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Psychic Landscapes: Bodies, Materiality, and Mental Health in South India

by  
Anjana Bala

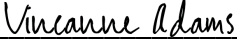
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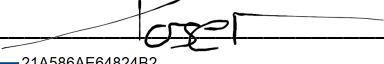
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# **Psychic Landscapes: Bodies, Materiality and Mental Health in South India**

Anjana Bala

## **Abstract**

This dissertation is an ethnographic study of the relationship between madness, materiality, and local therapeutics based on 18 months of fieldwork (2017-2020) in Tamil Nadu, India. Much of the literature on madness in anthropology focuses on the immaterial: those diagnosed with what psychiatry calls psychosis or schizophrenia are often asked about their thoughts, their stories, their voices —“mental” acts, so to speak. In my research, I explore how psychiatric and philosophical categories—hallucinations, psychosis, and madness—are intertwined with objects, matter, and bodies, that is, “things” in the world. Through a deep engagement with art and local therapeutics that move away from talk therapy and into modalities rooted in material practices, I develop a robust consideration of an ecology of madness. My research, rather than adopting a cross-cultural approach or critiquing the institution of psychiatry, aims to re-think the very theoretical underpinnings of unreason by attending to the relationship between madness, bodies, and materiality.

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## Introduction

“I suffer from India,” Pragati, an art therapist, shared during the middle of our interview at a cafe on the outskirts of North Chennai. “One of my clients, who had been diagnosed with delusional disorder, said this to me.” I had met Pragati a few weeks earlier at a peer support group for users of mental health services and had been introduced to her by a mutual acquaintance. Pragati was in the middle of sharing one of her clinical encounters, her speech ripe with pregnant pauses. Pragati’s client had described a sense in which the outside world was erupting inside the clinic, a statement that would turn prophetic, made only several weeks before the onset of the COVID-19 pandemic. “But, you see, his psychiatrist dismissed it as ‘irrelevant.’ That these thoughts are irrelevant, delusional.” Pragati leaned in and hesitated. “But, actually, he is telling us something. He could be talking about everything that is going on in India.” Pragati was referring to (then) recent passing of the Citizenship Amendment Act in India—deemed anti-Muslim by many political activists—which engulfed the nation in protests and violent riots. “But I think there is another layer to this. You see, it is not so black and white with what people are saying to us. In art therapy, we learn that everything is metaphor. Even language and speech are metaphors. Everything is a message.”

In the following months, I would come to witness Pragati’s art therapy sessions, which often included ways of mobilizing metaphor through dance, music, and sound. She held drumming workshops at community group therapy sessions and ran bi-weekly art therapy sessions at CARE, one of Tamil Nadu’s largest psychiatric hospitals. “I arrived at this conclusion about metaphors from art therapy, but also because of my relationship with nature. I think I am in some sort of communication with nature, like I’ve almost merged into it,” she continued. “Nature has taught me to be slow, to listen. If you aren’t slow enough, you may miss what

people are really telling you.” I nod in affirmation, despite being led in multiple directions by her own speech, having almost unlearned how to properly listen during fieldwork. “This client, he is telling me something about his outside, his outside which is inside, his inside which is outside. Like me, with my nature.”

Our conversation quickly moved elsewhere, for Pragati herself often spoke in metaphor, and she started describing her own lived experiences with psychosis. As I attempt now to construct an introduction to my fieldsite, my interlocutors, and their vivid stories, Pragati’s client’s comment and her own interpretation offered an entry point to thinking through a dominant thread of this dissertation: the blurred boundaries of what constitutes inner and external experiences for those experiencing forms of psychiatric distress. The client suffers from India—perhaps this might be India quite literally, the violence, the governance, the riots—but Pragati’s interpretation offers that his being has the possibility to absorb so much more: the world, matter, other bodies, his “outside which is inside, his inside which is outside,” what it means for distress to be turned inside-out, the very respiration of disorder.

My research explores the stories and experiences of those diagnosed with serious psychiatric disorder, gathered from 18 months of fieldwork in Chennai, Tamil Nadu, India. Through the insights of my interlocutors, I explore how mental distress is not perceptually unhinged from the concrete and physical world. Much of the literature on madness in anthropology focuses on the immaterial aspects of those diagnosed with what psychiatry calls psychosis or schizophrenia, which often examines their thoughts, their stories, their voices—mental acts, so to speak. Tanya Luhrmann’s (2016) seminal study on auditory hallucinations, for example, explores how voice hearing experiences are dependent on local cultures. Voices are often experienced by individuals in the form of sound, conversation, or speech. Other kinds of

hallucinations—tactile, visual, olfactory—are understood as seeing, hearing, feeling things that are not otherwise present for others in tangible ways; these experiences can be understood as a break from concrete reality, signifying a separate and distinct perceptual state from shared objects, bodies, physicality, and space.

Moving through psychiatric and post-psychiatric worlds, I explore how a focus on the body and materiality opens new dimensions of our concept of unreason and potential sites for healing and imagination. I take the “outside” and the “external” as serious points of investigation and turn to things in the world, ecologies, bodies, physical space, and matter in understanding serious psychiatric distress. While anthropology has a long history in exploring how the environment and external conditions, such as socio-political violence, economic distress, a violent bureaucratic state have affected mental health, these works emphasize that mental health is situated and experienced as “internal,” but influenced and configured by external conditions (Biehl 2013, Das 2015, Scheper-Hughes 1979). However, what Pragati—and the stories of my interlocutors that follow—point to, is that in fact the boundaries of mind, the body, matter, and environments might be inextricably intertwined. In my research I ask, how might these psychiatric and philosophical categories—hallucinations, psychosis, and madness—relate to objects, matter, physical space and bodies? How does one’s fleshy, muscular body, one’s gestural habitus relate to something supposedly intangible, like a voice coming from within? Are there ways to re-think immaterial hallucinations as made from this world, of this world? As Malafouris (2019) writes, “some traditional assumptions about the mind (for instance, the view that anything mental must refer to, and is explained by, processes internal to the individual) make it hard to study them... The boundaries of the human mind have always been a problem, but perhaps never so problematic as they are today” (195).

Exploring the materiality and the bodily aspects of psychiatric forms of distress has particular resonance in India due to the frequency of non-pathological or non-medicalized forms of ‘madness’ in ritual, dance, and theater—all categories that rely intimately on the use of the physical body and objects in space. However, what forms madness takes is contingent upon the various robust experiential categories in India: religion, region, class, caste, and gender. For example, for the Bauls, the “madmen of Bengal,” (McDaniel 1989, 154) god lives in certain liquids of the body, and this realization of the divine body is something that happens spontaneously. In Kūtiyāttam, the sole surviving form of Sanskrit drama in India, each movement, each bodily gesture is so heavily controlled to allow the audience and performer into a maddening and imaginative space (Shulman 2012). In an original version of the thesis, I was interested in using dance theory to understand the phenomenon of altered subjectivity. What could motion, movement, gesture tell us about subjectivity as a modality of art that both uses the body and transcends it? How do movement and physicality invite other beings into this world? Soon, after starting fieldwork, I realized that body and corporeal capacities were only part of the story. It was objects, space, physicality in other forms that my interlocutors brought up in their narratives. Their attention to their bodies, the physical spaces they were in, the environment, and the natural world were all integral to their phenomenological experiences.

Despite India being an applicable ethnographic site to explore these specific questions, India is also characterized by its plurality of medical practices and non-medical forms of healing, rooted in an extremely diverse social landscape (Pinto 2014). Psychiatry has existed in India as long as it has in any other part of the world, making India one of the roots of globalization, rather than an offshoot of it. Therefore, the difference between psychiatry specific to “Indian culture” and “the West” is but a “clumsy imaginary” (Pinto 2014). As Pinto continues, “what we find

there [India] ...may tell us something about what we might expect to find elsewhere, in one shape or other, even as what we find there may also unsettle things about psychiatry (or medicine, or power, or love, or family) we assume to be true everywhere” (6). Pinto argues that stories and experiences unraveled in India about psychiatric distress may reveal something more general.

### **Self-Talk and the Outside**

Kumar, Dhruv and I were at the local games cafe in Chennai when Kumar brought up his moods again. I originally met Kumar through his psychiatrist and then a month later, Kumar introduced me to Dhruv. Kumar and Dhruv knew each other from high school and reconnected ten years later after they learned from mutual friends of each other’s experiences with schizophrenia. “I can feel beautiful about some things, but other things have ruined me completely,” Kumar shared. Daily life for Kumar often involved moving through the unknown, not knowing what would seep out and how. Like Dhruv, life was a constant experimentation for Kumar: the hope that one day, the right combination of things would make it all go away.

Kumar suddenly turned his attention to Dhruv, losing interest in the game. “What about you Dhruv, what’s going on?”

“Just the self-talk,” Dhruv replied.

“Where is it coming from, inside or outside?” Kumar asks.

“I’ve never had a problem with the outside. The external is ephemeral. The context could change at any point.”

“So...doesn’t everyone have that though?” Kumar replied hazily. “Doesn’t everyone have internal chatter that is uncontrollable?”

At that moment, I remember thinking and interpreting Kumar's utterance as a kind of self-care, one of the many measures he uses to remind himself that neither he nor Dhruv are alone their experiences, despite how extreme they are normally characterized as. But what always fascinated me about their conversations were their insights around what for them was "them" and part of their experiences and conscious selves, and what related to the outside world, separate and "objective."

For Dhruv, the relationship between the external and internal is sometimes what he calls the debate between the spirit and the material. This distinction has been crucial for his self-understanding of disorder, a kind of map for his experience. "The line between the material and the spirit, or the inside and the outside, is tricky. Think about it like fire—the spirit—and an iron ball—the material body—and how they produce light together. They can only produce light if they are working together. The fire heats up the iron ball. It briefly gets hot and then together, they can produce light. But if you take away the connection between both those things it stops. It's just an iron ball or it's just fire. There is no light."

While Dhruv's utterance is specific to his experience—which I will explore in Chapter One—of the relationship between bodily experience and the spirit of the divine, his provocation, like Pragati's insight, draws attention to the immaterial in the material and the blurred boundaries of what constitutes inner and external perceptual experience. Beyond philosophical speculations, questions of the inside and the outside have important clinical stakes. In certain psychiatric discourses, voices and experiences from the inside versus the outside are used to determine if an experience is pathological, for voices from the "inside" usually are a precursor for psychosis. Freud's theory of trauma relates to stimuli from the "inside," where conflict can be understood as intrapsychic rather than interpsychic. For Dhruv, the internal is his thoughts, the voices, an

intangible, immaterial self. The external world consists of experiences from the outside: people, things, concrete objects, their physical bodies, and matter. For Dhruv, the external might be something opposed to the intangible. As he told me once, “I use the word hallucination to describe my experience, not because I fully buy it or believe that these experiences were hallucinations, but because they are not material objects or things in the world.”

While there are longstanding debates around the question of what constitutes materiality and the spirit in the first place, I take inspiration from Dhruv and Kumar’s assertions of what the material is for them in relation to their experiences with schizophrenia: physical bodies, objects, space and matter. Dhruv himself believed that his schizophrenia progressed to a deeper and more dangerous state because of his own conceptions of symptoms as immaterial. He once shared,

I didn’t think I had schizophrenia because of what I knew from it. I didn’t hear any voices, I didn’t see these things, I didn’t feel imaginary things on me. I just had these bodily experiences that were like physical energy states, and my experiences affected my motor capacities. Like my capacity to sit, stand, move around. Like my body was leading. Like, if I’m thinking about my material, physical body being constrained pre-schizophrenia, I could only think about one instance where this happened. Before schizophrenia, I was always able to move my body in whatever space I was in the way I wanted to.

Dhruv’s experience with schizophrenia directly relates to his corporeal capacities in space more prominently than voices, sounds, and images. For Kumar, as I will explore later in Chapter Three, his thought patterns (both as a symptom and cure) rely on the inextricable bind between his thoughts and ecologies. The boundaries of his perceptual experiences and of the matter surrounding him are intertwined, offering a speculation of a different modality of “ordering” the environment.

## **Anthropology of Mental Health in South Asia**

In January 2020, I attended a panel workshop held by BALM, an NGO dedicated to mental health services in Chennai. The panel, titled “Mental Health, Culture, and Identity: A Focus on Indigenous Communities in India,” consisted of two speakers: an anthropologist from the US and a Tamilian indigenous rights activist. While some spaces dedicated to mental health in Chennai were barely scraping by, others seemed to be over-funded. The talk was held at a 5-star hotel, and attendees were provided with free dinner and paraphernalia (pamphlets, planners, etc.). I remember arriving at the hotel and wondering if some of my interlocutors, their insights and possible interruptions, would be welcome at such a space. I sat on the floor at the front of the large hall, the diverse audience packed to the brim.

The anthropologist began the talk, outlining his work in Kerala among the Adivasi community. “Studying mental health in India is always fascinating. Because everyone in this room knows that hearing voices is not always a *bad* thing here.” He remarked. “As long as they can carry out what they do need to do, that is all that matters.” Several people in the audience nodded.

His remark, which not only assumed solidarity between audience members, neatly encapsulates a dominant discourse within mental health research in India—the functional stakes of whether or not voices are “good” or “bad.” Many of the psychiatrists I interviewed in Chennai also asserted that functionality was a crucial component in understanding pathology:

“See, we only treat people here [the clinic] with problems. People could hear things, but it’s only when it affects their functionality that it needs to become an issue. Or if they attempt to harm themselves,” one remarked.



“Eating, sleeping, working. These are the three things we care about. I guess if, for example, a woman is not working, it’s her ability to take care of children. So, if they have the hallucination, and not the other things that make them dysfunctional, then it’s okay. But if they are neglecting their children because of these voices, we need to do something,” another said.

I bring these up as examples of how functionality, family care, and cross-cultural expression of disorder are central to psychiatric care and research in India. However, as previously noted, what makes psychiatry in India “distinct” is perhaps more rooted in a national imaginary than in practice (Pinto 2014). This itself is illuminated through numerous unresolved perspectives of mental health in India: while some anthropologists have explored how families are more likely to welcome their psychiatrically ill patients home in India or provide internal support (Hopper et.al 2007, Luhrmann & Marrow 2016), Pinto (2014) notes that because of a decrease in the length of in-patient services in India, many families perceive their psychiatrically ill family members as a burden. Although Luhrmann (2016) and Corin (2004) respectively argue that patients hallucinate on Gods which makes their voices more benign and rely on a religious framework for positive withdrawal, Ram (2013) notes that the line between God/demon in India is blurred for many and religious symbols are often met with conflicting perspectives. While Luhrmann (2016) argues that clinicians in India do not provide a diagnosis to patients to encourage a positive outlook, Pinto (2014) argues that a lack of a coherent diagnosis complicates the lives of patients as diagnostics come to bear on crucial legal and personal decisions.

In the chapters that follow, I seek to move away from the debates surrounding what makes disorders unique to India or the “Indian perspective,” and instead turn to examine certain theoretical and philosophical underpinnings of unreason. None of these debates offer an exegesis that fundamentally questions assumptions about the mind, body, and matter. However, despite

my attempts at drawing a thread of connectivity for the sake of a cohesive dissertation, I, like many who write about subjectivity, struggled with what might, could, or should be translated about such experiences.

“How do we speak about others’ suffering without redoubling the lived violence by an interpretive violence anchored in the position of the “well-informed” researcher?” anthropologist and psychoanalyst Ellen Corin (2003) asks. “How do we find a language that may constitute or preserve the frightening dimension of that experience without succumbing to its fascination or objectifying it? Can we ever be justified in soliciting narratives and asking questions of people who are so deeply immersed in a world of suffering?” (110).

Corin asks questions that are impossible to answer, an impossibility that Harish Naraindas refers to as “prevarication,” which is a “kind of refusal to answer the question directly either out of politeness, and/or a possible hiatus between the professional and the personal” (Raghavan 2018, 5). What does it mean (ironically) to even ask such questions we cannot answer? Pandolfo (2018) offers insight, writing about the possibility of being guided by the Other, with one’s life inextricably part of the ethnographic process: “the elusive and yet crucial possibility of ethnography, which I understand with my own life as an ethnographer to mean the writing of the Other... one that allows itself to be pierced and guided by the Other, at once an elucidation and a working through” (19). Pinto (2014), who writes of her own personal collapse during the ethnographic pursuit, emphasizes the difficulty in finding out what “actually happened,” where stories from patients, caretakers, and friends alike hold signs of both delusion and truth. Rather than finding meaning through voice/representation, Pinto turns to ellipses—writing “around” what happened—suggesting aspects of living for which interpretation is an inappropriate response. Ram (2013), writing about spirit possession in South India, notes,

“phenomena such as possession have been rendered vulnerable to practical and intellectual forms of manipulation by being removed from their context,” imploring a certain hesitation toward the quick jump to demystification in theoretical and academic discourses.

In the *Integral Nature of Things*, Lata Mani (2013) writes,

Our life is not merely shaped by people we know. It is equally formed by those we see regularly but do not know. Such individuals may be an even more intimate part of our days than those we consider to be close friends. We may set our watch by them. Or deem their appearance of nonappearance a kind of arbiter of our day, the signs of things to come. (17)

I carry Mani’s voice with me, particularly while I (attempt to) write ethnography. At times, because of the demands of an empirically based discipline and the need to provide more context, questions of knowing or how to know without knowing became aspects of writing and research that troubled me. These provocations are not about whether something can be described or that which exceeds representation, but rather questioning whether they should be known or described at all. As Kaushik Sunder Rajan writes, “...the intentional disavowal of a colonial desire to know the Other does not necessarily nullify modes of knowing that are objectifying in ways that are colonial provenance of colonizing consequences” (2021, 2). This for me resulted in a discomfort in asking too much details of people, constantly wondering the limits of producing grounded and situated ethnography. There were people who I regularly saw and spoke to, but did not nor could not “know” in the conventional ways of knowing. These individuals were often difficult to write about, and this is surely a limitation of this dissertation in its current form. I attempt in Chapter Two to provide a different kind of biography: of movement patterns, body language, and gestures. Interlocutors like Kumar and Dhruv, who I came to “know” well during my fieldwork and beyond, encouraged me to think about writing ethnography of mental health differently: not as an extreme, on the edge of experience, but rather how such an elusive retreat into oneself is

used to make everyday life more intelligible and more bearable. However, this kind of writing—of how to make people whole on paper without producing a sense of epistemic objectification—is something I continue to struggle with.

---

I turn now to a note on psychiatric definitions. This dissertation focuses on the experiences of those who experience what psychiatry calls psychosis and schizophrenia. I follow Pandolfo (2018), whose reading of Foucault's *Madness and Civilization* (1961) situates mental illness and madness as possibly distinct but interrelated phenomena, following the longer legacy of French philosophical ideation on mental health and madness. Writing about Europe in the 18th century at the advent of modern psychiatry, Foucault notes, "beneath these reversible meanings, a structure is forming which does not resolve the ambiguity but determines it. It is this structure which accounts for the transition from the medieval and humanist experience of madness to our own experience, which confines insanity within mental illness" (xii).

This question, of confining insanity or madness within mental illness, whereby the structure (in this case psychiatric authority) is a functional grid that determines possibility, is applicable to India given the frequency of non-pathological or non-medicalized forms of madness. Conversely, those who have other forms of "extreme" experiences do not always map neatly onto ritual or theological grids (Ram 2013, McDaniel 1989, Smith 2006). As one of my interlocutors shared,

When everything was happening to me, I felt that there were only two options: I had to accept the psychiatric approach that something was wrong with me, or that I had to accept some supernatural or religious belief that I did something wrong, like I invited these beings. I cannot fully accept either of these, but I do need a map. A map that doesn't tell me I'm crazy.

While no one used the term ‘madness’ in the field, particularly because of its connection to certain philosophical traditions (French, Greek), it is useful as it offers an alternative framework to think through labels in a context where neither psychiatric nor religious grids always fit models of experience. Despite this, several of my interlocutors still partially subscribed to medical terminology to afford themselves a model of linear recovery in an otherwise unbounded experience.

Psychosis can be conceived as a break or flight from reality, which may be caused by a variety of disorders including schizophrenia, bipolar, depression (Larøi et.al 2014). Psychosis presents itself through two main symptoms, hallucinations and delusions, though psychosis itself is a symptom of other disorders, the most-well known being schizophrenia. Schizophrenia might be considered a serious psychotic disorder, still not fully understood by psychiatrists and researchers alike, whereby individuals hear, see, and feel things not shared by others (usually understood as positive symptoms) and a general lack of interest, disconnection from the world, and difficulty concentrating (usually understood as negative symptoms). However, the voice-hearing experience of persons with psychosis is varied; for example, some individuals do not experience hearing voices as “discontinuous with the self” but rather “part of themselves” (Jenkins and Barrett 2004). Larøi et. al (2014) suggest that serious psychotic disorder is recognized across cultures with a similar pattern of symptoms, despite increasing awareness that culture may shape the content, meaning, and possibly the severity of the symptoms.

### **Bodies, Materiality, and Space**

There is a long history of philosophical discussion on the blurred boundaries between the material and the immaterial and the tension between the dualist and the monist perspectives of

the substances of the body and mind. However, in my dissertation, I am concerned with my interlocutors' perceptual experiences of their engagements with the world around them and how this might question certain fundamental assumptions of mental health. Phenomenologist Merleau-Ponty argues for a blurring of the distinction between concrete and abstract experiences of mental states, describing how sense experience arises from the corporeal, flesh, and motor capacities. He observes, "...it is true for the same reason that my body is the pivot of the world: I know that objects have several facets because I could make a tour of inspection of them, and in that sense I am conscious of the phenomenology of perception through the medium of my body" (Merleau-Ponty 2013 [1945], 94). The body's typical mode of existence is what he calls "being-in-the-world," in which an individual is always oriented toward the world and is more "outside themselves" than locked away in their own inner, immaterial consciousness. Sense perception, therefore, is an embodied experience; it is sensational, perceiving and experiencing *through* a situation, rather than an unbounded spectator to the situation: "...every perceptual habituality is still a motor habit," he writes (Merleau-Ponty 2013 [1945], 153). He further examines the relationship of the body and the world through a concept called flesh. With flesh, the boundaries between the world do

...not mean that there was a fusion or coinciding of me with it [the world]: on the contrary, this occurs because a sort of dehiscence opens my body in two, and because between my body looked at and my body looking, my body touched and my body touching, there is overlapping or encroachment, so that we may say that the things pass into us, as well as we into the things (Merleau-Ponty 1964, 123).

Flesh, therefore, is a kind of crossing between the touching and that which is touched, the seer and the seen, and their inherent transposability. Merleau-Ponty suggests the world is not an object that the body just consumes or vice versa. Rather, flesh is located somewhere in between, "of" both the body and the world, a reciprocal intermingling, all part of what he called the

“fabric of experience” in which “the world and I are within one another” (Merleau-Ponty 1964, 111). Relatedly, but more concretely, health geography also works with a range of theoretical and empirical approaches in which ideas of place and space and mental health affect each other co-constitutively. Curtis (2010) argues how states of the mind and mental illness influence the way space and place are interpreted and identified, questioning the very assumption of “mental” in mental illness in its relationship to the environment and space.

A focus on the body, space, and matter—interrelated categories that relate to perceptual experience as “outside themselves”—may challenge certain theoretical and clinical understandings of mental health. I seek to extend the question of the body and the world to the substances of the mind and the world. The significance of the dualist and monist perspectives of mind-body question has already been widely debated in psychiatry (Curtis 2010, Kendler 2005, Owen and Harland 2006). These debates are situated in response to psychiatry becoming increasingly biomedicalized and dependent upon research and medicines that illustrate the physiopathology of the brain. The call for phenomenology in these debates is taking seriously the “what is it like” of mental illness—its phenomenology—(Owen and Harland 2010), urging psychiatrists to consider the importance of subjective first-hand experiences of their patients, especially as the physiopathology of the brain continues to remain elusive. However, this rendering of a “subjective first-hand experience” still situates human experience as internal, experienced uniquely by the subject. A shift in the fundamental orientation of how the human “mind” is not only “insular” and internal, but also inextricably intertwined with the concrete world, matter, and other bodies—how “the world and I are within one another”—has important stakes in how mental health is theorized and treated, particularly for extreme forms of disorder, which are often theorized as a “break” from reality. Malafouris (2019) argues that these

fundamental assumptions of the mind as exclusively internal should be replaced by the more productive idea that that “boundaries of the mind should not be set a priori, but should be responsive to the nature of the phenomenon under study” (195).

Much of the literature in anthropology on mental health also describes sensory experiences as immaterial and unbounded, a break from the shared reality of the physical world—a sense in which an individual is more locked away within their own inner immaterial consciousness. Erica Bourguignon, for example, analyzed data collected from the Human Relations Area File (HRAF) from 488 societies worldwide and concluded that hallucinatory experience played an ordinary role in a significant number of the cultures studied. Bourguignon was writing at a time when anthropologists tried to typologize religious experience and offer a relativist perspective on the experience of hallucinations as non-pathological and valued positively. A group of anthropologists (Larøi et.al, 2014) responding to Bourguignon’s findings, write,

In 62% of the cultures studied, hallucinations played a role in ordinary ritual practices [and] could be understood in the context of local beliefs and practices, and the presence of hallucinations was not usually associated with intake of psychoactive chemicals...Typically, such sensory experiences [hallucinations] of the immaterial are understood as contacts with gods, spirits, or the dead. (214)

In this analysis, not only are hallucinations considered immaterial, but gods, spirits, and the dead are also. In the following chapters, I seek to challenge the immateriality of ‘out of the ordinary’ sense experience, as Deleuze and Guattari note, what happens “when mind touches matter” (1983, 21), and the particular stakes this has for those who experience these forms of distress. Not only does this dissertation seek to examine some of these fundamental assumptions, but also in doing so, necessarily explores other human experiences (religion, dance, drama, nature) and alternative sites for healing and imagination.



However, it is not as if the body, space, and matter have not been sites of investigation in the study of disorder and madness in anthropology. In fact, quite the opposite. But as Kalpana Ram (2013) argues, when evoking the body, anthropology “has repeatedly had recourse to the category of somatization. This is not a descriptive category,” she writes, “It is a diagnostic one with genealogical depth” (208). It references, in the first instance, Freud’s terminology of conversion, where experiences of hysteria really lay in the unconscious, “in the layers of unresolved Oedipal complexes, or in familial drama” (Ram 2013, 208). Somatization is when the physical body stands in for something else, something psychic (or immaterial) in nature. Ram continues,

Such a history lives on in the eagerness of social science to unmask the truth of bodily sensations. Can we detect malingering in a given case? Or, is conversion the displacement of a truth that lies elsewhere.... the guiding assumption here is that the body itself is silent, is capable only of the mute provision of symptoms. All the explanatory categories—the social, the cultural, and the psychological—swirl around the body and draw on its symptoms. But the body itself does not act in short, until somatization occurs. (2013, 209)

How might a focus on the body—not in place of something “psychic” or immaterial in nature—offer new models or provide insight for the thinking of something like schizophrenia? As one of my interlocutors suggested, “it is the physical sensation itself that needs the work. And the sensation does not need to get to the story.”

Like the physical body, contemplations on physical space and matter figure centrally in my interlocutors’ experiences. These concepts have significance in euro-western philosophical traditions, and more contemporarily, in the interdisciplinary effort to problematize certain anthropocentric binaries (meaning and matter, culture and nature, gender and sex, human and non-human). Questions surrounding matter and agency have different political and ethical consequences. In Elizabeth Grosz’s work, *The Incorporeal* (2017), she demonstrates that the

question of the material in the immaterial or the forms of idealism that constitute materiality can be traced to the birth of western philosophy. She argues that exploring the ideal in the material and the material in the ideal opens not just “the collectivity of totality of things” but “a cohesive, meaningful world, a universe with a horizon of future possibilities” (13). A world that is material-ideal, she asserts, conceptualizes a way of living in the world, “without mastering it or properly understanding it, as a creative invention for elaboration and increasing complexification of life” (14). Grosz’s elaboration opens up a world where all forms of life coexist with each other in a non-living nature. In the following chapters, I ask: what stakes might this understanding of matter have for someone like Kumar? Kumar, as I will come to show, has a rich and meaningful relationship to nature and its therapeutic capacities felt most poignantly during times when the fabric of his reality has been stretched wide open. When discussing the human and the non-human, what is the taken-for-granted in perceptual reality of the human? How might we extend a conversation about matter to the relationship of hallucinatory experience to embodied forms of otherworldly dimensions and nature?

Space is one of the most difficult concepts to define. As Grosz writes, “space, how to occupy it, how to live in it, how to manage or regulate objects within it, and to organize our proximity to those objects, remains one of the necessary questions or problems that press on all social and cultural life” (2003, 80). For the sake of this dissertation, I am thinking about space in a concrete manner: how it is demarcated, the physicality that constitutes its boundaries, the space in-between and with us, and the presence of an individual to another or to themselves. According to relational theory, space is more usefully thought about in terms of a “complex set of nodes in networks... fluid and dynamic and subject to multiple interpretations by people and agencies at any one time,” rather than static and unchanging (Curtis 2010, 10). This rendering of space as

variable and relational calls into question the very understanding that a static “environment” affects mental health for it examines the specific, variable, and fluid relationship that each individual has onto one another and the space they are in. In *The Absent Body*, Leder (1990) explores how individuals are inherently spatial beings as our interrelations depend on our experience of space. However, these experiences also have ontological consequences, particularly in moments of malaise, where we experience the breakdown of space, where space closes in and forces us to confront our sense of place. In illness, Leder argues, space can close down: with no place to go, where everything is the same. Space in this way is malleable, tied to perceptual experience. I am interested in the physicality of space, how even within “malaise” physical space is crucial to the experience of disorder. How does space change, especially for those who have been living in the same space every day with no way out? How might the experience of psychosis be dependent upon a staged space?

“Human mental life is profoundly situated,” writes Malafouris (2019). “The human mind, for better or worse, has always been inextricably intertwined with the plasticity (or stability) of our changing socio-material environments” (195). He argues that the need to understand the question of materiality in relation to the human life is paramount because “some traditional assumptions about the mind (for instance, the view that anything mental must refer to, and is explained by, processes internal to the individual), make it hard to study them,” and these have important clinical stakes. “How can we measure the effects that different material ecologies, practices and technologies have on human mental life?” he asks. “What constitutes evidence in that context? Largely, we still lack effective ways of answering those questions” (Malafouris 2019, 196). Ethnographic attention offers one way forward.

## **A Note on Theory-Making**

In “Theorizing in ex-centric sites,” anthropologist Faye Harrison (2016) interrogates what theory is and who it is made for, urging readers to expand “the space and the multiplication of the sites where various modes and forms of theorizing take place” (160). Theory, Harrison writes, is often associated with dense, jargon-laden writing above the “heads of most readers” (164). However, theory has the potential to “make sense of life and to determine where we are as we navigate social space.”

“The ultimate goal,” she continues, “is to produce what Arturo Escobar calls ‘other knowledges and knowledge otherwise.’ This vision of anthropology’s future is driven by the conviction that ‘another knowledge is possible beyond northern epistemologies’ (Santos, 2007)” (Harrison 2016, 164). Harrison encourages drawing from storytelling, fiction, and poetry as robust sources of theory-making, echoing Veena Das (2007), who writes, “some realities need to be fictionalized before they can be apprehended” (39). Similarly, Raghavan (2019) writes of theory from the “two-thirds” world whereby the “conventional, taken-for-granted understandings of theory and method are already rendered suspect” (4). “Queer and two-thirds world feminists,” Raghavan continues, “have used artistic modes of performance and expression as primary ways of theorizing... we need to give up the notion that there is a “correct” way to write theory” (4).

Through ethnography, I explore material and embodied experiences of madness and seek to demystify the insistence that it is perceptually unhinged from concrete bodies and space. In doing so, I necessarily engage with the “northern epistemologies” that Harrison describes by citing scholars like Merleau-Ponty, Freud, and Foucault. Inspired by scholars like Das and Raghavan, I also attempt to draw upon theories from the global South, religious and artistic compositions, stories, and creative acts that offer alternative concepts of the body and madness.

This cross-fertilization is central throughout my dissertation and is not merely to provincialize western epistemologies (e.g. psychoanalysis, anthropology), but rather to read them differently (Pandolfo 2018), find resonance with other traditions, and to allow different voices to enter academic discourses. I attempt to find conversations between Bhagavad Gita and Freud, the Ramayana and Deleuze and Guattari, and dance performances and Merleau-Ponty, and the experiences and words of individuals like Dhruv and Kumar as robust sources of knowledge.

However, the call for theory from “ex-centric” sites does not come without its own epistemic violence. In Chapter One, I cite a Hindu poetic scripture called the Bhagavad Gita, and in Chapter Three, the Ramayana. I use and cite these texts cautiously, well aware of the ways in which these texts, as Ashis Nandy (1988) would say, have turned from the mode of faith to one of ideology in India’s contemporary right-wing Hindutva moment. On the other hand, spiritual de-colonial discourses caution academics who attempt to invoke the sacred in academia as a risk of fundamentally violating and flattening the sacred through academic appropriation (Alexander 2005, Barnes 2009). The citing of spiritual discourses is a possible “illocutionary act” in which the words are spoken without the intended meaning and effect, what Rae Langton refers to as the “special silence of illocutionary disablement” (Raghavan 2019). As a result, in my attempt to cite theories from other epistemological trajectories and write any insights emerging from the body and the concreteness of the world, I am aware I am producing my own kind of translational violence.

### **Fieldwork, Sites, and Positions**

I conducted fieldwork in Chennai, Tamil Nadu, India during the summer months of 2016, 2017, 2018, and then again between May 2019–March 2020. My fieldwork sites during these

times were varied and all over Chennai: cafes, the beach, homes, hospitals, institutions, and I was speaking to both in-patient residents and those who could be understood as “post-psychiatric.” This is a slightly different approach than sustained participant observation at one site, but this was not out of choice. I first envisioned to do my research at a well-known psychiatric and research institution in Chennai, one that had already welcomed several anthropologists in the past. However, as part of my research necessarily involved thinking experience outside of psychiatric models, I had already interacted with a few individuals who had never visited a hospital before I approached the research institute. I proposed my (then-intended) research to the director of the hospital, also a psychiatrist, stating that I had already interviewed individuals who had visitations from jinn, spirits, and ancestors but had never visited a hospital for their distress. In response to my sharing, the director of the hospital rebuffed me, asking me to prove that the individuals I interviewed did not have psychosis. She encouraged me to give them surveys to fill to find out whether they were hallucinating and/or experiencing delusions, and only upon their formal diagnosis would the research institution allow me to conduct research there.

To do and produce research associated with this hospital might have restricted the possibility of thinking through the very questions I was interested in. My intention was not to dispute some of my interlocutors’ framings of their own experiences. Nevertheless the director’s provocation made me curious about the ways in which knowledge had been discursively produced, resonant with Foucault’s notion of the circumscription of madness. How had the institution and the knowledge of distress itself carved out the construction of certain kinds of subjectivities in this place? I myself was questioning the very characterizations of psychosis or schizophrenia. Patients had their own subjective framings (whether they did or did not come to the hospital). In fact, the very first individual I met, Nawab, had visitations every night and

described his visitations in great detail, yet never visited a psychiatrist (only a therapist, who introduced me to him, for whom Nawab went to for other reasons). I could never be sure if the individual I was speaking to subscribed to psychiatric categories or not, and if these categories came up, it was because my interlocutors offered them to me in their own framings. I decided against submitting a proposal to the hospital and moved outside of the clinical space temporarily.

Starting outside the psychiatric ward meant finding individuals by way of a less structured process—a somewhat daunting task. My father’s sister, a psychotherapist in Chennai, gave me the contact of several of her colleagues, mostly transactional analysts, who I interviewed. Some passed me on to their clients, and those clients passed me on to others they knew. Most of these interviews took place in neutral, public spaces. I also turned up to a few hospitals and asked the receptionist if the doctor would be willing to meet with a research student. These psychiatrists then introduced me to other psychiatrists to interview, or sometimes their patients. I spent some time at private clinic run by a family of psychiatrists because my uncle had gone to seek treatment there and was able to interview a few patients and psychiatrists and observe intakes at the clinic.

Other times, I went to mental health panels or public forums and events, where individuals were attending, speaking, or sharing their stories. This was one other way I met several of my interlocutors. Despite the initially daunting nature of not having a recurrent fieldwork site, I felt the process of “recruiting” to be quite accessible. I found that people were eager to share stories (something I will address in depth later). After meeting individuals at various events, I would set up interviews with those who were willing to meet. While sometimes anthropologists “follow” interlocutors to their homes, this was not something I felt I could do

safely or confidently. This necessarily limited my observations to what interlocutors shared about their home and family lives.

In total, I got to know 35 people through interviews and in other informal settings, such as accompanying them on walks or attending events together. I also conducted formal interviews and held two sets of focus groups of four persons each. Doctors were never present while I was conducting an interview with a patient. This was not something I requested, but something that the doctors themselves suggested. Interlocutors whose stories predominantly make up this dissertation have been interviewed more than once, and I continue to have on-going conversations with them for on-going clarification and consent. The individuals who appear in this text fall under four categories: those experiencing a mental disorder (typically psychosis and schizophrenia), psychiatrists, psychotherapists/ counselors, and artists, with several of these categories overlapping at times.

Chennai's therapeutic landscape was plural. Multiple interlocutors mentioned to me that there was no central licensing board in India that regulates the training of psychotherapists. Therefore, "anyone" could become a therapist. The RCI (Rehabilitation Council of India) regulates rehabilitation programs, which includes clinical psychologists, but not psychotherapists. During the time I was conducting my research, this was still the case. In March 24, 2021, the Parliament of India (Lok Sabha) passed the National Commission for Allied and Healthcare Professionals Bill. The bill is intended to be a stepping-stone to regulating and standardizing health care in India (including mental health services). However, how exactly it will be implemented is still uncertain, and in a few follow-up conversations, psychotherapists mentioned that on a localized level, these measures did not produce any concrete interventions. While interlocutors during the time of my research mentioned that the lack of a licensing board



was frustrating for those seeking care or those training in 2-4 year programs, I also found that this lack of centralized regulation encouraged therapeutic plurality. Psychotherapists and counselors were often trained in multiple orientations, not only limited to psychotherapeutic models but also various arts-based therapies and therapies more “spiritual” (for a lack of a more specific word) in nature, resulting in sometimes very idiosyncratic therapeutic styles. One therapist I met was a Freudian psychoanalyst and an expressive art based therapist. Another, a psychodramatist and a Tibetan monk (an interlocutor who will figure prominently in Chapter Four). Another was trained in Cognitive Based Therapy and Angel therapy. Nawab shared that he specifically visits his counselor for her training in CBT and Angel therapy as she doesn’t “judge [his] experiences and call them hallucinations.”

When I asked my interlocutors what they thought was the biggest mental health challenge in Chennai, they all unequivocally stated ‘stigma’ against seeking mental health care. However, every single psychotherapist or counselor I interviewed cited being over-booked. Those who provided pastoral care or alternative therapies (for example, Bach flower therapy or past-life regression) were also inundated with requests. This intensified even more during the COVID-19 pandemic. While there is a general lack of mental health services in India, this is typically observed in rural communities, whereas in cities like Chennai, therapy is more readily accessible. I found that there was a discrepancy between what people shared about stigma and the actual availability of care services.

Toward the end of my research, I started gathering ethnographic material at two institutions: a rehab home for women and an old ex-colonial in-patient ward. These sites generated insights that figure centrally in Chapter Two. My research at these sites spanned about two months in total and were cut short due to the COVID-19 pandemic. These two sites, CARE

and HOME (pseudonyms), were introduced to me through individuals, rather than me approaching the institution. I met Pragati, the art therapist who I described in the beginning of the chapter, through another interlocutor, who then brought me to her art therapy sessions at CARE, and I met the director of HOME at a workshop on dream analysis.

CARE is one of the oldest mental health hospitals in India. The architecture and the 40-acre garden expanse of CARE are striking, and I found the greenery personally transformative. Many of the wards are unused, and most of the patients live and reside in half of the wings. CARE is a government hospital, publicly funded, and those admitted were usually diagnosed with a severe psychiatric disorder. CARE had two sites, one of which was the large garden expanse which was used mostly for rehabilitation, and a neighboring structure where patients slept in cots and were administered treatment. I did not have access to much of the day-to-day lives of the residents, but from what Pragati told me, the days were a combination of rest, rehabilitation activities, and treatment. In the past, CARE had bakery units, washing services, stitching and weaving centers, and recreational grounds for the patients. However, CARE did not figure prominently as a field “site” for me; rather, I was interested in understanding movement therapy and Pragati’s role as an art therapist facilitator.

HOME was a rehab home located on the outskirts of north Chennai, originally run by a social worker who then handed over the center to her children. HOME housed women who had endured socially and psychiatrically violent life experiences. There were women across class, caste, and religious lines. Chennai, like many cities in India, is notorious for “deserted” women, which various NGOs and rehabilitations homes work to address. The medical profile for each woman was very different at HOME, and there was no psychiatrist on site. There was only a very elderly nurse who lived upstairs with the women and who was responsible for administering

their medicines. The nurse was immobile and could not descend the stairs or even use the restroom by herself. For many hours of the day, sometimes for several weeks at a stretch, the women would be looking out for themselves. The routine of the women at HOME was fixed: they would wake up, have a shower, wash their clothes, change into their nightgowns for the day (a symbol of home dwelling in South India), put coconut oil in their hair and powder on their faces, and then go on their morning walk. The rest of the day would be a combination of rest and activity. The activities included doing puzzles, dancing, singing, or reading the newspaper together. Sometimes I would lead the activity, whether it was dancing, singing, or reading the news together. One of the women would cook breakfast, lunch, and dinner for everyone. In the evening, they would take another short walk around the complex and then turn in for the day after some late evening prayers.

Although I spent a significant amount of time at HOME, only a small portion of these observations and interviews make it into the dissertation, mostly because I am unable to obtain ongoing consent. Because of this, it occurred to me that women's experiences with their disorders only make up a small amount of this dissertation. This is not because I did not interview them—I had several on-going interviews with the women at HOME—but ultimately, I did not feel comfortable producing these stories in the current form of the dissertation.

I write from a specific subject position, a subject position that is precisely the topic of anthropologist Kaushik Sunder Rajan's new work, which explores how anthropology is increasingly peopled by diasporic students, who have "accountabilities to multiple communities of practice" (2021, 4). Rajan urges diasporic communities to ask themselves what it means to develop ethnographic sensibilities and attunements in the context of a metropolitan disciplinary pedagogy. Such a sensibility, he writes, harkens back to the 1980s, and relates to how individuals

understand their adversarial relationships to Europe/Americas and its intellectual inheritances without rejecting its tools of thought completely. These encounters, Rajan argues, are often conflictual and rarely seamless, and he prompts us to think what it means to live with such inheritances. I am a privileged, upper caste woman with a western education while in India, but a minority within “home” academic spaces. I acknowledge this, particularly given very recent debates in South Asian studies around stating one’s privilege and who has the right to speak on behalf of whom. Caste of course functions as an incredibly powerful category in India, and most of the academics in India are upper-caste with little representation of other backgrounds and socio-economic statuses. The problem is ever-growing. Without reifying said privilege through assumptions, I can only guess why gathering data and finding people to talk to was not a big challenge for me in Chennai. Perhaps it is normal or expected.

However, my minority position within home academic spaces allowed me to recognize the sometimes paradoxical systems that people occupied: one man I interviewed who was recovering from a very traumatic experience of schizophrenia for over 20 years was overtly casteist; another who was actively hallucinating slapped his wife at a clinic. At a discussion panel, I met a male psychotherapist who would ignore female audience members (confirmed gender IDs) until one spoke from a position of experiencing illness, upon which his demeanor changed completely, suddenly transforming himself into a kind listener. Illness obviously does not make one exempt from power structures, but how these experiences intersect in these spaces has been important for me to witness. As Cohen (1998) writes, “each of the people I will evoke and remember below is located in terms of [their own] multiple sites: brain, body, psyche, family, household, religion, sex, ... and so forth. These sites articulate with one another in various ways—stable and shifting—in time and space” (8).

## **Pseudonyms, Translation, Consent**

All of the institutions, sites, and interlocutors have been assigned pseudonyms. Naming in Tamil Nadu is both complicated and intricate, particularly as it intersects with caste, class, gender, and so on. In picking applicable pseudonyms, I could use my own limited knowledge of Tamil naming systems to acknowledge how important naming is to self-representation but still ensure the confidentiality of my participants. Almost all my interviews (apart from three, which did not make it into the dissertation) were conducted in English. I had given each of my interlocutors the option to speak in English or Tamil, and most opted to speak in English. This may signify the class and caste status of those who I interviewed, most of whom were given to me by known networks. However, these kinds of biographical data (class and caste) were too difficult and uncomfortable for me to obtain, and it felt uneasy to ask as someone from an upper-caste background. All of my interlocutors also knew I was from America. Two stated they opted to speak to me in English for that reason.

Another kind of translation that occurs, beyond Tamil to English, is from verbal speech to ethnography to theorization and conceptual knowledge production, and the kind of violence this may produce. As a friend and scholar Melina Salvador writes in her own dissertation on early psychosis (2020), “Any translation from spoken to written stories runs the risk of appearing more coherent or final than how they were offered ...as I write, I must worry about instilling both too much and not enough coherence in each of the exchanges highlighted in the stories that follow. As a reader, I invite you to worry about that too” (19).

I acquired verbal consent from all of my participants. All my interlocutors could give conscious, verbal consent in the sense that they were not actively in unshared realities at the time I interviewed them. While conducting interviews at a clinic, the doctor vetted which subjects

they felt would be able to understand verbal consent. However, during my observations at CARE or HOME, there were several moments where I was unsure whether or not verbal consent was properly communicated by either me or the director/therapist. In those cases, I decided against reproducing these interviews and offer speculations based on my observations of the site and interviews of the health care professionals.

All interviews were taped, recorded and transcribed by myself.

## **Chapter Outlines**

This dissertation consists of five chapters: an introduction, four body chapters and a conclusion. My research has been guided by what my interlocutors shared about their lives and experiences, as narrated for example in Kumar and Dhruv's exchange about the external and internal. Hence, each chapter runs through different conceptual spaces, exploring a variety of themes such as religion, dance, drama, politics, and nature — all tied together with a focus on space, bodies, and materiality. Attending to the bodily and material conditions of the psyche, my research invites new thinking about what we fundamentally understand about madness and its relationship to the world.

In Chapter One, I explore the (in)decipherability between madness and religious experiencing and the impact this has on corporeal engagements. I explore the life story of Dhruv, whose experience with divine presence has led to clinically distressing effects and bodily paralysis. Dhruv's insight examines how certain spaces, engagements with physical objects, and the materiality of his body led to an increased sensing of divine experience. This sensing, however, was not necessarily generative. There is a rich scholarship on how prayer and divine experiencing “completes” the otherwise “incompleteness” of western biomedicine in India,

where religious experience is commonly theorized as a therapeutic tool and relegated to the space of “the good.” I argue that divine experience, far from therapeutic, may never lead to an integration or culmination, but may result in a kind of subjectivity that undoes itself, a prolonged state of disintegration, and even a kind of death. I draw from the Bhagavad Gita, a poetic scripture from Hinduism, to explore how the material, embodied, and sensorial presence of the divine might be too much for an individual to bear. This understanding of religion can have important consequences on the way religious practices and divine experience are understood within psychiatry in India and elsewhere. Additionally, it opens the possibility of how an individual can feel that their own experience validates both a “western” style of diagnosis and a religious experience of divine presence.

In Chapter Two, I turn to a different set of bodily therapeutics and explore the relationship between the body, dance, and imagination. I argue that through bodily creative experiences, such as dance, imagination can take on physical, kinesthetic, and muscular qualities that allow subjects to reimagine and reinhabit their bodies. I center my fieldwork in a psychiatric hospital, a rehabilitation home, and dance venues, where I explore the way in which individuals in constraining spaces can reinhabit their own bodies in ways that might make life more imaginative and bearable. Most of the data in this section is tracing my observations of space, movement, and gesture. In this chapter, I also explore how the body—through gesture, intentionality, and movement—is able to produce experiences that may harm or injure the body. I turn to both psychoanalysis, phenomenology, and dance performance as frameworks of thinking through bodily languages. This chapter takes seriously how the physical body, muscularity, and gesture are sites for imagination but are also psychically ambivalent, not only to

re-think the role of art and movement therapy, but also how the body plays a key role in the experience of madness.

In Chapter Three, I trace the unique relationship between madness and nature as a response to India's rapidly modernizing landscape. Initially inspired by a young boy who turned into a wolf, this chapter explores the lives of individuals whose madness evokes a peculiar and therapeutic relationship with nature: individuals conversing with stones, birds, and cats, and bodies turning into animals and rivers, dissolving fully into other non-human entities. I begin by sharing insights from a play therapist who, like Kumar and Dhruv, offers commentary on what makes up the "stuff" of external and internal realities. I then explore the life story of Kumar, whose engagements with birds and "his pigeon pals" offer new insights on the experience of "hallucinations." While these experiences are considered "immaterial" and false reality experiences by psychiatrists (though he does not see it that way), they remind Kumar of the physical earth, of physical matter. Kumar's visions are visions of the material. I draw upon scholars who have explored the ideal in the material and the material in the ideal, the blurred boundaries not only between ideas/thoughts and concept and physical matter, but also how these blurred boundaries may extend to so-called hallucinatory experience. In the second section of this chapter, I draw upon contemporary scholarship on South Asia, exploring how India—with its fetish of the modern, bright lights, start-ups, call centers, the city and the slum—inhabits an "orientation toward velocity" and "promises of the future and getting there faster" (Taneja 2007). For some of my interlocutors, this comes with the deterioration of their physical (and psychic) relationship to nature. I demonstrate how the "unreason" and "madness" ascribed to one's relationship to nature should not merely be read as an individual symptom of illness, but



rather a bodily response to the collective ailments incurred by rapid technological development and projects of the future.

In Chapter Four, I turn to conceptualizations around drama, space, and staging. I share the story of Murugan, whose experiences with political protest, mobilization, and utopian thinking led to the onset of experiences with psychosis and mania. Murugan tells us that there are specific triggers for his experiences: relationships and group dynamics, both catalyzed through an involvement with politics and protest. For Murugan, if one uses politics (something related to group dynamics) and mobilization to sublimate inner grievances, one is susceptible to a traumatic shattering of illusions. Drawing from practices of psychodrama, both from another interlocutor and David Marriott's (2018) exploration of Fanon's *socialthérapie*, I explore how these "psychodramas" are not carried out in Murugan's "mind" but are related to formations of physical space and group dynamics. I draw upon performance theory, the Indian classical arts, and insights from psychodrama to explore how physical space and scene setting become as much a site of investigation as speech or story in understanding the birth of a pathology. This "staging" occurs in physical, tangible spaces, rather than (only) in intrapsychic conflict. This chapter explores how psychodramas—rather than a therapeutic modality or psychic stage—might be something that might be occurring in everyday life and strife.

In the Conclusion, I briefly explore the stakes this research has in relation to world disaster. This research was impacted and informed by the COVID-19 pandemic, which caused me to cut my research short by a few months. In any subsequent and following interviews or concerns with my interlocutors over 2020 and 2021, the pandemic was always a point of conversation. This dissertation explores how physical landscapes, group dynamics, and moving through space with other bodies are crucial to experience of madness; however, these are all

aspects of human life that were deemed a risk during the pandemic, whereby moving through space with other bodies was and is literally linked to the transmission of virus. In the Conclusion, I observe a few exchanges from different interlocutors on how their worlds changed because of the pandemic: for some drastic and unimaginable, and for others, how the uncertainty of life continues as normal.

## Chapter 1 | Heavenly Bodies

As his love for God deepened, he began either to forget or to drop the formalities of worship. Sitting before the image, he would spend hours singing the devotional songs of great devotees of the Mother. He felt the pangs of a child separated from its mother. Sometimes, in agony, he would rub his face against the ground and weep so bitterly that people, thinking he had lost his earthly mother, would sympathize with him in his grief. Sometimes, in moments of skepticism, he would cry: "Art Thou true, Mother, or is it all fiction — mere poetry without any reality? If Thou dost exist, why do I not see Thee? Is religion a mere fantasy and art Thou only a figment of man's imagination?" Sometimes he would sit on the prayer carpet for two hours like an inert object. He began to behave in an abnormal manner, most of the time unconscious of the world. He almost gave up food; and sleep left him altogether.

But he did not have to wait very long. He has thus described his first vision of the Mother: "I felt as if my heart were being squeezed like a wet towel. I was overpowered with a great restlessness and a fear that it might not be my lot to realize Her in this life. I could not bear the separation from Her any longer. Life seemed to be not worth living. Suddenly my glance fell on the sword that was kept in the Mother's temple. I determined to put an end to my life. When I jumped up like a madman and seized it, suddenly the blessed Mother revealed Herself. The buildings with their different parts, the temple, and everything else vanished from my sight, leaving no trace whatsoever, and in their stead I saw a limitless, infinite, effulgent. I was caught in the rush and collapsed, unconscious. What was happening in the outside world I did not know; I felt the presence of the Divine Mother."

– Ramakrishna's first vision of Kali  
(Sri Sarada Devi, 1984)

Dhruv and I spent another afternoon together, and as usual our conversation transitioned to the stars and the timing of our destinies. "Divine timing is timing of its own," he said. "You can't ever know, in fact you are not meant to."

"Maybe I'll go by the position of the sun rather than the time of clock to see when my body comes back to me," he continued.

A few years ago, after a long journey of self-discovery that involved temples, energetic encounters with the divine, and conversations with gurus and nature, parts of Dhruv's body were

no longer in his control. Some days, sometimes, he could do what he wanted. Other days, other times, he could not.

“Those days, I wasn’t even able to pick up the phone. When I could, I started typing something random because my hand wasn’t in my control.”

His bodily paralysis could happen when performing a simple task, such as making a phone call or opening his laptop. It could happen with more arduous tasks, like filling out a job application. The availability of his body exceeded his agency and generated uncertainty: his body thought, spoke, and refused at will. Sometimes, Dhruv aligned with this rhythm, and there was a natural flow and a deep availability, and other times there was a stern refusal. I asked Dhruv if he would be able to read over some of my research notes for clarity.

“Let’s see. I can try.”

For Dhruv, trying too hard often resulted in a kind of bodily shock. I had witnessed this paralysis several times. He would first hesitate and close his eyes. He would then try to move his body toward what had been beckoning. Then came the refusal. His body would be enveloped by a deep physical and mental strain, his breathing would intensify, and his eyes would start to flash.

“Something comes over me. When I force myself, a voice comes. ‘Boodhoo, I control you,’” he said.

For the past four years, this voice was something that continued to control Dhruv, affecting his gestures, movements, and corporeal capacities. This bodily distress, one with no pattern or regularity, is Dhruv’s biggest hindrance in living the kind of life he wants to. (A few weeks later, we would try to finish our conversation at the same cafe, but at a different time of the day, and his body refused the proposition entirely.)

Dhruv usually spent the afternoon outdoors on a walk, so I suggested we move outside. Chennai's roads were open, unconfined, disorderly, the interruptions of the heavy traffic giving both of us a momentary breath. One thing Dhruv could do without any resistance was read planetary alignment, how the planets guided him toward his destiny. We discussed the idea of how reading planetary alignment for others could become a means for economic and emotional stability. His knowledge of the moon, Saturn, and the rotations of the cosmos was striking. Unlike his body, these gifts were not taken away by the encounters of his journey. They continued to blossom and deepen. "I look at astrology purely from a psychological sense, not like really predicting things, but about your tendencies. Tendencies are one more level subtler." Dhruv read my chart thoroughly and asked me about the kinds of things I dream about and what keeps me motivated during the lulls of a day. Dhruv was an avid student of psychology and often gave me very sound advice on how to quell my struggle between performance and reality, things that had been, apparently, fated by my stars.

Dhruv's entanglement with astrology was his way of weaving the threads of his new life with the threads of the past, a way of accepting what the planets and God had fated for him. In a previous life, Dhruv had finished his studies at some of the best universities in India, a life of promise, upward mobility, and success. But his love for the unknown, the destined and the divine, is what he attributes the sharp change in his life to, one of paralysis, medications, and bodily unavailability.

Dhruv's journey started because of a sense of urgency. "It was triggered, I guess, by what I wanted to do with my life, actually, what I'm *meant* to be doing. I was deeply uncertain, and I knew that I could only get these answers from divine sources. You could say I was compelled toward it." This journey, he shared, was in accordance with the stars. Dhruv read his chart and

knew he was meant to be in a mystical period of his life, one filled with divine energy and purpose. During the initial days of the surge, he embraced different mediums to see what would illuminate his destiny: a coin toss, playing chits, numerology. He also recalled that during this period, he would pace around his room, having no control over his body, as if something was impelling him toward his destiny. After the various mediums revealed no success, he began a journey of self-discovery to learn more about his destiny, the planets, and the divine. He hopped from temple to temple in South India, got darshan from various deities, and started creating energy networks, a kind of link between his home and these spiritual places. “There was one link between the temple and my home, and another link between the temple and my sister’s house.” He could feel the energy networks inside his hands, along the back of his neck, at the top of his head. Energy flowed from his solar plexus at the center of his body. The divine was embodied in his cells, within his organs, along the side of his back.

His religious pilgrimage lasted a few months. Dhruv traveled in vans and buses with people he didn’t know. Like many who have had these sorts of experiences, Dhruv finds narrating the events to be a confusing and over-stimulating process. He vaguely remembers a variety of characters in his story: a girl with long eyelashes, a beggar with holy ash, and a man with a snake-like head. He conversed with various gurus and mystics, while plants and flowers spoke their thoughts to him. The details of what went on, where he was, how he got from place to place remain fuzzy. However, in between one of the last legs of his journey, a member of his family decided that something was wrong with his speech and sleeping patterns and took him to the hospital. “Within two minutes, my energy networks suddenly became paranoid schizophrenia.”

“I didn’t realize these were signs of psychosis, when I was on my trip,” he told me as Chennai’s heat finally started to settle. “I might have actually taken myself to the hospital if I knew. But what was occurring was what had been fated. According to the planets, I was supposed to be in a mystical period. The sensations in my body matched what one is *supposed* to feel. I felt as if I was traveling through consciousness. I felt my future self was coming through me. But now it is tangled up with my previous memories.”

Despite going to the hospital in the middle of his journey, Dhruv continued to validate his experiences. To agree with oneself that these experiences are in fact divine but also take medication is a painfully unclear experience. Like most individuals who have been on a variety of medications, the past is not always so linear and is often traumatic to relive through narration. “It’s like you don’t want to remember who you were at that moment.” What Dhruv is clear about, and what is strikingly important in his story, are the various mystical experiences he was undergoing. What had been fated came true, and his conversations with various gods and planets gave him some of the answers he was looking for. He told me on several occasions that through this journey, he has figured out what he wants to be doing with his life. However, he is also quite certain that he had a psychotic breakdown. “It must have been that [schizophrenia] because the medications helped to some degree. In terms of lowering some of the symptoms. But it is also because I don’t know what other approach to adopt, what else would give me this rather linear, constant slow and steady recovery.” While he doesn’t necessarily take biomedicine at face value, he doesn’t reject it either. However, where his mystical experiences ended and where schizophrenia started (or the reverse) has remained unclear for the past several years: “There was a time where all my symptoms went away so I thought it was ok to stop my medication, but my symptoms came back with a vengeance. So I do adopt it [the medical approach].” The point, for

Dhruv, is not that such a border between the two experiences exists or that one can even locate it, but that one experience does not submerge the other in their entanglement and co-production. For Dhruv, mental illness and divine experience are equally real. However, as a result of this intermingling and uncertainty, prayer has now become a complicated experience, and engagement with the divine can be trigger for his symptoms, particularly affecting his bodily, spatial, and motor capacities. Dhruv is not able to stare at any picture of the divine or visit temples for too long. However, reminding himself that psychosis does not consume divine experience—to know that the fruits of his spiritual journey have not been rendered false by psychiatric discourse—has been necessary for psychic survival. Both experiences, psychosis and mystical experience, co-exist in his story of the past.

“You see, there are many worlds apart from the divine, like lower grades of spirits too. It could have been that,” he told me on the last lap of our walk. “Maybe something got crossed in the interaction. And during the time, nothing was coming from the external environment, it was all internal. It was the thoughts that were interacting with me, nothing from the outside.”

Chennai’s night haze emerged. We ended our walk with things we want to accomplish in the sleep that is life. “I’ve reduced my expectations of life significantly. Survival has become its own purpose,” he shared. The road home for me was clear, just a few blocks down the street. But Dhruv’s journey home was much longer.

### **Divine Ambivalence**

Among the many complex things we encounter during fieldwork, certain relationships and experiences leave us with feelings that often cannot be named. Dhruv’s insight and generosity have been paramount to my thinking. I have been able to share my family’s history



with him, and he has on numerous occasions offered me thoughtful perspectives on my uncle's recent diagnosis with schizophrenia, which happened right in the middle of my fieldwork.

Dhruv's story points to the necessity of accounting for the multiplicity of religious and spiritual life, particularly among those who suffer from mental illness. While mental illness may engender a totalizing lens through which life may be experienced, Dhruv's experience of the divine still warrants examination as it stands on its own. McDaniel (2019) writes, "there is no single correct religious experience in the great array of beliefs and practices included under the Hindu umbrella, though different traditions emphasize their own as preferable" (2), and Dhruv's patchwork of spiritual beliefs reflects this. He is an upper-caste Hindu who believes in the traditions of non-duality, whose spiritual beliefs come from a lineage of familial traditions. He is also influenced by the discourses of various gurus, mystics, poets, and psychoanalysts. Within these traditions, divine experience can be both maddening and uplifting, possibly even traumatic. I want to use Dhruv's story to take seriously the fact that divine trauma is possible for anyone, not just those suffering from mental illness, and this begins with an inquiry into the nature of the divine itself. I will come to how Dhruv's experience involves an engagement with a material and embodied divine that resulted in an experience that directly impacted his corporeal and motor capacities.

Like the story of Ramakrishna's vision of Kali that I reproduced at the beginning of this chapter, there are countless other stories of individuals, like Dhruv, who have been drawn intensely into other worlds, into the persuasive embrace of the divine. Though Ramakrishna is considered a famous mystic in India, revelation is also possible for others, in perhaps smaller, more ordinary forms. Ramakrishna's vision of Kali often came up in my interviews with various psychologists and psychiatrists in Chennai. Most of them ascribed his "divine" experiences to

schizophrenia, suggesting that he was in fact “psychotic,” but were also quick to vocalize their uncertainty because of his popularity as a mystic. Many scholars, anthropologists, and psychoanalysts alike have explored the relationship between madness and divine longing, for this “at one-ment,” or the thirst for it, can have maddening consequences. “Divine presence is known to drive a person mad with love and passion,” McDaniel writes (1998, 7). The bhakti movement, a non-dominant Hindu movement that embraces the path of chaos toward divine experiencing, centers on this one-ness as the ability to dissolve oneself into the divine through a sense of total surrender. The Bauls (Bengali bhakti ecstasies) describe this “at one-ment” as something that is so present, so archived in the body of its participants, that even writing, naming, or documenting these experiences becomes a contested task (Baul 2017).

What makes divine longing different from clinical madness? Gananath Obeyesekere (1981, 1990) writes about a certain kind of possibility emergent in the relationship between divine experience and madness: of culture, of sublimation, of alterity. In his work, he traces the lives of individuals who become possessed by gods and demons and explores how through these possessions—through “the work of culture” and the dark night of the soul—individuals may be transformed in the service of the self. McDaniel (1989) notes that despite the evident connections with madness (convulsions, visual and auditory hallucinations, violation of moral and social codes), the realm of religious madness is generally understood as separate from clinical madness. Both states show a breakdown of attachments to the social world, an experience of pain or terror as the person enters their inner world and a feeling of peace following the end of the terror. However, the mystical process is lifelong, while the schizophrenic episode tends to be shorter. Referring to mystical experiences, McDaniel writes, “there is no evidence that the recovered schizophrenic tends to explore such inner experiences voluntarily,” and such knowledge (about

life, love, and morality) cannot be gained during “morbid” states (10). However, Dhruv’s experience demonstrates otherwise. Though he treads carefully, Dhruv continues to unearth truths given to him in his journey, like many of Pandolfo’s (2018) interlocutors who experience forms of cultural, social, and divine revelation within and through their madness.

Like McDaniel, psychoanalyst Sudhir Kakar (1991) also sees the difference between divine experience and clinical madness through a temporal dimension. In both cases, he argues, there is a disintegration of the ego, but for the mystic, it is a transitory state that is ultimately in the service of the self. For Kakar, disintegration can be a stepping-stone for unity and revelation. Outside of academic scholarship, writers, poets, and artists, historical and contemporary—Kabir Das, Andal, Mirabai, to name a few—have long explored the question of unrequited longing, the deep yearning and maddening effects to be held and felt by an unknown presence larger than oneself. My interpretation of these texts and artistic works is that they demonstrate a kind of linearity in divine experiencing, one that reflects a phase of disintegration, struggle, insanity and then a subsequent reintegration or revelation (of the ego/self). These experiences, even the most troubling ones, are meant to bring individuals closer to god or the Truth. Divine experience results in a kind of culmination, and if there is no unity and disintegration persists, these experiences are often relegated to the space of the clinically mad.

Dhruv’s experience shows a different kind of engagement with the divine, one that never resulted in unity or positive resolve. Instead, he experiences a prolonged state of disintegration. As Whitmarsh (forthcoming), working among Trinidadians who encounter divinities, writes, “To believe in a being, to affirm its existence, is to risk giving oneself over to it.” There is an alternate reading of Ramakrishna’s story, one in which divine union is received, not as an integration, but as a subjectivity that undoes itself, as a prolonged state of disintegration, and

even a kind of death. In Pandolfo's (2018) reading of Freud's *Beyond the Pleasure Principle*, trauma (in this case, in the form of divine revelation) awakens another fright, perhaps the fright of death. Ramakrishna was never the same after he received his vision of Kali. He became anew or possibly, more morbidly, he died. While McDaniel (1998, 10) would say "mysticism culminates in a state of unity, while schizophrenia has no such culmination," the kind of mystical experience McDaniel is drawing upon neglects the possible dark underbelly of divine experiencing. As Orsi (2016) writes, "it is a dreadful thing to be in a relationship with gods really present. Painful and unexpected consequences may ensue. It is not safe to be so raw and vulnerable to real presences, to make desire and need so transparent" (5).

In this chapter, I think through divine experience as ambivalent and traumatic. (1) In the first section, I explore the ambivalence of the divine, not through the bipolarity of the symbol, but rather through the genuine *presence* of the divine. It is commonly theorized that religion plays a key role in therapeutics throughout India and provides those with psychosis and schizophrenia with religious referents and symbols that allow the "otherness" of madness to be contained (Corin 2007, Luhrmann 2016). While this literature has focused on the symbolic construction of the divine, I turn to the embodied and material shapes that the divine takes. I turn to a passage in the *Bhagavad Gita*, a Hindu poetic scripture, to theorize the consequences of divine presence. (2) The next section explores what would it mean for this particular conception of the sacred to enter clinical spaces. Among the numerous psychiatrists I interviewed, the sacred is relegated to the limit, reflecting a well-documented engagement of how tradition is evoked when the modern (in this case secular medicine) is "incomplete" (Bharadwaj 2006, Kleinman 1995, Vora 2013). Divine experience is also only understood in these spaces as something that is "good" and therapeutic for the patient, and anything that evokes self-harm (such as

schizophrenia), is not considered divine or religious experience. The divine as traumatic may alter the ways in which the sacred is evoked at the limit of psychiatric care. (3) In the last section, I conclude by exploring the relationship among bodily habit, ethics, and divine experiencing. Much of anthropological discourse on the body and ritual focuses on certain generative possibilities of the body—of communication or the shaping of ethical behavior—but this section explores how prayer and ritual may instead lead to a kind of subjective and psychic undoing.

### **Presence, Symbols, and the Embodied Divine**

“Divine experience for me was completely about the nature around me and the temple sites and places around me,” Dhruv one shared. “Whatever I felt at a temple, the insects that I felt, the plants that were present, and my corresponding thoughts—all these things were together with me. So one of the reasons it took me a long time to accept that it was schizophrenia because whatever I had read about it before. I thought I would be visualizing things or hearing things that other people didn’t hear. That didn’t happen for me. But everything that was happening to me was related to my bodily energy states, my resonances. These resonances were directly prompted by the specific temple sites I was in, by the seeing of the deity and things associated with the deity.”

“You see, after my initial journey [described earlier in this chapter], I was actually doing really well for some time. After the recovery from the medications and my hospitalization, I was able to go back to work, and grade papers as a teaching assistant and all that. I was doing well. But then in November of that year, I decided to go to visit temples again. This time, I was with my parents, my sister, her in-laws. We went as a family this time. I didn’t go alone. But then

while I was there, my symptoms returned. And they intensified during very particular moments. Moments like, when the priests lit the lamps, when they drew back the curtains and unveiled the god. Anytime there was an enhanced focus on god. Any spaces related to god, my symptoms would return. I would feel the energy inside me intensify, I would feel it in my body. After I came back from that trip, I couldn't correct the papers anymore. I started blinking continuously. I became very restless, I couldn't concentrate. That is when I realized I couldn't do any normal job again." Dhruv was exploring the idea that his experiences with schizophrenia related directly to an embodied divine, triggered by the specific sites he was in.

In a seminal study on psychosis, Ellen Corin (2007) explores how no meaning or explanation appears to be able to account for how people experience schizophrenia. She explores how psychosis "remains a boundless experience—one that is beyond anything they can name and explain," and in most cases, patients can hardly find the words to describe what happened to them (275). In analyzing patient's narratives, she explores how cultural signifiers are appropriated and transformed by patients and those around them. She writes, "patients' narratives drew heavily on religious signifiers... religion equipped people with a range of symbols that they could appropriate to the context of their own quest for significance... Indian society proposes culturally elaborate stances of retreat and withdrawal that may act as 'myth models' for articulating limit-experiencing" (277). Religious signifiers in India become one way in which the boundless experience of psychosis is contained through "a quest for significance, an appeal to religious referents, and the construction of a withdrawn space" (117). Luhrmann (2016) has also written about schizophrenia and psychosis in India, arguing that individuals with schizophrenia in India have better life course outcomes not just because of a difference in family support or that individuals inhabit a more positive outlook, but because the most distinctive

symptom of schizophrenia is different. Individuals in India tend to have better experiences with their voices, and many report hearing the voice of god or the voice of relatives.

Corin notes that traditional anthropology is poorly equipped to deal with aspects of experience that go beyond symbols and signifiers—that is, how to talk about religious experiencing in a way that moves beyond its ability to frame and give meaning. As Dhruv’s experience notes, religious experience or signifiers were not something that could be used to contain his experience nor did they make the experience of schizophrenia more benign. Symbolic interpretations of the divine are often an oblique way of understanding social life or something other than what they are about to practitioners, such as ignorance, false consciousness, or hysteria (Orsi 2016, Willerslev and Suhr 2018, 67). Moving beyond symbols opens up a way of understanding the world through genuine presence—as Whitmarsh (forthcoming) also writes, “spirit possession is read as a way of contending with psychological or social conflict—what of the possibility that psychological or social conflict are a way of contending with possession?”

Divine presence, that is, the presence of the divine in these temples enacted by specific material and spatial engagements, co-mingled with Dhruv’s schizophrenia, a kind of opening up between experiential worlds. He tells us, “any spaces related to god, my symptoms in my body would return.” Divine presence is evoked in the lamps, in the fire, in the curtains, and his bodily energy states. Dhruv’s experience with the divine was bodily, material, and spatial, yet not necessarily generative or resulting in the integration of a sense of self. While McDaniel (2019) does emphasize different kinds of religious experience, ideal states and much darker ones, these are dependent upon the devotee’s practices and inner states. A symbolic construction of the divine does not account for the ways in which, once these gods appear and make their embodied

and material presences known, individuals may react, and how this coincides with designations of pathology.

Others like Mines (2005) and Chakrabarty (1997) have explored how gods in India are real agents, but agents in the making of social and cultural life, reinforcing Willerslev and Suhr's (2018) claim that divinity is an oblique way of understanding social processes in much of anthropology. However, I follow these scholars in exploring how historical and secularizing processes have relegated the presence of the divine to very specific places, such as homes, temple life, "village" life, or ashrams—something that I will explore more in depth later on. During modernity, gods were reborn as "symbols, signs, metaphors, and abstractions" (Orsi 38, 2016). Furthermore, as Willerslev and Suhr (2018) point out, "religion becomes a property of the relations between various elements in the social system, derivable, not from the condition that genuine religious truths exists, but solely from the condition that societies exist" (66). The darker nature of the divine, while accepted and practiced for example, by some agricultural castes in Tamil Nadu in rural areas, is not typically understood within an upper-caste or urban experience of the divine. Dhruv's insight explores how experiencing the divine in other spaces, such as public life and psychiatric clinics and in city centers, might be reinterpreted as pathological and often dismissed as the effects of a totalizing madness or interpreted as a spiritual quest to find meaning through the experience of madness.

To think with presence and the material shapes that the divine takes is to re-open this ontological fault line and take seriously a world of grinning demons, terrible divine forces, and unexpected revelation. This section follows scholars (Pandolfo 2018, Smith 2006) who think with existence and divine presence as real, embodied, and/or concrete. I explore if it is possible to also think with Dhruv's experience with schizophrenia to be entangled with the genuine



presence of the divine, and what kinds of theories we might draw from to understand this encounter.

On the question of divine ambivalence and what it means to think with presence, I am drawn to a particular passage in the *Bhagavad Gita*, which I will reproduce below. I cite it first to explore the ambivalence of the divine, and then observe what it means to encounter the divine in an embodied, experiential way and the psychic/bodily consequences that ensue. The *Bhagavad Gita*, translated to “The Song of God,” is poetic scripture from the Hindu tradition. Poems, as Raghavan (2018) writes, offer a specific kind of rigor to theory making. They are “living interlocutors, palimpsestic, and agentic” and are part of a larger project of bringing the sacred into academia, the way in which the sacred is able to “compress a multitude of locations [and] allows for the dissolution of walls and unhindered passages between [realities]” (9). Even in Ramakrishna’s story that I reproduced in the beginning of the text, “mere poetry” has the ability to turn into reality.

The *Bhagavad Gita*, a Hindu poetic scripture, invites its readers to ponder on the perilous impasses of moral dilemmas. The *Bhagavad Gita* is not often used in thinking through madness and ecstasy, for it is an “intellectual” text, one of obedience rather than one of passion and devotion. However, this makes it an even richer text to draw upon, for even those traditions that propagate “intellectual” and “disciplining” paths to divinity still illuminate maddening experiences of the divine.

The passage below describes a moment where the subject is filled with terror, surprise, and emotion after an encounter with the divine, similar to what we might understand as “trauma.” In the *Bhagavad Gita*, Arjuna, a warrior king, is with his mentor and friend Krishna, asking for guidance before he steps onto the battlefield. Arjun is going to fight and later kill his

loved ones (his cousins, his mentors, his gurus) for a cause that he himself is ambivalent about. Krishna shares his divine knowledge of the dharma that one has in life and compels Arjuna to accept that his dharma is to enter into this battle. It is a story that many continue to read and contemplate today, resonant with the battles and impasses that rage within each of us. In the 11<sup>th</sup> verse, Krishna reveals to Arjuna that he is actually the divine, becoming what is known as the “Vishvarup,” the divine in its full form, at first beautiful, effulgent, radiant, delightful, and uncontainable through human flesh. However, after the initial delight, the Vishvarup becomes too much for Arjuna to handle, too penetrating and too terrible, and Arjuna begs Krishna to turn back into his human form. I reproduce the text here (skipping a few verses):

Chapter 11, Verse 16

Everywhere, I behold You [who are] of endless form, [with] many arms, bellies, mouths, [and] eyes. I see in You no end, no middle, and also no beginning, O All-Lord, All Form!

Chapter 11, Verse 17

I behold You [with] diadem, mace, discus – a mass of brilliance, flaming all-around. [Yet You are] hard-to-see completely, [for You are] an immeasurable blazing radiance of sun-fire.

Chapter 11, Verse 18

You ought to be known as the supreme Imperishable. You are the supreme receptacle of all this. You are the Immutable, the Guardian of the eternal law. You are the everlasting Spirit. [This] is my conviction.

Chapter 11, Verse 23

Beholding [that] great form of Yours, [with its] many mouths and eyes, O mighty armed [Krishna], [its] many arms, thighs, feet, many bellies, many formidable fangs – the worlds shudder; so [do] I.

Chapter 11, Verse 24

Touching the world-sky, flaming many-colored, [with] gaping mouths and flaming vast eyes – beholding You [this], [my] inmost self quakes, and I [can] find no fortitude or tranquility, O Vishnu.

Chapter 11, Verse 25

And seeing Your [many] mouths [studded with] formidable fangs resembling the fire [at the end] of time, I know not where to turn, and I find no shelter. Be gracious [unto me], O Lord of the gods, O Home of the universe!

Chapter 11, Verse 31

Tell me who You are of dreadful form. May salutation be to You! O Best of gods, have mercy! I wish to know You [as You were in] the beginning. For I [do] not comprehend Your [divine] creativity.

Chapter 11, Verse 45

I am thrilled at having seen [what] has not been seen before. But my mind is distressed with fear. [Therefore], o God, show me that [human] form [of Yours again]. Be gracious, O Lord of the gods. O home of the universe!

(Feuerstein and Feuerstein 211-215, 2014)

Arjuna's experience of the Vishvarup can be conceptualized as a form of divine revelation, an experience of the material shapes and forms the divine takes, but in this case, a revelation that Arjuna was not adequately equipped for, an experience that was potentially traumatic. Similarly, Corin (2007) explores how divine revelation and the quest for truth is often evoked in narratives of patients with psychosis as a kind of seductive mystery. One patient in Corin's account notes, "...If I get hospitalized, it's because I went too far. I tried to visualize God, but it's not possible" (286). While this narrative does resonate with Arjuna's exclamation that God in his true form cannot be contained by human flesh, the *Bhagavad Gita* offers an alternative reading to the experiences of meaning and divine revelation. The revelation of Krishna's true form was the work of the divine rather than a consequence of Arjuna's devotion or intention, illuminating how to be the object of divine gaze might be more than one is equipped to handle. Hyper stimulation or overstimulation is often theorized in psychiatric circles as a problem of vision. Though the Vishvarup can be considered a problem with vision (seeing too much of the divine), the *Bhagavad Gita* also takes seriously the ways in which the sight of the divine is too "terrible" for anyone to receive, not just those who with a preexisting disorder who

then use religious narratives to find meaning. At the end of the canto, Arjuna tells Krishna he is afraid and requests him to return back to a form that is more manageable for him. He begs him, “I wish to see You even as [You were before].” Krishna tells him not to worry and blesses him with peace of mind after this extremely disturbing encounter; “you [need] not tremble. Do not [succumb to] a bewildered condition at seeing that horrifying form of Mine.” While Arjuna was blessed to return to normalcy, many are not. Individuals, like Dhruv, might not always know how to respond to the divine or understand the expectations or parameters of the encounter.

Corin et. al (2003) writes, “he [a patient] saw the problems not so much as caused by Lord Shiva. Rather he saw them as a consequence of his own devotion, and in himself manifesting the ambitious character of Shiva” (126). While Corin, drawing from Obeyesekere, concludes that the protective function of a particular religious narrative can reverse itself—in other words, personal symbols contain “regressive dynamics [that] emphasize its ‘dark side’” which can reify the idiosyncratic nature of the experience of psychosis—disintegration is still posited as a kind of “container” (294). A container, even a regressive one, is something that transforms the unknowable into something that is knowable.

Bringing the *Bhagavad Gita* into this conversation shows how an encounter with the divine presence can be ambivalent and possibly traumatic. Mythology might be useful in providing language for the experiences of otherness, but what does one do when they are faced with the divine? Dhruv’s experience with the divine reflects this ambivalent experience, an experience of the divine that was more than he bargained for. Now when Dhruv goes to a temple or looks at certain idols, his symptoms return. They are manageable, but his encounters and engagements with the divine necessarily need to be limited. Dhruv’s experience demonstrates how divine presence is not self-evident, nor always satisfactory or gratifying. This, as Dhruv tells

us, does not necessarily mean that a divine presence appears visually (like in the case of Arjuna), but that one might have an embodied experience with the divine received through material engagements (lights, idols, etc.). Dhruv has mentioned with his experience of the divine that “it was all coming from the inside...,” prompted by these external engagements. For Dhruv, this inside is related to his embodied energy states, which are brought out by divine experiences. “When my inner psychological and body states started changing drastically, I didn’t realize it was schizophrenic states because this would happen to me only in temples. Or places around temples or places specifically related to god,” he shared.

The fact that these experiences were embodied and related to divine encounters was Dhruv’s indication he should not take himself to the hospital, for he knew that individuals diagnosed with schizophrenia often report hearing voices coming from the outside, at least in the initial phases. In many different Hindu philosophical traditions, including the ones that Dhruv is a part of, the divine is said to reside within. McDaniel (1998) suggests that in order to endure religious experiences, one must develop muscles to withstand the experiences of the “inner” world. For some, the housing of the divine in the inside is metaphorical. In other traditions, for example in certain bhakti traditions, it is quite literal: the divine is found in within certain organs and liquids in the body (McDaniel 1998).

Following Pandolfo (2018), I am drawn here to Freud’s *Beyond the Pleasure Principle* (1920) and how we might make sense of Dhruv’s exclamations. Often understood as a text that marks a turn in Freud’s thinking about the mechanisms of the psyche and the question of the drive, *Beyond the Pleasure Principle* furthers Freud’s contemplations on the “inside” and the “outside.” Freud writes on the protective barriers available to our psyche, “towards the outside it is shielded against stimuli, and the amounts of excitation impinging on it have only a reduced

effect. Towards the inside there can be no such shield” (23). For Freud, the protective mechanism of the psyche functions adequately in relation to forces and stimuli from the outside, but this protective barrier fails in relation to the forces of the inside. If we take divine presence seriously—that is, a divine presence “coming from the inside”—Freud’s insight allows us to investigate the potential traumatic experiences of the divine, something that we do not have any protection against, where an encounter with something within the subject themselves might actually be an even more terrifying than an encounter from the outside. While for Freud there seems to be a divide between the inside and the outside, for Dhruv, the forces from the “inside” are bodily and oriented “externally”—a divine “radiating within [his] solar plexus, along the side of [his] back.” And while we might be able to “develop” certain muscles to withstand this, we might never be prepared, just like Arjuna’s revelation of Krishna’s true form.

### **Sacred Spaces and Psychiatry**

In *History and Presence* (2016), Robert Orsi explores the question of the “real presence” of god and the processes that have led to the unseeing of gods in contemporary religious experiencing. Citing Hume, Orsi writes, “modern men and women would not be able to even imagine that once upon a time, humans walked on this planet believing that the gods were really present to them” (37). Modernity, for Orsi, therefore exists “under the sign of absence,” the absence of the real presence of god. Though he centers his analysis on Catholicism and the debate over Christ’s presence with the host, he draws upon its parallels with traditions in South Asia. He writes,

The South Asian religions that came to be known as Hinduism, with grinning demons and embodied deities present and responsive in manifold forms to humans on feast days, in shrines, smells, sounds, and colors, was Asia’s Catholicism... One of the tasks of early anthropologists seems to have been to reassure moderns that

such religious phenomena happened only elsewhere, among people living out of time. (39)

For Orsi, becoming a “modern” religion means to confine gods only to certain physical and conceptual spaces. Those who continued to see and experience god during colonizing and secularizing times were diagnosed with a disorder. He writes,

psychologists diagnosed experiences of presence as neurotic or psychotic, reinterpreting them as hallucinations, hysteria, projections, and delusions, the productions of unsound or frightened minds... The absence of the gods from the ordinary affairs of life was a fundamental prerequisite not only for good citizenship in the modern liberal nation state, but also for social membership and recognition. (40)

In the context of India specifically, the question of the secular, while widely debated, arises alongside modernizing processes during colonization that led to the development of a separation of public and private life, questions of interiority, “false” religious thinking, and a surge of interreligious violence. Ernst (2004) explores how religious and spiritual referents posed a peculiar problem to emerging western science-based medicine in the 19th century. The European doctor was often taken as the sole excuse of the empire, and with it came strong suspicions of the religious, magical, and superstitious. Projects of modernity in India—state, national, and even international—continue to adopt many of these views today (Ram 2013). Orsi tends to have a rather optimistic view of India: he argues that it is among the few places left where individuals are really in relationships with special beings. However, as Ram (2013) explores, becoming a “modern” person in India (even a modern religious person) includes getting rid of certain practices deemed “backward,” such as the seeing of gods and the experiencing of presence. Raghavan (2019) writes of the serious implications in erasing mystical and spiritual thinking, which are “entire way[s] of inhabitation and identification...deemed unfit for the ‘rational’ ‘modern’ and ‘secular’ subject” (4). In projects of modernity, gods only find their homes as signs

and symbols, in shop names, in mobiles stores, in restaurants, in a bronze idol inside a sanctorum.

Not taking divine presence seriously poses two problems. In this section, I explore these, both extending and raising suspicion about Orsi's claim that psychologists (mis)diagnose divine presence. Many psychiatrists and psychologists that I interviewed in Chennai often recommended and resorted to religious and spiritual practices when they felt that allopathy and/or imported therapies were insufficient to "complete" their care, pointing to a well-documented history of the relationship between the "traditional" and the modern in India (Bharadwaj 2006, Kleinman 1995, Vora 2013). The relegation of divine presence to certain spaces, "confining the gods to the inner life of individuals, to the eyes of the modern," ignores the possibility of 1) traumatic experiences within these religious spaces or religious experiencing where presence is supposedly "permitted," as explored in Dhruv's story, and consequently, 2) divine experiencing coinciding with mental illness within these spaces. For Orsi, individuals' experiences with presence were misunderstood and possibly mis-diagnosed as mental illness. However, this does not account for the ways in which divine presence is capable of producing mental illness, co-existing with it or even resolving it. As one of my interlocutors told me about her mental health and religious experiencing, "it is not a question of either/or." Dhruv's experience of psychosis and mystical experience co-existing reflects this claim.

If we take presence as the starting point of inquiry, what does it mean to experience the embodied and material shapes of the divine? How does one cope? Almost all the psychiatrists in Chennai I interviewed had a very particular and unified conception of the role of religion and spirituality in one's life. "The way I just see the difference is simple. Spirituality is supposed to make you feel good, uplift you. It's not supposed to make you depressed," one psychiatrist told



me. Another noted, “spirituality is supposed to calm your mind, it is not supposed to bring this level of anxiety and restlessness.” And yet another, “religious figures don’t hallucinate because there is no discordance with their reality.” For these psychiatrists, if one had distressing experiences with the divine, it must be due to a psychiatric illness, for divine presence is relegated to the space of the good, happiness, and health. Religious experiencing is an effective “coping” mechanism, or useful in instilling structure, habit, and discipline. Alternatively, if certain extreme experiences do occur within relegated spaces – such as the temples or ashrams – these are “permitted” with the understanding that these experiences that may occur in certain spaces. As Orsi (2016) writes, “presence is real, but not necessarily good, not necessarily bad, and it is rarely either good or bad, as these words are used in ordinary discourse” (5). And yet, when it is only understood as “good” in ordinary (psychiatric) discourse, the alternative is forced to be a clinically sanctioned mental disorder or deteriorated subjectivity.

There were, however, a few clinicians who spoke about ambivalent experiences with the divine received outside of these relegated spaces. For example, one psychotherapist (a transactional analyst) narrated an experience of a boy who began to hallucinate having sex with a goddess:

There was this little boy who would come back from school and had to go to the next-door neighbor because his parents weren’t home. And this neighbor was somebody who would fry and sell groundnuts. She had this big vessel where she would fry groundnuts. To keep the boy quiet, she said “if you do mischief, God will put you in this big vessel and fry you like a groundnut and eat you.” So there was this image of this fear and this frightening image of a goddess. So when he became older, when he became a teenager, and you know, naturally sex and power go together, he started hallucinating that he was having sex with the goddess whenever he saw a photograph of her somewhere. So when he went to his engineering college, he put a photo of this goddess everywhere. He couldn’t focus on anything because he was constantly having sex with her. That was his way of overcoming the fear but then he couldn’t tell anybody this because of what society would think. He couldn’t control it until he attempted suicide. He survived, but that is when he came to me.

This psychotherapist attributed her patient's ailments to a painful childhood experience that was then transformed into having sex with a goddess, a case of the disintegration of the subject and a traumatic childhood experience being projected onto a sexual fantasy. While I do not have evidence as such to suggest that the boy separated out what was wrong with him from what was wrong with the way the goddess was inviting him into constant sexual desires, there is nevertheless an immediate understanding from both the psychotherapist and the patient that this could not be the doing of the divine and must have rather been a response to the subject's infantile terrors.

Beyond the critique of "containing" divine experience by rendering it as something that belongs in the category of the "good," understanding divine presence as something that can only be experienced in specific spaces (like temples or ashrams) can also result in dangerous circumstances. While Obeyesekere (1990) suggests that this permitting is a form of "arena culture," this excludes the historical and secularizing processes that have led to the development of extreme religious practices and the relegating of the divine to only *certain* spaces, rendering this experiencing *elsewhere* to be problematic. Furthermore, it negates the possibility, as Dhruv himself shares, that these sacred sites are capable of intersecting with the experience of mental illnesses.

Dhruv once shared,

I can recall this one moment. I remember this one moment at the Kali temple in Chennai. It is an ancient temple, constructed in the 1600s or so. When I got to the temple, I couldn't move my body. This was one of my most non-linear moments. My actions were completely off. I couldn't control my body. I couldn't move completely. It was thought my body was leading me on, but I was also drawn to the temple.

No one suspected anything was wrong with Dhruv (including himself) as he hopped from temple to temple for months on end, sometimes not eating or sleeping for weeks, often staying immobile and rigid. In Dhruv's case, the relegation of experiencing the divine within only certain spaces neglected the possibility of the instigation of mental illness within these very same spaces.

I shared this conception of the divine—one that has potential to be ambivalent and traumatic—with Dhruv. He declared:

How would this be evoked within a scientific community? Or the psychological community? Freud and Jung didn't believe in mystical experience. Freud characterizes Ramakrishna's *samadhi* experience as the same as that of a baby, a human without an evolved ego. Jung refused to meet Ramana Maharishi because he felt like it would be like meeting with someone with an innocent tribal experience.

While there is a rich academic scholarship of reading and interpreting psychoanalysis in multiple (perhaps more mystical) ways, Dhruv's statement points toward one of the ways in which our interlocutors in the field may talk back to certain (western) epistemologies. More pressingly, however, Dhruv's own relegation of the divine to spaces outside of the psychiatric or psychological did not allow him to sense any danger, something he told me numerous times in our interview. "I thought I was meant to be in a mystical period, so I couldn't sense any danger when I was at these temples." Dhruv did not hear any voices from his external environment because he assumed everything was internal; since the voices were embodied, Dhruv assumed they must have been a mystical experience, relating to the divine coming from "within." Furthermore, during his journey, he had been receiving various gifts and answers from the divine. The experience of divinity, reduced through a number of secularizing or modernizing processes as something positive and immaterial, suggests that experiences of the divine other than what can be contained within certain conceptual and physical spaces may have dire consequences on mental health.

Outside of clinical encounters, this understanding of the divine is also crucial for anthropologists. It returns us to and reminds us of the long-standing debate on the difference between “methodological atheism” and the ability to “take religion seriously” as a way of challenging our thinking. In their article, “Is there a place for faith in anthropology?,” Willerslev and Suhr (2018) write, “religious traditions offer a language through which to deal with such shifts in perspectives,” (73) offering anthropologists ways to sit with the unknown, a way to reckon with existential resignation in our ethnographic (or maybe life) pursuits. “Disruptive” moments can become “transformative,” a “search for new wisdom that necessitates self-transformation,” they write (73). If one can merely surrender and sit with the unknown, painful resignation becomes a potential precursor for revelation and insight. To me, this reads as a rather optimistic view of divine experiencing and faith. Divine knowledge and divine experience may not lead us into the light and result in integration or culmination. These “leaps” into the unknown may not always be “useful to the project of anthropology” (72) or even useful to ourselves. Faith, as Dhruv and the *Bhagavad Gita* suggest, is not merely about learning to sit with uncertainty, doubt, and other ways of knowing. These openings of uncertainty and visions of the unexpected can also be traumatic, perilous, and destructive.

### **Prayer, Body, Disintegration**

“Doctors don’t really say it is a typical symptom. What is happening to my body. They sometimes say it is just stress, but it is not really cured through talk therapy or medication. It is often like a pressure at the back of my head,” Dhruv told me once, as he pointed to the back of his head, the locus point that controls his corporeal and motor skills.

“You see, pre-schizophrenia, except for one moment and one instance, I was always pretty much fine with my body. I would say I could more or less control my actions. I would pray or fast or something with no issue. There was only one time before schizophrenia that I could think about my material, physical body being constrained. I was applying for something during my undergraduate years, and I couldn’t do it. That was the only instance where my body was directed at something externally that I couldn’t do. Otherwise [pre-schizophrenia], it was mostly inner energy experiences. Whatever I was driven to do internally, I would be able to commit to with my external actions.”

“However, during the schizophrenia time, while I was going to these temples, that is when everything with my body started. My relationship with my body became nonlinear. I just couldn’t get up. For example, this one temple that I went to in Humpee, I just sat there when the priests were doing abhishekam for Hanuman. I literally couldn’t do anything. I just sat there. It was as though I was tied up and there was a lack of control of my body. So now, when you ask me to go to a laptop and type, unless it’s for something I mentalize it and can express my intention and there is a clearance granted, I am only then able to type up something. Suppose I want to see your horoscope, I would be able to type it out and do it. But if I wanted to look up something for Ayurveda, I wouldn’t be able to do it. But now, I’m a lot more in sync with these checks and balances. I know what I can and can’t do. I know my body has its own intelligence. When you talk of karma, even the body has a certain karma too it. Karma is not just an individual thing. When we talk of karma, it can be of a family, of a time period, of a history, of a body. So maybe my body is working through its own karma.”

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At the end of his seminal essay *Techniques of the Body*, Marcel Mauss writes, “At the bottom of all our mystical states there are techniques of the body which we have not studied, but which were perfectly studied by China and India, even in very remote periods... I think there are necessarily biological means of entering into communication with God” (1973, 85). Mauss’s statement draws attention to the way in which the body, its habitus and techniques offer avenues of communication with the divine. Taking “biological” to mean “physical” in this context, Mauss offers a suggestion that a mode of being in the world in and through divine experience differs from that of the more mundane work of inhabiting culture. For Mauss, techniques are a particular kind of bodily craft, a craft that can allow for communication with the divine. But in Mauss’s provocation, the divine is almost understood as the “end,” a sense of alterity and the unknown, incommensurate with everyday realities, morals, and ethics. However, once one does establish “entering into communication with god,” when this “end” is achieved, what does this actually entail? As previously described, communication with the divine resulted in the loss of agency and capacities of Dhruv’s body, a detrimental consequence of the co-mingling of divine presence and the instigation of schizophrenia. Dhruv often describes it as if something else is in control of his limbs, limiting his activities and capabilities to certain times of the day. Dhruv has been on a cocktail of medications since his diagnosis, but this body paralysis is often just attributed to “stress” by his psychiatrist and psychotherapist.

Various scholars have taken the notion of techniques to think through the body’s role in shaping religious and ethical selves. As Saba Mahmood writes in response to Talal Asad’s notion of *disciplina*, Christian monastic rites in the 18<sup>th</sup> century “were not simply symbolic and communicative acts, but performances through which the subject's very will, desire, intellect,

and body came to acquire a particular form” (Mahmood 2001, 834). In Dhruv’s case, this bodily form, acquired from different types of bodily prayer—fasting, penance, angapradakshinam—is intimately tied with schizophrenia and the loss of his motor capacities. As Dhruv tells us, before schizophrenia, his relationship with his body was “linear.” After schizophrenia—coinciding with his experiences at the temple and with the divine—his relationship with his body became “non-linear.” As Ram (2013) points out, drawing from Merleau-Ponty (2013 [1945]), the embodiment of illness and the experience of divine presence relates to an embodiment of a broader habitus, which includes caste, class, and urban vs. city. While the worshippers of Icakki Amman in Kanyakumari (a rural location at the tip of Tamil Nadu), for example, would have no trouble with the proposition that the goddess or divinity are extremely dangerous, Dhruv, living in central Chennai and part of an upper caste does not regularly contend with the idea that divine is a dangerous force (neither do his Chennai-based psychiatrists). It is worth pointing out that Dhruv’s conception of the karma of the body is not dissimilar to the question of a broader embodiment: his own self-understanding of his bodily capacities related to history, space, and time, the way in which his “body has its own intelligence,” and with it, a bodily and gestural archive.

Dhruv evoked divine presence through bodily ritual, penance, and fasting. He had mentioned to me on several occasions that hunger and sleep left him entirely. However, as Dhruv tells us, these types of prayers were part of his broader habitus, actions that he had performed regularly before. How do these actions now relate to the experience of a dangerous divine and schizophrenia?

McDaniel (1998) explores how, according to Ayurvedic medical systems, yoga and chanting can wreak havoc on one’s manasa (intellect) if done improperly and can have

distressing consequences on the body. However, this understanding places emphasis on a subject's motivation, rather than the *object's* agency, and the capacities of these religious performances to take on a regressive function. Ram (2013) writes, bodily orientations are not "entirely determinate, yet shape us in ways that cannot be simply shed," for it is in and through "movement that we familiarize ourselves with the world" (Ram 2013, 170). Ram draws upon Merleau-Ponty's "body of habit" to move away from the epistemic heritage that equates subjecthood with conscious representations, intentions, and decisions. The body of habit is the "past that exists in us not as representations but in the form of bodily schemas and dispositions" (180), whereby the body is governed through a set of acquired motor habits. This analysis might be useful in thinking through Dhruv's relationship with divine and prayer. *The Bhagavad Gita* suggests that there are parts of divine experience that can come out of nowhere, moving beyond prayer, conscious will, and intention. In Dhruv's case, the body comes to submit to the dangerous divine and the body of "habit" is replaced by the "body of moment," whereby one can become attuned to the forces of a traumatic divine. In Dhruv's understanding of his disorder, his body is taken over, both by schizophrenia and divine presence that is beyond the grammar of regular prayer, what might be understood as the co-opting of body of habit. His set of acquired motor habits might be understood as replaced by a new set that make it difficult for him to move through the world with the same kind of intentionality.

The next chapter will think about this more critically, about transformations of the body through repetition, cultivation, and the encounter with the unknown and the unexpected. I will explore how one can prepare for certain uncertainties (through meditation, cultivation, ritual, arts, and prayer) and the way in which there are dimensions of life and existence that one can never be prepared for, and the potential trauma that ensues from receiving the unexpected. The



*Bhagavad Gita*, a text of obedience, discipline, and the cultivation of moral capabilities, demonstrates how even within disciplinary action, there are dimensions of religious life that evade governance. While Freud in *Beyond the Pleasure Principle* may call this fright, poetry and literature from the “south” call this a dimension of the divine that is beyond the divine form itself.

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Many months later, the pandemic has changed our social and moral ecosystem, and I am many miles away from India’s vibrant and uneasy cosmological universe. Dhruv and I are on the phone talking about his interpretation of critical race theory in light of America’s racial tensions and how it sometimes feels at odds with his quest to find “oneness” in the world, unconvinced about my argument of balancing ledgers. We talk about the year ending, what changed for us both because of the pandemic.

“To be honest, I had a good year. I’m definitely in a better place. I’m a lot more at peace with myself,” he tells me.

The next day, I share this sentiment with my aunt, a psychotherapist in Chennai, that maybe those who have already had their worlds shattered are better equipped to handle the changes of the pandemic. “Maybe,” she replies. “I also just think some are at a higher level of being.”

Dhruv is part of particular familial and religious traditions that permit the maddening experiences of divine engagement. The *Bhagavad Gita* and various artistic and religious compositions in India illuminate how it is possible to embrace the ambivalence of the divine for its at once beneficial and traumatizing effects. This past year, the year of the pandemic, Dhruv has finally begun to come to terms with the encounters of his journey:

During my schizophrenia time, I resonated with that sense of depth within me and I associated it with a higher power... I started seeing patterns all over the place... Which I was connecting with the divine. My sense of seeing patterns and the experience and sense of depth now has evolved. I am not craving this, nor I am attached to it. I am able to be more composed about it now.

For Dhruv, there was a certain kind of revelation sprung from these encounters with the divine, prompted by the radical changes in our social climate: the revelation that there is a limit with the divine and that one must not be too attached to it and the messages it delivers. The divine might not be able to give one all one is looking for. As Willerslev and Suhr (2018) also write, “faith is not about certainty or the elimination of doubt... ‘letting go’ in faith involves embracing these tensions, which constitutes the absurdity of the paradox” (74). And yet, to take this argument one step further, letting go also means letting go of the divine, of the form, of the object of one’s faith. The ethic for Dhruv now is to let go, to no longer want to be attached to the divine and its messages, and that revelation can be found elsewhere, away from the divine, perhaps in a different space of alterity, or maybe just in this world itself.

## Chapter 2 | Dancing Languages

Ruchi, a choreographer and dance artist, is talking at the beginning of an improvisation class about what happens when people are stuck in their movement and creative capacities. These, in artistic circles, are often called creative tasks, impulses generated from different modalities and forms or from the body and space.

“So sometimes, you can develop impulses from different parts of the body. So start by thinking about the impulse from your eyes and then let that direct your movement. Your eyes lead and then your body takes you. Or your left knee. Start the movement, as if your knee is telling you where to go. Sometimes we get very complicated. Sometimes we even do something like, a third rib! Or you can start from a touch, as in touching one part of your body and that touch allows another impulse to be initiated. Sometimes physical spaces give you instructions on where to move. Like you might think about moving parallel to the wall.”

“But sometimes, your body cannot provide the thing you want,” she continued. “So you have to look at another modality. I turn to writing and speaking. So I start speaking out loud or start writing, and then something shifts in my body.”

“I did some research about this,” she continued. “From an evolutionary perspective, body of course, then gesture. Gestures are just ornaments. Then speaking then writing. But they are connected. Like our brain stacks them, as if they were pieces of papers on top of each other.” She holds out her hands. “The responses are like this in our brains.” She holds her left hand directly on top of her right hand, palms facing down. “And none of these have left us, but one is kind of prior to the other. So when one is stuck, you move the other,” she says, as she moves the bottom hand intentionally, which results in the top hand moving slightly.

“So the inverse is also true. If you are stuck with your speech, you should start moving. Dance the poem, dance the paragraph, move your story.”

## **At CARE**

Radha and I made our way to the back of CARE before the art therapy session. Pragati, the art therapist, had asked me to walk with Radha for a while as she was jittery before the session. Despite being a hospital, CARE was situated in a vast 40-acre outdoor, green expanse. The branches above the wards hung in perfect arches and the creepers wrapped effortlessly over the concrete walls of 206-year-old British architecture. It was terrifying to think how those walls housed residents over centuries, and yet, nature outlived the terror. Residents and staff alike biked through the pedestrian roads, lined by baby banana leaf plants and old trees with large mouths, the open verandas reminding me, uncannily, of an ashram.

Radha had been a patient at CARE for two years, but the reasons for her being here were still unclear to her and the staff alike. Common to all the versions of her story was that Radha was from Delhi and somehow landed up in a detention center in Chennai, one usually meant for victims of sex trafficking, before she was finally brought to CARE, one of the oldest and largest mental health hospitals in South India. “Re-birthing has happened, out of her own will,” Pragati had once told me, “because you cannot live and thrive with that kind of trauma. You may actually die when you become aware of it. So there is no past, there is no story that *needs* to be revealed.”

Most of the residents at CARE were on a variety of medications, but I never got, and neither did Pragati in the time I came to know her, a complete diagnostic profile on anyone at CARE. CARE primarily treated individuals like Radha, who were diagnosed with a severe

mental disorder. Pragati did, however, mention that many of the residents at CARE had been here for an indeterminate time period, uncertain of a world outside of CARE. Like Radha, many didn't have a past to narrate or perhaps even a place to go back to. One patient, Nathan, feared the outside world. "There is too much killing out there," he said once. "And the politicians want to get us all."

Clutching a bright green pen as we approached the back of the grounds, Radha shifted her attention from the earth to one of the individual cells, remnants of a violent British colonial past where patients were confined in isolation. Below the cell were the roots of a nearby Banyan tree. Radha touched the roots, brought her hands to her eyes and then her heart.

"Bhagavaan har jagah hai." (God is everywhere)

We walked past a garden of hanging snake gourd and chayote vines where, nearby, a security guard was lighting up a resident's cigarette, deep in conversation with him. When Radha and I finally arrived back at the indoor ward, the residents were already in a circle, hesitant to speak. Coming back inside to the ward was always a shock. The steel, locked gates, concrete floors, and the nurses standing on guard made me wonder how the oppositional spaces of nature and the wards functioned in the therapeutic directives at CARE. Radha and I positioned ourselves in the front, on the peripheries of the already formed shape. Pragati asked the residents to go outside and pick up a stone and share what they liked about it.

When the residents made their way back inside after collecting their rocks, some spoke, others did not. Radha stood moving in place, continuing to clutch the green pen, standing in silence. Those who spoke mostly said the rock was beautiful or it was shaped like a memory of the past, a memory that was conflicting and uncertain. For Pragati, everything spoken was deferred. One thing really meant another, but one could never be sure. Alan, a doctor and the son

of a minister, shared that the pointed rock that he found reminded him of his home. For Pragati, this was because “only [his] living body [was] present in this space.” The stories of the previous person got caught in the words of the next person: beautiful rock, it looks like home, it is a beautiful rock. Solidarity and conformity were uncertain, and Pragati did not push.

The nurses who cared for the residents left at the beginning of the art therapy session only to come back halfway through. It was clear that these sessions were not a priority for the nurses, or perhaps they were radically unfamiliar to them, as their main responsibility was to administer medicines and sedate the residents when they found it necessary. What, after all, could be learned through child’s play? Pragati was clearly upset and pulled the nurses aside. Pragati’s assistant kept the circle turning.

“See, what I am trying to tell you is that what we learn here is not about this space only,” Pragati told the nurses. “Because we are always space, always. What you learn here, it’s also about life. It’s about the space that is life. And with the space you are in, it is not always your choice that you are in this space. They didn’t choose their space, but it is their own.”

Space was an important concept for Pragati, one that governed her therapeutic and personal practices. “This word itself has a huge impact on me. Space means a lot to me. It’s more than just the physical space,” she told me in an interview. “Once you change your concept of space, your awareness of yourself sharpens, it changes. If someone messes with your space, and you have no ownership over it, it is like you are being trampled upon. Working with persons with mental health issues, I’ve learned that people are all on different timelines, in their own space, and you need to have the empathy for that. And there is no point in dragging them in the name of recovery just to enter your idea of space.”

For Pragati, the idea that an individual is in motion is a kind of subjectivity that resists fixing. Subjectivity in motion allows for a particular breathing room, giving individuals the space to inhabit a sense of self that is in flux, unstable.

The next activity involved embodying a collective story. One person begins, the next person adds on, until everyone goes around the room and completes the story together. However, Pragati told them that they would not be speaking their story. Rather, they were meant to come to the middle of the room and act out a character or an intention. Pragati would then give a name to this form or act. Radha went into the middle of the circle first. She cupped one hand and started putting something into it with the other hand. Another patient called out “That is Mannikannan!” Pragati laughed. “Okay, let’s call this character Mannikannan. And let us say it is a story about him being a miser.” Other residents also laughed. However, after a few more patients went into the middle of the circle, the story started to come undone. Mannikannan was a miser, he lost his foot, he likes to move around. After a few minutes, Pragati also allowed the story to disband, encouraging the residents to relax for a bit.

Towards the end of the session, Pragati started to play some upbeat Tamil music. Some of the residents were shy, so Pragati and I lifted them up one by one to get them to start moving, eventually joining in with them. Five minutes in, everyone joined in. There was movement of all kinds: sustained, sharp, fluid, circular. Each person’s movement was so distinctly different from another’s, unlike the similar words spoken during the rock-finding exercise. Nathan was jittery and explosive, movements directed outwards, while Radha’s were more insular.

For those dancing, their arms did one thing and their legs did another, similar to Radha’s conflicting story, and a testament to Pragati’s dismissal of the Truth, of needing to find “what really happened.” Movements of closing and releasing alluded to questions around internal

spaces; the concrete floors suddenly malleable and expansive to account for the residents moving through them, over and over again. “The sensation itself is what needs the work. And the sensation does not need to get to the story,” Pragati said as she turned to me while all the patients continued their dancing. What Pragati was suggesting was that rather than a physical sensation being a clue to something that has a story or is “psychic” in nature, it was the bodily sensation, the physicality that needed work, a testament to her provocation that “no story” needs to be revealed. Pragati’s rendering of the sensation is a kind of philosophy *from* the body, in which the body speaks but is not circumscribed or understood by word or speech or story. As Radha moved through the diagonal of the floor numerous times, her foot rooted into the earth, her hands touching other hands, my nails grazing her palms, I speculated whether the otherwise constricting room hosted the possibility of turning into something else, a more expansive site.

Radha eventually let go of my right hand as my nails accidentally started digging into her palm. She continued to hold her green pen as she twirled in her own *kikkli*, joining others temporarily, and finally retreating back into her own circle.

It was only when the music stopped and the residents laid down, backs resting against the hard concrete as Pragati played a lullaby *raag*, that I noticed Radha looking through the steel bars of the room we were in. For me, this was a reminder of how space moves, contracts, and is constantly variable. A dance floor and then again, a psychiatric institution.

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My observations of Radha end here, but I use this ethnographic moment to think through the moving body and what might be generated in its relationship to the inaccessibility of speech and memory. Radha’s dancing and Pragati and Ruchi’s insights about speech and dance illuminate an opportunity to think through the quality of space and how languages of the body



are transformed through imaginative and creative practices. Dance, as a particular artistic modality, allows for spatial and temporal transformations, whereby space and time are re-imagined through the corporeal. This is something well-documented by dance anthropologists and scholars who study art therapy.

This ethnographic vignette is an entryway to demonstrating something intentional about the effort of therapists in Chennai. Pragati, like the other interlocutors I will describe in Chapter Three and Chapter Four, believe that artistic therapeutic modalities allow for a reengagement with disorder in a way that is not fully accessible through regular talk therapy. Space is transformed through movement—the inside ward becomes expansive and malleable, similar to the sprawling outside grounds. However, as I reflect back on this moment, I am also reminded of Radha’s jitters. Rather than interpreting these jitters as a symptom, how might Radha be warming up for what is to come? What did walking around the grounds do for her? Radha’s movement patterns are an entry point to thinking through movement practices in relation to Pragati’s contemplations on space. I now look to the possibility of how transformations might already be practiced by patients themselves, born from their personal and idiosyncratic movement practices. How are patients already dancing, moving, and transforming space with or without intentionality?

Gloria Anzaldua (2009) writes, “spirit is spirit only if it lives in the mass, in flesh, in bones...” (70). Following the previous chapter, this chapter explores how an enhanced focus on the physical body and space offers new insights into the experience of madness, where spirit (the immaterial or the psychic in this case) is located in the material. I also offer the suggestion that bodies involved in creative practices are not just expressing and releasing, but possibly imagining. Studies of imagination often explore a mental act, immateriality, and images—

concerns beyond the physical body, so to speak. Dance and creative bodily practices offer an thinking of imagination that is *physical* and opens up the possibility of bodily transformation and a re-engagement with space, particularly for those who have no way out of their physical places. An imagination that is physical does not in some sense have an imaginative aspect of an inner world that is then externalized, similar to Ruchi's elaboration in the beginning of the chapter and authentic movement practices where individuals are moved by bodily impulses.

I offer this speculation of a creative body to temporarily depart from the intentionality of art therapy and instead explore how bodies are creating and imagining in everyday life. This imagination, I will argue, may demonstrate how the psychiatric gaze on the body remains incomprehensive. Speech, stories, and memories, as Pragati tells us, are not always accessible or reliable. When they are sometimes offered by residents, they are susceptible to being silenced by psychiatry and "systematized into a delusion" (Pandolfo 2018, 118). However, bodily gestures, I will come to explore, do not have the same standardized grammar as speech and this "un-silencing" may pave the way for creative transformation. Embodied imagination is not just the way in which we come to know and think the world, it is also the way in which we transform the world, building on that which evades systemization and capture. I trace this inquiry in multiple sites: 1) a psychiatric hospital, 2) a rehabilitation home and 3) in performance. In the final section, I describe how bodily imagination may turn psychically ambivalent.

The following speculations are limited to my observations of bodily gesture, but how anthropological evidence is surmised in these capacities itself is fractured. Anthropologist Sarah Pinto (2010) writes of the danger of over-reading movement in clinical spaces, in the same way that we might over-read speech. Stories change, the truth of "what has happened" might not actually be available, and familial interpretation—particularly as it intersects with gendered

dimensions—can come at the cost of individual agency. However, reading movement may offer something else, that it may open something that is otherwise lost.

### **Institutionalized Languages**

Despite the relative openness of CARE in comparison to other in-patient wards in Chennai, the ghost of the colonial continues to haunt the space with its steel bars, locks, orderly lines, and the constant threat of solitary confinement. CARE was built as a colonial asylum and was eventually transformed into an in-patient ward. Colonial asylums in India were, like their western counterparts, “arbiters of sanity,” but historians have argued that their disciplinary capacities in India were limited (Ernst 2001). Colonial authorities discouraged rising admissions into institutions and instead relied more heavily on family and communal care (Pinto 2014). After India’s independence, asylums and mental hospitals remained core centers for caregiving, until the 1970s when India went through a series of scientific, medical, and administrative changes. As out-patient hospital psychiatric units expanded, the length of in-patient services significantly decreased and many families started to view their psychiatrically ill family members as a burden, a view that “meshed with philosophies of long-term institutionalization and limited patient-family interaction.” (Pinto 2014, 17).

I bring up this condensed legacy of the asylum to think through the creation of certain kinds of bodies and bodily languages created in spaces of containment. Michel Foucault (1977), writing about carceral systems in Europe in the 18<sup>th</sup> and 19<sup>th</sup> century, argues that disciplinary forces, while imposed on the body, are meant to get to “reach something other than the body itself” (11). However, in these spaces of confinement, something is also literally happening to the physical body. Archives and ethnography demonstrate how mental illness became an excuse

to survey and examine the “Indian body,” where residents were forced to be “productive” and bodies were disciplined through force, medication, or restraint (Pinto 2018). Chakrabarty (2000) discusses David Arnold’s work on Indian colonial prisons, another space of colonial containment, where Indian bodies were accessible to modernizing investigations (Chakrabarty 2000). Many of the structures of the prison system were born into the colonial asylum in India, which scholars like Sarah Pinto assert continue into contemporary forms of institutionalization. At CARE, many of the activities revolved around rehabilitation, and yet I still observed how bodies were often surveilled, reflected in gestures and movements of control, order, and efficiency, and “neat lines” and personal hygiene mandates: nurses requiring residents to stand in neat orderly lines, scheduled rehabilitation and play, medication in a timed manner, directors ordering women to dress in certain ways. Women, for example, were not allowed to wear a dupatta (shawl) in case they were to use it to harm themselves in any kind of way. Residents were asked to comb their hair and “look presentable.” These observations, which are rather mundane and overt, might still be crucial to the formation of bodily languages within these spaces.

Although these disciplinary capacities result in the production of restricted body, I argue that there is also a kind of bodily expression that evades disciplinary capacities. For example, surveilled bodies are reflected in gestures and movements of control, order, and efficiency. However, as observed in the rock-finding exercise in the beginning of the chapter, it was often unclear whether this was a result of conformity or solidarity. In my observations at both CARE and HOME, residents also had movements and gestures that were highly idiosyncratic and dynamic. These movements included rocking, twisting, repeating, tapping, clapping, swaying, moving through space in unique (and often perplexing) ways. These gestures,

often practiced and inhabited silently by residents or in the company of others in their own spaces, were often relegated to the domain of the “irrelevant” by psychiatrists or nurses. “They are just doing nonsense,” a nurse once told me. For many of the residents in these spaces, the body is specifically the site of trauma and these idiosyncratic movements might suggest that certain bodily expressions are not silenced precisely because of their relegation to the domain of the irrelevant—“nonsense.” When bodily movements do become intelligible and coherent, such as gestures that attack another or oneself, these movements become contained and relegated to the domain of unreason and knowable and something to be acted upon through psychiatric intervention. As Foucault (1977) describes, writing about modern technologies of the body in the western penal system, disciplinary control is not just about installing a series of gestures and movements on bodies, but rather, how to impose the most efficient relation between gesture and body. Efficiency as dance philosopher Paul Valéry (1976) explores, produces an “excess” that can be mitigated through dance and movement: an excess which might come off as irrelevant, like Radha’s jitters. Bodily movements that are irrelevant may demonstrate how the body can remain unsilenced, evading psychiatric intervention.

I now offer three short vignettes of observations of movements across three institutionalized spaces in Chennai. In all three of these spaces, I focus on everyday movement patterns, such as walking and the placements of arms and legs. These are attempts at tracing a different kind of ethnographic attention.

## **Scene I**

It is the summer of 2017, and I am doing my first stretch of fieldwork at a major research hospital in Chennai for schizophrenia. The movement around the hospital is both swift and

collaborative: patients, staff, and doctors intersect while making their own rounds in the clinic. The hospital is a non-governmental organization, and patients travel long and far for treatment, often from villages in rural Tamil Nadu where there is often little to no psychiatric care. Moving around the hospital are also individuals recovering from schizophrenia, often employed in a variety of capacities, such as security, shuffling paperwork from floor to floor, and taking initial survey questions before the patients enter the doctor's office. The hospital has a small in-patient unit, of about 10 patients on the third floor. The entrance to the third floor itself wards off most visitors with its crisscrossed steel bars, locked at three different points. I am particularly struck by a woman who is confined behind bars. The woman is shouting and extending her hands through the bars, reaching for something. Instinctively, I look down. When I eventually look up, she is circling the room, counting her steps as if to reconfigure the oppressive square shape that defines her confinement, creating a pattern of her own making. She walks in a circle, forward, then backwards, then side to side.

## **Scene II**

One day at CARE, Pragati decided that instead of holding another movement therapy session, she would take the residents on a long walk around the grounds. Before the walk started, the nurses at CARE told everyone to stand in a neat, orderly line. Pragati was at the front of the line, chatting to one of the residents about a story she had already heard a few times. I fell to the back, continuously distracted by the old British architecture of containment.

During the walk, movement was highly observable, but unpredictable. The nurses continuously instructed residents to get back into a straight line. When we finally made our way to the back of CARE, several of the residents spotted a tiny temple nestled amongst the greenery.

The line started disbanding. It became a diffuse diagonal, scattered at different points as individuals started interacting with the trees, much to the annoyance of the nurses. Nathan moved the farthest out, attempting to reattach fallen leaves to the root of the tree. Others followed suit, moving further out of the line, then coming back in when directed by the nurses. Some moved more dramatically, others more subtly. The rest of the walk followed this pattern of moving out, returning, moving out and returning. Residents reconfigured a straight line in their unique, idiosyncratic speeds, pulsing the very linearity of order.

### **Scene III**

I am interviewing Sonam, a resident at HOME, a rehab center dedicated to women who have endured socially and psychiatrically violent life experiences located on the outskirts of Chennai. Up until this point, I have been curious about Sonam's history. Sonam seemed the most alert and the most active. She would always cook dinner, breakfast, and lunch for the other women and participated fully in all of the rehabilitation activities. Before coming to HOME, Sonam worked at one of the best IT firms in Chennai as a project manager and lived with her husband. She often refused to have sex with her husband, and one day, tired of the pressure, hit him hard on the head, unapologetic for what had happened. After the incident with her husband, her father brought her to HOME and before she understood how and why, he took off. "My own flame burnt me," she told me. And yet, Sonam seemed to adapt seamlessly to her new life.

At HOME, residents filled their days with various activities: puzzles, reading the newspaper together, walking, and dancing. This was in order for them to "rest," as the director once told me. Sonam caught my attention during her morning and evening walks, which hardly seemed like rest for Sonam. Residents were required to walk around the complex for about 30

minutes, supervised by the director. Several of the women at HOME sauntered, sometimes holding each other upright or immersed in some sort of verbal exchange.

But Sonam always had an unpredictable rhythm. She would walk around the block very slowly, and then fast for another two rounds, then at a medium pace, and then fast again. Sometimes, one of the women would ask her to stop for a chat, and she would shake her head and carry on.

The director of HOME once caught me watching Sonam's patterns. "She looks normal, doesn't she? I mean she seems the most normal out of all of us. But she is not. I think her walking like that has something to do with her OCD."

While these daily movements may seem mundane or common place, they invite new questions about subjectivity in space. For the director of HOME, Sonam reconfiguring a standardized re-exercise within a different and unique spatial-temporal scheme, had something to do with her OCD rather the possibility of creative interpretation—as the choreographer Ruchi tells us in the beginning of the chapter, "sometimes physical spaces give you instructions on where to move. Like you might think about moving parallel to the wall." And yet, despite having access to Sonam's full history, the director was still not sure of Sonam's actions and movement. At CARE, a disbanded line was disrupting order, and yet, patients continued to move in and out in dramatic and subtle ways.

These gestures, I argue, evade full meaning and interpretation because a body's grammar is not standardized in the same way speech is. As Foucault (1965) explores in *Madness and Civilization*, the advent of modern psychiatry signifies how delusional speech becomes silenced. Modern techniques of silencing delusional speech include historical and contemporary practices of confinement but also medications that "lower" voices. Commonly observed in the "quest of



patients at the onset of psychosis is trying to make sense of and ‘rationalize’ their experiences of growing strangeness in terms of a fantasy, which is then systematized into a delusion” by psychiatry (Pandolfo 2018, 119). I offer the speculation of the ways in which bodily gestures are not “readable” or “knowable,” “systematized” in the same way, for they do not have the same standardized bodily grammar as speech, and that this un-silencing paves the way for possible transformation. These idiosyncratic movements—of walking, reconfiguring exercise, tapping, swaying—might suggest that certain bodily expressions are not silenced precisely because of their relegation to the domain of the irrelevant, the unstandardized, the “nonsense.” This partial disciplining is not an end in itself, but rather paves the way for potential creative transformation.

In “The Case of Blackness” (2008), Fred Moten draws upon Fanon’s clinical studies in Algeria to explore the relationship of corporeal disturbances to the colonial condition. Fanon writes on his patients, “These are male patients who slowly have difficulty making certain movements such as climbing stairs, walking quickly, or running. Walking becomes contracted and turns into a shuffle. Passive bending of the lower limbs is practically impossible” (Fanon in Moten 2008, 207).

Moten tells us of Fanon’s own interpretations of these bodily gestures and psychic tics:

Like any war, the war in Algeria has created its contingent of cortico-visceral illnesses... This particular form of pathology (systemic muscular contraction) already caught our attention before the revolution began. But the doctors who described it turned it into a stigma of the “native,” an original feature of his nervous system. This contraction, in fact, is quite simply a postural concurrence and evidence in the colonized’s muscles of their rigidity, their reticence in the face of the colonial authorities. (Fanon in Moten 2008, 207)

For Fanon, the rigidity in the body is parallel to the rigidity of the colonial condition: bodies are tensed, surveilled, monitored. However, Moten offers a different interpretation. Moten explores

how these bodily contractions are not only the symptoms of the colonial condition, but they might be a form of muscular critique. Moten writes,

Is jaggedness an effect or an expression of rigidity, reticence, or refusal? Is such gestural disorder a disruptive choreography that opens onto the meaning of things? At the same time, would it not be fair to think in terms of a gestural critique (of reason, of judgment)? Muscular contraction is not just a sign of external conflict but an expression of internal conflict as well. Perhaps such gesture, such dance, is the body's resistance to the psyche. (2008, 207).

For Moten, these contractions are not simply a physical and somatic symptom of the colonial condition, but that this form of bodily critique offers the possibility of inhabiting a body otherwise. Gesture and bodily expression—which might always be a kind of choreography—for Moten is therefore both a symptom and the disruption of its source. Moten's analysis can be read with Freud's discussions of the inside and outside explored in Chapter One—"an expression of internal conflict as well," Moten observes. His provocation of "as well," a bodily expression/reaction intimately tied to intrapsychic conflict may blur some of these distinctions between the external/internal.

Reflecting on the body as both symptom and critique may elucidate Pragati's claim of how "the sensation itself is what needs the work." Movement (and dancing) may occur precisely because of how certain gestures and ways of moving and inhabiting space are not constrained or determined by institutional mandates because they are often dismissed as irrelevant. Or in Moten's and Fanon's case, dismissed as "an original symptom of the 'native'." Perhaps it is nonsense, perhaps it is irrelevant or a symptom of conditions of coloniality, but perhaps, as Moten tell us, it might be a form of creativity and resistance to disciplinary forces and capacities that restrict the body. In both interpretations, this "unsilencing" of such idiosyncratic movements demonstrates psychiatric disciplinary capacities—or in Moten's case, colonial

capacities—on one’s body remain incomprehensible. These bodies, I argue (and speculate), are re-imagining and re-inhabiting through intentional reality but also unintentional creativity.

These gestures and idiosyncratic movement patterns draw attention to creativity present in both everyday practices and intentional creative practices, and allow us to think through how languages of the body might be transformed. While Moten offers a reading that these psychic tics might be a kind of choreography as resistance (which perhaps might parallel what is happening in the rock-finding exercise), I explore how gestures might be a sense of physical imagination, a way of being in the same space differently, in situations in which there might truly not be a way out. We might conceive of the body’s capacity to remain un-silenced as potential bodily materials, easily compared to Merleau-Ponty’s understanding of body-schema, as a dialectic between acquired habits and the abilities and the creative renewal of those habits in new scenarios, such as in these spontaneous dance sessions. The foundation of this understanding is the “imaginative” pole of this dialectic where old habits are developed to meet new situations and different situations are integrated into a “woven fabric,” open to new possibilities.

However, for those whose madness might evoke a very different relationship to the body, the way in which its materials can be transformed in ways that are “natural” and “flow”-like is uncertain. Many of the women at HOME and CARE are survivors of sexual violence, whose psychiatric disorder is heavily tied up with the violation of their bodies. In Fanon’s (1967) critique and elaboration of Merleau-Ponty’s body-schema, he explores how the body-schema for the racialized and colonized body is replaced with the epidermal racialized schema. Gestures, movement through the world, and body languages are not “natural” and “flow”-like and autogenic, but rather compromised through the fixing (and in this case, physical) gaze of the Other.

Ellen Corin's work (2007) on unbinding within the clinical setting offers another framework of thinking through the transformation of bodily materials. The dancing and moving body opens possibilities around the work of unbinding and free association, typically conceived of through speech, in which words can make bonds liberated from intentional, conscious meaning. Drawing on the Freudian concept of free association, Corin (2007) explores how this freeing of space allows for apparently random re-binding, where free association "lets out the multiple associative chains that coalesce in a word or image." She writes, "'free association' suspends rational judgment and gives priority to meaning... it frees the space for apparently random re-binding" (304). While also cautioning that free association can endanger identity and the ability to think, Corin also notes that free association "modifies the patient's relationship to his or her own history" (305).

The question of free association as it occurs within bodily movements and materials might illuminate how new associations might be made between gestures, bodies, and movements, potentially modifying "the patient's relationship to his or her own history." To be clear, this is a separate argument from, for example, psychoanalytic dance therapy where dance is a "metaphor" for the unspoken. Since certain gestures and movements are relegated to the domain of the irrelevant and therefore unknown or unacted upon by disciplining factors, creative free association might allow for new associations between bodily materials. What might be happening in Sonam's re-imagining of her standardized exercise, re-fitting it to her own time and rhythm? How might new associations be made between space, body, and place? What are the bodily consequences of turning a psychiatric hall into a dance floor?

This chapter does not seek to answer these questions, for movement can not necessarily provide meaning (Pinto 2014), and even Pragati resists any kind of interpretation of the dancing

body. These movements are not to be read or understood and are not meant to unveil another “unknowable,” echoing Merleau-Ponty’s claim that movement through space is itself existential (2013 [1945], 299). However, the dancing body provides an opportunity to think through possible connections between the body, the world, and space, impacting one’s relationship to their body language, and disorder. As Pragati had reminded me several times, it was the sensation that needed the work, and the sensation did not need to get to the story.

Rather than, as dance therapists have explored, thinking about dance as simply shaking off the trauma or the relaxing of tense muscles, movement aids in production, in creativity, in imaginal capacities: the subjective use of space points toward countless possibilities in producing a temporary world. Movement and dance offer the possibility of producing significance in a material world, not just the recipient of a disciplining world. Methodologically, a focus on movement, gesture, and dancing explores how there are other types of questions that may be asked, with an enhanced focus on materiality, bodily rituals and space rather than speech, voices, or thoughts. Additionally, questions of bodily creativity might enable us to re-think the role of creativity by those who have been subjugated, against the dominate narrative of artistic “expression” and “release,” and toward a sense of material imagination. Patterns of movement and dancing enables a turn to the embodied story: a story that cannot not be spoken or told, but perhaps only witnessed.

## **Performance**

Ruchi tells me of her dreams of Kali, where Kali is hiding behind a large plum tree, instructing Ruchi to get on the back of her tiger. Kali, the warrior-goddess in many Hindu traditions, is typically depicted riding a tiger, an extension of her strength, prowess, and ferocity.

Ruchi hesitates, uncertain about how to proceed because, well, it is Kali after all. The tiger is snarling at her, and after enough coaxing, Ruchi hops on and together they start chasing someone with Kali's trident, her skull necklace dangling in front of Ruchi's face. It is a blessing, a darshan, to have the divine in your dreams, she tells me. Their hunt continues until finally, the figure turns around, and Ruchi realizes she is chasing herself. She finally wakes up in a startle, her face dripping with tears.

I first met Ruchi a few years ago at a performance art exhibition where she was telling me about body signals. Sometimes, when she's not sure about how to make a decision, she'll ask her body, and it will give her an answer. "I tell it, unconscious, make yourself known!" The answer may be illuminated to Ruchi through a twitch of a finger or her body being pulled to one side. Bodily gestures, like dreams, are important to Ruchi because of how they influence her performance and artistic practice. When Ruchi feels stuck in her artistic capabilities, she often turns to dreams and bodily sensations for inspiration. There is a long conversation on the relationship between bodily performance and dreaming within artistic traditions in India: that which is missing from the performance or one's artistic endeavors—an element, a feeling, a motion—can be found in the dream (Cooramaswamy 1918). The performance, like the dream, is always incomplete: images, spaces, affects located elsewhere are part of the performance.

"The vision seems real as long as I am somehow present in the dream," Ruchi reflects. "Similar to performance, the world that I create around me is just as honest as the dream. Honest enough that my body responds with physical sensations. But the performance can become like a dream if I cannot resolve and change characters, when I forget my body, when my body is no longer malleable."

I bring up Ruchi's dreamscapes to explore the relationship between representation, performance, space, and character. For Ruchi, the performance can become a dream when she is no longer representing the stories and characters, and instead is controlled by them. I will explore how Ruchi's analysis of her dream as related to performance is a mode of responding to and creating a world of experience rather than dreams as ontologically intrapsychic in a Freudian dream analysis kind of way.

Ruchi's most recent performance was a contemporary dance piece, choreographed as a bodily response to the thousands of brutal rape cases in India each year. In the single week before the debut of her show, India was engulfed in riots in protest of seven different national cases. Ruchi's performance was initially inspired by the horrific Nirbhaya incident in 2012, which led her to a five-year long research project and marked the beginning of her choreographic experimentation. Similar to the physical imagination that I explored in the first half of this chapter, this section explores how, through creative capacities, the body has the potential to be transformed by elements of the performance. This transformation, however, is fundamentally different from the kinds of imagination I explored through Radha and Pragati's stories. While the first section explores the generative possibilities of imagination, I end this chapter by exploring the ambivalence of these transformations, similar to the contentions I raised about the ambivalence of the divine in Chapter One.

I will never forget the opening scene of Ruchi's performance. As we all entered the room and settled into our seats, Ruchi, covered in an oversized red cloth, stood in the middle of the stage in a spotlight that blacked out the rest of the room. The audience and performer were separated only by a few feet, eyes meeting on the same plane. For ten minutes, Ruchi stood without blinking, her tongue sticking out with a pool of saliva gathering at the bottom of the red

cloth. The image of tears, saliva, being frozen, and the leakage of bodily substances meant to stay on the inside has haunted me to this day. As the show progresses, Ruchi transforms the piece of cloth in multiple ways. She wears it as a “provocative” dress, uses it a cloth to wipe the floor, and drapes it between her legs to signify blood. The stories of various women, which Ruchi calls failed research, make up the arc of the performance. Over a long five-year research and development period, Ruchi interviewed dozens of women: women who had been sexually violated by their own family members, women who had been violated in public, women who had been violated at random, and stories from the media.

Throughout the hour-long show, Ruchi asks where patriarchal penetration locates itself on the body: “If her rape is my rape,” she states, “all genders alike, maybe you can carry some of it?” During her performance, she dances the stories, stops abruptly, and then writes out on a piece of paper where violence is felt on the body, informed by the stories of the women she has worked with and from her movement itself. Different performances have yielded different words depending on where the movement impacted and violated her body at that exact moment. By the end of the performance, a long list of words hangs on a laundry line at the back of the room: eyes, nose, ears, knees, elbows, ribs.

In her piece, Ruchi uses her body, dance, and choreography as intentional modalities to explore the horrors of sexual violence. I use the term ‘intentional modalities’ to signify some sort of sense of agency and the choice of using dance over other artistic mediums and forms. However, after performing the piece dozens of times, Ruchi was no longer able to manipulate her body in ways that performance usually permits. Her own sexual desire completely ceased as the performance became dream-like and she was no longer able to manipulate the characters and stories at will. The performance no longer represented sexual violence—rather, the performance



became sexual violence, a dream of horror, and usurped her corporeal capacities. By the end of several shows, Ruchi was unable to take off the red cloth. Her sense of agency, control, and intention became distorted as the movements, objects, and stories became foreign invaders to her bodily capacities. “I’ve entirely lost that part of me, that desire, that need. I feel them [the women], in different parts of my body,” she told me.

In writing about sexual violence and collective catastrophe in North India, Veena Das (2006) explores the relationship between pain, bodies, and language. She writes “the fact is that my pain may not be located in my body opens up the possibility for the body to be shared with someone else, an idea of lending my body to the other’s experience” (Das 2006, 41). It is the sentence (expressed through words) “I am in pain” that becomes a bridge outward, toward another by which something inexpressive or suffocating can begin to be understood. Pain may lead itself to being located elsewhere, perhaps in another body, similar to Ruchi’s conviction “if her rape is my rape.” For Das, in dialogue with Cavell, this is the task of imagination, what Cavell calls lending the body. Cavell, writing in response to Das’s provocation, observes, “I am necessarily the owner of my pain, yet the fact that it is always located in my body is not necessary... to know your pain I cannot locate it as I locate mine, but I must let it happen to me” (Das 2006, 41). Ruchi’s performance is one kind of task, that she lets “happen” to her, a personal retrieval of the pain of the stories that were shared with her, shared again to the audience, and then retrieved again through performance. “My imagination is occupying me,” she once shared. The language here is not the sharing or invitation of words (“I am in pain”), but rather an invitation of motion. As explored in the first section of this chapter, the grammar of the body through dance cannot necessarily be reduced to another form of speaking, communication, or intention exclusively, but Das reminds us of the ways in which bodies can lend themselves to

worlds, affects, and feelings. The body in performance is one kind of task of imagination, one kind of way in which the body opens itself up to the pain of others, but once this feeling of pain has transpired between two bodies, once this feeling of violation is exchanged, what may happen to one's own body? How might this lending, this task of imagination, actually result in the loss of one's corporeal capabilities? These embodied stories, gathered over the course of five years, performed through the task of bodily imagination, unraveled Ruchi's own body. Her performance resulted in a complete expulsion of desire and any sexual longing. "Those parts of my body have completely shut off, and I never used to have that problem," she stated. Gestures do not only represent, communicate, and express the stories of others, but they may also open up the embodied horrors of experience for the performer.

In a passage describing the relationship between body, gesture, and sexuality, Merleau-Ponty (2013 [1945]) writes about a young woman who has been diagnosed with aphonia, the inability to speak or make a sound, because her mother forbids her to see her lover. However, the diagnosis of aphonia is not happenstance or accidental. It is meaningful. He writes,

if the emotion chooses to express itself by aphonia, this is because speech is, among all bodily functions, the most tightly linked to ...coexistence...she [the patient] tends to break with life itself: if she can no longer swallow, this is because swallowing symbolizes the movement of existence that allows itself to undergo events and assimilate them. (163)

For Merleau-Ponty, speech, which is a bodily function and not something external to the body, is tied to the intentionality of life. The inability to swallow and speak, therefore, is not a representation of something else (the fact that she cannot see her lover), it is the inability to swallow life itself, what he says is a "break with relational life itself" (163). The sign is not a signpost that leads to something separate, but the sign is the signification. The body signifies modalities of existence. This passage in Merleau-Ponty's work, along with Ruchi's experience,

enables us to rethink how bodies are made over by other entities. We might use this to understand how for Ruchi, the representational aspect of her dance—“performing the sexual violence”—is no longer a representation of the voice and stories of others, but through the intentionality of gesture, her own body possesses her and alienates her from her own sexual desire. While for Merleau-Ponty this is somewhat autogenic, and for Ruchi, this is the “task” of imagination, it is useful to think through the body’s modalities of existence as not simply “representational.” Performance and dance, artistic endeavors that utilize the body and gesture in such meaningful and concrete ways, open up these blurred boundaries between sign and signification through the ambivalence of imagination. For Merleau-Ponty, the body has these capabilities of intention precisely because it signifies modalities of existence.

Drawing upon Merleau-Ponty, Kalpana Ram (2013), writing on spirit possession in South India, asks, “what is a human body if it can be claimed by a whole array of entities?” She explores how individuals lend their bodies and voices, with varying degrees of practice, agency and will, to allow ghosts to communicate through them. Possession is often understood in this manner: a body that opens, a body “lends” itself in order for something else to enter: a god, a demon, nature, ancestors. The body is a vessel or allows affects to pass through. However, Ruchi demonstrates how the body may possess itself, collapsing what it represents and what it is presenting.

While bodily techniques are consciously cultivated for Ruchi—meaning, these bodily actions were rehearsed, conscious, deliberate—at some point they take on a life of their own, something outside of the prescribed grammar of choreography and the space of performance. Shulman (2012) argues that imagination “allow(s) for the possibility that what begins, so to speak, as a mental image, pregnant with externality, can solidify or crystallize into object status

and, as such, assume autonomy and, if we are talking of a person, full-fledged subjectivity” (270). Though Shulman writes about “mental images” that are then projected into existence and assume their own autonomy, and while Ruchi’s movement comes from the body itself, his theorization of imagination explores the ways in which these crystallizations (through the body and movement) take on their own agencies. “It is like my dream,” Ruchi told me. “Where I’m just an active witness and my body is doing its own thing. A dream where the desire has vanished.” The stories of the women crystallized into existence as characters on stage took a life of their own and subsequently immobilized Ruchi’s body.

This immobilization is distinct from theories of possession in which the body receives the host or entities imprint on the body—allowing something from the “outside” to enter. Through performance and the body “signifying modalities of existence,” Ruchi actively created a world around her that completely changed her relationship with her own body. The body here has the capacity to produce its own form of containment: Ruchi creates, through gesture and movement and within the space of performance, the very presence that immobilizes her. Ruchi’s narrative suggests a more complicated rendering of agency and imagination in which the body is made over by itself. Her performance experience suggests that cultivation, repetition, and techniques all reach a limit, similar to Dhruv’s exploration of the divine in Chapter One.

Throughout my research, Ruchi was not the only artist to explore how the body had capacities to imagine and immobilize. Some called it an “object of correspondence” (that which they are corresponding to on stage—objects, people, characters), others simply alluded to the afterlife of creative processes. One interlocutor shared that she often dances in order to produce the embodied presence of her partner because her sex life with her real partner is so unsatisfying. She often makes love to this embodied presence, which feels more satisfying and less painful.

This causes her to further withdraw away from her partner, asserting Ruchi's claim about the intimacy of embodied presences and the possibility that one may develop ambivalent relationships with these presences. The deterioration of Ruchi's sexual desire and personal life suggests a blurred boundary between the body's imaginal capacities as therapeutic and potentially damaging, when sign and signification collapse.

Ruchi's antidote to her feelings of immobilization is similar to a kind of rootedness that occurs in movement therapy spaces. Moving with other bodies, feeling her back dissolve into the ground, holding hands with other dancers, eyes wide open: a sense of collective corporeality in which creativity, spontaneity, and bodies circle together. Ruchi's narrative suggests the way bodies in space become a necessary anchor, but also within in, has the possibility of undoing. For Ruchi, she is not fully able to articulate the boundaries between these capacities as therapeutic or psychically damaging. "You just know," she told me, alluding to the dangers of flattening in translating the experiences of the body to text. I think back to some of my other interlocutors, who have visitations from jinn, ancestors, or other spirits, but who have never visited or found the need to visit a psychiatric hospital, even in times of severe distress. "You need a very concrete anchor. I'm a mother," one of them said. "The womb roots me to this world. The spirits may call me to other places, but I know I cannot go right now. There's no fight, no struggle. I know I need to be here." This statement suggests a material, archival, and symbolic way in which individuals feels rooted to concrete world. For Ruchi, bodily gestures created a body of containment, and yet, re-rooting herself into the world, with the aid of other bodies in her space, enables a sense of therapeutic relaxation.

The movements described in this chapter explore different expositions of imagination and questions of the psychic life of the corporeal. For the residents at HOME and CARE, the body

may aid in creative processes, one with potential to perform it out of its circumstances. For Ruchi, rather than her body inhabiting a constricted space, the body becomes an agent, institutionalizing the body in another form.

The threads that hold these experiences together also point to another kind of tapestry: one in which the entanglement of bodily violence often leads to a kind of undoing. The tethers to being able to function—to move normatively in the world—are cut, sometimes momentarily and other times more permanently. These predicaments arise not because the story of one’s life is interrupted but because one’s embodied experience of life is pulled into a kind of story-making and these stories do not always make sense. I end this chapter with Ruchi to foreshadow what it means to be made over by other entities, which will be the focus of the next chapter, bodies in dialogue with nature, and technological landscapes, and ruptures in time and space.

### Chapter 3 | Nature's Thoughts

#### *What Her Friend Said*

Bless you, Mother, listen.  
She climbs the round garden rock  
That reeks of the meat of  
Sacrifice,  
She looks at the flowering  
Hilltops of his country,  
And she stands there forever  
In her sapphire jewels:  
Only in this way  
Will her sickness  
Find its remedy.

– Kapilar Ainkurunuru (Tamil Sangam Poem)  
Translated by AK Ramanujan

The Rāmāyaṇa of Vālmīki, a 50,000-line Hindu poem written over 2,500 years ago, is one of the Hindu world's most revered—and deeply controversial—stories. Originally from an oral tradition and shared throughout India, Sri Lanka, Cambodia, Indonesia, and other parts of the world, the Rāmāyaṇa is a story of the strength of a promise, retold by artists, performers, poets, and scholars alike. The Rāmāyaṇa narrates how prince Rama is banished to the forest from his kingdom for 14 years. While living in the forest, Sita, his wife, is lured away from their home and kidnapped by the tale's antagonist, Ravana. Rama voyages on a long and perilous journey to save Sita. Eventually Rama succeeds (coinciding with the end of the 14-year exile), and Rama and Sita return to their palace in Ayodhya. However, much like other Hindu tales, the epic only ends in tragedy. Sita, upon returning to the palace, is scrutinized by the members of the city for her time in Lanka under the captivity of the lustful Ravana. Sita walks through fire to establish her piety; however, this is not sufficient to appease the members of the city, and Rama ultimately

banishes her (and their unborn children) into the wilderness yet again. Sita is left alone in disarray, abandoned near the Ganges River by Rama's brother.

Sita and her two sons pass the rest of their lives quietly at a hermitage in the forest, under the watchful eyes of sage Vālmīki. Toward the end of the story, in the last and final installment of the epic, Rama feels remorse for what has transpired and comes to the forest to ask Sita and their two sons if they want to accompany him back to the castle. In one version of the tale—a version that is typically depicted in performance and media—Rama's request is met with a sudden outpouring of emotion from Sita. Sita refuses his request, shakes and howls, and in that very moment, the ground underneath Sita splits open, and she is carried down into the molten core. The earth, having heard the pleas of her sorrow, accepts Sita and becomes an active listener to her misfortunes. The viewer is told that this is a return: Sita was born from the earth, from matter itself, and was simply returning to her resting place. Sita, who was made by the earth, is made over by the earth once again.

The earth carrying Sita into its core becomes an important image for the viewer of what it means for the physical world to be in dialogue with those who have their worlds shattered, like the Tamil poem shared at in the beginning of this chapter. But it also describes a certain kind of dissolving of matter into matter, of self into nature, even a kind of rearrangement of the human body. For Sita, the return is not to her world of relationships and the kingdom, but to the earth itself, an act of complete self-negation.

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In Chennai, space often feels unreserved. Every few years, torrential monsoons flood the inside of apartment buildings, while the wind and heat slowly eat away at newly minted exteriors. An animal (or two) may find its way into a residential home, while sand strays far from



the beachfronts. Outside the cities, in snowy states further up north, unreserved spaces take on new extremes. India's big cats, snow leopards and tigers, crawl up apartment staircases and attack guard dogs by the neck. During the early months of the lockdown, as humans retreated into their homes, many animals claimed the streets as their own.

On one of the milder days (pre-Covid pandemic), I made my way over to a psychotherapy clinic located in one of Chennai's many built-up, industrialized neighborhoods. I had heard from a relative about a patient—"The Boy Who Turned into a Wolf"—a young boy who dissolved into Chennai's nature itself. The boy was described as shy and mild-mannered by his friends, until one day, and quite suddenly, he began growling, snarling, and biting at his peers, baring his teeth at anyone who crossed his path. The behavior turned even more severe when he started poking pencils into the eyeballs of his classmates. The boy would disappear for hours on end, sometimes days, only to be found in wooden lots across the city. Unable to understand what was going on, his parents institutionalized their son, and there he received electro-convulsive therapy, strong antipsychotics, and cognitive-based therapy. However, he ultimately did not respond positively to any of these treatments and was finally referred to Esha, a play therapist who the parents hoped would offer a more effective kind of therapy.

When I entered her office, I was greeted by buckets of toys, sand trays, fabric tents, paints, easels, and boxes of clay. One of the key tenets of play therapy is using different kinds of materials to encourage free expression—what is sometimes called symbolic remove—where the metaphor and play provide a degree of removal from the experience of trauma.

"When you enter the realm of playing with these materials," she remarked, clearly following the outline of my observation, "it's almost like a passageway into non-reality. This

passageway of play allows us to access something deeper. Something deeper, less playful and more... fixed.”

We took a seat on one of the larger chairs, and I started to tell her about my research.

“Okay,” she responded. “So, you study psychosis and schizophrenia, but most of the work I do is almost contraindicative of these experiences. So, for example, if you are actively hallucinating, we don’t recommend sand work or clay work. Because of the passageway. You need to have some slight grip of reality before you descend. Because it could lead to a complete ego disintegration and could even worsen symptoms.”

Esha proceeded to tell me she was a Jungian, influenced by notions of the psychic ascent and descent. “The descent happens when you enter the realm of non-directive therapies, such as play, art, drama, anything like that. Like the different modalities you have been exploring in your research. Basically, any time you are entering the realm of creativity. But you will not be able to ascend if you did not descend with a firm grip of reality. Because then you risk staying in the descent.”

As someone interested in the possibility of creativity and transformation, I asked Esha more about the notion of the ascent and descent. For Esha, like other Jungian-influenced therapists I had met in Chennai, one must descend to “re-ascend” transformed, but the descent can only happen under certain circumstances. For Pragati, the movement therapist I described in Chapter Two, the physical body, musculature, and space itself is a kind of anchor. For Esha, the anchor involves a shared sense of reality with others. She described that there is a clear delineation between false thought (as immaterial and unbounded) and shared thought as what roots one to the world.

“So, with the boy, as you can imagine,” she continued, “I could not use these non-directive therapies with him originally, not until he returned to a sense of normalcy and a sense of shared reality with those around him. Or else he would descend and remain in the descent. So, when I was approached first, I had to check that he had first been institutionalized for a few weeks, given antipsychotics. Only then we could start working with the materials,” she shared.

At that moment, I was curious about what play for children—what Melanie Klein thought of as the equivalent of an adult’s free association—might be for this boy. Klein believed that children could gain access to the unconscious—and consequently, free association and play—more easily as they were closer to the raw stages of infancy. I was curious what form play would take after shock therapy, institutionalization, and a cocktail of medications. But what Esha was suggesting is that there might be something transcendental about these materials. Play, creativity, bodies, and materials, as both Esha and Pragati note, are both transcendent and immanent, both about the physical materials, or bodies, present and somehow about something else.

“The thing about this child was that he genuinely believed he had turned into a wolf. He genuinely believed in his transformation. He felt that he had a tail, paws, fangs, everything. But from my perspective, there were no signs, no genuine indicators that something like this has happened. This turning into a wolf, there is actual name for it: clinical lycanthropy.”

“To be honest, it was hard to tell what it was in the first place,” she continued. “This turning into a wolf has a cultural component. This could be considered a culture-bound syndrome. You’re an anthropologist, I’m sure you’ve heard about the culture-bound syndrome.”

I had of course heard of the term “culture-bound syndrome,” a term often used by psychiatrists and some medical anthropologists for disorders expressed and recognizable only

within a specific cultural context. Despite its critiques,<sup>1</sup> the culture-bound syndrome was cited often in Chennai by the psychiatrists and psychotherapists who had been trained abroad.

However, I was still curious about the specificity of this disorder.

“But why a wolf of all things?” I asked. “Why not be possessed by a spirit, a god or demon? These are all more locally specific, surely.”

“Well yes, that was a very important part of the therapy,” she replied. “This is something that goes back to something original that happened to him. This turning into a wolf...it wasn’t entirely organic. There are a lot of environmental and cultural influences that went into something like this. This child watched a movie—“The American Werewolf”—when he was young. He had internalized it and even repressed this because this was inappropriate content for a five or six-year-old to watch. Then he lodged that into his mind. So, the moment he lost touch with reality, the moment there was the descent, this was one of the things that was there, to take the place of reality.”

I wasn’t completely sure how this related to the culture-bound syndrome—surely, others watch the movie elsewhere—but proceeded to ask about the loss of the boy’s reality. “When would you say that moment occurred? This loss of reality, in your perspective?” I asked.

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<sup>1</sup> The Diagnostic and Statistical Manual of Mental Disorders-IV includes a list of culture-bound syndromes as an appendix. Some examples include *susto*, *dhat* syndrome, *hwa-byung*, and *nervios* (Kaiser and Weaver, 2019). This notion has been critiqued by other anthropologists (for what is the “standard” and what is “culturally contextual”?) for presenting disorders within this context as static and unchanging. Obeyesekere (1990) writes, “the cultural/religious embodiments of a particular disorder are in fact crucial to its etiology and prognosis and symptoms cannot be isolated from, for example, their religious contexts” (13). One would not, for example, say that dissociative disorder was really possession by a wolf, though the notion of the culture-bound syndrome treats the inverse as true.

“The boy suffered a lot as child. Lots of physical abuse. When he first came in, he denied the fact that there was any abuse, but through our therapy, many things were revealed. The origins of all this, meaning the moment of transformation, occurred because one day, he was beaten so hard by his father, he took a fall and he hit his head. His father pushed him into an iron gate, he lost consciousness, and then something happened when he woke up. So somewhere in his brain something changed. There was like a switching of information. What was him and what was his environment, he couldn’t tell. It was almost like the becoming a wolf provided an outlet to his trauma.” This switching—of what is one’s own story (the inside) and what is one’s environment under trauma (the outside)—was something that struck me as important.

I proceed to ask Esha about her therapeutic directives, what worked and what didn’t for the boy, curious about the pragmatics and efficacy of play. She explained how dramatic play, body-based psychotherapy, and puppet shows all demonstrated the degree and severity to which his childhood was rife with physical punishments. The story about the iron gate and his father had not even been remembered or revealed until they were playing with sand. “That specific memory, the one I am tracing back to the origins of the event, was triggered during sand play. He took a miniature iron gate figurine and buried it under the sand, so I knew there was something to unearth.”

Though Esha tells me that the boy ultimately “shed the delusion that he was a wolf,” and was nearly “recovered over the 22 weeks of therapy,” the interview opened many more questions than it answered. It also foreshadowed what was yet to come for me. The boy who turned into the wolf was only the beginning of the relationship between altered subjectivities and nature that would unfold over the course of my fieldwork, something that for me, was completely unexpected and not an intended point of investigation. As my research continued, I met people

all over Chennai who were, in the sense that I am using it here, being made with nature: people conversing with animals and plants, individuals dissolving into rivers and oceans, waking up to the cries of wolves. Individuals were not just engaged in conversation with them; they were becoming animal with them.

I met a man who had been recovering from schizophrenia for over 40 years who would have a faithful cat reappear on his windowsill every now and then. The cat was therapeutic during the times when no one understood him, but also reminded him of his lifelong battle.

Shubhu, a poet, shared that the paranoia and visions she experienced after her hysterectomy were mitigated through a poetic engagement with the Kaveri River in Tamil Nadu. The unease began, she told me, when her womb was carved out and stolen from her, not only by the doctors who conducted the procedure, but also by society who stole what it “could mean to be a woman.” On one of her lowest days, Shubhu and her husband left the city to stay at a resort near the Kaveri River. In one of the moments she describes as her most therapeutic, Shubhu stood by the river for hours—a reality she now recognizes might have not been shared—and allowed the river to become a part of her. She felt her body become the water. She went back inside her hotel room and put on purple and orange lipstick, laced the edges of her lips with glitter and shine—“as the glistening shades of the river itself”—and then “became Kaveri,” finding a little more solace with the ebbs and flows of her life. During the hours she spent by Kaveri, she saw her uterus floating in the river. For Shubhu, this was not a ritual or a manipulation of symbols; this was a sudden transformation, a way of being made over by the river itself. The river, much like Sita’s earth splitting open, became an interlocutor, a corroborator in her misery and the injustices that she felt she faced.

Kumar, who I introduced in the introduction and whose story I will again share below, has a unique relationship to birds as they often flock to him and land on his chest, particularly when his paranoia and depression sets in. For Kumar, “these birds are messengers of God,” a way of staying connected to physical matter, contraindicative of the spatial-temporal disconnection commonly theorized of individuals living with schizophrenia.

### **Anthropological Thinking About Humans and Animals**

The relationship between the human and the non-human and questions surrounding interspecies relationalities are central to many debates within anthropology, especially among those concerned with the ecological crisis, human exceptionalism, and ethics—what Kohn argues as an “epoch in which human and non-human kinds and futures have become so increasingly entangled that ethical and political problems can no longer be treated as exclusively human problems” (Kohn 2015, 313). Kohn writes about “modes of being ‘made over’ by realities not fully circumscribed by human worlds” (313). For Kohn, to be made over is a kind of cultivation... “a way of becoming attuned to other kinds of realities.” Questions around the human and the non-human in anthropology are often associated with the turn to ontology in sociocultural anthropology, closely associated with Eduardo Viveiros de Castro’s “multinaturalism” and conversations around his work, including the recent works of Philippe Descola and Bruno Latour (Kohn 312). Broadly, these questions seek to address the relationship that anthropology has to the specter of a global ecological crisis, as “anthropology as a humanistic science lacks some of the conceptual tools needed to face these problems” (312). Various authors have responded to these questions, addressing the psychic continuity between human and animal (Descola), or critiquing nature as universal and static toward a

“multinaturalist” way of thinking that posits many natures (Viverios de Castro). Haraway (2016) also theories of strange kinships, asking what it means to become-with and think- with other species. These questions have also long been explored by indigenous studies scholars who have described complex forms of non-human and human agencies and co-emergences. Leanne Simpson (2011) writes of the ethics of indigenous resurgence in the wake of ongoing settler colonialism in Canada through psychic and material connections between land, thought, and nature.

In India, Lata Mani (2013) offers a different trajectory for thinking about human-nature interactions. She combines academic scholarship with spiritual decolonial discourses, poetry, and fiction as she attempts to find the interconnectedness of all things, persons, perceptions, and phenomena. Mani writes, “market-driven distillations of post-enlightenment conceptions obscure the interrelations between persons, things, phenomena, aspects of self, humans, and the rest of nature” (2013, 5). Mani calls these “disarticulations,” in which humans “view ourselves as a self-evidently higher species...[and] have behaved as if the rest of nature exists only for our benefit and it is our right to exploit it as we please” (5). Mani continues, “even as our concepts slice and dice reality into so many fragments effectively making such disaggregation the touchstone of our reality, the social and natural worlds point to the abiding interconnectedness of phenomena. Contemporary events repeatedly dramatize the impossibility of sectioning, sequestering, partitioning or isolating one or another element or dimension from the other” (5). For Mani, relationalities between the human and the nonhuman continue to persist despite these categories, separations, and isolations.

Naisargi Dave (2014), whose work is also based in India, writes about animal activism and the kind of affective intimacies that develop between the human and the animal and a



transformative mode of witnessing between them. Quoting an interlocutor, Dave writes, “‘To realize the suffering of animals,’ she [the interlocutor] said to me, ‘requires you to become an animal that talks. Because they cannot [talk], that becomes my responsibility’” (440). This notion—that animals cannot talk back—has been discussed by some scholars in so far that a “turn to the non-human could indicate a power move, engaging with an Other that doesn’t talk back, or at least that doesn’t talk back in a way we have learned to acknowledge,” and might be masking neocolonial agencies (Gentile 2020, 183).

I narrate these examples to ask: what happens when these “others” do talk back? When these “inter-relations” are not obscured, where entanglements emerge in the form of bodily possession, healing, and hallucinations? What are we to make of “modes of being ‘made over’” in the wake of psychiatric intervention? Dave (2014) asks, “what would it mean to believe that in the ethical encounter between human and animal, a woman can indeed become an animal, not theoretically but carnally, morally, spiritually?” (435), and yet the subject of Dave’s becoming is still posited as rational and ethical, a non-knowing becoming that is still conscious. What are we to make of a becoming that is carnal, yet also world shattering? Or spiritual and yet deemed a perceptual hallucination?

The relationship between the non-human and madness, specifically, returns us to philosophical considerations. When discussing the “human” and the “non-human,” the category of nature is opened up for interpretation, but what is the fundamental assumption of the “human?” In *Madness and Civilization*, Foucault (1965) explores how during the Classical period in Europe, animality was on the other side of humanity as something to be tamed, brutalized, and disciplined. Animality was opposed to reason and order—animality as in fact “anti-nature,” leading to those who displayed signs of animality to be confined. The opening of

mother Earth to hear Sita's qualms references a kind of world-shattering madness (literally) related to abandonment, despair, and complete self-negation. Deleuze and Guattari (1983) write about the difference between an individual with schizophrenia walking in nature among the trees and mountains as different than a neurotic sitting on a couch; "a schizophrenic out for a walk is a better model than a neurotic lying on the analyst's couch" (xix), they write, exploring affective and transformative engagements with the physical world as distinct from the therapeutic potentials of the talking cure for individuals living under the "oedipal." Freud (1917) also writes on nature,

Not content with this supremacy, however, [man] began to place a gulf between his [sic] nature and theirs. He denied the possession of reason to them, and to himself he attributed an immortal soul, and made claims to a divine descent which permitted him to annihilate the bond of community between him and the animal kingdom. (140)

Following Freud, several scholars have explored the relationship between animality and the human psyche: how to "tame the unconscious animal," the distortion of subjectivity by engagements with nature and objects, and questions surrounding the oedipal/pre-oedipal (if nature is thought around the care of the "maternal"). As Gentile (2020) writes, "those who forget this symbolic, 'as if' quality of the animal within and without, become a punchline, like the 'crazy cat lady' who has forgotten the representational nature of the cat as a stand-in, not a replacement, for the human" (184). Like Foucault's assertion, individuals who "become" animal or part-animal are cast aside as the irrational other, where the "human" part is left vulnerable to the animal or animal-like qualities, much like Esha's conception of the boy who turned into the wolf.

Within these psychoanalytic explorations, "nature, not the human, is often cast as the danger or perpetrator" (Gentile 2020, 181). This position of helpless victim has been likened to

that of a child at the whims of a punitive parent, especially when the nature is feminized as in ‘mother’ nature, or somehow as if the animal quality that has been severed from the human is now reentering into the human against the human’s wish. In comparison to anthropological claims surrounding ethics and the ecological crisis, psychoanalytic inquiry (among other kinds of theories that posit a kind of “species narcissism”) is often shunned for its emphasis on human exceptionalism and a focus on a philosophy of subjectivity. However, as Gentile (2020) and Ranjana Khanna (2021) note, decentering the human has always been central to concerns of psychoanalysis, as an inquiry into the unconscious as something that is beyond the human, a site that deconstructs rationality, and focuses on theories of ambivalence.

While this chapter does not necessary focus on these debates, it takes these concerns as a starting point to think through the ways in which different subjectivities are formed, shaped, entangled in conflict and ambivalence with the non-human as illness, healing, or simply as an embodied witness to changing landscapes. Rather than exploring questions surrounding ethics and human exceptionalism, I offer the stories of my interlocutors to think through the blurred lines between symptom and health, fantasy and reality. In the first section of this chapter, I explore how bodily and psychic rearrangements with animals and nature might be certain psychic reprieves to what Kumar calls “the virtual.” Kumar develops a personal concept called “the virtual,” which is “a world—sometimes technological, sometimes something else, that flattens and destroys the experience of ‘the outside’.” For Kumar, the virtual is precisely the antithesis of being in the present moment, attached to the ground, the earth and nature, the present moment of being amongst the birds, the trees, and the “messengers of the gods.” The virtual is “any space that takes away individuals from the physical world,” he told me once.

Kumar often experiences the “delight of the doves,” his “pigeon pals,” which in psychiatric terms is reduced to hallucinatory experience. In psychiatric discourse, “hallucinations” are often considered perceptual experiences that occur in the absence of external sensory stimuli—that is, one sees a bird in the absence of a “real,” physical bird. However, for Kumar, these birds tether him to physical matter. I build off Esha’s contention that material engagements with fabric, clay, and sand “are passageways into the non-material,” and consider how and when the inverse relationship might carry therapeutic insight. For Kumar, the immaterial (the delusion, the supposed non-reality) is precisely what anchors him to the (physical) earth. His birds are his way of staying connected to nature in a world that is at odds with developments of the “virtual.” I also turn to philosophical considerations of materiality that address the question of the immaterial present in the material and how this might help us re-think hallucinatory experience.

In the second section, I speculate about how this emergent pattern might enable us to re-think the category of pathology. Instead of interpreting these “disorders” as a culture-bound syndrome, I ask whether it is possible to read them as collective responses to changing landscapes. As Pandolfo writes on the possibility of the cure, “the space of the cure addresses an affliction which is singular, but which is also symbol that speaks of a collective condition... healing, and the sickness itself, are a kind of bearing witness” (2009, 82). For Pandolfo, the cure and the symptom speak of a collective condition—what might this pattern of entanglements with the non-human be a collective response to? Rather than thinking through subjects as being “made over”—in Kohn’s words—what would it mean to be “made-with” in spaces that are increasingly unreserved? Drawing upon contemporary scholarship on South Asia, I explore how India—with its fetish of the modern, bright lights, start-ups, call centers, the city and the slum—inhabits an

“orientation toward velocity” and “promises of the future and getting there faster” (Taneja 2007). Embodying nature, even in its most unreasonable state, might show bodies are possessed and in dialogue with nature and its elements. I demonstrate how the “unreason” and “madness” ascribed to one’s relationship to nature should not merely be read as an individual symptom of illness, but rather a bodily response to the collective ailments incurred as projects of the future.

Psychoanalysts and anthropologists have long theorized the relationship between the individual unconscious and the social world. However, these theories are often situated in, and consequentially limited by, a relationship to the past, the individual’s bondage to history, war, and catastrophe (Fanon 1967, Rose 1993, Pandolfo 2018). In this section, I speculate about how bodies possessed by nature illuminate a unique aspect of the experience of madness that is often obscured by imperatives of future developments in India.

## **The Virtual**

My aunt, a psychotherapist in Chennai, once told me to that she tries to avoid holding her sessions during dusk. “Something happens, and the things that didn’t make sense during the day suddenly do.” She was suggesting that there are certain transitions of the day where stories make deeper impressions on the listener.

I happened to meet Kumar precisely at dusk, at an old colonial cafe just down the street from my aunt’s house. I started the interview off as I usually do, asking Kumar to speak whatever he feels necessary.

“I can begin to tell you what you are thinking of, but my memory does not allow me to speak correctly,” he began. “Even though I keep reading to improve my speaking, my words fail me.”

“You see, I would consider myself a mild schizophrenic,” he continued. “There is also the medicine. The medicines keep me from accessing things.” After speaking about his misgivings with words, Kumar started to tell me his story—a rather complicated one—that involved crossing continents and disfiguring time as I understood it. Part of his story took place in Florida, other parts across different cities in Tamil Nadu. His story described his issues with friends, foes, and the police, and visions of Jesus and Parvathi.

There is one version of Kumar’s story that might tell itself, about his life and his words: the quieting of delusion through medicine but how his words always remain an elusive poetry. While for Esha, one should only engage with non-directive experiences with a firm grip of reality, for Kumar, writing poems is a space of refuge: the space between the lines, the lack of linear structure and the creative affordability all enable him to speak through his conditions and medicine in a way that regular speech and conversation does not allow. Poetry for Kumar involved flowing through an economy of words, a network of meanings, and was even a kind of attentive self-care. Alongside being a poet and writer, Kumar also works in an IT firm doing data analysis. I would often run into Kumar on the street (a very strange happenstance in a city as big as Chennai) as his office was right across from my aunt’s house.

Like Dhruv, who I introduced in Chapter One, Kumar remains an interlocutor whose stories and words continue to shape the rest of my fieldwork and is an ongoing influence in the writing of my dissertation. For years, Kumar has expressed and written himself on his blog. This blog has been both a source of comfort and a source of distress. For Kumar, “most of [his] abuses”—that is, what he understands as the moments leading to the birth of his pathology—occurred in what he calls the “virtual.” The origin point, the moment that Kumar traces to the beginnings of his diagnosis with schizophrenia, started with a friend, who he “befriended in the

virtual.” They became close through text messages, blog posts, and sharing music lyrics of intimacy through “technological correspondence in the virtual.” Over time, the virtual developed as a kind of personal concept for Kumar. The virtual for Kumar is the spaces, the avenues, the technologies that draw one back from the world outside (specifically the natural, physical world). However, as I will explore later, Kumar has an antidote to the virtual, which includes a psychic engagement with nature and animals. The concept of the virtual is of course present within the western philosophical canon—particularly Deleuze’s conceptualization of the virtual, which explores that which does not lack reality as such, but rather is engaged in processes of actualization. However, Kumar’s formulation is separate to these theorizations and idiosyncratic to his own thinking. Without trying to present a coherent story, I take a few blocks of Kumar’s speech from different encounters in which he describes the virtual.

It was a time of distress. After so many abuses on Facebook, after friends in the virtual started ignoring me, I had reached Chennai where I walked for miles on the road to see my other friends—who turned into my foes. I thought they would meet me there. We eventually did not meet, and my father took me to the temple. I put the garland on the goddess, blushing with thoughts preoccupied with thoughts of the virtual.

[Speaking once to Dhruv, Kumar said:] I tell you. You need to stop reading all these things. Diet, gym, workouts. Body and endorphins. It naturally keeps your mind active and enables sound sleep. Get on yoga otherwise. Don’t stress your mind with overthinking. It gets you nowhere. Take a conscious attempt to be in the moment, rather than let your mind wander. Don’t live in the virtual.

I was sitting on my balcony, locked up and writing on my blog again. You know what the blog is for me. That is when I realized the action of the doves. They weren’t cluttering and aggressive, but on that day sensing the dangers were bombarding the balcony, making signal of the danger which lay ahead for me, the dangers of the virtual world. I felt the pursuit of the thought process on my virtual friend, interpreting to the kings and queens using doves as messengers to communicate. The doves stopped my virtual communications.

While research on individuals living with schizophrenia often explores the reality and functionality of the everyday—that is, experiences with people, work, and relationships—there is another kind of reality that Kumar draws attention to: the reality of the “virtual world.” This reality, made up of the matters of technology, data, blogs, and the internet, is what Kumar’s psychiatrist sees as one of his major triggers. “You’re making connections that are not there,” she once told him as a response to his sharing that the writing from his blog inspired a Tamil movie. For Kumar, however, the virtual is something deeper, more personal but also speaking of a collective condition.

In the third quote above, Kumar speaks about his relationship with doves. Doves—sometimes pigeons—often come up in our conversations. They typically come to him when he is being called into the virtual. Sometimes the doves appear on his balcony; other times they land on his chest and peck at each other. Kumar has even drifted off to sleep with the doves lying on him. The doves offer a kind of anchoring, a rooting back to the physical earth, a way of re-entering the world after the perils of engaging with the virtual. Kumar has written numerous poems about these birds. I reproduce, with his consent, one of them:

as the earth revolves around in a spin synonymously  
so are these beautiful moments which swell my heart  
if earth is a paradise, so is my apartment Srividhya  
aura is never bought  
in dollar or dinars  
but through the auspicious, through mother nature itself

the history laces these peace-loving birds  
but to experience them is the holy trial  
not once not twice but to dwell on them  
I have to concur  
this is a way I look at it

just to denote the time travelling, paint vividly these incidents,  
the birds in my balcony have always sprung up in times of need  
or say, during those regressive times,



flying with clutters and pecking one and another  
Probably it read my emotions  
every time I dragged a fag

As animated I was with my boss in call yesterday  
going back forth with current issues  
or in another past episode  
where it perceived the danger which loomed ahead  
they had drawn a script which grips me with fascination, love && affection  
that through a reciprocation I spread these words of love  
these birds are not just messengers but one amongst us

As Kumar notes, the birds “have always sprung up in times of need/ or say, during those regressive times.” Regressive times, I know from our interviews, are times when Kumar feels like nothing is working (the meds, the physiotherapy, the exercise, the CBT). But when his birds fly away, “they take away some of his sorrows.” For Kumar, these perils come from the virtual, and these birds are not just messengers, “but one amongst us.”

The birds are a “holy trial,” they invite him to ponder and dwell on impasses, something different from mere happenstance—“not once not twice,” he tells us. For Kumar, “earth is a paradise,” earth as separate from a world filled with calls with money, blogs, bosses, dangers of encounters with humans that do not understand where he is coming from. There is a connection for Kumar between the spinning of the earth and the spinning of his heart, a question of one’s body being “made-with” the earth. However, for Kumar’s psychiatrist, the doves are just part of his hallucinatory experience. In psychiatric discourse, a hallucination is a sensory perception that occurs in the absence of corresponding external sensory stimulation meaning, one would be hallucinating if they see a bird in the absence of a real bird. Kumar’s experiences with the birds produce something somewhat paradoxical: his so-called hallucinatory experience (a thought, an intangible) is precisely what tethers him to physical matter.

Kumar's engagement to the birds shows an inverted relationship to what Esha, the play therapist, describes in the beginning of this chapter. In Esha's narration of the psychic ascent and descent, one cannot descend into the non-reality without a firm grasp of reality. For Kumar, the immaterial ("the non-reality") is precisely what anchors him to the (physical) earth. Despite the fact that—from a psychiatric perspective—Kumar's engagement with birds is not physical or material, they are still physically present for Kumar and allow him to connect to something concrete and bigger than himself, nature itself. Perhaps the fact that the birds arrive to him as a kind of immutable nature, and are not agentive the ways human are, makes them a source of grounding. While psychiatric discourse might suggest that Kumar's sensory perceptions are "tactile hallucinations" (as his psychiatrist did suggest to me), I offer that looking elsewhere—perhaps philosophical trajectories—may help us understand the blurred boundaries between the ideal (an idea, concept, and thought) and the material in sensory experience. While of course this chapter does not seek to elaborate these debates, I reference some in order to help us think through the relationship between hallucinatory experience, physical presence, and matter.

### **Immaterial/Material**

In her book *The Incorporeal*, Elizabeth Grosz (2017) narrates a long history and trajectory of philosophical thought that explores the relationship between the ideal and material. She develops a concept called the incorporeal, what she calls the "subsistence of the ideal in the material or corporeal," which she derives from a lineage of thinkers from the western philosophical canon. She seeks to explore the immaterial conditions for the existence and functioning of matter, and in reverse, the material conditions for the ideal (or the concept, idea, thought). For Grosz, this project is "an attempt to produce a more complex, more wide-ranging

understanding not only of materiality, but the framing conditions of materiality that cannot themselves be material” (Grosz 2017, 5). The thinkers that Grosz draws upon explore the ways in which materiality (in all its forms) exceeds materialism. For Grosz, matter is always more than itself, as is the concept or idea. This, she argues, has important philosophical stakes, “among them that there is no definite break between animals and humans or between animals, plants, and animate objects... [The] mind is not an attribute of conscious much like our own but characterizes all primary forms” (13).

One such thinker she draws from to elaborate the question of the incorporeal is Deleuze’s work and his work with Guattari. In Deleuze and Guattari’s *Anti-Oedipus*, they describe what they call the schizophrenic process. Rather than situating their analysis within and for a clinical point of view, they aim to examine the ethical-philosophical and socio-political aspects of the experience of schizophrenia (Van der Wielen 2018). Though critiqued for romanticizing schizophrenia and at the same time over-identifying an individual with their disorder with the term “schizo,” they nevertheless explore some of these concerns around the material and the ideal. An individual living with schizophrenia, they write, “remain [s] at that unbearable point where the mind touches matter and lives its every intensity, consumes it” (1983, 21). This question, of when mind touches matter, is precisely the point of inquiry of this chapter. In order to understand what they call the “schizophrenic logic,” they draw upon a number of individuals and artists living with schizophrenia. They write (quoting the individuals), “I feel I am growing breasts,” “I am becoming God,” or “I am an Egyptian. I am a red Indian. I am a Chinaman. I am a Japanese. I am a foreigner, a stranger. I am a sea bird. I am a land bird. I am the tree of Tolstoy. I am the roots of Tolstoy.... I am husband and wife in one. I love my wife. I love my husband” (1972, 77). These kinds of utterances, much like the visitations of the birds on Kumar’s chest or,

even more specifically, Shubhu's becoming of the Kaveri River, are typically understood within psychiatric discourse as hallucinations, delusions, or delusional identifications. Deleuze and Guattari's theorization of the schizophrenic process revolves around the idea that individuals with schizophrenia live in what they call the intensive order: "if everything commingles in this fashion, it does so in intensity, with no confusion of spaces and forms, since they have been undone on behalf of a new order: the intense and intensive order" (94). Intensity gives rise to perception, and this intensity is experienced as affects, which make up the material of the hallucination. The material of the hallucination, which is made up of intensities and affects, is the same material that makes up other experiences in the world—perhaps the feeling that one is connected to the earth, or, as they write, the affective experiencing of walking through the mountains. Therefore, according to Deleuze and Guattari, there is no actual confusion or incoherence within the minds of those living with schizophrenia. On a cursory read, this might parallel Kumar's psychiatrist who insists he is making connections between things that do not exist, in the sense that there is no confusion between spaces, form, and time, enabling individuals to make connections between things that those under the influence of the "oedipal" cannot make.

I am drawn to this line of inquiry for it thinks through the kind of materials or embodied experience present in "hallucinatory" experience and its connections to other kinds of felt experiences of the world, situated within a larger philosophical tradition of thinking through the materiality of thought that Grosz describes at length in her book. However, for Kumar, there are divisions and significant incoherencies within the materiality of his perceptual experience. There are clear demarcations in his affective experiencing of the world. The virtual—and through the virtual, the physical world—gives rise to his experiences with birds. These are perceptual and

embodied experiences that he sees as separate ways of existing and being in the world. Although he is not “actively hallucinating” in the way that some of the above utterances suggest—he does state the medications have diminished some of the voices and visual experiences—his claims suggest that there is a possibility for the content of the hallucinatory experience to be that of other kinds of material (namely, of this world, of the earth) and not necessarily a “break” from it. His own development of “the virtual” as opposed to his experiences with the birds might suggest that there is something physical and concrete about Kumar’s sensory experience, one that is not entirely disconnected from the world around him despite being considered “false,” or “fantasy.” In Kumar’s poetic words: “these birds are not just messengers but one amongst us,” one amongst us, made of us, physically made of similar materials.

Rather than exploring the boundaries between thought and material or the ideal and corporeal as abstract philosophical concepts, these interrogations, along with Kumar’s experience, allow us to re-think psychiatric understandings of what is understood as hallucinatory experience or even tactile hallucinatory experience. As mentioned above, psychiatric discourse on hallucinatory experience occurs “in the absence of corresponding external sensory stimulation.” Tactile hallucinations in particular are often understood as false sensations of touch or perception—false again, in the sense that they do not have any corresponding “external sensory” stimulation. And yet these thinkers, along with Kumar’s own insight and poetry, allow us to investigate the blurred boundaries between so-called false thought, thought, and physical presence. Deleuze and Guattari already have a working understanding of this when they explore how one must explore the affective world in which the individual with schizophrenia functions and tries to understand the “logic” (content) of his experience on his own terms (within his own demarcations of space, time, form, and content).

Kumar's birds are a kind of tether, one that paradoxically reminds him of clear demarcations in his affective world, and yet, allows a kind of connectedness that Lata Mani (2013) describes, how "the spinning of the earth," relates to the "spinning of his heart."

In Kumar's words, the virtual might be linked to the technologies, the blogs, spaces, concepts, and actions that take one away from feeling connected to physical matter. Rather than interpreting the becoming of animals or experiences with animals as a "culture-bound syndrome" or even a "tactile hallucination," Kumar's commentary allows us to understand the way in which human subjectivity is formed, shaped, entangled in conflict and ambivalence with the non-human, much like what the Tamil Sangam poem in the beginning of the chapter describes. Kumar's story also explores a different kind of engagement with the non-human than the boy who turned in a wolf. While Gentile (2020) tells us that theories of subjectivity allow us to understand the ways in which human subjectivity might deal with loss or disaster (in this case, she is writing about the loss of an environment), a turn to subjectivity—in this case, altered subjectivity—explores an element through which something is gained, resorted, or made-with, a way of attending to what can be physically present through so-called false thought.

### **Projects of the Future**

Paying close ethnographic attention to the relationship between madness and nature as Esha and others note also leads me to contemporary anthropological scholarship on South Asia and modernity in relation to illness and healing. At the beginning of this chapter, I briefly narrated how several people I met during fieldwork were made over, made with nature. I suggested that we might be able to read this pattern as a different kind of entanglement between bodies, nature, and the human. In this section, I ask: what are we to make of the pattern of bodies

being made with nature? What kinds of dialogues are these and might they be dialogues with ruptures in time? Bodies tending toward the past (something original and primary) in a landscape driven by projects of the future, in which animals figure prominently again?

These questions for me are inspired by the work of Vivek Anand Taneja. In *Jinnealogy: Time, Islam, and Ecological Thought*, Taneja writes about the relationship between time, modernity, and the spirits. His rich ethnography takes place in Delhi (North India) at Firoz Shah Kotla, a medieval fort and one of the oldest historical structures in Delhi. Firoz Shah Kotla has also been associated with jinn for almost a century. Jinn, Taneja tells us, are “formed of a completely different substance than humans... they are also said to be physically stronger and to have the ability to shape-shift and to travel vast distances very quickly” (Taneja 2013, 140). For most people, the fort is also a space of fear, “to be approached with caution” (140). However, these jinn are more than just spirits of healing and fear—for Taneja, jinn are transmitters of authority and history, “connecting human beings’ centuries and millennia apart in time” (141). Experiences with Jinn are engagements with a different kind of temporality, a dialogue with the past in a rapidly modernizing, bureaucratic state. This dialogue with the past is especially crucial for Muslims in Delhi, he writes, whose history and lack of documentation has led to an “archival amnesia” of life haunted by the anti-Muslim violence of Partition and a state that seeks to forget all Muslim presence. He writes, “the stories of jinn eyewitnesses who remember events and people from centuries ago are ironic commentary on the impossibility of human memory... But the presence of the jinn is far more than this.... Jinnealogy brings forth other temporalities against the empty homogenous time of the bureaucratic present” (160).

In relation to this chapter specifically, Taneja writes about “ecological thought,” the ways in which the experiencing of jinn-saints and the transformation of the self were contingent upon

the natural setting. Ecological thought is a kind of thinking that is embodied through the experiencing of the physical spaces. Writing about Islam, but also drawing upon Indic sources,

Taneja notes,

animal-lity of the jinn-saints in this space, and the kindness shown to animals here [the area surrounding the fort], serves both as a critique of the anthropocentric worldview of reform of sacrality in the premodern city, where the experience of the sacred was connected, across communities, to the ecology and topography of the city. (14)

Experiencing animals, the pleasure of wandering around greenery and Delhi's streams were all part of being able to open oneself to the transformative capacities of the ecological. The sacred and enchanted worldview was once common in Delhi, where the primary experiences of the sacred—for both Hindus and Muslims—were ecological; “the potentialities of affective transformation and healing that result from opening our sensate selves to nature,” Taneja writes (182). Animals have a close relationship to divine and godly experience, he tells us, “as animals once again in kinship with our fellow creatures, with the snakes and bats that make space for us to walk among them” (225).

I am drawn to Taneja's work as ethnography that thinks through how changes in physical landscapes are intimately tied to the transformation of one's spiritual (or psychic) landscapes. Taneja and Mani describe a particular interconnectedness—not just between the human and the non-human, but also the human, the physical, spirits, ecological thought, and everything in between. Taneja describes how birds and animals, particularly cats and dogs, are seen as embodying saints, similar to Kumar's claim of doves being the messengers of god, but also “one amongst us.” While the specificity of Delhi's projects of the future and bureaucratic state are categorically different than Chennai's booming IT industry, the deterioration of physical greenery, large automobile production, and a state driven by the future are resonant among the



different cities of India. Taneja's ethnography offers a kind of imagining that allows us to think through the relationship of ecological thought to altered subjectivities.

In Shubhu's making-over by the Kaveri River (which I briefly narrated at the beginning of this chapter), she experiences the Kaveri River in a way that is directly tied into the history and current conditions of the river itself. Spanning across both the South Indian states of Karnataka and Tamil Nadu (and also, related to a near century-long dispute on water sharing), the Kaveri River has been referred to in Tamil Sangam literature as a river that is renowned among the seven worlds, notable for its spiritual significance and transformative capacities.

Shubhu tells me that the healing powers of the river itself were not necessarily related to the river in its physical form, but to her affective memories. Shubhu visited the river a few times when she was younger and noted that the river had drastically changed in the last decade. "Everyone knows Kaveri is dying slowly. You see things floating in the river that shouldn't be there." Yet despite this, which is true of many rivers in India, including and most notably the Ganges, the Kaveri River (in its physical presence) has history, spiritual significance, and affective qualities that evoked something therapeutic for Shubhu. Similar to Sita's splitting open of the earth, the river called Shubhu in. In our interview, Shubhu told me numerous times, "I became Kaveri... not 'like' Kaveri, but I became Kaveri," later christened through the enamoring of her lips in the various shades of orange and purple. For Shubhu, this becoming is not the Kaveri she knows now, one with garbage floating through it, but something prior. As Esha tells us in the beginning of the chapter, what was the "boy" and what was "his environment" got switched; the difference between the inside and the outside got blurred. Yet, what Taneja and Shubhu explore is how this relationship might be related to the deteriorating qualities of the environment itself, relating to prior ways of experiencing (and cognitively)

knowing, a tie to a personal, but perhaps more collective loss of what the past is imagined to have been. The deterioration of the Kaveri River also signifies the loss of a “therapeutic landscape,” (Curtis 2010, 7), whereby certain physical and symbolic landscapes offer the potential for healing.

Shubhu and Kumar’s experiences invite us to ponder not only the relationship of human to non-human, but also an assemblage of body to the immaterial, of ideas to sense perception, of the possibility to be transformed by the concepts surrounding the material existence of nature as well as the physicality of nature. This entanglement, of Shubhu’s body to her lips to the flowing of the river to her history, is related to but also more than its physical capacities. While Taneja’s work is specifically rooted in the archival amnesia of Muslims in Delhi, he allows us to explore what to make of individuals whose pasts have been erased through multiple capacities (personal, state, historical, medical), and how this leads to particular affective transformations with the non-human. For many individuals experiencing a different kind of amnesia—through trauma, the inaccessibility of the past through medication—there is also a deep uncertainty and unpredictability of the future. The future remains uncertain both through recovery, but also, perhaps, uncertain due to a rapidly changing landscape. Speculatively, might these experiences with nature be read as a response to projects of the future through a dialogue with an affective past?

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Gentile (2020) writes,

theories of interspecies becoming have failed to adequately address human ambivalence and conflicts of interest that are inherent in their ideals of dispersive agencies and unfolding potentialities/uncertainties. There is still a need for a theory of subjectivity that can explore the ongoing processes of human disavowals and dissociations that reify the human exceptionalism motivating planetary destruction. (179)

For Gentile (2020), psychoanalysis offers this insight. While this chapter does not necessarily focus on human exceptionalism nor does it try to understand a specific genealogy's contribution to these queries, it nevertheless attempts to consider how humans are entangled with nature and materiality through the ambivalence of both health and illness.

In a lecture titled “Psychoanalysis and the Non-Human,” Ranjana Khanna offers a set of terms in opposition. Animal vs. human, technology and the digital vs. subject, the body/body parts/matter vs. the brain and the nervous system vs. the psyche, and so on and so forth. This chapter, however, explores this co-mingling, the “making-with,” of the psyche with the animal, with the body, with the subject, with the virtual, what Gentile tells us is the “ideals of dispersive agencies and unfolding potentialities/uncertainties.” This chapter explores this call that Gentile might be alluding to, these connections between the human and certain kinds of becoming (that are not merely transformative or generative, but ambivalent and possibly destructive) and what questions and speculations of subjectivity this ambivalence may offer.

While this chapter is about the relationship between so-called false thought and matter and patterns of emergence, I also introduce questions around temporality and space—what does it mean for space to be unreserved? How much of the outside world/public life enters our inner worlds/private lives?—a question typically related to the emergence of modernity and secularism in India, and yet, the Tamil Sangam poem I reproduced in the beginning demonstrated how this question is also resonant regarding the mixture of substances. How is space sanctioned, as those writing about the Anthropocene have asked? Who has rights to these spaces? And how might temporal shifts help us refigure those spaces, imaginatively and through bodies?

Lata Mani (2013) writes about experiencing: “we live in infinity, but social theory, for the most part, is written as if the world were a finite object that can, and must be convincingly if

not convincingly described.” This question of the infinity of experiencing and existing is then circumscribed by language, she tells us. “Language constrains our imagination, even as it unleashes it.” The notion of the infinity of experience is one way we might conceive of existing in space (through infinity), intersecting and assembling with beings, non-human and human, in multiple ways. This elaboration of space foreshadows the next chapter which takes concepts of staging, theater, and “actors” as a point of investigation: how space, which is infinite is turned into something finite through staging and actors, constrains and unleashes creativity in the experience of madness.

## Chapter 4 | Psychic Theatres

Just as the actor depends upon stage, fellow-actors, and spectators to make his entrance, every living thing depends upon a world that solidly appears as the location for its own appearance, on fellow-creatures to play with, and on spectators to acknowledge and recognize its existence.

– Hannah Arendt (1978, 21-22)

I first met Dr. L at a workshop at the Center for Psychodrama Studies (pseudonym) in Chennai. The institute itself was quite prominent within psychotherapeutic circles in Chennai as other therapists I met frequently pointed me toward their training programs. The CSP often held workshops on psychodrama and other kinds of expressive arts therapy to the larger public. The workshop that I was attending was about the curative properties of sound, and what it means to “speak sound,” rather than listen to or hear it. Dr. L was not the first art therapist I met who narrated this concept to me: how to listen with your eyes, hear with your nose, alluding to the multiple sensorial capacities of different body parts.

Dr. L was a white man who held a doctorate in poetry and hosted various psychodrama training courses and group therapy sessions in Chennai. He was also an ordained Tibetan Buddhist monk. However, his multifaceted therapeutic background was not something that was uncommon in Chennai. After having already moved across various therapeutic spaces, I knew there was a deep sense of therapeutic pluralism in Chennai: therapists and clients alike combining, splicing, and drawing parallels between different forms of therapies, spiritualities, and the arts. As several scholars have already explored (see Chapter One), “imported” therapies in India, and even biomedicine at large, are often considered “incomplete” by both patients and practitioners alike. In Chennai, many therapists and their respective clients experiment with different therapeutic modalities, for example, combining reiki healing with cognitive based

therapy or play therapy with Angel therapy. Dr. L's instruction and therapeutic agenda reflects his personal background, and he often interwove thoughts on theater, mediation, psychiatry, and the hierarchy of the universe and spirits during our conversations. During his meditation sessions, Dr. L often had visitations from various Tibetan Buddhist deities. I was curious about how he discerns his reality and he responded by telling me about his internal bridge. Though this bridge was a "mental" image, Dr. L described how he could "physically walk himself back to the world," despite being in the realm of deities. Though I was compelled by his meditations, I was particularly interested in learning more about psychodrama—and the question of physical bridges—as most of my exposure to art therapy involved movement and dance.

"The first thing about psychodrama," he began, "was that you need to accept someone's reality. This is the fundamental prerogative of psychodrama. You need to meet people where they are at." As I will later explore in this chapter, Dr. L's idea of meeting someone "where they are at" is a very physical sensation whereby unsanctioned and infinite space transforms into a circumscribed stage with defined actors, a protagonist and an audience. "Moreno [the founder of psychodrama] gained more insight about therapeutic practices from the theater and staging than he did in medical school or even his psychological classes. Psychodrama discloses any issue, any problem as if it were simply a play. This means you go beyond describing something verbally as one might do in an analyst's office," he shared.

Psychodrama, in the way Dr. L is taking it up, is referring to the creation of a specific kind of therapeutic approach conceived by JL Moreno, a psychiatrist and psychologist who developed psychodrama and one of the earliest forms of group therapy. Generally speaking, psychodrama is defined as a type of group psychotherapy: a method of healing that uses action, spontaneity, and creativity as therapeutic interventions. Psychodrama is usually focused on one

person, who is called the protagonist, and various theatrical techniques are used by other bodies and actors in order to recreate a “scene” in someone’s life. During this scene, participants act out their emotions by reacting to others, both improvisationally and using a script.

“There was one case which you might find interesting, that Moreno himself conducted,” Dr. L mused. “It was in New York during World War II. There was a meat butcher who believed he was Hitler. His wife sought treatment for him and when Moreno met him, Moreno did not contest the butcher’s reality that he was Hitler. He did not deny it or try to get him to believe otherwise. He worked with his reality. Moreno took him to his to a psychodrama theatre and involved other people present in that space to act out the different characters, basically replicating all the other members of the Nazi inner circle and their intimate relationships with Hitler. They played out all his different delusions and the butcher had a breakthrough.”

“I think this has something to do with isolation,” he continued. “People already feel isolated, and when there is a bit of insight into your condition, it is even more isolating. Even within the analyst’s office, it is just you. Moreno said that the smallest unit of human existence is two. Or, I think he really means it should be two. In psychodrama, everyone comes together to work out the delusion.” Psychodrama, in Dr. L’s description, involves the combination of physical, mental, imaginal, and emotional aspects that individuals and groups use to bring themselves into a state of spontaneity and creativity.

“You see, spontaneity and creativity, they are ephemeral,” Dr. L continued. “They exist in moments, then disappear and cannot be stored. Spontaneity is like a current that connects people together. When it is present, when individuals and groups allow themselves to come in contact with spontaneity, it energizes the creative powers of everyone involved, keeping dynamics fresh.”

In psychodrama, impulses and spontaneity are seen as therapeutic and transformative offering a degree of symbolic remove from the traumatic event, similar to the philosophies behind play therapy and movement therapy that I described in Chapters Two and Three. Dr. L also told me about the key participants in psychodrama: a protagonist (the individual who shares a script of a problem that will be re-enacted, almost like a dramatized self-reflection), the auxiliary actors (individuals in the group setting who play important characters in that particular scene in the psychodrama's life), the audience (members who are not part of the role play), the therapist (the director), and the stage (where psychodrama is physically enacted). The psychodrama stage along with all the actors offers protagonists the opportunity to reenact events from their lives and be able to access new insights and perspectives—to literally and physically be able to see an event through an additional angle. These terms, Dr. L tells me, are alternatives to the client, the therapist, the analyst's room, etc.

I was curious if any of these processes could relate to thinking through the birth or genesis of pathology. While there are some identifiable triggers for experiences like psychosis, there is also an element of these phenomena that comes out of where, somewhat spontaneously, and researchers continue to remain in the dark about the nature of pathology. The question of spontaneity is what Ram (2013) explores in her work on possession, in which spirit possession (that comes out of “nowhere”) is linked to a skill, even though it is not consciously learned or desired at times.

Dr. L's response was more related to group dynamics rather than individualized triggers. “See, everything comes from somewhere,” Dr. L replied. “We may think that something comes from nowhere, but everything comes from *somewhere*. It's just that we haven't figured it out yet. It just hasn't been activated yet. Let's take psychodrama for instance. Certain things come



out spontaneously. But in order for this to occur, we ensure we have proper activations during a warm-up, and the group has to have a particular dynamic. For these disorders, there are probably similar activations regarding the group, the other actors around the protagonist, that we just don't know about." Rather than the spontaneity being likened to a skill or an acquired habit, Dr. L's response relates to the experience of spontaneity to group dynamics, "fellow-creatures to play with, and [...] spectators to acknowledge and recognize its existence" (Arendt 1978, 22).

Taking inspiration from Dr. L's elaboration of psychodrama and Arendt's quote, this chapter focuses on the discussion of space and the group dynamic, and how physical space is transformed through performance and bodies, creating material engagements of insight for the psyche and actor. I explore the different ways in which individuals experiencing extreme forms of mental illness, experiences typically conceived as incommensurate or experienced in isolation, may actually depend "upon a world that solidly appears as the location for its own appearance" (Arendt 1978, 22). A world that appears "solid" is physical, ripe with stages and actors—enclosing life as a play, as Dr. L would say. Through the lens of an interlocutor's experience with a breakdown, I explore what the concepts of action, spontaneity, and group dynamics might mean for healing, disillusionment, and the (im)possibility of restoration.

In the first section, I narrate the life story of Murugan, whose entanglement with politics is deeply related to his mania and psychosis. For Murugan, the concept of utopia—activated through an involvement in politics and a subsequent disenchantment with group processes—is something that he has identified as a trigger for his symptoms. Being with other bodies, "actors" on the stage of political protest and mobilization, resulted in a sense of disillusionment, one that he says "[he] could not bear.... the shattering of an inner and external utopia." Murugan explains how the personal turmoil he faced as a young person is reenacted through political

protest. Unlike Dr. L's elaboration of the therapeutics of the stage, Murugan's experiences demonstrate a fraught relationship with spontaneity, creativity, and group dynamics.

In the second section, I analyze Murugan's two specific triggers—political mobilization and group dynamics—to explore how pathology depends on specific material and physical engagements. I explore the idea of staging and space in psychic realities, drawing from theater, the Indian classical arts, and street performance. This interrogation suggests that stages are pervasive as physical spaces that are flexible, allow for certain spatio-temporal manipulations, and produce currents between different members on the stage. I suggest that the stage becomes as much of a site of investigation as speech, narration, voice, or other more intangible, immaterial sites of inquiry. I build upon Pandolfo's (2018) conceptualization of a psychic stage—the other “scene” (2018, 112)—and explore how the psychic struggles that Pandolfo describes may be playing out in material conditions. I then turn to David Marriot's (2018) elaboration of Fanon's psychodrama in relation to Murugan's triggers of group processes.

### **Murugan's Utopia**

I first met Murugan at a discussion group for psycho-social survivors held on the top floor of an elementary school. Like many other mental health panels I had been attending in Chennai, there was no psychiatrist present, only experts in health knowledge in other fields: yoga teachers, community health physicians, therapists. This event, however, only consisted of psycho-social survivors, some of whom happened to be lawyers, activists, and mobilizers. I would come to learn later that members of the discussion group preferred the terms psycho-social survivor or psycho-social disability as opposed to psychiatric terms for two main reasons:

one, to raise awareness of the legal rights afforded to someone with a disability, and two, to resist being equated with the permanence of a diagnosis.

“We have to fight for our rights!” Murugan’s voiced boomed through the hall as I entered. “And take down psychiatry in the process.” Everyone laughed. I took a seat next to a journalist who was vigorously scribbling notes. “See, understanding your rights,” he continued in a measured tone after the audience quieted, “understanding what is afforded to you because of what has happened to you is just as important as trying to understand your diagnosis.”

“None of us here are therapists or psychiatrists. That is why we are opening the floor to each other. You don’t get to that level of comfort with a psychiatrist. They can throw many names at us, but we can throw them back.” Everyone laughed again, some even cheered.

Murugan was running his monthly meet-up for Psych Rights Circle (pseudonym), a peer support group for individuals living with different forms of psychiatric distress. The monthly meet-up was typically a lot shorter and a social gathering between the different members, but today was also the second anniversary of the Psych Rights Circle, so the meeting agenda included educating, dancing and singing, and sharing personal stories.

Within the first hour of the panel, my fieldwork suddenly started opening new doors and avenues. It was the first time in that I started to think about mental health in terms of legality in India. Despite having already interviewed many psychiatrists and individuals living with disorders, I had never heard of the different legal rights that individuals living with mental distress are afforded.

“Well, that makes sense to me,” Devi, a psycho-social survivor, who was also a disability rights lawyer and activist, mentioned in response to my sharing this sentiment during a tea break. “Psychiatrists don’t even realize that you have a certain number of rights under the Indian

Constitution that allow you to get help. For instance, if you are fired from work based on a psycho-social disability, you can contest this, and you can also get a paycheck from the government.”

I would later learn from Devi during an interview of the intricacies and nuances of the legal system in India and the difference between care and legality. The Mental Health Act 2017, for example, was implemented to facilitate better access to health care, medicines, and therapy. The Rights of Persons with Disabilities 2016, a separate act entirely, delineated social protection, financial compensation, and funding for the improvement of physical structures.

“It’s interesting because there isn’t even a word for disability in Tamil. But that is what we all have and experience!” Devi remarked as we made our way back to the main hall.

The rest of the meeting entailed going over the details of the disability rights act and Murugan and Devi facilitating questions from the group. In the last hour of the meeting, Murugan opened up the floor for people to share their personal stories and insights. One individual living with bipolar disorder shared how they successfully fought a case against their employer who had them fired as they could not commit to the standardized nine-to-five corporate hour structure. Now they work for three months, take three months off, and then work again for another three months. Other members nodded in appreciation, some asking questions so they might be able to do the same. The event ended with a drums circle, led by Pragati, the arts therapist I introduced in Chapter Two, which allowed for some movement, music, and dancing. As I will explore later through Murugan’s story, the Psych Rights Circle forms a kind of therapeutic around drama and performances that enable certain realities to come into being through group processes, particularly Murugan’s own psychic realities. I quickly met Murugan after the drum session and scheduled a time to talk as I was keen to hear his story.

Murugan and I met a few weeks later, as part of a group of four other psycho-social survivors. It was crucial for Murugan that when individuals share their stories, particularly the isolating aspects of their disorders, it should be done in a supportive group environment. The receiving and sharing of stories was a kind of gift for Murugan. Before Murugan began, he told the others they could leave at any point if any parts of the story felt triggering. This, I would later realize, was related to his personal experience of psychosis—the sense in which the group has potential but is always already fractured. Before he started, Murugan brought out a sketch pad. Throughout the interview, he would sketch in between his stories, a physical and gestural way of pausing to release emotions after reopening old wounds.

“You see, I had a lonely childhood,” he began. “I had some issues with my father, but to be honest, I can’t remember so much of it. I think there was a strong emotional neglect, a deep sense of loneliness and isolation. This led me to indulge myself in art and sketching, you know, to enter into something else. I think, if I’m being honest, that I’ve been depressed since childhood. This depression is actually my comfort zone. I’m completely okay with it, but there is also a threshold. I realized that once I cross that threshold, I slip into my mania and psychosis.”

“I think as a reaction to this loneliness, I tried to become more outspoken, doing more things to get more attention. I was always ahead of my peers, always the odd man out. I think this is what initially drew me to politics and protest.”

Murugan paused for a while and started to sketch on his notepad before beginning again. “So I had smaller episodes in 2001, 2011, and then a major episode in 2013, and then my biggest one in 2017. So four episodes in total, out of which two included psychosis, the other two more related to extreme bouts of depression.” Murugan paused again. “I would say that I do take the

help of psychiatry. I don't reject it completely, but yes, lots of problems there. We will return to that."

"As a young person in college, I think this could have been where it started. Out of boredom and my lack of direction in the classroom, I started sketching. See, I was in engineering college, and I knew I wasn't interested in this. So I started sketching this girl that I saw in college. Because I was sketching her constantly, I started getting more and more attracted to her."

"I was falling more and more in love with her due to the sketching because I could kind of see more of her through that. But I never felt like it was a problem. In a way you could say I harassed her, yes, I should admit it, and she was taken aback when I finally approached her because I was a complete stranger. But I have to say, she didn't complain against me because she could see that I was disturbed in a way."

"After her rejection, I got into a long depression. I didn't speak to her for a while. I don't know why I did all of that in the first place. I don't think I really recovered from that, maybe it took me 2-3 years. But I found that for me at least, my depression is a kind of state of mind at the end of the day. You make a lot of excuses for yourself."

"This rejection from the girl was when I started my night wandering, something that would stay with me for the rest of my life. With the night wanderings, I would roam around and sleep in the temple and come back to my hostel in the morning. In hindsight, it was more like a kid craving for some chocolate or something and was denied it and unable to accept it. Basically unable to deal with the disappointment around the rejection. I think I dramatized it a lot, like obviously at the time it seemed genuine and also that was my reality."

“After this, to sublimate the depression, I started focusing a lot on my political activities. I joined a political party. It was a far-left, ML [Marxist-Leninist] party. The choice itself says something about me you know.” He laughed. “It was a lot. They were talking about armed revolution, even though not a single person of the party has seen a gun. That kind of thing. I joined that party and worked for that party for the next twenty years. And truthfully, the sham is still continuing there.” He laughed again.

“Slowly and steadily during the twenty years, I became one of the important people in the party. I rose to prominence, but within the party, I had a lot of political differences with people. I saw that—in hindsight, and in reality itself—any structure comes with power politics, and at the end of the day, every structure is authoritarian. So that’s why even in our group [Psych Rights] we try with all our heart to not be authoritarian. In many ways, we try and make a joke of ourselves rather than trying to overly appreciate and eulogize what we are doing.” The others in the space nodded. “Yeah so, definitely this political party put me in a deep and serious depression and began some of my mania.”

Murugan here starts referencing a similar claim to Dr. L’s provocation about working one’s inner issues out on the stage, what can be understood as a re-enactment of an inner “scene.”

“I’ll try to explain to you what happened with all this. I think you know, this idea of utopia and rights and all that, it is very alluring. When you have a lot of baggage and history inside you—baggage and history which you have not resolved—and then you go and try to resolve social issues, what do you find? You naturally find utopian ideology, revolutionary politics, and group ideology very attractive. The revolutionary group is also attractive after loneliness. And then in practice, you see that that utopia isn’t in the structure itself. Leave the

utopia you want to create. When you get into that, when you start trying to resolve your own baggage with social issues, you get into a lot of disillusionment. And then you have a realization it is never going to happen. And that realization, that disillusionment was too much for me to bear. So then you get into a lot of disappointment and then you realize there is no one to believe in, there is nothing to be believed in in this world. And that puts you in a difficult position. A very difficult position.”

“And then what happens after this first disillusionment is what happens when you are confronted by your own group. You can say that there was a forum in which we were discussing a particular topic at hand. I can’t remember the details of what we were discussing, but my opinion was contrasting. I was overthrown by brute majority, which was like a cult-like majority. And that shattered me completely, all my dreams of living with that party were demolished. And this was after 14 years with that group. I couldn’t take it, I collapsed. And this is where the psychosis started.” Murugan references the birth of the pathology spatially: “this is *where* the psychosis started,” not when or how.

Murugan’s engagement with the political scene is his first venture into group dynamics and processes. As Murugan tells us in the beginning of his story, his interest in the group and in politics was a response to his isolation and loneliness. However, Murugan’s entanglement with the political party also moved his desire out of isolation: the group offered Murugan a utopic way of being, which allowed him to temporarily sublimate his own grievances, referring to the possibility of the individual disorder blurred into collective disorder. In Murugan’s elaboration, the utopia presented by his political group is the “other scene” that Pandolfo (2018) explores, an empty and open space that one can use as a working-through. And yet this psychic scene is not a scene in one’s “mind,” but externally, concretely with other bodies, activations, and



physicalities. However, as Murugan reflects, “the utopia is not in the structure itself,” it is a mere fantasy. When the “scene” collapses, so does Murugan.

“During that same time, lots of other things were going on. My father expired, my family went through a lot of issues, financial trouble, emotional issues. I had to sort through all of these things all by myself. My engineering degree became useless because I was fully into politics, but then I had to find a job to help stabilize myself economically. Which I had to do, I had to find some way to move forward after this disillusionment.”

“In my mind, I always wanted to be a nonconformist. This subconscious choice itself says a lot about me as a person. Somehow, I wanted to be different, alone in my thinking, and on the other hand, I also so wanted to desperately be part of this revolutionary group. In hindsight, I find nothing called non-conformist and conformist, it is just two sides of the same coin. We’re all going to be one way or another like the people around us. After I was overthrown from the party and had to find a job, it became very difficult to keep the job because I didn’t want to do what everyone else was doing. I didn’t want to conform. I kept thinking I need to go back to the party, I need to work for the party full-time. I tried to participate in political activities a little bit, but it was really difficult still participating in the political activities because the disillusionment reached its peak when I was demolished and overthrown.”

“I then got married and had a kid. Of course, I met with my psychiatrist to see if this is something that is okay to do because I had been taking medication from 2005. When my son was born, it was like a watershed moment. I was extremely, extremely happy. If I reflect now, it was the first moment that I ever experienced happiness in my life. Absolute happiness. But then I think I wasn’t able to handle the happiness because it was a foreign emotion to me because I was always comfortable in my depression. It was a restless moment for me. There were already lots

of issues at home with my wife, and I couldn't handle the emotions, so I just left my house and then I was running here and there.”

“Because of the joy I had with my son, I started doing all kinds of things. I cannot talk about them so much, but something I would try and do is beat thresholds that I would I set for myself. Things like speeding, getting over my fears, other kinds of thresholds. I was theorizing everything about my life, connecting all the dots. I began thinking again that we were at war, and I made a resolution to myself again that I was going to fight against all the authoritarian systems. And during these first two year of my son's life, I fought with my wife, verbally and physically, and even my psychiatrists. When I later realized these things later, that I hit my wife, I was completely devastated.”

“You know what, people talk about a lot of difficulties, like disabled people, like emotionally vulnerable people, economically vulnerable people, but all these things come with the privilege of consciousness. Consciousness is a privilege. When you realize at a certain point that you cannot know or trust your consciousness—like is this real or fake—and that there are no absolute parameters, this is one of the most devastating experiences in someone's life.”

“But then, somehow things started going okay after this. Even though I was in and out of the hospital, at home, at friend's place. Like this I was managing, it was fine. Like management. Then, this Jallikattu thing happened. It rocked Chennai, and to be honest it rocked all of Tamil Nadu, and it rocked me to the core.”

Murugan is referring to the practice of Jallikattu, a sport practiced in Tamil Nadu in January, around the time of Pongal, a celebration of the new year's harvest. Participants of Jallikattu grab a bull by its horns and try to hang off its back while the bull tries to escape. The

pro-Jallikattu protests that Murugan refers to were protests against a government ban of Jallikattu in response to a lawsuit filed by PETA.

“I was not a supporter of Jallikattu, at the same time, I hated the way they forced people not to practice Jallikattu because essentially they are imposing a ban on people, infringing on the rights of people and that was my major concern. I remember sensing that there was a brutal onslaught that was going to happen because the way people were being treated by the police. To be honest, it was just pathetic to see, but it was also pathetic to see the way people were treating the police.”

“I could sense something was happening to me. I could see that I was slowly getting into it, and in a way, I allowed myself to get affected by these things. I initially wasn't attending the protests, but only watching them on TV, but I could feel myself getting drawn in, getting drawn in by what this massive group was doing. And you just felt that buzz. It is like a high. And then I went for the protest on the last day. To see people coming up in large numbers, oh my god, it was so incredible. There were swarms of people, 1 lakh, 2 lakhs of people at the Marina. I've never seen the beach like that, it was another place. The beach was all that I had dreamt of, for so many years, finally coming to fruition. Oh my god, you don't even have a place to stand in the protest. And for me, I am a person who has dreamed of revolution for a long time, for the last 20 years. And seeing it all gives you too many feelings. Then once people started to get attacked, when I saw people getting beaten, I crashed. I lost it. I couldn't take it. I started shouting, the paranoia and psychosis started, all my theories started in, and I wanted to take revenge on the people who started attacking the protestors. I wanted to mobilize people, I wanted the revolution to succeed, I wanted the authorities to be overthrown. Everything started to slip in. It was too much. Now that I think about it, it was another disillusionment that I could not bear, the fact that

people getting attacked even after such a massive protest. Again, this whole thing happened, and the whole psychosis started again, I started hallucinating, I started talking delusional things, my sleep completely collapsed, my night wanderings started again.”

In Murugan’s description of the protest, the space of the beach, the movement between people, the attacks on both the police and the protestors all contributed to the onset of his psychosis, which he refers to in the beginning as his biggest episode. Murugan notes, “And for me, I am a person who has dreamed of revolution for a long time, for the last 20 years. And seeing it all gives you so many feelings.” This scene might be understood as the “other” scene, but also the scene present, material, what Murugan “sees” as manifesting. Dr. L’s insights points us to how these psychodramas are not in his head, but rather playing out in real life, through the beach, through and amongst the lakhs and lakhs of people, similar to the concept of a current between the masses. His dream of revolution materialized in a way that led to a psychic unraveling. Murugan’s personal insight explores an experience of psychosis not based in “fantasy,” but rather, in the realities that rise up to meet the psychodrama, that add substance to it—the beach, the protest, the attacks, the police, the failed revolution. As Arendt reminds us, a world with “fellow-creatures to play with, and [...] spectators to acknowledge and recognize its existence.”

“I lasted in this state for a really long time,” Murugan continued. “I couldn’t be convinced to be taken to the doctor, and I created a scene in my office itself. I was telling everyone that I wanted to go to a Vipasaana center for a month. The people at work tricked me into taking me to the hospital, which is actually punishable now under The Mental Health Act 2017, by the way! I don’t regret it though. Once I got to the hospital, there were about 10 built, buff men ready to restrain me. I told these guys, ‘Hey, I’m not a fighter and clearly, I cannot

fight with you. You want to shoot me with a syringe, right? I don't mind.' So I was hospitalized for 2-3 weeks but my irritability and anger was still there. When I was out of the hospital, I just became numb. Totally numb. The consciousness set in. I realized I am screwing up my son's life too. For an entire month, I just watched rom-coms, you know English romantic comedies, to numb myself from the horror of what happened. I didn't want to watch the news, have anything to do with people and movements and social issues. I decided to leave for Pondicherry for a month. And I stayed at Auroville [ashram in Pondicherry] for the next six months and decided to educate myself on what is going on with me. I was able to map my episodes, my symptoms, my peculiar symptoms, my triggers, my early warning signs."

Like Dr. L's elaboration of the group, Murugan's self-analysis revolves around the experience of the group and of the individual in isolation. "I've now realized my triggers are two main things. The first one, and the more powerful one I would say, is whenever a big social atrocity happens, whenever there is a political event, where there is a political protest with these swarms of people, where all these people are together in one place, I really get drawn in. It affects me a lot. I think it is attached to a prior dream and then something else plays out."

Murugan's elaboration reminded me of a seminal quote by Freud and Breuer: "hysterics suffer mainly from reminiscence" (1895, 22). And yet, these reminiscences, these scenes, are material, embodied, rooted in a relationship to a past physical structure.

"The second is a relationship issue. Any issues with the people around me, this sets me off. But this is more leads me to a depression rather than my mania and psychosis. In both cases it has to do with some dynamics between people."

For now, Murugan has invested himself in the Psych Rights Circle. He sees Psych Rights as a way to work through psychiatry and politics in a way he ultimately hopes is different than

any authoritarian structure. For Murugan, there is hope in a psycho-political community, based on a horizontal engagement, perhaps what Frantz Fanon means by the “being-there part of a group process” (Fanon in Marriott 2018, 46), a space for all members, collectively, to confront their realities.

### **Scenes and Staging**

I end Murugan’s story here with his final provocation of his two triggers relating to group processes and relationships. In this section, I attempt to link back some of the insights on staging, actors, and spontaneity that Dr. L describes in the first half of this chapter. This is not to think through the pragmatics of psychodrama as a therapeutic modality exclusively, but rather, how certain staged events and group dynamics may coincide with pathology. As previously described, politics initially became a platform for Murugan to sublimate his loneliness and depressive state. Like Dr. L’s elaboration of the scene in psychodrama, Murugan’s interest in politics might be understood as a response to this isolation, by which a community and multiple actors become part of one’s own scene-setting. However, this desire in response to individual isolation moves beyond group dynamics and into utopian ideology. Dr. L’s provocation of the desire to “play out”—materially, externally, in spaces with other bodies—one’s inner reality might be understood in relation to Murugan’s own self-reflections of the illusory qualities of utopian thinking. Murugan tells us, “you know, this idea of utopia and rights and all that, it is very alluring. When you have a lot of baggage and history inside you, baggage and history which you have not resolved, and then you go and try to resolve social issues. So what do you find? You naturally find utopian ideology, revolutionary politics, and group ideology very attractive.” Yet for Murugan this did not result in a breakthrough, but rather a breakdown.

Taking cue from Dr. L's elaboration of psychodrama, I now turn to the concept of the stage to understand some key elements of Murugan's narrative. While there are many concepts that Dr. L described that can be interrogated in relation to Murugan's story, I am particularly interested in the notion of space: "this is *where* the psychosis started" (my emphasis). There is a long scholarship on the notion of space in Tamil studies as being what orients a Tamil person to the world. In psychodrama, the stage is an essential part of the therapeutic processes as a space that is explicitly demarcated in order to re-enact certain scenes and scripts. Taking elements of ritual and performance to examine everyday life is commonplace in academic scholarship, what has been loosely termed performance theory. Anthropologists, linguists, and folklorists have all explored how performative elements can reveal aspects of other human institutions, such as political life, religion, gender, and identity. Goffman (1956), for example, deals with this quite directly: he uses the concepts of frontstage and backstage to explore how scene-setting is always happening in one way or the other. At different moments in life, one is either at the frontstage or backstage, as if the whole of life were a play. Identity is situated with clear roles demarcated within a particular scene/space. This section attempts to think with some of these ideas, with a specific focus on the question of staging and space. However, unlike Goffman, who explores everyday life, I am interested in whether these concepts can be used to think experiences like psychosis, which often stands in contradiction to the everyday event, and how specific spatio-temporal transformations on stage can result in a subjective and psychic unravelling. For those experiencing this specific type of distress, space and time are often stretched, collapsed, and altered.

Many different cultures, sub-cultures and artistic genres have their own specifications for staging. For those working in psychodrama, the specificity and flexibility of the stage—the fact

that one can play multiple roles within the same designated space—allows for a kind of creativity and spontaneity that can be therapeutic. In psychodrama, the stage can be anywhere, in people’s homes, on the streets, in other kinds of environments demarcated as a stage, once the “scene” emerges. However, what I mean to say is not that “stages” are everywhere, but rather, *staging* can become commonplace: the processes and experiences of turning infinite space into demarcated space in which the spatial-temporal laws of everyday are mutated and transformed with real or other than real actors emerging. Following anthropologists who take performance to think through other subject matter, I am interested in the different ways in which physical spaces can become stages, how spatial-temporal demarcations of the stage allow for certain affective and perceptual transformations, and what this means in the context of more extreme forms of subjectivity.

A few examples of staging all demonstrate the flexibility of physical space. In theater, broadly speaking, staging allows for certain character developments and plot transformations in ways that are not possible in other mediums, like film for example, for the construction of time, space, and the expectations of the audience are different across these mediums. In black box theater, a kind of theater that emerged in America in the 1920s, the whole premise of the stage is based on the minimalism and flexibility of the stage design. The stage design usually consists of black curtains, minimal technical arrangement, and most notably, a compressed distance between the audience and the performer. The minimalism and compressed distance between audience member and performer is to encourage a role reversal between performer and audience member at any given moment. Black box theater encourages a dialectical relationship between the performance and who the performer might be (through an engagement or mirroring from the audience member). In street performance, performances are undertaken in the street with the aim



of eliciting donations from passersby. Street performance might be considered a liminal space by which the streets are temporarily transformed as performers intervene in the spatiotemporal organization of a space, with the “performance [being] a dynamic, shifting, breathing event” affecting physical space in terms of “density, accretion, durations, dispersal, and flow” (Harrison -Pepper 1990 127, 131). Already, we might see a parallel to Murugan’s experiences of utopia and protest, whereby the individual disorder blurs into collective hope and subsequent disillusionment, a kind of role reversal between performer and audience member.

The Indian classical arts have always taken seriously the imaginative, world altering, and potentially maddening effects of the stage, actors, and theaters—what Shulman (2012) calls the production of “thick space,” where each movement matters in the construction of an affective experience. This departs somewhat from the black box theater assumption of its novelty. For example, the Kūtiyāttam (classical theater in Kerala) stage in performance is nearly bare; for many hours on end the only prop is a little stool on which the actor sits or stands. Shulman (2012) writes,

the story that holds our attention is performed mostly in thin air, by severely semanticized gestures and, occasionally, with the aid of the verbal, recited text. Yet the ostensibly empty space of the stage teems with living creatures and the thick emotional textures of their experience, which lock into the spectator’s imagination and generate—of this we can be sure—epistemic shifts in his or her awareness, fully engaged, inexhaustibly creative... like the temple erected in the mind, or the fire altar built through disciplined visionary stages, the Sanskrit theater of Kerala is staged in a dimension distinct from the plane of ordinary perception. (16)

In Kūtiyāttam, the physical stage becomes home to characters, human and nonhuman beings, and visions. What allows this transformation of physical space is the lighting of a single lamp, which allows the space to become “thick,” ripe for a body to transform it into something more than its physical attributes. However, the Kūtiyāttam stage also takes seriously the fact that there can be an infringement and violation of these affective dimensions. Madness may come from

transformative elements of the stage, of space always being more than just physical space, of its possibility to turn into “thick space.” The real stage, Shulman observes, is often found in the mind, a somewhat paradoxical statement at first. Dr. L’s utterance that he has a “physical bridge” he can walk himself on, back to reality after his deep meditation sessions, is usefully recalled here.

I bring up these examples to illuminate the potential and flexibility of physical space in relationship to subjectivity. While performance theory explores how these categories can be used to think outside of artistic practices and into everyday modes of existence and language, I am interested in their relationship to pathology. Murugan’s narrative resonates with Dr. L’s provocation about the psychodrama stage offering protagonists the opportunity to reenact events from their lives and gain new insights into them. Similar to the previous chapter on dancing and space, staging allows for physical spaces to be continually transformed. Staging turns spaces into breathable events: “there were swarms of people, 1 lakh 2 lakhs of people in the Marina [beach in Chennai] and oh my god, you don’t even have a place to stand in the protest. And for me, I am a person who has dreamed of revolution for a long time, for the last 20 years. And seeing all it gives you too many feelings, and then once people started to get attacked, I crashed. I lost it.” For Murugan, the beach and the swarms of people come into direct contact with his dreams and desires of revolution. Movements, spontaneously and calculated, result in a similar experience to what Dr. L elaborates as a transformative current between members. As Shulman’s work points out, empty space can teem with dreams, characters, emotions under particular circumstances. The stage for Murugan is the staging of revolution, the way in which streets are turned into thick or liminal spaces, which result in affective, imaginative, and distressing consequences. Space speaks to Murugan, draws him in, a salient point of his self-reflection as much as words or

voices. He tells us, “I’ve never seen the beach like that, it was another place.” Similar to the dialectical relationship between audience and performer presented in black box theater, the line between himself and material space/audience became blurred. Murugan lost himself to the group, the group’s disorder and desire for change, the material world so altered for him, the possibility of re-entry somewhat foreclosed.

### **Concluding Speculations with Fanon**

In *Whither Fanon: Studies in the Blackness of Being* (2018), David Marriott explores psychodrama, politics, and the group encounter. It is a very complex work, and at the onset, Marriott explores how and why Fanon must be read today, spending a significant section debating whether or not Fanon’s work should even be used to think through other contexts, given the specificity of the violence of colonialism and the Black experience. That being said, I pull only a few key words and concepts from Marriott, including his use of drama, the consequences of a “drama of freedom,” the “limits of that dramatization,” and his elaboration of Fanon’s socialthérapie to think through Murugan’s self-reflections and narrative (5).

What does Marriott mean by the word drama? What would drama’s relationship be, then, to fantasy? The fantasy of freedom and also revolution? Murugan and Marriott both elaborate a kind of fantasy in the concept of revolution itself. Marriott begins,

What is Fanon’s socialthérapie? In what manner did the clinic reveal to Fanon his politics and visa versa? ... I was able to conclude that the political carries weight because it also appears as a clinical symptom with regards to questions of freedom, servitude, and transfiguration and that within the Fanonian clinic, the political itself comes to be seen as both the failure and possibility of black revolutionary thought.... I realized that Fanon’s psychopolitics revealed nothing but the failures and the limits of either the clinic or the political to grasp the phenomenon of colonial war. (xiv)

For Marriot, both the clinic and the political are limited in their capacities for realizing the severity of war—a “drama of freedom.” What, then, is the possibility for recovery? Marriott notes that Fanon was critical of the notion of catharsis (perhaps the kind of catharsis that Dr. L hopes for in psychodramatic group processes), and instead sought to transform the clinic from a carceral, juridical, or disciplining space for the subject into a free (though limited) space of intervention. Fanon observed that those affected by revolution were so tormented by their deliria that the “usual methods of therapeutic intervention had to be revised” (Fanon in Marriot 2018, xvii).

Marriot writes that the key to Fanon’s socialthérapie was an effort of “getting both patients and doctors to reflect on their existence as a group, in both veridical and cultural dimensions” ... “that the patient is understood not just as a patient but also as a social actor undergoing processes common to all” (47, 49). Integral to Fanon’s socialthérapie is not just realizing that politics is a key of fantasy, but also that the clinic, and perhaps healing itself, is another kind of fantasy.

What made Fanon’s socialthérapie different from other kinds of group therapies was the “constant interrogation of the group as a veridical dimension of the real, since it sought to make being-there part of a group process wherein an awareness of the patient’s phantasms forced him to confront reality on a new register” (Marriott 2018, 46). It is the lived, group experience, not necessarily the psychic experience, that facilitates such a confrontation. Marriott is describing a situation in which the group is forced to become aware of its difficulties as a group (rather than one actor or “protagonist” in a group of other actors), and then “render it more transparent to itself,” to the point where each member is provoked into realizing the relationship between that

which is fantasy and that which is real. Group confrontation and interrogation is crucial for Fanon, particularly because the effects of violence and colonialism were “atmospheric.”

Dr. L’s philosophy is similar to the development of Tosquelle’s *psychothérapie institutionnelle*, an initial influence in Fanon’s own line of thinking about socialthérapie.

Tosquelle wanted the psychiatrist to be an actor among actors in the therapeutic exchange, the “persistent and irreducible sociality of the patient” (47). However, the psychodrama in Fanon’s colonial clinic was substantially different; the necessity was not just to set up an analogy between the clinic and society, but to deduce the phantasms defining both. The kind of psychodrama that the Center for Psychodrama Studies in Chennai practices is categorically different from the socialthérapie that Fanon practiced, for the CPS, like other forms of art therapy, does rely on the cathartic properties of group dynamics. Marriott writes,

we must remember that ‘psychodrama’ cannot be determined by the use of actual theatrical production in the clinic...only by the (doubly implicative) nature of the performance. A psychodrama...on the one hand itself dramatically comprises some important functions (acting out, speaking, putting on a role, etc.) while on the other, taken as a whole, it must be linkable—at the very least as a performance—to the major signifiers of the symptom. (54)

I attempt to relate a portion of Marriott’s text to Murugan’s self-analysis, particularly what it means to confront reality on a new register, his misgivings with utopian thinking, and his contemplations on the unbearability of the couple/relationship form. The context in which Fanon is writing is of course vastly different, perhaps not at all comparable, but Murugan’s mistrust in psychiatry and the group might be resonant. Moving together in a contained space for Murugan was not cathartic, did not necessarily necessitate transformation, empathy, and/or group reform. In Marriott’s thinking, these protests might be understood as a staged event, which Marriott tells us is something that “suspends time” and “creates as it undoes.” This suspension is directly tied to space. As the various delineations of staging explore, space is malleable, transformational,

hosting the possibility of multiple interactions, dialectical relationships, and role reversal between humans and other-than-human interactions. While staging hosts the possibility of bodies being undone, there is also a “drama” attached to this experience, as the fantasy itself also comes undone, that revolution and utopia are not possible in the way that Murugan originally dreamt of. When Murugan saw the hindered development of the protest and was overthrown by his political party, it coincided with the development of a pathology, a confrontation of reality in which he interrogated the group dynamic. Yet, unlike Fanon’s *socialthérapie* and even Dr. L’s elaboration of psychodrama, the group interrogation was a singular experience, not a collective one.

Marriott’s creating/undoing is also related to Dr. L’s elaboration of spontaneity, which is a precursor for creativity. For Dr. L, “spontaneity is ephemeral, it exists in moments, then disappears and cannot be stored...when it is present, like when individuals and groups allow themselves to come in contact with spontaneity, it energizes the creative powers.” Spontaneity in Dr. L’s elaboration is a particular current that allows for transformation and new associations between space and people. Spontaneity is typically conceived as productive and generative for political mobilization. Rosa Luxemburg also developed this concept of a productive current between members of the mass. She explored how the “spontaneity of the masses was of significant importance for the successful development of the revolutionary movement...spontaneous action of the masses strengthened the readiness for action as well as the creativity of the fighting proletariat” (Luxemburg in Luban 2019, 521). And yet, this energization and creativity led Murugan to realize that one “get[s] into a lot of disappointment... there is nothing to be believed in in this world, so now that puts you in a difficult position.” We may be able to read Murugan’s exclamation as deducing the fantasy in the group through staging

and scene-setting, an experiencing of undoing. Spontaneous action between protestors and the police led to a disbelief in the group, rather than being a productive current to keep group dynamics fresh. As someone who dreamed (and continues to dream) of revolution, Murugan was not able to regain a sense of faith in the group, in the masses, and even within inter-personal relationships. Rather than relationships and politics being triggers for an individual living with mental distress, Murugan's experience may point to something more general about group experiences, the way in which they are fractured and related to a particular fantasy attached to freedom, both singularly and collectively. Perhaps this is why Murugan sees hope in the Psych Rights Circle, a psycho-political community dedicated to collective interrogation.

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This chapter was a contemplation on space, group processes, and transformations. It is difficult not to reflect on these categories and think about how they might function differently now, particularly since the world has been through a space-related crisis, where moving through an increasingly polarized world with other bodies is now a risk. According to Murugan, of course, movement has always been a risk, shared physical space has always been fractured, and the group has always been unstable.

## Conclusion

“What is schizophrenia’s relationship with the world? For me, schizophrenia as a phenomenon has to do with how vulnerable you are to a certain concept. Because, when you are vulnerable, you might accept a certain concept, but it doesn’t prove anything. I think it depends upon validation, like how you come to validate a certain phenomenon. If there is a schizophrenic patient and there is another person who doesn’t have any disorder, say the same spiritual, strange, unexpected experience would happen, I think the schizophrenic patient would react more, accept it more, and probably live and thrive on it. They might accept and validate, but like I said, it doesn’t *prove* it. But I think the normal personality may not accept but might look out to validate it. Like, why did this happen? What is happening? Where does the validation happen? What is its relationship to x or y or z? A normal person might take more some time to validate it, but a schizo person would not need a lot of time to validate it.”

– Surabhi, diagnosed with schizophrenia and bipolar disorder

In the final few months of my fieldwork in early March 2020, the members and residents of the institutions I was conducting fieldwork at, CARE and HOME, started speaking of the coronavirus. The women at HOME were palpably unsettled as they read of a virus that forced people to stay inside their homes. In a moment of ignorance, I couldn’t fully grasp why. Hardly anyone came in and out of HOME, and my name would often be the only one in the logbook for weeks. Some of the women could not locate their families, while others could not remember if they had one. Their predicted contact with the outside world was low, and yet, talks of the virus began to raise anxiety levels, for the things they looked forward to—interactions with the nurses, dentists, the foods they desired, the hope that one day their families would return—all started closing in on them.

The situation at CARE was different: it was a vast expanse with a constant flow of people moving in and out of the grounds. People were traveling from villages to the city center for different kinds of psychiatric and psychotherapeutic care. Doctors, patients, and professionals walked in and out of the grounds with ease. Despite murmurs of the virus, Pragati insisted on



continuing her art therapy sessions, for it was still “a distant virus,” happening “somewhere else.” She told me that India had survived much worse and that it was her duty to continue to help with the patients with her art therapy sessions. Just a few days after her bold statement, India entered into one of the strictest lockdowns in the world, leaving thousands stranded in hunger and near death.

Like many, I was not able to process the news quick enough to act, and soon enough, India closed its international borders. With the lack of mobility, staying in India suddenly felt unbearable. After many flight cancellations, I finally left India on an evacuation flight a month later. After dealing several bureaucratic and personal setbacks, I started thinking about what it meant to write in the wake of collective catastrophe. The questions I was asking suddenly seemed irrelevant as governments all around the world were drawing lines between essential and non-essential types of work. Bodies, the divine, art—all these concepts felt nebulous, of a different time and era. I continued to attend everything that I could from my field site that went online: workshops, training modules, panels, and conferences. What emerged in the following months was a wide range of conversations regarding visibility and functionality. Therapists increasingly focused on telling their clients how to “focus on the inner landscape.” For several people, the uncertainty of life and what it means to exist as a body in space was already negotiated through a life-long disorder. Surabhi’s quote in the beginning suggests that certain ruptures in the world might be more easily validated by some.

Dhruv continued to remain one of my close contacts throughout the pandemic. Throughout lockdown, he had been experimenting with different kinds of work and started offering a range of counseling services to the public based on a compilation of his interests: astrology, Ayurveda, psychology, and Jungian psychotherapy. What drew Dhruv to astrology

and Ayurveda was that these knowledges, he felt, were absolute. “Unlike academia where knowledge is accumulative and individuals have to hold many theories together as true/partially true/not true, astrology and Ayurveda give me absolute frameworks,” he shared. During this process, Dhruv met with many individuals during the pandemic and realized how difficult life was for “normal” people. His conversations with his clients allowed him to connect what was similar about his experiences with those who did not have schizophrenia. This, I believe, was a moment of self-care for Dhruv during the pandemic, a moment that allowed him to find concrete answers for his life’s direction.

However, for others, particularly for women I interviewed, the pandemic did not signal such a self-reflective shift. The pandemic is fundamentally a spatial virus: lockdown, social distancing, breathing—all of these are space related, embodiment related concerns. For two of my interlocutors, being stuck at home with no possibility of escape heightened symptoms to new extremes, where the inside and the outside start to blur, where space collapses. One, whose father passed away in the first wave, did not leave her room for 13 months, falling deep into a state of isolation that felt beyond the help of her therapists. Her only respite and connection with the outside world was the stories she was writing in her bedroom, which offered her the possibility of momentarily being transported elsewhere.

While at first I wondered what could feel relevant to write about in the face of collective catastrophe, the pandemic’s rupture offers insight onto certain kinds of experiencing already faced by those living with serious forms of distress and also the necessity of understanding more deeply what “being-in-the-world” means. Embodiment theory suggests that everything a person understands about their past and future comes from a present embodied understanding of the world. What happens when the knowledge we need to ascertain these futures is constantly

changing, nonlinear, limited? In times of crisis, not only are we unclear of the risks and uncertainties we face, but we do not even know what knowledge we need to address these uncertainties (Kriger 2021). And yet, Dhruv, Kumar, Shubhu, and all the other interlocutors whose stories I share in this dissertation have been dancing the dance of risk, space, and precarity for many years now, whose uncertainty of life does not end with a negative COVID test result and a vaccine.

In the summer of 2021, I attended a talk by Ranjana Khanna on psychoanalysis and the non-human. In the talk, Khanna explored a Hegelian notion of “absolute knowledge,” as a kind of passive letting go, an acknowledgement of our finitude, our limitation, in the face of nature/reality (the “other” here as a kind of nature beyond our capacities for sublation). She brought up a mode of relating to each other, a sense of “world-making,” of a more active “being-in-the-world,” which perhaps endeavors to think being beyond the structure of an antagonistic subject and its relation to the external world. I thought a lot about this relationship—of letting go to the outside world, the externals, to nature, to the virus—as some of my interlocutors already had, to be able to be made over by it, but also the limits to it, how being made over hinders its opposing function to be active in the world, to think and be with others in a shared reality. And yet, this dissertation tries to explore how these ways of relating to the world need not be opposed to being made-over. Surabhi asks us something very fundamental, “what is schizophrenia’s relationship with the world?” Each of the chapters in this dissertation attempts to explore this question. These “ruptures” and “vulnerabilities” may open the world up, enabling one to locate themselves, find themselves a new home, like Sita returning to Earth’s molten core.

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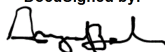
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