

## **Double Stigmatization: Fighting with Mental Illness and Womanhood**

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### **Abstract**

Social, economic, cultural factors play a dominant role in identification and formation of disease in our society though disease is biomedical. Stigma creates fear and negative attitude towards stigmatized in the society. Women are constructed as the most marginalized group in the society. The rigid hold of repressive social structures impacts the lives of people in tradition-driven countries like India to a greater extent than they seemingly do in Western countries. Women in such societies are doubly stigmatized when they bear the tag of mental illness. In this paper I will analyze case studies of Assam to describe how traditional Indian patriarchal attitude towards mental illness has destroyed the lives of many Indian women.

**Keywords:** Mental illness, Womanhood, Stigma, Assam

Everyone has to go through acute problems, struggles, and miseries in their lives. Some people are lucky enough to be able to take the problems of life in their stride while some others cannot overcome the unbearable misery and they prefer to end their life rather than to continue or go through acute psychological stress. In fact, everyone in this world has gone through a period of severe depression during their lifetime. Mental illness is in reality as common as physical illness. In fact, in many cases it is not even possible to draw a clear line of demarcation between mental and physical illness. Instead, one talks of psychosomatic disorders which are very common in the world today. While hypothetically there should not be any misconceptions about mental diseases which makes one feel that mental illness is in any sense more problematic than physical disease, if one goes through the history of the world in relation to madness one finds that a lot of prejudice has accumulated in the minds of people regarding mental illness. If someone says that "I am physically ill", nobody will assume that he/she is suffering from serious diseases like AIDS, cancer or heart

disease. But if someone says that “I am mentally ill” most people will jump to the conclusion that he/she will need to be sent to a mental asylum. In fact, ending up in a mental asylum is one of the worst nightmares of the modern man. There are a lot of popular myths among the people about mental illness. It is a popular belief that the mentally ill are strange, supernatural and bizarre. They are thought to be incurable. People’s attitudes towards mental health patients have always been biased. Gender like mental illness also had to go through similar misrepresentation and negative attitude with mental illness. Gender inequality and discrimination has been prevalent all over the world from the prehistoric past. ‘In many parts of the world, discrimination against women begins before they were born and stays with them until they die’ (WHO, 1998). Female child get less care and emotional support all over the world. Poverty, discrimination and possible violence towards the female child have long lasting, deliberating and other adverse effects on the women’s physical as well mental health (Craft, 1997, a, b, c). In the fourth century B.C Hippocrates describes madness in women is related to their womb which is termed as ‘hysteron’ in Greek. The term hysteria has come from ‘hysteron’. According to him all mental illness of women has come from the womb or womb related functions. The idea that the women’s womb and reproductive role increased women’s mental weakness and vulnerability is continued till today. In the middle ages if women were labeled as mentally ill they were thought to be dangerous and burnt as witches. Witch burning of mentally ill is still practiced all over the world including India. Certain beliefs and rituals that are followed in India facilitate the exploitation of women in the name of Sati (custom of burning widow with fire of her husband), Dasi, Johar (giving themselves to fire in order to save from disgrace), female infanticide, female genital mutilation, selective abortion of female fetus, forced sterilization, rape, dowry, child marriage etc. Such types of victimization often affect women’s mental health. Thus women are mentally affected by the multiple roles of gender discrimination and other factors like poverty, hunger, sexual abuse, malnutrition, domestic violence, family structure etc. Most sociologists attribute that female roles are relatively restrictive and oppressive, and they tend to keep their frustration and anger to themselves.. Hence women are more likely victims of depression and anxiety.

At the risk of sounding an essentialist, let me begin by claiming that the idea of womanhood is universal and fundamental. Feminists have analyzed womanhood and women’s health as constructed categories with the confidence of stating that ideology and the male gaze of the power centralized in the patriarchal institutions are the chief agents of such constructions. Women’s illness is both an outcome and a response to the patriarchal structures. Feminist sociologists argue that the prevalent medical system affixes labels to women’s resistance to their social roles with certain ‘special’ diseases such as hysteria, anorexia nervosa, chlorosis, agoraphobia and this system has sought to define woman by her biology and her reproductive capacity (White, 2002). When defined as medical problems which can only be resolved with medical solutions, women lose control of fundamental aspects of their experience with fertility, sexuality, menopause, and aging (Oakley, 1984)

In India the scenario is slightly different from the west. Sudhir Kakar, psychoanalyst and writer, has written extensively on the social reality of the Indian

woman, her childhood experiences and her psychological struggles. He describes Indian social institutions, social systems and culture and its effect on the lives of individuals. Sudhir Kakar and Katharina Kakar in their book *The Indians*, 2007, discuss the modern Indian middle class man and woman and their daily battle with traditional Indian values. They discuss the effort of the member of the Indian middle class to be a 'good man' or 'good woman' and portray a realistic picture of modern Indian middle class woman from her birth and the different stages of her life including childhood, puberty, and marriage. The Kakars take into account the psychological conflict between traditional ethos and modern ideals. Sudhir Kakar says,

Caught in the cross-fire of ideologies that seek to defend the traditional vision of Indian womanhood and those that seek to free her from the inequities of religiously sanctioned patriarchies, the modern Indian woman is engaged in struggle between two opposing forces in her psyche as she seeks to reconcile traditional ideals with modern aspirations" (2007:42).

The socialization of an infant girl in middle class families includes the imposition of rigid patriarchal norms by caretakers and old relatives. Due to such childhood memories of many women, they internalize low self esteem. Women are bound to learn the household activities, such as cooking and childcare. Entering the stage of puberty, a woman learns the 'virtues' of womanhood, she learns submissiveness and obedience. The message from middle class family's parents to their girl child is mixed and paradoxical: they expect their child to be educated and independent but also obedient and selfless (2007:52). So the girls usually suffer from a conflict in their minds about what she actually wants. Girls usually have to take care of her body and have to maintain 'decorum', interacting rarely with boys though they study in co-ed schools because the honor (izzat) or the prestige of the middle class.

Kakar has described the bitter experience of the daughter-in-law in her relationship with the mother-in-law who demands and wishes that it is the turn of her daughter-in-law to silently play out the role of the traditional homemaker. Kakar also argues that parents of modern middle class families think that the filial bond is more important than the bond between husband and wife. They feel that by being too loyal to his image of the husband, he neglects the more 'important' roles of son, brother, nephew uncle, etc (Kakar&Kakar, 2007: 60) and the newly married women thus became the target of reproach as she is seen as an intruder into the closed circle of the family.

This paper is prepared on the basis of the analysis of a life narrative. For this purpose I undertook extensive fieldwork in the area of Sonitpur district of Assam. As stated, my study will be informed by a feminist and psychoanalytic (Sudhir Kakar) methodology. Riya is a 25 year old Assamese girl from a small town called Gohpur of Sonitpur District. She has three sisters and a brother. She is the fourth daughter of her parents. Her father was a high school teacher in a government school and her mother was a housewife. Her father was an alcoholic and very often there were fights between her parents for this reason. But when she was in her twelfth standard, her mother passed away in an accident. Her mother's death shocked her and she was down in the dumps. She was afraid of being alone. She used to roam about on the streets all by herself. Due to this 'abnormal' behavior she was treated by ojhas,

ayurvedic doctors and finally she was brought to the mental hospital in Tezpur. Psychiatrists diagnosed her as suffering from panic disorder. After the treatment of the psychiatrists including medication and counseling sessions (by clinical psychologists) her condition apparently improved. She then continued her study and got married to her lover who used to live just three kilometers away from her parental house. The groom's family consists of two brother-in-laws along with her husband and their parents. Her mother-in-law is a primary school teacher of a government school and father-in-law is a businessman. Her husband helps in his father's business and therefore depends on his parents' earnings. Her mother-in-law is very dominating and she always blames Riya for her lack of skill in household works. She usually does not allow Riya to mix up with her neighbors. She describes Riya as 'a fool' and 'a good for nothing' to visitors. According to neighbors Riya is very well-behaved and calm. She would offer them tea and snacks when they visit her. However, they admit that Riya is usually very silent and sad. One of Riya's brothers-in-law is suffering from an acute mental illness from childhood. He was treated in various mental hospitals but was never cured. He is quite violent in nature and uses to beat up people and shouts when he is not satisfied with anything. He is being well nourished by his family and no one dares to address him as 'mad'. Neighbors are afraid of saying anything in front of them because Riya's in-laws are economically powerful in the community. Riya was given the duty to look after her 'mad' brother-in-law when she was pregnant. She was quite frequently beaten up by her brother-in-law. Her mother-in-law constantly chastises and harasses her. Only her husband used to support her. She has given birth to a boy child. Her mother-in-law along with her husband (who was earlier sympathetic and understanding) neglected Riya after the birth of the child and did not allow her to take any responsibility of her son. They did not even allow her to breast-feed her child saying that she cannot take proper treatment of her child as she is mad. Her husband supported his mother and said nothing in her defense. Riya gradually became silent and lives in very sad and depressed mood in her room. She has given up eating and dressing properly. Her father-in-law's family drove her out of their home and did not allow her take along the child. Riya's father brought her to his home. When she came back to her father-in-law's house, she was not allowed to enter. Now she is back at her father's home. Psychiatric treatment was sought for her but the doctors said that there was no need of medication. She only needs family support. But her husband's family never accepted her and they later went to the hospital seeking a certificate of madness for Riya to facilitate an easy divorce. But the hospital authority denied issuing such a certificate without the consent of Riya.

Asha, 59 years old mentally ill women is now homeless is from the same town of Riya of Sonitpur District, Assam. Asha roams one house from another doing household works. She usually utters something which are not recognizable. She uses to wear dirty cloths and live jumbled hairs. People, mainly the children make her angry shouting on her as "Asha Pagali, 'pagali' means 'mad'. When I have tried to collect the narrative Asha from her she said that she had lost her husband at the age of twenty. She was living with her three children, her in laws, two brothers of her husband. She had nothing with her at that time as source of earning. Her husband was employer of tea garden. But with the death of her husband, her in laws and other

family members thrown out her from her home saying her as she is the main reason of her husband's death. She became homeless because there was nobody in her parent's home to look after her. Asha lost her ability to think anything loosing her husband, home, and children and became mad. Some persons of the area admitted her in mental hospital at Tezpur. When she was cure and came back, she can not get anywhere the shelter. Because label of mental illness become prominent and so she was never accepted by the society. Sometimes people use to throw stones on her. Most of the male persons of the society use to tease her and did rape many times. The whole life she has to live on pain and sufferance.

Riya is from a semi-urban middle class family, and she has grown up with a feeling of insecurity and loneliness. The child born to her parents after her happened to be a boy and she was the fourth girl child of her parents. Her mother might have possibly gone for the fifth child under societal pressure. The preference for a boy child is reflected in this case, and importantly we are here talking about an educated middle class family of Assam. During her process of socialization, Riya received mixed messages from her parents to be a 'good daughter' and a 'good wife', submissive and obedient wife along with the need to aspire to be educated and independent. Riya internalizes these patriarchal attitudes and lost her ability to fight against any discrimination. Riya was in trauma after her mother's death. She became very lonely and helpless after her mother's death for as Kakar says the bond between the girl child and the father is very limited in the Indian middle class family. Riya felt that her 'training' to be a 'perfect woman' was incomplete once she lost her mother. Moreover, as Kakar says, the child's emotional bond with the mother is very strong in traditional Indian culture (Kakar: 2011). Then she gradually lost her self-esteem and became more and more alienated from others. Riya settled into marriage with many hopes in her mind. But, marriage made her face the struggle between traditional ideals and modern aspiration (Kakar: 2007). Though her mother in law is an educated women, she played the stereotypical role of a cruel mother-in-law. Riya's past history of mental illness was taken as an issue by her mother-in-law to prove that she was a 'bad wife' and 'bad mother' who failed to take proper care of her child. Here, the archetype of the maternal-feminine causes separation between Riya and her husband which is very strong in Indian mythology and psyche (Kakar, 2011 :72). The discrimination between men and women in terms of mental illness is clearly seen in the case of Riya. Riya's brother-in-law received the co-operation of his family members, where Riya had to suffer so much negligence and cruelty from the same family. Riya's mental illness is also constructed and advertised in the society by the family members; on the other hand, her brother-in-law continued to enjoy full security and support. The neighbors' role is very pathetic due to the economic power of Riya's husband's family. Here we see that mental illness can be constructed and used as a club to highlight issues other than mental illness itself. Riya became mentally imbalanced when she was separated from her son. Motherhood is the ultimate recognition of womanhood in India and therefore Riya undergoes a traumatic experience on separation from her son. 'The dominant psychological realities of her life can be considered into three stages: first, she is a daughter of her parents. Second, she is a wife to her husband (and daughter –in –law to his parents). Third, she is a

mother to his sons (and daughters)” (Kakar, 2011: 278). But Riya feels unsuccessful in all the traditional roles that society offers to. This leads to a feeling of guilt and depression. Due to Riya’s socialization, she cannot take any proper decision regarding her own life. Riya is doubly stigmatized in the husband’s family and society for her womanhood and also for her mental health problems.

Asha like Riya was also from semi urban middle class family. She was first of all deprived due to her womanhood as she was thought to be the cause of her husband’s death and thus thrown out from family. Stigma is a social construct and it seriously impacts patients and families alike. Stigmatized persons are regarded as people who have lost social value and are “spoiled” forever. Stigma is a serious problem and a barrier for achieving life-goals for those with mental illness. As Asha became mentally ill, she was suffered from stigma attached to mental illness in the society. For stigmatization she had to suffer from prejudice and discrimination and she never able receive good status in the society. Rather her sexuality is often threatened and her life became a hell.

The cases like Riya and Asha can reflect the doomed picture of so called civilized society of Assam. How much wrong notion on mental illness and negative attitude towards women can be eradicated with the scientific advancement and ‘modernity’ is in uncertainty in Indian context especially in Assam.

**Note:** The names are used differently to maintain confidentiality in this paper. But the names of the places are same with original one.

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