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Outline

The division of south Asia into separate nation states in 1947 was a partitioning of minds, as much as that of divided geography. As psychiatrists, we have been intrigued by the lack of discussion, historically, in discourse on mental health in India, on the psychological scars and damages caused by the Partition. In Europe, in the aftermath of the Second World War and the Holocaust, this impact was deliberated upon in great detail, and a consensus was achieved that it would (should) 'never again' be allowed to happen. These debates in Europe thus grappled with issues of prejudice, trauma and displacement, and tried to understand how social upheaval impacted mental health. These issues were often brought into attention by psychiatrists and doctors. The humanistic schools of psychotherapy, a greater acceptance of diversity, as well as ensuring that medical services shared certain global and universal principles of practice and ethics (the Nuremberg Code) were clearly enunciated.

By neglecting the effects of trauma and violence, and the destruction of medical services (including the farcical and tragic division of the Lunatic Asylums), during the events following the creation of the nation states of south Asia, we (in India) sidestepped the notion of universality, both of understanding psychological spaces, and of delivering medical care. These events were, in a sense, the biggest elephant in the room. The disruptions of ones' sense of identity, and the hope of creating a universal health care service (as proposed in 1942) were both equally affected by these events. Though these issues lie at either end of the spectrum of health care, they are indeed central to how we perceive individual distress and the social and communitarian (governmental) response to it. The lack of this discourse thus has had an impact on our current understanding, wherein we pay relatively little attention to social trauma and distress, and its role in mental (ill) health, as also a very fractured system for providing health care, especially mental health care.

Collated and edited by psychiatrists, the contributors include social scientists, literary critics and historians, who try to engage in this debate at various levels. This diversity of approach emphasizes the complexity of constructing issues related to mental health, at both an individual and societal level. The disruption of medical services removed an essential component of civic life, and the psychological and political events encouraged a social distancing and a seemingly justifiable (retributive) violence. As one observer pointed out, that though it was quite obvious that the victims needed succour, but it was the 'moral abyss' in the soul of the perpetrator would take generations to heal. This perhaps explains, to an extent, the rapid erasure from conscious awareness, as there were a multitude of victims, but no perpetrators! The implications and consequences of this are discussed in the book.

The set of essays, though located in events in the not so recent past, find resonance in current affairs. The seeming retreat of universal humanism, the resurgence of a narrowly identified identity as being affirmative of mental health, as well the perpetual creation of a demonic 'other' is perhaps a sign of psychological malfunction. The regularity with which other partitions are created and fomented has been a political and psychological reality. What this fractured and fractionated sense of identity means to us in south Asia, both as professionals and citizens should be a matter of concern. This concern is not palpable in the profession, and thus the concern about the 'silence'. To avoid this, as Vakeel and Beni Prasad pointed out in the 1940's, needed a constant and conscious effort to ensure social progress; and we feel that introspection and debate are necessary, in the here and now, to prevent a sliding back into Hobbesian nasty, brutish, and ever smaller, identities and States.