

The hearth – reflections on the needs of women suffering mental illness in India

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To reach the small hamlet of Sid-dapura via YN Hosakote, Pava-gada Taluk, Tumkur District, Kar-nataka, South India you travel slowly. There is no other option and so it was that in September our very old Ambassador taxi car-gently edged into the field where we were going to conduct our consultation with mentally ill people, their carers and the members of the Narendra Foundation, a small Community Based Organisation (CBO) who were our hosts. The Narendra Foundation is a wonderful thing: a real grass roots organisation working on health issues in some twenty villages. It was founded by Rajanna, whose work is inspired by the works of Swami Vivekananda:

This life is short, the vanities of the world are transient, but they alone live who live for others, the rest are more dead than alive

The Foundation has a programme supporting physically disabled people in community-based rehabilitation and they want to add support to those with mental health problems to their range of skills. Our organization, *BasicNeeds – new initia-*

Le foyer: réflexions sur les besoins des femmes mentalement handicapées en Inde

Cet article relate une histoire émouvante d'une rencontre avec un couple à Karnataka au Sud de l'Inde. La femme souffre mentalement et est incapable de s'adonner aux tâches domestiques. Cependant son mari continue de l'aider en dépit des conseils de la communauté qui voudraient le voir divorcer. L'auteur met en relief le rôle central de l'équipement pour la cuisson et du feu qui sont au coeur de la demeure où les gens se restaurent, se désaltèrent et se sentent en sécurité.

tives in mental health and development, want to partner the Narendra Foundation in developing their scope in mental health delivery. To do this we start with the people in mental distress – hence the meeting.

The little mud buildings in front of us are the head offices of the Narendra Foundation (Figure 1). Everything is very clean, disciplined, a little austere. The last of the people coming to the meeting are walking over the field. A man and woman come into sight: he is a dignified man in immaculate white top and trousers; she is poised with a beautiful flower in her hair – Mr and Mrs Ramalingappa (Figure 2).

The animation of the meeting begins. As can be seen from the picture it is lively (Figure 3). My colleague, Naidu, moves with the flow of the group and helps them to give voice to anxiety, despair,

and hope. Mental illness, or distress, brings powerful emotions to the surface in any society and this little farming community is no exception. From my field notes:

The young woman was married off to a man who turned out to have a wife already with three children. The idea was to have a permanent person to care for the children. No further children were required by the (original) couple and so the young woman was forcibly sterilised. As the tears roll down her face she longs for the pesticide (suicide – drinking pesticide as a poison). The group give out small noises of sympathy and encouragement.

The meeting is held outside, under a tree. As the sun moves so



Figure 1: Head offices of the Narendra Foundation



Figure 2: Mrs Ramalingappa, seated in foreground with a flower in her hair



Figure 3: The discussions became lively

does the group so as to take advantage of whatever shade there is – the group quietens. In the heat two notions are set beside each other in my mind: hearth and family. The hearth is both the real centre of the family and its spiritual one as well. Pain is often expressed in terms of being part of, or rejected from, the hearth. The hearth is also the place where the sticks are gathered together to heat the hotplate upon which the simple rotis are griddled and where the water boils in the big pot squatting on three stones. Who is it that keeps this central place stocked with fuel? What happens if she just stops carrying out this duty, which is the focus of the family home?

I had learnt something of Ramalingappa's story from Naidu and from the meeting which was still in progress. Mrs Ramalingappa is mentally distressed and from time to time attends to one or two voices speaking internally to her. She contributes to the meeting quietly, thoughtfully. The couple told the story of how her illness had been diagnosed and how the pills she had been prescribed had been too overpowering. She could not focus on anything for long, was very drowsy and eventually became incontinent.

Mr Ramalingappa works a stretch of the railway, ensuring the safe passage of the trains. He has a gang of labourers under him. He is important in the area. His hearth should be warm and well tended. This is what people felt around him and he was advised to find another wife and to return Mrs Ramalingappa to her own family.

But he did not do this. Instead he supported her, cared for her needs and did everything possible to understand the illness. In the end, through his intervention, the amount of pills she was taking were reduced, but as she became more aware of the world around her, they both realised that she had 'forgotten' all her normal life skills – the skills of the hearth – of tending the fire to keep it alight.

So he sat down and they prepared the *rotis* together. The fire was lit and they cooked together. Things were not always easy but against the advice of the community, they made their way together.

Be it old age, blindness or physical disability, each problem can be made much worse by the relationship between the local community and the vulnerable person.

In the case of mentally ill women, not carrying out their

role can seem threatening to those around them. To them, the stove and fire is related to the heart of the home where people come to refresh themselves with food, talk and safety. Because of this, many people fear mental illness in the person who attends to the hearth, since they feel that it will put this central part of family life at risk.

Just as the hearth has a spiritual dimension, so too there is much symbolism in not attending to it – the family can feel abandoned and so on. The person who is mentally ill is not just different (blind etc), but appears to others to threaten their existence. All of this brings much pressure on those whose role it is to gather sticks and to roll out the rotis and boil the water.

In the five days we spent working with five different groups of mentally distressed people all over Andhra Pradesh and Karnataka, we met over one hundred mentally distressed people, carers etc. Only two of the primary carers are men.

We are waiting to eat. A simple meal was served by the Narendra Foundation staff – the chant to give thanks rising up into the air – hands a little outstretched. A little later we ease past the people as they leave the field.

After a long meeting of about seven hours the group has concluded that there was much to commend a regular meeting. We are all going to meet again. Good – very good. We drive past the Ramalingappa's walking steadily home- raising an arm to bid us farewell as we disappear from sight.

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