



# Newsletter

## IAWS

Indian Association  
of Women's Studies

July 2002

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### Editor's Desk

Dear Friends,

As this issue goes to press, we are all deeply disturbed, restless, frantic about the massacre in Gujarat and victimisation of minority women. How do we explain the Gujarat State's active support to violence and its apathy or indifference towards sexual violence against women? Are we going to call it only Hindu fundamentalism or take into consideration the emergence of lumpen capitalisation of the so-called development decades that did not care at all for the dignity of the working poor? It became easier for them to mobilise mercenaries from this lumpenised milieu to allow violence against minorities in a pre-planned, organised and targeted manner. We are really pained to know that this was also clubbed with the rise of women's militancy in the Hindu Right. The fact that, women from the majority community encouraged their men to rape, humiliate and murder women from the minority community is an ultimate challenge to all of us but more so to the women's movement, women's studies in India. One needs to analyse the ideology of Hindutva, which allows women to become avenging angels in time of crisis from the nurturing mothers of normal times. Before this fire of hate campaign and communal polarisation engulfs all of India, we must intervene actively, forcefully to put guilt in the minds of those who justify this violence as a fitting reply or spontaneous and quick justice. Establishing Hindu manliness in this manner will have to be challenged. The core of women's studies in India will have to analyse, confront the multiple forms of patriarchy that exist today to create real humane meaning to the existence of 'men' and women in India.

This is again a special issue on the theme of 'Gender and Mental Health'. Ms. Sadhana Natu who teaches psychology and who is engaged in building up interdisciplinary content in the field of gender and psychology is the guest editor of this issue. Many of you have found our earlier issues meaningful. We are sure you will appreciate the effort behind this issue.

Our next issue will be released at the time of the forthcoming IAWS Conference to be held in Orissa in October 2002, as a special issue on 'History of IAWS' and we have invited Dr. Sharmila Rege as a guest editor. We look forward to meeting all of you in October.

Vidyut Bhagwat  
**Editor**

## From the General Secretary's Desk

Dear Members,

Greetings! I am writing to share with you information on the forthcoming IAWS Conference, the election announcement, about the mandate received from all of you on the Constitutional amendments and few concerns about the IAWS Directory database.

The forthcoming IAWS Conference is titled: 'Sustaining Democracy: Challenges in the New Millennium'. The dates for the Conference are 17th to 20th October 2002. The School of Women's Studies, Utkal University, Orissa, is hosting the Conference. There is a pre-conference workshop on 16th October focusing on the challenges being faced by the women's movement. Kindly block your dates and arrange to book your tickets by middle of August to reach by Oct 16th evening if you are attending the Conference or by Oct 15th evening if you are attending the pre-conference workshop. Since this is the Dassera festival period in Orissa, you have to beat the rush by booking by middle of August. The Conference call for papers brochure is ready and will reach you soon. In any case, the sub-theme titles and the Co-ordinator's contact details are given in this issue. All these details will also appear on our website [www.iaws.org](http://www.iaws.org)

The IAWS Constitution is as young as the Association, i.e., about 20 years. Given the spiraling costs of producing IAWS bulletin and conducting elections

once every two years, the present Executive Committee (EC) has undertaken the responsibility of seeking the members' mandate on amending the Constitution by post. We have received good response from the members. Two of the suggestions pertaining to increasing the tenure of the EC from two to three years and revising the membership rates (see the Membership form for details) have been approved. The response to the amendment pertaining to the convergence of Life and Ordinary categories for purposes of election was not approved. The amendments have come in force from 1st May 2002.

You must have received the election announcement. You will receive ballot papers by middle of July. Kindly exercise your rights without fail and ensure to send the vote by post before the deadline.

Finally, I wish to remind all of you, especially Life members and student members, please inform the IAWS Secretariat about your change of address. This will help us reach you wherever you are and also save wastage of precious resources in undelivered post.

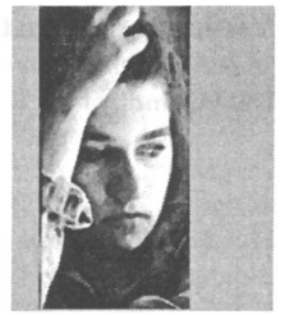
I shall sign off now. Looking forward to seeing you at the Orissa Conference. If you have any queries, feel free to write to me on [lakshmil@tiss.edu](mailto:lakshmil@tiss.edu) or [laxmil@hotmail.com](mailto:laxmil@hotmail.com)

Dr. Lakshmi Lingam  
General Secretary, IAWS.

# Gender and Mental Health

**Sadhana Natu**

*Guest Editor*



Gender and mental health is a crucial and important issue that very often does not receive the attention that it merits. In the post-globalisation era, with demographic projections suggesting that mental illness will be the fourth highest illness in the third world, it has become imperative to critically analyse the issue of women's mental health.

Mental health is an inter-disciplinary area that includes psychology, psychiatry, health science, psychiatric social work, counselling, medical anthropology, philosophy of science, sociology, etc. Feminism and gender have challenged the patriarchal bulwarks of many mental health disciplines and questioned their theories, research frameworks and modes of practice. They have also questioned the gender biases in psychiatric services, prescriptions, medication, diagnosis and the sexual abuse in therapy.

Feminist interventions in mental health have helped in building linkages with issues like violence, trauma, sexuality, HIV-AIDS, etc. Consciousness raising as a part of the women's movement has been the harbinger of feminist and alternative therapies and self help groups in mental health. CR with its egalitarian principles has proved to be a valuable therapeutic tool. In fact, a lot of women report that engaging with a women's organisation, the solidarity, support and sisterhood that it creates, in itself has been empowering and therapeutic for them!

There are many important issues in the domain of gender and mental health that need to be addressed. This special issue of the IAWS newsletter takes a look at some of these concerns. We also need to explore the mental health problems of many groups like children, adolescents, youth, gays, lesbians, physically challenged persons from the gender perspective. But these are independent projects in themselves.

In this issue Dr. U.Vindhya traces the mental health

implications of violence. She makes a plea for addressing these implications and bringing them to the forefront of the public health discourse in our country. Dr. Wadkar reviews the research studies on sexual harassment at the workplace and analyses its impact on the mental health of women. She argues for the need for more theoretical, practical and policy-level work on this subject.

Dr. Sandeep Pendse underlines the need for social action, justice and understanding the psychological dimensions of the communal situation for any mental health intervention to be effective in Gujarat. Dr. B. Davar asks some hard-hitting questions about 'psychiatrising communities' and addressing religion and communalism in the Gujarat context.

The events in Gujarat bear testimony to the fact that mental health is not only about mental illness, victims and trauma but also about coping, resistance and resilience.

Although children and mental health is an independent subject by itself, we are highlighting two local efforts namely: Tarang – a healing space for children which uses play therapy and Muskaan – a campaign against child sexual abuse that works on healing trauma and safeguarding children's emotional health. A list of national and international organisations working in the field of gender and mental health is also given.

Finally, it is necessary for all of us engaged in women's studies and the women's movement to take mental health concerns to our own fields, communities and organisations and to work on them from the feminist perspective- this special issue is a small beginning!

■ ■

*Sadhana Natu is lecturer and Head, Dept. of Psychology, Modern College, Pune. She is engaged in the field of psychology, gender and mental health.*

# Violence against Women and Mental Health Implications

Dr. U. Vindhya



Violence against women was the first major issue in the late 1970s to trigger off the contemporary women's movement in our country. Reports of violence, whether committed in the sanctuary of the home or in the public place, continue to be heard with alarming regularity.

Knowledge about violence against women has so far been gathered about the scope of violence, and the response of the criminal justice system that has in most cases been ineffective in either punishing the guilty or serving as deterrence. Despite this visibility however, violence against women has not received adequate recognition as a serious public health problem. It has not led to an awareness that even nonfatal violence has far-reaching consequences in terms of quality of life and morbidity. While the social and cultural context of the victims and perpetrators, and use of the law as a strategy to combat violence have been emphasized, the mental health implications of violence have not been addressed. Furthermore, though research on violence against women should be an essential element of any national programme aimed at promoting mental health and preventing mental illness, it has not been so in our country primarily because the mental health needs of women have not really been on the agenda of our health policies.

Although all forms of violence against women qualify as crime, a historical and cultural tradition that has condoned violence within the family or views female victims as precipitants in sexual violence has created

strong forces toward secrecy hampering public disclosure of such incidents.

In particular, victims of sexual violence must contend with a culture in which socially transmitted beliefs emphasize women's responsibility for provocation of sexual and physical assault. If they are not held as actual participants in the crime, they are viewed as precipitants. Even if strong non-consent and resistance can be shown by the presence of serious physical injury, violence against women is perhaps the only crime where the victim ends up as the loser. In cases of domestic violence, the responsibility of the woman is emphasized by invoking notions of acceptability and routineness of such violence and by referring to women's nature: their over-sensitivity and emotional imbalance. That women are somehow responsible for the violence inflicted on them is also reflected in the judicial pronouncements given by courts of law, thereby making a mockery of the laws that are supposed to be for women.

This pervasive social context is a major obstacle to recovery for victims of sexual violence. Suicidal ideation or deliberate attempts at self-harm are not uncommon. Negative images in the media signalling the end of the road for such women as in popular films in particular, of suicide being the only solution for raped women, reflect the cultural constraints.

Many victims learn painfully that people are not as supportive to them as they might have expected or hoped. The gap between the experience of the victims and the response of the social environment can often lead to some kind of cognitive-emotional paralysis. Speaking about the trauma that can partly alleviate the distress is also not acceptable given the culture of silence surrounding violent crimes perpetuated against women. Violence against women continues to be perhaps the only kind of crime wherein it is the

victims who are subjected to a sense of shame, of a loss of 'izzat', of devaluation and of a sense of alienation from the rest of society. The affirmation and validation so crucial for recovery from trauma are unlikely to occur given this cultural context.

Any mental health programme must therefore focus on violence not simply as violations of individual women but as symptoms of a social context that perpetuates women's vulnerability. In my experience of helping women cope with sexual and physical violence I found that emphasis on this cultural context enables minimizing the pain of 'why-should-it-happen-to-me' feeling. Furthermore, I should emphasize here that coping strategies cannot of course be confined to the psychological level. Helping the women in their efforts to secure punishment for the offenders through legal means is essential for psychological recovery as well. The sense of helplessness and lack of control that characterizes the aftermath of the violence can be countered only when the victims are energized into action to bring the culprits to book. However, pathetically slow the wheels of machinery of our criminal justice system are and however, often it might end only in disappointment for the victims, the action is essential if only for them to recover a sense of self without throwing away the chance to live.

Although there may be distinctions among traumatic events, the mental health impact of violence is quite similar. The core characteristics of the distress response are fear/avoidance, emotional constriction, disturbances of self-concept/self-efficacy, loss of control and sexual dysfunction. Clinical work with victims has shown that the cognitive impact of violence primarily lies in the psychological loss of one's beliefs in personal invulnerability, perceptions that the world is meaningful or good and in positive self-views. Much of the cognitive activity that takes place either in the midst of a life trauma or after a traumatic experience involves attempts to understand the causes of the incident, to evaluate the inevitability of the outcome, and to reconstruct alternative scenarios for how things could have turned out differently. Repeated violent experiences render women less skilled at self-protection, less certain about their own worth and personal boundaries and more likely to accept victimization as a part of being female. However, little is known about the impact of

victimization and the cognitive processing of traumatic events in our country because of the paucity of psychological help-seeking for such incidents.

In brutalizing violence such as in the recent communal carnage in Gujarat, it is likely that the victims are going through a complete blunting of emotion and a paralysing of action. From the photographs and reports of fact-finding groups, it appears as if inert passivity is the only means to deal with the brutality they had to experience. The effects of the brutalized self and body can be ameliorated to an extent only by the supportive reactions of the social network and as mentioned earlier, by concrete efforts to punish the guilty.

Also the effects of violence could be experienced differentially across different classes and castes. Since language sharpens our articulation of self-experiences and emotions, the response of the more educated (middle and upper classes) is perhaps qualitatively different from those who do not have these resources. For victims of these classes, the necessity of survival and the predominance of economic needs could override other concerns like having to deal with a damaged self.

More disturbing is the proportion of violent incidents that are perpetuated by close friends or family members, a phenomenon that was until recently attributed to the west and considered unlikely to be committed in a society like ours that glorifies family bonds and loyalties. Prevalence of child sexual abuse, the burden of which falls mostly on girl children, is a scourge about which only the tip of the iceberg is known. The social definition of the family and kinship network as nurturant and supportive, causing a 'perceptual blackout' of the violence prevents disclosure of such incidents. In a culture that prides itself on the protective and stabilizing role of the family in our society vis-à-vis the disintegrating family in the west, the long-term impact of such violence, in the absence of clear data, can only be speculated.

Two global strategies of primary prevention have been underlined, one, emphasizing strengthening of individual capacities and reducing individual vulnerabilities and the other involving environmental change. One strategy cannot be emphasized over the other, both intervention at the individual level and social change, are necessary. Given the paucity of

treatment services and the lack of coordinated system response to sexual and other forms of violence in our country, we have a long way to go. But establishment of service agencies and advocacy groups involving both psychological and legal counselling, training for police, court, medical and mental health professionals, and for the dissemination of skills to record traumatic events are essential. The research agenda should include nationally representative data not only on the prevalence and identification of high-risk groups but also on the mental health impact of violence and identification procedures to find out the reservoir of hidden violence. All this may appear a tall order, but it has to be done. Furthermore, the efforts already begun in these directions in different parts of the country, have to be coordinated and effectively networked.



*Dr. Vindhya, Professor and Head, Department of Psychology, Andhra University, Visakhapatnam has been active in the Women's Movement and involved in research and writing on gender, psychology and mental health issues.*

### **Alienation**

Jenni Meredith

WhAt will she think  
If I mention the eLectric shock treatment?  
Casually plug It  
Into the convErsation?  
How will she adjust her perceptioNs  
The epilepsy wAs a challenge  
(Had To be confessed; I'm a non-driver).  
So how will she  
Handle the fact that she's wOrking  
AloNgside a survivor?

[Ref: Read, Jim & Reynolds, Jill (Ed.): Speaking Our Minds: An Anthology. The Open University. London. 1996 (1-215)]

Source: *Bapu Archives*

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### **Refresher Course**

**'Gender in Social Sciences',**  
University of Pune, September 2002.

In the last two decades, theoretical and empirical work in the area of Women's Studies has seriously challenged the accepted theories and methods of Social Sciences. These developments in Women's Studies have been across the disciplines of Literature, Sociology, Economics, Political Science, History, Anthropology, Psychology and Philosophy. This rich body of knowledge needs to be conveyed into mainstream teaching at the Undergraduate and Postgraduate levels. In this context, the Women's Studies Centre, University of Pune is organising a Refresher Course from 3rd September to 23rd September, 2002. The highlights of the Course would be:

- Introduction to Feminist Theory
- Impact of Women's Studies on major disciplines and their practices
- Integrating Gender into curriculum, pedagogical practices
- Engendering analyses of major contemporary issues in the Indian context
- Understanding Caste, Class and Gender in the Indian context

*For details please contact:*

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# Sexual Harassment of Women at Workplace and their Mental Health

Dr. (Ms.) A.J. Wadkar

Sexual harassment of women at workplace has been a burning issue all over the world for generations. The term was coined in 1970's by North American feminists. The scientific definition insists that it is visual, verbal and behavioural uninvited sexual advances. It can take many forms from leering, ridicule, embarrassing remarks or unwelcome comments about dress or appearance, deliberate abuse, repeated and unwanted physical contact, demands for sexual favours or physical assaults. It causes the worker to feel threatened, humiliated, and harassed. These feelings interfere with her job, undermine job security and create a threatening atmosphere. The basic intention of this unfair sexism is to underestimate women's function as a worker and emphasize her sexuality to ensure her subordinate position.

As the movement against sexual harassment was initiated just 30 years ago, very few countries – i. e. only 27 – have systematic laws about sexual harassment. According to the constitution of India, the fundamental rights of working – women are 'right to Gender Equality' and right to 'Life and Liberty' as given in Articles 14, 19 and 21. (National Alliance of Women, 1997). Violation of fundamental rights of working women is extremely common in India.

It is the unwanted attention of sexual nature of someone at the workplace that creates discomfort. It is not necessarily a single incident of molestation or threat like failure to comply with the supervisor's sexual demand that will result in firing but is sex stereotype attitude, which overemphasizes women's sexuality and under evaluates her role as a worker.

As women are less qualified, they have to accept jobs having lower status. In India 87% of the employed women are working on daily wages basis. 53% of agricultural labourers are women. Only 2% of Indian women have professional positions. As a consequence, average Indian woman is not aware of legal procedures and feels incompetent to deal with it. They fail to fulfill even the simple requirements of the legal action. In India, the legal justice is beyond the reach of a victim. An I.A.S. officer Ms. Bajaj had to struggle hard for approximately 8 years to get legal justice.

The time, money and cost in terms of character assassination cannot be underestimated. So leaving the job is the only option left for the victim. In a recent research it was reported that 40% of the harassed women resign and they were pressurized to do so, 30% female students leave their course because of sexual harassment. Though in India a detailed law has been implemented from Aug. 1997, there is hardly any awareness even among the educated women. The lawyers and others working in the field of law in India are not aware of the laws against sexual harassment of women at workplace.

In India, sexual harassment of women at workplace remains unchallenged because it is accepted as an unavoidable circumstance at workplace. Socialization of Indian girls and women enhances the possibility of sexual harassment. The society wants women to be meek, docile, subjugated, and obedient. They are



encouraged to be submissive, field dependent, soft spoken, considerate and conservative.

Social acceptance and conformity are the only aims of child rearing of a female child. Obviously, Indian women are lagging behind in self-confidence, assertiveness, sense of competence, lack important social skills and freedom from basic household responsibilities. They have low aspiration, poor self-esteem and hardly any decision-making capacities. Hence, irrespective of her abilities, education and experience, male members at the workplace want to dominate her. She is supposed to work as an 'Office wife' doing only trivial things in the office. In short, ideal Indian woman does not have the assertiveness necessary to face the challenge of sexual harassment. That is why only twenty-four complaints were filed till 2000 to National Commission For Women. Indian women become extremely helpless in such situations. One important finding in this connection is there is a substantial difference between reported perception of men regarding sexual harassment. Men label fewer types of behaviour as sexual harassment. They think that it is harmless fun and office banter even if it is a serious abuse according to women.

Generally men in power harass women. Masculine power over women is role appropriate and power role adds to sexual role. It is the relation between sex and power, which makes it more difficult for a women to face it. The message is it is because of her femininity and attractive looks that she can please the boss not by her hard work. By strengthening this misconception the male strengthens his power.

It is various misconceptions about sexual harassment, that make the victim feel guilty. She feels ashamed of the fact that she is being harassed. She also feels angry, but can't express it. It is seen in research, that that most of them try to neglect it. However, it is clearly reported by the researchers that neglect increases sexual harassment. Actually it results in more harassment and serious ill effects. It is a vicious circle.

Research regarding incidence of harassment has shown that the percentage of sexually harassed women in various fields ranging from education to defence is from 60 to 90%. The effects of harassment on the victim are detrimental to her mental health and job related progress.

Sexual harassment produces suppressed anger, guilt and shame, which in turn result in nervousness, defensive emotions, discontent and fear. Sense of irritation, anxiety, constant tension leads to stress and depression. This ultimately gives rise to persistent headaches, nausea, insomnia and other health problems. Recent research has proved that sexual harassment results in poor self-concept, maladjustment and decreased creativity. Long-term effects of sexual harassment are chronic exhaustion, sleeplessness, weight-loss, and psychological as well as physical illnesses like coronary heart disease. All these problems accompany other work related setback like lack of concentration, absenteeism, reduced job satisfaction and fewer opportunities along with insult and non-cooperation.

Character assassination is the easiest and most commonly used way to block women's progress. Every competent woman from Madam Marie Curie to social worker Bhavaridevi suffered a lot due to this. Research has proved that the number of women representatives in parliament has increased only by 3% in last 54 years. It is obvious that sexual harassment is used against women when they are more competent than their male colleagues. Even the Indian mass media specially television, projects women as brainless sexual play things, creatures engaged in pleasing men.

The important responsibilities that women shoulder at the workplace are ignored and under evaluated. This may enhance sexual harassment at workplace. In short, sexual harassment keeps a woman from opportunities, power and respect though she is capable of utilizing all of them. In India it is necessary to reconsider the child rearing practices and to train girls regarding assertiveness and self-confidence. Otherwise sexual harassment is going to force half of the population to work under unfair psychological pressure.

The present researcher has conducted some case studies of sexually harassed women who are college and university teachers. Out of them eighty percent were harassed by their immediate boss. All of them admitted that they were forced to do less important routine and administrative work. Lack of assertiveness, negative thoughts and internalized submissiveness

*(Continued on page 27)...*



# Communal Violence, Gender, and Mental Health

Sandeep Pendse



For the riot's children, there is a thin dividing line between memories and nightmares. There are visions of parents being dragged out of their homes and cut into pieces, of brothers and sisters thrown into flames. There are memories of women being brutally raped, fetuses ripped from pregnant bellies and of their own spine-chilling escapes from imminent death.

Dr. R. Srinivas Murthy, professor of psychiatry at the Bangalore based National Institute of Mental Health and Neurosciences (NIMHANS), who visited some of the camps, found the children in a state of shock. "The trauma seen in children who survived the riots in Gujarat is similar to the trauma children suffered after the Bhopal gas tragedy, the Uttarkashi earthquake, and the earthquake in the state." So they end up extremely prone to anxiety disorders, acute depressions, and stress.

## [Testimonies of Victims]

"I feel like my mind has been destroyed. I can't talk for more than a few minutes. I can't sleep at night. Those scenes keep coming back to me... I feel scared to leave the camp but sometimes I think I have already lost everything. What can I feel scared of now?"

(Javed Hussain, 14)

"I want to grow up and track them down. I want to go and burn their houses like they burnt our house. I want to cut them with swords the way they cut my family. I want to become stronger and take revenge. I cannot live with Hindus now. I will not feel safe."

(Mohammed Yashim, 8)

"I saw 10 men grabbing my 16-year-old neighbour. She was screaming, 'Save me! Save me!' They ripped clothes and fell on her. It went on and on... When

they finished, she was still alive but they stabbed her in the stomach and threw her in a ditch... I am scared mobs will come and attack me the way they attacked our neighbour... All Hindus are not bad, I know. Our neighbours did not do this. It was people from outside.

(Reshma Bano, 11)

"The Hindus say they don't want *miyabhais* (Muslims) in Hindustan and that we should go away to Pakistan but we will have to live here. Where else can we go? What else do we have? I don't even want revenge. I just want to be left alone."

(Sher Khan, 13)

"My house has been destroyed. Our area is surrounded by Muslim homes. But I feel people from other areas attacked us. I want to do something to them. I want revenge but I don't know what I will do... I want to go back. They can't chase us out like that. But what will we live in?"

(Jagdish Kumar, 15)

All the above quotes are from *Sleep and the Innocent* by Priyanka Kakodkar in *Outlook*, Volume XLII, No. 18, May 13, 2002, New Delhi.

During these years, a sizeable section of Gujarat's urban underclass has begun to see communalism and rioting as means of livelihood, quick profit, choice entertainment, and as a way of life. Riots have, in addition, ensured temporary status gains for this underclass; they are considered heroes in their respective communities during riots and for brief periods afterwards – an important reward for persons at the margins of society...

However, in recent years, this fascination and the search for redemptive violence, which bestows heroic stature being expiation for one's own 'passivity' and

'effeminacy', have often found direct expression in public life...

[About an interview with Narendra Modi ten years ago] It was a long, rambling interview, but it left me in no doubt that here was a classic clinical case of a fascist. I never use the term 'fascist' as a term of abuse; to me it is a diagnostic category comprising not only one's ideological posture but also the personality traits and motivational patterns contextualising the ideology... Modi, it gives me no pleasure to tell the readers, met virtually all the criteria that psychiatrists, psychoanalysts and psychologists had set up after years of empirical work on the authoritarian personality. He had the same mix of puritanical rigidity, narrowing of emotional life, massive use of the ego defence of projection, denial and fear of his own passions combined with fantasies of violence – all set within the matrix of clear paranoid and obsessive personality traits. I still remember the cool, measured tone in which he elaborated a theory of cosmic conspiracy against India that painted every Muslim as a suspected traitor and a potential terrorist. I came out of the interview, shaken and told Yagnik that, for the first time, I had met a textbook case of a fascist and a prospective killer, perhaps even a future mass murderer...

Ashis Nandy, *Obituary of a Culture*, Seminar, *Society Under Siege*, 513, May 2002, New Delhi.

"I have never known a riot which has used the sexual subjugation of women so widely as an instrument of violence as in the recent mass barbarity in Gujarat. There are reports every where of gangrape, of young girls and women, often in the presence of members of their families, followed by their murder by burning alive, or by bludgeoning with a hammer and in one case with a screw-driver."

Harsh Mander from *Cry the Beloved Country: Reflections on the Gujarat Massacre*, unpublished report circulated over the Internet, 21 March 2002, quoted by Ashis Nandy in the above article.

Usually averse to use quotes – particularly extensive ones – I do so in this instance because the paragraphs quoted above illustrate almost every point to be made in such an article.

Any discussion today of communal violence cannot

be academic or hypothetical. The massive shadow of the bloody carnage in Gujarat necessarily looms over it.

There is some talk of the situation being reminiscent of the days of partition. Partition to many of us is a distant memory – that too not personal. It was almost swept under the carpet – by the time I developed any semblance of a social conscience. It is interesting to note that people of all hues recall all of a sudden that compendium of images – as horror or as threat held out to others.

Most people have not been to Gujarat, not after the massacres. They have not witnessed the horrid atrocities. They have not sat and listened to personal or public testimonies of victims. Gujarat is nevertheless a nightmare for the sensitive person. Many may wake up almost every night since the holocaust began in March – screaming and/or abusing; frightened almost to death or angry beyond words – ready to kill and with 'an eye for an eye' and 'a tooth for a tooth' turn the world, at least India, blind and toothless. Suddenly they wake up and realise that they have become *them!* Their violence matches that of the killer hordes and their leaders! They wake up, scream, and say "No! **I am not a Nazi!** If they make me one they have won."

That mental health problem defies all treatments and managements. It is obviously absurd to reduce an existential trauma that will not go away to a mental health problem! No one can really do that.

Numerous commentators have questioned and criticised the mental health sciences and the mental health establishment. Some have gone further and questioned the rationale and the legitimacy of the concept of mental health itself. They argue that a large number of diseases, earlier considered 'mental' or 'psychiatric' are now known to possess organic roots – they are thus (mainly) neurological diseases. Mental health continues to be a container, according to these commentators, a catch-all container for 'diseases' with strong behavioural components in signs and symptoms for which as yet no organic causes are known. They say further that the mental health establishment is more concerned with producing socially acceptable behaviours than with the well-being of the patient.

These observations may contain a fair amount of truth. One situation however does not disappear. That is the existence of inexplicable unhappiness – unhappiness that makes normal interactions and behaviour impossible; and the acute awareness of the existence of that unhappiness.

Severe trauma it is known produces such a state of near permanent unhappiness along with fear, constant anxiety, hopelessness, and anger.

The professionals may create a problem when they separate the causes from the effects; if they generalise 'trauma' and make no distinction between a gas leak, an earthquake and an incident of brutal mass violence.

It is obviously ridiculous to create a technique of management of Post Trauma Stress/Distress Syndrome applicable in all situations. The technique may even seem to work. It is likely to leave the basic dynamics unchanged.

The example of rape will illustrate the point clearly. Rape is considered to be the most heinous act committed against a human being also because it inflicts extreme violation and humiliation. [There can be a certain debate about the way society sees and treats rape. The vision is culturally conditioned. The culture which conditions the vision is male supremacist and patriarchal. Rape is a violation in the societal vision not necessarily in itself but probably because it interferes with concepts of chastity and exposes the failure of the man charged with the responsibility of the protection of the woman. A totally different society may see rape in a totally different manner.] Rape, however, is of different kinds and occurs in different contexts and situations. Pertinent to the argument of this paper is the difference between individual and mass/gang rape in a conflict situation. There are obviously commonalities in the two types of rape. Both are instances of coercive, unwanted, violent, intrusive violation of the body through acts culturally considered most intimate and personal. Both types of rape inflict injury, insult, and humiliation. Both kinds of rape deny freedom of consent, and any control over body and sexuality. There are, however, some differences. The contexts and particularities of individual rape could be varied – from unbridled, perverted lust to desires gone bestial, to situations that grow out of control. In gang/mass rape, there are no

such particularities or specificities. They are punitive violent actions often accompanied with physical violence, mutilation, and even murder. There is no specificity to the victim except membership of a particular group – caste/class/race/community. The rape is committed to inflict pain – not to gain pleasure, however imaginary – and to humiliate as well as demean. The act is also an act of aggression against the men folk of that particular group. It is to prove to them their inability to protect 'their women' – 'their property'. It is to expose the lack of their 'manliness'. In the process, the woman – considered in the most demeaning terms the chattel or the property of the men – is subjected to the most brutal violence, sexual and otherwise.

Can these two acts be treated in a similar manner? The individual rape can become a 'one time phenomenon' with different explanations. It may be possible to cope with it in due time. It is obviously not possible to do so with the mass/gang rape. This is particularly true when the occurrences for the particular group are continuous and repeated – actually or potentially. The violations and the humiliations are also of different order. The former could become over time perhaps a scar. There is no such possibility in the latter case. The fact is that even humanity and specificity of personality denied to the woman in this situation. The scale of the trauma one would imagine is different. The impacts moreover are not confined to the direct victim alone. The persons around the direct victim are also totally traumatised in this case. The essence is the permanence of the threat of repetition of the act. Can the fear and suspicion generated in the victim community be considered pathological paranoia in these cases, amenable to 'treatments' of whatever kind? Or would the 'cure' lie in social action?

A (more or less) accidental trauma will leave scars. In the Gujarat kind of situation the assault is perennial, the threat of it constant.

How can one cope with the latter situation through mental health care? The distrust, the hatred, the fear is only mitigated through long-term social action which fundamentally alters the situation that created the conflict. The fear of the establishment that may rush with partial 'healing touch' is that the victims

(Continued on page 21)...

trust  
peace  
tolerance  
co-existence  
friendship  
hope



the other casualties of hate

**HELP THE SURVIVORS OF THE GUJARAT GENOCIDE  
HELP PREVENT ANY MORE GUJARATS**

produced by saheli as part of the campaign against genocide of muslims in gujarat since end february 2002  
saheli, above 105-108 defence colony flyover market, new delhi 110024. [saheliwomen@hotmail.com](mailto:saheliwomen@hotmail.com)

## Communalism and Violence – Some Gender Concerns

Bhargavi Davar



The recent Gujarat events have once again, in recent times, raised the question of the “mental health needs” of the “victims”. All fact finding reports do mention mental health needs. “Trauma” is being mentioned everywhere and, some groups are working with psychiatrists to restore inner peace among the victims. The trauma research and interventions carried out recently during the Gujarat earthquake have been useful. Among the women’s organizations, “mental health” of the women and children is a very prominent theme.

The emotional assault, the shock and the depression among the terrorized women is evident everywhere. It is an unimaginably cruel story how women’s body has been abused through sexual, emotional, verbal and physical insults. Women and children have witnessed rape, slaughter and burnings, the women cannot stop crying and the children are speechless. “Driven mad”, many men and women, young and old, have “gone back to the village”.

Organizations, which have hitherto played mainly a political role of dissent and resistance, feel a sense of great urgency to “do something”, as the sense of injustice, helplessness and guilt is unbearable. So psychiatrists and “counsellors” are being brought and lay counselors trained to “cure” mental health problems.

Yet there are questions.

Historically, “mental health”, or the label of insanity, has always been a concept used to quell political dissent and keep the powerless in their place. You cannot put everyone in jails, that would be too complicated and brazen, and so institutionalized psychiatric spaces were invented. The state needed some way of bringing deviant people within the policy (policing) net,

without bringing in the criminal justice system, which at least promised some protection. The rationality of criminals was usually not in question. With “insanity”, a concept that, despite contestations, is fundamentally about loss of reason, the State’s “outreach” increases tremendously. When States want to abdicate their responsibility towards an essentially social problem, or to control “deviance”, mental health professionals are brought in.

Slaves who tried to run away were called “drapetomaniacs” by the psychiatric system. The Jews, like women, were “hysterical”. After the World War, shell shocked soldiers were treated for “psychoneuroses”, a concept whose origins is fundamentally linked to the war economy. The poor and the homeless have always been caught within the psychiatric net. The way psychiatry has endeavoured to control women’s labour, both productive and reproductive, and keep women in their place is well known. “Hysteria” is notorious. But there have been other less known diagnostic labels which patriarchy- (psychiatry is a patriarchal institution)- contrived to bind women to their social and caring roles. Recently, feminists have questioned concepts such as “self defeating personality”, “pre menstrual depressive disorder”, etc.

The priority “need” among the terrorized community is a safe society. Can the mental health profession create this? Or is it enough to tranquilize the severely anxious insomniacs?

This issue of mindlessly psychiatrising communities recently came up with respect to commercial sex workers and women in trafficking in a Delhi Seminar organized by Saarthak. Many organizations working with the women were glibly enlisting almost all the diagnostic categories of DSM (the psychiatric

diagnosis manual). Somewhere the community itself was being seen as psycho-pathological. Other than the medicalisation aspects of this, this approach dangerously increases intolerance and stigma. Now CSWs are taboo not only because of their profession, and because of HIV, but also because they could be mentally sick. Statistics proving prevalence of disorder only heightens this risk. Resilience and resistance issues are never documented or highlighted, only disorder is spoken about.

One of the field workers who accompanied me during my recent visit in Gujarat spoke about her “sheltered” Muslim life. Her husband did not want her to be employed. She had a skill – tailoring – which she perfected over 20 years and she could stitch as well as a tailor. She did not see herself as very knowledgeable, and I pointed out, among other things, that she was very talented if she could stitch so well. Perhaps, she could teach the other women in the relief camps.

After the communal riots started, and following discussions with her husband, they both decided that she would join a national human rights and civil liberties group and struggle against the injustice done to her community in Gujarat.

Another 18 year old had witnessed the slaughter and burnings of almost her entire family. While she could not sleep at all, she was quite composed in talking about this. Her strength came from her resolve to identify the people who were responsible and bring them to justice. The rest of her community, including many men, have gone back frightened; She is biding her time, negotiating with the state machinery.

To me, these are stories of mental health. Mental health is best tied to resilience and resistance, instead of propagating “victimology”, which is very profitable for drug companies.

We need to have more discussions, among organizations, regarding the framework for organized interventions in these situations. With the “nation” turning colour everywhere, it appears that we need to confront, on an ongoing basis, communal violence as a set of actions and communalism as a type of mentality. What are the ways and means of doing this?

Positive mental health is about resting troubled emotions, including the betrayal, grief, sense of loss, guilt, shame, and most of all, anger, which are all simmering on top of the consciousness. Known mental health interventions are about creating tranquil inner lives.

So, what would be the practical steps involved in “counselling” a 16 year old boy that his goal of becoming a fidayeen is self-destructive and dangerous to society? What treatment/counseling would be given to an adolescent girl who resolves to kill herself before she will let her body be violated? The memory of a community has been deeply scarred. Is it acceptable to say, as counselors are wont to do, that what has happened is best forgotten? How to address the issue of untold anger and sense of injustice and betrayal in a manner that will not violate the rootedness of those feelings in the grossness of hindutva?

Should the mental health discourse see communalism as mental aberration? Were the men mentally sick, who deliberately and with malefic intentions, gang raped women and then burnt them? Should their mentality be addressed at all, because understanding is a way of condoning? ■■

*Dr. Davar is Managing Trustee of Bapu Trust and Centre for Advocacy in Mental Health, Pune. She is active in the field of gender, mental health and advocacy.*

## Organisations Working on Mental Health Issues

Lalita Joshi

### UK Based Organisations

1) **Depression Alliance Scotland**, is a leading self-help organization run by and for people with depression and their carers. They seek to educate public opinion, encourage research and campaign to reduce the effects of this isolating, debilitating and stigmatising illness. The services provided:

- Publications on various aspects of depression
- An extensive quarterly newsletter
- Workshops, seminars and conferences
- A written advisory service
- A pen friend and An email group

Address: 3 Grosvenor Gardens,  
Edinburgh, EH12 5JU

Tel # 0131 467 3050

Email: [dascotland@hotmail.com](mailto:dascotland@hotmail.com)

Website: [www.depressionalliance.org](http://www.depressionalliance.org)

2) **Mind** – is the leading Mental Health Charity in England and Wales, and works for everyone with experience of mental distress. Mind works on mental health advocacy and rights issues and also offers various services – crisis help lines, drop-in centres, counselling, befriending, supported housing, employment and training schemes – at the community level. Mind also provides a special legal service to the public, lawyers and mental health workers.

Mind produces wide range of publications – booklets, magazines and also organises seminars, conferences, open and in-house training programmes, takes initiative to promote good, caters to the needs of black and minority ethnic communities and people staying in country parts, advises government, health and local authorities and public on good practices in mental health and community care.



Address: 15-19 Broadway, London E15 4BQ

Tel # 0208 519 2122

Email: [contact@mind.org.uk](mailto:contact@mind.org.uk)

Website: [www.mind.org.uk](http://www.mind.org.uk)

3) **NSF** – The National Schizophrenia Fellowship, is the largest severe mental illness charity in the UK. NSF works to improve the lives of everyone affected by schizophrenia and other severe mental illness by providing good quality information, support and services across the country.

Address: Freepost SEA9307,

Southampton, SO 14 3UA

Membership Dept.: 17 Oxford Street,

Southampton, SO14 3DJ

Tel # 023 8022 5664

4) **The Richmond Fellowship International, UK (RFI)** – is a non-governmental organisation registered as a charity in the UK. RFI has a worldwide commitment to the rehabilitation and social integration of those who suffer by reason of mental disorder, addiction or development handicap and to the therapeutic care of children who have suffered severe social deprivation and emotional, physical and sexual abuse.

RFI plans, develops and launches effective community mental health and addiction services in developing countries (they have a branch in India). Other spheres of work include promoting good practices, providing various services, training and advocacy issues.

Address: Clyde House, 109 Strawberry Vale,

Twickenham TW1 4SJ, United Kingdom

Tel # +44 - 0181 744 9585

## Indian Organisations

1) **Centre for Advocacy in Mental Health (CAMH)**, a research and documentation centre of bapu trust. CAMH has been formed with the objectives of:

- Doing socially relevant research and documentation on community mental health where focus is on women and mental health
- Creating resource materials and curricula on mental health for community based organisations (CBOs)
- Facilitating woman centred, non-medical and self help alternatives in mental health
- Promoting networking, social and legal activism in the area of human rights, consumer perspectives and mental health.

Address: Flat No. 36B, Ground Floor,  
Jaladhara Co-operative Housing Society,  
583, Narayan Peth, Pune 411 030, Maharashtra.  
Tel # 020-4451084  
Email: wamhc@vsnl.net  
Website: www.wamhic.com

2) **Institute for Psychological Health (IPH)** – is an NGO working on primary, secondary and preventive levels of mental health care by offering a wide spectrum of services such as – Parent and child guidance services, adolescent counselling services, treatment & counselling for neuro-psychiatric problems, vocational counselling services, de-addiction and rehabilitation services, Maitra: an emotional first-aid service through internet & telephone. They also have community outreach programme.

Address: 1st Floor, Apte Hospital,  
Ram Maruti Road, 1<sup>st</sup> Cross Lane,  
Naupada, Thane (W) 400 602. Maharashtra.  
Tel # (22) 5433270/5366577  
Email: iph@healthymind.org  
Website: www.healthymind.org

3) **SAARTHAK** is a voluntary non-profit making organisation focusing on the mental health needs of the community. They believe in the rights of people with mental illness and create partnerships that further the mental health of people with multiple disadvantages.

SAARTHAK provides clinical services through individual therapy, group therapy using cognitive behaviour therapy, family and marital therapy. They also act as a training resource organisation.

Address: A-1/266, Safdarjung Enclave,  
New Delhi 110 029.  
Tel # 011-6183518/6180335  
Email: saarthakmembers@yahoo.co.in  
Website: indiahop.es.org

4) **The Richmond Fellowship International, India** – provides community-based psychosocial rehabilitation and training in the field of mental health.

Address: "ASHA", 501, 47th Cross,  
9th Main, V Block, Jayanagar, Bangalore 560 041.  
Tel # (080) 6645583/6346734  
Email: rfsindia@vsnl.com  
Website: <http://www.bangalorenet.com/social/richmondfellowship/index.html>

5) **The Sangath Centre for Child Development and Family Guidance** – where help is provided for a range of psychological, emotional and developmental issues. Sangath's mission is to help children and families healthy, so that they gain the hope, understanding and skills necessary to live and do well at home, at school, and in the community.

Address: 841/1, Alto Porvorim, Goa 403 521.  
Tel # (0832) 414916  
Email: sangath@goatelecom.com  
Website: <http://www.goacom.com/community/sangath>

■ ■

*Ms. Lalita Joshi is working as a co-ordinator with Centre for Advocacy in Mental Health, Pune.*



# TARANG – a healing space for children

Vrushali, MASUM

On behalf of the Tarang team

Mahila Sarvangeen Utkarsh Mandal (MASUM) was formed in 1987 when the women of Malshiras decided to create a space for themselves to address issues that affected their lives. MASUM has been working on issues of violence against women, health, economic empowerment and self-employment. Since the inception of MASUM, we have been working with children through various programmes, and we started setting up systems to formalize this work three years ago. We work with children through our Raanpakhre programme which focuses on issues of violence against children including effects of family violence on children. Through play and recreation activities with over 1400 rural children the programme works with children to enhance their ability to think critically and sharpen their skills in problem solving. Two years ago we set up a centre for children at Saswad (in the premises of our counselling centre for women, Samvaad) to work with children who are survivors of family violence. In December 2001, Tarang a play therapy centre for children was initiated by MASUM in Pune city in response to the need for creating ethical and professional therapeutic support for children. It is an endeavor to give children a structured environment so as to be able to articulate their inner turmoil through play and other media.

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## MASUM's objectives

- To make women self reliant and conscious of their human and constitutional rights
  - To nurture women's physical and emotional health
  - To provide vocational training and credit facilities to women for self employment
  - To create a sustainable and humane mode of development through people's active involvement in rural Maharashtra
  - To create a progressive space in society for all its deprived people, and to specifically resist casteism, sexism, religious chauvinism and homophobia
- 

Children use various ways to deal with difficult situations that confront them. These difficult situations could range from the experience of their first day in school, to comparison with siblings or peers, to violence between parents and many such other situations. They have limited resources of their own to deal with these traumatic experiences due to their physical and emotional dependence on adults, thereby increasing their own vulnerability. They are faced with problems and do not know exactly how to solve them. Sometimes they 'let out' their tensions through aggressive behaviour but this very behaviour generates more trouble for them. The aggressive, noisy, disturbing

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Tarang was inaugurated on 2nd December 2001 by Sai Paranjpe the noted film-maker and chairperson of the Children's Film Society of India. The name TARANG which means 'ripples' was arrived at by conducting a contest in various schools in Pune city. The child who had given in Tarang as the name, inaugurated the centre along with Ms. Sai Paranjpe.

*The members of Tarang team are Manisha Gupte, Shubhada Barve, Bhooshan Shukla, Rinchin, Jyoti Katikar, Seema Gaikwad and Vrushali.*

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children are readily identified as having problems (or are commonly labeled as 'problem children'), because they are continually creating new problems not only for themselves but also for those who are in close contact with them. There are many other children who are as desperately in need of help, but who withdraw from their miserable world and live a tenuous life on the outer edge of human relationships. Because they are quiet and do not cause much overt disturbance, they are left alone. In our experience we find many girls who are left alone like this because girls are 'supposed' to be quiet and keeping to themselves. There are also children who cling to their

baby ways and refuse to grow up, children who bite their nails, have nightmares, wet their beds, and manifest other such behaviours that indicate their inner turmoil and anxiety. All these children are trying to tell us something through their behaviours. It is a cry for help.

The world around us is designed in a way to suit adult comfort – obviously so because it is designed by adults. Even among adults it is the privileged adults to whom it is most suited. Children form a constituency that does not have much power in the society and whose needs we are not conscious of when setting up a structure. Even the facilities that are meant for children are an extension of those already existing for adults e.g. pediatric wards in hospitals, doctors' or counsellors' clinics, etc. These places have a distinct adult mark on them. This is the situation of 'normal'



*Play therapy is based on the understanding that play is a child's most natural way of expression. Because the use of sophisticated language is not available to children, they express their feelings through play. Just like an adult would 'talk out' a feeling in a therapy session, a child plays out feelings during a play therapy session.*

*Play therapy provides the child an opportunity to get in touch with herself, handle her feelings and begin relating with herself and others around her. The therapist conveys to the child the security to explore herself and the environment around her. The child not only explores the room, the toys and other play material but also constructs her own world with them. She builds things, she destroys them, she constructs her own situations, decides which persons are going to be in the situation and what roles they will play. Children express themselves through these situations. Their feelings and thoughts get a definite form and shape when expressed through the medium of play. Then feelings don't remain the unseen, unknown things inside but become more definite and manageable.*

Reference: 'Play Therapy' by Virginia M. Axline



From Left: Saumitra Pathare, Shobha Bhagwat, Sai Paranjpe, Bhushan Shukla, Manisha Gupte

children. Children with special needs are a further marginalised group whose needs rarely come to our consciousness. Most children find these places very uncomfortable and at times very threatening and this becomes a major block while working with them. While setting up services for children it is of vital importance that we keep in mind that this group does not have the articulation and the mechanisms to demand their rights and hence we have a higher responsibility of being sensitive to their needs and their rights. Hence how we set up the place and protect the rights of children therein is extremely important.

While setting up Tarang we have tried to be constantly aware of the above issues. At the time of selecting the place for Tarang we wanted it to be a central place in the city where it can be easily accessed by people from the villages and also by those who come from different parts of the city. Tarang is located near one of the city's main bus stand.

We were very particular about having it on the ground floor with very few steps and a railing so that it can be easily accessible to children who are physically challenged. The charts and posters in Tarang are put up so that they match the eye level of the child. The playroom has ample space and very little furniture which is low and of a smaller size. Files, reference material, assessment packages, etc. are all kept in closed wall cupboards so that Tarang has the sense of a space and not that of an office or a clinic.

The team that manages Tarang includes MASUM's staff members, some of whom have a social work

background and some have a background in child psychology. The two consultants on the Tarang team are – a clinical psychologist who specializes in infant assessment and parent counselling and a child psychiatrist who specializes in conducting play therapy with children. We decided to have professionals from different backgrounds so that on the one hand we can provide highly individualized and efficient therapeutic services and have a critical understanding of the discriminatory social systems that affect an individual's well being on the other.

The team decided that Tarang would work with the following objectives:

- To provide child centred therapeutic services and parent counselling services which are devoted to the psychological well being of children.
- To create an ethical and equitable model of service delivery based on the principle of universal access to health care.
- To work towards creating child-friendly and socially conscious therapies.
- To create a resource centre for therapeutic work with children.

Tarang is open five days a week for three hours each day. Most of the children who have come to Tarang have been referred for emotional or behavioural problems. When a child is referred to Tarang, the first session is conducted with the parents, preferably without the child. The second session onwards we devote our complete attention to the child. Tarang works with parents, keeping in mind that the child is the primary 'client'. If parents discuss something with the counsellors or therapists before or after the child's session, we allow the child to come into the room. When the parents or the counsellors/therapists want to discuss something in confidence, a session with parents is conducted on a separate day, without the child. Usually after the session with parents we begin therapy sessions with the child. An assessment of the child's abilities (perceptual, motor, etc.) is done if and when required. To sharpen some of the abilities, a stimulation programme is worked out for the child. This programme, which is monitored by the child psychologist, can be practiced at home so that it becomes more sustainable and economically viable.

Tarang has received a good response from the community. Since its inception in December 2001, around 40 children have come to the centre. Along with providing therapeutic services for children and developing child friendly therapeutic services, the team is also working towards creating Tarang as a resource centre for therapeutic work with children.

*Vrushali is working with a MASUM NGO working in the field of Health and Sexuality.*

### **The Different Person**

By Shah Alam Liton, Bangladesh

The person whom you call blind,  
is different than you.  
He can see with the white cane,  
able to do everything, if he gets the chance.  
The person whom you call lame,  
is different than you.  
She can walk with the crutches,  
able to sing and dance.  
The person whom you call deaf or dumb  
is different than you.  
She can work like others,  
able to hear and talk nicely.  
The person whom you call mad  
is different than you.  
He can follow and judge,  
able to feel pain and joy.

[Ref: "ActionAid Disability News" a newsletter of Action Aid India, Vol. 11 1&2. 2000].

Source: *Bapu Archives*

# Muskaan: The Campaign Against Child Sexual Abuse, Pune

Simrita Gopal Singh, Muskaan

For a decade now some women's and child rights groups like Samvad (Bangalore), FACSE (Mumbai) Rahi, Sakshi, Ifsha (New Delhi), doctors and psychiatrists (Dr. Shekhar Sheshadri of NIMHANS, Bangalore), mental health workers, journalists (Pinki Virani) and individuals in India have been addressing the issue of Child Sexual Abuse. Their work has been crucial in bringing CSA, one of the major causes of trauma and mental illness that affects women, men (though in much smaller numbers) and children, out of the closet and into the public domain in India.

Muskaan – The Campaign Against Child Sexual Abuse is a campaign formed by the coming together of some Pune based women and child rights organisations and individuals who feel strongly about the issue of Child Sexual Abuse. The campaign which began in October 2000 after the screening of Grace Poore's film *The Children We Sacrifice* (which deals with incest) believes that the shame, secrecy and silence surrounding CSA needs to be broken to help children and adults heal from the trauma. Muskaan acknowledges and stands on the shoulders of the all those who have done pioneering work on CSA, nationally and internationally.

The aims and objectives of the campaign are:

1. To create awareness and to sensitise children, adults and society at large about CSA
2. To provide a support system for those who have been abused
3. To network and continue advocacy with organisations working on similar issues nationally and internationally
4. To work towards holding the abuser accountable for violating the child's rights
5. To lobby for changes in the legal system with reference to CSA

6. To undertake research and documentation on the issue

All children have the right to a safe and secure environment in which their dignity is nurtured and their capacities developed to the fullest. CSA is not only a serious violation of the child's physical, emotional and sexual integrity but also a betrayal of the child's trust. It is a violation perpetrated by a person with power over someone who is vulnerable, in most case the perpetrators are men and the victims children (girls are abused much more than boys). Child Sexual Abuse takes place mostly in the home/in a trusted place (e.g. school) by a trusted adult (mostly men) who not only violates the child but also forces her/him into silence and submission.

The widespread prevalence of CSA in all classes, castes, races, religions and nationalities since time immemorial and the damage it does has not been sufficiently acknowledged by the media, health and legal professionals, educational institutions, academia, families and others. Helping professions in the country are just beginning to recognize the role of CSA in causing substance abuse, eating disorders, self-mutilation, depression and other self-destructive behaviour.

Within the Indian context, CSA is legally defined as the sexual penetration of a child who is below 16 years of age. But a broader definition is necessary where CSA is truly the physical and or/mental violation of a child with sexual intent, by an older person who occupies a place of trust, respect and power in connection with the child.

Muskaan has sought to create awareness about CSA in Pune by organizing discussions and screening Grace Poore's film in schools and colleges for parents,

teachers and students, as well as with NGOs and community organisations and the response has been extremely encouraging. In August 2001, Muskaan with the Women's Studies Centre, Pune University and Lalit Kala Kendra requested Ms. Meena Naik to present her play 'Vate Varati Kacha Ga' (on CSA) at the University to create awareness about CSA within the university community. The play received a heartening response and was followed by a discussion with the audience, which included adolescent girls who had been specially invited for the screening. This indicates that people today are willing to talk about child rights, sexuality and CSA in India and there is an urgent need for many more groups dealing with the issue of women, children and violence across the country to take up CSA and integrate it into their work.

Muskaan would be happy to hear from those who are working on CSA and join hands with them in our campaign against CSA. We can be contacted at [muskaanpune@yahoogroups.com](mailto:muskaanpune@yahoogroups.com) or [alochana@vsnl.com](mailto:alochana@vsnl.com)

*Simrita Gopal Singh Coordinator and founder member of Aalochana, Centre for Documentation and Research on Women, Pune. Text is based on Muskaan's brochure and on behalf of Muskaan – The Campaign against Child Sexual Abuse*

- *Pinki Virani's book bitter chocolate: Child Sexual Abuse in India is an excellent resource book and includes a listing of those working on CSA as well as helplines available in various Indian cities.*
- *Grace Poore's poignant film The Children We Sacrifice deals with CSA amongst South Asians based on testimonies of survivors and is very useful to initiate discussions on the issue. It is accompanied by a resource booklet and the film is available in both Hindi and English.*

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...(Continued from page 11)

may turn violent – in a socially disruptive manner. Numerous 'concerned' and 'sensitive' articles in the recent past have expressed this repeated fear – that some of the victims of the carnage in Gujarat may become terrorists. The fear is not unfounded. The solution will not be found in dealing with individuals. Justice alone can win back confidence and deny the potential terrorists a supportive social atmosphere.

It is also noteworthy that suffering victims of oppression and crime often win sympathy. The moment they defend themselves, retaliate, or fight back, they lose it. That mentality may need intervention by mental health experts.

The gender dimensions of communal violence are quite clear in some respects and not so clear in other respects. It is well known that women become special victims of violence. The Gujarat narratives are full of incidents of mass rapes and gang rapes – accompanied by mutilations, extreme violence, and often murder. These need to be differentiated in their impacts (on the direct victims and on other women from the victim groups) from the individual rape. Actually or potentially, the gang and mass rapes do not end – they are perpetual and constant so long as the society and polity remains communalised. That is not the only dimension. The assault on women is perpetrated as and received as a decimation of the manliness of the men. The anger of the helpless defeated men then also turns inwards within the community and within the family. The constant danger of an outbreak of violent attacks creates a siege mentality. In the name of defence preparedness the women are subjected to stricter patriarchal controls; and patriarchy is perhaps the greatest 'mental health problem' women face.

This is not to deny at all the psychological dimensions of a communal situation – for the victims or the perpetrators. A large number of individuals may even need active help from mental health professionals to be able to continue to live as human beings. The major point to note is that the solutions lie more in social action on a very wide scale to counter and correct the situation.

■ ■

*Dr. Pendse is a medical doctor with a long involvement in social issues, health and mental health.*

## State, Civil Society and Women's Empowerment

**Reported by: Ms. Pushpa Reddy**

Senior M. A. Women's Studies

NMKRV College for Women

Jayanagar, III Block

Bangalore 560 011

Report on Southern Regional Conference on 'State Civil Society and Women's Empowerment' organised by the Department of Women's Studies, NMKRV College for Women, Jayanagar, Bangalore, in collaboration with the Indian Association for Women's Studies on 30th November and 1st December, 2001.

The conference provided the platform for dialogue between state's representatives, civil society participants and academicians, to discern, to what extent women's empowerment is possible in the 'true sense', given the situation and conditions of women in India today, especially with the onslaught of globalisation and increasing fundamentalism of various types. The concept of empowerment has to be expounded upon in the context of persistent patriarchal practices and ideologies, current market forces on women, continuous and pernicious forms of violence against women, a prejudicial media, a failing health-care system, structural adjustment policies and the numerous developmental strategies currently in implementation. The participants and paper writers to the conference came from Academia, NGO's, Grass root functionaries, and State Government Representatives from Karnataka and Andhra Pradesh.

Prof. K.S. Umadevi, Principal, NMKRV College for Women, cordially welcomed the delegates and participants to the conference. Thereafter, Prof. Rameshwari Verma, IAWS Treasurer, briefly explained the history of the IAWS.

The key note address was delivered by Dr. Renu Mukunda, a consultant on Community Development and Gender Issues, provided a conceptual framework for the conference, with reference to the Gandhian idea of the "Ideal State" and the Marxist-Socialist theory of a "Stateless State". She added that a stateless state, emerges only when the state is under control of

the proletariat, only after all forms of exploitations are rooted out and people properly educated.

In the first session of the first day Dr. D.K. Sudha, Lecturer in Sociology, Bhadravati, Karnataka, presented a paper on 'Empowerment of Women in the Indian Context'. She stated that empowerment of women refers to the entitlement of woman to have and exercise the power over their lives and as individuals and the member of the social system. Her paper was an effort at analysis of the constraints in the empowerment and a possible strategy to overcome those. The second paper in this session was presented by Dr. Chaya Degaonkar, Department of Economics, Gulbarga University, Karnataka. She focussed on the process of globalisation as taking over labour. In her paper she analyses the impact structural changes of this on women in agricultural labour. She advocates a revolutionary reform to institutions of feudal social structures. Dr. M.J. Jamuna, Professor, Department of History, Bangalore University, presented a paper on 'Empowerment of Women in Precept and Practice'. She assesses the impact of empowerment on women. She stated that with the emergence of neocapitalism imperialism, women have become subject to a new type of exploitations. In her paper after analysing the effects of this on women she recommended some suggestions for example not to scuttle some government schemes, attitudinal change in both male and female, awareness at grassroots level. Dr. K.S. Vaishali, Department of English, Bangalore University, presented a paper on 'Empowering of the Indian State and Civil Society – Perspective on Reconfiguration of Women'. She highlighted that the issues articulated in the national policy on Women's Empowerment 2001, is a direct result of civil society interventions and resistance struggles in different parts of the country. She further suggested that the state should create mechanism to affirm and support the nonstate

institutional mechanism. The paper concluded by stating the need to revalidate the vital role of women's movement in the reconstruction of Indian society on more pluralistic and egalitarian foundation. Dr. R. Rathnakumari, Centre of Womens' Studies, Andhra University, Vishakhapattanam, presented a paper on 'The Role of State in Women's Empowerment – A Case Study of Andhra Pradesh'. She stated that the construction of gender is a matter of both social construction and cultural representation. She cited the role of the Andhra Pradesh government for women's empowerment. Dr. Sindhu Menon, Department of English, Bangalore University, presented a paper on 'Custom-made Bahun and Barbies'. She indicated the ambivalent role of media in relation to Women's issues. By using the advertisement she highlighted the stereotyping of women. She concluded her paper with some alternative modes to depict women realistically. Smt. S.P. Srimathi, Department of Women's Studies, NMKRV College, Bangalore, presented a paper on 'Pornography – A Violence against Women'. She focused on how the globalisation and consumerism are interlinked to the concept of violence and its relation with women. Pornography perpetuates the system of ideas and beliefs that constitutive of male power and subordinates women who are into pornography. Dr. K.G. Bhuvana Maheshwari, Department of English, Bangalore University, presented a paper on 'The Question of Women's Empowerment in the True Sense'. She focused on urban women and the stereotypes of empowerment as well as the disempowering gaps within the notions of empowerment. In the first session of the second day Dr. Meera Chakravarthy, Professor, Department of Sanskrit, Bangalore University presented a paper on 'Women's Bill – An Intervention in the State Policy'. She highlighted that though the women's reservation bill has been persuaded at both national and state level, the men in governance present the bill to create the illusion of proprietary and equality. In reality inequality is increasing and this is much to do with power relations and social structure. The policy of reservation is imbued with the patriarchal concept is an illusion and thus empowerment is an empty manifesto. Dr. Shree Herlekar, Hubli, presented a paper on 'Changing Socio-economic Profile of Rural Women of JWP and Stree Shakti'. She analyses the functioning of the stree-shakti and JWP and its impact on women of Byahatti, Hubli. She highlighted

the problems and constraints related to the motivation interaction of JWP with the women, listed its achievement in the village and recommendations for the future implementation of such programmes. Dr. K.G. Uma, Professor, Department of Sociology, Bangalore University and Director Women's Studies presented a paper on 'Women's Perception and the Utilisation of Health Facilities for Reproductive Health Care – A Case study of Karnataka'. There is a general apathy by women towards their own health as well as the government on women's health issues. She provided comprehensive statistics, which followed with the valid recommendations for improving PHC with regard to women's health issues. Smt. Sandhya Rao, Centre for Economic Social Studies, Hyderabad, presented a paper on 'Enabling Legislation, Empowering Institutions, Women and Thrift Cooperatives in Andhra Pradesh'. She states that a positive partnership between state and civil society is incumbent in promoting the interest of its citizens and in empowering them. Her paper cites case study of APMAS Act (Andhra Pradesh) of 1995. Vimal Rama Rao, Professor and Head of the Department of English, Bangalore University presented a paper on 'Of Walls and Women'. She presented a metaphorical examination of the notion of empowerment through literary analysis of the text. Dr. K. Saroja, Associate Professor, Department of Human Development, Dharwad presented a paper on 'Health Empowerment of Indian Women in the Context of Globalisation'. She raised the question of women's empowerment in terms of health in the global economic context. Shri. K.S. Narayan, Institute of Social and Economic Change, Bangalore presented a paper on 'Towards True Empowerment of Women'. He covered issues in lieu of empowering women from social to economic to political. Dr. Shrimathi of Hampi University presented a paper on 'Women's Body, Sexuality and Empowerment'. She highlighted issues on socialisation of women through ideas, looked at capacity of reproduction of women as empowering and need to appreciate the power related through puberty. During the Valedictory Session, a panel discussion was held and was chaired by Prof. Rameshwari Varma. The panelists were Dr. Dietrich, Dr. Rathnakumari and Dr. Narasimhan. A collective effort at arriving at some conclusion was the task of this panel.

*(Continued on page 30)...*

# SHAKTI – From Infringement to Empowerment

Asha Verma and Bharathi Harishankar

Abridged Report of a 2-day National Seminar, co-sponsored by the Ministry of Human Resource Development and the Department of English, Gujarat University, Ahmedabad, held on December 23-24, 2001 at Ahmedabad

This Seminar was convened by Dr. Ranjana Harish to bring the argument for gender equality of the National Policy for Women's Empowerment (2001) into light and to help in translating it into action. The inaugural function was graced by the presence of the H.E.Sh. Sundarsingh Bhandari, the Governor of Gujarat, Dr. Naresh Ved, the Vice Chancellor, Prof. Chaitnaya Khambholia, the Pro-Vice Chancellor, Smt. Vibha Parthasarathi, Chairperson of Indian Commission for Women, Smt. Mrinalini Sarabhai, the renowned epitome of Indian Art and the Chief Guest, Dr. Indira Goswami, the Jnanpith Award Winner for 2000. The Governor inaugurated the Seminar. In his address he asserted that the need today is to reinstitute to the woman her right to be a "person" rather than be subordinated as a dasi or deified as a devi – both of which are positions of neglect and ignore her rightful humanness. Dr. Indira Goswami in her keynote address,

expressed deep concerns for the present status of rural women and the state of widows in the country. She said that her activist profile is based not on ideological tenets alone but on her experiential wealth as well.

The Seminar had fifteen sessions in all examining the contributions and treatment of women in diverse areas such as Fine Arts, Language, Law, Social Sciences, Information Technology, etc. There were about 250 participants from many parts of country with different professional backgrounds. The summaries of these sessions were offered in a round table session to provide insights and new directions into the complex ground.

On the second day Mallika Sarabhai spoke in the plenary session on perceiving and portraying womanhood through performance, explaining how performance can be effectively used across culture to empower people to change.

■ In a woman and the stereotype of empowerment as well as the disempowering gap within the notion of empowerment, in the first session of the second day Dr. Meera Chakravarty, Professor, Department of Sanskrit, Bangalore University presented a paper on Women's Bill – An intervention in the State Forum. She highlighted that though the women's reservation bill has been proposed at both national and state level, the men in governance present the bill to create the illusion of progress and equality, in reality inequality is increasing and this is much to do with power, reform and social structure. The policy of reservation is imbued with the patriarchal concept of division and thus empowerment is an empty promise. Dr. Shilpa Chakravarti, JNU, presented a paper on 'Building Socio-economic Profile of Rural Women of JWP and state JWP'. She analysed the functioning of the state JWP and JWP and its impact on women of JWP. She highlighted



# Interdisciplinarity and the Question of Women Studies

(Abridged Report of a Two-day Seminar at KSP, WSC)

Mira Ashar

The two-day seminar on Interdisciplinarity and the Question of Women Studies has been organised by Krantijyoti Savitribai Phule Women's Studies Centre in collaboration with Vikas Adhyan Kendra, Mumbai. Dr. Vidyut Bhagwat in her introductory remarks highlighted the need to deliberate on the issue of interdisciplinarity especially in the context of gender studies in India. She presented the theme note on the seminar. The keynote address of the seminar was delivered by Prof. D.N. Dhanagare speaking on 'Interdisciplinarity and the institutionalisation of social sciences in India', Prof. Dhanagare contextualised the issue of interdisciplinarity in the age of globalisation. He traced five trends in the development of the social sciences viz. The Universal stage: where universal concerns were voiced and grand theories were formed. The National phase: when talk of cultural specificity and national policy was foregrounded. A combination of nationalist sociology with residues of universalism gave rise he argued to a conceptual and theoretical Imperialism. Internationalism is a third trend which came about as a response to nationalist ideologies. There was at this point a split between two equally powerful and influential ideologies; the western rationalist ideology and the socialist ideology. Indigenisation came about as a strong reaction to the importation of ideas from abroad. Globalisation is the final trend in the development of the social sciences and rests on the belief that there is a "world community" and that there are internationally shared concerns. Theoretical and conceptual apparatus to analyse them are available and communicable. Taking up in this context the question of what it means to be interdisciplinary, Dr. Dhanagare reinstated the position that a mere coming together of a few disciplines does not constitute interdisciplinarity. A productive interaction and integration of perspectives is required more than a mere physical incorporation of one discipline by

another. Dr. Dhanagare ended his address by raising questions about the burden of interdisciplinarity is more on Women's Studies than on any other discipline.

The first session of the seminar focused on 'Interdisciplinarity and the question of Gender'. In this session Dr. Mary John making a presentation in this session, began by problematising the concept of Women's Studies. Women's Studies is in a critical phase today, she said, with the diverse body of work done on women behind us and institutionalisation ahead of us. Dr. John focused the arguments on the two questions: What is Inter-disciplinarity? And what is Women's Studies? While most people are for interdisciplinarity Dr. John felt that it has not been sufficiently theorised. Women's studies is one of the few disciplines which has attempted to cross disciplinary boundaries. Hence to understand the concept of interdisciplinarity it is essential to look at the history of women's studies in its development as a discipline. Mary John then went on to define the relationship between sociology and women's studies. Tracing the kind of influences that feminism and women's studies have had on sociology, Dr. John concluded that though sociology offers an attractive field for study of women, the discipline has largely just paid lip service to the cause of women studies. The second paper of this session was presented by Dr. Sharmila Rege. Her analysis was based on a survey of the syllabi of seven universities in Maharashtra. Dr. Rege's paper was an attempt to move from the initial 'disenchantment with sociology' to the creation of feminist spaces within the discipline. Analysing the history of sociology and the impact feminism has had on the teaching of sociology, Dr. Rege made the following observations: The boundaries created by institutions and associations are often firmer than those created by intellectuals or theories. An inclusion of

women as had happened between 1975–90, but this does not necessarily create a feminist perspective. A continuing tradition of scholarship on women located in the framework of modernisation (late 1970's and early 1980's) did not facilitate a feminist perspective either. Rather than a questioning of the cognitive frame and epistemological base, the concluding remarks of these studies were always a plea for an attitudinal change towards urban women and a recipe of modernisation for rural women. The feminist challenges in the late 1980's and 90's have been seemingly well received in sociology but have left the cognitive framework largely unchanged. Dr. Rege concluded, that women have only been added on in the discipline of sociology.

The second session reviewed the 'Relationship between the disciplines in the Social Sciences'. Prof. Ram Bapat presented the paper in this session. Within the context of modernisation, each discipline has become fragmented and specialised. Each, with its unique features serves the purpose of disciplining minds for those who control material and subjective resources. In such a situation if one wants to make disciplines less gender-blind one either calls back the over-arching theories having predictive powers or functions within a post-structuralist, post-modernist framework. Thus it is the duty of feminist to keep rereading the work of post-structural and post-modern theorists to reveal such biases. Prof. Bapat taking the clue from other theorists argued that complete canonical authority would lead the feminists also to err, to replace one theoretic order for another, each having its own biases. In conclusion Prof. Bapat expressed the need for feminism to reserve its right to speak from the margin for the purpose of subversion and a creation of a deliberate anarchy.

The next session was on 'Relationship between the Humanities and Social Sciences' Dr. Aniket Jaaware, addressed the issue of gender in its generality rather than its merely human specificity. Though the social sciences are trying to make linkages with each other and with the humanities, the biological sciences are completely ignored in the entire discourse. Dr. Jaaware posed an important challenge: are the humanities willing to learn from the life sciences? A problematic question was raised: how do we know gender? After all the neo-nate is understood as male or female, but how is the sexuality posited to its body. There is no

innocent sexless body and yet we cannot deny that gender is also a social construct. Thus it is essential to understand the duration in which it moves from a biologically formed sex to a socially constituted gender. Dr. Jaaware concluded his paper by suggesting that to be multidisciplinary may include a sense of loss especially of the security of understanding our discipline and hence a very difficult thing.

In the same session Dr. Tejaswini Niranjana began her paper by narrating two disturbing anecdotes of professionals who claim they are feminists but do not integrate feminism in their professional work since they do not wish to "use the distressed position of speaking as a woman". Dr. Niranjana put forth the question: what is happening in Women's Studies that makes women feel that to speak as a woman is always to speak as a victim? She further said that feminism, which was earlier a theoretical concept which students accepted but hesitated to practice, is now a private affair which professionals do not like to integrate in their work. Dr. Niranjana claimed that interdisciplinarity could also include looking at the intersection of the spheres of the personal, the political, research, teaching etc. The second part of her paper dealt with the university syllabus of seven universities in order to see the impact women's studies had on under graduate studies. Though several universities had courses on women's studies, a feminist perspective was almost completely absent from the rest of the curriculum. Interdisciplinarity was reduced to a common-sense subject.

On the second day in the first session Research in 'Contraception Science and Politics of Gender' Dr. Vineeta Bal presented a paper on biases against women in the field of natural sciences. With emphasis on research in the area contraception, she pointed out the blatant biases that exist not only within research and publications but also in the area of clinical trials. Drawing data from various sources, Dr. Bal highlighted the worsening of the bias in recent years.

In the same session Dr. Bhargavi Davar presented a paper on 'The worlds of the 'Social' and 'Mental' – Implications for gender studies'. She critiqued the practices of the current "mental science" disciplines. Reviewing the practices within psychiatry and psycho-analysis, Dr. Davar explained how these sciences are gender-blind using non-validated sexist

theories. Moreover these disciplines apply uncontested cultural imperatives thereby seeking a status-quo and not change. Another important issue which Davar raised was regarding the definition of mental illness itself. The concluding part of her paper outlined the ways in which the women's movement gave a social and community support to women who otherwise have very few channels of expression.

Prof. Kancha Illiah presented a paper on 'Alternative Epistemologies and the Question of Interdisciplinarity'. Citing the example of his own book 'Why I am not a Hindu', Illiah spoke of the difficulty in classifying it as a philosophy or religion, or within sociology or political science. Turning to the issue of women within academic disciplines, Prof. Illiah pointed the fact that the study of 'women' restricts itself to talking of upper 'caste women'. Within Hindu epistemology too, he said, the Shudra forms of knowledge are not respected nor are they considered sources of knowledge. Illiah stressed that we need to shift the sites of study to understand the different epistemologies of production, spirituality and materiality.

In the same session Dr. Kalpana Kannabiran presented a paper on 'Making Interdisciplinarity work A View from Women's Studies'. She emphasised the incongruency between the disciplines of law and sociology. Using her experience of teaching sociology in an institute of legal studies, Kannabiran said that at the core of all laws is violence. She exemplified this by talking of dowry, rape, inheritance etc. Then she added that though violence is a basis of all laws related to women, it is not sufficiently theorised in sociology. The need to theorise this stemmed from the women's movement and is furthered by a feminist perspective to law.

Dr. Sandeep Pendse presented the next paper. His primary query was: What is studied within the Women's Studies centers? And how is it different from the work done on women outside of these centers, i.e in NGO's etc? To answer this he traced a brief but clear track of the women's movement claiming that often it was not a movement "by" or "of" women but rather a movement "for" the women. This can be perhaps explained by the modernisation movement taking place around the same time. These movements threw up several avenues of study which were not

even in consideration at an earlier point. Drawing from the women's movement again he explained that an interest in issues like women's health and sexuality came about only after and due to the women's movement.

A discussion took place after these presentations where questions relating to alternative epistemologies and the significance of the women's movement were raised. Several contentious arguments that emerged opened up newer areas for consideration.

The concluding session of the seminar included a view from the several disciplines. Dr. Rekha Inamdar Sane presented a view from literature doing a case study of marathi literature and Dr. Wandana Sonalkar presented a view from economics. Both of them highlighted the need of interdisciplinary works in their own discipline underlined the need for bridging the gap between the 'many worlds' of doing interdisciplinary work.

■ ■

...(Continued from page 8)

along with wrong assumptions regarding interpersonal relations are the glaring problems of majority of them. Women must be taught to accept their self worth and stop underestimating themselves. Training courses should be easily available for improving all these skills of working women. It is a must to rethink about this serious psychological problem and to create conducive environment for the progress of working women. It is a real challenge for researchers in the realm of gender and psychology.

■ ■

*Dr. Wadkar is a Reader, Department of Psychology, Pune University, who is deeply interested in gender issues, especially sexual harassment.*

## Women and Mental Health... a beginning



**Women and Mental Health... a beginning.** Written by: Bhargavi V Davar & Deepra Dandekar. Pages: 38. Price: Rs. 20. Produced by: Tathapi Trust, Pune, India.

*Purpose of the booklet:* The booklet has been produced in order to increase the potential of NGOs in the mental health area.

*Objective of the booklet:* The text is lucid, conversational and simple, using life stories and ethnographies to illustrate points. The objective of the booklet is to encourage the readers to articulate ideas and concerns in mental health and emotional well-being. The approach is holistic and non-directive, aiming more to develop a perspective than to impart a skill.

*Section contents of the booklet:* 'Why this booklet?'; 'Rama tells her story'; 'Mental health is for everybody'; 'Some aspects of the mind'; 'Emotional health of women'; 'Medical perspective in mental health'; 'Mental health- A fine balance'; 'Women's movement and mental health'; 'Rama continues'; 'Stigma'; 'Rama makes a decision'.

*Using the booklet:* The booklet can be used for mental health orientation with groups in ongoing training programs. By building group exercises around the themes of the text, it is possible to go beyond the text and explore new ideas and issues relevant to the organisation's work.

The booklet may be used for exploring the local understanding of mental health, what are the shared experiences, local knowledge and practices. The booklet may also lead to affirmative action by stimulating discussion around mental health services, what is available, and what is the quality of the services. Local mental health institutions and traditional practices may be studied for what they offer as well as their problems. The booklet encourages thinking on

the development of organizational sensitivities in mental health, how to grow in the mental health area and how to give care and support for those in psychological difficulties.

*Methodology:* A 2 day orientation workshop on Mental Health was conducted by Bapu with various grassroots organizations in Maharashtra, through the 'Maharashtra Women and Health' Program. The workshop was participatory, engaging the organizations in group discussions about local understanding and practices in mental health, women's experiences of emotions and emotional disorders, organizational experiences of mental health and service related issues. Tathapi, one of the co-organisers of the program documented this process and encouraged CAMH to write up the booklet. Using these, as well as other curriculum and documentation materials in CAMH, the booklet was written up. Deepra Dandekar of CAMH fictionalized Rama, the central character around whom the booklet revolves. The booklet was peer reviewed by two expert peer reviewers, who sent in written feedback. Internal peer reviews were also done by the CAMH and Tathapi teams. A field testing workshop for half a day was conducted, where ten participants from various organizations in Pune as well as Tathapi and CAMH teams participated. Groups were formed to read the booklet in full and feedback was collected through both group discussion as well as in written form.

*Collaboration:* The booklet was a collaborative effort between CAMH and Tathapi, Pune. CAMH stocks copies of the booklet. Bulk orders for training programs may be placed with: Tathapi Trust, 425 DP/77 Mukund Nagar, T.M.V. Colony, Pune 411 037  
Tel: 020-4270659, Email: [tathapi@vsnl.com](mailto:tathapi@vsnl.com)

For permission to translate the booklet into the local language, please contact Tathapi office.

## Call for Papers

### **Theme Plenary – Challenges to Democracy**

Coordinator: Pushpa Bhawe, Tel: 4141136

### **South Asian Panel on Women and Peace**

Coordinators: Kamla Bhasin and Ritu Menon

Email: k.bhasin@vsnl.com

### **Orissa Plenary**

Coordinator: Satish B Agnihotri, UNICEF, Calcutta

*Special session:* Women and violence in Gujarat

Coordinators: Renu Khanna and Trupti Shah

Email: chinu@wilnetonline.net;

rohit\_trupti@yahoo.com

### **Pre Conference Workshop**

#### **Women's Movement in a Changing Socio-Political and Economic Context: Striving for New Directions**

Coordinators: Veena Poonacha and Divya Pandey,

Research Centre for Women's Studies, SNTD

Women's University, Juhu Road, Santacruz (West)

Mumbai 400 049. Tel: 6604001,

email: rcwsndt@bom3.vsnl.net.in

### **Sub-theme 1**

#### **The Female Body: an Arena of Contestation**

Coordinator: Jayashree Velankar, A-201 Govind Gopal

Society, Ashok Nagar, Cross Rd. No. 1, Kandivali (E),

Mumbai 400 101. Phone: +91-22-8843776, 8871559.

e-mail jaya\_velankar@tatanova.com

### **Sub-theme 2**

#### **Promoting Democracy within the Family**

Coordinator: Joy Deshmukh-Ranadive, Senior Fellow,

Centre for Women's Development Studies, 25, Bhai

Vir Singh Marg, Gole Market, New Delhi 110 001.

e-mail: joyrahul@ndf.vsnl.net.in

### **Sub-theme 3**

#### **Girl Child: A Neglected Agenda**

Coordinator: Razia Ismail Abbasi, Women's Coalition

for Peace and Development, Programme and

Information Services Centre, CISRS House, 14,

Jangpura-B, Mathura Road, New Delhi 110 014,

Phone: +91-11-4310959, Fax: +91-11-4326025

e-mail: wecan@bol.net.in

### **Sub-theme 4**

#### **Gender and Governance for Sustaining Democracy**

Coordinator: Revathi Narayanan, No. 68, 1st Cross,

2nd Main, HAL IIIrd Stage, Near New Thippasandra

Main Rd., Bangalore 560 075.

Phone: +91-80-5277471, 5262988,

Fax: +91-80-5297765, e-mail: samakhya@vsnl.net

### **Sub-theme 5**

#### **Confronting Hunger: Issues of Food Security and Nutrition**

Coordinator: Rinchin and Padmini Swaminathan.

Rinchin, MASUM, B-2 Garnet Residency, Shivarkar

Road, Wanorie, Pune 411 040,

Phone: +91-(20)-6875871, 6814889.

e-mail - Masumfp@vsnl.com

### **Sub-theme 6**

#### **Fundamentalism and Communalism**

Coordinator: Roop Rekha Verma, Director, Institute

of Women's Studies, c/o Philosophy Department,

University of Lucknow 226 007.

Phone: +91-522- 89620 (O), +91-522-374202 (R),

e-mail: rooprekha@id.eth.net

### **Sub-theme 7**

#### **Gender and Livelihoods**

Coordinator: Sarojini Ganju Thakur, Rural

Livelihoods Advisor, DFID-India, B-28 Tara Crescent.

Qutub International Area, New Delhi 110 021.

e-mail: SG-Thakur@dfid.gov.uk

### **Sub-theme 8**

#### **Sustaining Democracy: Challenges for Education**

Coordinator: Usha Nayar and Kiran Bhatta

1147, Sector A, Pocket B, Vasant Kunj,

New Delhi 110 030, e-mail: ushan@tatanova.com

### **Sub-theme 9**

#### **Doing Women's Studies: Dilemmas and Possibilities**

Coordinator: Savitribai Phule Collective

e-mail: wsc@unipune.ernet.in and

sharmilarege@hotmail.com

## Still I Rise

Maya Angelou

You may write me down in history  
With your bitter, twisted lies,  
You may trod me in the very dirt  
But sill, like dust, I'll rise.

Does my sassiness upset you?  
Why are you beset with gloom?  
'Cause I walk like I've got oil wells  
Pumping in my living room.

Just like moon and like suns,  
with the certainty of tides,  
Just like hopes springing high,  
Still I'll rise.

Did you want to see me broken?  
Bowed head and lowered eyes?  
Shoulders falling down like teardrops,  
Weakened by my soulful cries.

Does my haughtiness offend you?  
Don't you take it awful hard  
'Cause I laugh like I've got gold mines  
Diggin' in my own back yard.

You may shoot me with your words,  
You may cut me with your eyes,  
You may kill me with your hatefulness,  
But sill, like air, I'll rise.

Does my sexiness upset you?  
Does it come as a surprise  
That I dance like I've got diamonds

At the meeting of thighs?  
Out of the huts of history's shame  
I rise

Up from a past that's got moted in pain  
I rise

I'm a black ocean, leaping and wide,  
Welling and swelling I bear in the tide.  
Leaving behind nights of terror and fear  
I rise

Into a daybreak that's wondrously clear  
I rise

Bringing the gifts and that my ancestors gave,  
I am the dream and the hope of the slave,  
I rise... I rise... I rise

*Ref.: Brochure of BRIDGE: Centre for Women's Emotional Wellbeing, a London based confidential, culturally sensitive service offered by a multi-racial team of women.*

...(Continued from page 23)

The Valedictory address was delivered by Smt. Madhura Chatrapathy, Trustee, Director, Asian Centre for Entrepreneurial Institute, Bangalore, who spoke at length on entrepreneurship and women, citing some interesting exemplars.

In the final analysis, empowerment has to be seen as having taken on enormous and gigantic proportions, but with no conclusive, clear cut and definitive definition emerging at the end. Empowerment does not, however, signify a specific goal towards which the state and civil society must evolve, but is a very conceptual notion that entails a process orientation and can thus in itself be a process and an end. Empowerment, it has been determined, is an ongoing phenomenon highly involved in the attainment of and by equity in economic, educational, health, social and political sectors. The removal of constraints imposed by patriarchal structures/ideologies; 'safeguarding' women against the various forms of violence by various methods; the drafting of gender sensitive policy/strategies and ensuring that effective legislation input into place.

The complexity of the problem of empowerment defies any easy solutions and easy answers. What emerged from this conference is the need for both, structures of the state and those institutions within civil society, to negotiate a set of workable solutions in the pursuit of equality, equity and a nation of empowered individuals.

■ ■

## Membership Form

1. Name : \_\_\_\_\_  
(in full)

2. Address in Full and telephone numbers:  
*Official* \_\_\_\_\_

\_\_\_\_\_

*Residential* \_\_\_\_\_

\_\_\_\_\_

*Email* \_\_\_\_\_

3. Education: \_\_\_\_\_

4. Occupation/Designation \_\_\_\_\_

5. Interest in Women's Studies:  
(indicate categories applicable)

- Teaching       Organisation & Activism  
 Writing         Media & Communication  
 Research       Administration of Programmes  
 Any other

6. Type of Membership (Indicate type applicable)

- Ordinary       Institutional (Ordinary)  
 Life           Student       Institutional (Life)

### IAWS Secretariat:

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