

# **Resounding Echoes from Afar: Defamiliarizing Psychology in India**

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## **Abstract**

Written from two different locations, two different continents, this paper reflects the authors' political and social engagement with the issue of normalization of oppression, and medicalization of distress and social suffering, as seen in particular practices of psychology and psychiatry in India; a sub-continent in which neither authors are currently located. The paper reflects a shared concern about the mobilization of certain kinds of oppression as 'normal', as normalised; oppression that remains ungrieved for; oppression in the guise of help and liberation; oppression of women by women, and by men; oppression through medicalization of the idioms of distress. The paper in this sense offers a re-reading of why psychology practiced through western-centered or uncritical, apolitical lenses, is fated to generate scholarship that glosses over political struggles, multiplicities and complexities, cracks and edges. Bypassing the imposition of a linear narrative, this paper, as a disjointed performative space, encourages a deconstructive reading; a reading 'in between', an 'in between' reading; both of the paper, of psychology, and of the socio-political scenario in which psychology and psychiatry in India are put to work. The paper is part of conceptualizing a shared project of de-centering and de-familiarizing psychology and psychiatry, and how they are currently thought and practised in particular contexts, within the contours of complex social structures in India.

*Keywords:* psychiatry in India, medicalization of suffering, defamiliarizing psychology, women and oppression, psychologization

## **Introduction**

Written from two different locations, two different continents, this paper reflects the authors' political and social engagement with the issue of normalization of oppression, and medicalization of distress and social suffering, as seen in particular practices of psychology and psychiatry in India; a sub-continent in which neither authors are currently located. The paper reflects a shared concern about the mobilization of certain kinds of oppression as 'normal', as normalised; oppression that remains ungrieved for; oppression in the guise of help and liberation; oppression of women by women, and by men; oppression through medicalization of the idioms of distress. The paper in this sense offers a re-reading of why psychology practiced through western-centered or uncritical, apolitical lenses, is fated to generate scholarship that glosses over political struggles, multiplicities and complexities, cracks and edges. Bypassing the imposition of a linear narrative, this paper, as a disjointed performative space, encourages a deconstructive reading; a reading 'in between', an 'in between' reading; both of the paper, of psychology, and of the socio-political scenario in which psychology and psychiatry in India are put to work. The paper is part of conceptualizing a shared project of de-centering and de-familiarizing psychology and psychiatry, and how they are currently thought and practised in particular contexts, within the contours of complex social structures in India.

To de-familiarize is to make unfamiliar both the mechanisms by which psychology is conceptualised and put to work in India, while simultaneously mobilising dilemmas that are arguably constructed as 'Indian' to make unfamiliar the practise of psychology in other parts of the world. This is foregrounded in this paper through the authors' personal reflections, and the reflexivity of those with whom they have worked, around the operations of multiple oppressions of women in India, and the troubling implications of making sense of these, and of intervening. Divided into two sections, the paper takes the form of two letters, written from the authors to each other, to reflect the distance between each other in our exchanges and to disrupt a reading of the paper as truth. In section one, Manasi offers a critical reading of the feminist enterprise in India, discussing the struggles of the movement, its implications for a true feminist and liberation psychology. The dual tasks of feminising psychology and psychologising feminism are discussed in light of her field experiences in Gujarat. In section two, China employs a post-colonial analysis of the globalization of (arguably Western) bio-psychiatric systems of knowledge, with a particular focus on how these are mobilised, put to work, and problematised at a grassroots level, through NGOs interventions with women constructed as 'mentally ill', on the streets of India. The aim of this paper then, in promoting a critical (re)reading of psychology, is not to abandon psychology altogether; it is to explore alternatives, other ways of knowing, perspectives 'that could help describe the dominant in terms different than its own' (Achuthan, 2005, as cited in Chakrabarti & Dhar, 2009).

## SECTION 1 (MANASI KUMAR)

### (Re)locating gendered subjectivities: Psychology and Women in India

#### Discontents

*Dear China, I am writing to you from Nairobi... being so far away from both my homes, UK and India, I have been thinking about my doctoral work and it is the vivid memories of the field work in Gujarat from 2005-2008 that keep returning to me. There is certain forcefulness that 'afterwardsness' provides to these experiences and I would like to share with you my reading of the situation of psychology and feminism in India. Hope to hear from you soon about your recent visit to India.*

Combating complex and multiple patriarchies in Indian society calls for strategic thinking and collective action. This raises several questions, such as how oppressive and totalitarian individuals, institutions and movements become as power erodes commitments and consciousness. And what of the new forms of gendered violence that radical politics institute, often embedded in fantasies of heroism and a utopian future and, equally, in liberatory ideals of class, gender, and sexuality (Roy, 2008)? To a great extent, sexual violence remains, in much of this literature, the dark underside of progressive politics, its perverted form rather than a product of violent political cultures (Bhatia, 2006, as cited in Roy, 2008, p. 317).

There is an adjunct concern of (how) can the upper middle and upper class women truly represent the voices and struggles of the poor rural women? Niranjana (2007) in her paper around translation alludes to an 'All India'-level women's conference and its attendant

language bias, along with the inability of the women's group to address Dalit<sup>1</sup> women's rights directly. In this colonizing (violent and oppressive) side to the feminist movement it is important to keep in mind the experiences of oppressed and working class women in the movement and "the inability of feminist theory to speak to their experience in any meaningful way" (Amos & Parmar, 2005, p. 45). There is thus a need to re-theorise the fundamental causes of women's oppression in today's context. Sometimes (complete) disenfranchisement of the rural poor raises fundamental questions about gendered power relations in society and the double ostracism of rural women whose existence, needs and rights are constantly compromised.

### **Women without needs**

The traumatic experience of being a witness to Seema's sudden demise was a violent reminder about the estranged ties between the urban middle class, educated office workers, and the poor activists of a leading woman's organization on one very tragic occasion. This incident took place in early 2007 when I was in Ahmedabad city visiting a prominent women's trade union. It was my first meeting with a large group of social workers (more than 50) who were to help me with my research on the trauma of the 2002 Gujarat child riots survivors.<sup>2</sup> From the backside of this NGO's office, a narrow, rather dingy path took me to the other end of the road towards a tiny apartment where social workers (or hand holders, as the organization called them) usually gathered. I went inside a big hall to find it terribly crowded with around 40 or more young and middle-aged women in colourful sarees having lunch and chatting loudly. I was at first a bit reluctant but their warm smiles soon took my hesitance away and I felt at ease in that busy room!

I was told that their lunch meeting would end soon and then I could discuss and plan my work with them. The coordinator, Ms. D., introduced me to the team leaders and asked me to wait a little. I took a seat and while I was waiting, I heard a thud; one of the social workers had collapsed on the floor. It was a loud thud and she fell on her back. Within seconds, everyone gathered around her and tried to move and revive her. Seema didn't open her eyes or move; she was absolutely still and there were many crowding around her. After several minutes, as though to break the silence and shock, I called Ms. D. loudly asking her to call a doctor and for others to fan her perhaps it was some sort of dehydration – it was the month of March and it was quite hot inside the room. After a wait of half an hour a lady doctor came and to my utter shock and dismay declared Seema dead. It was unbelievable. All the handholders became silent, a few started weeping, and one who was sitting next to Seema during the meeting wailed loudly saying that Seema was worried, unhappy, and hadn't eaten anything for the past two days. She was married and had two children and often bickered with her mother-in-law. In between her bemoaned cries she wondered what would happen to her children. Seema was 24 years old.

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<sup>1</sup> Dalit, or Outcaste, is the self-designated term for a group of people formerly known as Untouchables in the Hindu caste system. The term is now used broadly to refer to all groups which are socially and economically disadvantaged and marginalized.

<sup>2</sup> These were children who witnessed the 2002 violence between Hindus and Muslims in Gujarat between February-July. The Hindus avenged the burning of a train carriage carrying right wing Hindu party activists by breaking the hell loose on Muslims. Consequently Muslims were targeted, the women raped and children mutilated (see M. Kumar, 2010).

I stayed there for a little while longer but Ms. D. suggested I leave and contact her later. Meanwhile the organization had to inform Seema's family and arrange to have an autopsy done.

In this tragic incident two issues are particularly important: 1) the lack of understanding of the struggles and complexities in the lives of these women who are supposedly meant to help others in the community by people like myself and others in their organization (the entire onus of social change lies on their weak and disempowered shoulders); 2) the absence of proper medical care and emergency supplies in an organization that worked with poor women and housed more than 80-100 women in its headquarters during the day! I shared this with one of the senior members of the organization who conceded that there should have been some medical help at hand for the women and better support mechanisms in times of need.

Feminism is not innocent of the dominating, exclusive, and restrictive tendencies (Krolokke & Sorensen, 2005; Mann & Huffman, 2005) that theories and movements of emancipation can become blind towards once they gain momentum. An exclusive intellectual engagement with feminism (or any 'ism') poses the risk of losing sight of the grounded reality, the incumbent struggle of oppressed women and men whose voices might not be heard. Roy (2008) also takes us back to the communist Party politics that eschews realities such as caste, class and other biases, and the hard compromises that their women members have to make in a supposedly common struggle. In her work on women in the Naxalbari movement, Roy argues that sexual violence should be seen on a continuum of multiple and interrelated forces that are both overt and symbolic, and include a society's ways of mourning some forms of violence and silencing others.

### **Forgettings**

The basic differentiation that the 'other' psychologies dealt with the consciousness and psychoanalysis dealt mainly with the unconscious (Khanna, 2003; Parker, 2007; Rose, 2006), made it possible to see how interpenetrating, complex and fractured, pure behaviorally-driven understandings of identity, self, gender and culture were presented. Psychoanalysis in its (essentialist at times) account of how woman experience the path to femininity also insists that through the concept of the unconscious, femininity can neither be simply achieved nor is it ever complete (Rose, 2006). Like Marxism, psychoanalysis sees the mechanisms which produce transformations as determinant, but also leaves something in excess (Rose, 2006, p. 6). It is this 'excess' that opens discourse around sexuality, agency and political action.

The reinstatement of 'subjectivity' and 'identity' (individual as well as political) in the psychological discourse promised possibilities of dealing with cultures and individuals anew. The question of identity – especially how it is constituted and maintained – is therefore the central issue through which psychoanalysis enters the political field (Rose, 2006, p. 5). Despite the essentialist bias and 'grand-narrative' quality of some of Kakar's texts, his socio-psychoanalytic inquiry on political influence and the identity of right wing women leaders is a remarkable exercise in psychology of religious movements and violence. Highlighting how right wing women activists used the rhetoric of colonized Hindu society, evoked male machismo in various tactical and rhetorical ways – virtually branding men impotent amidst the (delusional) mutilation and rape of several Hindu women – they pursued a communal, anti-Muslim agenda. This work showed how seemingly liberated right wing women activists were basically working for a patriarchal and communalist agenda.

But this also exposed the fact that unlike the left wing parties, there was a greater acceptance of ordinary women in the right; a dichotomy that showed how deeply divided the seemingly egalitarian parties were on gender lines. Nandy, a psychologist by training, in his work on the history of psychology in India (1974, 1980), historiography of violence on children (1987a), violence against women and sati (1980, 1987b), work around communal violence (1985, 2002), right wing authoritarian politics (1995), and contemporary politics (1995, 2007) offers a wider canvas of thinking around a spectrum of social issues.

### **Not Yet a Field of its Own: Indian Psychology and Feminism<sup>3</sup>**

It is hard to write a paper on a theme that is yet to be fully substantiated by the field of one's study, this is to say (or conclude rather uncomfortably) that there is no clear indication of a well-formed feminist discourse in mainstream psychology in India. There are feminist critiques of psychology in the country (see Spivak, 1999; Crooks, 1994; Dhar, 2009; John, 2002; Nandy, 1995); and there are psychologists who use feminism to theorize issues around discrimination-inequity based on gender, caste and class differences (Ghai, 2002, 2009; Ghai & Johri, 2008; Nandy, 1980, 1995; Vindhya, 1998, 2007). Perhaps in both these movements one can locate feminist psychology or its very early origins or we can conclude that if these two exegesis/movements exit then there is as such no need for feminist psychology, since there is a committed engagement from within psychology and feminist discourse in India. If Vindhya's (2007) review of women-oriented studies from 1993-2003 is any indicator of the scholarship on psychology of women, then the fact that the highest number of studies on work-family interface (56 studies as opposed to lesser numbers in other areas such as mental health, violence against women etc.) highlights two things; 1) the dilemma and concern over the place of family in the lives of women, and 2) the struggle around equal opportunities and recognition as equal work partners, similar to the situation during the first feminist wave in the west. This takes us back to the overlap between national interest and gender justice and the need for women's groups and academics to become more daring with regards to taking up women liberation and emancipation issues.

Working with the positivist framework, psychology in India has only partially opened itself to discursive, hermeneutic models. The ten-year reviews commissioned by the Indian Council of Social Science Research since the 1950s show the massive influence western theories have had on psychological thought and practice in India. There are two trends visible. First, research in psychology is generally quite limited in volume and quality considering how widely the discipline is taught in the country (see Misra, 2010). The limited volume of research output might also be due to the fact that Indian universities generally do not promote research like in the west, nor do they allow much time or resources for academics to pursue research wholeheartedly (universities have remained primarily teaching spaces). Second, in addition to this, the focus of whatever research is available is largely around operationalizing western theoretical constructs on urban populations of the country. There is little critical or conceptual engagement around caste, class, gender, family, or religion and their interface with the everyday life of Indian people. Some exceptions to this include the work of women academics around ethnotheory of childhood, motherhood and work on dialogical self by

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<sup>3</sup> I am using Indian psychology in the broadest possible sense. It does not refer only to Indigenous and Indian cultural psychology but to all scholarship produced in India under the broad rubric of psychology. In an earlier paper (Kumar, 2006) I have tried to discuss why keeping a broad frame of psychology in India as opposed to Indian psychology is important.

Chaudhary (2003, 2004, 2006, 2009); Vindhya's work (2000) on the lives of Andhra women activists of the revolutionary movement; Vahali's work (2002, 2009) on the lives of Tibetans in exile; and Ghai and Johri's work (2008) on the psychology and politics of pre-natal diagnosis.

### **Up Against the Wall: Setting up Women Against Women**

Returns to the dichotomy between national interest and gender justice in a bid to understand feminist psychology or a psychologically-minded feminism in India are inevitable. So far in this paper I have attempted to show the various hues of gender politics by taking up various postures of gendered violence: whether in the form of local women's marginalization within organizations and feminist intellectual biases in understanding the everyday lives of marginalized and oppressed people (and not women alone). One question that keeps returning again and again is how often in our society women are set up against one another. Are women merely pawns in the hands of men? Kakar's (1996) study of the Hyderabad riots show how political parties display and use women candidates before elections, and especially during riots when women would come out wrestling each other, trying to shield men, and also committing heinous crimes in the garb of social or national interest without any moral qualms or empathy for the bereaved. The phenomenon of women goons is a more recent phenomenon of the right-wing Rashtriya Swayamsevak Sangh or Bajrang Dal parties controlling women's freedom, sexuality and morality.

The politics of testimony of victims of domestic, sexual, sectarian or political violence is a contested area both socially and legally as well. The case of activist Teesta Setalvad and Zaheera Sheikh in the Best bakery case during the 2002 Gujarat riots is a case in point (Vardharajan, 2002). Although Zaheera Sheikh initially came forward as a witness to the burning of her family when the bakery was set on fire by vengeful mobs, the Bharatiya Janata Party politicians and local Bajrang Dal goons involved persuaded in turning one against the other, threatening Zaheera and subsequently (forcibly) bribing and moving her away from Gujarat to buy her silence. In an ironic court judgement on the entire drama, Zaheera Sheikh was sent to prison for constantly changing her 'testimony' (Kumar, 2007).

It is surprising that there were no voices raised against this warped process of seeking 'testimonies' or indeed understanding the trauma of those who come forward to give evidence against perpetrators of such mass violence (Vardharajan, 2002). The added complexity of State complicity in the entire case, facing death threats and a price put to buy silence, makes the politics of testimony a much debated topic for the judiciary and civil society. Sadly, there was no public protest of Zaheera's imprisonment, only outrage at her supposed treachery! As a psychologist, I am only now beginning to understand the political contours within which a psychology of violence has to be examined. I am also surprised that not many feminist or women activists or even women academics showed any concern over this warped mechanism of recording testimonies especially in this case. The immense vulnerability, anxiety and fear of this young girl and the subsequent political attempts to threaten her and distort her reality (and she may have well complied in pressure or in lure of money) have not been examined critically.

While Nandy has been criticized for eulogizing the practice of sati (some say legitimizing the tradition of sati which other historians say never existed as such) in his reaction to Roop Kanwar's immolation (John, 2002), other feminists have pointed out the relativist position

that potentially harms the women's struggle against such practices. His suggestion is that the abuse of power by women themselves is worth considering. He draws our attention towards the cruelty of women towards women suggesting that structural violence against woman is merely a function of maternal neglect, a weird expression of women's hostility towards womanhood (and womenfolk?), symbolically also towards her own self. I have in mind the unsympathetic reactions and violence committed by women relatives, particularly women-in-law such as sisters-in-law, mothers-in law, etc. Dowry killings are one such example, where most of the time they are initiated by mothers-in-law accompanied by males in the household (often the first act of violence is initiated by her).

How do we understand this violence that women expose vulnerable women to? It is clear from the range of writings and experiences we might call 'feminist' that 'woman' as an undifferentiated social category is untenable; women are a diverse group occupying multiply held positions, identities are never 'fixed and complete' (Hall, 1996, as cited in Ali, 2007), and it is not possible to think of all women as simply and only 'oppressed by men' through a monolithic system named 'patriarchy' (Das, 1989).

### **Situating herstory/history: Choked voices of the Kutchi girl child**

An experience from my field work further situates this incommunicado feeling. In late 2007 I visited Surendranagar and Kutch for my field work in Bhuj. This was to collect data about the experiences of children after the 2001 earthquake. I have written elsewhere about my experiences of working in Kutch and particularly about the pleasant exchanges with young boys who were so playful and curious about my camera, laptop and my work generally. In contrast, the girls were just the opposite; quite reserved, in fact a little stern, and had this adultomorphic appearance about them. It was quite an uncanny experience working with them there, as a wall of invisible silence surrounded them and most of my animated talk and endeavor to relax and interact with them were met by uncomfortable monosyllables. This uncomfortable exchange and physical discomfort kept haunting me time and again. My own reaction at first was to think of the girls as less interesting, mature, and psychologically-minded than the boys, along with a feeling of estrangement that accompanied me throughout my fieldwork. While discussing this awkward experience with an elderly woman psychologist in Ahmedabad, she pointed out how *girls were meant to be seen and not to be heard* in our culture.

During the transcription of the interviews I noticed how stoic and unemotional the girls's narratives were. Watching the videos again and again, I was struck by what I kept missing about their psychological and social reality. I do not intend to psychologize here; it dawned on me that there was a disjuncture between my own speech and theirs. My attachment interview questions could never tap their experiential reality and my proximity and ease with the males (including the young boys, school headmaster, teachers, higher education department members, my translators etc.) made me at first a 'masculine presence' in their eyes and then placed me right inside the same phallogocentric discourse these girls complied with. Even though this realization dawned quite late, when I made another visit a year later I moved around rather independently in the village, spending more time with the girls and understanding their life rhythm and how they have lost their own voices. Thus I was able to recognize how my original interviews were disempowering in holding up the boys over the girls.

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### **Feminization of Education**

This section discusses what is largely a patriarchal set-up of academic psychology wherein there exist many more 'natural sciences' inspired male scientists/teachers and students/followers who continue to be largely young women. The idiosyncratic developments within academic psychology in India are discussed in this light. In this scenario, the question is whether feminist enterprise has failed to penetrate the academic psychology arena, or whether in its continued disengaged stance it conveys a voice of dissent of its own kind. What shape and form this disengagement has taken is another matter of concern.

### **Women in a Colonized Terrain**

To fully grasp the social import of the concept of the unconscious, the interface between two factors – institutions and their fantasies have to be unravelled (Rose, 2006, p. 4). How an institution defines its limits, or even constitutes itself as an institution is underpinned by a realm in which sexual fantasy is at play (Rose, 2006) and knowing the particularities of this fantasy offers an account of structural dynamics at play. This fantasmatic offers a homology to the dominant 'heterosexual' love relationships in the Indian context (played out in the teacher/student, guru/shishya dyad in various real life and 'educational' setups). Commonly seen, it is when the fantasy of becoming a natural scientist or civil servant fails that young men often turn to psychology as a half-way home between the natural and social sciences. The fields of experimental, cognitive, and organizational psychology then offer a compromise settlement. The problem is that the discipline is stripped of its 'human' and 'humanities' component soon to be replaced with more mechanistic, logico-positivistic, and reductionistic understandings and tones that eschew social reality and social theory in all possible ways. This could also be read as the story of psychology in general, but it is a picture of psychology in India. The 'failed scientists' turn into 'lugubrious psychologists' with hugely officious, professorial airs about them, gathering around them an army of young women working as subordinates (comparing it to a 'harem' maintained by Mughal kings would be only a slight exaggeration!). It then becomes a discipline of 'disciplining women'.

It is ironic that women students who come to psychology from all walks of life (rural agrarian/urban, lower/middle/upper class, lower/upper castes/Dalits/Other Backward Classes, Muslims/Christians/Hindu religion, from different regions such as North-East/West/ South etc. are a few prominent categories) are taught to overlook their background and social reality to study such topics as attention, learning, motivation, and intelligence to group psychology, identity, and attachments objectively in laboratory through rigorous experimentation. Having thus spent years and years of unlearning the sociality and materiality that is part of our existence, mainstream psychology in India exists in the 21<sup>st</sup> century in a lifeless form and without impacting debates around individual and political empowerment, rights, or well being in any significant way. In a country where disciplines such as sociology and political science, and interdisciplinary fields such as women's studies, cultural and postcolonial studies, have opened themselves, psychology and psychologists (strangely the fate of natural sciences in India is somewhat similar) has managed to be excluded from any significant political or social activism or representation.

The undergraduate psychology taught in various colleges affiliated to different universities is further split into this natural science/social science and male/female divide. There is a segregation of male and female students since most colleges offering psychology are women-

only institutions.<sup>4</sup> It is a discipline which is perceived as feminine, resulting in very few male students being drawn to fields such as counselling and clinical psychology (closer to the ‘nursing’ profession and just how many male nurses do we see in India!). Postgraduate psychology, speaking from my own experience of studying in the University of Delhi, denies existence of the splits that undergraduate studies create. Though young men and women learn together, the social divides already set by this stage decide the fate of students. The affluent ones are able to find reasonable employment, and the economically less privileged ones, with time, vanish from the university scene. Working as a lecturer a little later in the University of Delhi, I was to understand more closely the vagaries of (and I wasn’t alone here) the struggle with impenetrable hierarchies within various power structures and centers. It was a strange imitation of patriarchy in its constant debasement of the rights of young women and male scholars, and the patronizing of authoritarian functioning styles and authority figures by older women (and male) academics who should have been resisting such an oppression.<sup>5</sup> Foucault (1977) with his focus on subjection and ways, in which we internalize oppressions, makes a compelling case for analysis of power. This is rather a minor concern before the bigger question of addressing ‘woman’ in monolithic terms; mainly through inert, passive categories of being spectators or victims in the system. To reiterate, the hostility and violence that women do to each other – even if this is due to the heady influence of power – has not been sufficiently looked at.

The reviews of psychological scholarship in India (Pandey, 2001, 2004; more recently, Misra, 2010) have inserted a chapter or two on gender (as part of gender mainstreaming exercises). Vindhya (2010) lamented that the reviews have been commissioned only in the last two decades. Despite the presence of documentation of gender influences in Indian psychology, the significance of prominent and dissenting voices of women academics is largely still missing (Kumar, 2006). One example of such a bias is reflected in the organizational structure of psychology associations wherein the top decision-making positions continue to be predominantly held by men. Despite some changes in recent years, it remains to be seen whether the presence of women in such forums would actually enable radical, dissenting voices to be incorporated within the psychology discourse as opposed to merely creating a gender-sensitive outlook while presenting value-neutral discourses. Whether women psychologists in significant positions will remain the footsoldiers of male academics or assert themselves to challenge the oppressive, asocial nature of psychology is something we need to look out for.

### **Disciplining Psychology**

Finally, to the work of postcolonial feminist writer Mahashweta Devi in her story *Draupadi*,<sup>6</sup> to explore the portrayal of women’s complex struggles and identities and to debate whether

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<sup>4</sup> In one such university college for women, a recently appointed male lecturer friend commented on the sheer volume of the ‘XX’ chromosome that seemed to disorient him about his own composition and identity due to such social segregation!

<sup>5</sup> One glaring example is that the younger colleagues (or those on temporary contract) were not given the right to teach courses or papers they were interested in or participate in any committee or decision making forum, and are treated as second rate lecturers (often a fact further played on by students).

<sup>6</sup> Draupadi is a celebrated woman protagonist of the Indian epic Mahabharata, she provides the only example of polyandry (not by choice but by strange turn of events). She becomes victim to the violent transaction between the five Pandavas. She re-experiences this gamble when the eldest Pandava puts her on stake in a game of dice against Kauravas and loses her. “The Scriptures prescribed one husband for a woman;

the psychological enterprise in India can capture some of the nuances of their oppressed voices and evolve a new language of collective protest, responsibility, and action.

In the story *Draupadi*, the main character 'dopdi' calls the police encounter 'counter'. She is an illiterate tribal who takes part in the murder of her landlord and becomes a 'wanted' criminal for the army stationed in the forest and knows what fate has in store for her. Spivak (1981) in her introduction to the translation, aptly remarks how Dopdi does not understand English, but she understands this formula and the word... "*it is the menacing appeal of the objectified subject to its politico-sexual enemy – the provisionally silenced master of the subject-object dialectic – to encounter – 'counter' – her. What is it to 'use' a language 'correctly' without 'knowing' it?*" (p. 391).

*Draupadi* is probably one of Mahasweta Devi's most famous stories, and has been reprinted and translated in several collections. Like most of her stories, it is set among the tribals in Bengal and adjoining states of India. *Draupadi*, or Dopdi as her name appears in dialect, is a rebel, hunted down by the government in their attempt to subjugate these groups. The government uses all forces available to them, including kidnapping, murder, and rape, and any tribal deaths in custody are invariably 'accidents'. But Dopdi is not easily cowed. After continuous days of rape and abuse, deprived of food and water, the story ends with a magnificent final scene in which she faces her abusers, naked and bloody, but fiercely strong. Quite aptly Spivak (1981) writes

*of course, this voice of male authority also fades. Once Dopdi enters, in the final section of the story, the postscript area of lunar flux and sexual difference, she is in a place where she will finally act for herself in not 'acting', in challenging the man to (en)counter her as unrecorded or misrecorded objective historical monument. The army officer is shown as unable to ask the authoritative ontological question, What is this?* (p. 393)

Devi asserts that "*life is not mathematics and the human being is not made for the sake of politics. I want a change in the present social system and do not believe in mere party politics*" (Devi, 1978 as cited in Spivak, 1981, p. 383). Mahasweta Devi often brings us face to face with how for her, Dopdi finds her own language of protest after being violated by the soldiers and she evokes extreme guilt and remorse in Senanayak (army chief) by refusing to dress up and appearing naked before the abusers who are baffled by her protest and defiance. One might wonder what significance this tribal story has for psychology. In Dopdi's protest and final posture of resisting abuse, violence, and patriarchy itself, she presents herself as a new avatar of feminism – no more a victim but also a subverter of patriarchal oppression. Spivak takes Dopdi further by suggesting that Mahasweta's story highlights how the actions of women elude men (how baffled, eroded and shamed the soldiers and chief feel when Dopdi refuses to dress and spits on the Chief's face) and reminds us how women think differently, and process and react differently to adversities and challenges. She also uses 'Draupadi' as a trope to show us the fate of the third world academic and presents 'Senanayak' as a first world academic (Spivak, 1999) who remains non-committal and confused about the point of intervention. The Senanayak (army chief) remains in dilemma

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*Draupadi* is dependent on many husbands; therefore she can be designated a prostitute. There is nothing improper in bringing her, clothed or unclothed, into the assembly" (as cited in Spivak, 1981, p. 388). *Draupadi* here is a pun on both women from the Mahabharata as well as Mahasweta Devi's Dopdi who was violated by the army and her existence forgotten by her revolutionary male party workers who never once thought about torture and atrocities that women suffered when captured. But Mahasweta Devi's Dopdi had the courage to stand up to her tormentors.

about what action to take against Dopdi and is presented to us as a mute subject who knows the truth but refuses to take moral responsibility and suffers from enormous guilt (especially when Dopdi trots naked before him). Spivak's (1981) main message is that "we will not be able to speak to the women out there if we depend completely on conferences and anthologies by Western-trained informants" (p. 382); this is the message that Indian psychologists and academics in general have to understand. It is only by engagement with women out there that can we find an authentic exchange on issues of immediate social relevance.

The process of disciplining psychology given the Indian context thus involves a shift of focus from elitist and western-centred preoccupations towards diversifying feminisms by shifting their foci to a praxis utilizing difference, deconstruction and decentering. Deconstruction is the antithesis of the essentialist bias in psychology (Crooks, 1994; Kumar, 2006; Nandy, 1995; Vindhya, 1998; Vahali, 2002) and involves a constant process of interpreting, translating signs and spoken word as well as the text. Decentering includes concepts but also power structures, hierarchies, and focuses on the need to encourage a generation X in India. Many younger feminists celebrate contradictions as a means of resistance to identity of categorization, much in the spirit of performance theories and queer theorists (Ali, 2007; Butler, 2003; Mann & Huffman, 2005). The process of disciplining and rejuvenating psychology in India has also to refocus on these transformations.

## SECTION 2 (CHINA MILLS)

### **Making Psychiatry Strange; Invisible People and Post Colonial Doubles**

*Dearest Manasi, how can I begin? Your letter has evoked so many memories of my own time in India. I am now thinking of my fieldwork on this unusually warm but usually rainy day in Manchester, on a different continent from you, and a different continent again from the focus of this paper. Writing so far away, in distance and time, in 'afterwardness', gives a force and yet an absence to my reflections. This is an absence different from the feelings of troubled presence I felt in India, evident in a note I found scribbled furiously in the back of my fieldwork diary,*

*'Today a group of cognitive behavioral therapists and psychiatrists told me that what I discussed in my workshop (on the psychiatric survivor movement and the Hearing Voices Network) was "white knowledge" and colonial... I feel like India is becoming psychiatrised before my very eyes, and I'm somehow complicit'.*

*Since then, at a distance, I have become preoccupied with this psychiatrisation. I wonder whether my troubled feelings of presence and defensive fury were in fact haunted by a colonial anxiety that also marks the process of psychiatrisation. I would like to share these thoughts with you; marked by absence, always anxious.*

The current incitement of mental health into a discourse of global emergency and crisis; urgent calls that we are 'facing a global human rights emergency in mental health', a 'depression epidemic' (BBC, 1999); suggest an abnormal deviation from a normal Order. Yet critical psychology and psychiatric survivor activism has long sought recognition that mental illness may also be read as a 'normal' reaction to (dis)Order – as a 'healthy' response to the 'unhealthy' globalization of Neoliberalism and inequality. However, making the claim that mental health problems, such as depression, are a 'normal' response to inequitable market

relations in the global South, may also be normative, as it glosses over a simultaneous globalization; that of bio-psychiatric explanations of distress.

In this section I will focus on how the operationalization and transposition of psychiatric and psychological constructs and knowledge systems from the global North (or High-income countries), is put to work 'on the ground' within the mental health arena in India. How do non-governmental organisations (NGOs) act as distributory channels for western biomedical and psychological knowledge constructs, and thus as psychological and pharmaceutical enterprises? The stories told in this paper are layered with interviews, World Health Organisation literature and post colonial theory, in an attempt to continue the project of (re)reading, de-familiarizing and de-centring psychology and psychiatry; to explore another space, a space of the Other, a space where alternative psychologies / psychiatries might be (re)imagined.

The World Health Organisation's (WHO) Mental Health Gap Action Programme (mhGAP), launched in 2008 to address the 'lack of care' for people 'suffering' from 'mental disorders', has the objective of 'scaling-up' services for mental health problems in low-income countries (iii). Here lower- and middle-income countries are framed as lacking scientific knowledge about mental health problems. Thus, Basic Needs, an international mental health NGO says;

*a scientific knowledge base of mental illness does not exist in the minds of rural people. It is difficult for them to understand that just as for physical illness medicines are available to cure mental illness too...A scientific approach was to be promoted. (Basic Needs, undated, p.15)*

This 'lack' of scientific knowledge about mental health is constructed within the Global mental health literature<sup>7</sup> as 'poor mental health literacy'; defined as 'knowledge and beliefs about mental disorders which aid their recognition, management or prevention' (Jorm, 2000: 399). Therefore, this literature concludes that, 'we need a "mental health literate" society in which basic knowledge and skills are more widely distributed' (Jorm, 2000, p.399, 396). Thus the construction of a 'treatment gap' (the gap between those who are framed as 'needing' mental health care and those who actually receive it) works as a space for increasing mental health intervention, activism and enterprise both within countries of the global South, such as India, by NGOs and carer groups; and between countries, across international borders. The 'Movement for Global Mental Health' is one example of such an international alliance; calling 'to make mental health for all a reality' (Patel, et al, 2011, p. 90).

'Making mental health a reality for all' points to an increasingly somatic ethics, a politics of life, of NGOs and philanthropy, of biomedical organisation in the lives and health of those who live in the global south, and particularly those who are poor (Rose, 2007). Within this somatic ethics, access to mental health treatment, usually medication, is equated with social justice (Ecks, 2005), invoking new ways of talking and thinking about the self; about distress, marginalization, social equality and justice in 'biologically colored' language, marking a shift in human ontology that enables the biomedical reshaping of global citizenship (Rose, 2007). This shift makes available, 'makes up' new selves (Hacking, 2006); 'neurochemical selves'

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<sup>7</sup> By global mental health literature I am referring mainly to a series of articles published in The Lancet on global mental health (2007), and the PLOS Medicine (2009) series on the Movement for Global Mental Health and packages of care.

(Rose, 2003), and bio-psychiatric activists and philanthropists. This 'making up' enables an exploration of how NGO's mental health awareness campaigns may operate as a mode, or a field, of subjectivation, as a mechanism for producing particular subjectivities (Coonfield, 2008). It also enables a move beyond arguments about whether mental illness 'exists' in poor countries, to explore how mental illness is becoming a way to be a person in India (Hacking 2006).

Underpinning understandings of mental health and illness are particular frameworks of what it means to be a person, thus interventions to raise mental health literacy in the global South may be 'presenting as definitive the contemporary Western way of being a person' (Summerfield, 2008, 992). How can this be read alongside many Indian mental health NGO's calls to 'see' those with mental health problems as 'human'? What sort of human is being mobilised to be seen? Drawing on the author's (CM) fieldwork in India, this paper will focus on the work of two NGOs (both mainly run by women, for women) that work with those whom they call 'invisible people', the 'homeless / wandering mentally ill', in order to grapple with how 'seeing' those who are invisible both troubles our understandings of what counts as human, while also domesticating that excess, that which may subvert. Reading this invisibility from both the standpoint of the onlooker, and from those who look back (unseen), the paper will go on to engage with the possibilities of invisibility as camouflage; subverting bio-psychiatric interpellation, and instituting colonial anxiety, through a process of doubling that casts eerie shadows on the unitary rational subject; the subject of psychology, and psychology as a subject. This is a messy space.

### **'Invisible People'**

Battered, bruised, brutally abused, both physically and sexually, ignored by everybody, eating out of garbage bins and with no place to call home. This was the situation of Chennai's homeless women with mental illness even just a decade ago. They were an invisible minority, and would have stayed invisible had it not been for two young women who put them firmly back on Chennai's social agenda'. (The Banyan website).

'One of our patients had so many maggots on a ear wound that they came out of her nose...hundreds of them (The Banyan (undated) 'Responding to an Invisible Reality').

Abjection, where the 'clean and proper body' is defiled - maggots crawling out of wounds, eating faeces out of garbage bins; in their very being, the 'homeless mentally ill', identified and treated by mental health NGOs in India, seem to enact the abject. Not only do these leaky bodies disturb the borders of the 'clean and proper body', they threaten 'to confront the leakiness of order and other, the liminal, and the borderline that defines what is fully human from what is not' (Jones, 2007, p.62). They inhabit this border; in-between human and non-human, hence calls from NGOs to recognize 'them' as human beings.

However if the "unlivable" is required to circumscribe the domain of the subject' (Butler, 1993, p. 3) then the recognition of those who live unlivable lives as being human breaches current boundaries of the human, calling into question current frameworks for recognising humanity. When people's human status is called into question it's a sign, for Judith Butler, that we have 'made use of a parochial frame for understanding the human, and failed to expand our conception of human rights to include those whose values may well test the limits of our own' (2004, p. 89 ). But what then of NGO's calls for recognition to 'see' those with mental health problems as 'human'? Does this strategy call into attention such parochial

frameworks of intelligibility and exclusionary logic, tearing gaps into assumptions of what and who counts as human? Iswar Sankalpa,<sup>8</sup> an NGO in Kolkata, goes further than ‘seeing’ the ‘mentally ill’, it creates spaces for contact between the ‘invisible’ mentally ill and members of the community through holding mental health camps at charitable clubs in India. Sarbani Das Roy, the co-founder of Iswar Sankalpa, explains;

*... we had a budget for awareness camps...So what we said was that people have blood donation camps... so we'll ask the club to have a mental health camp in your area...And then we bring the local homeless mentally ill people to that camp. And then we tag these people to the caregivers at the camp....And then there's the diagnosis, then we wash them, we clean them and the club members they take part in that process so then in that way, its only when a person touches another person and sees that this is not a mad person, it is another human being, then the stigma of mental illness is removed I feel. Its only through touch, that's what I've felt, its not through any posters, through campaigns, through any intellectual media that I feel the stigma of mental illness can go, only through touch. You know when you touch a person and you see that this is another human being. (Sarbani Das Roy).<sup>9</sup>*

For Sarbani, these camps do more than educate people about biomedical understandings of mental illness, in fact she says that makes little difference, for her these medical encounters are human encounters with the ‘other’. They are an opportunity to touch the other, and to be touched by them, and through touch to ‘see that this is another human being’. Touch has particular significance in India, where because of the caste system a whole section of society are excluded from social interactions, constructed as ‘untouchable’ and ‘unseeable’, where ‘even their shadow, [is] held to be ritually polluting and abhorrent’ (Teltumbde, 2010, p.14). The caste system then works as a mechanism of control to prevent physical and symbolic contact, constructing whole communities as ‘outside’. This literally and forcibly prevents alliances from being formed and intersections from being thought or seen. Sarbani recounts her own first ‘seeing’ of a homeless person with mental health problems, an encounter which led to the founding of Iswar Sankalpa;

*Actually it all began one day, when Dr Narayan and myself were walking down the street and there's a big vat over there, you know where people throw rubbish so there was this one man who was eating from the vat and he was picking up rubbish from the vat and eating it and we realised that he was mentally unwell...I just saw a glimpse of a very dire need in the city to address this segment of the population which was remaining untouched by the government and the non government agencies. That was when I decided that, and with Dr Narayan, he said that “I wish we could do something for this person because these are the people who never come to my clinic...and I don't know how to reach them” (Sarbani)*

Touching and reaching. Here being ‘untouched’ by the Government is portrayed as resulting in poverty, eating out of rubbish bins. Being unreached, ‘hard to reach’ here seems to mean lack of access to medical care, to doctors and psychiatrists. This stands in contrast to the touch that enables a person to see another as a human being; the hand that washes you, feeds you, gives you medication. But how does medication ‘touch’ a person? In what ways does medication ‘broker subjectivity’ (Das, 2003)? Might ‘seeing’ the other as human also make that person visible, constructing a subject open to a play of normative gazes, not least that of psychiatry?

### **‘Power that speaks softly’**

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<sup>8</sup> See Iswar Sankalpa’s website; <http://www.isankalpa.org/about.html>

<sup>9</sup> This interview was conducted as part of the author’s (CM) fieldwork in India, between January and May, 2011.

I want to tell two stories to enable an exploration of how normative and medicalised gazes may play out on the bodies, and in the minds, of people diagnosed as ‘mentally ill’, by NGOs in India. The first story was told to me by a Psychiatrist, employed by an NGO, in India;

*the main problem we face is medicine compliance, which is very important for the patient's well-being... once they start getting better, they leave the place and go to some other place, we may track them or we may not track them. To track them down...there are care givers, who provide them with food or who are entrusted with giving medicines in addition to the social workers and fieldworkers that we have. They most of the time give us the information that the person has left this place and gone there, so go and look there, you might find him or her there. So that building up that caregiver community is very important....We do not force them...but at the same time the person is not willing to take medicines, taking the medicines in a formal fashion...we mix the medicines with food. And once they start improving they start taking medicines by themselves. So that block, that block that they have regarding medicines ... can be broken and that person feels that he or she is improving after taking medicines, the person starts taking medicines by themselves.*

The second story is about the Banyan, an NGO in Chennai, that offers some low-income families ‘free medication for life’, posting envelopes full of medicines all over India.<sup>10</sup> I visited the Banyan’s out-patient clinic where people who have been diagnosed by the Banyan as ‘mentally ill’ visit with their family. The following is an excerpt from my fieldwork diary:

Some families have travelled from miles away, hours on a bumpy bus. I stood in the outdoor square, while the patients formed a circle, where shiny blue and white leaflets were distributed. A nice man gave me a copy of one. It was a leaflet from the drug company Pfizer. The leaflet asks people to rate how strongly they experience particular side effects, from one the company’s drugs. It was in Tamil and English. Instead of filling in the form individually, everybody formed a circle, with a man in the middle who read out the list of side effects, asking people to move in or out depending on how strongly they experienced particular effects. Then the circle dispersed; on to a quick meeting with a social worker, and to join the long queue outside the room that dispensed the drugs. The psychiatrist told me they had wanted to make it a community resource centre, but he felt it had never really developed beyond being a drug dispensary. I had a quick look at Pfizer’s leaflet; it was for Daxid Sertraline (known in the USA as Zoloft), an anti-depressant. The leaflet says; ‘Sertraline, power that speaks softly’, and ‘Pfizer, working together for a healthier world’.

What constitutes Pfizer’s idea of a ‘healthier world’? We could read the two stories above (of caregiver communities and out-patient clinics) through a Foucauldian lens of governmentality, as a matrix of surveillance, the governing of poor, distressed people from a distance, by post. Both stories highlight how NGOs are increasingly becoming distributory channels for pharmaceuticals, and for Western psychiatric and psychological constructs, in India, and are thus implicated in a biopolitical constitution of life itself, and of Empire (Hardt and Negri, 2000), as they work to break down the ‘blocks’ regarding medicines. (However building up caregiver communities and ‘treating’ those with mental health problems in out-patient clinics both work differently from the practise of ‘rescuing’ people from the streets and institutionalising them, which is widely practised by NGOs in India). Seemingly then, in an increasingly pharmacological world, to be marginal, undeveloped and vulnerable often ‘means to be cut off from the circulation of biomedical substances’ (Ecks, 2005, p. 240). However, for Sarbani Das Roy, vulnerability did not solely mean lack of access to psychiatric drugs, for her medication linked to visibility in more sinister ways. She told me about one of the women that Iswar Sankalpa had worked with; she was taking her medicines, ‘getting

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<sup>10</sup> See The Banyan’s website <http://www.thebanyan.org/>

better', had got a job, and then one day died after being gang raped on the street where she slept;

*And that day my whole romanticism of community care got a major jolt. I thought that this cannot be the answer for all. And you know I questioned the fact that by making them better on the street, am I sort of making them much more vulnerable? Because they started getting cleaner and they started taking care of themselves, am I making them much more vulnerable?(Sarbani)*

Might medication make some women more vulnerable? Here the restitution of a 'clean and proper body' invokes the disinvestment of the 'object of its contaminating character, it becomes more communicable; it enters the social' (Burman, 2006, p. 201). But this 'submission to sociality' (Butler, 1997, p. 197), this visibility in the social space can be dangerous. Sarbani's account opens a space to think differently about issues of visibility and invisibility as they relate to recovery, vulnerability, psychiatry and psychology; a space that defamiliarises the assumed benefit of making people in low-income countries visible to psychological and pharmacological interventions; a space where visibility might be dangerous, and where invisibility might enable camouflage, survival.

### **'Eyes that circulate without being seen'**

One of these 'invisible people' became momentarily visible to me when I accompanied a social worker from Iswar Sankalpa on her daily rounds of Sealdah railway station, in Kolkata. Each day, Sonia (name changed) travels to the station to find, speak to and give medicines to homeless people with mental health problems, who live within and on the myriad platforms, carriages and spaces alongside the rail tracks. At one point we stopped and Sonia pointed in front, she said,

That's Bharat. We found him a few days ago. He sleeps a lot because of the medicines'. I looked in front, into an empty space. Sonia called out, 'Bharat'. The ground moved, unfolded, and then I could see Bharat, the same colour as the earth. Invisible. Like camouflage.

Here invisibility may be read as survival and resistance, as 'secret arts of invisibleness' (Jin, 1987, p. 123-126), because it enables people to be less visible to the normative gaze; of the State, of psychiatry, and thus to intervention. Jones (2007) asserts that;

The shape of the culturally abject body always takes the form of "the other," either visible through its marked differences in shape, color, or stability or invisible in its undifferentiated banality (Jones 2007, p. 64).

Is there thus a distinction between adapting to one's background, being 'invisible in undifferentiated banality'; and being camouflaged, hidden, concealed? For Lacan (1977), adaptation to one's background is always bound up with the needs of survival (p.98-99). Whereas to mimic one's background 'is not a question of harmonizing with the background but, against a mottled background, of becoming mottled' (Lacan, 1977, p.99). Here mimicking one's background, becoming mottled, operates 'strictly in the opposite direction from that which the adaptive result might be presumed to demand' (Lacan, 1977, p. 99), thus subverting assimilation. Taking this further, for Homi Bhabha, invisibility highlights an ambivalence, producing a slippage that does not only "rupture" the discourse, but becomes transformed into an uncertainty which fixes the colonial subject as a "partial presence" (1994, p.123). This partiality, opacity, does more than veil resistance, it 'change[s] the very terms of our recognition of the person' (Bhabha, 1994, p. 49). Invisibility dislocates the penetrative psychological or psychiatric gaze, wreaking 'its revenge by circulating, without

being seen', initiating the possibility of political subversion' (Bhabha, 1994, p. 79). Thus these 'disembodied eyes' of the subaltern that see but are not seen, disrupt and subvert both the presumed unitary 'I' of the subject, and the surveillant, disciplinary 'eye' of psychiatry. For Kristeva, from the position of the onlooker, within abjection, in the 'in-between', [i]t is no longer I who expel, "I" is expelled' (Kristeva, 1982, p. 3-4), for the place of the abject is 'the place where "I" am not' (Creed, 1993, p. 9). It is not 'lack of cleanliness or health that causes abjection but what disturbs identity, system, order. What does not respect borders, positions, rules. The in-between, the ambiguous... ' (Kristeva, 1982, p. 4).

Alongside invisibility as camouflage, Sarbani Das Roy pointed to her personal dilemma of what 'getting better' might mean for certain women;

*And its her pain, I can't take away that pain. And the pain will not vanish with a few anti-depressants. But then I don't, its not like bringing her back here, putting her on anti-depressants will make her life easier... a personal dilemma sometimes I feel is that you know like many patients are coming here, they're getting better; sometimes I just question myself. When they're getting better sometimes they can't remember their homes or they don't want to go back home because their memory of the home is so bad. And sometimes I wonder whether am I doing good by recovering them...is the state of wellness really producing the sense of well-being. Or is it actually bringing back such more tormenting memories? Of a life probably which has been extremely traumatic. Especially for the woman, some of the women I feel, once they have got better its so much more difficult ... think of what they have lost. Whether the world of delusions and hallucinations was much more sort of comforting to them at least. Rather than the reality which is perhaps a lot more suffering... (Sarbani).*

Sarbani's text is haunted by melancholia; a withdrawal from sociality into an opaque psychic landscape, another world, of 'delusions and hallucinations'. Despite this opacity, for Butler (1997), it is possible to read such experiences as 'nascent political texts' (McRobbie, 2009; p.116), as responses to, and ways of working through trauma. Even in despair there may be signs of a 'crushed rebellion' (Butler, 1997, quoting Bhabha), an 'illegible rage', a rebellion we might read as feminist (McRobbie, 2009). But is this 'crushed rebellion' somehow contained in the act of naming, categorising distress as 'mental illness'? Creed conceptualises that reconstitution of the self, threatened by the horrific image, occurs through the conventional ending of horror narratives 'in which the monster is "named" and destroyed' (Creed, 1993, p. 28-29). Does this imply that in its very naming, the monster is destroyed? That it is destroyed in being named? That destruction is in part to 'be given over from the start to social terms that are never fully one's own' (Butler, 1997, p.28). Chrysann, a survivor of Electro-Convulsive Therapy, writes;

On the top of a previous paper it was written paranoid psychosis. That's how I knew that probably this is my problem (Chrysann, a survivor of the Indian mental health system, in Sanchit archives, Center for Advocacy in Mental Health, Bapu Trust).

What is destroyed in naming? Is it that in the act of naming, not the monster but the monstrosity it implied, that which threatened the unified subject, is destroyed through domestication? In naming, the monstrosity is domesticated, the thing that made us turn away, look anywhere but, becomes familiar, it has a name, and the name is 'mental illness', 'biochemical imbalance', 'an illness like any other';

'Certain biochemical changes, it could happen to you or me. Just a sudden biochemical change could make you go there on the streets, could make me go there on the streets. So it's something that can happen to each one of us'. (Sarbani)

This rendering familiar the strange, the abject, means the onlooker no longer has to turn away, they can 'see' the other, who is no longer the other, who is *almost* human, like them, *but not quite*.

### Psychology and Psychiatry's Doubles

In Kristeva and Bhabha's language of ambiguity, in-betweens, borders; the abject is the double of the bounded subject, though eerily similar. Bhabha claims that there is a space 'in-between the designations of identity', in-between the human and the non-human, and that 'this interstitial passage between fixed identifications opens up the possibility of a cultural hybridity that entertains difference without an assumed or imposed hierarchy' (Easthope, 1998:4). This opens up a project of re-encountering the abject and an expansion of how we can speak about the border 'as well as the place of the abject in need of reintegration (or asylum?)' (Burman, 2006, p. 201). This forces recognition of the strangeness of ourselves, where there can be no demand for assimilation, or integration, and thus where strangeness cannot be assigned by one group to another, and used to justify intervention. Huddart points to the use of psychoanalysis here, where through analysis 'we are not trying to cure the nation of its ills, or trying to make the nation feel whole again' (Huddart, 2006: 58). In fact, the abject double also highlights the strangeness of conceptualising the self as a separate entity from the social space, as a whole.

In this vein, Creed makes strange the desire to be 'whole', when she points out that the '[f]ear of losing oneself and one's boundaries is made more acute in a society which values boundaries over continuity and separateness over sameness' (Creed, 1986, p. 65). But what about when this bounded, separate way of being a person is transposed onto other cultures, such as India, as part of mental health literacy and awareness campaigns? For the Banyan, 'every individual is truly special for the very fact that they exist - in spite of all of the odds'. Thus their motto is 'I exist therefore I am' (The Banyan website). However this very desire 'to be', to 'persist in one's being' is to be submitted to a world of others (Butler, 1997, p. 28). India itself has lived under terms that are not its own, under colonial rule, and with cultural ambiguities for many years, enabling it, according to Ashis Nandy (1983) to build psychological defences against cultural invasions. For Nandy, survival invokes a self that is not defined too tightly or 'separated mechanically from the not-self' (p.107), preventing it from being 'psychologically swamped, co-opted or penetrated' (p.111).

The increasing push for people in India to understand mental health problems within a bio-psychiatric register could be read as such a technique of psychological penetration; where the site of intervention is the brain itself, the government of mentality. Despite the fact that much of the global mental health literature, and NGO material in India, highlights poverty as a key factor in mental distress, they often also construct mental illness as a 'normal' response to this poverty; a response that often requires medicating. But what happens when medication and medical intervention enter the scene of abjection? What role does psychiatry play in producing abject, psychiatrised bodies (LeFrancois, 2011)? What 'secret arts of invisibleness' are possible after having direct Electro-Convulsive Therapy (ECT) administered (illegal in many countries but still practised in India)? Chrysan says;

The most embarrassing thing was that my memory was effected so badly' [but] 'thankfully I recognised my children'. One day when I went out, a friend of mine was coming over to my house and I met her in my building. She said hello to me and I was just blank...how could I forget my own friends'...'After a few days you're just drugged and dazed. I don't know what it was. I cannot express it in words. (Center for Advocacy in Mental Health, p.17-18).

There is a politics here too of memory, of forgetting (as Manasi discussed earlier); about what is worth remembering;

Forgetfulness with ECT is usually mild, shortlasting and confined to events during the ECT course – a time that the patient would anyway be happy to forget about, for who wishes to retain memories of the period when mental illness was acute? (Andrade, 2002).

ECT and medication too then are psychiatric encounters with abjection. They too produce abjection, the crossing of bodily borders; drooling, memory loss, seizures. There is a need here to engage with survivor testimony, using this to critically re-think calls to ‘scale-up’ psychiatric treatments and psychological therapies from the global North to India. The Center for Advocacy in Mental Health, at Bapu Trust<sup>11</sup> is doing just this in its building up of an archive of survivor testimony of psychiatric interventions, pushing for the Supreme Court to recognise these as evidence, in an ongoing campaign against the use of direct ECT, in India. Thinking back to Nandy then, are people in India somehow better able to resist this new penetration into the brain, from the defence mechanisms developed from years of living under colonialism? Gruzinski (1988, p.169) points out that although colonization rarely destroys all creativity and resistance, ‘it does succeed more than often in weaving indissoluble ties between indigenous cultures and the imported ones’. In the case of NGOs and pharmaceutical companies, these are ties to medication that are socially and biologically hard to break, for ‘pharmaceutical fixes of diseases often constitute the path of least resistance in contexts of underdevelopment’ (Nichter and Vuckovic, 1994, p. 1512). Thus the globalization of bio-psychiatry invokes both modern freedoms (governing through the desire to be free, to be ‘yourself again’) and re-creating older, colonial dependencies. Here then, calls to scale-up psychiatric and psychological interventions may operate as one of many newer ‘anthropocentric doctrines of secular salvation’ (Nandy, 1983, p.128).

### ‘White knowledge’

Yet the psychiatric survivor concept,<sup>12</sup> as I experienced in many of the workshops I facilitated with NGOs in India, is often rejected as a ‘western concept’, ‘alien to Indian culture’ and ‘a luxury’.<sup>13</sup> Survivor-led approaches wouldn’t work in India, I was told, because ‘it’s a different culture’, ‘our patients are more severe than in the UK’, because ‘those women, the ones who’ve languished in asylums for the last 30 years, those are your survivors’.

Friends and colleagues, in India, told me that I was only given access to some of the institutes I spoke at because I was western and white (‘fair and lovely’ as one of India’s biggest brands of creams to whiten skin is called!). But when I spoke about survivor-led approaches, these were rejected. It seems that although I was given speaking rights because I am white and western, what I spoke about was rejected as ‘western’ knowledge – which worked to undermine it as colonial, as an attempt to impose western knowledge on to a different culture.

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<sup>11</sup> See Center for Advocacy in Mental Health, at Bapu Trust, Pune, India; <http://www.bapucamhindia.org/>

<sup>12</sup> I use ‘survivor’ here to refer to those who have used or been subjected to psychiatric categories and interventions themselves; and to refer to the self-organizing of these people into movements and groups that challenge psychiatric hegemony. Such groups vary widely, and by no means constitute one homogenous group, or even one shared understanding of what survivor might mean for those who self-identify as such.

<sup>13</sup> Quotes from participants at various workshops conducted by China Mills, in India, from January – May 2011. Participants have been kept anonymous.

Here the mobilisation of anti-colonial discourses worked to undermine a counter-hegemonic position (arguably from the global North), and to bolster the hegemonic knowledge of psychiatry, itself a colonial legacy in India. Thus while remaining sceptical of unthinkingly importing 'western' models onto diverse contexts, we also need tools with which to be sensitive to how disciplines such as psychiatry and psychology may call upon a nationalist discourse of resistance to colonialism, to defend their own forms of neo-colonial activities from critique. Thus colonialism may uncannily return to disturb not only the assumed unitary rational subject of psychiatry, but psychiatry itself as a subject, as stable and rational, as modern; just as the colonised look back (unseen) at the coloniser. This method forces what is constructed as modern and western mental health and psychiatry 'to confront their post-colonial doubles (Huddart, 2006, p. 89). For Bhabha (1994, p.85) such doubles create 'ambivalence in the structure of identification that occurs precisely in the elliptical *in-between*, where the shadow of the other falls upon the self'. Doubles, like that of the abject, remain 'a shadow threatening the integrity of the subject as whole' (Jones, 2007, p. 64); psychology's individual subjects, and the subject of psychology.

This links to Anup Dhar's (2004) discussion of the ethics of the 'survival of the other', 'survival at the cost of the other', the violence of survival; raising the question of whether the other can survive without being assimilated, survive in partial visibility. Or might the partial presence, the camouflaged other, interrupt or subvert the interpellating call itself, changing the frames that seek to assimilate it and render it docile? As Judith Butler suggests, to 'thwart the injunction to produce a docile body is not the same as dismantling the injunction or changing the terms of subject constitution' (1997, p. 88). Invisibility, camouflage, and psychic resistance (such as, dissociation, hearing voices), the psychological defences of the colonised, may undermine attempts to make bodies docile, or to colonise minds, showing the incomplete character of any civilising or normalising project to fully produce a docile body or mind. Yet this resistance seems unable to rearticulate the terms of subject formation and thus of productive power (Butler, 199, p. 88). It also may do little to get you released from a psychiatric facility. Thus NGO's interventions to bring about a confrontation with the abject, may work in the way Barbara Creed reads the horror film, 'in order to finally eject the abject and redraw the boundaries between the human and the non-human' (1993, p. 14). Here NGOs interventions may imply a representation of and reconciliation with that which threatens stability.

Mental health awareness campaigns and interventions may thus enable a confrontation with the abject, a touching and 'seeing' of the 'mentally ill' other that actually works as a way of reconciling the existence of that other, of domesticating that which threatened the stability of the unitary rational subject, or the 'clean and proper body'. If the work of some NGOs pushes for the recognition of people with mental health problems as human, does this challenge the frame of what we understand as being human? Who is this human we are being called to 'see'; what kind of human?

### **Making the familiar strange**

Can we speak of an ethics of 'seeing' the other? Perhaps it's possible to reverse the move to make the strange familiar, to domesticate, assimilate; and to instead engage with the abject in order to make the familiar strange, to queer what is understood as rationality and selfhood; psychology and psychiatry. For Chakrabarti and Dhar (2009, p.223-224), (drawing on the work of Achuthan) the move to (de)-familiarise, is both to familiarise and de-familiarise. It is

to make familiar an unfamiliar discourse, for example that of abjection, or camouflage, when re-thinking interventions in the lives of the oppressed.

To de-familiarise is also to make the familiar discourse unfamiliar; charting hybridity in understanding distress in India (such as spiritual and religious frameworks, see Davar and Lohokare, 2009); exploring the methods by which these alternative framings are being discredited, for example, through mental health literacy campaigns and the building of increasing numbers of asylums in India (see Bapu Trust for Research on Mind and Discourse, 2010); and documenting psychiatry's history as a colonial legacy in India (see Basu, 2004). These moves work to de-familiarise, opening alternative spaces to engage with psychiatry and psychology's (colonial) doubles.

This project brings into the fore other doubles, for example, the 'double colonisation' experienced by many women of the (post) colonies – the interweaving of colonial and patriarchal domination (Ashcroft, et al, 2000), foregrounding further analysis of the multiple colonialisms that are inscribed on the body of the 'mad, colonial woman'. This points to the need for conceptual tools to explore how women are 'subordinated by intersecting structures of domination' (Ghai, 2011), such as colonialism, patriarchy and psychiatry. This marks a move away from debates in post-colonial feminisms about the comparable urgency of fighting patriarchy or colonialism; and seeks to examine those structures, of which psychiatry may be one, where both and multiple forms of domination interweave.

What implications then does a project of de-familiarizing psychology and psychiatry have for the women who constitute the 'homeless /wandering mentally ill' of India (whose 'voices' are markedly absent from this paper)? In fact the very construction of these women as the 'wandering mentally ill' frames their homelessness as a result of their mental illness, and may obstruct a political reading as to why they left their homes in the first place (Graby, 2011). The Indian Government's promotion of a neoliberal politico-economic agenda, evident, for example, in the creation of Special Economic Zones (SEZs), corporate land grab and the opening of agriculture to the world market, has led to enormous displacement and dislocation. Chakrabarti and Dhar (2010) examine how such dislocation involves not only the physical displacement of people from their land, but a separation of people from their previous forms of life. However the naturalisation of Neoliberalism, works to construct this dislocation as 'natural' and 'necessary' (Chakrabarti and Dhar, 2010), just as the construction of the 'wandering mentally ill' depoliticises the socio-economic conditions that may lead both to mental distress and to leaving / losing one's home. Here 'progress', 'development' and 'modernisation' interweave to legitimise oppression of women (and men) and render it banal, everyday, and usual. This works to 'prevent wider recognition of the violence of these acts; meaning those who experience them cannot be recognised as suffering and/or violated' (Mills, 2011: 29-30). Thus times of both political and familial / personal conflict (and the 'always already' intertwining of the two) may work to reinscribe women as vulnerable and to confine them to domestic spaces (Mohanta, 1999), and to psychiatric spaces, in the guise of their 'protection'.

To de-familiarise then also enables a (re)reading of the 'treatment gap' between higher and lower-income countries, defamiliarising it as a gap to be closed and re-imagining it as 'an elliptical space in-between'; a borderline, a margin, a place of hybridity – that contains uncanny echoes of what modernity and psychiatry have made invisible. A space 'that could help describe the dominant in terms different than its own' (Achuthan, 2005, cited in, Chakrabarti and Dhar, 2009, p. 5).

Yet, writing about the discourse of development, Chakrabarti and Dhar (2010, p.223-224) note that to de-familiarise, 'is also to render explicit what has hitherto been concealed or kept out of sight'. Are NGOs in India not doing this when they render explicit those people who are usually concealed? Are they then de-familairising the familiar assumption that such people are not in fact human? Joseph Conrad's *Heart of Darkness*, is haunted throughout by such an anxiety of humanity, ebbing and flowing, and snagging like the river filled with rocks that Marlow's old steamboat navigates;

No, they were not inhuman. Well, you know, that was the worst of it – this suspicion of their not being inhuman. They howled and leaped, and spun, and made horrid faces; but what thrilled you was just the thought of their humanity - like yours...if you were man enough you would admit to yourself that there was in you just the faintest trace of a response to the terrible frankness of that noise, a dim suspicion of there being a meaning in which you...could comprehend.  
(1902/1973, p.51-52).

The 'suspicion of their not being inhuman' - is this the suspicion that haunts many NGO campaigns; troubling the frameworks by which humanity is comprehended? And that which haunts much work with people constructed as 'psychotic' - an anxiety that there might be meaning in their distress, in their 'irrationality', a meaning that is comprehensible. Then it may also be possible to re-think the work of mental health literacy and NGO's awareness campaigns as enacting 'the desire for a reformed, recognizable Other, as a subject of difference that is almost the same, but not quite', marking an anxious emptiness (Bhabha, 1994: 85). This seems different from drug companies chemical promises to 'make you feel like yourself again', for in confronting these post-colonial doubles there arises an anxiety that there is no 'self', no 'essence' to be returned to. For Bhabha, dominance is always marked by an assertion of difference, an anxiety of the sameness between coloniser and colonised, where 'sameness is recognised and repudiated' (Huddart, 2006, p.4). This '[c]olonial doubling is something that troubles the self-image of the colonizer; as similarly, the East troubles the bounded self-image of the West' (Huddart, 2006, p. 2). These doubles, like the abject, hint at another way of being, the 'other Orient', the Occident's double, that which was expelled as it did not fit the needs of colonialism, a space undefined by the West (Nandy, 1983, p. 72-73). For Nandy, India has had hundreds of years of being exposed to the West, incorporating and internalising western systems of knowledge. Here even dissent against the hegemony of Western knowledge may be delimited by the West. However, India, and indeed any project of re-thinking or de-colonising psychology and psychiatry, is not forced to reject this knowledge wholesale, in favour of knowledge constructed as 'traditional'. Instead it may be possible to be creative, to question psychiatry from this as yet undefined space, and thus 'instead of using an edited version of modern science for Indian purposes, India can use an edited version of its traditional sciences for contemporary purposes' (Nandy, 1990, no page number). Manasi Kumar engages in this with her use of a tribal story (in section one of this article) to illustrate how Indian (or local) texts may trouble psychological and feminist intervention from 'outside' or from the global North. To decentre, deconstruct or de-familiarise psychology and psychiatry; to engage in a project that reads psychology backwards (as Bhabha reads Fanon); situates psychology at the edges, in the cracks, in the 'in-between'; is haunted by psychology's (post-colonial) doubles, is to make visible alternatives to the hegemony of what might be called 'western knowledge systems'. To 'see' that these alternatives do exist in the present, in the form of 'traditional' knowledge (what Nandy calls the 'little cultures' of India) and in counter-hegemonic movements within the global North and South, all form key parts of a repertoire of dissent (Nandy, 1990). To construct and map such a repertoire is to engage with other possible understandings of

distress, recognising that Western psychiatry and psychology may be just one of many ethno-psychiatries (Summerfield, 2008, p. 93), and ethno-psychologies.

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