LOG KYA KAHENGE: EXAMINING THE SOCIAL STIGMA SURROUNDING MENTAL HEALTH IN INDIA

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On my honor as a University Student, I have neither given nor received unauthorized aid on this assignment as defined by the Honor Guidelines for Thesis-Related Assignments

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Even prior to the COVID-19 pandemic, the prevalence of mental health diseases among the young adult population was increasing. More than 50% of individuals will suffer from a mental illness or disorder at some point in their lives (CDC, 2021), but still, more than two-thirds of them will not receive treatment (Ellis, 2019). With this much of a deficit, it is clear that traditional methods of one-on-one clinical therapy no longer suit the needs of today's individuals, particularly those who face barriers accessing care (WHO, 2020). This thesis will focus on a particularly common barrier experienced by those two-thirds of individuals who refuse to get treatment – stigma – and look specifically at the region of India.

The World Health Organization labelled India as the "most depressed country in the world" (View, 2020) – with over 90 million Indians suffering from some form of mental health illness (Rathore, 2020). The inability to understand the severity of the situation and necessity to seek treatment due to public and self-stigma has led to a less than 20% treatment rate in the region, and has even gone as far as leading to a shortage in mental health professionals (Bhatia, 2020). Deep-rooted stigma around mental health in India leads to denial and shame, and thus, a lack of treatment. How did the social stigma surrounding mental health in India come about and how have culture and policy contributed to this network of marginalizing those struggling from mental health issues? This paper will strive to answer that question by examining a few actors and actants involved in this actor-network of negativity surrounding mental health in India.

Setting the Stage in India

"Log Kya Kahenge?" (Hindi for "What will people say?")

A boy and girl from different castes fall in love and they insist on getting married. Their families disagree: *"Log Kya Kahenge?"*

A depressed IIT student opens up to his parents about his mental health and requests they seek a therapist for him. They disagree*: "Log Kya Kahenge?"*

The Log Kya Kahenge disease has destroyed several millions of lives in India, and has even gone as far as hindering the progression of society. When looking at the last example of mental health, Log Kya Kahenge and both public and self-stigma have stopped so many individuals from seeking treatment. India has the 2nd most depression cases, anxiety cases, and overall mental health cases (McPhillips, 2016) – with over 90 million Indians suffering from some form of mental health illness (Rathore, 2020). The inability to understand the severity of the situation and necessity to seek treatment has led to a less than 20% treatment rate, and has even gone as far as leading to a shortage in mental health professionals (Bhatia, 2020). Deep-rooted stigma around mental health in India leads to denial and shame, and thus, a lack of treatment. Let us take a look at the aforementioned culture and policies that may be contributing to this network of marginalizing those struggling from mental health issues?

Evidence, Analysis, and Case Studies: The Bollywood Industry

The current complicated relationship between mental health and culture can be seen in the production, representation, and reception of mental illness in Indian Hindi cinema (Pathak & Biswal, 2020). With Bollywood being one of the most prolific centers of film production in the world (Maheshwari, 2013) with a worldwide audience of 3 billion (Perry, 2007), it does have the powerful potential to shape most of the Indian population's thinking. The stigma regarding mental health may be being affirmed by these modern cinemas, allowing for no growth or stray

away. In certain examples, it was noticed that psychiatric treatments were shown as modes of punishment or torture, and were overall used by negative characters to create insanity. In the 2005 movie *Kyon Ki,* starring some of Bollywood's most prominent actors and actresses like Salman Khan and Kareena Kapoor, Kareena's father decides to perform a shock treatment on Salman as he doesn't approve of Salman falling in love with Kareena. Not only is this an example of how psychiatric treatments are shown as modes of punishment, but also an example of how psychiatric treatments are merely used for dramaticism. Additionally, there are several examples of movies that related supernatural elements and magicoreligious beliefs with mental illness. One of these is *Bhool Bhulaiyaa*, which follows a girl who suffers from bipolar disorder after encountering an evil spirit. Pathak & Biswal (2020) argued that the problem with these representations is that in order to sustain the interest of the audience, they solidified the existing beliefs on mental illness and provided people with an excuse to alienate patients with mental illness from the community. When promising cinemas with progressive gestures came about, they were often responded to with negative sentiment. Below is an example of this negative or uneducated sentiment.

> The story is about Kaira (Alia Bhatt) a young woman who SHOULD be happy but desperately hates herself and her life...though she really has no idea this is so. But she knows she's vaguely unsatisfied...particularly in most of her close relationships. She is disconnected emotionally from her parents and she has a series of relationships or near relationships with men where she destroys them. Eventually, she does something drastic...she seeks therapy.

Figure 1. Review for Dear Zindagi from IMDb

In the above figure, it is visible that the reviewer is downplaying the depression experienced by Kaira in the story.

Evidence, Analysis, and Case Studies: Government Behavior

These sentiments and inabilities to be receptive are not a shock, considering current official handling of mental health. The Ministry of Health and Family Welfare in India posted the below graphic on their Twitter:

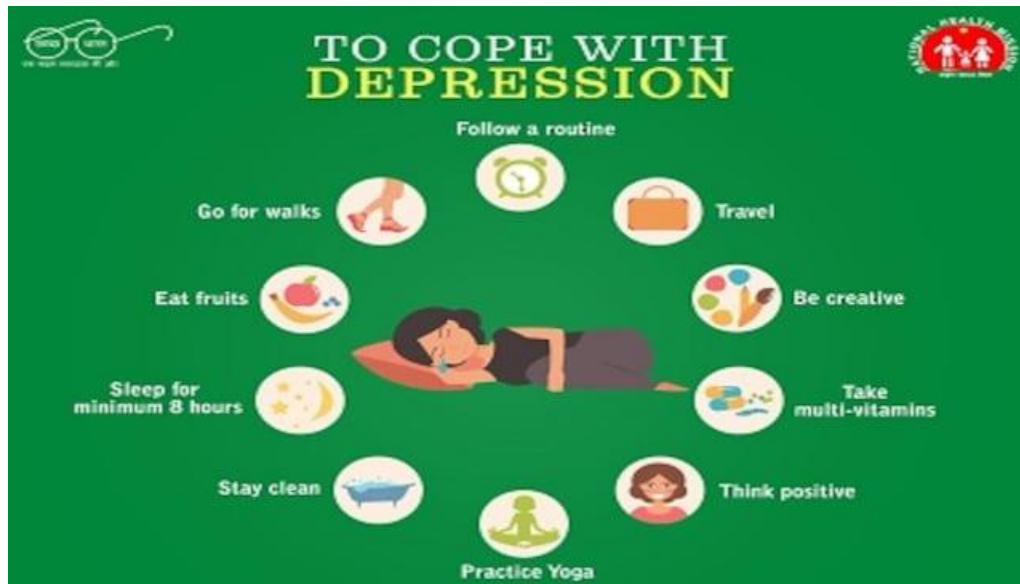

Figure 3. Indian Ministry of Health's Graphic for Depression

Aside from saying insensitive and uneducated statements such as "think positive" or "stay clean", nowhere in the poster does the government mention seeking professional help or therapy. In fact, the poster doesn't even mention seeking out friends or reaching out to peers period, thereby setting up a thought that these individuals are in a lone battle. The poster's generalization and oversimplifying of depression to merely being in a bad mood not only shows a lack of regard, but also conveys information that may be harmful. For some cases of depression, yoga is actually not recommended; and there is no evidence that multi-vitamins have any effect on developing depression (Srivastava, 2018). Clearly, there appears to be a broken network between psychology researchers and public officials in India.

So, with this sentiment being pushed in Bollywood, the most popularly consumed media in India, and current government handling of the situation, it is no surprise that there is a social stigma surrounding mental health in India. An examination of the marginalized individuals in this network can show just how serious the situation is.

Evidence, Analysis, and Case Studies: A Look at Marginalized Individuals

With a grant from the International Reporting Project, Miranda Kennedy (2010) travelled to India to report on a particular case study in the rural part of Tamil Nadu - the temple at Hanumanthapuram. Many travel across India for days and weeks to the temple due to the belief that the faith healers and temple doctors can heal the mentally ill. This belief is further hardened due to the lack of accessible mental health clinics, compared to temples, with India having only 0.75 psychiatrists and psychologists per 100,000 people, 2.25 less than the recommended amount (Srikanth, 2021). Kennedy (2010), and Indian social worker Porkodi, focused on one girl, Manimagali, who was diagnosed with schizophrenia but felt more comfortable being treated at the temple rather than being referred to a therapist. Porkodi explained that Manimagali's opinion is not uncommon, “People find it easier to say their children or themselves are affected because of evil magic, because there is so much stigma attached to mental illness”. The cultural stigma against mental health is so strong, even individuals who are suffering, like Manimagali, must convince themselves that their condition is not an internal one. Rather, their condition is due to an external force and they themselves are supposed to be completely okay. Thus, they refuse to seek treatment and never fully make a recovery.

However, there are also cases where marginalized individuals in this network themselves are aware of their condition, but fail to find treatment due to disregard from their peers. The Live

Love Laugh Foundation (TLLLF) hosted a survey of 3,556 respondents from eight cities across India, and found that 47% could be categorized as being highly judgmental of people perceived as having a mental illness. These respondents were more likely to say that one should keep a safe distance from those who are depressed (Thomas, 2018). If their peers are more likely to stay away from them or downplay their condition, why should they voice themselves? In many cases, individuals are even abandoned by their families. In a story for BBC (2018), Ramaa (name changed) told her story after she experienced this when she was diagnosed with bipolar affective disorder. Her husband promised to return with medicines, but never did so. Especially since India only recently introduced *advance directive*, which gives patients the right to have a say in the formulation of their care plan, several individuals have been suffering due to the lack of support and advice from their peers.

Evidence, Analysis, and Case Studies: A Sociomaterial Environment

Due to the Actor-Network Theory-based approach's usefulness in appreciating the complexity of organizations, this approach could help fully analyze the complicated nature of the stigma against mental health in India. Many social effects are generated due to the interactions between the different actors described throughout this paper, and actor-network theory opens up a lens to exactly that (Cresswell, 2010).

Additionally, actor-network theory has proved to be useful when analyzing other similar issues. Cresswell discusses a few in her own papers, including information technology developments in healthcare (Cresswell, 2010). Similarly, in Heinsch et al., the implementation of technology in mental health care is analyzed using both relational ethics and actor-network theory. Seeing the various benefits that actor-network theory provided when analyzing topics of

public health made it simple to execute a similar approach for stigma against mental health in India.

This network of mental health in India can be broken into two sub-networks: the network of political and cultural actors involved in maintaining anti-mental health beliefs and the network of actors involved in marginalizing those who are struggling.

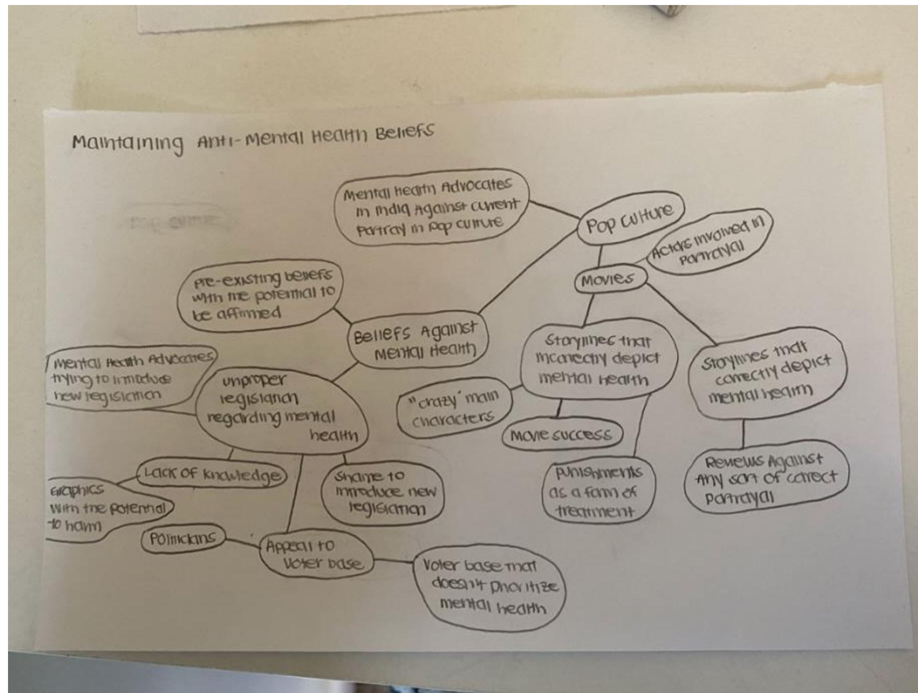

Figure 4. Network 1 of Maintaining Anti-Mental Health Beliefs

Figure 4 diagrams the first network of political and cultural actors involved in maintaining anti-mental health beliefs. On the right side, you see the pop culture element to it, where the discussion on Bollywood movies has been diagramed. Pop culture includes these movies that affirm the pre-existing beliefs against mental health held by the population, by continuously depicting mental health with “crazy” main characters and punishments as a form of treatment or therapy. These movie storylines are also often associated with movie success or a being a hit in the box office. The other side of this, is movies that have storylines correctly depicting mental health. However, these same storylines are often associated with a lot of

negativity and poor reviews from the public and the press. On the left side, you see the political side to it. Corrupted politicians, only with the goal of being elected, do not prioritize mental health as the voter base does not prioritize mental health. Due to this, only improper legislation regarding mental health gets introduced, leading to a lack of knowledge overall and even graphics and statements with the unintended potential to harm. The two sides, cultural and political, work side-by-side to maintain today's anti-mental health beliefs. The different actors and actants involved in this network are the Bollywood movie production staff (actors, directors, producers, writers), the storylines, the press, the box office, social media, movie-watchers, politicians, the government, citizens or the voter base, legislation, incorrect graphics, and advocates working against this belief.

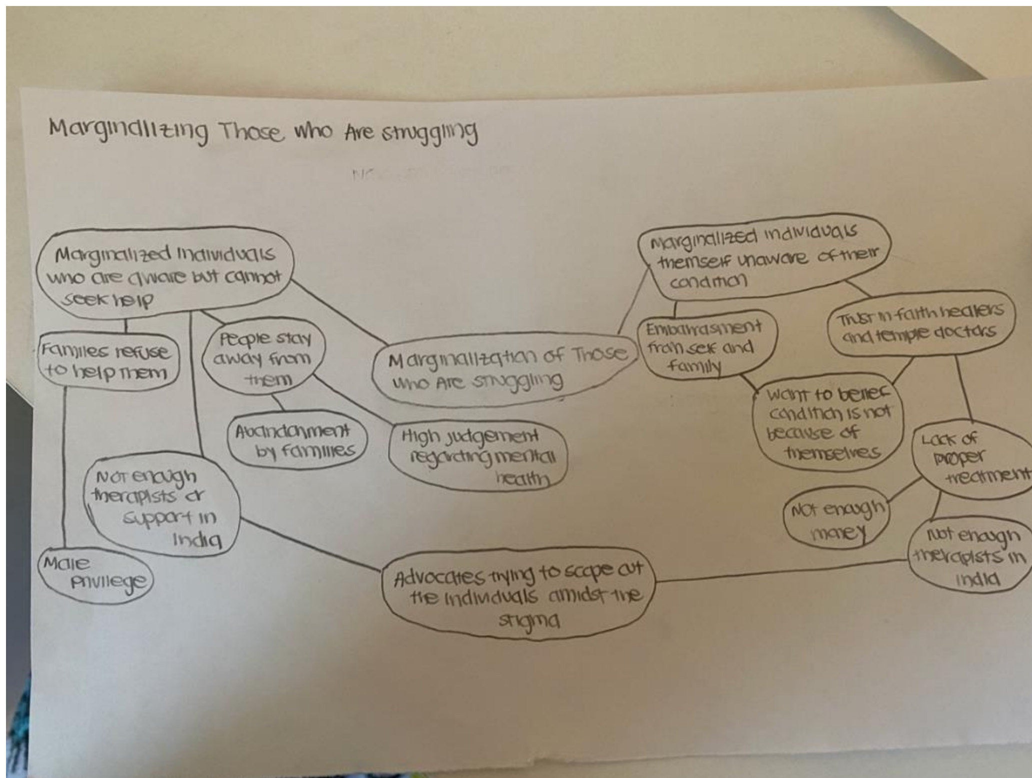

Figure 5. Network 2 of Marginalizing Those Who Are Struggling

The lack of support from the political and cultural actors involved in Figure 4, lead to the network diagrammed in Figure 5: the marginalization of individuals who are struggling from mental health in India. There are two sides to this: marginalized individuals who are themselves unaware of their condition and marginalized individuals who are aware, but are unable to seek help. For individuals who are unaware of their condition, this may be due to self-embarrassment or embarrassment from family members. As it was seen in the evidence prior, people have a harder time admitting they have a mental health condition than a spiritual condition, which is why they revert to faith healing techniques and temple doctors. This leads to a lack of proper treatment, which is further pushed due to the lack of money in these areas and the lack of therapists in India in general. For individuals who are consciously aware of their condition, they are unable to seek help due to familial refusal to help or familial downplay of emotions, or the belief that you must stay away from those with mental health diseases. This leads to abandonment by friends and families, which is further pushed by the current male privilege in India. On both sides, whether individuals are aware or unaware, we have mental health advocates attempting to scope them out amidst all the stigma. The different actors and actants involved in this network are the marginalized individuals, temple doctors or faith healers, religious texts against mental health, the believed "demons" behind the mental health conditions, the religious treatment methods, families of those struggling, self-embarrassment, those who social-distance from those who are struggling, public judgement, current therapists in India, and advocates of mental health in India.

Discussion: What Now?

Overall, there is evidence that there is a sociomaterial environment in India that contributes to negativity and disregard for mental health in India. Pop culture, particularly

Bollywood, and politics have maintained the pre-existing beliefs against mental health, thereby restricting any growth regarding this topic. This lack of growth had led to the marginalization of several individuals in India, both aware and unaware of their condition. Keeping this in mind, what kind of interventions have been proposed to prohibit further maintenance of these beliefs or give marginalized individuals an outlet to express their condition? Let's examine the effectiveness of one of the recently introduced polices in India, The Mental Healthcare Act of 2017, based on the following criteria*: progressive and regulated media, unambiguous policy and treatment, attention to stigma,* and *patient inclusivity.* These keywords were all thoughtfully constructed to consider how well they address the above stated networks of maintaining stigma and marginalization. Policy or proposals that provide a happy balance of these criteria could be deemed as effective in solving the issues discussed throughout this paper.

The Mental Healthcare Act of 2017 made strides by decriminalizing suicide, which was originally punishable under Section 309 of the Indian Penal Code. This Act additionally ensured government-funded health services for these originally marginalized individuals, and disallowed other activities such as sterilization and solitary confinement for patients. By allocating a larger portion of healthcare budget towards mental health expenditures, this Act marks a bold step in Indian mental health care legislation.

Let us analyze the Indian Mental Healthcare Act of 2017 against the previously mentioned criteria. In regards to *progressive and regulated media*, the Act discusses a restriction on release of information, such as photographic or video content, regarding individuals undergoing treatment at a mental health establishment, and making sure the provisions of the Act are given wide publicity through public media. However, the Act mentions nothing in regards to the regulation of any externally produced content, let alone the Bollywood industry. As

discussed prior, the Bollywood industry and other externally produced content have the ability to shape most thoughts in India due to their popularity and constant prevalence. By disregarding such persuasive mediums and entry points, this Act fails to meet this necessary keyword.

When looking at the criteria point of *unambiguous policy and treatment*, this Act does make strides in the right direction. The Act specifically enforces new laws regarding the performance of ECT and sterilization, decriminalizes suicide, and is overall particular in detailing their regulation of treatment methods. However, these have quite a few shortcomings. The Act mandates mental health services to be made available in every district of the country, but with already inadequate medical infrastructure in these districts, this is not feasible for state governments unless the central government allocates a larger portion of the budget for this matter. In fact, there is no discussion on how the funds will be allocated between the central and the state governments. Similarly, the Act assures free quality treatment for homeless people, but provides no means of implementation. While regulating past treatment methods is a great step towards making corrections, many of the provisions regarding the future and next steps remain ambiguous.

In terms of the Act's *attention to stigma*, it focuses on giving these individuals the right to live life with dignity by not being discriminated against or harassed. In order to so, the government mentions the introduction of programs to reduce stigma associated with mental illness. Some of these include trainings for medical officers in prisons, collaborations with higher education institutes, and overall methods to bring awareness. This is a commendable step as it finally recognizes that stigma has been the longstanding contributor to the mental health issues faced in India currently. Though it does not fully detail the implementation of these programs, an issue discussed in the ambiguous section above, the mere mention of stigma shows potential.

Lastly, when examining the Act's performance in regard to *patient inclusivity*, there are a few things that can be looked at. In particular, the Act introduces the concept of advance directive, which has been effective in other developed nations. This allows patients to decide aspects of their treatment plan, rather than their peers or physicians incorrectly examining them and avoiding their needs. This definitely helps create a more inclusive environment for patients, and allows for them to freely discuss what might be best for them. There is a shortcoming to the introduction of this concept, however. As discussed, sometimes mentally ill individuals – like Manimagali - themselves are convinced they should be treated in other ways; an issue specific to countries underdeveloped compared to their developed peers who have introduced this concept. Due to this, some sort of hybrid that allows for the intervention or supersession of physicians might be more effective. Regardless, the discussion of patient involvement and inclusivity does make small strides in terms of meeting this keyword.

Overall, the Mental Healthcare Act of 2017 is a step in the right direction, but does a poor job at incorporating most of the topics discussed in this paper – showing how behind Indian regulation is on resolving this network. India needs more than acknowledgement. From the first Mental Healthcare Act in 1987 to the one in 2017, there was a shift in focus from the institutionalization of the mentally ill to providing rights for mentally ill individuals. However, aside from a few strides such as the introduction of advance directive, the Act only acknowledges these rights and provides ambiguous directions on how to educate the population or regulate the stigma.

Understandably, the topic of social stigma surrounding mental health in India is not an easy one to fix, but it is possible for amends to be made to the Mental Healthcare Act of 2017 and similar policies to provide a safer environment for individuals with mental health conditions.

In terms of *progressive and regulated media*, governments should hold cinema producers accountable for understanding their responsibilities as written in Article 51A(h) of the Indian Constitution: "to develop the scientific temper, humanism and the spirit of inquiry and reform." As a part of Indian censorship rules, the portrayal of mental health might be one that should be considered. Films with scenes that have psychiatric treatments only as modes of punishment or mental illnesses as merely a supernatural element may have to be mandated and not released for public viewing. Other regulations that limit the consumption of media that emphasizes stigma may have to kept high on watch. Additionally, using Bollywood films and celebrities to destigmatize the public may be quite useful, considering the influence these films have on society. Recently, actress Deepika Padukone shared her experience of depression through advertisements and narrations, driving much of the public to open their eyes to this topic.

In terms of *unambiguous policy and treatment* and *patient inclusivity*, India may have to look towards its own unique implementation of mental healthcare that is extremely well thought out and specific. The Act discusses many programs for homeless individuals and bringing mental healthcare to all districts in India, but does a poor job at explaining how. There may have to be further discussion on the allocation of funds between state and local governments. Additionally, including rural development organizations, such as SARDA India, and funding NGOs to focus on the treatment and education of individuals in those areas may enhance the implementation of this policy. It would also allow for small action to be taken in areas with pseudoscientific methods of curing these mental health issues.

Lastly, in terms of the overall *attention to stigma*, research shows that knowing or having contact with someone with a mental health condition is the best way to reduce stigma. The Indian government must provide more opportunities for these connections to be made, either

through education/awareness groups, encouraging equality between physical and mental illness, and getting individuals to talk openly about mental health. And when doing so, making sure that they are not producing or posting content that belittles mental health conditions, such as Figure 3 from the Indian Ministry of Health. Social media is a strong tool to form this welcoming community, it might be best to use it to their advantage.

When an individual breaks a bone, their immediate response is to see a doctor and get it fixed. But regardless of how much scientific evidence exists stating that mental health conditions are as real as diseases such as heart disease or cancer, why should seeing a therapist be such a new concept? Bollywood media and the lack of quality governmental support has led to the fixation of old stereotypes and stigmas, and has stopped any sort of progression from occurring. This has led to individuals believing in this day-and-age that their condition is due to a supernatural external force, and also refusing to seek treatment due to the lack of peer help. Current government policies, such as the Mental Healthcare Act of 2017, have attempted discussing the situation, but have not taken as many actionable steps as necessary to solve the problem that they have allowed to remain for as long as it has. They have particularly been unsuccessful in terms of *progressive and regulated media, unambiguous policy and treatment, attention to stigma,* and *patient inclusivity*. In order to hit these key criteria, the government must enact policies that hold media accountable, fund and strategize the implementation of their ideas, and mostly focus on awareness and education to truly end this stigma.

"Log Kya Kahenge?"

"Koee Phark Nahin Padata." (It doesn't matter.)

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