Mental Health concern and Femininity in Indian milieu

KEYWORDS

Dr. Priyanka A. Rao

ABSTRACT Mental health can be described as the ability to respond to many varied experiences of life with flexibility and a sense of purpose. It is the state of balance between the individual and the surrounding world. It could be seen as a state of harmony between oneself and others, a coexistence between the realities of the self and that of other people and that of the environment. The mentally healthy person is the person who is free form internal conflict, who is not at "war" with herself. The mentally healthy person knows himself/herself; this is to say that, s /he understands his/her needs, problems and goals, s/He has good self-Control, i.e., he is able to balance rationality and emotionality. Women in India suffer more severe mental illness and are found lower on mental health and well-being experiences. Women have been reported higher on stress in both working and non-working conditions in comparison to man. Social institutions are also negatively associated with women's mental health because they are central to their life and deal with issues like what is ideal or safe way to live. In an attempt to explain these differences, this paper present an account of issues regarding mental health of Indian women. In examining the construction of femininity and mental health related behavior is not matching with the socially assigned role of female. Social status or social construction of womanhood is greatest threat to the mental health of Indian women.

1. INTRODUCTION:

The meaning of health: Health is seen as well-being in its broadest sense, not simply the absence of illness. Well-being is the complex interplay of biological, socio-cultural, psychological, economic and spiritual factors. In classical Indians, health is conceptualized as a state of delight or a feeling of spiritual, physical well-being (prasanmantanaendriyamanh), and this conception is closer to the WHO definition of health or well-being. Drawing from Bagvadgeeta , J. Verma (1998) states that human well-being unfolds at three levels namely, cognitive, conative and affective . The cognitive level talks about "self with its lustful inclinations, desire and attachments. Anasakti. At the conative level well-being lies in the performance of one's duty or karma. Lastly at the affective level, wellbeing lies in the attainment of freedom from "I" and "mine". In a nutshell, Indian traditional perspective offers an ideal state of human functioning and constitutes health and wellbeing as a state of mind (somewhat equivalent to the concept of subjective well-being) which is peaceful, quiet, serve and free from conflicts and desires. Women are "missing" in entire description of health, gender has been considered as independent variable in researches. Women are always percievied in relation with family, children, and society. "Self" is a concept not fully applicable for Indian women because she is meant to serve for others. Her identity is always in being as Daughter, wife, and mother.

R.,Vijaya (1997) in book entitled "New Perspectives on Women's Role "states that women saints became 'deviant' because they did not conform to various male codes, including those regarding the valorization of certain women who were able to pass the eligibility criteria decided by the Male, and other social, cultural, political and cultural patriarchies.

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, copes with the normal stresses of life, works productively and fruitfully, and is able to make a contribution to his or her community. Well-being is categorically defined as a posi-

tive state of human being The eudemonic philosophy reflect the view that well-being lies in the actualization of human potential. The hedonic philosophy reflects the view that well-being consist of pleasure and happiness. Well-being is a complex constructs. According to the hedonic view, it consists of three factors. Life satisfaction, presence of positive mood and absence of negative mood, where evidently the later two are not mutually exclusive. This is what is identified as subjective well being (SWB) by Diener and Lucar (1999).

Ryff and Keyes (1995) refuted this with the argument that well being does not simply connote attainment of pleasure but it involves striving for perfection through realization of ones true potential. According to them it includes six aspects, viz. autonomy, personal growth, self acceptance, life purpose, mastery and positive relatedness.

Women are integral to all aspects of society. However the multiple roles that they fulfill in society render them at greater risk of experiencing mental problems than others in the community. Women bear the burden of responsibility associated with being wives, mother and carers of others. Increasingly, women are becoming an essential part of the labor force and in one quarter to one third of households they are the prime source of income. (WHO 1995).

Indian context of women's' mental health: Mental health is not solely determined by an individual's characteristics, society law, and family other factors have equal importance. In Indian literature "Mitakshra" states that women must serve her father, then her husband and later her son. She must live in servitude. She deserves no liberty .If we see the definition of mental health it's about liberty, self-actualization, autonomy and these are prohibited to practice for women. It reflects that how women issues were neglected and defined in biased term. We need to redefine it in terms of women's' social, political, economical and psychological condition. Indian constitution provides equality before law and declares discrimination as offence based on gender castes, religion etc. But in practice there is

hardly any case which justify discrimination based on gender as offence and traditional role are such as modesty is always appreciated. How others justify or asses our behavior, affects our mental health. Gender stereotypes are prevalent in assessing mental health too. "Gender stereotypes are structured set of belief about the personal attributes of men and women including traits, role, behavior, physical appearance and occupation." (Deases& Lewis, 1989:1992). It has been observed that in India, women have more psychiatric morbidity compared to their male counterparts. This higher rate is consistent for both urban and rural areas as well as across regions, religions and socio-economic classes. Depression is the most prevalent mental health problem among women in India as it is elsewhere. (Carstairs and Kapur, 1976; Kapur and Singh 1983; Kapur and Shah 1991; Davar 1999;Carstairs and Kapur ,1976).

2. Psychosocial factors related to Mental Health of women:

2.1 Stress: Women are often expected to occupy a number of roles at the same time: wife, mother, homemaker, employee, or caregiver to an elderly parent. Meeting the demands of so many roles simultaneously leads to stressful situations in which choices must be prioritized. Decades of research have shown that stress is associated with a wide array of negative outcomes, such as depression, anxiety, physical symptoms, disease, and even death in extreme cases. In recent years, however, there has been a growing interest in positive aspects of the stress process, including positive outcomes such as personal transformation or growth.

2.2 Coping: How women cope with various stressors of life, determine their mental health. Gender Stereotyped notion assume, women to be involved emotion focused coping (such as crying, seeking helped) or avoidance coping strategy because it has resemblance with feminine characteristics. That may lead to sense of loss, helplessness, or hopelessness; doubt about one's ability to handle problems; high levels of worry or nervousness; poor self-esteem; guilt, self-reproach, and self-blame; decreased energy, motivation, interest in life, or concentration; and problems with sleep or appetite. Individuals who face a stressful situation generally use a combination of problem-focused coping (in which they take action to change a threatening or damaging relationship between themselves and their environment), and emotion-focused coping (in which they take steps to regulate the emotional distress produced by the person-environment relationship; Lazarus &Folkman, 1984). The use of avoidance coping (i.e., trying to avoid thinking about or dealing with a problem) is a strategy to deal with stressful life. Avoidance coping typically is related to negative psychological outcomes. Although some research suggests that this type of coping may serve a protective function in the short term (Chaffin, Wherry, &Dykman, 1997; Roth&Cohen, 1986), generally greater use of avoidance coping strategies has long-term negative effects on psychological well-being among women in general.

2.3 Gender discrimination: female children do not have the opportunity to feel safe, lovable, accepted, and worthy (Miller 1981). Instead they experience a male father figure controlling their lives; they lack the self-acceptance to believe they can love themselves; and they learn that they are responsible for meeting the needs of men with whom they have familial relationships. Children who do not feel "safe" or sure of their acceptability live in anxiety and fear which must be managed one way or another. This discrimi-

nation starts before birth of girl baby, during socialization process, in education and work place. These differences are continue in form of different death ceremony depending on whether women was married or widowed but this is not meant for men. The girl child is discriminated against by parents in providing food, and health facilities. And malnutrition is positively linked to mental problems.

2.4 Self-objectification: A culture that treats the female body as a sexual object, girls and women learn to view their own bodies as objects, focusing on how the body appears rather than how it feels. This internalization of their physical self-results in shame, guilt and decreases self awareness, peak motivational states and diminished awareness of internal body states. Objectification theory posits that negative consequences arise from the self-conscious body monitoring associated with self-objectification, which usurps limited attention resources and disrupt the focus required to engage fully and effectively in an activity.

2.5 Employment status: work has significant importance in life. Working women and non working women both differ in their experiences regarding mental health. Support, acceptance, purpose of wok, working environment are contributing factor. Working women to have higher level of anxiety, fatigue, guilt extroversion and arousal women Sharma and Pandey (1996), Employing gainfully does not change their anxiety , reported greater life satisfaction among housewives,(Saxena ,1996; Thakar and Mishra,1999; Triveni and Aminabhavi ,2002).A few studies have shown significant mental health differences that favors employed women from middle and upper income groups vis-à-vis women who are not gainfully employed (Aminahavi& Kulkarni,2000; Vasudev& Chaudhary,1998;Bala,1998;Singh & Bawa,1996; Kumar & Singh,2000; Mukhopadhyay, Dewanji& Majumdar,1993;Mukhopadhay 1989).

2.6 Work family conflict: women is the one who is career of family, her primary concern should be family. In 21st century women is not bound to household but first her feminine duty should be fulfilled otherwise her excellence in her work would not be acknowledged. Researches have noted that work – family conflict was expressed in 63% of TAT stories that working women wrote. Men's stories didn't reflect any such conflict (Tarabadhar&Ghadially ,1985; Bharat ,1994; Saxena,1996;Lucia A. G., &Carole K. H., Linda Manning,1981) Coping with conflict between professional and Maternal role,

Women who were career oriented were less favored by adolescent's girl guilt feeling and also treated as being responsible for poor upbringing of kids (Margret, R.E.,& Lucia,A.G.1984). They want to get a good job and rise in their careers, they have to try harder to prove themselves and they have to parallel manage the house. Added to that is the guilt of leaving the child in the house alone or with the maid. Women report 'seeing' works in front of them all the time, an inability to enjoy or take out time for them. At times they do feel confident that they can cope so well with so many things (planning commission in Delhi ,2008) . All these factors related to social attitude again put women in a more vulnerable situation

2.7 Marital status/ Marriage and Motherhood: marriage is a social bond between two people. Women's duties, right, purpose are often defined in terms of relation with husband in our society, so its impact their sense of well-being and mental health. Women's identity is highly

dependent on her marital status, on which she has no or less control. Widows are found lower on mental health and unmarried women are treated as waiting for marriage which is a factor related to poor mental health and a status on which girls are helpless.Widowed/married females had higher rate of illness it may because they are treated as burden on family and most of the time leaved in rehabilitation centers or hospitals Chakroborty (2001). It's very important to note that man's identity never changed according to his marital status but it's not same for women. Men will remain Mr. X but for a woman there is Miss/Mrs. Marriage seems to have a negative impact in terms of both well being and mental health of persons ,(Mohamed.S, IrudayaRajan,K Anil Kumar,and P M Saidu Mohammed,2002),reported an increase in psychological distress as a result of changes in the family organization.

Married working women are faced with problems in performing different roles, such as the wife, mother, homemaker and employee roles. The major role problem a woman faces is the conflict arising from multiple roles. Women in multiple role situations hence need to reduce the amount of conflict they experience by using coping strategies. Many researchers have studied role conflict (Holahan and Gilbert 1979; Pleck et at. 1980; Beutell&Greenhaus 1983; Koppelman et at. 1983; Cook and Rousseau 1984; Good et aL 1990; Duxbury and Higgins, 1991; Gutek et at. 1991; Higgins and Duxbury 1992), and coping behavior (Hall 1972; Beutell and Greenhaus 1983; Gray 1983; Alpert and Cubertson 1987; Long 1989;Skinner and McCubbin 1991), especially focusing on women in Western cultures.

Number of children is also for determining status of women in family and society but the gender of children is more important for women's status and value. Vedic verses pray that sons be followed by still more sons, never by daughters. A newly wed bride is blessed to be mother of a thousand sons. Shukla and Verma (1986) have found that the presence of children in the age group 6-12 years is strongly associated with poor mental health. On the other hand women with "empty nest" (i.e. where children have left home for studies or job) and those without children enjoyed good health.

 In a women life there is hardly any chance for individual recognition which is central to mental health.

2.8 Social support: social support is defined as cognitive appraisal of being connected to others (Barerra, 1986). Connection to others contributes to a sense well-being and gives meaning to life. It is no wonder that social support has been identified as one of the determinants of mental health, i.e., a factor believed to contribute to women's overall health. Social support exists in traditional culture in various diffuse ways, which is now disappearing because of social change, leaving women more vulnerable. Basically coping implies acceptance, adjustment and compromises; while holding on to one's own affirmed role and identity. There is a coping in a sense of active and passive resistance, a battle without hostility. In domestic setting it comes to mean acceptance of moral, injunctions and demands of self-sacrifice. The analyses of women's situation at different times and in different cultural ambience are important and necessary. Understanding how a woman constructs their selves also reveals the stresses they encounter. The processes and issues involved are more psychological and less psychiatric.

2.9 Violence: Marital violence against women ruptures the myth of the home as protective space, exposing it as a chamber of terror for many. It is found to devastate the women who suffer. Powerlessness of women makes them suffer injustice of being denied the right to survival. Violence against women - foeticide, infanticide, sexual abuse, rape, battering and bride burning, are crimes as per the provisions of law and yet they continue unabated. Marital violence thus not only reduces well-being in and of it, but also reduces the possibilities of improved well-being on other counts, as well as transfers the negative effects inter generationally. Some of the causal factors for domestic violence unearthed by psychologists are: the masculine identity of the husband,(U.Vindhya ,2007) , social norms, women's acceptance etc., Wife beating has regarded husband's right in Indian societies.

2.10 Eve teasing: is another form of prevalent violence face by every girl and preparatory are not supposed to be criminal so never punished, girl is left is a situation of self blame guilt and shame. There are several cases girls are committing suicide, leaving schoolsetc.for avoiding these traumatic incidents.

2.11 Religion: Religion and mental health appear to be related either for better or for worse. Religion influences individual's thought and justification of masculine and feminine behavior which leads to biases and affect mental health of women. This bedrock of Hindu mythology is a powerful1 organizer of both intrapsychic and sociocultural processes and remains relevant to women who live with the new dynamics stimulated by urbanization, migration and culture change (Kakar,1978).

2.12 Representation in Media: Media has play a great role in image building of women in a exaggerated form which is stressful to achieve and create a image of supermom in small brains and damaged personal relationship if not fulfilled and in process of accessing that role of supermom it hampers individual well-being. The media have always purveyed and continue to perpetuate gender determined roles and stereotypes. (WHO). Media reinforces gendered expectation and affects whole society and individual level too. I never seen a Father changing nappy pad for a kid…it's always a mother. A kid is lovable by both parents and equal responsibility of both parents. Media, literature portrait women as emotional, bearable ad other negative emotion which are contribute in devalue the feminine identity and leads to poor mental health.

3. CONCLUSION:
Sex is only biological difference between men and women. Gender on the other hand, is cultural difference; gender differences are cultivated and propagated by the culture and need not reflect and need not reflect actual objective difference between men and women. Social construction of femininity deconstructs women identity and result in damaged mental health.Mental health is defined as person's ability to make positive self evaluation, to perceive the reality, to integrate the personality, autonomy group oriented attitude and environmental mastery, for achieving these first and most important condition is recognition of self, having control on once life, independent identity which is far from Indian women who is victim of gendered process of socialization. There is high need to deconstruct the gendered identity and establishing individual identity in a humanistic way which is free from patriarchal standards of behavior.

There are studies regarding mental health of Indian women mainly from sociological, political perspectives but there is scarcity of psychological perspective and gender perspective on women's mental health and well-being. By reviewing above studies we have observed that how gender affects all aspects of life, resources, methods of coping with stress , styles of interacting with others, self-evaluation, spirituality ,marital life, work life own identity and expectations of others. Mental health is defined in terms of "mental health of male" and treated as "mental health of individual" and shows necessity of gendered perspective in assessing and promoting mental health. These are all factors that can influence mental health either positively or negatively. Psychological gender studies seek to better understand the relationship between gender and mental health in order to reduce risk factors and improve treatment methods. Mental health is best achieved by maintaining a balance between masculine and feminine qualities.

REFERENCE   • Aminabhavi,V.A.,&Kulkarni,V.R.(2000). Mental health of working women and housewives. Prachi Journal of Psycho-cultural Dimensions.16(1);33-35. | • American Psychological Association (2009). Women's Mental Health. | • Bhavsar,V.(2008). Globalization and Mental Health and social economic factors. Global Social Policy. | • Bondi,L.,&Burman,E.,(2001). Women and Mental Health:A Feminist Review. ,No.68,Women and mental health (summer 2001),pp6-33. Palgrave Macmillan Journals. | • Davar.B.V.(2001). Mental Health From A Gender Perspective. New Delhi .Sage | • Davar,B.V.(2003b). Feminism,Psychology and mental health. In U.Vindhya (ed.)psychology in india:intersecting crossroads (pp.15-34). New Delhi. | • Horwitz,V.A.,White,R.H. &White,H.S.(1996). Becoming Married and Mental Health: A Longitudinal Study of Cohart of Young Adults. Journals Of Marriage and Family, vo.58(nov1996).p.p.895-907. | • Khanna, Renu(1992): Taking charge: Women's Health As Empowerment: The Sarthi Experience. The Women's Health Programme. (1992).p.5-17. | • Kuruvilla,A,&Jacob,S.K.(2007), poverty,Social stress and Mental Health. Review Article. Indian journal of Med Res126,october2007,PP273-278. | • Kanker,S.D.(2011). Breaking Stereotypes In Womanhood. Kurukshetra. Vol.59. no.11. September 2011. | • Mohamed, E.,Ranjan.I.S., &Mohammed,S.M.P.,(2002). Gender and Mental Health InKerla. Institute of Social Studies trust. Ansar Institute Of Psychology. | • Mowbary,C.T.,&Holter,C.M,.(2002). Mental health And Mental Illness: Out of The Closet?. Social Science Review (march 2002). | • Mukhopadhyay,P.(1996).Working Status and Stress of middle class Women Of Calcutta.The Indian Journal of Social Work,57(2) ,327-336. | • Mukhopadhyay,S.,Dewanji,A.,&Majumdar,p.p(1993). Working Status And Anxiety levels of Urban a educated Women in Calcutta. International Journal of Social Psychiatry,39(3)200-207. | • Patrick,A.B.,Eric ,C.,& Thomas V,Perneger(2004). Perceived Stress Internal Resource,and Social Support as Determinants of Mental Health Among Young Adults. Quality Of Life research.vol 3,no.1(feb2001).p.p161-170. | • Planning commission. State Of Mental Health In Delhi 2008: Prevalence of Psychiatric Morbidity, Subjective well Being and patterns of help Seeking Behavior. | • Repetti,L.R.,Mathews,A.K.&Waldron,I. (1989). Employment and Women's Health. Effects Of Paid Employment on Women's Mental & Physical Health. American Psychologist. American Psychological Association,vol 44. No.11 .13904-1401. | • Rao,K.,Apte,M. &Subbakrishna,D.K.,(2003).Coping & Subjective Well Being in Women with Multiple Roles. International journal Of Social Psychiatry. Vol.49(3).175-184. | • Singh,M.& Singh, G.(2006). Assessment Of Mental Health Status Of Middle Aged Female School Teacherof Varanasi City. The International journal of Health. 2006.vol.5 | • U.S. Department of Health and Human Services, Women's Mental health. | • World Health Organization (2002). Gender Disparities in Mental Health.Geneva:WHO. | • World Health Organization (1993). Psychosocial and Mental Health Aspects of Women's Health. WHO,Geneva 1993. | • World Health Organization (1997). A Focus On Women. Nations for Mental Health. WHO ,Geneva. | • Women's mental health: An Evidence Based Review. WHO(2000) Geneva. |