



WOMEN AND IDENTITY in Literature



Edited By

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CHAPTER 9

Women Psychology

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The psychology of females addresses the social, economic, and political concerns that women face throughout their lives. Gender and female human identity difficulties, as well as the challenges that women experience throughout their lives, are addressed in women's psychology. For those interested in the psychology of women, critical analysis of all subfields of psychology is encouraged. Studies in the field of women's psychology explore issues such as gender stereotyping; physical development in female life cycles; theoretical perspectives on the personalities and mental well-being of females; sexuality; reproductive rights; nonverbal and verbal communication by and about females; female intimacy and romantic relationships; women's career psychology; female leadership; female power; violence against females; and many more.

Through empirical research in the area of women's psychology, a wide range of subjects are addressed, including the integration of work and family life, day care, violence against women, child abductions, and missing children. There are those who call this field of research feminist psychology since it aims to understand the individual in relation to larger political and social contexts. Applied feminist psychoanalysis is a branch of psychology dedicated to studying and better understanding women. In both their psyche and genetics, men and women are vastly different from one another. When it comes to hormones, women and men are very different. In contrast to the testosterone-coated male brain, the female brain is overflowing with oestrogen and progesterone. In addition to making a woman more social, oestrogen enhances a woman's capability to empathise with and comprehend the emotions of others (Schulte-Ruther et al., 2008).

The Psychological Dilemma of the Indian Women

The housewife of the future is an ideal of Indian femininity in every way. Throughout her life, she has worked tirelessly to satisfy the needs of others and her own family. She is devoted to her job and thrives when her employers are successful. Indian housewives frequently present to their psychiatrists as patients with somatisation or conversion disorders, hoping that their family members will listen and assist them in their time of need.

Despite their so-called freedom, Indian women are still seen as second-class citizens in many parts of the country. For the most part, Indian families don't lament the birth of a female child. Girls who are born into a family are usually criticised by other family members and even referred to as a "curse" by some. Even her own parents, who live in a patriarchal world, humiliate and mistreat her. Despite her many accomplishments, she is still unable to win her parents' respect and affection, despite their adoration for her. In spite of her best efforts, she can't help but feel sad and hungry all the time.

Mental Health and Mental Disorder

The term "mental health" refers to a person's level of mental or emotional well-being or the absence of a mental disorder. Positivist or holistic approaches to mental health argue that a person's ability to enjoy life and maintain a healthy equilibrium between the various dimensions of their personhood and the efforts they make to improve their mental toughness is an important part of their overall well-being. It's also known as mental illness, a psychological or behavioural pattern that emerges without the individual's consent and is supposed to create mental or physical impairments that are not anticipated as part of normal growth or culture. People with mental health problems shouldn't be expected to have them as a normal part of their growth or culture.

A person's gender is one of the most significant aspects in determining their mental health and illness. Gender-specific characteristics and processes that promote and sustain mental health and resilience in the face of stress and adversity have received significantly less attention than the morbidity associated with mental disorders. People's gender is a major influence in determining their mental health and illness. Gender-specific characteristics and processes that promote and sustain mental health and resilience in

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The patterns of psychiatric diseases and psychological distress reported in women vary from those observed in males, according to an analysis of mental health indices and data. Depression, anxiety, and other forms of psychological distress are twice as common in men as they are in women. However, men are more prone to suffering from substance abuse, mental health issues, and psychopathic traits.

Common Mental Disorders

According to the results of a new study, depression, anxiety, and other common mental disorders (CMDs) are more prevalent in women than in men. Unipolar depression is estimated to be the second leading cause of disability globally by 2020, with a prevalence rate of two times that of males. Females have a two to three times greater lifetime risk of developing diseases such as generalised anxiety disorder (Pigott, 2002).

Depression is not just the most common mental health problem for women, but it also has the potential to be more long-lasting in women than in men. Despite the fact that depression symptoms in men and women are frequently regarded to be equivalent in general, women are more likely to present with unexpected or “reverse vegetative” symptoms, including increased appetite and weight gain. More women than men have anxiety disorders, and their symptoms tend to be more pronounced and their recovery process more difficult to navigate.

Severe Mental Illness

Schizophrenia and bipolar illness are less common than CMD, but the chronic course and impairment associated with these diseases make them more severe. Not only do those who are afflicted by these diseases suffer greatly because of the stigma attached to them, but so do their loved ones. In many situations, families are left to care for the majority of these patients for the majority of their lives.

Schizophrenia and bipolar disorder, which affect 2% of the population, show no significant gender variations in prevalence (Piccinelli & Homen, 1997). Nevertheless, gender disparities have been shown in a variety of areas, including when symptoms first appear, clinical characteristics, the severity and duration of these

diseases, social adjustment, and long-term outcomes. Female bipolar disorder sufferers had more bouts of depression and were more likely to have “rapid cycling” and a seasonal pattern in their moods (Freeman, Arnold, & McElroy, 2002). As shown by large cross-cultural research on the subject, psychosis in women has a better prognosis in emerging nations. In addition, girls are more likely to develop schizophrenia at a later age than boys.

Women’s Collectives and Psychosocial Support

The introduction and implementation of a feminist intervention is no doubt a challenging task. Community-based women’s collectives, which are supported by state and NGO programmes and which have evolved spontaneously to address gender-based violence, were found to be safe places for women to voice concerns. The collectives have emerged as a critical forum for victims of domestic violence to raise awareness of the issue and connect them to relevant services, such as counselling, mediation, and other kinds of alternative dispute resolution based on human rights principles (ICRW, 2018; Nair, 2020). In South India, a community-based movement was started in 2000 to address the interrelated problems of poverty and gender inequity. In terms of its size, it’s the most significant in the continent’s whole region (Vindhya et al., 2018; Vindhya & Lingam, 2019). For this initiative, establishing women’s self-help groups with the purpose of generating money via micro-credit was essential. Aside from microcredit, the intervention delivered social empowerment via collectively driven methods to address gender-based violence as well as economic empowerment. This intervention was made possible by the construction of community-managed family counselling centres that served as resources for victims of domestic violence in need of counselling, mediation, and conflict resolution, even if the details aren’t relevant to the present topic.

For victims and perpetrators alike, establishing a network of local psychological services makes it easier to create rapport and trust. This system’s key strength was connecting survivors with institutional assistance. Vindhya and Lingam (2019) describe the complete support system, including the delivery of services, as centred on the woman’s expectations and needs. This intervention “may be deemed to resonate with a feminist worldview and is survivor-focused.” While the technique stresses “women’s interests first,” the focus on validation of women’s experiences, and the identification of violence

as unacceptable, the paradox is that it seems to support conventional male-centric gender norms and the demand that women “adapt” as required. Even though these services are sometimes called “counseling,” they are really a native and culturally-based form of mental health help that includes patient listening, funny arguments from the elderly, and veiled warnings to stop being violent. As a result of the collectives’ long-term success, their legal counsel is more likely to follow through on their promises (Vindhya & Lingam, 2019). A culturally ingrained feminist perspective, whatever its imperfections, is what leads and motivates state and non-government initiatives to prevent violence against women. This is what women’s organisations are doing.

Identities and Reaffirmation of Gender Stereotypes

For decades, researchers have looked at how the state shapes women’s political and economic identities (Sonpar & Kapur, 2001). Some feminist experts have noticed that the Indian government has had a range of viewpoints on this matter. State-sponsored programmes are part of the government’s larger development policy, which aims to empower women economically and give them more control over their lives. Women’s empowerment programmes, according to Calman (1992) and Sen and Batliwala (2000), use the term “empowerment,” which implies a sense of self-assuredness, assertiveness, and the capacity to confront unfair power imbalances as well as get through difficult social circumstances.

Psychosocial Aspects of Women’s Reproductive Health

During pregnancy and childbirth

About one-third of all pregnant or menstruating women suffer from the above-mentioned condition of poor mental health. 80% of women, especially those who have been abused, are apprehensive about their pregnancy and the hardships of delivery. A healthy pregnancy and delivery are hindered by concerns about the health of the mother and child; pain during labour; delivery technique; the future role of life; family response to a female kid or an unwanted baby; and pregnancy problems like caesarean section or assisted birth. In India, the problem may be made worse by a lack of support, autonomy in making decisions, limited prenatal care, a desire for a boy, and a lack of counselling and perinatal mental health therapies.

Influence on fertility

It is possible to exert some degree of control over one's own fertility by making lifestyle choices such as where one chooses to live (urban or rural), who one knows personally (such as spouses), and what one believes (Standley, 1994). In India, the most influential person in decision-making is the husband, who is often swayed by his family (Sarder et al., 2021). Because of social and cultural norms, women are compelled to have a family as soon as they are married. A woman's mental health may suffer if she is unable to conceive. Many women suffer from this illness, which is typically linked to marital difficulties and domestic abuse, as well as a decrease in sexual closeness and the desire for mental recovery (Jisha & Thomas, 2017).

Pregnancy loss

Every 1,000 women between the ages of 15 and 49 have an abortion (Singh et al., 2018). Artificially inducing miscarriage is more common in single women than in married people. Female foeticide may be predicted by a desire for a male kid, which is often influenced by societal norms. According to Kotta et al. (2018), approximately half of all women who have had a miscarriage suffer from post-traumatic stress disorder and depression. Despite the fact that many women who have had a miscarriage choose not to seek outside assistance, there aren't enough resources available to assist those who do.

Menopause

In women, the start of menopause is strongly linked to the development of mental health issues. Anger, anxiety, and depression are all-too-common mental health issues. Menopause may cause serious problems with sexual function. With menopause comes a loss of fertility, vitality, and attractiveness, as well as the belief that women are less desirable. When it comes to focusing on one's own life, now is the time. Most people don't seek out and accept psychological counselling as a normal part of their lives.

Gynecological Conditions

One in every three women in India suffers from some kind of dysmenorrhea. This may lead to symptoms including anxiety, impatience, difficulties concentrating; sleep deprivation, and forgetfulness, as well as stress and a decreased quality of life. Another prevalent gynecological condition, affecting as many as half of all

women of reproductive age, is infection of the reproductive tract. In addition to melancholy, anxiety, somatoform illness, culture-bound syndrome, and sexual dysfunction, there are a number of other disorders that might accompany these symptoms. Low-income and less-educated people are more likely to have these symptoms.

Psychological Well-being of Indian Women

Personal self-esteem and the ability to carry out everyday tasks are both important aspects of a person's mental health. In this dynamic state, a person develops contentment and pleasure by finding a balance between the challenging and rewarding events in their life. It is a state of being. An individual's lifespan and quality of health are more likely to be extended when they have a strong mental health foundation. Those who remain at home to care for children are well-known to suffer from poor mental health. Stress may have a greater impact on those who have lower degrees of self-efficacy and self-acceptance (a good attitude about one's own life). Lack of knowledge and a lack of cultural and religious conservatism have been connected to low autonomy, which measures an individual's sense of self-determination and independence. Personal elements such as financial autonomy, the capacity to make choices, and the freedom to move around are all key components of the feeling of autonomy that people have. 57% of women, according to a government poll, do not have domestic autonomy or the flexibility to leave the home anytime they like. As an example, a study indicated that 35% of women lack the capacity to make their own financial choices, 62% lack the freedom to travel, and 72% lack control over their homes. It's not obvious whether the notion of life's (a feeling of meaning and purpose) will ever be realised or even recognised. Many people's primary focus in life is to become engaged in some area of the family life they lead, despite the fact that this tendency is evolving. People's socioeconomic level has an impact on the quality of their relationships, which may be characterised as amicable, enjoyable, and trustworthy interactions with others. When it comes to defining the kind of relationships that women may have, males are often given the most important role. Even now, interracial dating and marriages are frowned upon in India. About 41% of women have been victims of domestic violence, which shows that there aren't enough ways to socialise at home (Sengupta et al., 2017).

Burden of Care

Because of cultural norms and gendered expectations, women are more likely than males to assume the role of caregiver. Caretakers for the elderly make up between 57% and 81% of the workforce. Social and cultural conventions, as well as the fact that women are more likely to be jobless, account for this. Due to their many responsibilities, they face conflict in their jobs, strain in their duties, and overload in their roles. Due to role conflict and role strain, they were more likely to suffer from physical and mental health concerns. When caring for someone who has a common physical condition like cerebrovascular disease, Parkinson's disease, greater disability, urinary incontinence, or insomnia for an average of 38 hours per week, Brinda and colleagues found that approximately 10% of these women develop depression as a result of their caring obligations. They spend 15.2 hours a day taking care of their families and 8.4 hours on housekeeping, with rural women spending more time on housework than their urban counterparts (Sharma, Chakrabarti, & Grover, 2016).

Emerging Hopes

In 1951, just 8.9 percent of women had a high school diploma, but by 2004, that figure had risen to more than 57 percent. The obvious changes in social and economic position that education has brought about have resulted in a higher standard of living and psychological well-being for many people (Nair, 2010). Women's help-seeking behaviour is impacted by their education. Women's mental health awareness and treatment choices are projected to improve as society progresses in the twenty-first century. Women's rights are being bolstered through constitutional safeguards, government programmes that promote more women to work, and participation in national-building activities. The government has made no significant attempts to date to improve the mental health of women in society. A few recent innovations in the field are expected to have a positive impact on mental health care. As the number of people who work in mental health has gone up, the number of psychiatrists has gone down.

Women's mental health is one of the benefits of the district mental health programme, which has various perks. The introduction of psychiatry in the MBBS curriculum by the Indian Medical Council may help medical students better comprehend the difficulties

surrounding women's mental health. This is the first time the Indian government has put up a national mental health strategy. Women's mental health is a developing issue in India, thus the country's psychiatric organisation organised a committee to address it. Several studies and writings published on social media have brought these concerns to the notice of Indian psychiatrists. Abuse of women has been related to mental illness, and many non-governmental organisations (NGOs) are attempting to put an end to it. There is some evidence that the public's increased understanding of mental illness, which is being disseminated via print and electronic media, is helping to reduce stigma. With the ease with which educated individuals may get information, the majority of material relevant to mental health is currently accessible via the media (Loganathan & Kreuter, 2014).

Conclusions

An enormous amount of emotional and social pressure is placed on women in India. Social value systems; culture; tradition; illiteracy; poverty; and so on all have a role in determining the majority of the weight. An individual's mental health may be affected by the burden of psychosocial variables. A multi-pronged approach is required to address this issue. Experts in mental health play a critical role in identifying and addressing the underlying psychological burden when addressing mental health concerns. The complexity of the responsibilities, the expectations, and the tensions of the positions has led to an increase in the proportion of women having mental health issues. Individuality is on the rise for these women, but their narrations suggest a feeling of guilt connected with having an entirely distinct identity; hence, they make sacrifices in order to fit in better with the rest of society. In light of the tremendous cultural transformations taking place in our country, we need to know more about the changing identities of Indian women. According to the conclusions of this research, men need to be educated about the changing requirements of women in their psychosocial environment and to regard them as beings that are not always "in relation" but rather as having an "independent identity." This should be done to help men become more aware of the issue. Women have a natural tendency to depend on others, which shows how hard it is for them to break away from traditional ideas about the roles they play in their psychological environment.

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