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Indian Womanhood: Some Psychological Concepts*

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ABSTRACT

Indian womanhood today is at crossroads. The present paper discusses the status of Indian womanhood and its psychological underpinnings. It discusses how Indian women have suffered at the hands of their families and society leaving no path but to succumb to psychiatric illness. The role of mental health professionals and family members in supporting and promoting growth and development of the Indian woman is outlined.

Key Words: *Conversion disorder; Indian woman; Somatisation; Womanhood*

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Introduction

Indian womanhood always has enthralled writers from all over the world. History is filled with accounts of the valour, grit and determination of Indian women who overcame insurmountable odds to save the honour of their country, kingdom or family. Indian womanhood has risen to dizzy heights over the centuries, and volumes have been written about their achievements and conquests that have gone down in the realms of history. The saga of the invincible Rani of Jhansi has been told and retold, even finding expression through films and media, and remains a favourite amongst many.

The same saga has continued into the modern-day as well. The modern Indian woman is an epitome of courage, resilience and the ability to fit into diverse roles beautifully. She is a teacher, working woman or corporate CEO, mother, sister, daughter and wife all rolled into one. She juggles these roles with great finesse and often plays them all at the same time (Poduval and Poduval, 2009^[2]; Singh, 2009^[6]).

Psychologically and biologically there are marked differences in men and women. The female brain is bathed in hormones that are different from the male. While the female brain is brewed in oestrogen and progesterone, the male brain is coated with testosterone. Oestrogen makes the woman more sociable while also making her feel what others feel and improves the ability of a woman to empathise better than men (Schulte-Ruther et al., 2008^[4]). There may be differences when it comes to men and women from a cognitive and neurodevelopmental perspective as well. The hormonal surge that occurs in the 7th month of uterine life is different for both men and women. This hormonal priming of the foetal brain is determined by the genetic make-up that inherently makes one male or female (Rahmans, 2005^[3]). Studies have shown that men and women respond differently to stress and disasters (Olff et al., 2007^[1]). The psychological responses and reactions differ cognitively as well as in respect to thoughts about the events that may have occurred. This general theory of women being different from men has been the work of many volumes and when intertwined with Indian cultural heritage is applicable to the Indian woman as well.

The Indian woman, unlike in the west, has many role models to imbibe and learn from. She is a product of multiple mothering in the form of numerous aunts and caretakers that look after her from an early age. She is also coated from an early age with the various cultural and moral attributes a woman is supposed to have. She is made to accept that she is different from men, and it is only in due course of time that the fallibility of this inequality dawns upon her. The Indian woman has to then rise above the goals set for her by others and has to project herself in a new light where she transcends the myths that seek to

suppress her. She is capable of anything and needs just a little support to prove it. This has been aptly described in a poem by Singh (2009^[5]).

The Psychological Dilemma of the Indian Woman

The ideal Indian housewife is the perfect example of Indian womanhood. She is someone who works toward the satisfaction of multiple individual souls as well as of the family as a unit. She work tirelessly and basks in the glory of the success of those she works for. She identifies herself with her family and, even though reciprocation may not occur, is not deterred in her spirit to serve them. The Indian housewife is not supposed to fall ill and has to bear everything gamely; often stress leads her to present to the psychiatrist as a patient of somatisation or conversion disorder with the unconscious need that her helpless plea for help is heard by her family members. The biggest battle a woman wages is often on the domestic front day after day, and this goes unnoticed. To this Indian woman plodding along with her domestic chores and at the same time engaging in lucrative occupation and entrepreneurship, we must direct our attention.

The status of the Indian woman, though changing, is still lowly, and she continues to be the underdog in many sections, despite some evidence of her so-called emancipation. In many sections of Indian society, the birth of a girl is not a reason of delight but rather the family bemoans its lot. To be the first-born and a girl is to displease all members of a family who would have preferred a boy; but to be born the second, third or fourth only serves to increase their wrath. Girls born in a family are often criticised by all family members and even called a curse. We see many cases where a girl born into a family is rejected outright by the mother who does not care as much for her nutrition and health as she does for the boy child. She undergoes humiliation and suffering at the hands of her parents in a patriarchal society. She may try her utmost to win the love and affection of her parents but, in spite of her accomplishments, wins very little. She hopes and prays that the situation improves, but continues to feel forlorn and remains in a constant state of 'affect' hunger. She may channelise her energies into arts, sports or studies and win laurels for the same but is finally unwillingly married off into a family that has little affection or concern for her or her laurels. She is further harassed by a mother-in-law who has no occupation but to run down the daughter-in-law, and has a husband sandwiched between mother and wife, and who, therefore, does not give her a patient hearing. Finally, in utter despair, she land up with conversion, somatisation, depression or a suicide attempt as a means to convey her feelings and get attention of her family members as well as a means to end her entreaties. This story has been lived and re-lived in a number of Indian homes, and it is the story of many dowry deaths, depressions, suicides and psychosomatic disorders.

Why do Indian women succumb to this, or, rather, should they not rebel? The answer lies in the psychology of the female and particularly of the Indian female.

The Biblical Story Still Continues

The Biblical story of Creation and Adam and Eve gave support to the view that God gave domination to man over woman. In turn, the woman, because of her anatomy and physiology, has always felt herself to be inferior to man. The woman is not only saddled with the weight of menstruation and child-birth, but in continuance and in the aftermath of these two, she also has to manage household chores and this may be for both her immediate and joint family. The Indian woman tugs along not knowing what tomorrow may bring but keeps hoping that her burden will be lightened. The toll of such stress is hardly appreciated and the wars that she wages every day is taken for granted. The man, on the other hand, asserts his superiority showing off that he is the bread winner and publicises the work he is doing making the woman meekly surrender to him. Customs in India have entailed that the woman be offered in matrimony to the man, and he holds the right to make his choice and the type of wife he prefers. Dowry system in India still continues to blossom and, despite progresses on the educational, political and legislative fronts, such old customs die hard. Women thus continue to reel under this agony, and the end does not appear near.

What Mental Health Professionals Need to Do

The Indian woman has suffered too long, and we must, as mental health professionals, not allow her agony to linger longer. It is the duty of every mental health professional to realise his or her role in the growth of a woman. We need to awaken her to her identity, her position, and make others respect the great role she plays in our lives. In India, mothers-in-law consider it their right to suppress and insult their daughters-in-law; and if this were not enough, the unmarried sisters-in-law, though women themselves, dig in their heels too. Many parents are ever so ready to palm off their daughters in marriage and close the doors of their home to their daughters; so, the return of the daughter due to marital problems is often looked upon by parents as an abomination rather than a cry for help. In modern times, the Indian woman is educated and is often the bread-winner supporting her family, so, many a times, parents delay her marriage due to this reason.

The Indian woman has been exploited enough. We do not need to put her on a pedestal and worship her, but rather need to recognise how much our lives revolve around her. We must respect her and bring her to the fore when needed, but also know that she is not a toy or ploy to be used at will. Indian society shall be enriched when we have happier wives, and Indian homes shall prosper if we awake to our responsibility to Indian womanhood.

The Way Ahead

The Indian woman needs to rise and demand her rights. Too long has she allowed herself to be bullied, decried and defiled by the Indian man. She has stayed a silent spectator to the atrocities meted out to her. She does not realise that she need not submit. The Indian woman needs to teach the Indian man a lesson or two if he does not appreciate her worth. It is only then that we shall be able to usher in an era of real liberation for Indian women. There is no need to produce an arena for lack of respect for the man but rather have an era of mutual self-respect. We shall all be doing our duty toward Indian womanhood by giving it the place it rightly deserves.

Conclusions [Figure 1: Flowchart of the paper]

The paper starts with recognition of the fact that Indian womanhood has suffered long enough at the hands of family and relatives. The Indian woman is today capable of playing multiple roles with ease that range from wife to a mother to a sister and a working-woman. She is adept at balancing time between her roles and fulfilling each role with ease. The paper highlights the various factors that have led to the suffering of Indian womanhood.

Neurobiology has clearly elucidated that men and women differ in the way they understand feelings and emotions and empathise with each other as well as in periods of neurodevelopment and response to stress and disasters. There is a marked difference in brain pathways that elicit various responses and in the psychological defence mechanisms and responses used by men and women when in danger.

That being said, women are definitely equal to men in most aspects and may be a touch superior in some. Indian womanhood must not bow down when not

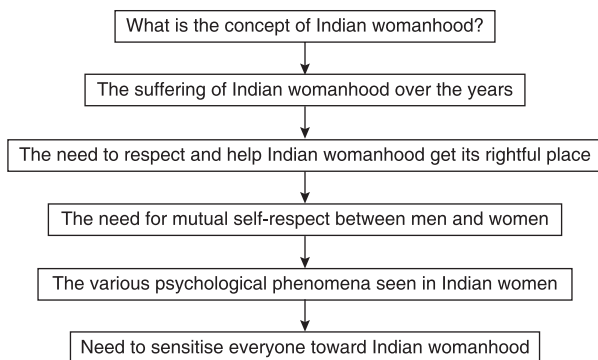


Figure 1: Flowchart of the paper

needed and must look at recovering its lost glory. Mental health professionals must play their due role here.

Take Home Message

Indian womanhood has been suppressed and suffered many a times but now comes the time when an era of mutual respect between man and woman must prevail.

Conflict of Interest

None declared.

Declaration

We declare that this is our original unpublished work and has not been submitted for publication anywhere.

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Questions that the Paper Raises

1. What is the future of Indian womanhood?
2. What are the psychological factors that affect the Indian woman on a daily basis?
3. What can be done to discourage gender bias and promote equality between men and women?
4. What is role of mental health professionals in encouraging the growth of the Indian woman?

About the Author



Late Dhanalakshmi De Sousa MD (1938–2005) was Honorary Professor at Lokmanya Tilak Municipal Medical College and General Hospital, Sion, Mumbai, India between the years 1969 and 1989. She was Head of the Department of Psychiatry in the same institution from 1976 to 1989. She had over 80 publications in national and international journals. She was also the author of 6 books on the subject. She was a popular postgraduate teacher and was respected by his students and colleagues alike for her administrative qualities.

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Avinash De Sousa is a consultant psychiatrist and psychotherapist with a private practice in Mumbai. He has over 280 publications in national and international journals. His main areas of interest are alcohol dependence, child and adolescent psychiatry, mental retardation, autism and developmental disabilities and electroconvulsive therapy. He teaches psychiatry, child psychology and psychotherapy at over 18 institutions as a visiting faculty. He is one of the few psychiatrists who in addition to a psychiatry degree has an MBA in Human Resource Development, a Masters in Psychotherapy and Counselling, an MPhil in Psychology and a doctorate in Clinical Psychology.