

# Professor Ajita Chakraborty

**Dr Malay Kumar Ghosal**

Professor, Dept of Psychiatry Medical College, Kolkata



Professor Ajita Chakraborty belonged to a rare breed of individuals who was an academician and a good human being at the same time. She was born in pre-independent India on 31st October, 1926. She went to study medicine and graduated from Medical College, Bengal. She went to England to get her higher studies and got her DPM and MRCP, FRCP. She came back to India after spending almost a decade in England. She was the first qualified female psychiatrist in India. She held many important academic posts and became the Head of the Department of Neurology and Psychiatry, and later became the director of Institute of Postgraduate Medical Education and Research, Kolkata. She served in many important posts of Indian Psychiatric Society (IPS). First she became the treasurer, then secretary and finally got elected as the president of IPS in 1976. She was the first lady president of IPS. She also received the lifetime achievement award conferred by Bombay Psychiatric Society.

She was a pioneer in the social and cultural psychiatry research, and was admired and appreciated by the first line researchers of the world in cultural psychiatry like H B M Murphy, Raymond Prince, Lawrence Kirmayer, Ronald Littlewood etc. She served in the editorial board of Transcultural Psychiatry Research Review and later Transcultural

Psychiatry for many years. She published many articles in national and international journals for which The Lancet requested her to write an invited article on "Culture, Colonialism and Psychiatry" in 1991

## AJITA CHAKRABORTY AND HER WORKS

**Identity land and sex** (In Psychiatry a world perspective, edited by C N Stefanis et al 1990)

This is an article on the backdrop of koro epidemic outbreak in early eighties in the last century. Here she came out with an innovative cultural explanatory model of why the epidemic broke at Assam and North Bengal and while spreading it stopped short of industrial area of south Bengal. Borrowing H B M Murphy's work on Koro epidemic in Singapore in 1967, she put the hypothesis. She opined that the epidemic was due to a threat of identity as a result of influx of Bengali refugees from the newly emerged nation of Bangladesh. She did not stop here only, but tried to explain the form of the disorder also, and here she is unique.

In ancient Indian texts extreme importance has been given to semen and therefore sexual organ and self

identity became very much intertwined. Also sex, self and soil are being fused together, as evidenced by the practice of different fertility cults. Human sacrifice was one of the most extreme forms of this fertility cult, and Assam is the last state to get rid of this practice. So the threat of displacement from soil gave rise to the threat of loss of identity and the identity is very much related to penis, and so the disorder is manifested in this form.

Koro in Malaysia means the head of a turtle, and here the condition is also called Kattao and the animal is Kacchop or Kauta. The turtle has great mythological importance in the form of Kurma Avatar. In Assam and North Bengal the turtle is more important and a revered animal. This is due to some mythological stories, where turtle played a crucial role in the formation of Assam region. The recoil of head of the turtle within the shield mimics the retraction of penis within the body, which is a core symptom of Koro. She then integrated all the concepts and gave the following explanation using Jungian collective unconsciousness : “the threat of disposition of land, which amounts to unconscious violation of the archetype, activates with it a highly charged emotional reaction and a self protective withdrawal as it were in the unconscious plane.”

## **WHITHER TRANSCULTURAL PSYCHIATRY (*Transcultural Psychiatry* 1974 11 : 102)**

This is an article which she had written way back in 1974, where she has proposed a radically different approach in transcultural psychiatry. She had written it as a criticism of a review of a book written by Ari Kiev “Transcultural psychiatry”. She had questioned the sacrosanctity of the western psychiatry view when dealing with cultural issues. She criticized the view in the book by saying :

1. Since psychiatry in the west is taken as a standard, psychiatry elsewhere seems different due to cultural differences.
2. Cultural effect on western psychiatry is nil

3. Cultural psychiatry in west goes by different names, (usually social psychiatry), adequately covered in different journals.

She was also skeptical about whether the psychotherapy which is practiced in the west, where liberal humanism is the main value system, could be applied without any change in our people who are more fatalists in their outlook.

The views expressed in this article predate the views by Arthur Kleinman or Ronald Littlewood, who are giants in the field of transcultural and anthropological psychiatry. Both of them later endorsed the view of Professor Chakraborty. They are of the opinion that culture plays not only pathoplastic role but definitely has a pathogenic role in formation of symptoms. Culture has its effect not only in the content but also in the form of the disorder. They are also of the opinion that western psychiatry is not culture free, so if we want to understand the deviation of manifestation of the disorder, we should take context into consideration and not the categories only. This view is a paradigm shift in cross cultural psychiatry, which has been termed as new cross cultural psychiatry, and Ajita Chakraborty was a pioneer in Indian psychiatry in this field.

## **SOCIAL STRESS AND MENTAL HEALTH (*Sage Publication* 1990)**

This is a book published by Sage publishers, unfortunately unavailable now, which describes one of the largest urban psychiatric epidemiological studies undertaken in India. Prof Chakraborty did the study in collaboration with Indian Statistical Institute (ISI), under an ICMR grant for the entire metropolitan area of the city of Calcutta. There were several hypotheses to be checked like a) poverty and urban stress were causing extensive mental health problem in Calcutta b) the number of chronically mentally ill persons in the community must be high, as there was no large mental hospital in the state.

The sampling was done by ISI using the two stage stratified technique, including the 120 blocks of the 1970 census of Calcutta and 8 villages in the metropolitan development area. Total number of sampled families was 2512 and total number of sampled population was 13,335. Two schedules were developed for structured interview. Family schedule – for interviewing the head of the family. Individual report schedule (IRS) – the IRS was developed as a screening instrument in a community survey. It could be administered by lay interviewers and its validity was tested in both hospital and community samples and was found to be in good correlation with a standardized diagnostic system CATEGO (used with PSE).

The crude prevalence rate of psychiatric morbidity was 109/1000 among which psychoneurosis accounted for 74.8/1000 while psychosis only accounted for 5/1000. Depressive neurosis was found to be 39.8/1000, anxiety state to be 18.3/1000 and obsessional state 8.5/1000. Here the psychoneurosis rates were found to be higher than other parts of the country. The migration of refugees, economic recession, migration of people from rural to urban areas and the natural stereotypes of Bengali people all may account for this high rate.

Regarding help seeking behavior the study revealed that people seek help more quickly for mental retardation or epilepsy than mental illness per se.

The prevalence rate of psychosis was lower than expected; with the postulation that recovery rate after first attack in Indian patients is higher. She was of the view that as the attitude of people was more tolerant towards psychotic patients in this country, it was better to treat the long standing cases in the community. She also advocated for disability pensions for those patients, because she found that poverty was one of the main reasons which drove mentally ill people out on the street.

Psychiatric morbidities among women were found to be higher in conformity with the world figures. As per Chakraborty, changing social roles of women

following World War II, were ill defined and ambiguous. This may lead to higher social stress among women.

Another finding of the study was that the rates of psychiatric morbidity were higher in areas surrounding Calcutta. The rapid migration among the people outside Calcutta contrasted with the slow migration towards urbanization in proper Calcutta and may lead to higher social stress.

## **CARGO CULT IN CALCUTTA – REAPPEARANCE OF A MYTH (IJP 1971; 13 : 222-28)**

Dr Chakraborty in her intimate conversation with the close groups always emphasized the importance of mythology for the understanding of human psychology and social sciences. In this article she tried to understand a social movement of Bengal through mythology.

It is really an amazing fact why the mythological stories which are absurd, are universally present in the different societies and persisted throughout the ages. When the content and themes are examined they actually express fundamental human problem and archaic answer to them. Most of the problems are existential in nature. Myths being social, involving man in groups and embodying existential problems, remain hidden in the collective unconscious...., but they will burst forth from time to time as the irrational in the society.

There is a concept of Millennial Myth. This has been epitomized in Jewish religion, where it is thought that a thousand years hence, the world will end and a messiah will arrive and everything will be changed, and paradise will return on earth. In Hindu mythology also, Kaliyuga will end and Satyayuga will arrive, goes the saying. Believing on the myth in Melanesia, a small Oceania island, in post World War II, the inhabitants started a form of worship in expectation of huge Cargos being brought by ships to this island. Under the cargo cult work completely

stopped, the islanders sold whatever they had to smart speculators and bought tickets from them for a share of the cargo.

A variant form of cargo cult affected Calcutta. Calcutta witnessed a man made famine, a blood bathed riot and influx of 4 million refugees during the independence. There was gross overpopulation, acute unemployment, shortage of housing and perennial food crisis.

There was a recession, following industrial boom from 1950s to early 1960s. With the recession unrest started in the form of leftist movement. But the movement has got a cult quality. People used to give money to the party beyond their means to run the agitation. But the overall mood of the people was buoyant. There was involvement of all the sections of the society. Everyone thought that with this movement all maladies will vanish.

The reason of this movement mainly in Bengal and Calcutta as given by Dr Chakraborty is highly speculative. According to her Bengalis are emotionally driven and child like ego states continue throughout adult life, and this irrational and optimistic character of the Bengalis were behind the "Cargo Cult" of leftist movement.

## **MORAL VALUES AND MENTAL HEALTH (1976 Presidential address IJP 1976; 18 : 71-78)**

She started her lecture with the definition of morality and distinguished between ideal school of morality - where these are good in themselves like truth, beauty, moral goodness and happiness and the Marxist school, where they have questioned morality as a feudal or bourgeois value system. The Hindu philosophy also tells that one should perform Karma (pursuit of wealth or happiness) through religiousness (Dharma).

There is sea change from the concept of Dharma in Hinduism to present society. There is loss or disappearance of old values. Why the world has

its value? This is true for both technological and traditional societies. She quoted Marx "no body produces values in isolation; things or ideas or moral ideas become value only in their social relationship." With the break up of feudal societies and the growth of commercial societies, everything becomes exchangeable and relative, things lost their intrinsic worth or use and came to have exchange values.

With the stage of enlightenment and progress, western value systems which were more progressive, more human, came into India through the Bengali Renaissance, and challenged the caste ridden superstitious and inert society. At that moment it was thought a synthesis of culture would be able to give world a new value system. But that failed. Mahatma Gandhi was the last person to attempt to create new values, basically Indian, which also failed.

The personal moral problems have a bearing to the mental health. Mental health is not only absence of mental abnormalities, but a measure of happiness and adjustment with social norms. The social norms vary from culture to culture, but people feel a problem when they are faced with a choice between adjustment and happiness or integrity and values. Tormenting as it is to choose a value, which has no value in the world, puts oneself into a state of absurdity and loneliness. Moreover one may never know whether his action is a free choice or is dictated by one's weakness or indecisiveness. The existential crisis is evident even in ancient Indian epics.

Rama and Arjuna both had to face existential crisis in their lives. Rama had to go to exile, and philosophy of Bhagabad Gita is formed from the advice to Krishna to Arjuna to tide over his existential crisis. The act of choosing the right path in real life in anguish and pain gives meaning to value and actualize them.

Then she described why Gandhian philosophy of disinterested activity service and love did not get a foothold in the modern society.

In the end she emphasized that to choose the right

or wrong rests entirely on oneself, when one is faced with the moral choice of life and has a bearing on mental health. She ended her lecture with a note of optimism quoting Tagore "to lose faith in humanity is a sin and faith can shake the world"

## THE PERSON AS I SAW HER

As a person she was always very perfectionist and everything in her office or in her house was kept very neatly. Most of the time dressed in a properly ironed tant saree had always very graceful and elegant look. At the same time she was very receptive and open to discussions. Even if one doesn't agree to her opinion she never took them personally and if the other opinion could be supported by proper reason, she would have gladly accepted it. Several times we had group sessions with Ajitadi and that was very stimulating. After retirement, she used to run a child

guidance clinic in the Tiny Tot School and we used to go there and had some wonderful experience. She was an avid bird watcher and used to tell about how the birds were making nest in her roof, how the baby birds are hatched and so on. She wrote an autobiography in the later part of her life and I am quoting some lines from her book :

*"My professional life has led me along a lonely path, with little encouragement from other physicians... but my persistence in evolving my own understanding and developing culturally appropriate treatment methods for my Indian patients has been infinitely rewarding!"*

Ajitadi (as she was popularly called by her students) passed away on 8th May, 2015 and with her demise, ended a very important era of Indian psychiatry.