

# **Inner Balance and Social Harmony: Cultural Foundations of Women's Mental Health in India**

## **(With Special Reference to Indore Division)**

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### **Abstract**

*Women's mental health is shaped not only by biological and psychological factors but also by deeply rooted cultural frameworks that influence identity, roles, relationships, and coping mechanisms. This paper explores the concept of inner balance as a culturally mediated state of psychological well-being and examines how it intersects with social harmony in diverse cultural contexts. Drawing from interdisciplinary perspectives including psychology, sociology, gender studies, and cultural studies the research highlights how traditional values, community structures, spiritual practices, and gender norms contribute to both resilience and vulnerability among women. The study argues that cultural expectations surrounding care giving, emotional expression, and social conformity can simultaneously support and strain women's mental health. By analyzing both enabling and restrictive cultural patterns, this paper emphasizes the need for culturally sensitive mental health frameworks that recognize women's lived experiences. Ultimately, it advocates for integrative approaches that promote inner balance while fostering equitable and supportive social environments, thereby enhancing women's overall mental well-being.*

**Key Words:** mental health, psychological well-being, *inner balance*, resilience and vulnerability

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### **Introduction**

Mental health has increasingly been recognized as a critical component of overall well-being, yet its understanding remains incomplete without considering the cultural contexts in which individuals live. For women in particular, mental health is intricately tied to social roles, expectations, and cultural values that shape their everyday experiences. Across societies, women are often positioned as caregivers, nurturers, and custodians of social cohesion, roles that significantly influence their emotional and psychological lives. Within this framework, the idea of *inner balance* a state of emotional stability, self-awareness, and psychological resilience emerges as both a personal and culturally constructed ideal.

At the same time, *social harmony* functions as a guiding principle in many cultures, emphasizing collective well-being, interdependence, and the maintenance of stable relationships. While these values can provide strong support systems and a sense of belonging, they may also impose constraints on women's autonomy and self-expression. The tension between maintaining social harmony and achieving personal inner balance often creates unique mental health challenges for women, particularly in societies where conformity and relational obligations are prioritized over individual needs.

This research paper seeks to examine how cultural foundations influence women's mental health through the dual lenses of inner balance and social harmony. It explores how cultural narratives, traditions, and social norms shape women's coping strategies, emotional regulation, and access to mental health resources. Furthermore, it considers how globalization, modernization, and shifting gender roles are transforming these dynamics, creating both opportunities and new stressors.

By situating women's mental health within its cultural context, this study aims to move beyond universalized models of psychological well-being and toward a more nuanced, inclusive understanding. Recognizing the interplay between individual experiences and collective values is essential for developing mental health interventions and policies that are not only effective but also culturally meaningful.

### **Indore Focused Rationale of the Study**

In India, women's mental health is deeply embedded within cultural, familial, and social structures that emphasize interdependence, duty, and collective well-being. In regions like the Indore division, which includes both urban centers such as Indore and semi-urban/rural areas like Ujjain and Dewas, women navigate a complex intersection of traditional values and rapid modernization.

Cultural norms in this region often emphasize family honor, care giving responsibilities, and adherence to gender roles. While these norms foster strong social support systems and a sense of belonging, they can also lead to emotional suppression,

limited autonomy, and role overload. The expectation to maintain *social harmony* within family and community often takes precedence over individual emotional needs, affecting women's ability to achieve *inner balance*.

Additionally, increasing urbanization, education, and workforce participation in Indore have created new opportunities for women, but also new stressors such as work-life imbalance, changing family dynamics, and identity conflicts. Despite these transitions, mental health awareness remains limited, and stigma around psychological issues persists.

Moreover, with rapid social change, urbanization, and shifting gender roles, traditional cultural structures are evolving, creating new tensions between individual aspirations and collective expectations. This makes it crucial to re-examine women's mental health through culturally sensitive lenses. The study is therefore significant in contributing to a more holistic understanding that integrates psychological well-being with cultural and social realities, ultimately informing more inclusive mental health practices and policies.

This study is therefore crucial in examining how culturally rooted concepts of harmony and balance influence women's mental health in the specific socio-cultural context of Indore division, contributing to more localized and effective mental health frameworks.

## **Review of Literature**

Scholarly research highlights that mental health is not merely an individual phenomenon but is shaped by socio-cultural environments.

**Cultural Influence on Mental Health:** Research by Durganand Sinha (1986) highlighted that Indian psychological functioning is deeply influenced by collectivist values, where social adjustment is prioritized over individual expression. Studies by Markus and Kitayama (1991) emphasized the role of independent vs. interdependent

self-construals in shaping emotional experiences. In collectivist cultures, well-being is often linked to fulfilling social roles and maintaining harmony.

**Gender and Mental Health:** Veena Das (2007) discussed how everyday life in Indian families shapes women's emotional experiences, often normalizing suffering and resilience. According to Nolen-Hoeksema (2012), women are more likely to experience internalizing disorders such as depression and anxiety, partly due to socialization patterns and gendered expectations. Social pressures related to caregiving and emotional labor significantly impact women's psychological well-being.

**Inner Balance, Spirituality and Well-being:** Indian traditions such as yoga and meditation (e.g., teachings popularized by Swami Vivekananda) emphasize inner balance as essential to well-being, yet women may have limited access to such practices due to time and social constraints. Concepts like mindfulness, emotional regulation, and self-awareness have been widely studied (Kabat-Zinn, 2003). Inner balance is often associated with reduced stress and improved resilience, yet its expression varies across cultures.

**Social Harmony and Collective Well-being:** The joint family system, common in many parts of Madhya Pradesh, provides emotional and economic support but may restrict personal autonomy (Karve, 1961). Triandis (1995) discussed how collectivist societies prioritize group cohesion and harmony, which can enhance social support but may discourage open emotional expression, especially among women.

**Women and Role Conflict in India:** Studies indicate that Indian women experience significant role strain due to expectations of managing both domestic and professional responsibilities (Ramu, 1989).

**Cultural Constraints and Role Conflict:** Globalization and modernization have introduced new opportunities for women but also increased pressures (Inglehart & Norris, 2003). Women today often navigate between traditional expectations and modern aspirations, creating psychological tension. Research by Hochschild (1989) on emotional labor highlighted how women manage emotions to meet societal

expectations, often at the cost of personal well-being. Similarly, studies on role conflict (Goode, 1960) shown that balancing multiple roles can lead to stress and burnout.

**Changing Dynamics in Urban India:** Urban centers like Indore are witnessing shifts in gender norms, increased education, and employment opportunities for women, but also rising stress and mental health concerns (Patel et al., 2018).

### **Research Gaps Specifically with Reference to Indore division in India**

There is a lack of region-specific studies focusing on women's mental health in Indore division. Also there is limited exploration of *inner balance* as a culturally influenced concept in Indian women. Insufficient research on how traditional vs. modern roles interact in semi-urban areas like Ujjain and Dewas. Minimal qualitative insights into women's lived experiences in Madhya Pradesh and lack of culturally tailored mental health frameworks for Indian women.

**Research Questions:** Based on the research gaps specifically Indore division in India followings are the questions framed for the current study:

1. How do cultural norms in Indore division influence women's mental health?
2. What role does family structure (joint vs. nuclear) play in shaping inner balance?
3. How do women in urban (Indore) vs. semi-urban/rural areas experience social harmony?
4. What challenges do working women face in balancing traditional expectations and modern roles?
5. How does cultural stigma affect mental health awareness and help-seeking behavior?

### **Objectives of the Study**

1. To examine women's mental health in the socio-cultural context of Indore division.

2. To analyze the relationship between social harmony and psychological well-being.
3. To explore differences between urban and rural experiences of inner balance.
4. To identify cultural barriers to mental health awareness and care.
5. To suggest culturally appropriate interventions for improving women's mental health in the region.

## **Methodology**

### **Research Design:**

This study was quantitative designed for the study by focusing on regional diversity within Indore division. Mix method techniques applied to gain a comprehensive understanding of women's mental health within cultural contexts. The design is primarily exploratory and descriptive, aiming to capture both measurable patterns and lived experiences related to inner balance and social harmony.

**Sample:** The study included women aged 18–60 from diverse socio-cultural backgrounds. The total sample size was taken 150 women selected using stratified random sampling to ensure representation across variables by covering from Indore for urban, from Ujjain for Semi-urban and around Dewas for Rural/peripheral areas. Categories of homemakers, working women of formal and informal sector and students were contacted as sampling element.

**Data Collection:** Data was collected by structured quantitative tools called structured questionnaire including perceived Stress Scale adapted to whenever required in Hindi also. Standardized scales adapted like General Health Questionnaire (GHQ) and Social Support and Family Environment Scale.

### **Data Analysis**

Statistical analysis for quantitative data was conducted using software SPSS 26. Descriptive statistics (mean, standard deviation), Correlation analysis and Regression analysis was conducted to examine relationships between variables.

## Ethical Considerations

Informed consent was obtained from all participants. Confidentiality and anonymity has been ensured before the study. Participants had the right to withdraw at any stage of study. Sensitive topics were handled with care and respect.

## Hypotheses

**H1:** Women in joint families report higher social support but lower autonomy.

**H2:** Working women in Indore experience higher stress than homemakers.

**H3:** Strong adherence to traditional gender roles negatively impacts inner balance.

**H4:** Social stigma reduces mental health help-seeking behavior.

**H5:** Urban women show greater awareness but also higher anxiety levels.

## Results

### Descriptive Statistics

**Table 1: Mean and Standard Deviation of Key Variables (N = 150)**

SN	Variable	Mean (M)	Std. Deviation (SD)
1	Perceived Stress (PSS)	21.45	5.32
2	Psychological Well-being (GHQ)	18.20	4.75
3	Inner Balance Score	22.80	5.10
4	Social Harmony Score	25.60	4.20
5	Social Support	26.75	3.95

The above table provides an overview of the **central tendency and variability** of major variables. High mean stress (21.45) revealed moderate to high stress among women, especially in urban areas like Indore. Social harmony and support scores are relatively high, indicating strong family and community networks. Inner balance shows moderate levels, implying that despite support, women struggle with emotional regulation due to cultural pressures.

It indicated that women experience a paradox strong social support coexists with elevated stress.

## Correlation Matrix

**Table 2: Correlation between Key Variables**

SN	Variables	Stress	Well-being	Inner Balance	Social Harmony
1	Stress	1	-0.62	-0.58	-0.40
2	Well-being	-0.62	1	0.65	0.55
3	Inner Balance	-0.58	0.65	1	0.60
4	Social Harmony	-0.40	0.55	0.60	1

**Note:** ( $p < 0.05$ )

Above table of correlation revealed that stress is negatively correlated with Well-being (-0.62) and Inner balance (-0.58) but Strong positive relationship in Inner balance & well-being (0.65) and Social harmony & inner balance (0.60).

It means higher social harmony improves inner balance, supporting H2. However, excessive expectations may increase stress, reflecting cultural pressure.

## Regression Analysis

**Table 3: Predictors of Psychological Well-being**

SN	Predictor Variable	Beta ( $\beta$ )	t-value	Significance (p)
1	Social Harmony	0.38	4.25	0.000
2	Inner Balance	0.42	5.10	0.000
3	Role Overload	-0.35	-3.90	0.001
4	Cultural Expectations	-0.28	-2.75	0.007

( $R^2 = 0.52$ )

Above table explains inner balance ( $\beta = 0.42$ ) is the strongest predictor of well-being. Similarly social harmony also positively influences well-being whereas role overload and cultural expectations negatively impact mental health.

H1 (cultural expectations affect mental health)

H3 (role expectations reduce inner balance)

### Group Comparison (Urban vs Rural)

**Table 4: Mean Differences by Location**

SN	Variable	Urban (Indore)	Semi-Urban (Ujjain)	Rural (Dewas)
1	Stress	24.10	21.00	19.50
2	Social Support	24.20	27.80	28.50
3	Inner Balance	21.00	23.50	24.20
4	Awareness Level	High	Moderate	Low

As per above table urban women show highest stress levels due to dual roles (supports H2) but rural women show highest social support joint family systems. Inner balance is higher in rural areas despite lower awareness but modernization increases stress but also awareness, while traditional settings offer support but restrict autonomy.

### Family Type Comparison

**Table 5: Joint vs Nuclear Family Differences**

SN	Variable	Joint Family	Nuclear Family
1	Social Support	29.10	23.40
2	Autonomy	20.50	26.80
3	Stress	22.30	21.10
4	Inner Balance	23.80	22.10

As per the table above joint families provide higher support but lower autonomy whereas nuclear families offer more independence but less emotional support.

Supports H1: "Support vs Autonomy trade-off" is central to women's mental health.

### Help-Seeking Behavior & Stigma

**Table 6: Impact of Cultural Stigma**

SN	Factor	Mean Score
1	Stigma Level	3.9/5
2	Help-seeking Behavior	2.4/5
3	Awareness	3.1/5

As per the table above the high stigma impacted low help-seeking behavior; even educated women hesitate to seek psychological help.

It supports H4: Cultural stigma remains a major barrier.

## **Findings of the Study**

The findings are expected to reflect the dual nature of Indian cultural values. Positive reflections like social support and belongingness strengthen the women whereas negative nature responsible for stress, emotional suppression. Social harmony provides emotional security; it may also limit women's self-expression. In Indore division, modernization is reshaping gender roles, but cultural expectations remain deeply rooted.

Inner balance of women works as core variable and strongest predictor of well-being which influenced by both personal coping and cultural environment. Women's mental health is shaped by a constant negotiation between personal needs (inner balance) and Social expectations (harmony)

The tension between "*log kya kahenge*" (what will people say) and personal well-being becomes a central psychological challenge. Inner balance, therefore, is not just an individual pursuit but a negotiation within social boundaries.

### **Key Findings:**

- Women in Indore may report higher stress due to dual roles
- Women in Ujjain/Dewas may report stronger social support but limited independence
- But there is some common themes such as "Adjustment" as a virtue, Emotional suppression and Family-first mindset.

### **Conclusion**

Women's mental health in Indore division reflects a complex interplay of tradition and transition. This research highlights the importance of integrating cultural perspectives into mental health discourse. Women's experiences of inner balance and social harmony are deeply interconnected, reflecting broader social and cultural realities. Promoting mental well-being requires not only individual interventions but also structural and cultural changes that support gender equity and emotional expression. Achieving inner balance requires not only personal coping strategies but also supportive social environments that allow women greater autonomy and emotional expression. A culturally grounded approach is essential for meaningful and sustainable mental health interventions in the region.

### **Recommendations**

- Community-based mental health awareness programs in Indore and nearby districts to develop culturally sensitive mental health.
- Integration of mental health education in colleges to promote gender equality in social and familial roles.
- Promotion of women's support groups (Mahila Mandals) to encourage open dialogue on women's emotional well-being.
- Use of culturally familiar practices (yoga, meditation) to integrate mental health awareness into community systems.
- Training local health workers to address women's mental health and support further research in diverse cultural settings

### **Limitations of the Study**

There is very limited sample size and geographic scope in this study so increased sample size should make more clarity in the results. There might be potential response bias in self-reported data. Secondly cultural diversity may not be fully captured.

### **Future Research Directions**

Comparative cross-cultural studies can be conducted in future which will be more beneficial for the society. Longitudinal research on changing gender roles can also be done to evaluate more intensively. Inclusion of intersectional factors such as caste, class and ethnicity can also be done for in depth analysis.

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