

Analysis on Aspects of Traditional ('Indigenous') and Western Thinking in the Classical and Modern Burmese Elites' Discourse Concerning Madness

Analisis Aspek Pemikiran Tradisional ('Peribumi') dan Barat dalam Wacana Elit Klasik dan Modern Masyarakat Myanmar mengenai Penyakit Gila

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ABSTRAK

Terjemahan ke dalam Bahasa Inggeris beberapa petikan daripada teks perubatan tradisional yang diterjemahkan ke dalam bahasa Myanmar, tentang apa yang diistilahkan sebagai 'penyakit gila', dibentangkan dan diulas dalam makalah ini. Ditegaskan bahawa di dalam teks ini terdapat kekeliruan berkaitan sebab-sebab, tanda-tanda, etiologi dan rawatan untuk masalah penyakit gila. Berkenaan dengan sifat 'sebab-sebab' penyakit ini, teks ini memberi lebih tumpuan kepada hal yang berkaitan dengan kuasa ghaib, yang sukar difahami atau yang ngeri serta menyeramkan, yang dianggap sebagai gangguan apabila seseorang itu dirasuki oleh nat. Nat dalam bahasa Myanmar boleh disamakan dengan jin, syaitan dan hantu yang jahat atau agen-agen jin, syaitan dan hantu yang jahat itu. Terjemahan teks ini ke dalam bahasa Myanmar yang telah diterbitkan sekitar tahun 1963, didapati amat bertentangan dengan buku-buku pendidikan tentang psikiatri, yang ditulis oleh seorang pakar psikiatri dan sasterawan Myanmar, yang telah diterbitkan dalam dekad yang sama dan yang sebenarnya 'menyangkal' pendapat bahawa penyakit gila adalah disebabkan oleh nat. Bertentangan dengan apa yang diungkapkan dalam teks-teks tradisional, elit moden masyarakat Myanmar, termasuklah ahli psikiatri, psikologi dan sasterawan yang selain menerima, juga turut menyokong, sama ada secara langsung mahupun tidak langsung, dasar dan prinsip konsep moden Barat mengenai penyakit gila. Teori-teori Michel Foucault dan Thomas Szasz tentang penyakit gila boleh dianggap sebagai cabaran kepada atau bantahan kuat daripada pemikiran Barat arus perdana tentang penyakit gila. Makalah ini diakhiri dengan analisis mengenai sebab-sebab yang kemungkinan boleh dikaitkan dengan kurangnya minat, perbincangan dan wacana dalam kalangan sebilangan elit moden masyarakat Myanmar mengenai teori-teori Foucault dan Szasz, yang menyangkal perkara tersebut.

Kata kunci: Mardawa, penyakit gila, Nats, hospital pesakit mental, pandangan elit Myanmar

ABSTRACT

English translations of excerpts from a translated traditional medical text in Burmese on what it termed the 'madness disease' is provided and commented on. It is asserted that the text confuses between causes, symptoms, etiology and treatment of mental disorders. As to the nature of 'the cause' of 'madness disease' the text gives the most emphasis on the supernatural, esoteric or 'macabre' causes of madness that is considered as an 'affliction' when the subject is 'seized' or possessed by the 'nats' roughly translated as evil 'spirits' or the agents of the evil spirits. The Burmese translation of this text which was published around the year 1963 directly contradicts the educative books on psychiatry written by a Burmese psychiatrist and a literary writer which was published in the same decade and which in effect 'debunks' the notion of madness being caused by the nats. In contrast to those discoursed in the traditional texts, the modern Burmese elites inclusive of psychiatrists, psychologists and literary writers adhere to and directly or indirectly espouse the tenets of the modern, Western concepts of mental illness. The theories of Michel Foucault and Thomas Szasz on mental illness can be considered as challenges to or strong dissents from the 'main stream' Western concepts of mental illness. The article concludes with an analysis of the possible causes of the lack of interest, discussion and discourse among even a handful of Burmese elites on the 'dissident' theories of Foucault and Szasz on the subject.

Keywords: Mardawa, madness disease, Nats, mental asylum, Burmese elites' views

INTRODUCTION

This article analyses aspects of Burmese thinking and discourse on the subject of madness or mental illness. First, the article will attempt to give a glimpse of traditional or 'indigenous' thinking on the subject of madness as a disease. Excerpts from the statements that are made in a traditional medical text book about the 'madness disease' (the text used the mainly Pali term *Onmar da* ဝဏ္ဏဒ) will be reproduced in translation and among others, the classification system of the diseases, the causes of and the remedies for the 'madness disease' in that traditional Burmese medical text book will be analysed and commented upon.

This is done mainly for the purpose of gauging traditional Burmese medical thinking on the subject and for the purpose of contrasting the observations that are made in the traditional text book with the contents of an educative 'primer' on mental disorders, also written in the Burmese language by a Western trained Burmese medical doctor in the late 1960s. The interstices (if any) and contrasts between the indigenous and Western based medical thinking especially those of the earlier centuries will be discussed.

The reason for using the traditional Burmese text as a reference point for study is to have a glimpse of the traditional (even though imported since the text is translated) Burmese elites' opinion and views on the subject of mental illness or 'madness disease'. Secondly, and more importantly as stated above, it is also to compare and contrast the traditional views with those of modern Burmese psychiatrists' and psychologists' writings on the same subject, and thirdly to study and draw conclusions as to whether the traditional (or) the modern elites' views, ethology and treatment of mental illness hold more sway over the general Burmese population's cognition of and attitudes towards mental illness.

Michel Foucault's theories and critiques regarding the Western discourse about madness could perhaps be considered 'dissident' or alternative thinking regarding the subject of madness. It is not the intention of this article to even perfunctorily engage in a commentary about Foucault's theories. However, a brief foray will be made in the second section of this article as to whether Foucault's critique as regards the development of the (mental) asylum can be discerned in the pre-colonial Burmese context.

The third section of this article will discuss some of the modern Burmese elites' discourse about madness and mental patients that are made by a Burmese psychiatrist and a Burmese (non-psychiatrist) writer. Excerpts of the essential theme in books written will be analysed. The (mainly) medical perspectives (in two books of collections of articles) and (mainly) literary slant (in a novel about a female mental patient and her doctor/therapist treating her) in the writings of the two Burmese authors will also be reviewed.

The fourth section will discuss why the dissident theories or views regarding madness/mental illness made by Michel Foucault and Thomas Szasz have not 'seeped' into modern elite Burmese discourse. Possible reasons for non-coverage and non-discussion (in terms of publications and articles) of the issues raised by Foucault and Szasz among the modern Burmese elites will be discussed.

GLIMPSES OF PRE-MODERN OR 'PRE-WESTERN' IDEAS ON MENTAL DISEASES OR MADNESS FROM A TRADITIONAL BURMESE MEDICAL TEXT

This section will reproduce excerpts (in translation) from a traditional text book with a few commentaries. The observations, analyses and remedies provided for what in translation could be termed 'madness disease' in the medical text book will occasionally be juxtaposed with how some symptoms of madness and 'remedies' are described in classical Western ('medical' and non-medical) literature.

NAME, (RE)PUBLICATION DATE AND TRANSLATORS OF THE TRADITIONAL MEDICAL TEXTBOOK

The name of the text book is *Mardawa Nidan Hsay Kyan Gyee* မာဒဝ နိဒါန်းဆေးကျမ်းကြီး. It could roughly be translated as 'Preliminary (or Introductory) Great Medical Textbook of *Mardawa*' (hereafter quoted as *Mardawa*). The photocopy of the edition that the writer had obtained stated that the particular edition was published in the Burmese Year 1324 which is around 1963 of the current era. Needless to say, the book was *not* originally written around 1963. It must have been written centuries earlier ostensibly in Sanskrit or (less likely) the Pali language – the lingua franca of Buddhist Southeast Asia. It is the first volume of a four-volume work. The cover states (in rough translation) that the *Mardawa* was translated by the great physician (*tha-mar-daw-gyee* သမားတော်ကြီး). *Saya* or *hsayar* (translated as physician) ဆရာ, Hmi and Shri U Hla Tin both being the pupils of the (Buddhist) abbot U Pyin Nyein Dra. The cover page does not state from which language(s) it was translated into Burmese. It does however state that the two translators are proficient in Sanskrit and Magadha languages.

In order to provide a preview or a perspective of the thinking or orientation of this text on the subject of madness excerpts, in translation by the author of this article, from the *Mardawa* will be given. Occasionally, the author's own commentary or observations on the excerpts will be made.

GENERAL 'DEFINITION' OR EXPOSITION OF 'MENTAL DISEASE(S)' IN THE *MARDAWA*

The first paragraph of the 'Madness Disease' Chapter starts with this 'definition':

The 'spreading' of 'wind' (colic/ vapors/ air), bile, and phlegm having deviated from the usual route or program (*Lan-a-zin* လမ်းအစဉ် in Burmese) go to the 'Other' ('*Agh-Char*' အခြား) routes and are stationed there. [As a result] the mind is caused to wander. Due to the fact that these can cause the mind to wander (in Burmese *pyant lwint* ပျံ့လွင့်) this disease ought to be designated as mind-wandering or 'madness disease' (*yoo-thoot-thaw-yaw-gar* ရူးသွပ်သောရောဂါ) (*Mardawa* 1963:324).

From the translation of the above paragraph one could briefly comment that the text do postulate a theory (in a very rough way) that it is the physical causes (colic, bile, phlegm) etc which caused the 'mind-wandering' mental diseases.

CAUSES, SYMPTOMS, CHARACTERISTICS OF VARIOUS CATEGORIES OF MADNESS DISEASES IN THE *MARDAWA*

CAUSES OF MADNESS ACCORDING TO *MARDAWA*: OVERLAPPING CATEGORIES OF CAUSES AND SYMPTOMS

To a 'modern' the causes of madness disease that are mentioned in the *Mardawa* are variegated, at times ambiguous, overlapping and at least at times they are described in a confusing and inconsistent manner.

Commentary: One of the very first 'cause' of madness mentioned was that the concerned individual 'persecutes' /oppresses or harasses (*hneik-sett* နှိပ်စက်) or does not give respect to (*ma-yo-thay* မရှိသေ) the *nats* ('spirits' နတ်), teachers and Brahmins (elders) (*pone-nar* ပုဂ္ဂိုလ်) (*Mardawa* 1963: 326). Taking into account that this cause of madness was mentioned at the very start, can one, taking a Foucauldian perspective argue that this is an assertion of disciplined authority? The statement that harassment, nay even the disrespect shown to those who are, in the particular cultural context, hierarchically superior, are putatively more knowledgeable –and therefore have more power- can cause madness could be construed to be an assertion of authority. The indirect message that could be derived from this is that it can cause madness disease if the status and knowledge-based power (and power-based knowledge) of these rarefied 'entities' (as '*nats*/spirits', teachers, Brahmins) are challenged.

The next causes of madness mentioned in the *Mardawa* might well be described as a symptom indicating madness rather than the cause of it. It says [excessive?] fear and merriness preceding or in advance

of [madness] and distressing [one's own mind]; the gait in walking in a crooked manner, wrestling and fighting with persons who are stronger than oneself *causes* (*Akyauing* အကြောင်း) madness (*Mardawa* 1963: 326; emphasis added).

Consuming two 'opposing' medicines which has already deteriorated, consuming medicines which have been mixed with poison/toxins (*Agh-Hsiet* အဆိပ်, eating unclean food including those that have been touched (*twait-hteet* တွေ့ထိ) with (contaminated by) semen and making 'incommensurate efforts' can also cause madness. (*Mardawa* 1963:326, second paragraph).

Commentary: Perhaps the most enigmatic phrase in this paragraph is the statement that making 'incommensurate' or excessive efforts can be possible causes of madness. The translation from (probably) the original Sanskrit and exposition in the Burmese language does not elaborate with regard to what or in relation to which goals 'incommensurate'/excessive efforts are being made. The phrase becomes somewhat more puzzling because after the phrase 'making incommensurate efforts' appear the phrase 'in other words' and then 'walking crookedly in gait'. Hence, the text seems to *define* the meaning of the phrase 'making incommensurate/excessive efforts' is (tantamount to) or (is revealed by) 'walking crookedly in gait, speaking recklessly in a pathological manner' (*phaut-pyan swar pyaw hso chin* ဖောက်ပြန်စွာ ပြောဆိုခြင်း)

In the following page of the book the causes of madness are numerated: a few of them such as those caused by 'wind, bile, phlegm and toxins' are restated but one addition is significant and that is 'misery' (*seik-hsin-yae* စိတ်ဆင်းရဲ) being listed as a 'cause' for the 'madness disease'.

THE GENERAL SYMPTOMS OF MADNESS ACCORDING TO THE *MARDAWA*

Even though the above expositions of the causes of madness do seem to overlap with –or more readily belong to the category of – symptoms, the *Mardawa* does mention the ordinary characteristics (*tha-ma-nya lakhana* သာမညလက္ခဏာ) of madness in about the next twenty pages of the text (*Mardawa* 1963: 328-52). Only a few noteworthy or 'striking' statements will be mentioned and discussed here.

Among the general characteristics of madness that are described in the *Mardawa* include what could possibly be – in general parlance and not necessarily strictly in psychological or psychiatric terms - described as illusion. 'Thinking the conch as silver (or money)' is given as an example of an illusion. The *Mardawa* states that ('the intelligence'-*agh-thi-nyan* အသိဉာဏ်) of the [person being afflicted by the madness disease] revolving (*lae-chin* လည်ခြင်း), [and the person] living in a state of

illusion and delusion are also symptoms of madness (*Mardawa* 1963: 328).

SYMPTOMS OF MADNESS BEING CAUSED BY 'WIND'
(COLIC, VAPORS) ACCORDING TO THE MARDAWA

Laughing, smiling, singing without good cause, talking without partners or without the presence of others, excessive and meaningless movements of hands from here to there, weeping without any cause, being fearful, excessive dryness of skin (in other words) [presence of] excessive rough skin, the thinness of the body, slight reddish color of the skin and the increase in the intensity of the [madness] disease when the food is digested are symptoms of the madness disease caused by 'wind' (*Mardawa* 1963: 330).

SYMPTOMS OF MADNESS BEING CAUSED BY BILE
ACCORDING TO THE MARDAWA

Lack of tolerance (*thee-ma-khan-chin* သည်းမခံခြင်း), being irritable, panicky and acting restlessly, not wearing clothes, being fearful, running hither and thither, [presence or discernment of] a variety of 'heat' and fevers on the body, being prone to great anger, desiring a cool shade, desiring to eat 'cool' food, desiring to drink cool water and having a yellowish face are symptoms of madness caused by 'bile' (*Mardawa* 1963: 332).

Commentary: Even to a non-medically trained observer it is clear that some of the symptoms described above in the *Mardawa* are not necessarily characteristic of 'madness' as such, although it could arguably be stated that these are indeed – generically – caused by disturbances of the 'bile'. Desiring to drink 'cool water' may be, among others, a symptom of either diabetes or an onset of diabetes which, at least in a great majority of cases, is not accompanied by 'madness' as the phrase is understood in the general sense. Likewise, 'having a yellowish face' may also be indicative that the individual concerned is suffering from some forms of hepatitis rather than madness. From the benefit of 'hindsight' it might be observed here that such symptoms as 'desiring to drink cool water' and 'having yellowish' face per se could not be considered as sufficient or adequate indications or characteristics, of madness.

SYMPTOMS OF MADNESS BEING CAUSED BY PHELEM
ACCORDING TO THE MARDAWA

Relative lack of talk, being unable to enjoy the taste of food, staying in a silent place and while being alone thinking about/concentrating on women and deriving pleasure from it, [excessive] sleeping, vomiting, drooling, increase in intensity of the disease after eating, whitening of the feet and finger nails, whitening of the skin cover, urine and eyes are characteristics of the madness disease caused by phlegm (*Mardawa* 1963:334).

SYMPTOMS OF MADNESS CAUSED BY POISON/TOXIN
ACCORDING TO MARDAWA

Having red eyes, having excessive fears [phobias?], [going through] great suffering (*hisn-yei*), having blackish and brownish colors insides of the mouth, 'deformed' cognition (*phaut-pyan swart thi chin* ဖောက်ပြန်စွာသိခြင်း), loss of color, strength and composure are the characteristics of those persons suffering from madness disease caused by poison/toxins (*Mardawa* 1963: 337).

NON-PHYSICAL (PHYSIOLOGICAL) CAUSES OF
MADNESS ACCORDING TO THE MARDAWA

Two further 'causes' of madness disease which can be considered as non-physical or non-physiological that are discussed in this text needs to be mentioned and briefly commented upon.

MADNESS CAUSED BY 'ANXIETY' (SOE-YAIN-
THAW-GYAUNT စိုးရိမ်သောကြောင့်) AND ITS
CHARACTERISTICS ACCORDING TO THE
MARDAWA

Being a servant of the King, (*minn-kha-sar* မင်းခစား) being [the victim] of actions of enemies, or due to fear of 'other' (*da-bar-goan-thaw* တဝဲးကုန်သော) things (*ta-zoan-ta-khu* တစ်ခုတခု) such as (*sa-thaw* စသော) lions, tigers and elephants, due to loss of money, property, relatives, sons and daughters etc, a person's mind can go through great suffering and that could have the effect of killing (*thatt* သတ်) or destroying (*phyet-see* ဖျက်ဆီး) a person's mind [and thus caused madness] (*Mardawa* 1963: 335).

Commentary: The statement that being a servant of the King can be a possible cause of madness clearly has to be non-physiological and can be classified even as an 'occupational hazard'. Being in the service of the King (at least in the days of the Burmese kings) and being subject to the caprices or whims of the King can, at times, be a cause of anxiety. Indeed there is a Burmese proverb or saying which states that 'A servant of the King (*minn-hmu-dan* မင်းပုဂံမ်း) is like being a tree on a sea shore or river bank.' As a tree beside a river bank or sea shore can at any time be wiped away or destroyed by huge tides or storms according to the caprice of Nature, the saying or the proverb implies that the servants of the King can also be removed by his arbitrary action.

In an earlier sub-section, persecution or harassment and even disrespect of *nats* (spirits), teachers and Brahmins (*ponnar*) (but the list does not include kings) is stated as possible causes of madness (*Mardawa* 1963: 326). In this particular paragraph though, being formally

and officially subject to the King (as a servant of the King) can also be a cause of madness according to the *Mardawa*.

Moreover, it can be mentioned here that in one of the elemental prayers of Burmese Buddhists known as *Awkarsa* (အကြာသ)၊ the laity 'prays' that they may be free from the 'Five Enemies' which consist of 'water, fire, kings (rulers), thieves and persons whom one does not like'. Hence Burmese Buddhists recognize that a (bad) King could well-nigh be an 'enemy' and on this account it may not be unreasonable to view that by being a King's servants –which could subject this particular group of people- to the King's whims, caprices and orders more intensely can cause madness.

The text uses the word the fear of 'things' *da-zoan-ta-khu* a certain 'thing' rather than the word *tareikhsan* (တိရစ္ဆာန် animal(s)) - when it states that [excessive fear of?] lions, tigers and elephants can cause madness. In a general sense, the *Mardawa* may be describing what later ('Western') psychiatry has designated as certain phobias such as fear of certain animals which was designated as 'zoophobia'. (BBC Web Site, 'Science and Nature: Animals <http://www.bbc.co.uk/nature/animals/pets/zoophobias.shtml>, accessed 27 April 2006). The BBC web site list and named fear of (among others) cats, spiders, stings, horses, moth, birds, feathers, chicken, bacteria, dogs etc. but the list does not include in particular (excessive, 'pathological') 'fear of lions, tigers and elephants'. Taken into account the fierce nature, generally speaking, of these three named animals in the *Mardawa* it would be normal for most humans to 'fear' them especially when these animals are encountered in the wild. Though the text did not specifically mention it, it can perhaps be presumed that the *Mardawa* designates only 'excessive' or 'abnormal' -perhaps even when these animals are not in the vicinity of those persons who (pathologically) fear them- fears of such animals as indicators of suffering from the madness disease.

MADNESS CAUSED BY SEIZURE OF THE SPIRITS (NATS, BILU, YAKKHAS) ETC: A MAJOR CAUSE OF MADNESS IN THE *MARDAWA*

Out of over thirty pages devoted to the subject of madness (disease) in the *Mardawa*, the section mainly dealing with madness caused by the various *nats* 'spirits' or deities occupy about 15 pages (*Mardawa* 1963:337-52). This supernatural attribution of madness to seizure by *nats*/spirits or demons is perhaps common to most, if not virtually all, cultures especially those of ancient, medieval or classical ones- with the nature, description, composition, 'otherness' of the spirits/demons causing madness being presented in variegated ways.

Only a few interesting excerpts will be reproduced below in translation mainly for the purpose of eliciting the cultural context of the statements in the text. In the

next section a strong statement by a (modern) 'Western-trained' Burmese medical doctor who urges his readers to reject the 'supernatural' or 'demonic possession' paradigm or etiology for mental disorders would be mentioned. *Seik-ta-za-law, pa-yaw-ga-law* စိတ္တဇောလော ဝယောဂလော (1969, Pagan Publishing House, Rangoon) (hereafter cited as Ohn Maung, 1969a). The Burmese word *seik-ta-za* can be used both in the clinical sense of identifying mental diseases/illness/disorders and also in the colloquial, as a macabre and 'put-down' word. I have learnt that due to the possible negative connotations and at least occasionally ingratiating tone of the word *seik-ta-za* it is no longer politically correct to use the term in Burmese publications and the more palatable '*seik-kyan-mar-ya*' ကျမ်းကိုးစာရင်း 'mental health' is to be used. However since Dr Ohn Maung's book first published in 1968 (second edition, January 1969) used *seik-ta-za* the term would be reproduced when specific mention is made of it in transliteration.

At least in one preliminary definition or description of madness caused by the spirits/demonic possession, the *Mardawa* puts a very high or complicated standard or 'threshold' for 'sanity' (in contrast to madness) in that at least according to one criteria the task of delineating who has or who has not the 'madness disease' could become, to put it as an understatement, very formidable. The *Mardawa* states that 'unlike in [other] humans, a person afflicted with madness disease caused by the possession of the spirits (*nats*), the person's strength, ability and the lofty intellect (*myint-myat-thaw-nyan* မြင့်မြတ်သောဉာဏ်) (in other words) the ability to learn and perceive, exactly evaluate and decide on what is written in the learned texts (*kyan-gan* ကျမ်းဂန်) is destroyed. The ability, the awareness, the concentration, (*thadi* သတိ) necessary to gauge and evaluate (*se-yin-hsoan-phyat* စီရင်ဆုံးဖြတ်) the meaning and significance of the learned texts are destroyed in those persons who are afflicted with the madness disease caused by the *nats*/spirits' (*Mardawa* 1963: 338).

Commentary: If the inability to 'exactly' evaluate the learned texts is even (one) criteria to gauge, judge or diagnose the presence of 'madness disease', then it is indeed a very high threshold whereby many, many persons would **not** be able to 'cross' the line from 'madness' into 'sanity'. It is true the text did mention the phrase 'like [other] humans' but the *Mardawa* makes an extremely redoubtable indeed untenable assumption that 'other' humans do have the ability to 'exactly' evaluate the 'meaning' (*ar-deit-pae* အဓိပ္ပာယ်) of the learned texts.

It is obvious that an overwhelming majority of the (Burmese) people in classical times and current days do *not* have the ability to 'exactly evaluate' what is in the learned texts for the simple reason that they could not read. This is true especially in classical, pre-colonial times in Burma. Moreover, most of the learned texts of the

classical times (roughly pre-colonial times) were written in Pali or in some cases Sanskrit and not in the Burmese vernacular. It is realized that the *Mardawa* was originally written in foreign tongues and in foreign lands ('other' than Burma) but even so in the geographical and cultural milieu where the text was originally written, relatively few people would be able to 'exactly evaluate' the 'meaning' of those texts in their original tongues

In the subsequent page (*Mardawa* 1963:348) a series of texts were named and mentioned and the *Mardawa* also states that another type of persons afflicted by the *yakkha nat* 'condemns' (*kei-yeit တို့ရဲ့*) such texts. It is certain that even many educated Burmese elites whether of the classical or modern times would be hard-pressed even to name a few if any of these texts. Hence my contention that some of the tests or 'criteria' to determine whether a person has or has not the madness disease is too 'high' or indeed improbably sophisticated and elitist and from a modern perspective violates common sense. However, the additional characteristic in this particular 'genre' of madness that the text mentioned is that the afflicted person – in addition to 'condemning' the esoteric texts – has a tendency not to 'persecute'/hurt (*hnyin-hsei ညှဉ်းဆဲ*) others (sadism?), but to hurt only oneself (masochism?) (*Mardawa* 1963: 348). This very straight-forward, concretely discernible and down-to-earth criteria should have been sufficient enough to 'ground' this particular type of madness and perhaps the other criteria or symptoms of 'condemnation of particular named learned texts' can be ignored or passed over by us 'moderns'.

The *Mardawa* states that for those who have madness disease resulting from the 'possession' of the *nats*, the days where 'madness occurs' is 'fixed'. In other words (says the text) ... 'the days when madness 'arose' and where it expands or spreads is fixed' ... (*Mardawa* 1963: 338).

The (differing) symptoms of yet another type of madness resulting from being possessed by (a/the) different sort of *nat(s)* are described thus:

Being always content with [whatever] food one has, living in a clean and purified (*sin-kyae စင်ကြယ်*) manner, having a body odor like that of the flowers of the *nats* (roughly translated as 'flower from the garden of the gods'), not sleeping, in addition giving truthful and purified talks, having [some] supernatural power (*da-goe တန်ခိုး*), not closing one's eyelids, giving noble blessings (*myat-thaw-hsu မြတ်သောဆု*), cherishing (*myat-noe တရား*) noble doctrines (*tayar မြတ်နိုး*) (*Mardawa* 1963: 339).

Commentary: As a lay observer and non-specialist in psychology, psychiatry or medicine the above descriptions or characteristics of those who have been possessed by the spirits appear innocuous or not serious enough, in and by themselves, to be designated as

'symptoms of madness'. However, the relatively gentle or mild nature of the above description of 'madness' caused by one particular group or set of *nats* can be contrasted with the more violent symptoms supposed to be present with the madness disease which was caused by *asura* အသူရာ, (*nats*). The *Wikipedia*. (<http://en.wikipedia.org/wiki/Asuras> -accessed 27 April 2006) states that,

Asuras 'are a group of power-seeking deities, [mainly in the Hindu religious and metaphysical milieu] sometimes misleadingly referred to as demons. It also states that the 'negative character of the *asuras* in Hinduism seems to have evolved over time'

Hence at least as regard this particular *nat* or 'deity' the influence of Hindu thought on not only Burmese cosmogony, but also traditional medical texts is quite clear.

The *Mardawa* continues to state that a person afflicted with the madness disease as a result of being 'possessed' by the *Asura nats* sweats a lot; there is dislike and disgust of the [other] *nats* and teachers, utters angry words designating blame [on others], have a tendency to look [at things, people] with slanted eyes. Without any fear, eyes [of such a person] wander from here to there. [The 'possessed' person] does not see the true doctrine and see [only] the false doctrine. No matter how much there is to eat [such persons afflicted with this madness disease] is never satisfied or satiated. Such a person whose intelligence (*agh-thi-nyan*) has deteriorated, whose mind is occupied by bad thoughts should be understood as being 'possessed' (*phann-sar ဖမ်းစား*) by the *asura nats*, who are the enemies of the righteous (*samma deva သမ္မာဒေဝ*) *nats*.

Commentary: For the first time in this particular section whereby madness diseases caused by various *nats* (spirits) are described the delineation or the dichotomy of 'bad' *nats* (*asuras*) and good *nats* (*samma deva*) is mentioned. Hence, to a certain extent an individual human mind becomes the battle ground whereby the good and bad spirits 'fight out'.

A few of the characteristics of the next description of madness caused by the *gandaba nat* ဂန္ဓဗ္ဗနတ် is quite similar to the symptoms if not of the (modern) psychiatric definition of narcissistic personality disorder (see for e.g. 'Narcissistic Personality Disorder' <http://www.halcyon.com/jmashmun/npd/dsm-iv.html#npd>, accessed 28 April 2006) then to the Greek legend that gave the disorder its name. *Wikipedia* (<http://en.wikipedia.org/wiki/Narcissism>; accessed 28 April 2006) states that,

Narcissus was a handsome Greek youth who rejected the desperate advances of the nymph Echo. As a punishment, he was doomed to fall in love with his own reflection in a pool of water. Unable to consummate his love, Narcissus pined away and changed into the flower that bears his name, the narcissus'

In a description which - to me - have shades of the characteristics of the Greek legend 'Narcissus' the *Mardawa* states that "when a person has a tendency to dwell near banks, shores, and waterfronts, have a merry disposition, likes fragrant flowers, sing songs, dances, smiles and laughs, makes a slightly melodious sound then that person is afflicted with (possessed by) the *gandaba nat*" (*Mardawa* 1963: 341-42). In contrast to the mild symptoms evinced by the person who have been possessed by the *ganadaba nat* the *Mardawa* states that the person who have been possessed by the *yakkha nat* ယက္ခနတ် displays the following characteristics which indeed are crude or violent. The *Mardawa* states that such a person desires to drink liquor (*thay-yi* သေရည်) (this particular Burmese term can literally be translated as 'death drink' or 'death liquid') which is made of meat or flesh and all sorts of intoxicating liquids, have no shame, is very violent, very 'daring' (*ye-yint* ရဲရင့်) is [always] very angry, very strong, likes to wander at night, [and] do not want neatness or cleanliness.

TIMES AND SEASONS OF BEING AFFLICTED/
POSSESSED BY THE VARIOUS NATS ACCORDING
TO THE *MARDAWA*

The persons who are afflicted by the *nats* are especially possessed on full-moon days. Mornings and evenings are the times of the day the *Asura nats* afflict their victims. The *gandaba nats* usually 'possess'/or enter their victims on the eighth day after the full moon. The *yakkha nats* take 'possession' on the first day of the beginning of the waxing moon and at night (*Mardawa* 1963: 350)

Commentary: At least one academic journal article states that the linkage between madness and the cycles of the moon, which can be discerned in many folklore concepts is not without foundation. The abstract of this journal article stated

that previous research that related lunar phase to abnormal behavior has led to apparently conflicting findings because of different methodolog[ies]. The present study, based upon both new data and that already in the literature, combined studies that used the same segments of the synodic cycle. Such analysis indicated a disproportionate frequency of abnormal behavior at the time of the new moon, at the time of the full moon, and in the last half of the lunar phase. These findings were regarded as generally congruent with folklore. (Templer & Veleber 1980).

IN DEFENSE OF THE (UNOBSERVABLE)
'NAT-POSSESSED' THEORY OF 'MADNESS
DISEASE' IN THE *MARDAWA*

The *Mardawa* 'educates' its readers by stating in the text that just because the spirits/*nats* enter the bodies of the afflicted persons to possess them is unobservable do

not mean that such phenomena do not occur. The *Mardawa* analogises that the shade (or shadows/image) 'entering' the mirror, water and oil, just as heat and cold entering the body and just as 'life-force' entering the body cannot be seen or witnessed, the spirits which 'seized'/possessed' the body cannot be seen. This fact should be borne in mind (*hmat* မှတ်) [in considering its statements that some types of madness diseases are caused by the possession of the spirits or *nats*] (*Mardawa* 1963:351).

A CAVEAT OF SOME SIGNIFICANCE IN THE
MARDAWA: THE AGENTS OF THE NATS AND NOT
THE NATS THEMSELVES WHO DO THE
'POSSESSING' AND THE CRITERIA OF A 'TRUE'
PHYSICIAN

An important caveat regarding the *nats* 'afflicting' or 'possessing' those who have the madness disease is stated in the last page of the most substantial section of the Chapter (*Mardawa* 1963: 337-51). After using this expression many times in several pages about the *nats* 'possessing' or 'afflicting' the 'mad' in the last section, the *Mardawa* makes an important 'caveat' when it states that 'since the human body is 'unclean' *ma-sin-kyae* မစင်ကြယ် the *nats*, not even a few of them, ever (*bei-akhar-hmya* ဘယ်အခါမှ) 'possess' them [the humans]. If' physicians (*hsae-hsa-yar* ဆေးဆရာ) states that the *nats* [actually] possess or 'enter' [the human body] they say that out of ignorance. Such physicians who says this should be abandoned (*sunt-pyit* စွန့်ပစ်) and the designation of them as persons who understand the [paranormalist] phenomena concerning *nats*, *asuras* and *gandabha* [nats] must also be abandoned ['decertified'], that is such persons should no longer be considered as 'proper' physicians who understand the phenomena of persons being 'possessed'. The *Mardawa* uses three different Burmese words or adjectives to emphasise this important point. It states that 'realistically (*sinn-siit* စင်စစ်), actually (*aei-kan* ဇာန်) and in truth (*ahhman* အမှန်) such *nats* have their own servants (or agents) numbering more than ten billion (*Gaday-ta-htaung* ကုဋေတထောင်) 'evil creatures' (*makaung-hsoe-warr* မကောင်းဆိုးဝါး) who fearfully circulate in the night and who 'consumes' (*thoan-hsaung* သုံးဆောင်) the blood, fat and flesh. It should be understood that only those 'evil creatures' enter/ possess [the persons afflicted with the madness disease and not the *nats* themselves]' (*Mardawa* 1963: 353).

Commentary: The assertion that those who do not adhere to certain tenets of a posited theory on mental disorders are not 'main stream' physicians and indeed they are no physicians at all- is not restricted to traditional

texts such as those of the *Mardawa*. For it has been claimed that the founder of psychoanalysis

Sigmund Freud himself had little tolerance for colleagues who diverged from his psychoanalytic doctrines. He attempted to expel those who disagreed with the movement or even refused to accept certain central aspects of his theory... the most notable examples are Carl Jung and Wilhelm Reich. Freud wrote a stinging attack on both Jung and Alfred Adler in a piece called "On the History of the Psycho-Analytic Movement". (http://en.wikipedia.org/wiki/Sigmund_Freud, accessed 12 November 2009).

The 'exclusion' of those tenets or espousers of tenets which do not 'toe' the established orthodoxies are, of course, not limited to ancient esoteric views as regard the *nats* in the *Mardawa* or indeed in relation to modern Freudian theory. For example, the late Martin Gardner (21 October 1914 - 22 May 2010) claimed that the late economist Milton Friedman (perhaps at most only partly in tongue in cheek) inferred that the late Professor John Kenneth Galbraith was not an 'economist' because Galbraith did not toe the monetarist policies and practices of the 'Chicago School'. Gardner (1999: 147) wrote:

In 1980, on Larry King's radio talk show, I heard King asked Friedman why, he and his colleagues so often quarreled. This, said Friedman, is a myth. Economics is a science. Economists agree on all basic issues. You mean, said a surprised King, that you and Galbraith have no fundamental differences? "Oh", said Friedman, "I thought you asked me about economists".

Just as the *Mardawa* recommended and if not dictated that a particular category of physicians who do not subscribe to or espouse the particular theory about being possessed by the *nats* should not be considered as proper physicians, Friedman argued that only those who adhere to the Chicago school's basic tenets could be considered as 'proper' economists.

The three examples stated above – the discourse in the *Mardawa*, Sigmund Freud's critique if not castigation of those who dissented from his view of psychoanalysis and Friedman's 'quip' vis-à-vis his ideological adversary Galbraith- as regard the requisite attitudes and beliefs required to be a 'true' physician, true psychoanalyst, or true economist can only be eclectic, selective and random. The obvious 'Other' examples are religious concepts and the 'internal' as well as 'external' controls made by the ruling elites of major (and for that matter 'minor') religions as to the core tenets of their faiths and the exclusion, expulsion, denigration and punishments meted out to those who deviate from the orthodoxy.

In the modern, secular 'discipline' of Western legal liberalism those who espouse the views of the Critical Legal Studies (CLS) Movement which has made cogent – if at times what some could consider arguably radical - critiques of Western legal liberalism have almost literally been excluded from the halls of academia in the United

States. Brian Bix reports the censure and indeed exclusion from legal academia (including at Harvard Law School) of CLS adherents took place during the 1980s. Bix (2006: 219) states that those adhering to the CLS views were not only denied tenure:

[a]cademics were effectively scared away from CLS, not only by the threat of denial of tenure once hired, but also by the more effective and ominous threats that [law]school[s] will not hire them in the first place if they were suspected of affiliation with CLS.

Coming back to the topic of mental illness, as discussed below, Szasz (born 1920) has for almost fifty years now strongly critique if not condemn (traditional) Western paradigm of mental illness. It can be stated that Szasz -in comparison with the CLS scholars who challenge Western legal liberalism - is in a significantly better position as far the securing and continuation of tenure in academia is concerned. Unlike the case with some of the CLS scholars who were either denied tenure or not hired in the first place due to the adherence to this particular 'counter-orthodoxy' vis-à-vis legal liberalism Szasz not only have tenure (starting decades back from 1956 to his retirement and assuming emeritus status in 1990 in the State University of New York, SUNY, see szasz.com/cv), but has presented and continue to present his very strong critiques of the (psychiatric) establishment's tenets in public forum and have written many books strongly critiquing the Western paradigm of mental illness.

For the purpose of summarising this sub-section regarding the etiology and characteristics of the madness disease(s) stated in the *Mardawa* it could be reiterated that there are repetitive and overlapping statements, diagnoses or definitions. There seems to be confusion as to the causes, symptoms, characteristics and consequences of the 'madness diseases'. Still, from my own reading of the text and as far as etiology of the madness diseases are concerned the *Mardawa* appears to classify or delineate the causes of madness into three broad categories. The classifications stated below are not specifically stated or even hinted at in the text but I have derived them from what I believe to be the general drift and tenor of this traditional medical text. The *Mardawa* seems to classify the causes of illness into:

- (1) those which have physical or physiological origins or causes (i.e. those caused by winds, phlegm, bile, poisons etc)
- (2) 'psychological', 'phobic' or 'occupational' origins or causes: due to unhappiness, misery or anxiety, longing for lovers, 'depression' over loss of property, family, 'enemies' (paranoia?), fear of animals, being in the service of the king
- (3) 'supernatural'/'paranormal' or esoteric/ macabre origins or causes: as madness resulting from (bad) spirits entering and doing harm to the persons thus possessed.

SELECTIVE REMEDIES FOR CURING THE
MADNESS DISEASES ACCORDING TO THE
MARDAWA

MEDICINAL TREATMENT AND PRECAUTIONS TO BE
TAKEN IN TREATING THE 'PATIENTS' ACCORDING
TO THE *MARDAWA*

The 'remedies' for curing the madness diseases are mentioned in the last section in about three pages of the *Mardawa*. Some of them can be described as 'medicinal' such as those of giving certain herbs, giving laxatives and causing the person afflicted with the disease to vomit. What would appear to be a common sense precaution persons who are living with or who are 'treating' the patients are exhorted to take care so that the ['disease-sufferer'] does not fall from [falls into] trees, hills, fire, water, [falls from] the house [the disease-sufferer] must carefully be looked after. Otherwise, the sufferer can die suddenly [if the sufferer falls from/into trees, hills, fire, etc]. (*Mardawa* 1963: 353). It could be mentioned here that the Burmese word 'lu-nar' လူနာ or patient is never used in the *Mardawa* text itself. In fact most of the descriptions of the various madness diseases are described as diseases and are not 'personalised' by mentioning (grammatically and in terms of syntax) the patient as a 'subject' or 'sufferer' of the disease but only the 'workings' of the disease. In terms of personalisation it appears to me that the text 'personalises' the various *nats* – the cause or origin – of the disease itself rather than the 'patients' or the persons afflicted with the disease.

SUGGESTED 'PENAL' REMEDIES FOR TREATING
PERSONS WITH MADNESS DISEASES
ACCORDING TO THE *MARDAWA*

Some of the 'remedies' or treatments (*hsay-ku-chin* ဆေးကုခြင်း) that are recommended in the *Mardawa* can only be described as 'penal' if not punitive. The *Mardawa* states that 'in treating the madness disease, the disease must be put in a fixed place and in order to change the mind [of the sufferer] beat it with canes. If the mind is changed, that [madness] disease is cured' (*Mardawa* 1963:353).

Commentary: I have almost literally translated the sentence, there is no mention or usage grammatically or in syntax of the patient, the person suffering from the disease, only the 'beating of the disease' itself.

The *Mardawa* further states that 'the madness disease could be treated with snakes whose fangs are removed, by using [fierce] animals such as tigers etc, or by the threatening the use of weapons [the disease/sufferer of the disease] should be made to feel fear. Or threats should be made by using the King's servants. Using kingly power (authority) suffering should be caused. If that is done the mind that has been destroyed/deteriorated (*pyet-see-nay-thaw-seik* ပျက်စီးနေသောစိတ်)

is restored to its pristine state (*ba-ga-teit* ပကတိ) (*Mardawa* 1963:353).

The person who has the madness disease should be rubbed with castor oil and be made to lie down in the sun; pour on the body hot iron [liquid], hot oil and hot water (*Mardawa* 1963: 353). It is to be noted that only in this sentence the 'personalisation' of the 'patient' instead of merely describing the disease takes place in that the 'person who has the madness disease' is mentioned. Most of the discussion in this chapter of the *Mardawa* deals with the treatment of the 'disease' and the 'pastoral care' or personalised aspects of the treatment seems to be lacking in the tone and tenor of the treatments recommended.

Commentary: The harsh and punitive nature of this 'remedy' and treatment – with its attendant infliction of pain and fear - to 'cure' the disease is very obvious. Again, it could be mentioned that one need not even be a careful reader and even after taking into account all the cultural and didactic posits - or after foregrounding the text in its cultural milieu - one inconsistency of the text becomes glaringly evident. In the earlier part of the chapter on the madness disease it was mentioned that anxiety and misery (*hsin-yei* ဆင်းရဲ) could cause madness disease (*Mardawa* 1963: 335). Here the exact word 'misery' *hsin-yei* is used (*Mardawa* 1963: 352) in stating that causing misery and fear could restore the deteriorated or destroyed mind to its 'pristine' state and cures the madness disease!

Moreover in an earlier section it was said that 'fear of lions, tigers and elephants' are one of the causes of the madness disease (*Mardawa* 1963: 335). Here the uses of such fierce animals such as 'snakes with fangs removed' as well as 'tigers etc' are prescribed to be used to treat the madness disease. Additionally in earlier section of the text it was stated that being subjected to kingly power can be one of the causes of madness (*Mardawa* 1963: 335). Less than twenty pages later two of the 'remedies' provided to 'cure' the madness disease is to use 'weapons' as well the power of the King's servants in order to restore 'deteriorating' mind to its 'pristine state' (*Mardawa* 1963: 353).

RECOGNITION OF THE LIMITATION OF THE
'PENAL' TREATMENT AND THE 'LIMIT' OF ANY
TREATMENT FOR SOME MADNESS DISEASES IN
THE *MARDAWA*

The *Mardawa* also recognises the limit or the unsuitability of the penal treatment for certain sorts of madness diseases and clearly enjoins those who are administering treatment or the medical practitioner (teacher/physician) (*saya* ဆရာ) not to 'ever' (*bei-khar-hma* ဘယ်ခါမှ) 'oppose' (*hsant-kyin* ဆန့်ကျင်) those persons who are possessed by the *nats* for they are prone to anger, cruelty and has a tendency to destroy the teachers/physicians. Therefore, the text enjoins that

before one embarks [on 'penal' treatment] one should review and analyse whether such treatments are suitable or not (*Mardawa* 1963: 355).

Commentary: The exhortation to be careful in treating persons whose 'madness diseases' are caused by possession of the *nats* may indirectly indicate an historical factor which is explored in a slightly more detailed manner in the next section: the virtual certainty that there was not in the pre-colonial (classical) Burmese history any institution equivalent to an 'insane asylum' where the inmates are controlled in an organized manner and often through the use of institutionalised control or violence: a development that did take place in Europe (Foucault, 2001: 228-63). Instead, persons with 'madness diseases' are probably treated, during pre-colonial times in Burma by individual (and traditional) medical practitioners (*hsay-saya*) and should there be a need to restrain or physically control them the help of the relatives and or the nearby community was probably all that the practitioners would, in most cases, be able to marshal.

For, if there is an institution where violent persons with 'madness diseases' are controlled through an institution such as the insane asylums in European history no matter how violent or 'cruel' these afflicted (i.e. afflicted by the agents of the *nats*) persons are they could be institutionally, forcibly treated in the 'insane asylums'. Any use of violence by an individual person afflicted with the madness disease could be countered and controlled through the institutionalised force of the asylum. The warning expressed in the text, not to administer these violent treatments – recommended for other types of madness diseases – against a certain class of persons with certain types of madness diseases could be an indication of the absence of the institution of 'asylum' in pre-colonial Burmese history.

GLIMPSES OF FOUCAULT'S DISCOURSE ON MADNESS AND ITS CRITIQUE OF THE DEVELOPMENT AND OPERATION OF THE ASYLUM IN THE BURMESE CONTEXT

The late Michel Foucault (1926-1984) first published his book *Madness and Civilization* in the French language in 1961. An English translation from an abridged edition of his book was first published in 1967 and was republished as a 'Routledge Classic' in 2001 (translated by Richard Howard, with introduction by David Cooper).

This section, by no means, intend to review what is 'discoursed' in the *Mardawa* from the slant or standpoint of a Foucauldian perspective even though a general comment or two, in a cursory manner, has been given in the previous section. Undoubtedly, based in part on their cultural, religious, social, metaphysical, 'medical' even cosmological 'bag and baggage' or to use another Foucauldian term – based on their own archaeologies of knowledge - various cultures around the world would, in their own ways, attempt to confront, alleviate or 'solve'

the *problematique* of madness and those afflicted with mental disorders. The above section is intended to give a glimpse of how a 'sample', classical Burmese medical text attempts to diagnose and treat what it called the 'madness disease'.

Here only one or two examples of the (mainly) European discourse on 'melancholic juices' / 'melancholia' that Foucault describes and critiques will be briefly juxtaposed with the comments made in the *Mardawa*. In what could be described as part of the 'medical' or physiological causes of the madness disease the *Mardawa* mentions about the 'bile' as a cause of a particular type of madness disease. Compare the statements made in the sub-section above dealing with diseases caused by bile with those of Foucault 's dealing with 'melancholic juices' in the chapter 'Aspects of Madness' (Foucault 2001: 113-123 *par tim*).

Foucault (2001: 119) paraphrases and narrates the classical European view of the melancholic and the manic thus:

The mind of the melancholic is entirely at leisure and in repose; the maniac's imagination, on the contrary, is occupied by a personal flux of impetuous thoughts. While the melancholic's mind is fixed on a single object, imposing unreasonable proportions upon it, but upon it alone, mania deforms all concepts and ideas; either they lose their congruence, or their representative value is falsified; in any case, the totality of thought is disturbed in its essential relation to truth.

Compare part of the above statement that the melancholic's mind is 'entirely at leisure and in repose' with that of the *Mardawa*'s description of some features of one type of madness disease: 'living in a purified environment ... gives blessings .. making slightly melodious songs' (*Mardawa* 1963: 339). Compare also Foucault's narration of the classical European's postulate that the manic 'deforms all concepts and ideas [whereby they] either lose their congruence, or their representative value is falsified' with the *Mardawa*'s description of yet another type of person being afflicted by another form of the madness disease. The text states that:

the person's strength, ability and the lofty intellect (*myint-myat-thaw-nyan* မြင့်မြတ်သောဉာဏ်) (in other words) the ability to learn and perceive, exactly evaluate and decide on what is written in the learned texts (*kyan-gan*) ကျမ်းဂန် is destroyed. The ability, the awareness, the concentration, (*thadi* သတိ) necessary to gauge and evaluate (*se-yin-hsoan-phyat* စီရင်ဆုံးဖြတ်) the meaning and significance of the learned texts are destroyed in those persons who are afflicted with the madness disease caused by the *nats*/spirits (*Mardawa* 1963: 338).

Is Foucault and the *Mardawa* describing the same, similar or comparable phenomenon, cognitive processes or 'archaeologies of knowledge'? When I criticised the above criteria of the *Mardawa* in determining madness as being too 'elitist' and putting a 'too high a threshold' on the standards of 'sanity' am I being too literal when I read and interpret the *Mardawa* text?

Since this section is only intended to provide a glimpse of Foucault's discourse vis-à-vis a few of the observations in the *Mardawa* I shall now briefly mention a more concrete historical development in European history: that of the institution of the 'asylum' to which Foucault devotes a considerable part of his book (Foucault 2001: 152-188 & 229-264). In the Burmese context the author is of the opinion that what could be called the 'mental asylum' (in contrast to jails for alleged and convicted criminals as well as the King's adversaries, dissenters and enemies) did not develop as an institution during the pre-colonial days (some time before 1886 or at the earliest 1824) and it only developed during the British colonial era. In the author's interview with a Burmese psychiatrist (Interview, Anonymous, 5 May 2006), who had worked during the 1990s in what is now called 'Specialist Psychiatric Hospital', he stated that the first psychiatric hospital was probably established near Rangoon during the colonial era in the 1920s. However, in pre-colonial times in Burma there might or might not be places where certain groups of persons with 'madness diseases' are made to live in separate, cloistered places 'outside the pale of society'. This 'cloistering' - but one should immediately add *without* total control or 'supervision' as in the asylum context and as explicated by Foucault - had occurred vis-à-vis a certain class of people who were *not* mad or who suffered from 'madness diseases' at least during one period of Burmese history.

On 23 June 1607 King Anaukphetlun of (the Kingdom) of Ava issued three Royal Orders concerning pleaders (lawyers), the first of which stated (in part) that '[by the nature of their jobs] the pleaders could not be free from (could not help themselves from) breaching the [Buddhist] precept against telling untruths on a daily basis'. Therefore, the King ordered that the pleaders "are not to live inside the city [walls]. Build houses in the same quarters outside the city and require the pleaders to live [as a group] in specified quarters. Officers of the palace must make these arrangements" (Myint Zan 2000: 44-47). Hence, the 'cloistering' of certain groups of people in episodic periods of Burmese history had taken place. However, it is hard to envisage how persons with 'madness diseases' - especially if they are of the severe kinds - could have lived together in separate quarters outside the city - as the pleaders were required to do so as stated in the Royal Order above. The 'management' problems among themselves (without 'supervision' as in an asylum-type arrangement) would have been formidable. Be that as it may, what could be called asylum or psychiatric hospitals *were* eventually and formally instituted in Burma starting from the colonial days. The author would clarify here that when he states about the absence, in the days of the Burmese kings, of a formalised institution of the asylum - with its attendants 'doctors and patients' (Foucault 2001: 151-188) it does not necessarily mean that what the Burmese state considers

to be 'the mad' 'vagrants', vagabonds, the despised 'Others' are not locked up or confined - together with common criminals - in Burmese jails or in places of confinement during pre-colonial times. However, during pre-colonial times there *was* an *absence* of a 'mental institution' where the indigenous or traditional Burmese medical practitioners (*hsay-sayas*) acted as 'supervisors' in a confined-jail like institution where persons with madness diseases are at times forcibly treated in a formal, institutionalised manner as depicted by Foucault.

SNIPPETS OF MODERN BURMESE DISCOURSE ABOUT MADNESS OR MENTAL DISORDERS: PSYCHOLOGICAL PRIMERS AND A NOVEL

The exact date of composition of the *Mardawa* is not known with certainty. The age of the 'original text', could be measured if not in centuries then at least in many scores of decades. In this section works written in Burmese, in a modernist context and dealing with the subject of 'madness' or mental disorders will be discussed. When discussing the *Mardawa* I have used the term (in literal translation) 'madness disease'. From this section on, depending on the contexts, I would either use the terms 'madness', 'mental disorders' or 'mental illness' unless cross-reference is made to the *Mardawa* whereby I will revert to the expression 'madness disease'.

The works cited in this section were first published in the mid-to-late 1960s and therefore, in contrast, to the *Mardawa* they can be considered as 'modern' though, if one has to be fastidious, not exactly 'contemporary'. Still, viewing them from a literary perspective and as 'primers' educating the public on the subject of mental disorders they can be considered to be a constitutive part of the 'modern' Burmese literary and social discourse.

The works are 'modern' also in the sense that in contrast to the orthodox, traditional or 'indigenous' medicine based approach of the *Mardawa* the primers and the novel's depiction of mental disorders or mental patients can be said to be based on the 'dominant' Western medical paradigm. Hence, the discourse on madness or mental disorders becomes much more 'Western-oriented'. Some of the diagnosis, causes and 'treatment' for various 'madness disease' that are 'laid down' in the *Mardawa* are explicitly rejected as superstitions in the psychological (or) medical primer that is written by a Burmese medical doctor trained in what could be termed as Western medicine. In the modern Burmese writings which are discussed here the *Mardawa* or any other traditional medical text is not specially mentioned. These modern writings, in no uncertain terms, reject the etiology that mental disorders are caused by 'supernatural' causes such as those of '*nats*' and the punitive, indeed violent, 'remedies' or 'treatments' described in the *Mardawa* and probably other traditional medical texts are also criticised at least implicitly. In

addition, the author Ohn Maung urges the relatives, guardians and friends of those who suffered from mental disorders to seek help in psychiatric hospital(s) and not to resort to such folk and superstitious practices.

MEDICAL OR PSYCHOLOGICAL PRIMERS

A book entitled (in translation) ‘*Mental Disorders or Paranormally Possessed?*’ (*Seik-ta-za-law-payawga-law* စိတ္တဝေဒနာ ပယောဂလော) was first published in 1968, reprinted in 1969 January from which edition the quotations are made (Ohn Maung 1969 a). The author is Ohn Maung, a Burmese psychiatrist. There are 32 articles in the book. The first article has the title of the book. The very first sentence of the first article states that ‘among those patients who (eventually) come to the psychiatric hospital, 90 percent of them had been treated by [traditional] Burmese medical practitioners (*bama-hsa-ya* ဗမာဆရာ) or monks before their arrivals in the hospital. The reasons that these [persons with mental disorders] take treatment ‘outside’ (*apyin-dwin* အပြင်တွင်) of the psychiatric hospitals was due to the belief [by the relatives or guardians] that the mental disorders were caused by being possessed by *nats*, ‘evil spirits’ and some ‘charms’ have been put on the patients with mental disorders (Ohn Maung 1969a: 13).

Commentary: The use of the word ‘outside’ (*apyin-dwin*) though written in the Burmese language more than forty years ago in 1968 reminds one of the word ‘Other’ which becomes fashionable in more recent years. The *Mardawa* critiques the ‘Other’ paranormalists or medical practitioners (as the case may be) which adheres to ‘other’ (or) outside beliefs and practices on the issue of who or what seizes those with the madness disease. For modern (Western) educated Burmese psychiatrists and psychologists like Ohn Maung, ‘outside’ or other perspectives and practices regarding mental illness are those of the Burmese exorcists. In mentioning this it is not the intention of the author to - in any way- critique or even to be ‘ironic’ about Ohn Maung’s sensible – and dare one say, in contrast to that of the *Mardawa*- superior advice, but merely to report the author’s discernment that in disciplines – academic as well as professional - the ‘Other’ or ‘Outsider’ is treated if not always with suspicion and critique then with a sense of difference (and not *vive la difference* in that sense) if not strangeness. For an inderiect elaboration of this theme in the wider context of anthropology as it relates mainly to Burma see (Melford. E. Spiro 1991: 63-66). For the author’s attempt to analyse a Sufi poem (and more particularly) the poem entitled “Love III” by the Anglican (English) poet George Herbert (1593-1633) from an external viewpoint (Myint Zan 2006: 19-22).

Ohn Maung makes the point that if a person is considered mad or have a disturbed mind (*seik-nauk* စိတ်နော့က်) he could firmly say that this madness or

disturbance of mind is caused by mental diseases or mental illness (proximate translation of the word *seik-ta-za way-da-nar*). With the intended target (general public) in mind Ohn Maung states that he has not seen a single person in the psychiatric hospital who becomes mad (or whose mind is disturbed) due to being possessed by *nats* or ‘demons’.

Commentary: Many centuries earlier the authors of the *Mardawa* had apparently anticipated and rebutted such arguments. The ancient authors of the *Mardawa* (with the author of *this* article taking a ‘poetic license’) would probably have arguably considered that Dr. Ohn Maung’s critique embodies a ‘grossly empirical’ approach. As stated, the *Mardawa* asserts that just because a person or for that matter a physician has not ‘witnessed’ the *nats* or agents of the *nats* (‘paranormal spirits’) entering, possessing or ‘afflicting’ the person with madness disease did not mean that such phenomena do not occur see (*Mardawa* 1963: 351).

Hence, starting from the introductory article a general theme that runs through the book is the exhortation by the author to the general Burmese public *not* to consider that mental disorders are caused by *payawga* စိတ္တဝေဒနာ, or paranormal causes or those with ‘mental diseases’ are possessed by *nats*/demons etc.(Ohn Maung 1969a: 14).

Ohn Maung unequivocally claims that the attribution of the ‘supernatural’ causes (which constitute the major ‘etiologies’ of the ‘madness diseases’ in the *Mardawa*) is false. Moreover, Ohn Maung states that such a belief has caused a lot of unnecessary suffering on what he called ‘mental patients’ *seik-ta-za way-da-na-theirr* စိတ္တဝေဒနာသည် (Ohn Maung 1969a: 28-30) *A fortiori* it could be stated that Ohn Maung and others modern Burmese elites would have stated that some of the ‘recommended’ treatment of those suffering from ‘madness disease’ as stated in the *Mardawa* such as ‘beating with canes, pouring hot oil or water [on the mental patients] and threatening with defanged snakes and tigers’ (*Mardawa* 1963: 353) to cure them as being extremely cruel (not to say counter-productive) and could not only aggravate and intensify the disease but also cause serious injury or death to the patients.

Ohn Maung further admits that he has, ‘up till now’ (1968/1969), not been successful in that task since many persons would not abandon their traditional ‘folk-lore’ beliefs. Ohn Maung deplores the overwhelming tendency of many Burmese of going to what he called the *pawaga hsa-yar* ပယောဂဆရာ ‘paranormalist practitioners/or exorcists’ rather than to the psychiatric hospitals when their relatives or friends suffered from mental illness (Ohn Maung 1969a: 28-29).

Also, at least in one instance Ohn Maung deplores the fact of the relatives/guardians of patients (*lu-nar-shin* လူနာရှင်) going not only to the *payawga hsayar*, but also the treatment of mental patients by Burmese

Buddhist monks (Ohn Maung 1969a: 13). It could be added here that what Ohn Maung appears to be saying is that though Buddhist monks might be familiar with some of the traditional concepts and 'treatment' in indigenous medicine as represented in the *Mardawa* they are not trained at all in Western medicine and hence by implication these Buddhist monks cannot be (in the words of the *Mardawa* 1963: 353) certified as 'proper medical authorities'.

Hence, at least in some diagnosis and indeed in the treatment of the 'madness' diseases the diametrically opposed nature of the two texts namely the *Mardawa* (re/published or translated) around 1963 and Ohn Maung's *Seik-ta-za* စိတ္တဇ (first published only a few years later in 1968) cannot be denied. It may be politically-correct and perhaps –at times and arguably in limited contexts only – appropriate to reconcile, complement or take a 'holistic' approach to the two dichotomies or separate genera of traditional and Western medicine. However, as far as the 'remedies' for 'madness diseases' are concerned the prevailing (comparative) advantages, so to speak, of the Western paradigm - with all its possible shortcomings as pointed out, among others by Foucault (2001) and Szasz (1961) - should be fairly evident.

As far as the 'level' of the nature of the 'discourse' is concerned both the *Mardawa* and Ohn Maung's *Seiktaza* are, in an important sense, 'elitist' texts or discourses. The citation of learned texts in the *Mardawa* and the rarefied tone, tenor and authority that it assumed indicates that the discourse is elitist. For the analysis of mainly western literary, political and legal texts from the view point of 'creating authority in law, literature and politics' (White: 1995 and Vining: 1988). Ohn Maung's educative 'primer' about mental illness and his exhortation to the general public to abandon traditional folk-lore concepts regarding mental disorders is intended to popularise the basic facts and science of psychiatry or psychological medicine and in that sense it is definitely not elitist. However, Ohn Maung's admission (at least in 1968) that he was not successful in trying to remove or even reduce the false preoccupation of a significant number of the Burmese populace and especially the relatives, friends and guardians of the mental patients to abandon paranormalist attributions of causation, interpretation and treatment of mental disorders have, at least at the time of publication of the book and to a general extent even now fallen on 'deaf ears'. Hence, in that 'consequentialist' sense Ohn Maung's discourse or exhortations seem to be 'elitist' in that they apparently have not fully or even partially entered the general Burmese public consciousness, in any case, at the time Ohn Maung published the book more than four decades ago. In more recent times though some of the Burmese populace may be more receptive to the advice that they not seek the services of the paranormalists or exorcists when their relatives and friends showed symptoms of mental illness.

In a phone interview with a trained Burmese psychiatrist, the psychiatrist made the statement that in his opinion only about 50 percent (or less especially if the patients were from the urban areas) who came for treatment, in the early 21st century in the Specialist Psychiatrist Hospital (*Seik yawga ahtoo ku hsay yoan gyee*) စိတ်ရောဂါအထူးကုဆေးရုံကြီး near Rangoon; have been seen or treated by 'paranormal practitioners' or 'exorcists' (*payawga hsaya*) ပယောဂဆရာ before they arrived there. (Interview, Anonymous, 5 May 2006). Hence, more than thirty-five years after the book's first publication in 1968 aspects of the discourse – based on the Western medical and psychological paradigm - have perhaps albeit in a limited manner seeped into a few segments of the general public's consciousness.

Nevertheless, a significant segment of the Burmese population has not 'internalised' Ohn Maung's – and many other modern psychiatrists' – very sensible advice. Apparently, since 1968 there have been a reduction in the number of the instances among the Burmese, of consulting 'paranormalist practitioners' if their relatives showed symptoms of mental disorders. Still, even if there are 'only' 50 percent (and the percentage could be significantly higher if the Burmese rural population is 'factored in' in this analysis) of the patients who came to the Special Psychiatrist Hospitals and the psychiatric units in the hospitals have been previously or contemporaneously treated by these paranormalist practitioners, it could be considered that there is still a parallel 'medical' or esoteric system or modes of treatment for mental disorders in contemporary Burma.

The authoritative, in fact authoritarian, tone and tenor of the *Mardawa* may, as indicated earlier, sound elitist, but as far as the general public consciousness is concerned the *Mardawa* could well reflect popular or majoritarian thinking and attitudes regarding the discourse on madness among the general Burmese populace.

The very general similarity – it may be more apparent than real - in aspects of the *Mardawa* and Ohn Maung's *Seiktaza* could be mentioned. In one of the chapters in the book entitled 'The Main Causes for Mental Disorders', Ohn Maung (1969a: 17-21) lists the 'Causes [of Mental Disorders], which has mental or psychological elements'. Among the sub-categories in this list are problems arising from (difficult) financial circumstances, marital and romance problems and societal problems. These are listed as possible causes of mental disorders especially among those who cannot withstand the vicissitudes of life (လောကဓံ *lawkadan*) with a strong mind. (Ohn Maung 1969a: 18-19). On a general basis compare this somewhat 'common sense' analysis with the *Mardawa*'s classification that 'misery' can be also one of the causes of 'madness disease' (*Mardawa* 1963: 327) and its further elaboration that loss of money, property, relatives, sons and daughters loss of a beloved woman (lover) can also cause madness (*Mardawa* 1963: 335).

Ohn Maung further mentions that bodily problems such as those arising from what could be called (physical diseases) such as viruses from typhoid, tuberculosis, and other diseases can contribute to the onset of mental disorders. Ohn Maung emphasises that not all or even many diseases which affect the brain can cause mental disorders and that ‘mental strength’ is necessary so that the onset of physical disease does not give rise to mental disorders (Ohn Maung 1969a: 19-20). Compare this with the somewhat more detailed categorisation in the *Mardawa* that ‘wind’ (colic), bile, phlegm and toxin could cause various forms of madness diseases (*Mardawa* 1963: 327).

Ohn Maung briefly explains the third generic cause of mental orders as those arising from and which could in retranslation be described as ‘mind’ and the structural problems regarding the body. He generalises that the mental patients have been found to be weak-minded (*seik-dat-pwaw-nyan*) စိတ်ဓာတ်ပျော့ညံ့ and this is ‘inherited’ (*hsin-thet*) ဆင်းသက် from their parents. Indeed he used the rough Burmese equivalent of the term ‘genetics’ (*be-za*) ဝီဇာ in classifying this particular etiology or causal factors of mental disorders. Without much elaboration Ohn Maung states that those persons with anatomical defects in the structure of the body are generally more prone towards having mental disorders. He again emphasises the importance of having a ‘strong mind’ (*seik-dat-kyant-khine*) စိတ်ဓာတ်ကြံ့ခိုင် to ward-off the onset of mental disorders. In a slightly moralistic tone Ohn Maung states that *only* (the Burmese word ‘*thar*’ သာ, which could be translated as ‘only’) those who have excessive greed and anger (*lobha* and *dosa*) လောဘနှင့်ဒေါသ are prone to mental disorders (Ohn Maung 1969a: 20-21).

In another chapter, Ohn Maung elaborates further about some of the symptoms that could be discerned when an individual is afflicted with mental disorders. In retranslation they can be described as those dealing with (1) concentration (2) movements and (lack of or excessive) activities (3) paranoia (4) thought/cognition (5) emotion (6) memory (7) reasoning (8) sensation (9) patient’s perception of own body (10) analytical thought (11) sleeplessness and eating disorders (Ohn Maung 1969a: 23-27). There are seven books in the Bibliography (*kyan-koe-sayin*) (Ohn Maung 1969a: 196) all of them written in English and all of them being (Western) medical or psychological texts published from the late 1950s to the mid-1960s. Obviously these characteristics are translated from English to Burmese and I am retranslating them for the purpose of identifying aspects of modern Burmese discourse which could be compared, contrasted or simply juxtaposed with those of traditional or ‘indigenous’ thinking that could be found in the *Mardawa*. In the section on analytical thought Ohn Maung made the statement that mental patients never ‘admit’ (*wunn-khan*) ဝန်ခံ or is aware that they

have mental disorders. In this Context Foucault observes that

[Sigmund] Freud ... eliminated madness’ recognition of itself in the mirror of its own spectacle, he silenced the instances of condemnation. But on the other hand he exploited the structure that enveloped the medical personage; he amplified its thaumaturgical virtues, preparing for its omnipotence a quasi-divine status ... Psychoanalysis can unravel some of the form of madness; it remains a stranger to the sovereign enterprise of unreason (Foucault 2001: 263-64).

In this regard, going briefly beyond the *Mardawa* to another Burmese medical text 26 different types (*myo*) မျိုး of madness are stated and briefly explained (Rewata 1969: 84-86). The *Mardawa* uses the Pali term *onmarda yaw gar* which I have translated as ‘madness disease(s)’. Rewata uses the more explicit, derogatory –at least more ‘jarring’ Burmese term ‘*Agh-yoo*’ အရှူး which I have translated as ‘madness’. Among them are the madness caused by (in literal translation) lack of blood between the skin and the fluids [of the body] and its symptoms are that ‘the madness happens during sleep and the manner of madness is slow and languid’ (Rewata 1969: 85); the ‘goat madness’ whose characteristics are that the [‘mad person’] is prone to be startled, recites sounds from the mouth like a goat (Rewata 1969: 86); the ‘cow madness’ whose characteristic is that when the [mad persons] see other people they embraced and shook them; the ‘horse madness’ ‘neighs’ by moving the mouth; the ‘snake madness’ stretches and bends the shoulder backwards and wriggles the body, ‘chicken madness’ jumps [to the air] slightly and falls sideways to the ground, displayed madness by making sounds like a chicken’ (Rewata 1969: 86).

There are also other types of madness which U Rewata lists but where he does not explain (their causes or symptoms) evidently because they are self-explanatory. They include, among others madness caused by lack of property and due to poverty (Item 8 on the list), madness caused by loss of property and finances (Item 9) (compare *Mardawa* 1963: 335 and Ohn Maung 1969a: 18), ‘sexual madness’ (*tahnar yoo*) တက္ကားရှူး (Item 13) and madness caused when the poor becomes rich (Item 25) (which apparently is the opposite or obverse of Item 9) and madness caused by the loss of relatives (Item 26) (Rewata 1969: Chapter V pgs. 84-88).

While the *Mardawa* makes it explicit that some madness diseases are incurable no such equivocation is shown by the Buddhist monk who authored this text. He states twice in his five-page discourse on ‘Curing the 26 Types of Madness’ (Rewata 1969: Chapter V pgs 84-88) that the herbal remedies he recommends when taken regularly, ‘regularly cures’ *pyauk-nae-gya* ပျောက်နေကျ all the madness. The last section of the Chapter (where the ingredients of the herbs and the methods of preparing them are mentioned) is given the sub-heading ‘Practical and Proven Famous Medicines for Curing the Mad(ness)’ (Rewata 1969: 88).

Two other Chapters from Ohn Maung's book could be mentioned briefly. The two Chapters are entitled 'Things to be Followed by Persons With Mental Disorders' and 'Hope for Mental Disorders'. a gist of which mentions that mental patients/ people with mental disorders should come regularly for appointments, should have a cheery attitude and outlook on life including the suggestion that 'saying whatever you wanted to say' and watching movies with comedic and merry themes rather than sad and violent ones, not to skip sleep, not to 'think' too much, to have a hobby, not to be too shy. He also advises them not to be too 'humble'. Lastly, in the last Chapter and indeed the last sentence of the book the importance of modern (Western) medicine-based, sustained treatment is mentioned. Ohn Maung restates the exhortation that the doctor's (psychiatrist's) instructions needs to be fully and exactly followed. (Ohn Maung 1969a: 188-195) Again in this regard these statements of Foucault in a chapter entitled 'Doctors and Patients' could provide a back drop to Ohn Maung's exhortation:

The therapeutics of madness did not function in the hospital, whose chief concern was to sever or to "correct". And yet in the non-hospital domain, treatment continued to develop throughout the classical period: long cures for madness were elaborated whose aim was not so much to care for the soul as to cure the entire individual, his nervous fibre as well as the course of his imagination. (Foucault 2001: 151).

Another book by Ohn Maung first published in August 1969 deals with (and have a title which reads in translation) *Mental Disorders and Crimes* (*Seiktaza hnint yazawuthmu*) စိတ္တရောဂါနှင့် ရာဇဝတ်မှု (Ohn Maung 1969b). In a few Chapters Dr Ohn Maung also mentioned that under the *Lunacy Act* if a person has been found by a court to be 'not guilty by reason of insanity' that person has to stay in the mental hospital (*Seiktaza Hsay Yone*) for a minimum of six years. The *Lunacy Act* is apparently still in force, at least as of 2006. In the writer's interview with a Burmese psychiatrist (Anonymous 2006) he stated that he was aware that a redraft of the Act has been proposed or a redrafted Act has been in the works for some time now and the (redrafted) Act is to be given the title of '*Mental Health Act*': a more palatable title than the *Lunacy Act*. Though the psychiatrist is not sure (as of April 2006) if the new *Mental Health Act* has been issued as yet. Also, the World Health Organisation in its Report WHO-AIMS *Report on Mental Health System in Myanmar* (2006: iv) states that ... '[t]he Mental Health Legislation Lunacy Act was enacted in 1912 and is outdated'. Since the WHO's Report did not state that a new *Mental Health Act* has been promulgated, as of 2006, there has been no new legislation in Burma which replaces the outdated 1912 *Lunacy Act*. In 1968 and 1969 the Burmese term used is the slightly macabre, censorious or derogatory *seiktaza hsay yone* or at least that was the term used in both of Ohn Maung's books. *Seiktaza hsayyone* can be roughly translated as 'Mental Hospital'

or perhaps 'Mental Diseases Asylum'. Since the 1980s if not several years earlier the official term is *Siekyawga ahtoo ku hsay yone gyee* စိတ်ရောဂါအထူးကုဆေးရုံကြီး which is less explicit or censorious and which could be translated as 'Specialist Hospital to Treat Disorders of the Mind'.

This is so even if the crime accused by the person who has subsequently found not to be guilty by reason of insanity was a relatively minor crime like attempted arson and even if the mental health of the person significantly improved during the person's stay in hospital. Ohn Maung made that statement in the course of an actual discussion with an 'in-patient' in the psychiatric hospital who was required to stay there for a minimum of six years for the case of attempted arson. In his article Ohn Maung acknowledged that the particular patient about whom he was writing about has fully recovered even though the patient could not be released from the psychiatric hospital due to the stipulations of the *Lunacy Act*. The lack of a critical review of the *Lunacy Act* in Ohn Maung's article should be analysed in the context of the next main section whereby the lack of 'seepage', into modern Burmese elites' discourse vis-à-vis the dissident views on the main Western paradigm regarding madness is discussed.

SNIPPETS FROM A LITERARY NOVEL
PORTRAYING A PATIENT WITH HYSTERIA:
THE 'THIN RED LINE' AS DEPICTED IN *WEARING
A VELVET SILVER AND SHELTERED BY A
GOLDEN UMBRELLA*

In late 1969, a novel by the title of (which reads in translation) *Wearing a Velvet Slippers and Sheltered by a Golden Umbrella* (*Kadibar Phanat See Shwe Htee Saung*) was published. The author is Maung Thar Ya (born 1931) who has been in 'self-imposed' exile in the United States since around late 1999. In terms of linking this sub-section of the article with the previous one it could be stated that Ohn Maung wrote a preface to Maung Thar Ya's novel. In the preface Ohn Maung states that Maung Thar Ya spent some time in (what as then known as) *Tadargalay* ('little bridge') mental hospital (*Tadargalay Seiktaza Hsayone*) တံတားကလေး စိတ္တရောဂါဆေးရုံ studying the in-patients there. Ohn Maung also praises Maung Thar Ya's literary skills and in vividly portraying some of the symptoms and indeed the predicament of mental patients (*seiktaza lunar*) စိတ္တရောဂါနာ.

The novel centres around a woman 'patient' by the name of Htar who, in the initial stages of 'having' hysteria was 'shown' to a male medical doctor who works at the mental hospital Though at times speaking erratically Htar in the course of her 'counseling' and treatment by the doctor displayed, occasionally what it might be called

'unconventional wisdom' or at least very perceptive analysis of her own and that of the 'human condition'. I found it 'expedient' to use the phrase 'conventional wisdom' and in honour of the late Professor - and Milton Friedman's comment notwithstanding - economist, John Kenneth Galbraith (1908-2006) who ostensibly first 'devised' or 'popularised' the term 'conventional wisdom'. In a somewhat condescending or at least ironic if not slightly 'sneering' article mainly in deprecation of John Kenneth Galbraith the conservative (and at least at times reactionary) columnist George F Will termed Galbraith's and other liberals' economic and political philosophy as 'Condescensional Wisdom' (Washington Post 4 May 2006) page A25 (accessed <http://www.washingtonpost.com/wp-dyn/content/article/2006/05/03/Ar20060503021.html>, 4 May 2006). In terms of some of the scathing critiques made by Foucault and Thomas Szasz that (major) aspects of (Western) psychiatry and discourse about madness patronizes, 'condescends' or denigrates those with mental disorders can we say that both Foucault and Szasz might also probably classified the 'doctors-(mental) patients' relationship and the need to follow (in Dr Ohn Maung's words) the instructions of the doctor 'exactly' - one of the arguable posits of Western psychiatry - as being illustrative of the theme of 'Condescensional Wisdom' (of main-stream psychiatry)?

Some of the psychiatric explanations of Htar's medical condition were conveyed to the readers not directly by the narrator, but through conversations of the doctor with Htar's relatives. Very few medical jargon is used and the explanations were simple and straightforward. Hence, though both the theme and the tenor of *Wearing a Velvet Slipper and Being Sheltered by a Golden Umbrella* are mainly literary, it is also a 'primer' to indirectly educate the general public about what would now be called mental disorders. The predicaments of the mental patients and - in the context of this novel - of the doctor himself are effectively portrayed in the novel.

One particular (medical or psychiatric) concept that is not explicitly explained in the novel in conjunction with the patient's Htar's condition and the interaction with her doctor is that of the transference and 'counter-transference' processes between them. The growing attachment of the doctor towards Htar is depicted by Maung Thar Ya in a soft, sympathetic - but not necessarily indulgent - way. At the end of the novel, the protagonist Htar, contrary to indications of possible recovery from the 'flow' of the novel was *not* restored to 'normalcy'. To quote from the *Mardawa* (1963: 353) the doctor's attempt to restore the 'pristine' state of mind' of Htar failed. Htar's condition deteriorated and she has to be (involuntarily) institutionalised. Responding to the 'order' from Htar - who is apparently now under the cloud of delusion that she is a 'queen' ('wearing velvet slippers and being sheltered by a golden umbrella') or some authority figure - to look her up and genuflect to her (*maw-phoo-zann*) မော်ဖူးစင်း: the novel ends with the doctor talking to himself

'Let's try [to 'treat'] one more time, Htar..' (Maung Thar Ya 1969: 247).

On 2 February 1974 the author of *Wearing a Velvet Silver and Being Sheltered by a Golden Umbrella* gave a 'literary talk' at Ava Hall (Students' Residence) of Rangoon Arts and Science University in which I was present. Maung Thar Ya mentioned that one of his main aims in writing that particular novel was to depict that only 'a thin red-line exists' between 'sanity' and 'insanity' or madness. Indeed, Maung Thar Ya actually used the word 'thin red-line' in English though the rest of the explanation was done in Burmese. He continued to wryly observed that he seemed to have been 'quite successful' in achieving that objective since many people told him that they really enjoyed his novel since it was 'very funny'.

Maung Thar Ya's inference of 'failure' or 'non-success' of the message of the novel can be compared with Ohn Maung's admission, a few years earlier, that he had not been successful in persuading a majority of the relatives or guardians of his (mental) patients not to resort to *payawga* or paranormal remedies, practices or treatments. (Ohn Maung 1969a: 28-29).

To summarise, both the works of Ohn Maung and Maung Thar Ya are predominantly -if not almost entirely- based on what could generically be described as the Western 'paradigm' concerning madness. In contrast, the contents and contour of the diagnosis, portrayal and treatment of the madness disease as contained in the *Mardawa* and that of the *Practical Paranormal Text* can (at least in terms of the duration of the 'embedding' of such concepts) be considered indigenous or in any case as more traditional than the Western based discourse of Ohn Maung and Maung Thar Ya. Both the authors or translators of the 'traditional and 'modern' texts have been or are elites. However, the discourse or the teachings are intended for the consumption, education and - and in regard to the 'modern' texts discussed in this section- possible reform of the attitudes of the general public.

The next section takes note of the 'non-seepage' into modern Burmese elites' discourse of the dissident or 'alternative' views on the Western paradigm concerning madness: namely the theories and posits of Michel Foucault and Thomas Szasz. It also analyses why such theories and analyses have not substantially entered the corpus of the elitist Burmese discourse pertaining to the subject of madness in both its medical and literary aspects.

NON-SEEPAGE INTO MODERN BURMESE ELITES' DISCOURSE OF 'DISSIDENT' VIEWS QUESTIONING THE DOMINANT WESTERN PARADIGM REGARDING MADNESS: FOUCAULT'S AND SZASZ'S CRITIQUES

Two of the modern as (in post-1960s) Western works which, in their different ways, challenge the basic

(modern) Western assumptions of psychiatry or clinical psychology on the subject of madness and/or mental illness are made by the late Michel Foucault and Thomas Szasz (Coincidentally the first editions of both *Madness and Civilization* by Foucault and *The Myth of Mental Illness* were published in the year 1961). Foucault (2001) states that the French original *Folie et deraison: Historie de la folie a lage classique* was first published in 1961 and that '[t]he current translation is based upon the abridged edition which was first published in 1964'. Hence, since they are contemporaneous publications at least in the first edition of Szasz's book there was no reference to Foucault's *Madness and Civilization*. The translation of Foucault's work in the edition of 2001 also did not include reference to any of Szasz's works. Szasz (1961) contains an extensive bibliography, but Foucault (2001) does not. In the end notes for each chapter there are references mainly to works written in the French language and in none of them is any reference made to the works of Szasz.

This brief survey is made only for the purpose of eliciting some bearings or indications as to why the critiques of Foucault and Szasz have not entered the discourse perhaps even the awareness of even the very selective Burmese elites. It is admittedly not possible to say with an absolute degree of certainty that the dissident theories of Foucault and Szasz have never been mentioned or analytically discussed in a major article published in a Burmese magazine or journal. However, it is very unlikely that they have been discussed or mentioned. The present author has not come across any general discussions even on the literary and philosophical aspects of the subject of madness which discuss either Foucault's or Szasz's 'dissents'. One could state though that psychological primers such as those written by Ohn Maung and subsequent publications (or 'primers') dealing with the subject do not mention, far less discuss or debate, Foucault's or Szasz's 'challenges' of the dominant discourse of psychiatry or clinical psychology on the concept of madness (in Foucault's words) or mental illness (in Szasz's 'debunking' of the idea). This is so even with what can be considered, in the Burmese context, academic or semi-academic publications on (Western) psychology written in the Burmese language by a Western-educated Burmese psychologist. In 2000 a Burmese academic psychologist Kyaw Sein (Ph.D in psychology, Columbia University, 1966) published a two volume (approximately) 330 page book entitled in translation, *A Treatise on the History of Psychology (Seikpanna Thamaing Kyan) စိတ်ပညာသမိုင်းကျမ်း* (Kyaw Sein 2000: Volumes 1 & 2). In the second volume dealing with some of the psychological theories that mainly emerged in the 1950s and 1960s there are discussions, among others, of Carl Jason Rogers (1902-1987), but none on either Foucault or Szasz. It is realised though that the critiques of both Foucault and Szasz deal with the separate (sub)discipline of psychiatry rather than psychology. Even on this point one could make an

argument that especially a summary of Szasz's critiques could be mentioned in, say, a page or two. One feels that Szasz's assertion of the *myth* of mental illness could be mentioned under the rubric of 'abnormal psychology'. This statement should not be construed as a critique or as pointing out an omission in Kyaw Sein's book, but to illustrate the point that Szasz's and Foucault's critiques have not entered the modern Burmese discourse concerning the subject of madness even among academics and on a general philosophical or literary basis.

Similarly sophisticated or 'arcane' literary concepts like post-modernism, and also theories of Derrida and deconstruction are debated and discussed in Burma's popular magazines and among the (literary) elites. See for e.g. the debate between the writers Dr Maung Maung Nyo and Myint Than on the subject of 'Deconstruction' and Derrida's theories in the popular *Cherry Magazine* (2002 September, 2003 January, 2003 May and 2003 August). The works of Fukuyama and that of Samuel Huntington's 'Clash of Civilizations' have been discussed among segments of the Burmese elites in the popular magazines and books. See for e.g. 'From Modern to Post-modern to Neo-modern' (*Mawdan, Post-Mawdan hma thi Neo-Mawdan thoe*) ဖော်ဒန်၊ ဝိုင်စ်ဖော်ဒန်မှသည် နိုယိုဖော်ဒန်သို့ in *Ywetnuway* ရွက်နုဝေ (July 2002), 'The Clash of the Particulars' (*Withaytha Myar Toe Tike Mi Chin*) ဝိသေသများ တိုးတိုက်မိခြင်း (May 2002) written by the writer Kyaw Win. These essays are reproduced in Kyaw Win's book containing his collection of essays *Brainstorming 'Oo hnauk ko moan dine hsing chin*) ဦးနောက်ကိုမှန်တိုင်းဆင်ခြင်း (Kyaw Win 2004: 141-150). Also, *The Clash of Civilizations and the Asian View (Yinkyahmu myar toe taik mi chin hnint arsha amyin)* ယဉ်ကျေးမှုများတိုးတိုက်မိခြင်းနှင့် အာရှအမြင် (Kyaw Win 2004: 151-56).

There is also a translation of Stephen Hawking's *A Brief History of Time* into Burmese by the late Kyaw Zeyar (Pathein) entitled *Aghchain-ei-thamaing-akyin* အချိန်၏သမိုင်းအကျဉ်း (Kyaw Zeyar Pathein 2002). Hence, a variety of 'arcane' and quite technical matters have seeped through into modern Burmese elites discourse in the form of publication of books and magazine articles. It is realised though that the enormous popularity of Stephen Hawking's book perhaps facilitates a translation of it into Burmese even if the translation of the book may not be accessible to most of (even) the general educated Burmese public. This is due to the highly technical nature of the subject. Even though Hawking is an excellent writer and populariser of the subject and notwithstanding the translator's competence, there might still be difficulties, for most of the general educated Burmese public even to partially understand Hawking's discourse on cosmology. This would be so whether they read it in the original in English or in Burmese translation. To give a personal

example I have read only several pages of Stephen Hawking's books both in its original and its Burmese translation by the late Kyaw Zeyar (Pathein). I have read both *Madness and Civilization* (in English translation) and *The Myth of Mental Illness* in their entirety. I feel that in terms of grasping the fundamental concepts of the (very) different subjects covered in *The Myth of Mental Illness* and *A Brief History of Time* notwithstanding the fact that Szasz's book is written in an academic matter with lots of references and cross-references, it is much more accessible to me. One wonders whether – for competent, skilful translators who have some familiarity with the subjects - Hawking's *A Brief History of Time*, Foucault's *Madness and Civilization* or Szasz's *The Myth of Mental Illness* would be the most difficult or intricate to translate into Burmese. Due to the somewhat opaque style of Foucault's (which comes through in the English translation) I found Szasz's work to be more accessible than that of Foucault. Due to the lack of interest – and the comparative lack of fame (in terms of intensity and level), in contrast to Hawking, of both authors- even among the elites it could be said that even much abridged translation(s) of either Foucault's or Szasz's works into Burmese is very unlikely to occur.

Likewise, even if the technical subject of cosmology makes it difficult for most of the generally educated public, translation of – though not debate about - Stephen Hawking's famous book is a contribution which segments of the Burmese elite would be desirous of achieving. The interest in Hawking's theories would at least partly be due to the world-wide fame and prestige of this scientist and his works.

For Foucault's and Szasz's works, with a possible few exceptions from the literary fields, only a particular sub-group of specialists would be interested in them. At least some Burmese psychiatrists and psychologists would consider them as 'anti-establishment'. If they are not dismissive of these 'dissents' they would not be that enthusiastic about them to write, present about or start a discourse

Conformity with and reluctance to challenge authority or (again in the words of the late economist John Kenneth Galbraith) 'conventional wisdom' may be another reason that the works of Foucault and Szasz have not seeped into modern Burmese elites' discourse. Even among (Burmese) psychiatrists and psychologists (who should or could arguably be the main though not exclusive presenters or espousers of these works) the tendency to if not dismiss them perhaps to 'pass over' these challenges would be fairly strong. As Gadamer (1990: 452 as cited in Legrand 2006: 21) has stated: "even the consciousness of being conditioned does not supercede our conditionedness". Due to the advances in knowledge throughout the centuries the 'conditionedness' of the writers of the text of *Mardawa* could arguably be greater than modern Burmese psychiatrists and psychologists. Never-theless, these modern psychiatrists and

psychologists could still be 'conditioned' to 'pass over' the challenges of Foucault and Szasz pertaining to their particular field. These then could be some of the main factors for the lack of discourse in these particular topics on the subject of madness among the Burmese elites.

If one has to encapsulate or summarise, in a sentence, the whole thrust of Foucault's iconoclastic *Madness and Civilization*, it is a critique of – if not attack on - the denigration of 'mad persons' or mental patients as the (redoubtable/despicable) or 'feared' ('The Great Fear' in Foucault 2001: 189-209) 'Other' and their confinement - most of the time involuntary - in aspects of European history.

Thomas Szasz's critique can also be described, perhaps with 'internal' justification as iconoclastic since Szasz is (even more than Foucault) an 'insider' - being a psychiatrist himself. Szasz's mission or 'task' as he himself states was (and is) 'to present an destructive analysis of the modern concept of mental illness' (Szasz 1961: x), which Szasz continued to do so with verve and enthusiasm. Forty-eight years after the first edition of his book *The Myth of Mental Illness* was published in 1961 he has published, in late 2008, *Psychiatry: The Science of Lies* (Syracuse University Press) which was followed the next year in late 2009 by another book entitled *Anti-Psychiatry: Quackery Squared* (Syracuse University Press) making the point that he is opposed both to 'psychiatry' and 'anti-psychiatry' (For a web site devoted to –and praise of- Szasz's life and work see <http://www.szasz.com>).

In one sense can it (arguably) be construed that Foucault and Szasz are making perhaps somewhat different critiques as regards the attitude (by the 'establishment' or society) of the 'mad' or the mentally ill? For Foucault's main focus of critique was that of the 'denigration' – and in certain sense and in certain chapters and at least as it relates to aspects of European history- the almost dehumanization of the 'mad' or to revert to the vocabulary (in translation) of the *Mardawa*, those having the 'madness disease'. On the other hand and in one part of his book Szasz writes about mental patients or those deemed as mental patients being entitled to 'extra help' and the need for help itself becoming a sort of 'virtue':

the rules of New Game reverse the rules of the old Game. Faithful Christians will now be the winners, pagan Romans the losers. Similarly, healthy, wealthy, and admired people will be punished, while the sick, the poor and the persecuted will be rewarded (Szasz 1961: 202).

Hence, it is the 'therapeutic' State with its attribution of 'helplessness' and the patronising 'provision of help' to the allegedly 'mentally ill', which is one of the main targets of Szasz's criticism. Arguably, these two (in a general sense) 'critics' or iconoclastic objections in relation to the mechanics of operation of what Szasz call the 'therapeutic' State may be different though, in their own ways, both strenuously object to it. Taken into

account Szasz's severe criticism of at least some if not most of his fellow psychiatrists interventionist and allegedly patronising role vis-à-vis the 'mental patients' he is quite likely to agree with the thrust of this particular critique by Foucault about the role of the 'physician' vis-à-vis the patients: "[t]he physician becomes the essential figure of the asylum. He is in charge of entry ... [and] is used .not as a scientist but as a wise man".

Another reason which may indirectly prevent the publication (for a handful of Burmese elites' 'consumption') the challenges of Foucault and Szasz is that of the policy and practice of Burmese regime's strict literary censorship. For each poem, article, cartoon, novel, short story – indeed every content of every private publication – have to be submitted to the censors or the Burmese 'Press Scrutiny Board' first. For the issue of censorship of publications especially in regard to short stories in Burma's tightly-controlled press see Allot (1994). To give some anecdotes of Burmese writers Dr Maung Maung Nyo who as stated earlier debated with another writer Myint Than has stated that when he submitted an article on Tantric Buddhism for a Burmese magazine, the censors (Press Scrutiny Board) (*sarpay-sie-sii-yae*) စာပေစိစစ်ရေး did not allow publication. Separately, Myint Than also told the writer that when he wrote an article about Marxism for a Burmese magazine it was also not allowed to be published by the censors. Hence, this particular sub-genre, category or aspect on the modern Western dissents on the subject of madness is not likely to enter the 'main stream' or even the margins of the subject in the Burmese public and for that matter elites' discourse.

CONCLUSION

The use of the term 'elites' in relation to at least some aspects of the discourse on madness has already been explicated in earlier sections. It is true that the 'beneficiaries' or intended recipients of the discourse on madness are the general public at large for madness afflicts not only the elites. Hence, the need to educate as many of the general Burmese public as possible on the subject is acknowledged and can be readily seen in the primers or books that the modern elites – be they psychiatrists, psychologists or writers – wrote and published. But the contents and discourse of the 'classical' or 'indigenous' texts such as those of the *Mardawa* or indeed that of the modern writers are both written and espoused by the elites and it is in that sense the phrase 'elites' discourse on madness' is used in the article.

The term 'traditional' and 'indigenous' is juxtaposed together in the heading. It could be argued that these two phrases even in the limited contexts of the article are not identical nor can they be fully equated. Nevertheless, tradition is used in the sense – and in comparison with Western medicine or concepts pertaining to the subject -

as the older or earlier body of attitudes, beliefs and 'remedies' for the 'madness disease' as exemplified in a text which can be classified as being both traditional and 'indigenous'.

The discourse as exemplified in the text have deeper historical roots both among the (traditional) Burmese elite and in a significant segment of the public's psyche. The type of discourse exemplified in the *Mardawa* has been – and to a lesser extent still is - 'embedded' among the general Burmese populace as a 'guide to action' vis-à-vis the subject of madness. That is why the most space is devoted to the sections on the explication of and commentary on the *Mardawa* with excerpts in translation from a text which itself was translated into Burmese. It is reiterated here that I do not 'discourse' about the *Mardawa* as a 'paradigm' of traditional (or indigenous) Burmese thinking on the subject. However, the text could provide a reasonable reflection of the contents and contours of traditional Burmese elite and perhaps a significant segment of modern Burmese public thinking regarding the subject.

In that sense even if the belief systems and remedies provided in the *Mardawa* and its related practices is essentially still adhered to in the contemporary era by at least some in the current Burmese population- such traditional thinking could, historically and chronologically be described as 'classical'.

It might be argued that, in most societies, similar or comparable traditional, indigenous or 'orthodox' thinking and practices on the subject of madness can be found in pre-scientific (pre-modern) classical literature which have existed and which contemporaneously if not predominately exist 'conjointly' with the modern, scientific views in numerous societies. This indeed is true and the preliminary part of this article is intended to have a glimpse of such 'orthodox' or traditional thinking in the 'classical' Burmese context. They are also expounded in considerable detail to provide a contrast with the Western-based mode of thought, medical, psychological and literary perspectives on the subject by the modern Burmese elites which are explored in the subsequent sections.

A brief (re)statement as to the phrase 'Western-based' thinking can be made here. In the generic, geographical and 'originating' sense of the word it is clear that the *modern* Burmese elites' (i.e. doctors and psychologists, literary writers') views, theories, etiologies about madness and attitudes towards and treatment of those with mental disorders, is 'Western' or of Western-based origin. Needless to say and even more significantly the *dissents* on what could be called the main-stream 'Western paradigm' or 'Western discourse' on the subject of madness discussed in the preceding section is also 'Western'. For a contemporaneous article about not only the dominance of the Western paradigm regarding mental illness but the 'Americanisation of Mental Illness' where the specific American views on mental illness are

becoming more dominant (in the context of this article perhaps it is appropriate to say here) among ‘the elites’ in diverse societies such as Hong Kong, Turkey and Zanzibar (Ethan Waters: 2010)

In an article published in *Foreign Affairs* magazine Fared Zakaria (1993: 125-26) made a bold assertion that “[t]o be modern is to be Western and this is not only in the areas of science and technology but also in the realm of ideas”. This article is not written with the purpose of proving, disproving or equivocating Zakaria’s statement. Depending on one’s perspective, situation and one’s political, social, cultural and ideological milieu, outlook and ‘slants’ Zakaria’s statement can be considered as ‘sweeping’, ‘narrow’, ‘perceptive’ or any other classification which one wishes to attribute to it. Without extending the statement into a generally tenable philosophical proposition and restricting it to the Burmese discourse on the subject of madness- elitist, public, classical, contemporary or modern - it seems fairly clear that modernity and ‘Western orientation’ complement each other.

DEDICATION

This article is dedicated to Dr. Sein Lwin, M.D of Fort Lauderdale, Florida, in the United States for being such a kind and indulgent host whenever I visit Fort Lauderdale and with whom I have had the chance to discuss parts of the contents of this article.

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