

Violence Related To Gender And Mental Illness

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Abstract

Gender holds an imperative position concerning healthcare institutions and society's take on mental well-being. A variety of biological and societal variables influence a female's psychological health. Psychological distress and psychiatric problems affect women in different ways than they do men. Mental healthcare is a fundamental basic right for every individual. However, access to proper healthcare regarding mental illness is often minimal and restricted because of social and gender stereotypes. From childhood to puberty and menopause, women face various psychological demands. In recent years, women's primary duties have expanded to include working and caring for their families. These working women are much more susceptible to stress than male employees while juggling their personal and professional lives. Making changes at the social, political, economic, and legal levels can improve the lives of Indian women and their mental health. In India, violence and gender-related mental illness are serious problems that demand in-depth research and focused solutions. The paper aims to draw attention to the pervasiveness of violence against women, including sexual assault, dowry-related abuse, and its adverse effects on their mental health. It highlights how the mental, gender, and well-being of an individual are related and affect one another. It highlights women's obstacles when seeking assistance, such as stigma, cultural standards, and a lack of access to mental health treatments. It also highlights the actions being taken to remedy this problem, such as legislative changes, campaigns to empower women, and women's empowerment programs. It also focuses on the imperativeness of a comprehensive strategy that integrates legal, social, and healthcare initiatives to curb violence against the weaker sex, and women and support their mental and cognitive well-being.

Keywords: Cognitive, Psychological, Violence, Gender, Mental illness, Mental healthcare, Gender roles, National Institute of Mental Health and Neuro Sciences

Introduction

The state of women in our society has always been lower than men. Parity among gender has still not triumphed. Women are still perceived as wives, daughters, mothers, and sisters but not as individuals. Madness has always been associated with women as a trait in our society. Women are filled with unreason, irrational, and need to be controlled. All these cultural beliefs have undoubtedly shaped the stereotype of women. In a patriarchal society like India, we often see the term Chudail, Daayan, pagal, and Devi associated quickly with any woman in her lifetime, especially a lower-class woman.

Mental illness is instigated by both internal as well as external factors. Social stereotyping often creates a label projection against individuals and categorises them, which often becomes a roadblock in accessing proper help and improving one's condition. In India, the dialogue for women's mental health, especially postpartum depression, anxiety before pregnancy, and premenstrual and post-menstrual mental health checkups dialogues often lack and create a gap in women's medical studies. The use of physical, psychological, or emotional force to harm, injure, or inflict pain on persons or organisations is one aspect of the complex phenomenon known as violence. It includes a broad spectrum of aggressive attitudes, behaviours, and deeds that can appear in various settings, such as social interactions, communities, and societal settings. In this paper, we will understand the effect of violence on women's mental health. The social and cultural expectations, roles, behaviours, and identities of being male or female in a specific country or community are referred to as gender.

Beyond biological distinctions between the sexes, it is a societal construct. Gender is important to understand how mental health care and mental abuse vary among men and women. Physical traits alone do not exclusively determine gender; instead, social conventions, attitudes, and beliefs have an impact.

Objective: To comprehend the influence of violence on people's mental health and to pinpoint the underlying causes of this link, this research article aims to examine the intersectionality of gender, mental illness, and violence. The goal is to offer in-depth insights into people's experiences with violence, especially those of women, and their consequent impacts on their mental health. In order to better understand the complexities involved and offer suggestions for effective interventions, support systems, and policies to improve the mental health needs of those affected by violence, this research examines the connections between gender, mental illness, and violence.

Methodology of research

The methodology used here is descriptive, allowing for a comprehensive study and description of the event under investigation. The research uses qualitative data to develop a holistic perspective. This paper is a literature review of the previous works done on gender and mental illness about violence. By employing a descriptive research methodology, this study aims to comprehensively understand the intersection of gender, mental illness, and violence. The findings will contribute to developing targeted interventions, policy recommendations, and support services that address the specific needs of individuals affected by violence and mental illness. Ultimately, this research aims to enhance awareness, promote gender equality, and improve psychological ailments for those impacted by this complex interplay of social and biological factors.

The Mental Healthcare

India, being a patriarchal society, often shows a lag in providing proper health and mental facility for women. The issue of just going for a session with a counsellor seems a far-distant dream for a woman. According to the NIMHN survey of 2016-17, it stated that women undergo more stress and neurosis disorder, anxiety disorders, obsessive-compulsive disorder, etc than men. There is also psychological and emotional stress that a woman undergoes during pregnancy that often gets hidden with the glamour of having a child. People hardly speak about postpartum and perimenopause stress, and dealing with them scientifically is essential. However, such information often stays only in papers, and no practical action takes place to alter it.

Culture

Culture plays an integral feature in all society, it builds the structure, belief systems, aspirations, and desires. With every society, culture changes, it's not homogeneous. Culture heavily influences the expectations and treatment of women and men through gender roles. These roles can differ between societies and dictate specific responsibilities for each gender, such as women being responsible for taking care of the home and family and men being providers and protectors. Women are always seen as homemakers who take care of the house and everyone's emotional and health care in the family. This often creates a gap in thought processes that a woman herself is an individual and needs care and attention.

This can lead to unequal opportunities and reinforce stereotypes, so it is essential to challenge and promote gender equality to create fairer and more inclusive societies. Even language is controlled and stereotyped. Even the approach towards mental illness is shaped according to gender roles, and even the scientific language gets sidelined. In India, there are very few women who get proper medical help or even approach help; this is because of the fear of getting expelled from society. Most families do not even admit their daughters if they are mentally ill because they fear not getting eligible grooms in the future. Women undergoing mental illness in India are stigmatized as Pagal for the rest of their lives. There is also a huge role played by religious institutions and healers who project to cure

mentally ill patients as the belief of bhuts, daayans, and Nazar is very much embedded in the people's minds. This superstition withholds people from actually getting cured medically. Many studies have been conducted by researchers on the claims of spiritual healing and curing mental illness. In Veida Skultans's research of a Maharashtrian temple, the Mananubhav deity claimed to cure mental illness (Skultans, 1987). In this temple, there are trance activities done by women from the patient's family, mother, wife, and daughter, to cure the patient.

The women do the trance activity to provide their bodies as bait to the mystical attack of the patients. Through such beliefs, we encounter how women are always projected as prime caregivers and how through such cultural practices, she is taught how their life surrounds the well-being of the family. This belief of evil spirits, the mystical attack, is not limited to only the Hindu religion; we can also encounter similar beliefs in other religions but in a different form. Islamic followers stereotype that mental health issues are nothing but evil cast created by jinn, an evil spirit, and people visit holy places like dargahs and pirs to eradicate them. It is found that almost 70- 80 % of the rural population is inclined toward these traditional beliefs. Dargahs, like in Chalisgaon of Pir Musa Qadir Baba, a remote village outside Mumbai, are believed to cure people; every week, people flock to the mosque to visit the holy place. A lack of awareness of mental illness tends people to believe in evil spirits' possession over the body of individuals. Mental illness in India since the ancient age has always been associated with supernatural forces. People believe that the babas, gurus, Pir have the power to draw the evil spirit outside and retain the sanity of the individuals. In these traditional practices, the patient is often believed to encounter divine intervention to cure. The diagnosis done in this religious or holy place is through jhaad phoonk, tabeez, holy water, trance, holy thread, jhaap, etc.

The image of Devi is also seen as one of the prime labels put on a woman by the family to save the family's honour from disgrace. It's always perceived that females are possessed by female deities when the women undergo trance and psychological issues. In such cases, it's found that people start worshipping her and seek her blessings. However, all such images and beliefs put a heavy toll on the woman's condition, which often gets neglected as her body is believed to have a superpower. There are also some cases where the women who feel neglected, alien in the family, and suppressed may develop a psychological disorder, a dissociative disorder where they consider that they are Goddess, Devi, or Mata; by doing so, they gain gratification, control, and attention.

Nevertheless, such cases are considered possession and have no dissociative, schizophrenia, or bipolar disorder. Villages would worship these women, and consulting a doctor became a general idea. The presence of dargahs, bhoot melas, and mandirs in rural areas, where most women are found in a trance, also resembles the outburst of oppression, neglect, and violence they undergo. This also becomes a place where the women feel heard or seen as individuals. Through trance activities, it becomes an outlet for them in some way. Nevertheless, even in the hands of the Pir and Babas, these women suffer violence in the name of treatments like lathi, danda, chains, etc. This entire picture of the possession of Devi or Bhoot drives out the need for objective medical and counselling therapy and also empathy toward the women.

In society, there is a very biased outlook toward a man who is mentally sick and toward a woman who is mentally ill. The former is admitted back to society or accepted back by the family, unlike the women who are abandoned forever. In a patriarchal society like India, men are always more privileged than women. It has been stated that more men are reported to seek psychiatric help than women, but it does not indicate that women suffer fewer mental health issues than men. Women's ratio is less in seeking mental care because of the presence of superstitions and lack of education, fear of getting fewer chances of matrimonial alliances, and lack of financial support, which are significant factors in restraining women from getting therapy or counselling. In our society, we see how women are brought up with the idea that their identity is linked with their fathers during their youth and husbands in their married life and later children. This often hollows the identity of women and

reduces self-expression. A woman's mental health is affected or shaped by the conflicts and pressure of the roles she is expected to perform. Gender plays a huge role in creating a psychological impact, differentiating how women and men should behave and express themselves. Gender is one of the crucial attributes of psychological disorders. Being a woman and being mentally unwell is deemed a dual curse, and often the woman is blamed for the illness and is abandoned. Mentally ill women are disregarded and unwanted in society. No moral law can pressure the family or institutions (rehabilitation centres, asylums, etc.) to take care of the women and provide free medication and services to help them. It has been reported that most of the cause of mental illness is external forces, societal ones like domestic violence, sexual abuse, rape, molestation, taunts, social expectations, etc. In this report on Women and Mental health in India (Skultans, 1987), there has been provided how these violations have taken a profound toll on women's mental stability, resulting in schizophrenia, anxiety, suicides, stress, depression, substance abuse, anorexia, and insomnia. It is also found that how there are fewer resources provided to the women's ward than the men's; for example, the designating of beds is found more for males than women 73%:24%; this distinctively shows the generalisation of the mindset of the government as well as the mental hospitals of giving more priority to men than women.

Institutions

In Chesler's work, *Women and Madness* (Chesler, 1972), we understand the power dynamic between the doctor and the patient and how there are cases where the doctor has exploited the woman patient and sexually assaulted them. This sexual assault can be done by giving them a heavy dose of medicines and taking advantage of the patient or stating that it is the treatment for them; all this often gets unreported. In India, mental hospitals, especially the women's ward, lack professional study and research work. Many cases of ill-treatment and abuse have occurred in Indian mental hospitals too. In Kolkata, a woman was raped and murdered in a private hospital, and the staff covered this, but later, due to investigations, the reality was put forward. In Bhargavi Davar's (Davar, 2012) work, we see how helping staff who are expected to not harm is forced to deal with inmates in a fashion contrary to their instincts because of the control and command regime set up by the MHA.

Davar argues that the system becomes violent in effect, even if not in purpose, leaving both staff and patients disempowered and unable to connect in a shared space of empathy and compassion. There are no proper sanitation facilities, inhuman treatment, and no consent taken of the women before giving ECTs or even before giving psychotic drugs. In India, if a woman gets inside a mental hospital or asylum, it becomes difficult for her to get out. There are also very few alternatives for the women to live elsewhere after they are in the asylums as their families abandon them. The institutions are in deplorable conditions. There are almost 43 mental institutions and various modern laws for protecting the mentally ill, however, in reality, no such proper work is visible behind the walls of these institutions. In the report of Human Rights Watch, 2014, "Treated Worse than Animals", it was stated that in Governmental mental institutions, women patients are found in a higher numbers causing overcrowding effects; washroom availability is also much less than the number of patients residing there. There is no proper sanitation; women do open defecation because of the lack of toilets; there are also no funds given or maybe funds not reached to buy basic needs like shampoo, soap, clothes, food, fruits, books, Etc for the women. There are few beds compared to the many women patients living in the buildings. There is often an overcrowding of women patients because these women often do not have any other places to live after their treatment. There is a lack of rehabilitation centres for women or even shelter houses. Many women are forced to live in beggar homes. There are also many cases of death of women in these institutions because of a lack of proper care and basic requirements.

Misuse of the term Mental illness

There are also many cases of these mental asylums becoming detention centres for women and girls who rebel or are seen as a disgrace to their families or society. India, a conservative society, always gives significant criteria for an arranged marriage; when the family finds out that the girl already has a boyfriend and is not agreeing to the marriage, they often use these asylums as a correction centre. Many educated, mentally sound girls had been admitted to these institutions. In Kerala, a 27-year-old woman was admitted to the mental asylum without her consent because they opposed her relationship. In the asylum, the doctors did not do a proper checkup and gave her sedatives without her consent. She underwent mental and physical torture and was locked up inside and not allowed to move out. Such cases are prevalent in India, where women and mentally stable girls are labelled as mentally sick by their families and relatives to shun them out. Many husbands also use these ill usages of mental health to put their wives, so they will not get charged for any alimony after divorce. Even in cases of rape, assault, and dowry killing, many women are defamed as mentally ill so that the case becomes weak and the suspect becomes free from charges. Aggarwal, in his work, Law on bride burning, states how women who were burnt and killed alive by their inlaws are often the latter projecting the women as mentally unstable. This often lets them drop the case and blame the victim itself. The primary issue is the functioning of these mental asylums and the lack of monitoring of the number of human rights violations done behind these walls. Many women from roads are brought into mental institutions by the police without proper medical checkups. Doctors, nurses often treat these women as animals, and there is a lack of empathy. There is no human understanding of why and how to give proper care. Many cases have been reported where just by listening to the false complaint of the family, the husband and woman are taken forcefully to the institution. In the Human Rights Watch report, we considered how Vidya was admitted to the asylum under the false acquisition by her husband; in the asylum, she was given ECTs, without her consent. This misuse of the mentally ill label has also been used to defame women, call them witches, and grab onto their property in many societies in India. It has majorly created a loss of economic support from women.

Requirement of Change in Law

The hospitals do not do a thorough checkup of the women who are ill before admitting them and start forcing them to take medicines and ECTs. Bhargavi Davar states in a documentary that because of the lack of proper Laws for the protection of women with mental health, it becomes easy to sideline and ignore the multiple cases of abuse and violation of women where the doctor's authority is not questioned. **The Mental Healthcare Act of 2017** provides significant rights for the patient, like their consent on the type of treatment they want, so that the person be treated like an ordinary citizen with the right to say in their treatment. There is also the abolition of ECT or shock treatment; only in emergencies can it be induced along with anesthesia. The act also encourages more establishment of medical institutions so that it becomes easy for people to access them. The act also encourages universal access to treatment and medical institutions; it prohibits discrimination based on gender, sex, caste, class, race, etc. However, the act's passing did change the paper, but there is minimal implementation in the groundwork. Addressing gender discrimination is vital; all medical institutions must properly regulate the activity. Even in research studies, the notion of seeing through the various intersectional lenses is required from race, class, and gender. According to Bhargavi Davar, there is a vital necessity for researchers, health planners, social scientists, professional organisations, and administrations to look into the depleting status of women in medical care and society.

There should be more encouragement for women doctors and therapists who can diagnose and understand from a woman's perspective so that more women can easily approach hospitals and seek professional help. There is also a need to enhance the budget for mental healthcare, as it is very low that crunches down investment in tools, proper healthcare facilities, fewer doctors, staff, and poor conditions in mental institutions. According to the financial budget, only 0.05 % is catered for the total healthcare budget, which is very low. This less budget shows a lack of attention to the

government pays heed to. With the growing advancement and changes in society and the solid misconceptions and stereotypes, there is an essential need to highlight the importance of mental health and a proper balance for all. Firstly, to strike a balanced approach for all genders, there is an essential need to support and prioritise women's mental care. There is a need to shift from women the role of caregiver to a human being. Through all the above research works, articles, news clippings, and data, there is one essential thing: the study of women's mental health in India is done significantly less; no detailed study has been done regarding the position, age, region, or culture-specific. There are a few works like Davar and many psychologists, but no social science outlook or research has been done extensively. Through the work of Bhargavi V Davar, we see the various factors concerning women's mental health care, like culture, asylums, family, etc. It is very critical to understand how critical this issue is and how deeply gender discrimination is degrading human beings and affecting their psychological well-being. Gender discrimination often formulates norms restricting women from accessing social liberty or having any security or education, which often fractures any possibility of being independent and accessing equitable health care. Thus, it is essential to view this link to gender violence, which takes away the right and freedom of women and leads to deep psychological scars. In society, we also see how transgender, lesbians, gays, and queers to are violated by these strict gender norms that create not only physical violations but also mental and emotional ones. Suggestions and analysis In order to provide better access to mental health among women in India, there need to be better inputs taken by the government and society. One can be by launching awareness campaigns to inform the public about mental health issues, paying particular attention to women and their particular difficulties. Encourage open dialogue, combat the stigma associated with mental illness, and stress the significance of getting assistance without regard to one's status or treatment. Secondly, by hiring more Psychologists and mental healthcare specialists, specifically in rural regions, the availability of psychological and mental services will improve.

To reach marginalised areas, there needs to be more mobile clinics and community-run mental service centres to ensure comprehensive care and integrate mental health services into basic healthcare settings. Third, Develop culturally sensitive mental health interventions that consider the sociocultural context and address the specific needs and experiences of women in India. Incorporate traditional healing practices, community-based support systems, and involvement of family members in the treatment process. Watch and create cultural programs like movies, theatres, songs or plays, or art-based works to spread about mental health. Fourth, Implement trauma-informed practices in mental healthcare, considering the high trauma prevalence among Indian women. In order to give compassionate and suitable assistance to victims of violence, abuse, and other traumatic situations, mental health practitioners should receive training in trauma-informed treatment. Encourage cooperation between social workers, healthcare experts, mental health specialists, and community organisations to deliver integrated care. Create referral networks and alliances to guarantee women have access to complete support, including legal, medical, and social services. Fifth, advocate for facilitating the development and implementation of comprehensive mental health policies and legislation prioritising women's healthy mental well-being. We must ensure that mental health services are included in public health initiatives and adequately funded. Collaborate with nongovernmental organisations (NGOs) and civil society groups specialising in women's rights and mental health. Leverage their expertise, resources, and community networks to improve mental healthcare services and support for women.

Conclusion

Mental health services need to be gender-responsive, ensuring that they address women's specific needs and experiences. According to the Ncbmi report suggestion, it includes training psychologists, psychiatrists, and other mental health specialists on gender-sensitive approaches, integrating critical care to patients undergoing trauma incidents, and giving access to specialised care for rape survivors and other violent incident survivors. It is imperative to establish a comprehensive Mental care support

system that's easily accessible, affordable, and sensitive to the diverse needs of women across different socioeconomic and cultural backgrounds. In conclusion, addressing gender and mental illness in India requires a multidimensional approach encompassing social, cultural, and systemic changes. By recognising the unique challenges faced by women and developing targeted interventions, we can work towards creating a society that promotes gender equality, prioritizes mental health, and ensures that all individuals, regardless of their gender, have the opportunity to lead mentally healthy and fulfilling lives.

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Mahratta