tries to bring up the voices of madmen otherwise left unheard and dissolved inside four walls of the psychiatric institutions in Morocco that were established during the French colonial period. Unlike Pandolfo, whose study looks at the voices of aberrant individuals who are confined to modern psychiatric institutions in order to bring forth tension endured or still enduring when different ideas (native and imperial) try to take on board an unknown entity and its effects on culture and the lives of individuals, this article tries to delineate the reverberations of the presence of aberrant individuals who are not subjected to the institutional confinement[†] on the social life of a community. At the same time, an engagement with Pandolfo's thinking that places the psychiatric discourse alongside the traditional healing practices has proven helpful in both registering the nuances and analysing some instances that arose during my ethnographic study

This paper is therefore an attempt to understand the cultural values allowing its members to overlook the modern psychiatric treatment and the idea of asylums, and what ideas (cultural and religious) help them to be more inclusive towards aberrancy. Inclusiveness observed in this neighbourhood in northern Malabar suggests a complexity that does not translate to “community care” as can be seen in their general disposition towards the aberrant individual also to be colored by issues like social status. Inclusivity here happens by way of accommodation. . The constant care and study of the mental configuration of a patient provided by the psychiatric institution may not be available for an aberrant living in the neighbourhood. The social relation with the aberrancy is derived from the degree of strangeness the aberrant individual is perceived to possess.

Aberration in social behaviour seems to provide the theoretical ground for a proper understanding of social relations themselves. This is because the aberration foregrounds the underbelly of social relations. It is in and through aberration, that one can properly analyze the basis for sociality. In the presence of the aberrant subject, all the assumptions that make up social relations are laid bare. The two case studies throw light upon the necessary indebtedness that makes sociality possible in the first place. In their presence, one feels awkward precisely because we do not know the proper way to express our indebtedness. This limitation is at the fringe of every sociality. In “normal” instances, this

[†] One of the aberrant individuals (Mr.Althaf) whose case study is made in this article is subjected to domestic confinement with peculiarities that differ markedly from institutional confinement.

awkwardness is kept in abeyance, which makes us overlook the force of the “Other” over us. For these reasons, therefore, aberration appears to be a proper place to study social relations precisely because it deals with limitations. The study in foregrounding that indebtedness also helps reconsider and rethink the gift economy conceived by Marcel Mauss (2018).

Setting the context

The advent of modern psychiatry with the backing of colonial power raised a huge challenge to the native ideas and healing practices. In 1854, the first Lunacy Act was implemented in the Indian subcontinent (Sharma & Varma, 1984). The law was enacted to segregate the insane and troublesome subjects who are dangerous to the neighbourhood. The asylums were then constructed for mere detention. Eventually, colonial power expanded their rule into more areas and constructed 20 more asylums in the country. Lunacy Act of 1912 then was focused on the improvement of mental institution infrastructure. After the independence, the Government of India gave emphasis on the introduction of psychiatric institutions along with the general hospitals. The later implementation of Mental Health Act of 1987 testifies to the states intervention in confining aberrant individuals (Channapatna R., et al., 2011). All these reforms even after the independence a reciprocation of similar changes that were happening in the west. However, the presence of wandering aberrant still inhabiting the neighbourhoods of Malabar unveils the reluctance of native cultural groups toward embodying the modern conception of insanity. Insanity was not an unraveled entity for the natives. There are many contradicting conceptions and heterogeneous healing practices about insanity within the community.

There have been studies on the treatment method of madness and its evolution from traditional to modern medical sciences in Kerala. But few studies have concentrated on the social perception of madness in the cultural context of Malabar or even the whole of Kerala. Madness is familiar with different names in the local context of eastern Malabar. *Vattu*, *Bhranth*, *Elakkam*, *Piri*, *Noss* etc are the common words for the mad. Each word has a specific meaning. Individuals within the community whose actions and experiences are unknown and strange to the common folks are often referred to by these names. Most of these names are not prevalent now. It is interesting to see the changes in the use of these words over time. An in-depth study of the etymology of these words can tell us more about the change in perception of madness over time.

Case 1: Mr Althaf

Mahmood master is the father of Althaf, a 35-year-old mental patient. Althaf has been locked inside a room for nearly 20 years. It is very difficult to contain his abnormal actions while he is out. He is a full-grown, 5’9” inch tall, strong man. It will be difficult for a stranger to recognise him as a mental patient at first glance. I know Mahmood master and Althaf for years since we lived in the same neighbourhood. When the I told him about the study I am working on he showed some enthusiasm but it was short-lived. When the researcher asked him permission to tape-record the interview he showed some resentment. After having

convinced him that the purpose of the recording was solely for my effortless rewriting, he started talking. He began with the story of Althaf's birth.

The first cry of a baby is the initial sign of a normal healthy baby. Althaf did not cry when he was born. The baby showed symptoms of abnormality. He turned into a blue colour, his neck was not firm, and stayed silent. Doctors told the father that his son might not be able to speak. However, Althaf started talking when he was two (age should confirm) and showed healthy body growth. When he was around four, he started singing. Nevertheless, at the same time, he did things, which have no explanations. He will not stay at a place for a few minutes. He used to run around the house and into the neighbour's house. Mahmood master suspects some issues in his son's behaviour when his son showed threatening and violent actions. Althaf was then put through diagnosis after diagnosis. After some medical trials, doctors confirmed that Althaf is not normal. Althaf was taken to different doctors. He was diagnosed at NIMHANS (National Institute of Medical health And Neuro-Science). Mahmood Master was not satisfied with the treatment provided for the patients. He told me that these institutions can potentially function well if they are operating in an ideal setting. Instead, the staff and authorities showed purely unethical and inhuman behaviour towards the inmates.

About his disapproval of medicines, Mahmmod Master recollected an incident that confirmed him about the ill-treatment of patients by the so-called mental asylums. After the diagnosis from a reputed hospital in Manipal, the doctor prescribed some medicines. Mahmood Master went through the list and studied the effects the medicines have on the body. Most of the medicines prescribed had major side effects, which may severely weaken the heart, kidney and other body parts of the patients. When a patient starts taking the pills his behaviour may change drastically. An aggressive person would become meek; the loudest one may become silent. However, the patient's body will become weak and eventually, most of them will enter into a vegetative mode. He told me that the medicines do not cure the mentally ill, but they will help the family, relatives and friends to deal with the patient in what Goffman calls the basic social arrangements.

After several diagnoses from different streams of medical sciences, there was no improvement Mahmood decided to give up on treatments altogether. He said that he did not want to give up on his son. He was convinced that the condition of his son could not be understood by any science. He built a new special block for Althaf. A large part of his house was used to build this. Long and wide windows brought abundant morning light inside the block. The block was then divided into a hall, room and bathroom. A strong iron door then separated the new block from the other part of the house and the rest of the neighbourhood. Mahmood master ensured his son would get affection, empathy and all other the facilities that he claimed the mental asylums cannot provide. A new television set was set up adjacent to the block. That television was the first one in the area. Neighbouring children came to the house to watch the television. Mahmood master enjoyed the children's visit. He told me that their visit helped Althaf to become more cheerful. He enjoyed watching TV with the visitors. Most of the visiting children, Mahmood Master claimed, had a good relationship with his son and vice versa. His act of bringing his son back home and building a new block inside his house was his

response borne out of a critique of the ill-treatment prevalent in mental asylums during that time. He mentioned that caring for Althaf was a big challenge that he took up intentionally. He accepted his son's condition as fate. He quoted some Quranic verses saying God will examine a man in different ways to test his stand for justice. For Mahmood Master, medical science cannot provide justice to his son, so he took the challenge all by himself.

During the in-depth interview, Althaf was always present. His block was near the veranda. He was closely listening to our conversation. Sometimes he will join the conversation by repeating what his father is saying. When his father took a break from the interview and went inside the house, Althaf started talking to me. He showed his toy collection. He narrated that he has nine balls in different colours. He took each ball from his toy bag and showed me by proclaiming the colour accurately. When Mahmood Master was asked whether Althaf remembered anything from his childhood, he called Althaf. He asked him, "Althaf, what did you see while you were on the train?" he replied, "I saw bridges, caves, electric lines and a faraway shop from the train". Althaf was recollecting a memory of his journey to Mangalore for his diagnosis when he was only five. He told me about the sea then. He said it was full of water and the water could 'jump'.

Mahmood Master tried to enroll Althaf in a government LP school in Cheriyaakumbalam (The same school where the former had taught and retired from). Althaf joined in the first standard. However, he did not want to sit in the classroom. He ran into the swing set and sliders. Teachers tried their best to pursue him but failed. Some of the staff complained that Althaf might become a bad influence on other students. After a week of primary schooling, Althaf was forced to leave. Mahmood Master still has the certificates of Althaf's school enrollment. When he is home, Althaf will not stay quiet. He will go to neighbouring houses without any hesitation. He will go into rooms and act like it's his own house. He will turn the switches on and off and bang the doors without reason. Following these incidents, Mahmood Master decided to take him to the hospital.

The confinement of Althaf and the lives around the neighbourhood gives us more insights into the social relationships of the community. There were only two options for Mahmood Master. Either send him to the asylum or confine him at home and take care of his son. He chose the second option. Ervin Goffman in his article *Asylums* talks about life in the asylums. A strong social barrier will appear for the patients when they enter the institutions. All of their previous right to citizenship is put away. Patients are subjected to what Goffman citing Harold Garfinkel calls 'degradation ceremony' when they are weighed, measured or integrated (Goffman, 1961, pg.139). Their deviant actions, not their non-deviant actions will be the focus of authorities' scrutiny. The dehumanising phenomena of institutional confinement should put to question our assumption about confinement. All these measures can be read as corresponding to Mahmood Master's deep disagreement with the methods of institutional care and confinement. One can rightfully question the effectiveness of confinement of a different kind as we find it here in Althaf's case since this also in effect spatially confining the aberrant subject. However, the fact that Mahmood Master and the members of the household are negotiating their spaces to accommodate their

family member and in turn recognises him as belonging with them and their belonging with him. This spatial negotiation speaks to micro dispositions that make it a generically different method of caring for the aberrant subject.

Mahmood Master in describing Althaf's condition, highlighted the difference in the behaviour and body features we all have. He pointed out the unique fingerprint and eyes each of us holds. He concluded by stating that the spectrum that distributing the differences in human body and soul are incomprehensively large. Aberrant individuals like Althaf also occupy their rightful place in that spectrum. This understanding is very important he says, for a parent or a caretaker of an aberrant because it is not the sympathy that needed instead empathy, patience and acceptance of fate. Additionally, he mentioned that an aberrant child may put their parents in extreme discomfort, especially when it comes to feeding and hygiene. Adding to this he quoted a Quranic verse, which reads, *God does not burden any soul with more than it can bear* (Qur'an (2:286)).

The utterance of accepting Althaf's condition as fate can be read as a self-reiteration of his belief that helped Mahmood Master to confront the hardships during the upbringing of the former. That said, this acceptance could be one of the major facets that ignites a sociality, which includes an aberrant. Mahmood Master's strength of conviction in accepting his aberrant son as fate enforces the neighbourhood to invoke a religious belief system that insists on sacrificing a slice of comfort to survive this world together. The constant presence of his aberrant child unveiled to Mahmood Master the intricate realm of human mind. Additionally, an investment in the wider discourse of the psyche because of his son's condition seemed to enable him to speak with authority about the human mind. He at one point, pointed out the ability of our mind to travel wherever we want while sitting at his veranda. His bemusing over the incomprehensiveness of the human mind testifies to Pandolfo's observation as to how at the site of intersection between heterogeneous ways of conceiving the mind and healing practices makes the subjects confront the limits of the knowable itself (Pandolfo, 2018).

Althaf's confinement can also be seen as the particular character of the neighbourhood. The neighbourhood is comparatively filled with middle class and upper class families. At the same time, there is another deviant in the locality called Anbar, who used to wander and he was free to wander. His father left him and he hails from a poor family. He was able to wander wherever he wanted. Anbar hails from another neighbourhood that demands another set of social obligations from each family. Here it is possible to measure the indebtedness according to the class differences. Anbar does not have to be confined because he never showed any tendencies toward violence. But the reason he roams around the neighbourhood with the torn shirt was due to this lack of social control compared to Althaf. Here family honour and status also become crucial when it comes to the freedom the deviant enjoys. The family where the deviant hails from determines most of his/her social interaction potential.

Those living in the neighbourhood of Althaf, are accustomed to the shouting and the singing and banging of doors from the former's house. The neighbours seemed unaffected by the nuisance. His voice became part of the usual sounds of the

neighbourhood. That his aberrant behaviour can become part of the everyday soundscape and social reality of the neighbourhood is a significant thing to note here. For, in being accustomed to the behaviour, the aberrancy ceases to be aberrant after all. Neighbourliness as a social relation has this aspect of being accommodative of whatever falls within its ambit. Initially, it might stand out, for those visiting the neighbourhood, but those who live in it, live with it and the story of Althaf becomes part of their own stories as well, inadvertently. This accommodative nature of neighbourliness can be contrasted with Mahmoud Master's own anxiety over not disturbing the neighbours. He is indebted to the neighbourhood, while the neighbourhood forgives him and Althaf and these two things, a sense of indebtedness and forgiveness happen almost organically without much effort on either side or even having to articulate it. It is instead a lived social reality.

Further, indebtedness also leads to awkwardness. In the encounter between individuals aberrant or not, this awkwardness is implicit, which springs from the sense of indebtedness. The neighbour who fails at meeting neighbourly obligations remains indebted to the neighbour. When they circumstantially encounter one another, the awkwardness is amplified. In the case of Althaf when we treat *him* as a neighbour, just as the neighbours are ones to him, this awkwardness takes a very unsettling form. Here, the awkwardness throws the neighbour into a position of not knowing how to conduct himself before Althaf. Pleasantries and the small talk seem inconsequential. One is confronted with the pure awkwardness of the bodies. While in "normal" circumstances, amongst non-aberrant subjects, this can be overlooked, here it cannot be overlooked. It is there to be seen and to be felt. In sensing it fully, one learns better about sociality at large and what it takes to remain indebted and remain in a state of awkwardness.

The importance of this give and take in forming social relationships can be understood more clearly, when we confront the awkwardness in its true form. Being in debt to a deviant can give us more perception of this social relation phenomenon. He put into question the normal settings of the social relation of neighbourliness by becoming the extreme other whom nobody could engage with. The role of gratitude, awkwardness and being in debt take part in forming a healthy neighbourhood needed more specific study.

Even though he is living in another reality, Althaf also has a social responsibility towards the neighbourhood. For example, an individual should keep quiet at night. But how can Althaf fulfil this responsibility when his condition won't allow him to do it. Therefore it became the responsibility of his family. His confinement and medication can be seen as a social action his family born out of this debt towards the neighbours. Mahmood master narrated how the medication Althaf is taking. When a patient starts taking the pills his behaviour and physical appearance may change drastically. An aggressive person would become meek; the loudest one may become silent. However, the patient's body will become weak and eventually, most of them will enter into a vegetative mode. He told me that the medicines do not cure the mentally ill, but they will help the family, relatives and friends to deal with the patient in basic social arrangements.

Only when a new visitor comes to any of these houses notice Althaf shouting. The neighbourhood respects the decision of Mahmood Master and accommodated the aberration as it is. Nobody complains about the confinement of Althaf in the house and of not sending Althaf into the asylum. Althaf is not a stranger to the people around him. He became part of the lives of the neighbourhood. What is more interesting here is that the aberration itself has brought into what Goffman calls the basic social arrangement. Althaf became part of the neighbourhood.

Case 2: The Sisters

Nafeesa and Fathima are sisters. Fathima is 35 and Nafeesa is 40. The interview was done on two occasions, First at their house with Haleema, their mother and ward and the second with their younger sister Aysha through the phone. During the first interview, Fathima stood near the hallway and listened to our conversation. Nafeesa stayed inside the room the whole time. Fathima looked and acted like a 10-year-old girl. Her mother told me that her problem is that she always acted like a kid she loves kids. But Nafeesa is different. She is very silent and loves to stay inside. Fathima was not able to walk till she was eight. Her late father Ali took her to the doctor when she was two. The doctor told him Fathima has an inborn thyroid deficiency and prescribed some medicines which she should take for a long period. She started taking those medicines and she was able to stand up on her own. When she started walking she wanted to go to school with her younger sister Aysha. At school, Fathima sat in her sister's classroom. Aysha told me that her sister was very happy and enjoyed being at school. She loved drawing. However, some students bullied Fathima because of her mannerisms and physique. She was short and fat. When Aysha completed her studies at lower primary (LP) school she went to another school. In addition, Aysha was not able to take her sister along. But Fathima insisted on going to school and continued at the same LP school. But things started to change when she was sent alone to the school. She came back home complaining about other students torturing her verbally and physically. Her parents decided to stop sending her again to the school alone. Aysha told me that Fathima still remembers those students who bullied her. She still does not like them. At home, Fathima engages in playing and collecting mangoes and passion fruits. She would wake up every morning and go to collect the fruits. She would keep the bigger and riper ones for someone she likes. She would not allow others to touch it or eat herself even if she is hungry. She will wait for the arrival of that specific person to give away her gift.

Nafeesa is quite different from Fathima. Her mother told me that Nafeesa would survive without food for days and may not show a bit of dissatisfaction. She will not ask for help even in extreme need or discomfort. Her problem was that she could not communicate her feelings and emotions. She looked peculiar at certain times. She would start staring at the same point for hours. Aysha told me that it is very scary to see her like that, because the staring indicates that something bad is going to happen at night. During those days, Nafeesa will not sleep. She would clench her teeth so tight and sometimes even end up cracking the tooth. Aysha said that nobody knows why she does that. Nafeesa has been taken to the hospital after one of those scary nights. But the doctors couldn't find anything wrong with her body. Every test showed normal results. Nafeesa, unlike Fathima,

is a keen observer, said Aysha. Aysha is amazed that Nafeesa has a special talent for learning about people around her. And she is very anxious to make conversation when she is around non-family members. Nafeesa will ask about the visitor's details once they leave the house. The two of them would go on to discuss people who visited the family among themselves. Their conversations, Aysha noted, every time she overheard them, were mostly centred on people. Nafeesa is very fond of cats.

Aysha's account of Nafeesa's strangeness like staring into the wall for hours and the former's fear of such behaviour takes us to analyze the implications of living and being with what you do not understand. What kind of care can be worked out from this non-understanding? Conversely, should we care to involve understanding in the first place? There is a need to acknowledge the dread and the fear associated with them, which is closely connected to our non-understanding itself. We fear what we fail to understand. We also fear the unfamiliar. Family is usually understood as a space of utmost familiarity. In these instances, however, we find the familial familiarity being perpetually put to question. It is threatened by constant reminders of the strangeness of the sisters, of one in particular. What does this strangeness do to the overall fabric of the family? The sisters exhibit a certain keenness and curiosity to know the world around them, and the people in it, and this is contrasted by a measured distance from those taking care of them. Aysha's fear is an acknowledgement of her limitation. Having acknowledged her limitation, and maintaining the distance, she is not distancing herself from the sisters. The distance is not one of indifference instead, it allows for the sisters to remain different. The distance is also acceptance. The distance is therefore another marker of care.

Fathima and Nafeesa seem to enable certain social relations. Fathima's gifting tendency is another significant point that demands analysis. Marcel Mauss' conception of the gift economy as fundamental to social relations is helpful for this analysis. As Mauss famously argued, there are no gifts (Mauss, 2018). Given the case, how do we understand Fathima's gift within the gift economy? Fathima's gift poses a problem in the economy of gift; in what ways do we pay back her gift? Do we remain indebted or do we work towards articulating the mode of paying back her kindness? Fathima's gifts, therefore, take us to confront our own limitations. Their very presence points us towards the fundamental indebtedness that forms the basis for social relations.

Usually, aberration becomes noticeable when that particular person is marked out as bizarre. Since there are two cases living within the same household, it provides a peculiar instance of cohabitation of the two with each other and with the rest of the "normal" world. Fathima and Nafeesa become entangled with each other to become one entity mostly through the logic of aberration itself. At the same time, the two of them are very different from each other, they behave very differently, and one prefers solitude while the other is forthcoming. Their caretaker spoke of their friendship with each other, which suggests the warmth of sharedness. This sharedness however seems to be in a zone impenetrable to others. Aysha by referring to their conversations as those she "overheard" seems to be in a position of constant surprise at the relationship between the sisters. While the latter is in constant proximity to the sisters, the intimacy between the

sisters seems to be incomprehensible to the caretaker herself. Do they, one is tempted to ask, have a sense of their difference from the rest? Alternatively, in the presence of each other, are their desires to be recognized somewhat fulfilled? How do we comprehend the nature of this act of recognition? Does being two instead of being the only one, in some ways nullify the abnormality? Does that mean then, in the case of the two sisters, we have an instance of forging solidarities with those whom we do not understand? Do we not have here, in the instance of the sisters, a lesson in the ethics of care, bound by a certain kinship they may or may not comprehend? In my understanding, their remaining two and their differences in attitudes are precisely what help them forge the friendship. Nafeesa's inwardness is well complemented not by a similar attitude, but by the exact opposite, of Fathima's forthcoming attitude. One shows the readiness to give, and the other shows signs of certain readiness to receive. On both sides, there is a readiness toward the difference in the other. Comparing the previous case of Althaf's confinement and solitariness to the non-confinement of the sisters, we can perhaps argue that in place of confinement their friendship guards them. That is to say, in place of care through confinement as in the case of Althaf, the friendship functions primarily as the mode of care.

Conclusion

In his book *The Gift* Marcel Mauss argues that there is no pure gift and being in debt to other is a consequence of every social transaction. He conceptualizes pure gift then as that which does not incur debt (Mauss, 2018). One could perhaps argue that concept of pure gift may not be born out from the transactions happening between the "normal" subjects. However, the case of Aysha for example makes us rethink the concept of pure gift, to think perhaps there is at the limit of transactory economy of gift economy, a possibility of pure gift, which would initiate an indebtedness exceeding the same economy. It seems to initiate an economy of care in its place, where one has to stay content with not being able to repay, for one does not have the ground to speculate upon the nature of its giving since the world of the giver appears incomprehensible.

The two concepts indebtedness and awkwardness, that the two cases we have analysed leaves us with, can help us to reevaluate the social transactions amongst non-aberrant subjects as well. For it seems to suggest the very ground of sociality as one based on an ethical relation borne of a profound inability to estimate the nature of any giving that the presence of another brings. That is to say, the analysis of the aberrations in the locality enables us to understand the important tenet of a healthy neighbourhood wherein one learns to come to terms with being indebted to each other that bring with it the constant practice of communication between the neighbours and thus leads to a ever dynamic relationship between the members of the community. An in-depth study of aberrancy in this direction would help us to understand the various factors initiating the transactions between the members in the community. Finally, the proximity to aberrancy it appears far from threatening the "safety" or "security" of individual members, initiates them into the very processes that make up sociality, which are, to reiterate the logic of awkwardness and indebtedness.

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