

# CHAPTER- 6

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## Conclusion

### **6. 1 Linking the Tripartite – Socio-cultural Factors, Women and Mental Health**

The purported intent of the present study has been to explore mental health, particularly that of women, from the sociological perspective. The point propounded herein is that while the biological and psychological factors impact upon mental health, the aetiological role of socio-cultural factors ought not to be slighted, as the same has the propensity to substantially threaten mental health. Socio-cultural factors are particularly pertinent to the study of women's mental health. The configuration of socio-cultural factors characterizing the lives of women put them at distinct disadvantage in comparison to their male counterparts; the disadvantageous circumstances in which women find themselves hedged in, it is argued here, has a negative bearing upon their mental health. The sociological perspective on mental health of women, therefore, takes into account the subjective experiences of women and how the same shapes their mental health. The social aetiology of mental disorders particularly in the context of women has been a long ignored discourse while the disquisition on the biological genesis of mental disorders has held sway, therefore the subjective experience of women and the dynamics of their social circumstances had largely been pushed to oblivion (Busfield, 2000). The sociological perspective on mental health, however, invites attention to stressful circumstances in which women in patriarchal societies find themselves and the mental distress they suffer owing to the same. Taking lead from Bhargavi Davar's (1999) argument, the present study has worked around the conviction that distress experienced by women on account of deleterious socio-cultural factors causes common mental disorders or neuroses among them. Common mental disorders such as depression, hysteria, somatization, compulsive disorder and dissociative behaviour commonly feature more among women and, as the conviction goes, may be traced to their life circumstances rather than to neurobiological anomalies. Therefore, the thrust here is on the argument that mental health of women be addressed from the distress perspective that takes on board the travails

characterizing a woman's life experience rather than from the illness perspective that is actually imperceptive of women's subjective experiences (Davar, 1999).

The intended design of the present study has been to integrate the sociological perspective and the gender perspective in broaching the discourse of mental health. Men and women find themselves nested in different structural and material conditions and at different poles of the power spectrum. Lives of women in patriarchal societies is commonly characterized by features such as subordination, exclusion from social circuits of power, economic deprivation and other debilitating factors that contribute to their unique experience and shape their psyche. Gender, thus is a critical determinant of mental health and ought to be factored in any earnest attempt at studying the same. Early deliberations on mental health had shoved the gender perspective to obscurity owing to which the impact of socio-cultural factors on women's mental health was not given due attention. Malady, in a manner of articulation, among women was thought to be triggered by their unique biological disposition (Showalter, 1987). Reproductive system of women was considered to be at the root of their mental disorders, the impact of socio-cultural factors on mental health thus failed to register a point with those engaged with the subject, whether physician or academician. However, the sociological perspective calls attention to the impact of social stressors such as poverty, adverse life events, marriage, resource deprivation and absence of social support on mental health of women. The present study employs the sociological perspective to study how the disadvantaged social position of women exposes them to vulnerabilities of life and how the same impacts upon women's mental health. The present study approaches the domain of women's mental health from the perspective of stress theory (Selye, 1950), and dwells upon the chronic stressors that feature in the lives of women. While men and women both encounter stressors in life, it is argued that women are more vulnerable to stressors owing to their lack of defenses in the teeth of adversities that mark a woman's life in traditional societies (Busfield, 1996). Ideological construction of woman and womanhood prevalent in patriarchal societies, assumptions about women's physical and moral frailty and misconstrued perception of their value as socially transactable

commodities make the lives of women in traditional societies particularly onerous. The burden of stressors that weigh upon women has been studied here in the context of their mental health. Select stressors such as religion, marriage, poverty, violence etc. have been explored in the present study in order to gauge their imprint on women's mental health. Further, stigma attached to women who suffer from mental disorders has also been studied in order to explore the thwarted opportunities of life that such women are faced with owing to their socially discredited status. A section of the present study also dwells upon the metaphoric expression of cumulative distress experienced by women. Possession and trancing have been studied here as symbolic expressions of distress experienced by women on account of their subjugation and repression of their urges and aspirations. The expanse of the study has selectively focused upon common mental disorders which are considered to be fall-outs of social stressors experienced by women in the course of their everyday lives. While illnesses of the order of schizophrenia, manic depression and bipolar have been linked to organic causes, common mental disorders have been associated with social factors that impinge upon women's lives and contribute to their unique experience (Davar, 1999). The sustained intent of the research work has been to provide a veritable connect between the disparate elements, viz. women, socio-cultural context in which their lives are played out and the impact of socio-cultural factors on women's mental health.

The envisioned objectives of the study attempted to cover different aspects of the subject, that is, women and mental health in order that a holistic understanding of the same may be achieved. The objectives enshrined at the outset have been addressed in the course of the thesis as summarized hereunder:

## **6.2 Social Aetiology of Mental Disorder**

The introductory chapter grounds the rationale for sociological perspective on mental health. Biological and psychological perspectives have also been studied in the chapter to gauge the argument posited by each in tracing the genesis of and offering curative measures for mental disorders. Sociological perspective on mental health is

posited as an antithesis to the reductive claim that mental disorder is inevitably linked to biological or psychological anomalies. The pith and marrow of the sociological perspective is that the external environment, that is the socio-cultural context in which an individual is located, is replete with elements that have a direct bearing on mental health. In other words, causal factors related to mental disorders may well be located outside of the self and in the external environment which is laden with possibilities of affecting mental health. The chapter bares forth the fact that social factors exercise a decisive influence on mental health; the same not only plays a role in straining mental health but also influences the conceptualization of what a society considers as mental disorder, shapes social attitude towards those suffering from mental disorders and also impacts the treatment mode of the same. The merit of this approach lies in the attention it accords to factors such as negative life events, sustained exposure to social stressors, demanding social roles, lack of social support and cultural values as potential threats to mental health. This aspect is largely ignored by the biological and the psychological perspectives on mental health which therefore heightens the relevance of the sociological perspective as the same uncovers a host of causal factors located in one's social milieu that pose as deterrents to mental health. The structural organization of society that awards differential status to different social groups, social values that either coalesce or disintegrate individual members or groups of a society, cultural values and ideals that shape the inner and outer worlds of individuals of a society all lend their influence on mental health (Busfield,2000; Davar,1999;Horwitz,2010).

The relevance of the sociological perspective is further accentuated by questions this chapter raises on the overstated claim made especially by the biological perspective that all forms of mental disorders, akin to physical disorders, trace their origin to anomalies of the brain, the neural substructure or to the genetic configuration. The lacuna inherent in the biological perspective is that it fails to account for mental disorders that clearly are not traceable to organic causes. Moreover, the diagnosis and treatment protocol pertinent in case of physical ailments fits loosely when applied to mental disorders. The sociological perspective is particularly relevant in studying

mental health of women, who being a socially disadvantaged group face several adversities in course of their lives. These adversities are reflected on women's mental health. Common mental disorders among women are more often than not caused by the social circumstances in which they find themselves trapped. Though insistent on the sociological perspective on mental health, this chapter acknowledges the fact that singular focus on the same may result in a reductionist approach that it actually strives to denounce. The best possible approach is one that conjuncts the biological, the psychological and the sociological perspectives for a wholesome understanding of the issue at hand.

### **6.3 Stressors and Distress—Explaining Common Mental Disorders among Women**

The third chapter expatiates how protracted exposure to stressful circumstance contributes to poor mental health. The connect between stressors and distress is more pertinent to the discourse on women's mental health, as women are relatively more vulnerable to social stressors owing to their disadvantaged position in society. Gender is a critical determinant of mental health, the gender prejudices prevailing in societies shape women's lives, experience and self-salience in a manner that makes life relatively more stressful for them and exposes them to greater mental distress. Though men and women experience their share of stress in the course of everyday life, it is the women who stand to be more distressed as they have less control over the social determinants of mental health (Addlakha, 2008; Busfield, 1996; Davar, 1999). The thrust of the argument in this chapter is on the multitude of stressors women are exposed to owing to their deprived status in society and the negative impact of the same on mental health. The argument posed here draws from Selye's stress theory (1950) which reflects on the health risks associated with prolonged exposure to stressful circumstances. The central idea projected herein is that women's exposure to social stressors endangers their mental health. Common mental disorders that plague the women have been associated with the stress that abounds in their lives. The sociality of mental distress experienced by women occupies center stage here; the focus is on socio-cultural factors that assume

the role of stressors in the lives of women and causes them much consternation. Several studies have yielded the fact that mental disorders are common occurrences among the socially disadvantaged owing to their difficult life circumstances. Going by the merit of this argument, it is proffered here that women who are socially disadvantaged are more prone to mental disorders.

This chapter studies prominent stressors pertinent to the lives of women *viz.* marriage, religion, and economic deprivation. Many a scholar has mulled on the portentous implication of marriage for women (Gove and Tudor, 1973). This chapter aligns itself with the trajectory of thought that marriage and marital roles are particularly demanding on women and therefore may cast a negative influence on their mental health. The regimented life style that married women are subjected to - as more often than not their lives are controlled by their husbands and in-laws, the burden of care that is thrust upon them and the roles they are expected to perform have been identified as factors that may be distressful for women. It is upheld in this chapter that the roles that married women perform may be demeaning, unfulfilling, ambiguous and at loggerheads with their personal aspirations, thus posing as causes of much of the mental affliction that the same suffer from. This accounts for higher incidence of mental disorders among married women. Particularly in conservative societies like that of India, the life of a married woman is ridden with further complexities. Domination by in-laws, pressure to produce male progeny, dowry and other such malefic factors that characterize the lives of women in societies such as that of India have been revealed by several studies as distressful for women. This chapter also mulls on violence against women in their marital homes as a critical factor that undermines mental health of women, as has been revealed by several studies. A section of the chapter analyses the response of women collected from the field to substantiate the claim that women in their marital homes experience disadvantages such as restricted authority, autonomy and agency and enhanced burden of work which sum up the distress that many married women suffer and thus, account for the prevalence of common mental disorders among the married women.

Religion which reflects a misogynist attitude is yet another stressor in the lives of women. Religion is one of the most compelling institutions of social control that regiment the lives of male and female members in a given society. Historically religion has been monopolized by the men and women have been expelled to the outer pale of things. Religious doctrines, ideals and practices clearly tilt in favour of the men and assume a derogatory attitude towards the women (Klingorova and Havlicek, 2015; Koenig, 2012). This chapter explores religion as a stressor that exercises negative influence on women's mental health. Religion accords inferior status to women by casting aspersions on their intellectuality, moral frailty, purity etc. Religious rituals in which women play nominal role, religious ideology that advocates in favour of male domination over female, religious sanctions on women's autonomy, agency and engagement in private and public spheres of life hint at the prejudice against women indoctrinated in religions and their supposedly hallowed philosophy. Data gathered from the field consolidate the argument that religion accords an inferior status to women based on their presupposition on women's moral and spiritual tenor. The restricted participation of women in religious rituals is explored an indicator of the inferior status accorded to women by religion. In most societies religion plays a steering role in shaping the thoughts, behavior and personality of people; the present chapter therefore argues that the inferior status to which women are relegated by religion affects their self-esteem and self-salience. Negative self-esteem as has been projected here is an indicator of poor mental health (Mann, 2004). The gist of the argument is that religion, by portraying women as morally, spiritually and intellectually inferior to men, negatively impacts their self-esteem and therefore is projected here as a factor that bears the potential to cause much distress to women and augurs ill for their mental health.

Economic disadvantage is a major stressor that has been associated with poor mental health, both among men as well as women. It is fact well known that the burden of poverty is disproportionately borne by women; hence women, who suffer from relative socio-economic disadvantage in comparison to their male counterparts are at



greater risk of developing mental disorders. Common mental disorders such as anxiety and depression among women, as several studies have revealed, is precipitated by women's economic deprivation and the vulnerabilities that they are therefore exposed to. This chapter reflects on the fact that poverty exposes women to several hazards including threat to mental health. Economic disadvantage that women suffer from infringes upon the quality of life they live, the resources they are able to deploy to explore the available opportunities, the status they command in society and the manner in which they negotiate the ebb and flow of life (Murali and Oyebode, 2004). Furthermore, the present chapter processes the response generated from the field to show how economic disadvantage adversely impacts emotional wellbeing of women by triggering a range of negative emotions such anxiety, lack of a sense of security, feeling of being burdened by the difficulties of life, frustration at thwarted aspirations and ambitions which are tell-tale indicators of poor mental health. Studies have revealed that economic deprivation is particularly calamitous for vulnerable women such as the never married, widows, single mothers and the like, in which case poverty escalates the adversities of life which already saddle such women (Perry, 1996). This chapter makes a valid point with regard to the threats to health inherent in poverty, as it is the poor that are exposed to greater threats and vulnerabilities of life which consequently have an enervating impact on their health, both mental and physical. Exposure to violence of all kinds including domestic violence is a threat that abounds in the lives of women, particularly the economically disadvantaged women and is a cause of their mental distress. Further, the chapter points out that the economically deprived women are represented more in the workforce. Data collected from the field corroborates the fact that such women experience compounding distress as they are exposed to a range of difficulties both at home and at workplace *viz.* managing hardships in the domestic front as well as the drudgery of workplace, added to which is the tension of striking a balance between work and domestic responsibilities.

While exploring the social factors that act as stressors in the lives of women, labeling is explored as a social process that induces distress and potentiates the

incidence of mental disorders among them. The present chapter looks into how deviance from or non-confirmation with socially stipulated gender roles evokes labeling of the individual as mentally disordered. This chapter refers to the argument largely framed by Scheff (1966) who posited the blatant idea that all forms of mental disorders result from labeling and that mental disorder is nothing but a social role triggered by social reaction to perceived non-compliance with stipulated norms and ideals of a society. The study, however, does not accept the argument in totality as the same stands in negation of the objective reality of mental disorders. Nevertheless, labeling theory is used as a referral to argue that labeling individuals as mentally disordered may in course of time evoke negative behaviour in them, such as withdrawal from social interaction, which may be considered as symptomatic of poor mental health. To substantiate this argument, the chapter draws from the feminist perspective on labeling which seeks to account for over-representation of women in mental health statistics in terms of their non-conformation with socially contrived gender roles as mothers and wives (Chesler, 1972). It is forwarded here that any perceived deviation from standardized feminine roles may put a woman at risk of being labeled mentally disordered. The process of labeling, as the chapter delineates, may bring about negative behavioral symptoms which therefore may stabilize one's career as mentally disordered. The focus here is on the negative impact of the process of labeling which, as is argued here, can play the role of a stressor in inducing behavioural symptoms of mental disorder (Link and Phelan, 1989). The supposal put forward here is affirmed on the basis of a case analysed and interpreted in light of the above.

#### **6.4 Social Repercussion of Mental Disorder**

Having studied how social stressors impact upon mental health, the present study has also attempts to mull the social response towards those suffering from mental disorders. The latter half of chapter three studies stigma attached to those suffering from mental illness (in the present context, the women) and how the same negatively impacts the concerned individual's life opportunities. Drawing reference from Goffman (1963)

stigma may be understood as a social process that places one assumed to have deviated from standard norms in a disqualifying, discrediting situation, which consequently impacts the overall quality of the stigmatized's life. Mental disorders have commonly invoked scathing response from society, the consequence being that those suffering from such disabilities have to bear the burden of stigma in personal, social and professional aspects of their lives. This chapter studies how the process of stigma works through-

- ✓ formulation of **stereotypes** on the basis of accepted social norms,
- ✓ **prejudice** against those who fail to conform to the existing social norms, and finally
- ✓ through **discrimination** against those considered as deviants, thus impeding their life prospects.

The chapter also studies the outcome of stigmatization which includes loss of social status, discrimination and damaging coping strategies such as withdrawal from social interaction, all of which prove to be counterproductive for the stigmatized and her/his prospects in life. Fear is the dominant emotion that characterizes social reaction towards those with mental disorders, which accounts for social isolation of the same. Imagery of violence and unpredictability associated with mental disorder further compounds the stigma attached to it and pushes those suffering from such disorders to the fringes of social existence. Afflicted with mental disorder, individual's prospects of marriage, employment, active social participation and overall status in society are threatened. Data collected on these aspects has affirmed the same, particularly in the context of the women. While both men as well as women stand the risk of being stigmatized, this chapter argues that it is the women who are more vulnerable to stigmatization. Society and its norms are more binding on the women; therefore, perceived deviance among women is less tolerated. Social reaction is far more severe against women who drift astray from the defined feminine role. An important point that this chapter reflects on is that the prospects of women with mental disorders is

imperiled to a greater extent than that of men. While men suffering from mental disorders may still get married and find a caregiver in their wives, a woman with the same predicament will almost never get married. Married women with symptoms of mental disorder, as several studies have revealed, are generally abandoned by their husbands and members of their marital family. The point is that social acceptance of the mentally disordered is lopsided, with women placed at relative disadvantage in comparison with their male counterparts. Self-stigma is yet another dimension explored in this chapter, where it is discussed how women's tendency to hold themselves responsible for the wrongs in life impels them to internalize the society's response towards them and give in to the process of self-stigmatization. In a self-stigmatized state, women may alienate themselves from social interactions thereby compounding the dysfunctional attributes of their lives.

### **6.5 Violence and its Mental Health Sequelae**

Bhargavi Davar (1999) pronounces violence as one of the significant stressors that poses threat to women's mental health. Chapter four studies the impact of violence, whether physical, sexual or psychological on women and their mental health. Violence against women which has assumed pandemic proportions is studied here as a potential stressor impacting women's mental health. It is argued here that violence against women is a reflection of gender inequality ingrained in patriarchal societies across the globe. Violence, therefore, becomes an instrument of control wielded by the male against the women. In traditional patriarchal societies (like that of India) assumptions of male superiority permeates every aspect of social life, therefore the incidence of violence against women is more in such conservative cultural spaces. Exposure to violence, it is posited here, as often as not culminates in post-traumatic stress disorder and common mental disorders like depression, anxiety disorders etc. The present chapter studies two aspects of violence which commonly feature in the lives of women, i.e. domestic or intimate partner violence and sexual violence and the impact of the same on women's mental health. Domestic violence is a ubiquitous phenomenon,

however, more pronounced in societies where patriarchal values hold sway. The present chapter studies domestic violence in the Indian context and the impact of the same on women's mental health. Studies have revealed that women who have been subjected to domestic violence in their lives have manifested mental health symptoms such as depression, alcohol or substance abuse, anxiety, personality disorders, post-traumatic stress disorder, sleeping and eating disorders, social dysfunction, and suicide ideation. Several cases (collected from the field of study) have been explored in this chapter to establish the fact that women who have been victims of domestic violence have in time manifested symptoms of mental disorder. This chapter clarifies that it would be erroneous to assume that domestic violence is essentially physical in nature (Pico-Alfonso, 2006). Psychological violence, whether meted out alone or concomitant with physical violence, is also explored here to gauge impact of the same on women's mental health. The damaging effect of psychological violence on women's mental health is illustrated through a case study in this chapter. The mainstay of the argument articulated in this section is that exposure to domestic violence discomposes the mental serenity of women.

A section of the present chapter studies sexual violence inflicted on women and the toll the same takes on their mental health. The argument forwarded here is that sexual violence against women is an offshoot of patriarchal, misogynist culture that seeks to control, subjugate and trivialize women through the exertion of brute force. Mental health issues such as depression, post-traumatic stress disorder (PTSD), anxiety disorders, suicidal tendency, sleep and somatoform disorders are common among survivors of sexual violence, as several studies have revealed (Jordan, 2010). The nature and severity of violence a woman has been subjected to would determine the mental status of the victim, nevertheless, the fact remains that sexual violence does impact mental health in a negative manner. In this chapter cases of women who have been subjected to sexual violence have been studied and the findings corroborate the claim that sexual violence impairs mental health. In all the cases studied, the women who have been survivors of trafficking and rape have been observed to have manifested telltale

symptoms of mental disorders which has, to a considerable extent, debilitated their lives.

### **6.6 Possession and Trancing–Symbolic Expression of Mental Distress**

Chapter five of the thesis studies how mental distress experienced by women owing to their unpropitious social circumstances expresses itself through dissociative behaviours such as possession and trancing. Possession and trancing are commonly practiced by women; which amply bears out the fact the same are metaphorical expressions exploited by the subaltern, in this case women, to ventilate their pent up distress (Davar, 1999). Dissociative behavior, such as possession and trancing are projected as culturally sanctioned behaviours that communicate distress, and not as psychopathologies that warrant treatment. The crux of the chapter is that dissociative behaviours such as possession and trancing are idioms of distress commonly exploited by women to relieve their burden of past traumatic memories as well as present stressors such as feeling of disempowerment, social marginalization, haplessness and apprehensions of the future. The argument conveyed here is that inert suffering, frustration and discontentment of the women may find an unabashed expression through these phenomena, which otherwise would meet with social denouncement (Nichter 2010). This argument is particularly relevant in the context of women who, as the thesis argues, are exposed to myriad stressors owing to their social position; yet fail to articulate an uninhibited expression of distress owing to the socio-cultural norms that modulate their thoughts, behavior and conduct. An important aspect that this chapter uncovers is that owing to women's restricted negotiability in actual scheme of things they opt for metaphorical means of articulating their distress and actualizing their latent desires (Davar, 1999). Further, the chapter forwards the view that women in states of possession and trancing recourse to cultural repository of ideas, images and beliefs to transform the symptoms of distress to symbols of empowerment (Obeyesekere, 1981 cited in Budden, 2003). This chapter studies cases of women who have been possessed at some point in their respective lives as also of women who practice trance rituals. Each of the cases have

revealed how inert distress, that stemmed out of unfavourable social situations in which the women were enmeshed, and repressed emotions of the women were articulated in their possession and trance states. In each of the case, as observed by the researcher, social relation and social status of the women was negotiated. Possession and trancing states were tools of negotiation wielded in a manner so as to affect better social status and redefine social relations in favour of the concerned women. It has been reflected in this chapter that the dissociative behaviours studied here are adaptive responses of women to circumstances that are unfavourably disposed towards them and cause them much distress. To present the matter of the chapter in terse terms, socio-cultural dynamics put women in a disadvantageous position and cause much distress to the same; this mental distress of women expresses itself in symbolic terms as women, regulated by social forces, cannot express distress openly without incurring wrath of the society. Therefore, dissociative behaviours like possession and trancing are more often than not cultural expression of distress rather than psychopathologies.

### **6.7 Afterword**

The study has brought into relief the salience of sociological perspective on mental health, particularly women's mental health. Thus standing in clear contradistinction to the claims appropriated by the biological and psychological perspectives on mental health, the sociological perspective turns the spotlight on the stressors inherent in social structure which bear the potential to adversely affect mental health. Oft slighted, the sociological perspective is nevertheless indispensable in comprehending the complex domain of mental health and ought to be factored in alongside the biological and psychological perspectives. The thrust of the argument, postulated by the study, is in favour of a sociological approach to women's mental health which brings about an exposition of the social stressors and their indelible impression on mental health. The mainstay of the thesis is that mental health of women be considered from the distress perspective, as social circumstances of women generate several stressors that impact women's mental health in a pernicious manner. Pursuing this argument, social factors such as marriage, religion, economic deprivation and exposure to violence as well as the

social process of labeling have been studied as stressors impacting women's health. The repercussion of stigma attached to women suffering from mental disorder has also been dealt with. Certain forms of dissociative behavior, viz. possession and trancing have been studied as covert symbolic expression of the distress that women experience. The study explores a spectrum of ideas in order to surmise the cause, consequence and communication of mental distress in one frame; with the consequence that a checkered fabric has been woven where strands of thoughts, ideas and observations have been collated to produce a comprehensive work on women's mental health. While this approach has its merit in as much as it meaningfully integrates myriad aspects of women's mental health, yet the same is not without its limitations.

Stressors such as marriage, religion and economic deprivation have been studied within one chapter; however, each aspect could have been dealt with in a more detailed manner highlighting the nuances of individual stressors in relation to women's mental health. Therefore, each stressor identified in the study may be explored in its own right by future studies on the subject to document the impact of the select stressors on women's mental health in all their hues and shades. Further, stigma attached to the women with mental disorders and the manner in which it impairs their life prospects has also been studied. However stigma is a vast subject in itself, which if explored in the context of women's mental health in all its profundity and enormity could yield a lot more facts than what has been possible within the limited scope of the study. Therefore, stigma attached to women with mental disorder may also be studied exclusively to uncover the complexities of the subject.

Nevertheless, the present work is an earnest attempt at providing a composite picture on the subject of study, i.e. *Impact of Socio-Cultural Factors on Mental Health of Women* by integrating myriad factors related to the subject within the single frame of the study. The study foregrounds the rationale for a sociological perspective on mental health, bares forth the social factors and phenomena that pose as stressors in the lives of women and imperil their mental health, dwells on the social backlash faced by the women with mental disorders and also studies the metaphoric expression of the pent up



distress in the women, owing to the negative experiences that shroud their social existence. Thus, multitudinous strands of thoughts have been interlaced into a meaning whole. Furthermore, the data collected and the cases studied reflect the ground reality as it prevails in the local context of Assam. Thus, the socio-cultural reality of the local context is explored with regard to women's mental health. This aspect lends the study its unique feature. The strength of the study lies in the assimilation of varied aspects of the subject of study to produce a logical and meaningful narrative and in contextualizing the same in the unique context of Assam. It is hoped that the research work would present itself as a holistic overview on the chosen subject that would amply reflect the exclusive chroma of the local context.

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