

Meaning of Madness

by Dr Debashis Chatterji –
Founder and Trustee,
Anjali Mental Health Rights Organization

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As human beings we are inescapably social animals, dependant on the group for our welfare and survival. Perhaps unique among species, we are also aware that our lives are of finite duration. This double consciousness ---of our interrelatedness and our ultimate death ---shapes our behavior and our personalities. Since prehistoric times, the bulk of persons within the human community have noticed that some fraction of their number behave or think or show emotions in ways that differ markedly from the rest of the group ---ways that are odd or maladaptive or, in extreme cases, dangerous to the welfare of the persons themselves or to the group at large. It was this fraction that became the domain of the “mind healers”.

Long before the age of reliable psychodiagnosis (at most the past 200 years of our million-year history), a primitive vocabulary developed to label the odd disturbing people within the body social: terms like *wild* or *eccentric* or *mad*.

The words Mad with its variants and equivalents, and the concept of madness have been with us from the dawn of civilization and are likely to be with us in near future, equally old are the attempts towards understanding and containing it. The point unfortunately and frequently missed is that madness was never a unitary concept and the word mad has been and is being used to denote different phenomena in different contexts and at different points of time. An arbitrary list of these meaning may be : a) a pejorative naming of someone not following group norms for whatever reason, b) an affectionate term carrying a license for the addressee to be ‘a little’ different, c) an overtly emotional person, d) an ‘over’-religious person , e) a political rebel, f) an ‘over’-enthusiastic person etc. etc. etc. Moreover labeling a person mad may mean the person in her/his identity, or a temporary state. Depending on the context of use, the usage itself may carry an inbuilt idea of causation (eg. mad out of grief).

Psychiatry was born with this rich but confusing legacy and a major part of its as yet short life has been spent in efforts to unscramble the message. The process is still on and it is only in the last few decades that we are getting glimpses of what madness and mental illness are about. Expectedly, all different/deviant mental phenomena are not due to mental illness, nor do they reflect pathology in a medical sense. Psychiatry had to devise its own inclusion and exclusion criteria to define its focus of interest. Today the word mad as used in common parlance and literature and some social sciences and ‘mental illness’ as defined by psychiatry are so different that a dialogue between the two seems impossible.

A psychiatrist’s view of madness/mental illness will mean, roughly, ---thought/feeling/behavior markedly different from statistical norm of the community, of sufficient intensity to disrupt individual’s expected functioning, occurring against the individual’s own wish, frequently resulting in distress to the individual and people around. It is of immense importance to note that none of the two criteria, individual distress and involuntary occurrence is ever given any cognisance in the lay or literary or philosophical usage. nobody in real life ever becomes

mad/mentally ill because she/he wanted to and people do show tremendous amount of personal distress due to their illness/madness.

Another way in which psychiatry differs from other views of madness/mental illness is that a psychiatric labeling/diagnosis does not carry an inbuilt speculation about causation. That does not mean psychiatry is not looking for causes of madness, rather, saying that a person is suffering from, say X does not automatically mean the suffering is due to, say Y. Current level of evidence based understanding does not warrant a X-Y connection to be made in all cases.

The present level of understanding regarding causation of madness/mental illness has brought up a few startling facts:

- i) Most, if not all, mental illness seems to have a strong genetic component in their causation.
- ii) Most, if not all, mental illness seems to have demonstrable changes in the microanatomy and physiology of the brain.
- iii) Environmental factors and personal experience/life events do influence occurrence, course and recovery from mental illness but one-to-one relation between type of event and type of illness seem to be lacking.

The implications of these findings are too wide and complicated to be discussed in short. Not only Psychiatry as a science is undergoing profound changes in last few decades but our common understanding and dealings with the “*Mad*” around us will hopefully undergo a sea-change in near future.

Author: Dr Debashis Chatterjee

Consultant Psychiatrist
Founder Trustee
Anjali Mental Health Rights Organization.