SAMIKHIYA A Multidisciplinary Research Journal
ISSN: 2583-827X (Online)
Vol.-3, Issue 02, December-2024, pp. 16-23
Available at: https://journal.mscw.ac.in/mscw_Journal.aspx

WOMEN'S MENTAL HEALTH IN SOUTH ASIA: ASPECTS TO ADDRESS, ASSESS AND HISTORICISE

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ABSTRACT

The subject of women's mental health has increasingly assumed significance in interdisciplinary discussions and deliberations to address and ameliorate the surge of mental health issues impacting the lives of women. Women's range of experiences, roles and responsibilities which are alternatively biological, everyday/ mundane, accidental and/or coerced renders them unique – drawing upon the cumulative impact of these upon their mental well-being. There is a significant scope to work on the unique circumstances that shape and influence women's mental health in South Asia. This paper seeks to present the relevance of gendered analysis of women's mental health in South Asia and the first section reflects upon the urgency to engage with the different dimensions of recognizing and ameliorating mental health issues via interdisciplinary approach and analysis. The second section discusses the transitioning priorities of mental health concerns for females across the life span which are determined by both biological/ natural and experiential/ circumstantial factors. The third section presents recent data from India to illustrate how mental health is becoming an important concern among Indian women while simultaneously arguing that there continues to be serious challenges facing women to seek help for redressal. The final section presents how an historical approach and reading of sources can unravel nuances of women's mental health that have remained shrouded for the paucity of an expressed sensitivity (or inadequate attention) towards historicising women's mental health concerns/ articulations.

Keywords: *Mental Health, Women, Interdisciplinary approach, History*

INTRODUCTION

> ***Section 85.*** *Whoever, being the husband or the relative of the husband of a woman, subjects such woman to cruelty shall be punished with imprisonment for a term which may extend to three years and shall also be liable to fine.*
> ***Section 86.*** *For the purposes of section 85, "cruelty" means—*
> *(a) any wilful conduct which is of such a nature as is likely to drive the woman to commit suicide or to cause grave injury or danger to life, limb or health (whether mental or physical) of the woman; or*
> *(b) harassment of the woman where such harassment is with a view to coercing her or any person related to her to meet any unlawful demand for any property or valuable security or is on account of failure by her or any person related to her to meet such demand (Bharatiya Nyaya Sanhita, 2023).*

The addition of Section 86 in the Bharatiya Nyaya Sanhita, 2023, has brought the issue regarding mental health and well-being of women centre stage for thorough review by clearly stating that injuring the mental health of women amounts to cruelty. Historicising women's mental health with regard to South Asia has been a challenging task though scholars have sought to grapple with aspects of it since the final decades of the 20th century. Paucity of sources to address historical enquiries across the spatial and temporal domain has been serious limiting factors in the culmination of such research endeavours. Relying on official/ archival records, histories of mental health have

been written from perspectives of institutions including operations and processes related to lunatic asylums. The subtle signs of mental ill-being have found rare mentions in official records and thus such histories have also turned out elusive and difficult to account for.

This paper proposes that an interdisciplinary approach to study the mental health of women would yield valuable results to consolidate this field of research including legal interventions, sociology and psychology addressing mental health. In doing so, an attempt will be made to present a gendered understanding of mental health of women through an interdisciplinary approach to analyse which aspects of manifested mental health may be historicised. This present paper will look into why a gendered perspective of mental health is crucial and useful for understanding the unique characteristics of women's mental health and how these are influenced, shaped and orchestrated by socio-cultural as well as biological factors.

THE NEED TO STUDY WOMEN'S MENTAL HEALTH

> *Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development (WHO, June 2022).*

The pertinent question this essay would address broadly constitutes: Why focus on women and mental health? Conventionally, most studies and medical researches on mental health have presumed the standard patients to be male and thus the diagnosis, treatment, medication and cure was also standardised according to "one size fits all." Women's specific needs have been long ignored and side-lined in such analysis. The undeniable fact however, is that statistically across the globe more women are in need of and are seeking or undergoing treatments for varied mental disorders, issues and/or illnesses. A very likely question that may be asked is: Why there is a greater propensity for women to be affected by ill mental health? The answer to this is more complex, multi-faceted and yet not all-encompassing or fully satisfying. The reasons behind women being more susceptible to mental ill-being are a combination of biological and socio-culturally determined influencers. Some widely recognised and agreed upon premises are as follows: Women are prone to consistently perform a "balancing act" for prolonged periods. This is with reference to women having to multitask in the routine of carrying out their familial responsibilities, manage homes and also pursue a career outside of home (in some cases). Females are inevitably in-charge of a disproportionately larger portion of house-work than males in most conventional situations. The inevitable result is that women are recurrently in situations grappling with over-work, fatigue, recurrent stressors and a mental overload to perform and deliver in accordance to others' expectations. In addition to meeting wide-ranging societal expectations, it must be acknowledged that women are consistently negotiating their status/ position within a patriarchal society and are thus inevitably struggling with a range of gendered

discrimination and social injustices. These include unequal opportunities/ treatment in education and jobs, curbs on mobility and communication, restricted access to property ownership, housing, laws and legal procedures to name a few. With regard to reproductive processes, it is crucial to point out that procreation along with related anticipation and apprehensions have a serious impact upon women's mental health. Scholarly works have especially researched on the propensity of women to be affected by severe depressive states in the perinatal and postpartum phases (Barnes 2014).

These are only a few of the broad indicators accounting for women's mental health in general which are indicative of the rationale for undertaking a focused study of women's mental health that is vividly impacted and shaped by their life-experiences. This essay would present how the knowledge and comprehension of the variegated field of mental health concerns of the present can become an enabling toolkit to historicise women's mental health problems/ issues in a historical context. This essay would begin with a discussion of the more commonly perceived states of women's mental health throughout the life course. This would be followed by an investigation of the barriers preventing women to seek help, counsel or remedy for mental ill-being. The final section would present a historical intervention into analysing mental health through a sensitised reading of personal narratives and biographical works among other sources constituting history.

WOMEN'S MENTAL HEALTH ACROSS LIFE-COURSE

Issues affecting the psyche, emotions, physical and mental wellbeing are not uniform for everyone nor are these the same for an individual throughout the course of life. In addition, the triggers and circumstances influencing emotions and mental wellness are highly subjective and conditioned upon the cultural milieu and the consequent socialization processes that an individual has experienced. Having admitted this, it should also be stated that there are some issues / aspects that are more commonplace and surface more frequently while assessing the mental health of women. Some crucial factors will be briefly presented in this section.

Given the aim and scope in the given paper we will present a sweeping survey of how female mental health is differentially impacted through different stages of life. A good point to begin the discussion would be the issues of mental health among adolescents. This is not to deny that children may also exhibit issues related to mental health, but the consciousness of mental health related problems in association to one's gender identity becomes more conspicuous by the time around adolescence (approximately between 12 and 19 years for females). With ongoing physiological and hormonal changes from puberty that are beyond one's own control or comprehension, adolescence poses a challenge to the mental coping mechanisms to foster good mental health. Few often recurring parameters which are particularly studied in the field of psychology include the estimation of self-esteem, perception of body-image, eating disorders, signs of depression, suicidal tendencies among others (Kendall-Tackett & Ruglass 2017). In the 21st century the incessant attraction to social media has been blamed for serious detrimental impact on adolescents mental well-being as cases of bullying, a sense of disconnect with real-life and consumption of inappropriate content has witnessed a meteoric rise.

Women's mental well-being is by far more vulnerable during the years of young adulthood (between 20 and 40 years), associated with exploring or being in romantic relationships, exploration of sexuality, assuming roles within matrimony, experience of reproductive processes including childbirth, child rearing and so on. The flip side of these could include heartbreaks, experience of abuse within and beyond intimate-partner-relationships, difficulties in childbearing (infertility), miscarriages, post-partum depression and so forth. Motherhood has been particularly described as a pivotal transition in the life-course of women generating tumultuous waves of satisfaction, confidence, competence, a lack thereof or a persisting sense of ambivalence (Barnes 2014). Misguided aspirations of achieving ever-increasing levels of societal expectations with regard to one's balancing role as wife, mother, daughter-in-law and/or a working professional compound the levels of stress, impacting mental well-being in short and long-term.

Mid-life crisis has been widely discussed/ debated especially with regard to Western societies, but this phenomenon is appearing more frequently in South Asia's context in the recent past. To begin with, it is nearly impossible to determine which years constitute midlife. It may range anywhere between mid-thirties and mid-fifties, depending upon the perception of self and that of the society. The ambiguity of this phase of life mirrors the experiences of ambiguities experienced with regard to self-interrogation and introspection. Women's self-perceptions are further complicated by more conspicuous reminders of their changing bodies, reproductive abilities and fading youth. Anxieties and depressive moods are exacerbated by recurrent gender biased portrayals of ageism and sexism in various media representations. In addition, it ought to be acknowledged that responsibilities of raising children, tensions between spouses/ partners, and taking care of aging parents and relatives adds more burden upon women than men in most societies across the world (Kendall-Tackett & Ruglass 2017)**.**

The lived experience of middle and old age is certainly not the same for all women. Some women feel more stable, confident and in better control of their life and emotions by the time they become middle-aged. The cumulative impact of life events and experiences, in certain cases, trains women to develop better mechanisms to respond to and cope with all that life has to offer. However, when old age introduces inevitable new challenges, the coping mechanisms can become less effective. For instance, it has been observed that women are often faced with depleting or lesser financial resources to support themselves which diminishes their quality and standards of living. The loss of parents/ partner / spouse, the experience of loneliness, growing emotional/ physical distance from children are other reasons commonly affecting mental health in advanced years. Issues of failing health and growing inability to perform various physical chores further causes a feeling of helplessness (Levin & Becker 2010). While gerontology presents empirical findings about the processes and problems associated with aging, the responsibility lies with individuals, family members, institutions and the society to promote a healthy and constructive worldview with regard to aging and finding fulfilment.

The experiential states of mental health would inevitably vary from individual to individual. The purpose of this discission has been to flag some of the factors and catalysts that have been found to have commonly influenced the state of mental health. One cannot overemphasise the importance of intersectionality in the assessment of factors influencing women's mental health and women's

differential response to triggers or factors and their abilities to cope with these. For instance, in a country like India disparate factors including caste, religion and ethnicity would be important compounding factors to be considered while analysing women's mental health along with questions of age, education and socio-economic factors among others (Pinto 2014).

BARRIERS TO SEEKING REMEDY

Prior to International Women's Day in 2023, a study by the healthcare platform Practo presented some illuminating data and analysis regarding the evidential condition of mental health among women in India. According to this study women belonging to the age group between 25 and 34 years constituted about 61.6 % among the total numbers of female seeking mental health consultations in 2022. On the whole, the study found that there has been a 23% rise in total consultations by Indian women over the year. In addition, the study also presented a comparative analysis portraying that oncology was the fastest growing medical specialty sought by women with mental health being the second on the list. These statistical data are eye-opening indeed. On the one hand these indicate the growing mental distress and disorders among women. However, it is heartening in that it portrays how more women are coming forward to seek treatment to improve their state of health.

The patterns of societal ignorance, avoidance, dissuasion and preconceived biases are seen to be compounded by individual reluctance to seek treatment. It is common place to use madness or it's synonyms for various types of mental illnesses without being sensitive towards discerning the wide range of mental distresses that can be identified and treated with tremendous success. Patriarchy in general and patriarchal attitudes and institutions in particular ought to be seen as significant barriers to seeking treatment. Among other factors, reluctance to seek treatment stems from cultural conditioning which instilled a sense of fear and shame in women with regard to the stigma inevitably correlated to mental health problems. Victims of domestic abuse or sexual abuse/ assault are unable to speak up regarding their mental situations as the perpetrators are in several instances a close relation. The fear of retaliation, ridicule or censure discourages women from stepping out, speaking up and seeking help. In addition, in a lot of situations women are unaware of the avenues and possibilities to seek help. In this respect it can be asserted that the data that indicates that the largest proportion of women seeking mental health consultations are between 25 and 34 years, is also indicative of the higher levels of awareness among women in this age group. Awareness stemming from education and exposure to women's rights and protective and remedial laws, instils the much-required confidence and dispels fears and apprehensions which are certainly conducive in seeking improvement in conditions of mental health. Individuals articulating their personal experiences of coping with mental issues is a positive development which opens up possibilities to undertake scholarly research based on interpersonal interactions followed by analysis.

ASSESSING WOMEN'S MENTAL HEALTH IN HISTORY

The final section will dwell upon the relevance and significance of historical methods and historicised comprehension of women's mental health issues. This draws upon the interdisciplinary assessment of mental health as it also deploys the understanding gained to recognize the nature and characteristics of mental health issues afflicting women in South Asia's past. Here, some examples will be furnished from the early twentieth century to elucidate how issues of mental health can be gleaned from sources representing the historical past.

The official archival sources are more often silent about the matters of mental health issues of women in the context of the day-to-day course of life. Archival records are useful wherein they furnish quantitative data while recording the operations of lunatic asylums, or describing the spate of lunacy in the colonial context. In exploring the issue of mental health in the terrain of women's history in South Asia, I have found autobiographical writings to be particularly useful in identifying different kinds of mental health conditions that women were grappling with, without the knowledge of what these were or how to deal/ cope with them. It must be noted here that the representation of mental unease or conditions constitute a part of my analysis of reading these sources. The writers while expressing their emotional states and mental conditions do not denote these by labelling them as mental health issues. Recent interdisciplinary research and analysis have however ventured to correlate recent understandings of mental / psychological states/health with the narrative accounts recorded in varied historical contexts (Butalia 2015). I am taking cue from such writings and research to present these following examples.

The first example signifies a state of consistent anxiety mixed with guilt and embarrassment as experienced by a child bride. These excerpts are presented from the autobiography of Shudha Mazumdar born around the turn of the 20th century, in which some of the most intimate details of a Bengali upper/middle class/caste female's experiences as a girl, young bride, wife and mother have been discussed. Shudha was 12 years old when she was married off and these are some the earliest memories of adjusting in her marital home that she recounts in her autobiography:

> The recollections I have of the first ten days at my father-in-law's house seem mostly to be connected with the difficulty of managing my veil, silver anklets and *sari*, and my desire to speak out (99).
>
> …Although I shook my head emphatically (a new bride is never heard) my plate was heaped with food of alarming proportions…. 'You must eat it all up, otherwise you will earn ill-fame as a wasteful bride.'
>
> I was to be very bashful before my husband, and was on no account to be seen in his presence before elders. Every time he happened to pass through the veranda (and this seemed very often) I would dash to the adjoining room in a most un-bridelike manner with my anklets raising a frightful din (100).

The second example representing a state of depression is taken from the diary entries of Jamini Sen - one among the earliest women doctors, reproduced in Chitra Deb's work on women doctors

from Bengal. Jamini Sen had acquired her medical qualification from the Calcutta Medical College around the final decades of the 19th century. She never got married but had adopted a daughter to fulfil her maternal yearning. The excerpt presented below is an expression of her state of depression after her daughter's death who was 12 years old at the time while Jamini was away in Europe:

> Out of the blue I received news of my little one's death. Everything seemed to fall apart. I could not fathom the magnanimity of the disaster. Do things happen this way? God slashed the little happiness I had in life. Everyone has so many friends, family, dear ones and so many sources of pleasure. I have had nothing. I have toiled hard for the happiness of others. Whatever I have earned – was with the objective to fulfil others' needs (131).
>
> God, aren't you seeing the emptiness in my heart? Aren't you seeing that whatever little strength I had, whatever little hope I had- you have taken it all away? I think I have nothing left in life. How do I face this world all alone and heartbroken? You have always been tough with me…If you never fulfil my yearning for affection, why did you give me a heart eager to love? Why did you give me the feelings of love and affection? Why did you not bestow me with indifference? So far, I have survived through all the trials you have put me through, but handling this is beyond my capacity (132).

Most poignant examples of women grappling with PTSD (Post Traumatic Stress Disorder) come from the annals of South Asia's Partition history.

> For women who had been through rape and abduction the reluctance to speak was of another order altogether. Sometimes these histories were not known even to members of their own families…Speaking about them, making them public, this not only meant opening up old wounds, but also being prepared to live with the consequences—perhaps another rejection, another trauma…people struggled to describe what they had been through at Partition, and often ended by saying what they had seen was indescribable (Butalia 2000 pp.284-85)

Further close analysis of similar biographical expressions of women can prove to be useful when addressing the significance of issues related to women's mental health from a historical perspective. Connections may be drawn to commonalities of emotional turmoil and strategies adopted to successfully cope with them. Historical studies of mental wellbeing can contribute towards the building of sensitive attitude regarding mental health, generate acceptability, dispel stigma and alter common perceptions by placing mental health concerns on the same plane as physical ailments, thereby simultaneously acknowledging the normalcy of such issues and the need to address and treat these with promptness and objectivity.

CONCLUSION

Comprehensive studies and research on women's mental health with respect to South Asia are remarkably few. There is tremendous scope to venture into this field of research and promote further scholarly interest and discussions in this area. The paper has tried to underscore the relevance of interdisciplinary approach and analysis of questions of mental health. Deploying methods of historical analysis has the potential of reconfiguring gendered expositions of mental health. Reviewing women's biographical writings and expressions will open fresh avenues to understand the nuances of the multifarious dimensions of life experiences shaping and influencing mental health. This can serve as a crucial way of simultaneously mainstreaming the uniqueness of women's histories alongside the related histories of mental health. Further explorations can be made by scanning through the archives of women's writings and writings about women through a new lens to understand the underpinnings of mental and emotional health interwoven in these sources.

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