Article

Combining Art and Science: Adapting Poetry, Dance, and Music to Create Awareness of Women's Mental Health—Observations from a Novel Experiment in the Community

Kalmane Sridhara Pavitra

Department of Psychiatry, BMCH, Chitradurga 577501, India

Abstract: Mental health awareness is crucial for early help-seeking and recovery in the field of mental health. Determinants of mental health include individual attributes, such as the ability to manage one's thoughts, emotions, behaviors, and interactions with others. Additionally, social, cultural, economic, political, and environmental factors, along with specific psychological, personality, and genetic factors, play a significant role. This is especially true in the area of women's mental health. Strengthening mental health awareness in India by employing innovative methods is essential. The author describes observations from a novel experiment conducted for various target populations in the community. This innovative program series was implemented in 50 different places. The qualitative data collected indicates that the program allows for a didactic pattern of interaction, enables the community to express their views, ask questions, and is more effective than routine posters, lectures, and advertisements used for mental health awareness campaigns. It appears to be more effective than using a single mode of creativity, such as literature, music, or dance. The author concludes that systematic studies need to be encouraged in this area. Mental health awareness efforts in India should include innovative techniques involving artists, writers, and psychiatrists.

Keywords: dance; music; poetry; mental health literacy; women's mental health

1. Introduction

Mental health includes our psychological, emotional and social well-being. It is not separate from physical health [1]. Each of these dimensions plays an important role in supporting the other. By understanding mental health and how it affects our quality of life, we can empower ourselves to deal with difficult situations, interact with others, and make decisions. Emotional care affects every aspect of our lives, including how we perform at work and school, our relationships with friends and family, and how we treat ourselves and others. Women's mental health in India has multiple social dimensions like domestic violence, teenage pregnancy, gender discrimination, legal hurdles to abortions, etc.

According to the WHO, mental health promotion involves creating an environment that promotes healthy living and encourages people to adopt healthy lifestyles [1]. Enabling national mental health policies and legal frameworks is essential for effectively managing mental health disorders and providing comprehensive guidance

to ensure mental health promotion. This requires a multisectoral commitment and a life course approach [2]. Gender is considered an important factor in mental health and mental illness. The Indian culture is unique, characterized by the joint family set-up, patriarchal belief system, orthodox conduct code for females, the societal pressure for marriage, especially for women, the practice of dowry, subservient status of daughters-in-law at home, and the preference for male children. Women in India are primarily involved in childbirth, child rearing, cooking, and housework, which significantly impacts the incidence, symptoms, treatment, and outcome of psychiatric disorders in Indian women. Therefore, women's mental health needs to be understood from the perspective of reproductive health, psychopharmacology, psychosocial factors of mental health, and legal issues. The area of women's mental health is rife with myths and misconceptions, poor support, and a lack of awareness of mental health issues [3].

The study conducted by WHO in 2005 recommended that new activities and programs targeting violence against women need to be implemented with a minimum of funds in poor-resourced countries like India [4]. It also called for a multisectoral support approach to counter violence against women in various ways. Keeping all the above factors in mind, it is evident that the attitudes of society, the mindset of women themselves and the way they look at the problems in life are the factors that determine their ways of coping. Hence this program series was planned and implemented.

2. Aims and Objectives

With the above background the study aimed to explore the possibilities of the Mental Health Literacy program using fine art forms. We also tried to study the factors influencing in planning of such mental health literacy programs.

3. Materials and Methods

Conceptualization of the Awareness Program

The author is a well-known professional dancer and clinician who works in the community. As part of her dance career, in 2013, she choreographed a dance feature based on poetry by women in Kannada, the state language of Karnataka, which described feminine sentiments. Building on this experience, she modified the presentation to create a cost-effective, interactive mental health literacy program that is much easier to comprehend.

The poems were exclusively chosen from female poets and grouped into themes of violence, gender discrimination, motherhood, relationships, and the perceived concept of gender equality. Poems from a wide time frame, ranging from the 12th century to the present, were selected. The elements of empathy and shared experiences were considered important during the process of poem selection.

The choreography had to be different, considering that this was not a stage performance. Special attention was given to selecting "ragas" that suited the emotions while composing the tunes. Sensitivity was exercised in the choreography of movements, which was kept open-ended to encourage questions, sharing experiences, and voicing differences of opinions. The balance between aesthetics and the conscious presence of the viewer was also a focal point. Instead of the usual performance lights, stage decoration, and traditional Bharatanatyam costumes with jewelry and silk, natural daylight or ordinary available lights were used. Regular practice attire, such as churidar or saree, was worn in the natural daylight setting.

The program, titled "Kavyakannika—The Poet Maiden," lasted one to three hours, depending on the audience's interest, interaction, and available time. The budget for the program was kept minimal. When the program was held in and around the author's hometown, it was conducted free of cost. For outstation programs, the organizers covered the transportation charges. Additionally, outstation programs were arranged in collaboration with two to three institutions, allowing the author to organize at least two programs in a day, thereby minimizing the expenditure for the awareness program.

Stakeholders, such as schools, public figures, and organizers, were requested to provide an ordinary space (a hall, classroom, or open air) without the need for a stage, lights, or a proficient sound system. The audience could comprise any category, including the general public, teachers, nurses, doctors, women's groups, and more. The authors collected qualitative data from the audiences whenever possible during their interactions.

Most of the programs were recorded using mobile phones and documented in writing.

4. Results

A total of 50 programs were conducted in various parts of Karnataka. Men, women, and children of diverse age groups participated as audience (see Figure 1). The children of age below 12 were excluded from this program. The number of audience participating in the programs ranged from 30 to 300 maximum. A total of 10,000 people attended the programs.

The following is the data of different study groups in whom the awareness program was conducted (see Table 1).

Table 1. Audience groups and their numbers.

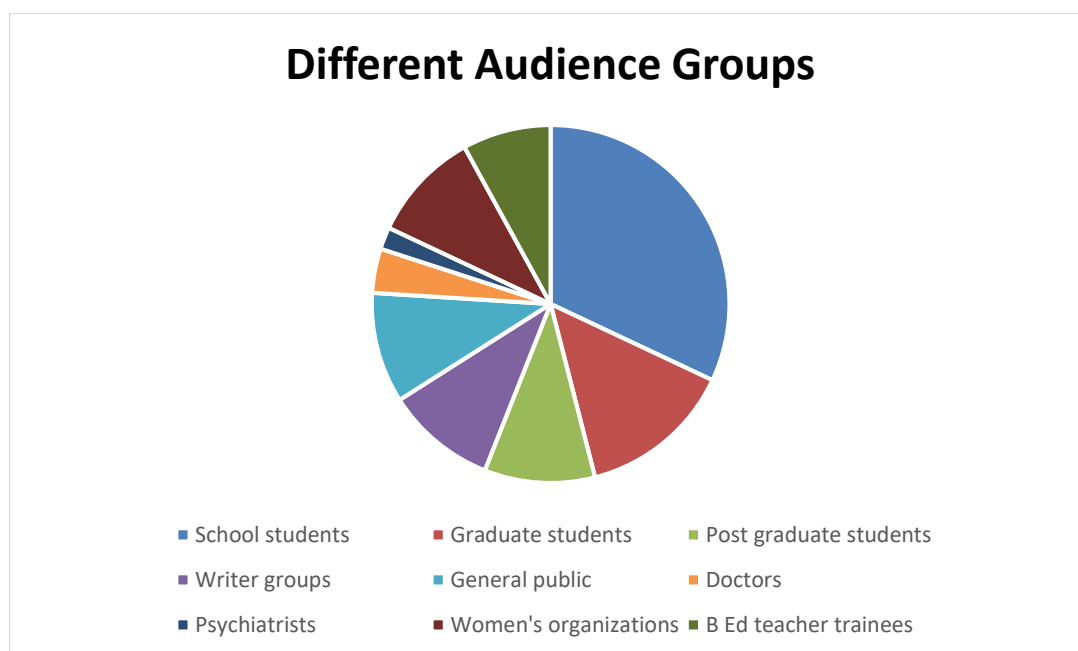| Audience Group Name	Number of Groups Who Have Participated
School students	16
Graduate students	7
Postgraduate students	5
Writer groups	5
General Public	5
Doctors	2
Women's organizations	5
Psychiatrists	1
B. Ed. Teacher trainees	4

Figure 1. Quantitative description of various types of audience.

5. Observations

5.1. Response of the Audience

The groups received this awareness program well. This was evident from the participation numbers, sitting through the complete program and interacting actively. The females in the audience were seen to be more attentive. Males looked at these programs as 'not required' for them. This was inferred from their initial hesitation to join the program. But once they entered the hall, they sat through the program.

There was a difference between various groups in receiving this awareness program. The Psychiatrist group

was the least responsive and the Students' group was the most responsive. Students' groups were also interactive, asking questions. Psychiatrist groups were skeptical and did not engage in active interaction. Questions were raised by the audience about how to handle abuse, alcohol use in family members, and relationship problems. Women's groups expressed pessimism about the situations related to women.

Writers' groups expressed that there should be more dancing than discussion and talking. Many of them passed their poems to be danced in a later program. They were seen to perceive themselves as equal to resource persons rather than the common audience. B. Ed. students were enthusiastic and voiced the possibilities of utilizing fine arts in different forms for educating students on various topics. The program drew some criticism about choosing only poems by women.

The motherhood theme was the most liked and well-understood. The theme of violence was seen as 'feminist' and the concept of equality was most liked by the student population who were the youngest of the groups. The motherhood theme drew discussion of problems ranging from maternal mortality, the conflicts mothers faced during parenting, and poor self-care in mothers, to complex mental health issues such as depression during infertility, postpartum depression and abortions. The students' groups discussed various solutions for each.

5.2. Participants' Responses

"Each poem is like a painting. It looks different each time I see it depending on my mood. I have started thinking deeply about the issues of mental health of women after watching this show three times." —A female teacher who has attended the program thrice.

"I'm divorced, so I focused on women in relationship poetry. When I tell people I'm a divorced woman, it feels like everything closes and opens up in a new perspective. ⋯It's like you can't do anything or make a decision just because of divorce." —A lady who underwent a divorce because of marital problems.

"When I saw the poem on cooking associated with women's emotions, I felt it's my voice! When no recognition is paid to my work, I feel so lonely. Then when I cook, do churning, mixing, kneading all these are similar to what I am feeling." —A forty-year-old homemaker.

"The poem on motherhood and butter churning was the best. I remembered how I suffered when my second child also turned out to be a female. It was a time when I wanted to be happy that I had a healthy child but could not because I did not have a male child." —A Mother of two daughters.

"This was very interesting. But I don't know whether the audience will be thinking about the aspects raised in the program. But I think it is different. otherwise, boys would not have sat through the program" —A young girl studying in the second PUC.

6. Discussion

This program series was conducted in Karnataka using a unique model of mental health literacy utilizing creative art forms of poetry, dance and music. The experiment attempted to study whether effective sensitization about feminine sentiments about women's mental health was possible through the medium of fine arts. This is the first such program to date to the best of the author's knowledge utilizing classical Dance, Poetry and classical music for mental health literacy.

An earlier study in Kerala demonstrated how theatre, storytelling and film-based platforms can be used as a tool to improve mental health literacy [5]. The project showed that theoretically, existing knowledge of theatre has the potential to help both the actors and audience by providing information about mental illness, challenging stereotypes, reducing stigma, decreasing the sense of isolation, providing role models and instilling hope can be implemented practically. Our study specifically focused on women's mental health issues. As in the Kerala study, this study also found that classical dance music and poetry could be used to create an awareness of mental health issues.

This program stood out as a unique awareness program compared to routine speeches, talks, or other health programs. This was evident from the narratives described in the results section. It was observed that the general public, schools, and colleges were initially hesitant to organize this program for two important reasons. Firstly,

they wanted a focus on straightforward mental health issues, most likely stress management, academic issues, or parenting skills. Secondly, they were concerned about the cost of the program. This barrier was overcome through careful discussions utilizing advocacy skills, cost reduction techniques, and partnering with key stakeholders. This has been emphasized in earlier studies [6]. Given the failure of most previous strategies to improve mental health in developing countries over the past 60 years, it is time to take a new approach with renewed vigor. This is important when designing any community awareness program with special relevance to mental health issues. Women's programs are often viewed as relevant only to women, and many times men and children are excluded from these programs. However, the present study attempted to sensitize everyone irrespective of age and gender regarding important women's health issues. The author feels that in every mental health literacy program related to women, everyone needs to be included irrespective of their gender and age. The role of fine arts with an entertainment value offers an important advantage, as entertainment is often viewed as universally enjoyable.

Varied Group Responses

The students' group was the most responsive, potentially indicating the benefits of early priming about mental health, as seen in previous studies [7,8].

In contrast, the psychiatrists' group was the least responsive. The author suggests two reasons for this poor response. Firstly, their preexisting knowledge of the social origins of mental illnesses in women may have made the program less interesting to them. Secondly, their preconceived biases towards fine art forms as having limited utility in mental health education, promotion, and treatment may have influenced their response.

In a study conducted in Kerala [5], participants shared that audience members struggling with mental health concerns can feel less alone when seeing mental illness portrayed on stage. The study also found that theater can spark discussions and personal reflections about mental illness, decrease stigma, build empathy for people living with mental illness, and even encourage activism. Although this study did not directly depict mental illness, its purpose was to encourage discussions on mental health issues in women. Additionally, the study did not assess the mental health status of the audience.

The findings suggest that sensitization about mental health issues is possible through the medium of fine arts. The author strongly believes that such designs can open dialogues about women's mental health issues and may have the potential to gradually change the general attitude towards women. However, the need for systematic studies to test these potential impacts is emphasized.

As clinicians working in the community, psychiatrists have an important social role to fulfill outside the four walls of their clinics, which can be viewed as a clinician social responsibility. The study serves as an example of such an effort in an innovative way. However, it is crucial to build upon such experiments with systematic quantitative and qualitative research. This study remains observational research, as the purpose of the program was mental health literacy and did not use a planned systematic research methodology. This limitation underscores the importance of the author's experience and the significant growth of the program from a few to fifty in just three years, which appears to be more important than just numbers.

7. Conclusions

Dance, music, and poetry can serve as a language of mental illness and mental health. They can be utilized to address various mental health issues, particularly those related to the social origins of all mental health issues, and may gradually be applied to other medical disorders as well. The partnership between artists and psychiatrists for mental health advocacy and literacy needs to be explored. Utilizing the power of unspoken words, nonverbal expressions, and silence in communication in mental health literacy, using fine art forms like in group therapies, appears to be a powerful tool. Conducting systematic studies on the use of such models needs to be undertaken by mental health professionals and institutions.

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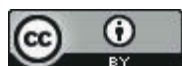**Data Availability Statement**

Not applicable.

Conflicts of Interest

The author declares no conflict of interest.

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