

Mental health, as a subject of discourse, has in the past few decades evoked both academic as well as non-academic interest. World Health Organization has brought up the fact that mental disorders contribute substantially to global burden of disease and account for 30.8% of global disability. Moreover, as indicated by several studies on the subject, socio-economic repercussion of poor mental health is humongous; while the direct cost of mental health entails the expenditure incurred on account of treatment, the indirect cost which stems from loss of productivity of those debilitated by mental disorder augments the overall cost. In the wake of the realization that poor mental health extenuates the potential of human resource, which is the cornerstone of a society's progress, earnest deliberations on the subject have been initiated. It may be expedient to clarify the concept of mental health at the outset in order to put in perspective the central idea of the study. The singular focus of the study is on mental health of women; mental health is a term that is denotative of a state of well-being in which an individual realizes one's optimal potential, effectively negotiates the trials and travails of everyday life, functions as a productive member of society and exudes a sense of self-worth. Mental health, therefore, ought not to be understood merely as an absence of illness rather as a holistic state that is distinguished by its archetypal characteristics. While mental illness indicates at a mentally dysfunctional state, mental health is suggestive of an overall state of well-being. The primal objective of the present study is to probe into the impact of socio-cultural factors on mental health of women. In order to realize the stated objective, the study explores varied facets of women's mental health from the sociological perspective. The over-arching design of the study has been conceived in a manner so as to facilitate a holistic inquiry into the impact of socio-cultural factors on women's mental health; at one level, the study critically inspects a spectrum of socio-cultural factors considered pernicious to women's mental health. At the other, the study delves into the social attitude towards those (in the present context women) suffering from mental disorders and at yet another level the study analyses the behavioural manifestations of mental distress that women develop owing to socio-cultural factors that are ill disposed towards them. It is anticipated that an exploration of these myriad aspects would provide a comprehensive account of the subject of study.

Chapter one of the thesis discusses the sociological perspective on mental health which foregrounds the idea that the same can be potentially threatened by social factors. This model steers away from the assumptions of the biological and psychological perspective which locate the cause of mental disorders in the physiology of the brain and neural substrate and in human psyche respectively; conversely, the sociological perspective draws attention to the influence of external environmental factors on mental health. While the biological and the psychological approaches tend towards pathologisation of an individual, the sociological approach to mental health reflects on the vagaries of one's social circumstances and how the same may weigh upon one's mental health. The sociological approach to mental health lends itself to the understanding that social structures, institutions, processes and phenomena play a decisive role in shaping mental health. Furthermore, the definition and categorization of mental disorders, the aetiology of mental disorders as well as mental health practice are all conditioned by social dynamics. Perspectives from the sociological postulation on the subject are most pertinent in studying mental health of women whose inimical social circumstances, as pointed out by several scholars, become the source of much of their consternation and consequently impact their mental health. The sociological perspective on mental health points up the fact that social characteristics such as gender, ethnicity, age, education and the like are crucial determinants of mental health. In the context of the present study, attention is directed at gender with the intent to tarry over the mental health sequela of gender inequality.

Chapter two summarizes the canon of literature on women's mental that has provided that study with an enriched frame of reference.

Chapter three of the present study provides an overview of the social aetiology of women's mental health. Gender is one of the most compelling forces of social division and inequality. The fundamental idea enshrined in the present work is that gender differentials in role, status, autonomy, agency, resource allocation and accessibility to opportunities of life, which tilt in favour of the men over the women, endanger the

latter's mental health. Women's health activists have grounded the idea that much of women's health concerns, including mental disorder, can be traced to their social circumstances. The process of socialization which emboldens men with authority, autonomy and agency and enervates women by investing them with passivity and compliance, gendered division of the economic space in which the men gain precedence over women in the productive sphere along with other forms of discriminatory social practices that disempower and marginalize women account for their unique social experience and shape their mental health. At this juncture it needs to be expounded that while studying mental health of women, the study focuses its attention on common mental disorders like anxiety, depression, somatoform disorders and the like which are more often than not triggered by social factors, rather than on severe mental disorders like bipolar syndrome, manic depression, schizophrenia which commonly have an organic basis. It is argued here that the process of socialization conditions emotional expression of men and women, therefore, higher incidence of common mental disorders among women reflects that the same are attuned to internalizing their emotions while the men to externalizing theirs. The consequence being that women are more susceptible to common mental disorders such as depression, anxiety and phobia while men more commonly engage in substance abuse and anti-social behaviour. In order to delve into the social aetiology of women's mental health, the frame work of stress theory has been adopted by the researcher. Stress theory as postulated by Hans Selye holds up the idea that protracted exposure of individuals to external stressors wears out their adaptive ability owing to which such individuals succumb to illnesses. This argument has particularly appealed to the feminist scholars who proclaim that exposure to social stressors largely account for mental health issues among women. The social structure of patriarchal societies is unfavourably poised towards women and exposes them to several vulnerabilities which have a direct bearing on their mental health. The thesis builds itself on the substrate that women's mental health is best understood in terms of distress caused by social stressors rather than in terms of illness. The former reflects sensitivity towards women's subjective experience while the latter remains unheeding of women's experiences in their social contexts. Social stressors abound in the lives of those placed at low social rungs of the society which explains the fact that

mental disorders prevail more among those located at the nether end of social hierarchy; towing this line of argument, the thesis posits that women who are a marginalized and underprivileged lot in society are confronted with myriad stressors in their everyday lives which over time perturbs their mental health. Structural and material conditions prevailing over the lives of women is different from that of men, the complex social dynamics that typically characterize the lives of women present themselves as stressors that can substantially threaten their mental health. This chapter investigates the impact of several stressors pertinent to women's mental health. Social factors, institutions and processes that pose as stressors and imperil women's mental health are delved into here. Marriage, religion, and economic deprivation are studied as stressors in the lives of women. The institution of marriage has been projected by many studies as stressful for women particularly because of the unfulfilling and ambiguous marital roles that they have to perform. More often than not, marital roles divaricate from the personal aspirations of women and repress their agency and autonomy. That along with the compounding burden of care that marriage devolves on women makes the same a serious stressor that has the potential to impinge upon mental health. Religion is also deliberated upon as a stressor in the lives of women. Religion is a dominant institution of social control that has since ages gravitated in favour of men and has relegated women to an inferior status. Major religions of the world are monopolized by the men, while women are excluded from its hallowed circuits on assumption of their intellectual, moral and spiritual frailty. It is argued here that the indoctrinated religious principles impact the self-salience of women and consequently their mental health. The core argument articulated here is that religious principles and practices negatively impact the self-esteem and self-salience of women and consequently impacts their mental health. Yet another stressor discussed in the chapter is economic deprivation. Resource allocation in patriarchal societies disfavours the women, owing to which women across the globe have to bear the disproportionate burden of poverty. Several studies have revealed the fact that economic deprivation exposes individuals to several vulnerabilities and risks of life, owing to which mental disorders abound among those living in squalor. Women's economic status, as the argument goes, exposes them to several untoward circumstances which in course of time weigh on their mental health.

While exploring social factors that act as stressors in the lives of women, the present chapter also looks at labeling as a social process that can assume the proportion of a stressor. The argument posited here is that non-confirmation with the standardized gender roles evokes scathing reaction from the society. Drawing from the feminist scholars, the idea substantiated here is that non-compliance with socially determined gender roles as mothers and wives put women at risk of being labeled as mentally disordered. The process of labeling, though applicable on both men and women, is more pertinent in the context of women on whom social norms are more binding and whose social transgressions court greater sanctions. The process of labeling (which also entails attachment of negative stereotypes on the labeled and consequent social rejection) as suggested by scholars of the domain, negatively impacts mental health and triggers counterproductive behavioral symptoms which therefore may stabilize one's career as mentally disordered.

Having studied the impact of social stressors on women's mental health, the present chapter also delves into the social response towards those suffering from mental disorder. This chapter makes an endeavor to study how stigma attached to those suffering from mental disorders (in the present context, the women) jeopardizes their life prospects. The process of stigmatization brands the stigmatized in a disqualifying, discrediting manner which subsequently impedes the concerned individual from realizing her/his personal, professional and social aspirations. Stigma may be attached to both male and female members of a society, however, women whose failings, deviances and non-compliant behaviour are least tolerated by the society at large bear the brunt of stigma more than their male counterparts. The study calls attention to how prospects of marriage and employment, active social participation and overall status of women suffering from mental disorders are threatened because of the deprecatory manner in which they are perceived by the society.

Yet another potential stressor that is dealt with in the study is violence. Chapter four deliberates on violence against women, which has increased in leaps and bounds over the years, and drives home the fact that the same is a manifestation of eschewed gender

relations in societies across the world. Violence against women is reflected upon here as a phenomenon that emerges out of misconstrued notion of male superiority that feels impelled to exert itself in controlling women's lives, their agency, their autonomy and their sexuality. The present research explores two aspects of violence commonly prevailing over the lives of women, i.e. domestic or intimate partner violence and sexual violence and probes how the same leaves a dent on women's mental health. The study brings out the fact that exposure to violence and the ensuing trauma that women experience, deal a heavy blow on women mental health. Several studies have revealed that depression, post-traumatic stress disorder (PTSD), anxiety disorders, suicidal tendency, insomnia and somatoform disorders are some of the common fall-outs of violence against women. The study through its own exploration endorses the claims made by studies on the given subject.

Finally the study enquires into the manner in which pent up distress of women, caused by the social circumstances in which their lives are enmeshed, is expressed. In Chapter five dissociative behaviours such as possession and trancing, which feature commonly among the women, are dwelt upon as metaphorical expressions of inert distress. Women, along the trajectory of their lives, are exposed to multifarious stressors which overtime compounds their distress. However, norms of conduct that condition women to subdue their innate surges impede a free and open expression of their distress. Against this backdrop, dissociative behaviours such as possession and trancing offer women a means of communicating their distress and resolving the dormant complexes within themselves. The basic idea communicated is that dissociative behaviours such as possession and trancing are culturally endorsed idioms of distress deployed by women to give vent to their repressed emotion, which otherwise would not have found an uninhibited exhibition as it does in these modes of tacit expressions. Going by this rationale, the dissociative behaviours outlined above are projected as idioms of distress that enable women to relieve themselves of their latent impulses rather than as psychopathologies that call for medical intervention.

The study adopts a triangulated methodology, wherein quantitative and qualitative methods have been integrated to explore the nuances of women's mental health. The field of study is the state of Assam. Though the exploration of women's mental health has a universal appeal, the present study parses the same in the context of Assam, with the intent to bring out how the socio-cultural milieu prevailing in the local context lends itself in shaping the mental health of its women. The multi-ethnic context of Assam enables the study to capture variegated aspects of culture in the context of women's mental health. The study, thus, reviews varied aspects of women's mental health in the local context, thereby localizing a topic of global interest to the specific context of Assam. The major contribution that this study bequests is that it establishes the salience of the sociological perspective on mental health; a perspective that is imperative in appropriately understanding mental health and in tailoring response, whether social, medical or academic, to the same. The study accentuates the relevance of socio-cultural factors in delving into the cause, course and consequence of mental health, an approach that for long remained eclipsed by the grand claims arrogated by the biological and psychological approaches towards understanding and addressing mental health issues.