



THE EVOLUTION OF STIGMA AROUND MENTAL ILLNESS IN INDIAN SOCIETY: A HISTORICAL AND CULTURAL PERSPECTIVE

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Abstract: This article explores how Indian society's views on mental illness have transformed from antiquity to the present. It examines the interplay of religious doctrines, cultural values, colonial policies, and modern mental health reforms, tracing how these factors have contributed to the persistence of stigma. Drawing from ancient medical texts, peer-reviewed studies, government surveys, and WHO data, the paper underscores the need for culturally nuanced mental health interventions that address both historical legacies and contemporary challenges.

Keywords: Mental illness, stigma, Indian history, cultural beliefs, healthcare policy, mental health awareness, de-stigmatization

1. Introduction Mental health is a critical yet historically overlooked dimension of public health in India. Despite increasing awareness, stigma remains a formidable barrier to care. This stigma has deep historical roots, influenced by centuries of evolving cultural, religious, and political paradigms. According to the World Health Organization (WHO, 2022), about 7.5% of Indians experience mental health disorders, yet mental health infrastructure remains under-resourced. Using historical, cultural, and policy analyses, this paper explores the evolution of stigma and its modern implications.

2. Ancient India: Spirituality and Early Medical Understanding In early Indian civilization, mental illness was interpreted through a blend of spiritual, moral, and medical perspectives. Foundational texts like the Charaka Samhita and Sushruta

Samhita (c. 600 BCE) describe conditions akin to psychosis under the term "Unmada," proposing holistic treatments combining herbal remedies, diet, yoga, and rituals (Sharma, 1992). These Ayurvedic systems viewed mental disturbances as imbalances in the three doshas or consequences of past karma. While these models recognized mental distress, their moralistic undertones introduced subtle stigma, justifying social exclusion and framing illness as a personal failing.

3. Medieval Period: Mysticism and Marginalization During the medieval period, mental illness was more frequently linked to supernatural forces. In both Islamic and Hindu traditions, afflictions were often interpreted as results of spirit possession, divine punishment, or black magic (Kakar, 1982). Healing practices included pilgrimages to



shrines like those in Ajmer or Mecca, recitations of religious verses, and exorcism rituals. Although grounded in faith and community, these interventions marginalized those suffering and diverted focus from structured medical support, reinforcing the idea of the mentally ill as outsiders.

4. Colonial India: Institutionalization and the Birth of Modern Psychiatry The British colonial administration imposed a Western biomedical model, though largely in a custodial form. The Indian Lunatic Asylum Act of 1858 authorized the establishment of mental asylums with an emphasis on surveillance and confinement (Ernst, 1991). Colonial institutions were underpinned by the belief that native understandings were irrational, leading to the systematic suppression of indigenous mental health practices. Far from rehabilitation, these asylums institutionalized stigma by equating mental illness with criminality and moral decay.
5. Post-Independence India: Legal Reforms and Lingering Attitudes After independence in 1947, India initiated reforms in mental health care. The Mental Health Act of 1987 marked a departure from colonial frameworks by attempting to safeguard patient rights, and the Mental Healthcare Act of 2017 further advanced these principles by aligning with the UN Convention on the Rights of Persons with Disabilities. Despite this legislative progress, the 2016 National Mental Health Survey (NMHS) found that nearly 80% of those needing mental health care remained untreated (Murthy et al., 2016). The persistence of stigma, compounded by inadequate funding (less than 1% of the total health budget), and a severe shortage of mental health professionals—estimated at 0.75 psychiatrists per 100,000 people—continues to undermine policy efforts (WHO, 2022).
6. Contemporary Perspectives: Reform, Advocacy, and Resistance The 21st century has seen increased advocacy and awareness. Social media campaigns (#StopTheStigma), public figures discussing their experiences, and NGOs like The Live Love Laugh Foundation have contributed to destigmatizing mental illness. The National Mental Health Programme (NMHP), first launched in 1982 and updated in 2002, aims to integrate mental health services into primary care and expand community outreach (MoHFW, 2020). Yet, access remains highly uneven: rural regions lack infrastructure, women often face double stigma due to gendered expectations, and tribal or minority communities encounter cultural and language barriers (Rathod et al., 2017).
7. Discussion: Bridging Historical Beliefs and Contemporary Care Stigma in India is the product of a long historical continuum, shaped by religious teachings, colonial



mismanagement, and socio-economic inequality. Addressing it requires culturally competent strategies. Educational campaigns must be locally tailored and leverage traditional practices like yoga and Ayurveda alongside modern psychiatric care. Integrating traditional healers into mental health outreach—through culturally sensitive training—can enhance trust and accessibility. School-based programs, community-led interventions, and cross-sector collaborations are crucial to reshaping perceptions and increasing service utilization (Patel et al., 2018).

8. Conclusion India's complex history reveals that stigma around mental illness is not merely a result of ignorance but is embedded in cultural narratives, spiritual philosophies, and historical institutions. Real change requires more than policy reform—it calls for a cultural transformation that aligns public attitudes with progressive mental health care. Prioritizing mental health education, funding, and culturally sensitive care models will be essential to dismantling stigma and promoting national mental well-being.

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