

***Pāgal and Pāglami* : An Ethno-Psychological Perspective in Bengali Society**

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Senseless, Eccentric, Idiotic, Lunatic, Mental illness, and Abnormal Behaviour, in simple Bengali language whom we call in “**Pāgal**” Age after age, how they were discussed or criticized in history. May be they have peculiarly been discussed through ages or it is they whose talk or silence is improper, meaningless, unreasonable or laughable to the civilized society or whose external behaviour is not natural but the outward expression of mental derangement in the eye of the civilized society. We all know what attitude of the civilized societies, what attitude of the civilized people it may be about the manners, self-mood and gestures of these men whose mentality, according to the society and civilization, has created a different condition or nonsense like to the society. To some, they are mental patients and to some others they are insane, the polished man has no mind to listen to understand or accept their unreasonable conversation is rather more modest or frantic. Their right place is a lunatic asylum or a mental hospital. They have been considered to be unwanted by the civilized people time and again from the distant past to the present times. But why? Why has the civilized society been criticizing them on social point of view? Why, again, is all about them presented in a distorted way? It is because they are the ‘**Pāgal**’ to the society and civilization. However, by using the word ‘**Pāgal**’ very much in vogue in Bengali society and culture. our society and civilization has taught us to identify by this word man from whom it is well and good to keep distance because he is mad to the extreme and unwanted. So whatever they may appear to the eye insane, devoid of commonsense, nonsense, indifferent, mentally obsessed, it is certainly necessary to throw light on their lives in the study of social history on the basis of the word ‘**Pagal**’ for the time being.

Keywords: *Pāgal, Paglami, Mad, Madness, Insanity, Lunatic, Mental pataint, Abnormal Behaviour*

In my paper is a part of extended research conducted in Bengali’s folk conceptions of mental illness. Here I shall explore in Bengali belief that excessive desire can have destructive consequence for the individual. The Conceptions of ‘**pagal**’ has a multi-cultural identity in our Bengal¹, and “**paglami**” (madness) highlight the harmful role of frustrations, when desire cannot be gratified. Furthermore, this belief is echoed in the classical literature and throughout other area in Bengali culture. Under in different circumstances this paper also discusses the ‘mental’ illness perceptions in the village community of indigenous culture. Observations, responses and narratives include the perspectives of caregivers and patients. Some illnesses were believed to be present from birth and mostly incurable. Supernatural causation and local cures were mentioned for a particular category of illness. There were very few instances when respondents accessed the

existing mental health care services in the rural society. Widespread abuse of various substances was reported. In general, the respondents showed broader acceptance of these conditions, except for certain forms of substance abuse. These findings are discussed in relation to defining respondents' perceptions in 'illness experience', and how this is made relevant for the process of coping with 'mental' illness in the family².

To make an attempt to analyse the sociological condition of the '*pagal*' with an eye to materialist philosophy; in this case, however, to present the realistic history of the *Pagal* from the historical point of view in the oriental thought rejecting *Foucaultian* thought; especially cantering on the pluralistic concept of the *Pagal* and the *pagal* like behaviour in Bengal's culture, to endeavour to explain the social, cultural and clinical outlook³. To make an earnest effort of how to throw light on the history of how to throw light on the history of the *Pagal* like behaviour in the Indian perspective detaching it from the western cultivation of knowledge⁴. Especially to produce in the social life of Bengal, a sociological interpretation of the idea of plurality⁵ of the *pagal* thought.

One of the basic queries of my research has been "*what is pagal?*". Before I present one of the answers to this question, I want to identify the theoretical orientation which I have used in formulating such an answer. In order to determine what *paglami* is, it is necessary to delineate the moral meaning constructed by actors in the situated context of their behaviour. When Bengali people identify a particular phenomenon (behaviour, event, individual, etc) as being *paglami*, they are communicating to others that certain moral meanings and a certain theory of the world apply to that phenomenon. They are saying that the phenomenon possesses the property of "*paglami*" and therefore it becomes constituted as a particular kind of social object. The properties which are conferred upon the phenomenon by virtue of this labelling process comprise the concept and theory of *pagal* and *paglami*⁶. Thus in order to discover what *paglami* is, it is necessary to formulate that theory and to establish the properties which are asserted through the application of the label *pagal and paglami*.

Most important characterization of *pagal* is that it is deviance. Deviance refers to a property conferred upon behaviour by a social audience in order to indicate that the behaviour is judged as inappropriate, immoral, or otherwise not in accordance with the normative expectations which apply in that particular context⁷. Thus, to formulate the theory of *pagal* we have to examine the ways in which *pagal* is deviance, the ways in which *paglami* deviates from the normative expectations which Bengalis have of each other. If social groups create deviance by making the rules whose infraction constitute deviance, then *pagal* is best defined by locating those rules which generate *paglami*, those boundaries lie and thus establishes the cultural space within which group is located. Thus, to delimit a particular deviant category such as *paglami* is a means by which that cultural space can be identified⁸. By examining the *pagal* idea as a deviance of social behaviour, we can establish the cultural relevance territory that lies within. In this research, I hope to show that *pagal*⁹ is multi-cultural identity and *paglami* as a deviant category depends upon particular theories of the nature of human being¹⁰ and especially the relationship between human being and the surrounding environment¹¹.

The Concept of 'Pāgal'

According to The folk conception, they frequently used the term *pagal*. Other terms to describe people who wandered aimlessly were, *Mental, Brain Out, Matha Out, Mathar Brain Nashto, Mathay Chhit, Husha (fool)* According to the respondents, these people were often very dirty and urinated or passed stool wherever they liked. They would not eat or sleep properly and were often aggressive. They cried or laughed for no reason. *Dhoom pagal* was their term for the most severe kind, those who stayed naked on the streets. *Adha pagal* were those who stayed at home and did not bother their family members or neighbours. Most of the *pagal*, they believed, had this condition from birth. For example, A *villeger* was like that from his childhood. But according to the common people, some became *pagal* because of torture or certain life events. The folk society agreed that *paglami* was not as common as *batash laga*, by far the most common condition of 'the other kind' that was not physical. They thought that *bhut dhora, jin-e dhora, batash laga, upori-dosh* were caused by *jinns* or local *bhuts* who were around at certain times during the day or night. According to them, newly wed brides were particularly vulnerable and the *batash laga* illness made them behave strangely (e.g. vocal abuse, breaking objects, disrespect to elders, uninhibited show of emotion, and convulsions). This condition was not limited to young women alone. Men and women of all ages could also be affected. They attributed this to supernatural causes, but the common belief was that these conditions were usually curable if the afflicted people were taken to a *fakir* early, while there was still time to drive away the evil spirits¹².

There is need for more analysis to groundwork the role and efficacy of traditional healing in 'mental illness' and to assess the need for mental health interventions, e.g., anti-epileptic drug for *abnormal patient*, psychotropic medications for the *pagal* and detoxification services for those who are habituated to *addiction*. For example, the common condition of *bhut dhora* is believed to be curable and most traditional healers seem apt to identify and treat such conditions. In many cultures spiritual healing has been found to be more effective for such conditions because the healers explained the treatments in familiar terms, mobilized social support, took into account the core values, and comforted both the patients and their families. However, with the exception of *bhut dhora*, the Bengali villagers keep their mental illnesses to themselves and their families. It is obvious that although the villagers felt the need to seek treatment for their physical illnesses, they were not keen to do so for the 'other kind' of illnesses¹³.

The attitudes and narratives from the villagers illustrate a broad level of social acceptance of the 'Mentally' ill. People like their social space among men and women. Villagers are not very secretive or ashamed of the 'mentally' ill among them. Marginalizing the sick is not evident, and certain forms of substance abuse are accepted or condoned. Centuries of living as a community may have made people believe in an inclusive world-view, they do not always seem prone to reducing people to their functional status alone. Is it because the villagers expect little from life, and are satisfied with less? Many hold fast to their spiritual beliefs that God created all and that life has a place for everyone¹⁴.

I have try to explored the 'mental' illness perceptions of our village society. The emerging patterns illustrate there is a hidden body of knowledge that needs further investigation. Not much is known and little effort has been made to incorporate indigenous knowledge with the existing body of knowledge of mental health in Bangle society. There is a paucity of studies on this

particular research topic, and we believe that even this small-scale study can point towards a direction for future wide-scale investigations and intervention research in mental health¹⁵.

However, even in the middle ages, insanity in many western countries was considered to be sacred. At that time it was thought that paglami is a part of truth and nothing else. That is, up to that period of time the *madness* was not declared as the outcast¹⁶. Michel Foucault meant to say exactly these words in his classic book written in French in 1961 AD. Under the title, "*Folio et derision: histoire da la folie a l, age classique*" .” Later on, the book was published in English version entitled "*Madness and civilization. A History of insanity in the age of reason*"- towards the year 1961 AD. Foucault opined that "*madness*" and 'reason', getting estranged from each other gradually in the history human civilization, came down to the modern times today not to exist as more idiocy or folly but at present it is psychopathology or mental illness which for alleviation has to undergo treatment in medical method¹⁷. The instances of '*Paglami*' of Bengali concept', which were the sacred mysteries of the heart of hearts'-a spiritual part of human experience in mediaeval and modern Bengali society, turned out to be the other side of reason during Renaissance. From the very period of renaissance *Pagal* so longer existed as a merely social obstacle, it was as if trying to infringe upon the well-disciplined arrangement of the world placed in an orderly manner by *Bhagoban*¹⁸ (god) .

Bengali Culture and *Pāgal* Concept

From the social, religious and cultural Aspect, the *Pagal* has become intoxicated, demented, insane, crazy, distracted, meaningful of self-happiness, contestant, mentally obsessed, faana, devoid of commonsense, idiocy or idiot etc. Furthermore, from the clinical point of view the *Pagal* in taken to mean a mental patient, psychoneurotic, mentally deranged, unnatural behaviour, insane, insanity, abnormal behaviour, mental disorder, lunatic, schizophrenia, hypochondria, delusion, hallucination, nonsense, bespatter disorder and so on. These are all some aspects of the *Pagal*'s exposures¹⁹. In the culture of the Bengali the term '*Pagal*' is in use in different forms, meanings and postures²⁰. As in other civilizations, in the history also of our Indian society we come to know about more less worth-mentioning stories of the *Pagal* why did *Mohammad-Bin-Tughlak* become *Pagal*? Why did the followers of the *Pagal*-panthis revolt? Why did *Bhaba Pagla* go out in search of truth? Why did *Pagal* chand extricate himself from the social bond? In the culture of the Bengalee these are all manifestations of diversities of a certain form. The *Pagal* has got various dimensions in the thought-line and culture of the Bengalee²¹. Sometimes *Mahaswar Bholanath*, a god of ours has become familiar in the lips of the devotees as *Pagal* Bholā. Will the answer be found today to the question why *Bama Kshyapa* is occupying the seat of devotion to his devotees? Just as we hate the shabbily dressed man of indecent tastes as the *Pagal*, so also a father calls his daughter '*Pagli*'²² out of affection and thus gives vent to the feelings of tenderness. What is the real cause of it all? This *Pagal*, again, has become omnivorous in Bengali proverbs and off-quoted saying such as, "*Pagale kina bole, Chagole kina khai*". One wonders why this proverb is so popularly in vogue. The word, *Pagal* has been introduced in various ways in the Bengali literature and folklore²³. Why is *MajnuPagal* in love with *Laila*? Where is the right answer to the reason why both *Billamangala* and *Chandidas*

became *Pagal* in love. Where is the difference between becoming *Pagal* out of love for a woman and becoming *Pagal* for loving God? Why does a Hindu stoical devotee, i.e. a baul, singing to himself about this world of domestic affairs, call it an assemblage of the *Pagal*? But why are things to be so? The answers to these questions are nothing but a labyrinth. Moreover, when the world poet Rabindranath Tagore says, “*Pagla hawar Badal dine*”, “*Abar more Pagal kore dibeke*”? or “*je tore Pagal bale tare tuibalisnekichhu*” - these are all applications of the term, *Pagal* in different senses²⁴. One of the media of devotion has become *Pagal* in the spiritual life or in religious meditation and worship. That is why a baul singer-poet following Sahajia idealism becomes *Pagal* in search of a man to this liking. Again Sri Ramkrishna became *Pagal* for the attainment of God. So he said in address to his disciples, “why should we became *Pagal* over worldly things, be *Pagal* for God if you have to be *Pagal*.” In this connection it is certainly necessary to mention a famous song of Sri Ramkrishna’s most leading disciple, Vivekananda. Once Ramkrishna was in a trance and Narendranath went on singing-

“*Amaay de ma Pagal kore, aar kaj nai gayn bichare.*

Tomar premer sura paane....karomatoyara

O ma bhakti-chitta hare dubaa prem-sagare”.

Lord Sree Ramkrishna on this time was absorbed in the same trance and said smiling,

“*De ma Pagal kore...*

Uhaar-gyaan-bichare”²⁵.

This survey of the role of passion in Bengali ethno-psychology reveals the fundamental belief in the destructive capabilities of desire and passion. Two themes can be extracted. On the one hand, ethnographic evidence indicates that unsatisfied desires are believed to produce deleterious results and that a prerequisite for physical and psychological health is the gratification of desire²⁶. On the other hand, following the Sanskrit tradition, passion hinders liberation and thus a prerequisite of salvation is freedom from passion. On first in section, the two themes do seem contradictory²⁷. While the first argues for the expression and fulfilment of desires, the second encourages the subjugation of desire and its elimination as a prelude²⁸ to final release. However, I want now to examine how these two themes can be integrated into a common framework and to demonstrate the position of madness within that framework.

To go mad in Bengal is expressed using the past participle of the verb to become with the third person (familiar) perfect tense of the verb to go: *pagol hoye gese* (literally, mad having become gone). Like the English words crazy and mad, *pagol (mad)* implies a serious, psychotic mental illness, but is also used in a joking or affectionate way to denote eccentricity. There are several synonyms for the mental illness version. *Brain nostho hoye geche* (literally, brain having become spoilt/damaged/defective went), *brain short hoye gese*, *brain out hoye geche* all mean *pagol (mad)* and sometimes imply that there is a permanent or physical defect in the brain that is resistant to treatment, or at least resistant to spiritual forms of healing. Families of patients

often attributed these terms to what the psychiatrist had said was the problem, but I never heard any psychiatrist use these terms (or tell a patient any diagnosis for that matter). *Mathar dosh* (head fault), *brain defect*, *brain effect*, *mathar rog dhoreche* (something has caught the head) can also mean *pagol* (*mad*), or mean that the brain/head has become affected in general (causing any other type of mental illness). *Zonoom pagol* (*totally mad*) means violently mad and *ghor pagol* (*fully mad*) murderously mad. When a person first becomes *pagol* (*mad*), the local mullah is usually called upon. If the patient does not get better with his treatment within a couple of weeks or so, plans are made to take the patient to town to see one of the psychiatrists there. Even the very poor would visit the psychiatrist. To find money for healers, land could be sold, or if landless, money begged or borrowed from better-off relatives²⁹. I discuss the costs involved and compare them to the costs of traditional healing. Less commonly, a primary care doctor may be consulted who will prescribe medication and/or suggest that the family take the patient to see a psychiatrist. *Pagol* (*mad*)*ami* differs from other illnesses in that *pagol* (*mad*) patients or their families, would never, in my experience, visit the pharmacist directly to buy medication, and unless the doctor knew the patient very well, family members would never consult doctors without bringing their mentally sick relative to see him³⁰. Unless the patient makes an immediate recovery after seeing the psychiatrist, it is common for patients and their families to pursue non-medical methods of healing, whether or not they return to see the psychiatrist. If the local mullah continues to be unsuccessful, they may visit another, more powerful mullah or *pir*, either on the recommendation of the local mullah or from another contact. Depending on the urgency of the situation, and the affluence of the patient's family, it is fairly common at this stage to visit different mullahs and *pirs* (*saint of muslim community*) after just a gap of a week or two if they hear that another mullah or *pir* is even more powerful than the last. If the patient remains *pagol* and all local contacts have been exhausted, then the family starts to think about going further a field, either to a powerful *pir* or Hindu *kobiraj* who may live a long, arduous journey away. Hindu *kobirajs* are not usually consulted early on as they are thin on the ground and can be very expensive, are also recognised as especially powerful³¹.

It is recognized that the task of learning to be free of passion is a gradual process³². According to Hindu thought, the life cycle of the individual can be divided into four states (asrama)-apprenticeship, householder, hermit, and sage. While the earlier stages of life prepare the individual for release³³, it is only in the last stage when the individual is expected to gain control over his desires as a means to attain moksha. Thus, the Sanskrit doctrine of freedom from passion is applicable only to the individual within the last stage of life³⁴. Furthermore, as an intermediary stage on the way to ultimate emancipation, the fulfillment of desire is permitted and may actually facilitate ultimate renunciation. The implication is that attachment to the world may be strengthened when desires are frustrated³⁵.

Going Pāgal in the Bengali Society

How do people tell if someone has gone *pagol* (I have grouped the following signs and symptoms into three clusters, but this is not an indigenous classification that was presented to me.) Firstly, a core feature is having a reduced awareness self, others and the environment. They have no *hush* (sense, consciousness): “if you gave her in marriage ten times she wouldn't care, she's so mad”; “he cannot understand what is good for him and what is not; he couldn't run his shop properly: he bought bad and rotten things to sell in his shop and gave good things away”.

Pagol (*mad*) patients may have to be forced to eat and to get washed and do not go to sleep at night. Commonly, *pagol* (*mad*) people do not seem to be able to recognise people and hit and swear at their loved ones. They are not aware of the seasons and may wear inappropriate clothing: “whether it is raining or not she stays sitting in the courtyard. She won’t say ‘I’m getting wetter’. She stays outside all night. If it’s cold, she won’t say ‘I’m feeling cold, give me my clothes’. In the *chaitro* month [bengali month of the year] she will stay sitting in her sweaters”. They may stand for hours at end without changing their position and without saying anything. Having no *shorom* (shame, modesty) they may ask to eat food that has been specially bought for guests and may dress immodestly³⁶. They may wander away from home knocking on strangers’ doors . Secondly, head symptoms are common. Patients subjectively complain that ‘the head does something’ (*mathai kemon kore*), or that ‘the head does not do any work’ (*matha kuno kaaz kore na*), or that the head feels heavy (*matha var*).

One of the objectivity of concept of *pagol* is disordered. Relatives frequently complain about patients speaking too much and that what they say does not make sense. Like English, there are many words and phrases in bengali to describe nonsensical speech. *Abul tabol*, and *vul-val kotha bola all* mean gibberish, nonsensical speech; *bok bok* tends to refer to an unceasing stream of nonsensical speech and *ulta palta* can be glossed as topsy-turvy speech. ‘Talking here and there’ and ‘there isn’t any correct address to his speech’ (*tar maha kuno thik thikana nay*) are phrases that use spatial metaphor to evoke the disordered speech of the mad. Most words and phrases referring to nonsensical speech can also be applied to the behaviour of the mad by swapping the verb to speak with the verb to do. Thus *awol zowl xoroin* means ‘he does mad things’. Relatives are less likely to remark on the specific content of the speech³⁷.

Thus, the two themes that I identified can be integrated by recognizing that the philosophico-religious³⁸ directive to be free from passion is specific for a man at the stage of renunciation. For others, their inherent *guna* and the undeveloped state of their spirituality precludes emancipation from passion. Desire and its expression³⁹, if not valued, are at least to be expected. And since such persons are not able to control their passions, it is best that they be gratified. Figure 1 illustrates this relationship between the three states of desire⁴⁰. As alternatives to a negative and destructive state of frustrated desire, both gratification of desire and freedom from desire are acceptable, although passionlessness⁴¹ is the ideally preferred alternative. But given the very nature of children, women, and the spiritually immature⁴², the gratification of desire is e detrimental, negative consequences of unfulfilled passion .

I noted that the major etiological factor involved in *mathar-golmal* (head malfunctioning) is "shock." Here I want to examine this concept more closely⁴³. In addition to case histories obtained from relatives of mental patients⁴⁴, I asked over ninety lay Bengalis to tell me why people become *pagol* The English word "shock" and the Bengali term *aghat* are both frequently used⁴⁵. *Aghat* is perhaps best translated as "a heavy blow and can be used to refer to either mental or physical blows. Other commonly used terms are *sok* (grief, mourning), *dukkho* (sorrow), *cinta* (worry), *obhab* (insufficiency), and *manosik-dondo* (mental conflict)⁴⁶. All of these terms as well as the examples used by informants, indicate that certain emotional states are

likely to produce *paglami*. Specifically, these emotional states all seem to point to frustration as a key cause⁴⁷. This frustration may be economic (money worries), academic (failure in exams), career (lack of advancement), or emotional (unrequited love). Thus, as several respondents have noted, being unable to obtain what is deeply desired is the source of frustration⁴⁸. The most extreme example of such frustration and the one most frequently cited is *shok* (intense grief) where the death of a loved one prevents the fulfilment of one's desires. Thus, the primary attribute of "shock" is an emotional response to an extremely frustrating situation⁴⁹. The gratification of desire is prevented by some obstacle against which one's own efforts are totally ineffectual. In such a situation, the individual's what needs, and desires find no outlet, and to quote one respondent⁵⁰, they cross the limits of endurance.

Analysis the Bengali perspective of *Pāgal*

There is usually little disagreement about whether or not a person is *pagol (mad)*. What does get debated is the underlying aetiology and this may be contested within a family. Here, I briefly outline possible explanatory models that may be postulated when a person goes *pagol (mad)*. I have grouped them into psychological, physical and supernatural causes, but my informants would not necessarily classify them in this way. A person may go mad from worrying about, for example, passing exams or running a household, or from getting a shock (*shock* or *aghat*) following, for example, a bereavement or from witnessing a road traffic accident. Increased blood pressure may have a permanent effect on the brain causing a *brain dush* (brain fault). Not sleeping is another physical cause cited. Eating sour and hot foods (for example, beef and duck eggs) can aggravate the illness. Pregnant and postnatal women are particularly at risk from going *pagol (mad)* if they eat hot foods or are exposed to *bhayoo* (hot air or chill). The overheating effects of eating hot foods or of *bhaiyoo sora* (riding hot air) cause *matha gorom* (hot head) which can lead to madness. Diarrhoea and vomiting during pregnancy and the post-natal period can also cause an overheating of the brain. A cold or drying chill, or touching anything cold, may cause a fault in the brain. The treatment of *bhaiyoo sora* is herbal medicine. Women are forbidden to eat hot foods during pregnancy and for 40 days after giving birth.

These causative factors are not limited to *pagol (mad)*, *paglami* (madness) and can cause other illnesses that are taken to the psychiatrist. Head complaints - headache, spinning head, biting head - can be caused by worry, spirit sickness, going in the sun and the oral contraceptive pill. Two or more models may be held simultaneously. A nephew told me that his *sasi* (father's brother's wife) went *pagol (mad)* through worrying about her family after her husband died, and also because of spirit sickness. As well as this additive model, causal agents may be integrated into a sequential chain of events. A sixteen year old boy went mad through worrying about his studies; the excessive worrying caused his blood pressure to rise which caused a fault in the brain. Spirit sickness can also cause the brain to be damaged⁵¹.

Within this scheme, the position of *pagol* as deviance is clear. It is the direct result of frustrated desire-be it the "shock" or head malfunctioning⁵², the envy of *tuk-taak* (sorcery), or the early death of *bhut-bhor* (ghost possession). Madness or *paglami* becomes the concrete expression of the destructive and pernicious consequences of frustrated desire⁵³. Thus, as the deviance associated with ungratified desire *paglami* stands in juxtaposition to the everyday⁵⁴,

neutral state of the satisfaction of desire and testifies to the harmful effects of frustrated desire⁵⁵. As a malignant state of human existence, *paglami* is a category of deviance which informs Bengalis of a basic human need—the need to avoid frustration and to obtain the satisfaction of one's wants and desire. The presentation of the illness may suggest the underlying cause. In cases of spirit possession there is typically a sudden onset of very mad behaviour and speech, usually lasting for a few days or weeks. In sorcery, where the victims are under the power of another human, the illness is longer lasting and some aspects of their behaviour may appear quite normal. Differentiating between sorcery and spirit possession may not be straightforward as some sorcerers use spirits to make their victims mad. Response to treatment may be indicative. The brother of a *pagol* (*mad*) man criticised his mother for wasting money on visiting dozens of religious healers in pursuit of a cure for her son's spirit sickness; the brother wanted to pursue psychiatric treatment only, arguing that if the cause was a supernatural one then it would have got better by now with the mullahs' treatment. Rarely, a person may be *emne pagol* (*mad*) (mad for no reason). In these cases, the brain is usually damaged (*noshto*), but there is no specific cause for the fault.

Conclusion

Furthermore, *paglami* identified to the vulnerability of human beings in the face of the potent nature of their desires. So long as individuals rely on the gratification of passion to protect them from the destructive potential of their own emotions⁵⁶, they are dependent on the whims of an environment which can prevent such gratification. And, thus, *paglami* is a continual possibility: to quote again from the Gita, "craving (unfulfilled) leads to anger, and anger to confusion; confusion makes for unreasonableness and that results in madness⁵⁷, which is the road to destruction." It is in this sense that *pagla* represents an antithetical state from which the very meaning of salvation is derived. By highlighting the very tentative and precarious relationship between human beings and their existential situation, *paglami* also indicates the solution to that human dilemma⁵⁸. To be mad is to be overwhelmed by one's emotions; to have attained salvation is to be released not only from one's desires but also from the vulnerability connected with the dependence on environmental gratification of desires. . By observing in Bengali society I realised the identity *pagal* as a deviance, we can establish the cultural relevance territory that lies within. so, In my paper, I have try to explore that *pagal* is multi-cultural identity and *pagalami* as a deviant category depends upon particular theories of the nature in psychological thought and especially the relationship between human being and the surrounding in ethno-psychological perspective of Bengali culture .

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