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Critical Global Mental Health and the Hidden Lives of Rajasthani Women

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For

Sidak

Kartar Kaur

Jai Kaur

and everyone under her mango tree…

Acknowledgments

Any work of this length and depth requires the support and accompaniment of many people. Perhaps this project more than most. Rather than make this an extensive list, I'm only going to name a few key individuals who've had a direct impact on the work in Sri Ganganagar—work I've been so grateful and proud to be part of—and who've influenced this thesis, one outcome of those larger efforts. I've been able to thank everyone not mentioned here in other contexts and in other ways. I carry my gratitude to you always. You know who you are.

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Abstract

This thesis is a critical ethnography of Khushee Mamta ("Happy Motherhood"), a task-shared perinatal mental health intervention developed in rural Sri Ganganagar district, Rajasthan, and adapted from the WHO's Thinking Healthy Programme. Based on eighteen months of fieldwork embedded within the intervention, it examines community mental health from the vantage point of care: through the women who received counseling, the non-specialist counselors who delivered it, and the rural social world in which both were situated. Rather than asking only whether the intervention reduced depressive symptoms, the thesis asks what task-sharing looked like in practice, what forms of suffering it brought into view, and what its limits reveal about the ethics and evidence of global mental health.

The ethnography shows that perinatal distress in this setting cannot be understood apart from caste hierarchy, agrarian precarity, gendered kinship, and the forms of dependence and abandonment that shape women's lives. Across counseling encounters and life histories, I develop the concept of *paraya*—roughly, estrangement or belonging elsewhere—as an analytic of female subjectivity. *Paraya* names a lived condition of precarious belonging that runs through marriage, pregnancy, motherhood, widowhood, and other moments of rupture. It helps explain forms of suffering that exceed psychiatric categories and are often flattened by public health metrics. By following women's stories closely, the thesis offers a relational account of patriarchy: one in which violence, obligation, affection, disappointment, and care are tightly entangled, and in which men's own precarity can deepen women's vulnerability without diminishing male power.

The thesis also argues that task-shared counseling can open meaningful forms of care. Khushee Mamta counselors became interpreters, mediators, and caregivers whose emotional labor, improvisation, and ethical judgment were central to the intervention's effects. Their work reveals both the promise and the strain of task-sharing in conditions of structural inequality. The thesis therefore makes three linked contributions: it offers an ethnographic account of what care within global mental health actually looks like on the ground; it develops *paraya* as a feminist and anthropological analytic of women's distress in rural North India; and it uses the intervention to rethink the ethics, evidence, and political aspirations of global mental health. I argue that if global mental health is to take suffering seriously, it must attend more closely to the social worlds in which care is given, the relationships through which it becomes possible, and the inequalities it cannot by itself resolve.

Word count: 96,452

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Dramatis Personae

Names of research participants and some local place names in this thesis are pseudonyms unless otherwise stated. Certain biographical details have been altered or generalized to protect anonymity while preserving analytic integrity. Where real names are used for living interlocutors, this is done with their informed consent. Individuals are listed roughly in order of their principal appearance in the thesis. Page numbers refer to principal appearances rather than every mention.

Seema — A lower-caste woman whose recurrent pregnancy loss and experience of care at Mata Jai Kaur helped inspire the development of Khushee Mamta. Her adopted daughter, Khushee ("happiness"), gave the program its name. **pp. 1–6.**

Balwant Singh — A Jat Sikh farmer, my cousin, and one of the co-founders and local leaders of Mata Jai Kaur. He appears throughout the thesis as an interlocutor, caregiver, and mediator, including as Balraj's father-in-law and an important participant in Roshni's care. **pp. 1–4, 14–15, 101–108, 224–230.**

Kartar Kaur — My maternal grandmother, whose death following childbirth helped shape the moral impetus for the founding of Mata Jai Kaur. **pp. 14–16.**

Jai Kaur — My great-grandmother and Kartar Kaur's mother-in-law, who cared for Kartar Kaur's surviving children after her death. Mata Jai Kaur was named in her memory. **pp. 14–16.**

Baldev Singh — My maternal uncle, the youngest of Kartar Kaur's children and founder of Mata Jai Kaur. **p. 15.**

Somu — A Nayak agricultural laborer in Ramjas and Maina's husband. His life, work, relations of dependence on local landowners, murder of Maina, and subsequent suicide frame Chapter 1's examination of caste, labor, and agrarian power. **pp. 51–55, 77–92.**

Maina — A Nayak woman from Ramjas and Somu's wife. Her murder by Somu, and the partial invisibility of her own life within the stories subsequently told about him, frame Chapter 1. **pp. 51–55, 77–83, 90–92.**

Gyan Singh — A Jat Sikh landowner in Ramjas and recurring interlocutor. He first brings me news of Somu and Maina's deaths and later appears as Kusum's husband. **pp. 51–53, 148–153.**

Balraj — A non-specialist Khushee Mamta counselor whose work with Roshni forms the central counseling dyad of Chapter 2. She later became a peer teacher and emerges again in Chapter 7 as a central example of the ethical judgment and burden carried by task-shared counselors. **pp. 93–117, 224–234.**

Roshni — A Gadia Lohar woman and Khushee Mamta participant living in Jivanwala. A blacksmith and household breadwinner, she experienced severe depression, suicidality, poverty, reproductive constraint, and domestic and sexual violence. Her relationship with Balraj anchors Chapters 2 and 7. **pp. 93–117, 224–234.**

Jayati — A psychotherapist and graduate student from Delhi who conducted exit interviews with Khushee Mamta participants, including Roshni, and helped me interpret several ethnographic encounters and accounts. **pp. 108–116, 152.**

Komal — A young Nayak woman from Ramjas whose account of marriage, intimate partner violence, divorce, and the demand to *basna* ("settle") forms the central life history of Chapter 3. Her story develops *paraya* as an account of precarious belonging and female subjectivity. **pp. 120–147.**

Kusum — Gyan's wife and Sachan's grandmother. The interlude "Kusum's World" follows her care for Sachan during his fatal illness and the resurfacing of her own earlier experiences of maternal loss. **pp. 148–153.**

Sachan — A six-year-old boy in Kusum's household whose sudden illness and death form the central event of "Kusum's World." **pp. 148–152.**

Parul — An older Nayak woman from Ramjas and widow of Kamu Dev. Her life history anchors Chapter 4, tracing widowhood, loss, bodily injury, betrayal, precarious kinship, and survival. **pp. 154–192.**

Kamu Dev — Parul's husband, killed while working an overnight irrigation shift in fields near Ramjas. The circumstances of his murder and its aftermath are central to Chapter 4's examination of betrayal, village politics, and the fragility of care. **pp. 154–186.**

Mantri — A recurring Ramjas interlocutor whose accounts help reconstruct the deaths of Kamu Dev and Asvi and illuminate local caste relations, village politics, *izzat*, *shak*, and violence. **pp. 171–181, 196–200.**

Pragati — An older Nayak widow and former sex worker who later worked as a traditional birth attendant and in other village roles. Chapter 5 uses her life to explore agency, sexuality, survival, and the remaking of kinship within rather than outside patriarchal constraint. **pp. 193–207.**

Asvi — Pragati's husband, whose murder by Arjodh left her widowed with young children. His relationships, sexual reputation, and death become important to the discussion of *izzat*, *shak*, and masculine insecurity in Chapters 5 and 6. **pp. 194–201, 209–211.**

Arjodh — The man who murdered Asvi after their friendship deteriorated amid sexual suspicion, humiliation, and *shak*. His story carries the analysis of masculine insecurity from Chapter 5 into Chapter 6. **pp. 195–201, 209–211.**

Glossary of Key Terms

afsos — Condolences or a condolence visit following a death.

basna — To settle, inhabit, or establish a home; *vasna* in Punjabi. In the thesis, the term refers especially to the gendered imperative that a married woman adjust to and establish herself within her husband's household.

bhaji — Brother; also an affectionate or respectful form of address for a man treated as an elder brother.

bharjaai — Brother's wife; sister-in-law.

chak — A village or settlement within the canal-irrigated landscape of Sri Ganganagar.

dewar — Husband's younger brother.

dhandha — Literally "work" or "business." In the local usage described in the thesis, it can refer to livelihoods regarded as illicit or morally transgressive, particularly sex work.

diggi — A canal-fed storage reservoir. The term may also refer to the collection of tanks and reservoirs forming a village's drinking-water "waterworks."

ghunghat — A veil drawn over a woman's head and face, often using the *dupatta*; associated with practices of female modesty and seclusion.

hisab — An account, reckoning, or ledger. In the *siri* system, the employer's record of advances, grain, wages, deductions, debts, and credits.

izzat — Honor, reputation, or social standing. In the thesis, *izzat* refers particularly to family and masculine honor and its close association with women's sexuality, conduct, and reputation.

Jaat — Hindu members of the broader Jat farming caste, especially Bagri Jaats in Sri Ganganagar. In this thesis, the spelling reflects a locally marked difference in pronunciation, religious affiliation, and migration history rather than a wholly separate caste origin.

Jat — In the thesis, generally used for Punjabi Jat Sikhs, a major landowning community in the canal-irrigated field site.

jati — A locally recognized, hereditary, and usually endogamous caste or community. More socially specific than administrative categories such as Scheduled Caste, Scheduled Tribe, and Other Backward Class, and distinct from the idealized fourfold *varna* system.

jeth — Husband's elder brother.

jethaanee — Wife of a husband's elder brother; a senior sister-in-law within the affinal household.

jija — Sister's husband.

kachcha — Literally unfinished or impermanent; used especially for structures made from mud, unfired brick, or other less durable materials.

kanyadaan — A Hindu wedding ritual involving the "giving" of a daughter or bride to the groom and his family; discussed in the thesis in relation to the transformation of a daughter from one's "own" (*apni*) to belonging to another (*parayi*).

kharif — The agricultural cropping cycle associated with sowing around the summer monsoon and harvesting in autumn.

mandi — A market, especially an agricultural crop market; locally also used metonymically for a market town.

mayka — A married woman's natal home, village, or family.

muklawa — A post-wedding bridal transition in which, following a period back at her natal home, a bride is collected by her husband and moves to the *sasural* more permanently.

nanad — Husband's sister.

naukar — Broadly, a servant, employee, or hired worker. In the agrarian setting described in Chapter 1, a *naukar* may be a principal farm worker employed under an annual *siri* arrangement.

Other Backward Class (OBC) — An administrative category used by Indian state governments for historically disadvantaged communities eligible for particular forms of affirmative action. As the thesis emphasizes, OBC status encompasses communities occupying very different local positions of caste, class, and economic power.

Gram Panchayat — The formal, elected institution of village-level local government established under India's Panchayati Raj system. A Gram Panchayat may administer several neighboring villages and is headed by an elected *sarpanch*.

panchayat — A council or assembly, often informal or customary, convened to deliberate on village, caste, kinship, or community matters. In local usage, the term may refer to such non-statutory bodies as well as, more loosely, to village-level collective decision-making.

paraya — Literally "other," "belonging to another," "not one's own," or alien/strange. In this thesis, *paraya* is developed as an analytic of relational estrangement and precarious belonging, especially as these are lived through gendered kinship, marriage, caste, care, and loss.

pukka — Literally finished, durable, or permanent; used particularly for brick-and-cement housing and other substantial construction.

purdah — Literally and figuratively, the seclusion or separation of women. In the thesis, the term is also used more broadly for practices of restriction, surveillance, veiling, and gendered control.

rabi — The agricultural cropping cycle associated with winter sowing and spring harvesting.

rakhi — A ceremonial thread tied by a sister on a brother's wrist, affirming a relationship of sibling affection and obligation. The ritual may also establish fictive brother-sister kinship.

rasam — Ritual or customary ceremony; used particularly for the sequence of ceremonial practices surrounding a wedding.

saas — Mother-in-law.

sardar — Literally a leader or chief; in the local usage adopted in this thesis, generally a landed Jat Sikh farmer or landowner.

sarpanch — The elected head of a Gram Panchayat.

sasural — A married woman's affinal home or household: the home of her husband and in-laws.

Scheduled Caste (SC) — A constitutional and administrative category encompassing historically oppressed caste communities eligible for reservations and other protections under Indian law. The category does not itself describe a single local caste position or occupation.

Scheduled Tribe (ST) — A constitutional and administrative category encompassing communities recognized by the Indian state as Scheduled Tribes and eligible for reservations and other protections. As with SC and OBC, the category should not be treated as equivalent to a specific local social position.

seva — Service or care, especially embodied practices of caring for and serving others within relationships of kinship, hierarchy, and reciprocity.

shak — Literally doubt; in the contexts examined here, suspicion and jealousy, particularly suspicions concerning sexual fidelity. The thesis links *shak* closely to *izzat* and masculine insecurity.

siri — A local annual, fixed-wage agricultural labor arrangement and, by extension, a worker employed under such an arrangement. *Siri* agreements may involve advance payment, grain allotments, debt, long working hours, and employer-provided housing, creating substantial dependence on the landowner.

tehsil — An administrative subdistrict.

A Note on Style

Unless otherwise indicated, names of research participants and certain identifying details have been changed to protect confidentiality. Ramjas is a pseudonym for the village that served as my principal field site; Mata Jai Kaur Maternal and Child Health Centre is the actual name of the maternal and child health center.

To avoid confusion, I refer to the district as Sri Ganganagar and to its capital city, which bears the same name, as Ganganagar city.

I use a simplified Roman transliteration of Hindi, Punjabi, and Bagri without diacritics. Italicized words are transliterated from Hindi or Bagri. Words that are both underlined and italicized are from Punjabi. English words or phrases used within Hindi, Punjabi, or Bagri speech—for example, tension—are underlined in quoted speech. Translations are my own unless otherwise indicated.

Introduction: Care, Inequality, and Maternal Mental Health in Rural Rajasthan

Figure 0.1 *Seema's mother-in-law holding baby Khushee during a home visit, Sri Ganganagar district (2017), prior to the start of fieldwork. Photograph by the author, used with permission from Seema's family and Mata Jai Kaur.*

I. Prelude

A rush of hot, dry air invaded the air-conditioned room as the couple pushed through the door. They looked road weary. Seema was sobbing, almost doubled over; her husband held her by the shoulders as they approached the registration desk.

It was June 2017, the summer before I began my DPhil at Oxford. Seema and her husband stepped into the small registration room of the Mata Jai Kaur Maternal and Child Health Centre in Sri Ganganagar, an agricultural border district in Rajasthan, India. The clinic was housed in a small concrete structure that stood out for its saffron paint and the bustle of people moving through it. The room itself was cramped and busy—part dispensary, part office, part waiting area. Seema, a 29-year-old lower-caste woman from a nearby village, was the last new registrant of the day. I happened to be at the registration desk, speaking with my cousin, Balwant Singh, a local farmer in his late fifties who, along with a few others in Canada and India, had co-founded

the non-profit clinic. Balwant was the local face of Mata Jai Kaur, and his main role on clinic days was to register new patients before sending them on to the obstetrician-gynecologist.

I shifted aside to make space for the couple and sat on the edge of a bed stacked with boxes of medical supplies. Seema lowered herself into the chair and explained her situation, asking—pleading—for help. Balwant soothed her, as an uncle might, and moved gently through the intake questions about the couple's income, household circumstances, and pregnancy history. Seema was two months into what was now her tenth pregnancy. Seven ended in miscarriage in the first or second trimester. Two had resulted in live, preterm births, but both infants died within a month. She knew by then that she needed care early, and reliably.

I later learned from our doctor that Seema had cervical insufficiency. Without treatment, it can lead to pregnancy loss or extremely preterm birth. We scheduled her for a cervical cerclage, progesterone therapy, and regular ultrasound monitoring. All of this should have been available within the government system, even in low-resource settings like ours, but for women like Seema, "available" did not necessarily mean accessible.

Earlier that day, or perhaps the day before, she had gone to a government maternity clinic in a nearby town. When she arrived, the doctor was absent and a nurse in the waiting area asked for 100 rupees (approximately 1 GBP)—a small amount, but enough to force Seema and her husband to skip lunch. The nurse prescribed medication and sent them to a pharmacy, where a full course cost another 700 rupees (approximately 8 GBP). They could only afford a few days' worth. It was then that a local community health worker and a few neighbors suggested they come to Mata Jai Kaur.

Our intake form listed Seema as a "housewife" and her husband as a "laborer." They owned no agricultural land, and although their house was technically *pukka*—brick and cement—the household income had fallen to 5,000 rupees a month (about 85 GBP). Seema, educated through tenth standard—unusual for a lower-caste woman in this area—said things had worsened only recently. Her husband had lost a stable government job with the local branch of Rajasthan's Electricity Board after his father was implicated in a fraud case that also cost him his position. Since then he had taken whatever agricultural day labor he could find, often far from home, leaving Seema to manage her pregnancy largely alone. The strain of this sudden downward spiral contributed to his increased drinking, which pushed the family further into precarity.

"Just stop drinking for the next six months," Balwant interjected, looking directly at the husband. I often cringed at the bluntness of his advice, but I learned to let these exchanges unfold. Balwant was a *sardar*, or landed farmer, and the local face of Mata Jai Kaur. A Jat Punjabi Sikh, as most landowners in the local subdistrict were, he cut a striking figure: a long graying beard, a Sikh-style turban, and a white *kurta pajama*, complete with the black strap holding his *kirpan* (ceremonial Sikh dagger) slung diagonally across his chest. Seema and her husband, by contrast, were Odd-caste Hindus, considered lower-caste but not quite eligible for benefits reserved by the government for the poorest or most marginalized groups.

Balwant tried to bridge the divide and soften his advice by invoking a shared experience—a story he often used in such moments. As a young man, prior to becoming a baptized Sikh (*amritdhari*), he too had struggled with drugs and alcohol and been violent toward his wife. He wanted to show that change was possible, that a man could remake himself. Despite his own religiosity, Balwant rarely invoked religious authority or moral judgment in his interactions with patients or their families unless he thought it would land. Seema's husband listened and nodded, seemingly receptive. But he was a lower-caste laborer taking counsel from a landed Jat Sikh who effectively mediated his access to care. It was not a conversation between equals.

By the time Seema was given her antenatal card—the document she would bring to each follow-up visit—both she and her husband seemed calmer. Many registrations unfolded into informal conversations and small interventions that were nowhere in our clinical protocols but central to why people came to Mata Jai Kaur. The clinical care mattered, but so did the atmosphere: the ease with which staff, volunteers, and even other patients engaged one another; the small gestures that made the clinic feel less like an institution and more like an extension of village life. Women returned bi-weekly or monthly, often in groups, greeted as guests or kin. In an early follow-up survey of women who delivered through Mata Jai Kaur, the two most common reasons given for seeking care with us were cost and quality—by which they meant not only biomedical services but friendliness, familiarity, and a sense of being looked after (Brar, 2012).

But encounters with women like Seema forced me to confront the limits of clinical care. What good was an ultrasound if a pregnant woman lacked food, lived with violence, was overworked by in-laws, or was denied dignity because of caste or gender? Much of what shaped her suffering lay beyond the clinic, and beyond the forms of evidence through which we usually accounted for

care.

Seema's arrival at the clinic coincided with my early efforts to develop a community-based psychosocial intervention within our maternal health program. At the time, I was exploring whether women from the community could be trained to identify distress and offer structured psychosocial support through home visits. I began to think that a task-shared intervention combining community-based screening and counseling for perinatal depression could add a meaningful psychosocial dimension to Mata Jai Kaur's clinical care program. After witnessing Seema's distress that first day, and the openness with which she later shared her story, she became one of the first women with whom I explored whether such an intervention could work in the region.

Together with a young research assistant from a nearby village, I arranged to speak privately with Seema during her follow-up visits, away from her husband and the bustle of the clinic. Those conversations revealed more of the world only partially visible in the registration room: the value Seema placed on motherhood, her precarious economic situation, her emotional life (including a coy reference to a lover who was not her husband), and the ways these were entangled with broader structural and historical forces.

We began making home visits, stopping by half a dozen times over the course of her early pregnancy. We wanted to continue our conversations about task-sharing, but our team's main concern was simply to check in on her well-being. With time, the language between us changed. Seema was endearingly addressed as a sister or daughter. I became a *bhaji* (brother), Balwant a *chacha* (uncle), and the research assistant a *bhanji* (sister). The clinical engagement took on the idiom of kinship, creating expectations and obligations on both sides, and the stakes of her pregnancy felt suddenly higher—not only clinically, but morally—because she was no longer just a patient. "I thought that after coming to Mata Jai Kaur, that would be it. I never imagined you'd come to check on me and visit me like family," she told me on one of those early visits.

We saw how the "*pukka*" house—listed in our socioeconomic survey simply to indicate a home made of brick and cement—was, in reality, a modest two-room structure with an adobe floor, un-plastered brick walls, thin metal doors, exposed wiring, and makeshift curtains. A house technically *pukka*, yet materially precarious. I also gained a deeper, though still incomplete, understanding of the family's dynamics. As the youngest of three brothers, Seema's husband

would not normally be expected to support his parents—an obligation usually placed on the eldest son. But his parents had come to live with him because of his stable employment and salary with the electricity board. After the events surrounding his firing, however, the father left, leaving Seema and her elderly mother-in-law at home on most days while her husband traveled in search of work.

In the absence of men in the home, and amidst the uncertainties of income and biology, Seema's mother-in-law appeared instead as a quiet, steadying, and supportive presence, countering a common stereotype of Indian mothers-in-law. On one visit, she told me how she had migrated to the district as a young girl from a region now in Pakistan. Her family had been killed in the violence that engulfed the mass migrations during the summer of 1947. Suddenly orphaned, she found a distant relative who brought her across the newly demarcated border, where she eventually grew up, married, and had children. Her story exposed a thread I never fully pulled, leaving many questions unanswered. I found myself wondering—though not quite knowing how to ask—how she viewed Seema's situation through the lens of her own experiences and trauma, and how Seema viewed her.

* * *

When I left Sri Ganganagar for Oxford later that summer, Seema had entered her second trimester and was regularly attending checkups with our doctor. While in Oxford, I received news from our clinical team that she had miscarried again. When I returned the following spring, I arranged another home visit. Though we could do nothing more for her clinically, I felt an obligation to see how she was coping and to offer condolences. As our small team approached her village, I felt anxious. I remembered her desperation when she first came to Mata Jai Kaur, and how deeply her sense of self was tied to becoming a mother. Would she welcome us? Would she blame us? I expected to enter a household in grief. Instead, as our car drew near, Seema stepped into the doorway with a radiant smile, holding a baby girl, her mother-in-law standing proudly behind her.

Seema explained that she had adopted the girl. One of her sisters had recently given birth to her seventh child, a daughter, and offered the newborn to Seema to raise as her own. Adoption within the extended family is a common practice in India for making a nuclear family feel "whole." This idea of wholeness is often gendered: a son is frequently "given" to a family that

does not have one, regardless of how many daughters they may already have. In this case, however, Seema, her husband, and her mother-in-law all said they did not want to endure another pregnancy and did not feel the need for a son. The father-in-law remained estranged and the husband was still struggling, but I sensed a palpable happiness in the household, livened by the soft cooing of a baby girl—appropriately named Khushee ("happiness").

My encounter with Seema, together with my encounters with dozens of other women and families during this early phase of program development, eventually led to the creation of the Khushee Mamta ("happy motherhood") program, a community-based perinatal depression intervention named after Seema's daughter. These encounters also motivated the questions at the center of this thesis.

II. What This Thesis Is About

This thesis is an ethnography of the Khushee Mamta program as it was developed and implemented within the Mata Jai Kaur Maternal and Child Health Centre's catchment area in rural Sri Ganganagar (fig. 0.2 and 0.3), an agricultural district bordering Pakistan whose contemporary economy is sustained by a colonial-era canal system and marked by high inequality and some of the worst maternal and child health outcomes in India. The catchment area consists of 562 settlements, including 557 villages and 5 urban towns spread across four northern subdistricts (*tehsils*)—Karanpur and Padampur, much of Raisinghnagar, and a small part of Sri Ganganagar—with a population of about 360,000 including approximately 80,000 women of childbearing age, according to the most recently available census data (Government of India, 2011)(see Table. 0.1). The ethnography is based on eighteen months of fieldwork (July 2018–January 2020) during the program's early development phase, when it was implemented in a portion of the larger catchment area (113 villages), supplemented by seven years of prior involvement in the region as a health care provider, researcher, and director of Mata Jai Kaur. The thesis examines the meaning of care and recovery within a global mental health intervention; the workings of power and inequality; and forms of female subjectivity that emerge in a rapidly changing rural world shaped by caste hierarchies, steep wealth inequality, gendered kinship, agrarian precarity, and specific colonial and postcolonial histories. It is also about narrative: about how women's life stories—often broken, fragmented, and unfinished—expose the limits of prevailing clinical frameworks and open other ways of understanding suffering, care, and healing.

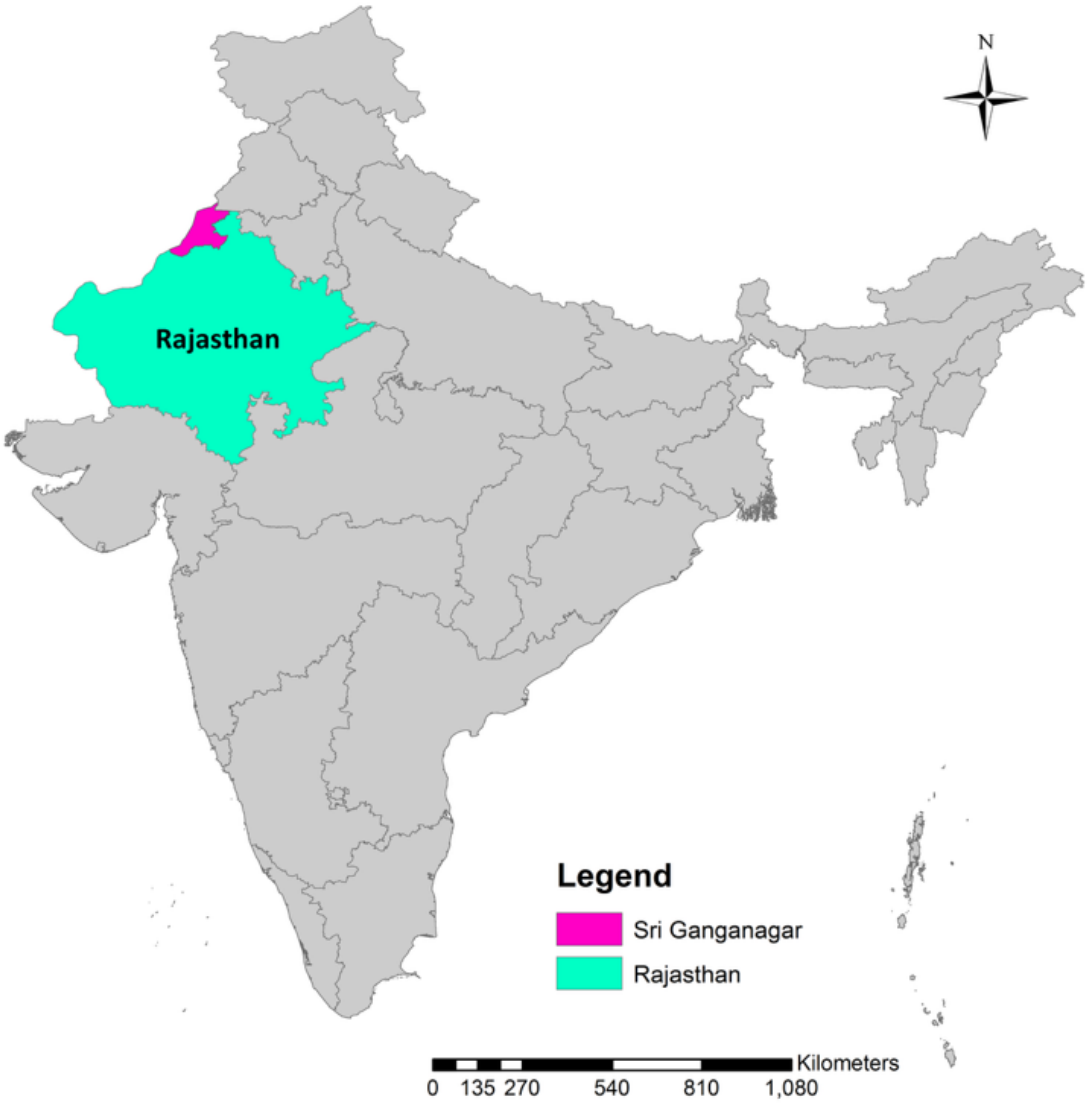

Figure 0.2. *Map of India with Rajasthan and the district of Sri Ganganagar highlighted. Data created by Aneel Brar from digitized georeferenced map available from the Office of the Chief Electoral Officer Rajasthan http://ceorajasthan.nic.in and open source data available from http://www.diva-gis.org. Adapted from Brar (2016).*

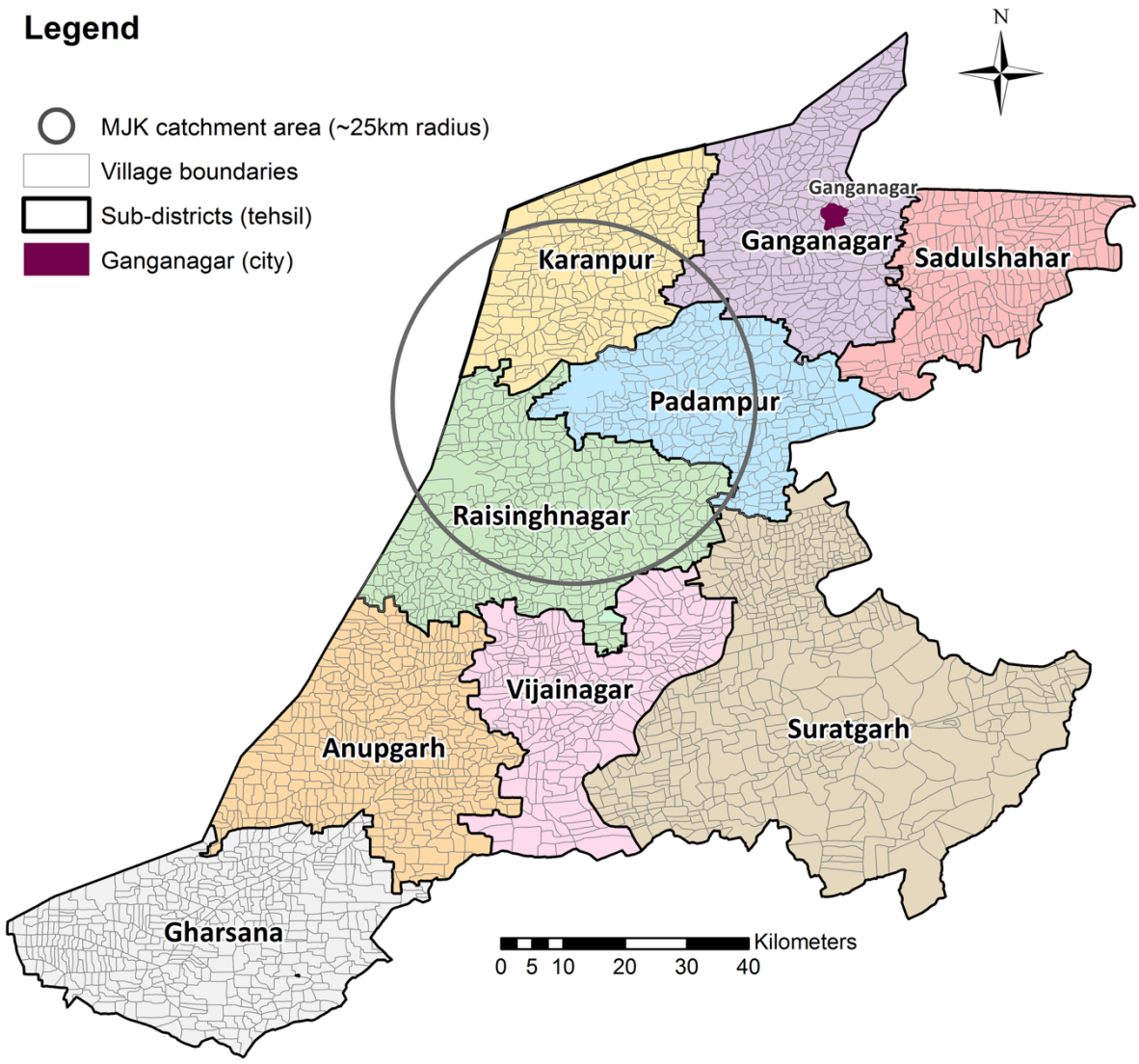

Figure 0.3. *Sub-districts (*tehsils*), village boundaries, and the Mata Jai Kaur service catchment area in Sri Ganganagar. Data created by Aneel Brar from digitized georeferenced map available from the Office of the Chief Electoral Officer Rajasthan http://ceorajasthan.nic.in and open source data available from http://www.diva-gis.org/. Adapted from Brar (2016).*

Table 0.1. *Mata Jai Kaur service catchment area by tehsil* (sub-district)*, Census 2011*

Tehsil (sub-district)	Settlements (urban)	Households	Total population	Women aged 18–49*	Scheduled Caste population	Scheduled Tribe population
Ganganagar	12 (0)	1,075	5,337	1,211	2,209 (41.4%)	20 (0.4%)
Karanpur	178 (2)	24,200	118,929	26,863	56,173 (47.2%)	1,561 (1.3%)
Padampur	153 (2)	21,009	106,045	24,000	42,507 (40.1%)	194 (0.2%)
Raisinghnagar	219 (1)	24,824	129,435	29,237	52,551 (40.6%)	310 (0.2%)
Total	**562 (5)**	**71,108**	**359,746**	**81,312**	**153,440 (42.7%)**	**2,085 (0.6%)**

Notes: Census settlement, household, population, and SC/ST figures are from Census of India 2011 village/town-wise Primary Census Abstract records for Ganganagar, filtered to the Mata Jai Kaur catchment using village identifier codes (V_ID) in the catchment planning list matched to Town_Village in the PCA file. Tehsil rows refer only to settlements in the Mata Jai Kaur catchment, not to complete tehsil populations. Figures in parentheses in the settlements column indicate urban records. *Estimated women aged 18–49 were calculated by applying a district-level rural age-structure multiplier to the female population of each settlement in the MJK catchment. The multiplier, 0.4760, was derived from Census 2011 figures for Sri Ganganagar: rural females aged 18–49 divided by total rural female population, or 321,537 / 675,467 = 0.4760. Because village-level Census data do not provide female population by this age band, and because the multiplier is applied here as a planning estimate for an overwhelmingly rural catchment, this figure should be read as an estimate rather than an enumerated Census total.

More concretely, this thesis asks what task-shared, community-based mental health care looks like when followed ethnographically in a specific "real-world" setting, rather than abstracted into the stabilized terms of implementation science. Khushee Mamta was not introduced into a neutral field. It entered a social world already structured by caste, marriage, family obligation, economic insecurity, and uneven access to care, and it was reshaped as it moved through those realities. I became increasingly interested in what close attention to the intervention disclosed about its social and ethical practice, alongside whether it could be shown to "work." I argue that embedding critical ethnography within intervention delivery allows forms of suffering, narration, and relational life to surface that are largely inaccessible from a public health or implementation science perspective alone. It also speaks to a growing literature on the unequal and gendered experience of social and economic change in rural India, approaching these transformations through the intimate terrains of care, kinship, and distress.

Khushee Mamta is an adaptation of the Thinking Healthy Programme (THP), one of the best-known evidence-based, manualized, and task-shared psychosocial interventions within the scientific and policy discourse of global mental health (GMH) (Patel & Rahman, 2023; Rangel et al., 2025). THP is considered "evidence-based" because it has demonstrated effectiveness in randomized controlled trials in reducing symptoms of depression and other forms of mental distress in low-resource settings (Rahman et al., 2008), and it has generated a substantial implementation science literature over the past decade and a half (Cuncannon et al., 2024; Patel & Rahman, 2023; Sikander et al., 2019; Singla et al., 2020; Vanobberghen et al., 2020). Alongside

this expanding scientific and institutional architecture, a parallel interdisciplinary critique of GMH has developed, interrogating the assumptions, epistemologies, and politics of the field (Bemme & Béhague, 2024; Bemme & D'souza, 2014; Bemme & Kirmayer, 2020; Burgess, 2024; Cosgrove et al., 2019; Cosgrove et al., 2021; Lovell et al., 2019; Mills, 2013; Mills & Hilberg, 2019; Summerfield, 2008). This thesis is situated in conversation with both the scientific literature on GMH and the interdisciplinary critiques that have grown alongside it. Khushee Mamta emerged from the evidentiary and policy discourse of GMH, but it also offers a vantage point from which to examine the assumptions, limits, and ethical consequences of that discourse from within practice itself.

As of this writing, Khushee Mamta is still actively running and is among the longest-running adapted implementations of THP in South Asia. It has evolved significantly beyond its original manuals, shaped by thousands of screenings and counseling sessions and by the practical, ethical, and affective lessons learned by the individuals—primarily women—implementing it. This process of adaptation began during the official fieldwork period, but it did not end there. Khushee Mamta remains fundamentally premised on and justified through the GMH discourse from which it emerged, even as everyday practice has stretched, modified, and at times unsettled its formal terms. My position as both implementer and ethnographer provides an insider view of the everyday work of care, making visible how women experience and deliver community-based mental health support and how GMH ideas are translated, adapted, or resisted in local practice. This implementation context—historical, material, and discursive—provides the platform from which this thesis offers a critical ethnographic engagement with GMH practice.

At the heart of the thesis is a problem of invisibility: of what gets missed, excluded, or flattened in the process of producing knowledge about maternal mental distress. My original motivation for exploring a mental health intervention was a growing awareness that the lived experience of maternal distress in Sri Ganganagar was nowhere reflected in the public health indicators I tracked and tried to work with. The region's maternal mortality ratio, neonatal mortality, and coverage statistics for antenatal care and institutional delivery—indicators used to measure improvements in maternal health—failed to capture the fear, grief, exhaustion, humiliation, alienation, and abandonment expressed by women like Seema. From my earliest days at Mata Jai Kaur, I could see the disconnect between these population-level statistics, the narrative of progress often constructed from them, and the reality of the women who came into Mata Jai Kaur. It took time and many encounters for me to realize that statistics are not neutral, and

neither are news stories, historical and sociological renderings, and even art and film. As Jean Drèze and Amartya Sen (2013) argue, inequality in India is entrenched by an inequality of articulation and attention. Arundhati Roy (2020) makes a related point in reference to caste, writing that while it is "the engine and the organizing principle that runs almost every aspect of modern Indian society," it is often made into a footnote or elided altogether in celebrated artistic and scholarly works on India (p. 163). It is, in her words, a "great Project of Unseeing" (Roy, 2020, p. 163). In conducting an ethnography integrated with a GMH intervention, I hope to make more visible the lives of vulnerable women that are obscured by the usual epistemic tools.

In this setting, psychosocial distress during pregnancy and the postpartum period cannot be understood apart from patriarchal kinship and the gendered burdens of marriage. Given these pressures, alongside the bodily changes and risks of pregnancy itself, it is not surprising that the prevalence of perinatal depression and anxiety in India is higher than in many other settings, with some estimates as high as 48.5% (Fisher et al., 2012; Patel et al., 2015; Patel et al., 2006; Rathod et al., 2018; Upadhyay et al., 2017). More starkly, marriage in India often appears not as a protective institution for women, as it does in many other societies, but as a site of heightened vulnerability, including to suicide (Kapadia, 2018), which is now a leading cause of death among women of childbearing age (Dandona et al., 2023; Dandona et al., 2018). These statistics point to a broader problem this thesis takes up: that women's suffering is often produced and negotiated within unequal worlds of obligation, dependence, and belonging.

The thesis argues that care is a means of delivering health services and a relation through which suffering, obligation, personhood, and inequality become visible. Following Paul Farmer's "vitality of practice" (2001), intimate involvement in trying to address suffering can generate forms of understanding unavailable through detached observation. I treat intervention as a mode of inquiry (Good, 2012). Intervention itself, when approached ethnographically and reflexively, creates an opening into the moral, emotional, and social worlds of those who suffer and provide care, including dimensions that metrics miss. This is one of the central premises of the thesis.

A second premise is that the effectiveness of an intervention cannot be separated from the relationships in which it is embedded. In this setting, care did not always alleviate distress or support recovery. It also disclosed forms of female subjectivity that were relational, morally fraught, and deeply conditioned by caste, kinship, and inequality. The ethnography that follows develops the concept of *paraya*, roughly meaning estrangement or "belonging to another," as an

analytic for understanding how these relational inequalities are lived, embodied, and narrated as distress. Tracing caregiving relationships ethnographically shows how a task-shared intervention operates and how care becomes a site where power, inequality, and the possibility of change are negotiated.

Research Questions

Against this backdrop, the thesis is organized around four questions, moving outward from the immediacy of counseling encounters to broader concerns with subjectivity, ethics, and epistemology. The first and most direct question is: How do Khushee Mamta counselors and patients enact care and recovery in practice? What does counseling look like in a task-shared perinatal mental health intervention, and how are these interactions improvised, negotiated, or made meaningful? Rather than assuming the THP model is stable or fully translatable, I examine how its concepts are taken up, adapted, and resisted as women confront the intimate realities of perinatal distress.

A second question follows: What do these practices of care make visible about women's subjectivity and their experiences of affliction? I move from counseling encounters to life histories spanning three generations of women in Ramjas to show how caste hierarchies, gendered kinship, and economic precarity are embodied as distress.

A third question concerns the ethical possibilities and limits of task sharing itself. What moral responsibilities, emotional labor, and risks do non-specialist counselors navigate? Their experiences reveal both the transformative potential and the fragility of task sharing—what is asked of women who provide care, what they absorb, and what remains beyond their reach.

A fourth, overarching methodological question animates the entire work: What becomes possible when intervention is taken as a site of inquiry? By embedding ethnography within care delivery, I challenge dominant assumptions about evidence and good practice in GMH. This methodological question asks what forms of knowledge become available when we attend to the relational and ethical life of the intervention itself.

Summary of Arguments and Contribution

Taken together, these questions allow the thesis to make several contributions. First, by entering the "black box" (Jain et al., 2024) of task sharing, the ethnography reveals what care actually looks like on the ground—the emotional labor, improvisations, and ethical negotiations that remain largely invisible in implementation metrics. It is, to my knowledge, the first long-term ethnographic study situated inside a specific task-shared mental health program that explicitly follows the counseling relationship or caregiving dyad.

Second, the thesis develops the concept of *paraya*, roughly translating to "estrangement" or "alienation," as an analytic of female subjectivity. Paraya captures how caste, gendered kinship, and economic insecurity are embodied as distress and lived through fractured, generational relationships. It is marked by a haunting and subjunctive quality that moves beyond trauma as the dominant interpretive frame of mental distress among vulnerable and afflicted women.

A third contribution is a relational account of patriarchy. Rather than presenting patriarchy as a static structure standing outside experience, the thesis shows how women's suffering is co-produced through dependence, obligation, affection, disappointment, and care, and how men's own precarity and emotional turbulence can become implicated in that process.

Fourth, by attending to the perspectives of non-specialist counselors, the thesis reframes the ethics and evidence of task sharing. Counselors emerge as epistemic agents whose insights, burdens, and relational expertise are indispensable to designing ethical and contextually sensitive interventions. The stakes here are significant for scholars as well as for health care implementers and activists like myself who are concerned with improving access to effective, meaningful care, relieving suffering, and advancing health equity.

Finally, the thesis makes a narrative and critical feminist contribution by restoring visibility to lives often occluded by public health categories. Through close attention to stories, affect, and intimate geographies of suffering and care, it argues that carefully representing vulnerable lives—by foregrounding alternative forms of kinship, broken narratives, and unfinished stories of becoming—can itself be an ethical practice and a scholarly intervention.

III. Mata Jai Kaur and Maternal Health Metrics

Figure 0.4. *The Mata Jai Kaur clinic.*

This section traces how my skepticism toward statistical evidence emerged through maternal health work at Mata Jai Kaur before it became focused on psychosocial care or global mental health. My concerns with knowledge, representation, and invisibility did not begin in abstract debates about metrics. They emerged through everyday work as a health care provider within a non-profit shaped by a specific moral mission. Mata Jai Kaur's mission is to provide safe, high-quality, and accessible health care to the region's most vulnerable women. Financial hardship is one barrier, but it intersects with broader forms of exclusion, including caste discrimination and gendered oppression. From the outset, the clinic aimed to direct clinical resources toward women who had fallen through the cracks of the existing health care system.

This mission was shaped by the lives of two women—Kartar Kaur and Jai Kaur, a daughter-in-law and mother-in-law—in whose memory the founders and co-founders of the nonprofit began their work. Among those founders were myself and Balwant Singh, descendants of Kartar Kaur (our maternal grandmother, *nani*) and Jai Kaur (our great-grandmother, *par nani*). In family memory, it was Kartar Kaur who "fell through the cracks," in an earlier historical moment. She bore children in an era (between the 1930s and 1950s) when childbirth in rural Rajasthan was overwhelmingly home-based and emergency obstetric care was largely unavailable. In such settings, complications such as hemorrhage, infection, obstructed labor, or hypertensive

disorders could quickly become fatal—conditions that global metrics still identify as among the most common and most preventable causes of maternal death (GBD Maternal Mortality Collaborators, 2016; World Health Organization, 2019).

Based on family oral history, Kartar Kaur likely died a few weeks after the birth of her tenth child from complications of postpartum infection (puerperal sepsis). Like many rural women of her generation, she had no birth certificate, making her age impossible to establish with certainty. Family consensus suggests that she married and bore her first child at around fifteen and died in her late thirties or early forties, after little opportunity to recover between pregnancies. After her death, Jai Kaur—by then likely in her eighties—became the primary maternal figure for the youngest surviving children.

The youngest of those children, Baldev Singh—my maternal uncle (*mama*)—would later emigrate to Canada and become the founder of Mata Jai Kaur. Although he left India as a teenager, he maintained close ties to Rajasthan through family members who remained in the region, including Balwant, and through continued ownership of ancestral land in the village of Ramjas. His life trajectory was shaped by the early loss of his mother and by the care he received from his grandmother, experiences that later informed his decision to establish a maternal-health clinic in a region that continued to experience high maternal mortality.

Baldev mobilized members of the next generation in India and Canada, alongside local collaborators in Sri Ganganagar, to realize this vision. The founding group included farmers, hospital administrators, educators, and, on the Canadian side, myself and Baldev's daughter, a counseling psychologist who would later help design and implement the Khushee Mamta program. Mata Jai Kaur was thus embedded from the outset in overlapping networks of kinship, caste, diasporic capital, remittance, and local authority.

The clinic itself was built on the site of a small, *kachcha* hut in Ramjas, where nine of Kartar Kaur's children—and several more born to my grandfather's second wife—had been delivered. When I first visited the structure as an adult, it had become dilapidated, its threshold sunk below ground level, requiring one to duck under the low doorway to enter. By then it served as a storage space for farm equipment and was jokingly referred to as the "family hospital." It was on this site that Mata Jai Kaur opened its doors to antenatal patients in late 2009.

This history situates my position within the clinic without sanctifying it. Mata Jai Kaur's work was never external to local hierarchies; it was mediated through them. Care was delivered across axes of inequality—of caste, class, gender, and migration—and access to services was shaped by kinship ties, landownership, and diasporic resources. These conditions enabled care, but they also structured what could be seen, recorded, and claimed as success.

* * *

To translate Mata Jai Kaur's moral mandate into practice, I initially turned to statistics drawn from national and state-level surveys, especially the National Family Health Survey (NFHS) and the District Level Household and Facility Survey (DLHS). These surveys offered standardized indicators of antenatal care coverage, institutional delivery, and maternal mortality. When Mata Jai Kaur began operations in 2009, they suggested that little had changed for rural women in Rajasthan since Kartar Kaur's death: access to "full" antenatal care remained extremely low, most deliveries still occurred in unsafe conditions, and maternal mortality remained among the highest in India.[1]

The estimated maternal mortality ratio (MMR) for Rajasthan around this period was 343 deaths per 100,000 live births (Office of the Registrar General & Census Commissioner, 2010), placing the state among the worst in India and among the worst globally outside conflict or humanitarian-crisis settings (World Health Organization, 2023). Most indicators were worse for women in the lower wealth quintiles and among scheduled castes (SC) and scheduled tribes (ST). Over time, however, subsequent survey rounds showed dramatic improvements, especially in rates of facility-based delivery, reinforcing a narrative of success associated with the National Rural Health Mission (NRHM) and its flagship cash-incentive scheme, the Janani Suraksha Yojana (JSY), policy initiatives enacted in the mid-2000s that aimed to restructure health care, with a particular focus on improving access to primary care and safe childbirth (Brar et al., 2021; Lim et al., 2010; Randive et al., 2013; Unnithan, 2019). By the mid-2010s, official statistics suggested that most women in districts like Sri Ganganagar were delivering in medical facilities

[1] Only 6.6% of rural women accessed complete or "full" antenatal care, defined at the time as receiving three or more check-ups, two tetanus vaccinations, and the consumption of 100 iron-folic acid tablets or its equivalent (International Institute for Population Sciences, 2010). Safe childbirth was measured in terms of deliveries conducted in a medical center in the presence of a skilled, professionally trained attendant. The most recently available surveys at that time, showing data collected around 2004-5, indicated that 77% of women in rural Rajasthan delivered children in non-institutional settings, mostly in their homes, and 65% of all deliveries were unattended by a skilled professional (International Institute for Population Sciences, 2007).

and that maternal and neonatal mortality had declined substantially.[2]

Yet these numbers sat uneasily alongside what I continued to observe in practice. Mata Jai Kaur did not distribute cash incentives, yet women continued to seek care there in large numbers, and the stories they told—of discrimination, neglect, financial extraction, and risk—did not align neatly with the narrative of progress suggested by the metrics. Seeking to understand this disjuncture more systematically, I undertook mixed-methods research during my master's training in global health, combining quantitative analysis of district-level indicators with qualitative interviews among women who had delivered at home and not received the JSY incentive. While the quantitative findings largely reproduced national trends, the qualitative interviews revealed patterned experiences of indignity, exclusion, and unintended harm, especially among lower-caste and economically marginalized women.

Overwhelmingly, those who delivered at home were lower-caste and poorer women who were often doing so after a previous hospital birth (Brar et al., 2021). The reasons they gave included mistreatment in facilities, poor-quality care, negative medical outcomes, and the burdens of travel itself. One woman recalled being left cold after childbirth with no blanket; another described an obstructed labor that went unresolved for hours before she was transferred, which left her baby with severe neurological impairment. Women also described unsafe travel in open rickshaws over poor roads, exposure to extreme heat or cold, informal payments to staff, extra charges for medicines and services, and husbands or in-laws taking control of the cash benefit. These accounts pointed to unintended consequences in line with critical findings on JSY, particularly the gap between rising institutional delivery and women's actual experience of safe, respectful, and financially protected care (Chaturvedi et al., 2015; Santhya et al., 2011).

The quantitative component of my study largely confirmed the trends in facility-based delivery and JSY coverage. The qualitative interviews, however, exposed aspects of experience that the numbers could not register, undermining both the narrative of success they supported and the assumptions built into incentive-driven models of "safe" childbirth.

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[2] By 2015, when I began contemplating the idea of a psychosocial program, the NFHS indicated that 91.9% of mothers in rural Sri Ganganagar had facility-based deliveries with 60.1% of eligible women receiving the JSY cash benefit (Brar et al., 2021; International Institute for Population Sciences, 2017). The gap between the percentage of beneficiaries and those having facility based deliveries suggests that the program had an even broader cultural and behavioral impact than its reach. In many ways, a stunning success.

The lesson I drew was that particular metrics, and the policy narratives built upon them, could simultaneously illuminate and obscure. They could register improvement while rendering certain experiences unintelligible or politically irrelevant. Maternal health indicators could be "true" in a narrow technical sense and yet fail to capture the social relations through which women accessed care, the risks they absorbed in doing so, and the patterned inequalities shaping who benefited from apparent success.

Maternal mortality makes this especially clear. Contributions to Vincanne Adams' (2016) critique of global health metrics have treated the maternal mortality ratio (MMR) as a paradigmatic indicator of both epistemic authority and epistemic fragility. In technical terms, MMR appears straightforward—the number of maternal deaths per 100,000 live births—but its apparent simplicity often rests on incomplete data, uneven reporting, and layered modeling techniques. As Wendland (2016) notes, those closest to the production of such indicators often recognize most clearly the extent to which they are "fictions," even as policymakers and implementers treat them as stable starting points for action (p. 77).

Beyond questions of validity, ethnographic analyses show how maternal mortality statistics acquire political and institutional life. In contexts ranging from Malawi to Nigeria, Wendland (2016) and Oni-Orisan (2016) demonstrate how MMR figures become tools through which program success is narrated, funding is secured, and professional or political careers are advanced. Maternal mortality indicators may register improvement while obscuring the unequal social worlds in which maternal risk is produced, managed, and borne.

IV. Critical Global Mental Health: Evidence and Practice

It was with this ambivalent skepticism toward evidence that I began engaging with Global Mental Health (GMH) as a possible response to the psychosocial distress I was seeing among the women Mata Jai Kaur served. I was not opposed to data or structured intervention. But I had already learned, through maternal health, that evidence brings some realities into focus while leaving others harder to see. I had already learned that measures of progress could sit uneasily alongside women's lived experiences of fear, humiliation, violence, abandonment, and grief. That ambivalence traveled with me into GMH, and Khushee Mamta emerged from this tension. It was developed in response to local concerns, but it was also unmistakably enmeshed in the discourse, funding streams, and evidentiary logic of GMH. It was informed by the Thinking

Healthy Programme and the World Health Organization's Mental Health Gap Action Programme (mhGAP), a framework developed to expand mental health care in low-resource settings through non-specialist providers (World Health Organization, 2015, 2016). It was also funded through a Grand Challenges Canada proof-of-concept grant, part of a funding ecology opened, in part, by the agenda-setting 2007 *Lancet* series on Global Mental Health (Patel et al., 2007; Prince et al., 2007). As such, it offers not simply a site of care, but a vantage point from which to examine the assumptions, promises, and limits of GMH from within practice itself.

In many ways, the adoption of Khushee Mamta coincided with a more reflexive turn in GMH, one that reshaped both its discourse and its practice. This section briefly traces that genealogy and argues that, although GMH has become more reflexive and inclusionary over time—absorbing critique, engaging social determinants, and increasingly drawing on anthropological and ethnographic work—important epistemic limits remain. I outline the emergence of GMH as a paradigm organized around disease burden, treatment gaps, task-sharing, and evidence-based intervention, before considering how it has responded to criticism and evolved. My argument, however, is that even in its more self-aware forms, GMH still tends to privilege modes of evidence and intervention better suited to apprehending individual distress, therapeutic change, and social determinants than the relational worlds through which suffering is produced and care becomes possible. It can register symptoms, risks, and barriers to care, and increasingly it can speak the language of context, inequality, and rights (Bemme & Kirmayer, 2020). But it remains more limited when it comes to incorporating the historical, intersectional, and relational worlds through which distress is lived and programs are implemented. Most importantly, it remains ethnographically thin in relation to the frontline workers—non-specialist counselors who are mostly women—who translate and inhabit interventions on the ground, and to the caregiving relationships they sustain with patients. The problem is one of epistemic injustice: certain forms of suffering, labor, and knowledge remain harder to perceive, harder to value, and therefore easier to obscure within dominant evidentiary regimes (Fricker, 2007). Here ethnography, more than providing local detail, functions as a mode of inquiry attuned to subjectivity, moral life, and relationality.

GMH first cohered as a moral and technical project around a powerful claim: that mental illness constituted a major and neglected component of the global burden of disease, and that the "treatment gap" in low- and middle-income countries represented a profound failure of equity (Bemme & D'souza, 2014; Bemme & Kirmayer, 2020; Thornicroft, 2007). Its early language was

shaped by burden metrics, including DALYs (disability-adjusted life years, a metric that combines years lost to premature death with years lived with disability), which made mental distress newly legible in public health terms and opened the way for cost-effectiveness analysis, policy planning, and calls to scale up care through task-sharing. The inaugural *Lancet* series (Prince et al., 2007) and the subsequent "Grand Challenges in Global Mental Health" exercise (Collins et al., 2011) helped crystallize this agenda, calling for structured, evidence-based interventions that could travel across settings and be delivered at scale.

This agenda quickly generated debate. Critics questioned the cross-cultural validity of psychiatric evidence, the portability of diagnostic categories and interventions, and the framing of a global "treatment gap" that seemed to overlook long-standing anthropological and cultural psychiatric work on locally specific forms of suffering, care, coping, and resilience (Bemme & D'souza, 2014; Mills, 2013; Mills & Fernando, 2014; Summerfield, 2008). More sharply, some argued that GMH risked becoming a neo-colonial expansion of Western psychiatric knowledge and, potentially, of pharmaceutical markets as well (Fernando, 2014; Mills, 2013; Summerfield, 2013). These early exchanges reflected a deeper difference in epistemological orientation: between efforts to render mental distress visible through standardized public health categories and efforts to understand it through culturally and socially embedded worlds of meaning (Bemme & D'souza, 2014). Bemme and Kirmayer (2020) also note GMH did not emerge from an abstract Western center alone, but through concrete networks of collaboration, funding, training, and institutional partnership that do not map neatly onto a simple North–South divide. This is especially evident in the case of the Thinking Healthy Programme, much of whose foundational research was conducted in South Asia (Fuhr et al., 2019; Rahman et al., 2008; Sikander et al., 2019; Singla, MacKinnon, et al., 2021), before later being adapted and extended into high-income settings, including in the Southern United States (Patel & Rahman, 2023).

The 2018 *Lancet* Commission marked a more reflexive turn in GMH discourse (Patel et al., 2018). It broadened the object of concern beyond discrete psychiatric disorders toward a more dimensional understanding of distress, disorder, and disability, while more explicitly incorporating the language of human rights, development, and social determinants. Social science has increasingly been drawn into GMH not only to criticize the field from the outside, but also to refine it from within, including through work that takes interventions themselves as empirical objects and examines how they unfold in situated practice (Bemme & Kirmayer, 2020). This shift is evident in edited volumes that brought anthropological and social scientific perspectives more

directly into conversation with GMH (Kohrt & Mendenhall, 2016; White et al., 2017), as well as in a growing body of scholarship that has turned the field itself into an object of inquiry by examining the histories of its institutions, the social life of its interventions, and the new forms of observation, monitoring, and care through which mental health is made visible in public life (Behague, 2019; Bemme, 2019; Kienzler, 2019; Lang, 2019; Lovell et al., 2019; Read, 2019).

And yet the shift has limits. Even where GMH has moved away from categorical biomedical models, its dominant forms of understanding and intervention still tend to locate distress, and the possibility of repair, in the individual. That individual may now be framed less through pathology than through behavior, cognition, coping, and measurable symptom change. As Bemme and Kirmayer (2020, p. 8) note, approaches such as cognitive behavioral therapy (CBT) and motivational interviewing often carry broadly universal assumptions about problem solving, behavioral activation, and the remaking of conduct. In settings like mine, those assumptions sit uneasily with lives shaped by gendered constraint, caste hierarchy, material dependence, and uneven forms of agency. What remains harder to grasp are the relational worlds in which distress takes shape (Kowalski, 2023; Pinto, 2014; Simpson, 2026; Weaver, 2018), and through which care must move.

Ethnography becomes necessary here because metrics, trials, and program evaluation cannot by themselves apprehend how suffering and care move through relationships. Anthropologists and cultural psychiatrists have long shown that mental distress is lived not only as symptomatology or inner disorder, but through kinship, reciprocity, obligation, and therapeutic relations (Bracken et al., 2016; Han, 2012, 2013; Pinto, 2014). What this body of work makes visible are the moral and social ecologies in which distress takes shape and in which it is, sometimes, negotiated or mended (Kirmayer, 2019; Kirmayer et al., 2017). Yet if this literature helps move us beyond expert knowledge alone, a more specific question remains for global mental health: what does task-sharing actually look like in practice, especially for the women who deliver and inhabit these interventions?

Here the emerging ethnographic work on lay counselors and task-sharing is especially important. It suggests that non-specialist or community workers are not merely low-cost carriers of expert technique. They are neighbors, kin, intermediaries, and moral actors whose embeddedness in local worlds is both a source of effectiveness and a site of ethical difficulty. Chase (2023; 2024), for example, shows that the same "community" so often celebrated in GMH as a reservoir of

trust and care can also be finite, unequal, and stigmatizing, and that the work of community-based psychosocial care may require not simply drawing on existing relations but reworking them. Read's (2019) work in Ghana similarly shows how lay workers often absorb tension and maneuver within existing hierarchies to keep care moving. Such studies, along with work by Leocata and others (Leocata, Kaiser, et al., 2021; Leocata, Kleinman, et al., 2021; Maes, 2016), begin to show that task-sharing involves social navigation, ethical improvisation, and relational labor alongside questions of fidelity, adaptation, and scale.

The Khushee Mamta Intervention

Khushee Mamta adapted the Thinking Healthy Programme for delivery by locally recruited women trained as non-specialist counselors. Pregnant women and mothers in the first six months postpartum were screened for depressive symptoms using the Patient Health Questionnaire-9 (PHQ-9), a nine-item screening tool used to assess the severity of depressive symptoms, and women meeting the program's enrollment criteria were assigned a counselor. Counseling usually took place in or around the woman's home, although sessions were also conducted at Mata Jai Kaur and, where greater privacy or convenience was needed, in other village spaces. Counselors received ongoing group and specialist supervision, and women whose needs exceeded the scope of the intervention could be referred for additional clinical or psychiatric care.

The formal intervention called for twelve counseling sessions preceded by two introductory sessions intended to establish rapport, explain the program, and set expectations. Three sessions were designed for the prenatal period and nine for the postnatal period, ideally at approximately two-week intervals. Counseling focused on three broad domains: the mother's own health and well-being, her relationship with her infant, and her relationships with the people around her. Drawing on THP's cognitive-behavioral approach, counselors worked with women to identify unhelpful patterns of thought and behavior and develop more supportive alternatives. In practice, however, counseling proved considerably less standardized than this description suggests. Some women received only a few sessions while others received more than twenty, and counselors adapted the timing, setting, content, and boundaries of counseling in response to the circumstances they encountered.

The fieldwork for this thesis was embedded within the eighteen-month implementation pilot through which these adaptations were made. Ten women from the local community were trained

as counselors, and over the implementation period they screened 1,289 perinatal women, of whom 161 were enrolled in counseling. Program data suggested that approximately 85 percent of enrollees experienced improvement in depressive symptoms over time. This measurable improvement is important, but it does not tell us how counseling produced change, what forms of suffering remained outside the metric, or what the intervention demanded of the women delivering it.

I came to Khushee Mamta not only as a scholar but as someone trying, first of all, to make care possible in a setting where women's suffering was both palpable and poorly held by existing systems. What I found was that counseling could not be understood as the delivery of a psychosocial package alone. It depended on women counselors entering households, navigating caste and kinship, reading silences and tensions, and sustaining fragile relations over time. In this setting, the substance of care is relational, and "context" is constitutive of the intervention itself. What is at stake in counseling is not only symptom reduction or coping, but women's place within unequal worlds of belonging, obligation, and estrangement. It is this terrain that the language of social determinants only partly captures, and that the analytic of *paraya* helps bring into view.

V. Paraya

During an interview about her wedding and subsequent divorce, Komal, a young low-caste woman from Ramjas, described her *muklawa*—the ritual "send-off" in which a bride leaves her natal home to begin life in her husband's household. As she moved to her husband's home, she experienced a sense of *paraya* or, roughly, estrangement (see Chapter 3). The new house was an alien house, she said. The structure, the people, and the routines were not wholly unfamiliar, yet she experienced them as strange. More unsettlingly, as time went on, she began to feel alienated from her natal family, and this made her question the love and affection that had surrounded her as an unmarried girl. For Komal, her send-off and arrival at her new home became an inflection point—a moment of revelation and existential unease. *Paraya* named not only a place but a lived, affective condition of unbelonging—of being out of place within the very relations meant to anchor one's life.[3] I spoke to Komal after she had returned to Ramjas, several years after her

[3]A brief etymological clarification is warranted. The North Indian term "*paraya"* used in this thesis should not be confused with the South Indian caste term "Paraiyar," from which the English word "pariah" is derived. *Paraya* derives from the Sanskrit root *para*, meaning "other" or "belonging to another," and is widely used in Hindi, Punjabi, and related North Indian languages to refer to something or someone that is not one's own. In everyday

marriage devolved into violence and ended in divorce.

Scholars of North Indian kinship have long noted that daughters are temporary residents or guests in their natal homes—sojourners whose "real" family is understood to be their husband's (Addlakha, 2008; Kakar, 2012a). At marriage, a daughter becomes *parayi*—belonging to another household—through marriage and ritual practices such as *kanyadaan*, the "gifting" of a daughter (Johri, 2013). She enters a liminal phase between two households until her status is transformed through childbearing (Donner, 2008). This abrupt uprooting of a young woman—often underage (International Institute for Population Sciences, 2021),[4] with limited experience outside her natal home, and frequently sent to a husband and household she has never previously known—creates a condition of vulnerability. It exposes her to forms of physical and psychological harm, including intimate partner violence, neglect, and abandonment.

This idealized pattern of patrilocal kinship is, of course, contingent on family dynamics, individual personalities, caste and class position, and women's location within a changing economy. During my time in Sri Ganganagar, I encountered husbands from patrilocal communities who had moved to their wives' villages in search of work. Nevertheless, the normative form of kinship—what Kowalski (2016) calls a dominant "kinship ideology"—remains central to how both men and women understand care, protection, and well-being. In this context, suffering or violence may index not only individual harm but a broader disorder within the household itself, "whether in terms of material resources, emotional support, or both" (Kowalski, 2016, p. 64), and thus signal a deviation from kinship norms. These household dynamics are, in turn, shaped by structural forces such as caste, class, and wider patterns of social and economic change (Chua, 2014; Das & Addlakha, 2001; Kowalski, 2016, 2023; Pinto, 2014; Simpson, 2021; Weaver, 2018).

Komal's story of marriage, domestic violence, and divorce became my entry point for thinking beyond the narrow confines of psychiatric categories such as depression and anxiety. It pushed

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speech, it can describe objects, households, or persons perceived as unfamiliar, belonging to others, or outside one's immediate kinship circle. While the South Indian "Paraiyar" has come to connote social exclusion or outcaste status in English usage, the North Indian term *paraya* carries different semantic and cultural resonances, referring less to exclusion than to a condition of relational otherness within kinship structures. I thank Imre Bangha and David Gellner for discussions of the etymology of *paraya*, and Sarah Pinto, Andrew MacDowell, and Nazar Samas for raising helpful questions about its interpretation and its potential confusion with Paraiyar. It is also important to note that Paraiyar may be considered derogatory in some contexts in Tamil Nadu and other parts of South India, whereas *paraya* in North Indian usage does not carry such caste-based connotations.

[4] In rural Rajasthan, 28.3% of women ages 20–24 were married before age 18, according to NFHS-5 (2019–21).

me instead toward a broader psychosocial account of female personhood that extended beyond the perinatal period and beyond early marriage. Although Komal used *paraya* to describe a specific moment of marital transition, I found that similar forms of estrangement surfaced across other women's narratives—among patients enrolled in Khushee Mamta, among counselors reflecting on their own lives, and among older women speaking of widowhood, abandonment, or the untimely loss of kin. The force of *paraya* lay in its capacity to name moments across the life course in which kinship became uncanny—at once a site of care and of moral injury.

During fieldwork and writing, I came to use *paraya* as an analytic lens for tracing a relational form of female subjectivity shaped by kinship, caste hierarchy, and gendered expectation. It opened a different, ethnographically grounded perspective on maternal mental health and task-shared care. *Paraya* is not a diagnosis, a symptom, or a programmatic outcome, nor does it function primarily as an idiom of distress in the way that terms such as "tension" circulate in clinical and everyday speech (Nichter, 1981, 2010; Roberts et al., 2020; Weaver, 2018). Nor does it statistically correlate with mental illness or suicide. Rather, *paraya* names a position within relations of power: the experience of being rendered other within marriage and affinal households, and often within one's natal home and wider community as well. *Paraya* is emic in origin and analytic in use. Its force lies less in how often it is spoken than in the pattern it illuminates across women's lives.

Thinking through *paraya* was central to the shift in my own analytic frame from program implementer to ethnographer. Rather than narrowing women's experiences into diagnostic categories such as perinatal depression, it opened a wider social field in which distress could be understood as emerging from intersecting kinship, economic, and political relations. *Paraya* allowed me to attend to what Burgess describes as the "totality of social life" shaping mental distress—realities that are relational, structural, and political at once rather than separable domains of experience (Burgess, 2024, p. 410). From an anthropological perspective, this repositioned maternal mental health within the nexus of kinship, care, and affliction that organized women's everyday lives. It also made it possible to attend both to dramatic ruptures—violence in marriage, loss, abandonment—and to quieter forms of estrangement unfolding within ordinary life. Here *paraya* resonates with Das's distinction between different modes of eventfulness: moments when spectacular events rupture the ordinary, and those in which disruptions unfold gradually within the texture of everyday life (Das, 2020). *Paraya* made it possible to follow both registers at once, tracing how estrangement surfaced at thresholds such as marriage, childbirth, divorce, or widowhood while also persisting more subtly within the

routines of kinship and care.

My aim during fieldwork was to elicit stories through interviews and participant observation from perinatal women and patients engaged by Khushee Mamta, from counselors, and from women in the broader community (see methods, below). What emerged were often broken and unfinished narratives (Biehl & Locke, 2017)—stories marked by gaps and silences that could not be understood through interviews and programmatic data alone, but only through years of presence, moments of candor, chance encounters in fields or neighbors' homes, and walks through Ramjas' dusty streets and along its tree-lined canals.

As I made sense of these life histories, a pattern emerged: moments of *paraya* often appeared at thresholds such as marriage, childbirth, divorce, or widowhood (Singh, 2015). These moments could recede as new arrangements of social life took shape, or they could harden into an enduring feature of everyday existence, managed through coping, suppression, or action. Yet the condition itself rarely disappeared. Even when kinship relations were reconstituted or reordered, the affective trace of estrangement persisted as social ties shifted across the life course. Attending to *paraya* shifts the temporal frame through which mental distress is understood. Although Khushee Mamta was designed to address perinatal depression—a life stage often marked as one of heightened vulnerability and liminality—ethnographic engagement showed that women's suffering during the perinatal period could not be contained or understood within that period alone.

In addition to marking kinship rupture, *paraya* carried a sense of longing. Experiences of motherhood were entangled with earlier ruptures and with futures that had been anticipated or foreclosed. Women spoke of events that continued to shadow the present and of lives that might have unfolded differently. Rather than referring only to the persistence of past events in the present, as in some understandings of post-traumatic stress, haunting points here to unrealized possibilities—the futures that were expected to unfold but never did (Good, 2019; Gordon, 2008; Rahimi, 2021). Women frequently spoke in this subjunctive register of marriages that might have been different, of children who might have lived, of lives that might have taken another course—what Gammeltoft (2021) refers to as "spectral kinship". *Paraya* thus marks not only estrangement in the present but the lingering presence of foreclosed futures. This haunting was also intersubjective. Women were haunted not only by their own unrealized possibilities, but by the lives of others—by the opportunities they perceived younger women to have, by the

suffering endured by older ones, and by the colonial and postcolonial transformations that reshaped what was possible in Sri Ganganagar. *Paraya* is pantemporal: estrangement reverberates across past, present, and anticipated futures, while linking women's lives across generations and life stages.

These insights reshape how care must be understood within task-shared global mental health interventions. If distress is shaped by relational displacement and moral injury, then task-shared counseling cannot be reduced to the delivery of a standardized protocol. It becomes, instead, a site where fragile kin-like ties are forged, where expectations of obligation are renegotiated, and where the burdens of repair are unevenly distributed. Tracing *paraya* ethnographically thus reveals the ethical and epistemic tensions embedded in task-shared care: whose suffering becomes legible within intervention frameworks, whose labor absorbs the risks of care, and how power circulates through the very relationships meant to heal. Lay counselors themselves become implicated within the nexus of care and kinship, assuming forms of responsibility and obligation that exceed the formal boundaries of the intervention.

VI. *Paraya* in Ethnographic Conversation

The *paraya* analytic is not intended to totalize women's experience, nor to suggest a uniform condition across North India. It emerged iteratively through sustained engagement with a particular community of vulnerable women from diverse caste and class backgrounds in an agrarian setting marked by rapid economic change and pronounced inequality. As Chapter 1 shows, the caste composition and gendered labor relations that shape everyday life in Sri Ganganagar and neighboring Hanumangarh are not longstanding or static formations, but products of relatively recent historical processes, including canal colonization in the early twentieth century, the demographic upheavals of Partition, and patterns of migration and emigration following the Green Revolution. This ethnographic account must therefore be read as situated and partial. Its value lies in clarifying how patterned forms of estrangement are lived, narrated, and negotiated within specific histories of caste hierarchy, agrarian transformation, and gendered obligation.

Paraya provides an analytic lens through which vulnerable female subjectivity and a community mental health intervention can be understood within the shifting social worlds these women inhabit—social worlds that have also been the focus of a growing body of ethnographic work

across South Asia. Ethnographic interpretation, as Clifford Geertz (1973) reminds us, is "essentially contestable," marked less by the achievement of consensus than by the refinement of debate among partially overlapping interpretations (p. 29). The discussion that follows situates *paraya* within this broader conversation by highlighting several ethnographies whose analyses resonate particularly strongly with the patterns of suffering and social transformation described in this thesis.

Tension and Vernacular Expressions of Distress

My interpretation engages closely with recent work that examines vernacular expressions of distress and social strain through terms such as "tension" (Simpson, 2026; Weaver, 2018). In Lesley Jo Weaver's ethnography of the intersection of diabetes, gender, and modernity, she begins her discussion of tension by quoting E.E. Evans-Pritchard: "the most difficult task in social anthropological fieldwork is to determine the meaning of a few key words, upon an understanding of which the success of the whole investigation depends" (Evans-Pritchard, 1951, as cited in Weaver (2018, p. 67)). For scholars such as Weaver and Simpson, tension emerged as one such interpretive key. In my own fieldwork, *paraya* assumed a similar analytic role. Though not always spoken directly, or as frequently in everyday speech as tension in my setting, it surfaced repeatedly in women's narratives and interactions, providing a window into the relational and temporal dimensions of distress, especially the sense of becoming "other" over the course of women's lives.

Paraya invites comparison with Nikita Simpson's interpretation of tension among Gaddi women in Himachal Pradesh (Simpson, 2022, 2023; Simpson, 2026; Simpson, 2021). Rather than treating tension as an idiom of distress, Simpson shows how it operates as a polysemic term indexing mental, bodily, and relational strain within a transforming political economy. As agro-pastoral livelihoods give way to waged labor and aspirations toward middle-class domesticity, she traces how women experience distress across the life course in forms such as "future tension" among younger women navigating uncertain aspirations, *ghar ki tension* (Simpson, 2023) among housewives negotiating precarious and changing domestic expectations, and *kamzori* (Simpson, 2022) among older women whose lifetime of labor and care is felt to go unreciprocated.

While the patterns Simpson describes bear important similarities to the dynamics observed in my field site, the analytic developed here diverges in several respects. Whereas tension commonly

functions as an idiom through which women describe pressures within ongoing social relations, *paraya* more directly names moments in which those relations themselves appear to fray or withdraw. The term evokes a sense of becoming socially "other" within the networks of kinship that ordinarily anchor belonging and care. *Paraya* points beyond strain or imbalance to experiences of relational estrangement—moments in which women come to perceive themselves as displaced within the moral and emotional economy of kin and community. The distinction is subtle but significant: where tension often signals the burdens generated by shifting expectations within households and communities, *paraya* draws attention to the fragility of belonging itself. In this respect, *paraya* also speaks to broader anthropological discussions of the fragility of social relations and the ways ruptures in kinship and care can unsettle the moral ground of everyday life (Das, 2007b).

Kinship, Care, and Social Transformation in South Asia

Both Weaver and Simpson situate experiences of distress within contexts of social and economic restructuring. Weaver's work on diabetes and self-care, for example, traces how bodily suffering and relational tension unfold in settings marked by shifting gender norms, consumption practices, and aspirations for mobility (Weaver, 2018). Such analyses resonate with a broader body of scholarship examining the impact of economic liberalization and neoliberal development on gendered subjectivities and well-being in South Asia. Ethnographers have documented how these processes reshape patriarchal kinship structures, obligations of care, and forms of female personhood among marginalized and lower-caste populations (Kapadia, 1995, 2002; Moodie, 2015; Shah et al., 2018; Snell-Rood, 2015; Still, 2017), as well as among upwardly mobile or aspiring middle classes in both urban and rural contexts (Awal, 2019, 2025; Chua, 2014; Donner, 2008). Across these varied settings, distress frequently emerges not as an isolated psychological state but as a relational condition produced through transformations in work, family life, and moral expectations.

The latent metaphor of tension—the image of a rope pulled simultaneously in different directions—captures something essential about the social conditions many women inhabit (Weaver, 2018, p. 68). In North India, these pulls often arise between the demands of what Kowalski (2016) calls "kinship ideology" and the changing aspirations associated with education, wage labor, and modernity. By "kinship ideology," I mean the normative framework through which interdependence, hierarchy, and obligation are organized within family life, and through

which practices such as *seva*—embodied forms of care, service, and reciprocity—are both enacted and morally evaluated (Kowalski, 2016). As Zabilutė (2023) describes, *seva* operates as a "moral regime" (p. 231) structured through hierarchical relations of age and gender in which younger family members, especially women, are expected to care for elders through both embodied labor and the performance of affection, whether through acts such as feeding, bathing, or massaging aging bodies (see also: Cohen (1998); Lamb (2000, 2005)). These expectations carry profound moral weight, as women's visible self-sacrifice on behalf of others is often taken as a measure of moral character (Snell-Rood, 2015; Weaver, 2018). Care in this context is therefore not merely instrumental but deeply entangled with love, obligation, and the moral evaluation of personhood and well-being. Women's flourishing is frequently understood not through the pursuit of autonomy but through increasing entanglement within networks of kinship and obligation. Interdependence, as Kowalski notes, "produces both families and people," echoing broader arguments about the centrality of dependence to social life (Ferguson, 2020; Han, 2011; Jaju, 2025; Kowalski, 2016). Attending to these countervailing pulls helps illuminate why women may sometimes reproduce or remain within patriarchal arrangements even in conditions of suffering or gender-based violence (Kowalski, 2016, 2023). Rather than simply reflecting false consciousness or acquiescence, such choices emerge within dense moral worlds in which belonging, care, obligation, and personhood are deeply intertwined.

These dynamics are also crucial for understanding the work of community mental health interventions such as Khushee Mamta. As I argue in this thesis, task-sharing programs that train women as non-specialist counselors simultaneously draw upon and reshape these moral worlds of care: they mobilize women's socially valued capacities for care while also offering new forms of training, recognition, and livelihood. Understanding how these initiatives succeed—or generate new tensions—requires attending to the ways such interventions enter into existing fields of obligation, aspiration, and belonging.

Patriarchy and the Gendering of Caste and Tribe

A key insight emerging from the scholarship discussed above is that patriarchal kinship systems are not fixed structures but malleable social formations that shift in response to changing economic, political, and social conditions—often in ways that are neither linear nor predictable. Ethnographies of Dalit mobility in South Asia, for example, show how economic change can produce contradictory effects for women. Kapadia (1995, 2002) shows how processes of

economic mobility and capitalist development can intensify patriarchal constraints on Dalit women in Tamil Nadu even as they expand opportunities such as education or employment. Similar dynamics appear in Carswell and De Neve (2013), who show that Dalit incorporation into globalized labor markets reconfigured rather than dismantled caste and gender hierarchies, largely in ways restrictive and disadvantageous for women. By contrast, Still's (2017) ethnography of Dalit upward mobility illustrates how the adoption of practices ostensibly associated with higher-status patriarchal communities may simultaneously bring improvements in material security while introducing new restrictions on women's autonomy and mobility, without necessarily rendering these women "worse off" (Still, 2017, p. 8).

Moodie traces similar gendered considerations among the Dhanka, an Adivasi or tribal community she studied in Jaipur, Rajasthan, for whom "the ability to be a housewife, to be married and protected, is highly valued among women" (Moodie, 2015, p. 3), many of whom previously labored outside the home. While this appears to reflect an acceptance of more restrictive Brahmanical practices, Dhanka leaders have promoted recently invented traditions such as annual group marriages that limit dowry, though Moodie critically notes that these events function as a male-controlled "traffic in marriage" for community political gain (Moodie, 2015, p. 3). Comparable dynamics emerge outside the context of capitalist mobility: Shah's (2018) ethnography of the Maoist Naxalite insurgency in the states of Jharkhand and Bihar shows how restrictive social and gender practices are imposed by insurgency leaders on the Adivasi communities they are meant to liberate even as many Adivasi egalitarian practices around marriage, sex, labor, and autonomy persist. These contradictions extend into other institutional domains. Recent work in Rajasthan has shown how caste violence and its redress are mediated through institutional arenas such as law, where Dalit women's experiences are entangled in competing familial, political, and activist projects, often generating new forms of patriarchal control (Fuchs, 2024).

Together, these studies show that transformations in gender relations rarely produce straightforward gains or losses; rather, they generate new configurations of constraint and possibility that women and families must navigate in everyday life. These intersectional dynamics of caste and tribal status, gender, and economic change shape the conditions under which women enter and exit sex work—an issue I explore through the case of a Dhanka woman and an older low-caste woman for whom sex work offered both survival and a limited form of empowerment (Chapter 5). Such transformations generate tensions in everyday life as

expectations surrounding marriage, work, authority, and care become difficult to reconcile. While many women navigate these conditions through forms of agency and strategic accommodation (Kowalski, 2016; Oza, 2023; Still, 2017), I argue that these choices—including the decision to engage in sex work—are not expressions of autonomy outside patriarchy, but are constituted within the very structures of caste and gender that constrain them.

Crucially, these pressures are not experienced by women alone. Patriarchal arrangements also shape the aspirations, frustrations, and insecurities of men, particularly in contexts where the ideals of masculine success—stable employment, marriage, and the ability to support a family—are increasingly difficult to realize (Jeffrey, 2010). Within the ethnographic world of Khushee Mamta, attention to women's distress repeatedly revealed these relational entanglements, as women's stories frequently unfolded alongside accounts of the struggles of husbands, brothers, sons, and former partners. One of the key lessons of the Khushee Mamta intervention was this relational insight: women's distress could not be understood in isolation from the pressures shaping the lives of the men around them. These tensions often coalesced around questions of masculinity, sexuality, and family honor (*izzat*), where anxieties surrounding reputation, female sexuality, and marital stability carried profound implications for both women and men (see Chapter 6).

As Chakravarti (2018, p. 163) argues, "the task of unraveling the relationship between caste and gender—of gendering the caste system—is even more difficult than recognizing their workings individually," pointing to the ways in which domestic ideology obscures how hierarchy is reproduced through gendered practices. Read in this light, these ethnographies are not only accounts of shifting gender relations, but of caste-gender formations that structure women's possibilities for work, marriage, and survival. It is these entanglements of caste, gender, and kinship that *paraya* renders visible at the level of lived experience, as women come to inhabit positions of belonging and estrangement within these shifting social worlds.

Psychiatry, Kinship Crises, and Mental Illness

This is the landscape of relational distress for women—what happens when these tensions enter the realm of mental illness and psychiatric care? An important interlocutor for my analysis is Sarah Pinto's *Daughters of Parvati* (2014). Pinto shows that psychiatry in North India often encounters women at precisely the moments when kinship relations begin to unravel. Psychiatry

thus becomes a site where the fractures of family life are named, negotiated, and managed. As Pinto writes, psychiatric practice frequently lands where kinship relations are "falling apart," even as families attempt to "patch together" these ruptures through care, obligation, and moral discipline (Pinto, 2014, p. 27). Rather than simply imposing biomedical authority, psychiatric care works through these fractured relations, mediating crises while often returning women to the very domestic expectations that produced them (Addlakha, 2008; Davar, 1999, 2000). Pinto's work resonates with a broader anthropological concern with how suffering emerges within intimate social worlds rather than solely within individual psyches (Das, 2007b, 2015a). Mental distress often becomes visible at moments when the fragile arrangements of kinship, obligation, and care begin to fray. It is within this relational terrain that the concept of *paraya*, developed in the chapters that follow, takes shape.

My ethnography, however, engages a different institutional terrain. The women I worked with were not primarily psychiatric patients, and the Khushee Mamta intervention addressed what are sometimes categorized as "common mental disorders," such as anxiety and depression. Yet the care relationships forged within Khushee Mamta similarly became implicated in the fragile work of shifting relations and reparative kinship. Because counselors were themselves women from the same communities and delivered care within domestic spaces rather than clinical settings, these relationships often took on a more explicitly familial character. As a result, counselors became deeply entangled in the processes through which kinship relations were strained, renegotiated, and sometimes partially restored. The intervention became another site where the ongoing work of holding kinship together unfolded alongside delivery of the therapeutic protocol. Seen in this light, *paraya* provides a way of tracing how women's suffering emerges within—and moves through—these relational worlds in which non-specialist counselors become deeply implicated.

Pinto's analysis also points toward a broader methodological insight. Through close ethnographic attention, she shows that many dominant critiques of psychiatry—as a purely disciplining, medicalizing, or exclusionary institution—do not fully capture how psychiatric care actually unfolds in practice. Rather than neatly reproducing global hierarchies of knowledge or control, psychiatry often becomes entangled in the messy work of negotiating fractured kinship relations. A similar process is evident in Kowalski's work, where counseling for violence in Delhi becomes vernacularized as a project of reordering kinship relations rather than simply implementing rights-based frameworks (Kowalski, 2016, 2023). My own ethnographic

engagement with Khushee Mamta revealed a similar complexity within global mental health interventions. The dominant narratives surrounding GMH—whether celebratory accounts of scalable therapeutic solutions or critical portrayals of cultural imposition—did not fully hold when examined within the everyday realities of care. What emerged instead were forms of relational practice that drew on the CBT-based protocol they were meant to implement but were far richer, more vernacular, and more relational than the GMH evidence base suggests.

Non-specialist counselors in Khushee Mamta embody the push and pull of aspiration and care coded within patriarchal kinship and a rapidly changing rural social world. As they take on the role of counselors, they enter into the realm of their patients' *paraya*—a domain of estrangement and relational risk that becomes entangled with their own lives and aspirations. This thesis traces how these women inhabit and negotiate these tensions, showing how task-shared counseling in this context produces therapeutic relationships that are distinct from conventional forms of caregiving, whether within the normative bounds of kinship relations or through biomedical or even spiritual modes of care. These care relationships involve significant ethical and epistemic labor. Counselors act as conduits through which program innovations are translated into everyday care, while also taking on the burden of engaging with complex, afflicted lives and helping their patients navigate hardship and regain a sense of moral agency—the capacity to act in ways that sustain dignity, recognition, and meaningful social relationships (Kleinman, 2012; Myers, 2015, 2024).

While these dynamics emerge from the specific moral terrain of rural North India, similar tensions between care, responsibility, and moral agency have been documented in ethnographies of community-based mental health care elsewhere. In the United States, for example, ethnographies such as Neely Laurenzo Myers' *Recovery's Edge* (Myers, 2015) and Paul Brodwin's *Everyday Ethics* (Brodwin, 2013) examine frontline workers operating in community psychiatry programs that emerged in the wake of that country's deinstitutionalization of psychiatric care. In these settings, as in Khushee Mamta, care unfolds not in hospitals but in the everyday spaces of people's lives, placing frontline workers in ethically demanding relationships with individuals living through complex forms of distress. The chapters that follow explore how these tensions unfold within the Khushee Mamta program, as counselors and vulnerable women encounter one another within the shifting moral terrain of care and *paraya*.

VII. Positionality, Intervention, and Co-Production

Bhaji aa gyaa! ("Brother has come!")

I am always struck by the smiles, warmth, and eagerness to talk when I return to Ramjas. Elder women invite me into their homes to ask about my family and life in Canada, and I hear updates on grandchildren, marriages, deaths, the weather, and local happenings. With husbands, fathers, and mothers-in-law from lower-caste households often out for work during certain seasons, I may find myself holding a baby while its young mother tends to the *chula* (stove), livestock, or other children. In the streets, women briefly unveil their faces to speak. Children run up and ask if I have come alone ("*ikale aye*?"), hoping to meet one of the researchers, students, or visitors who sometimes accompany me. Men engage in small talk about my family—especially my mother, who has not visited Ramjas in many years—as well as crops, weather, and politics, before returning to their work. During weddings of lower-caste women, I am often invited into women-only spaces to give *pyaar* (gifts of cash) and take photographs for the family. This access rests partly on being seen as *bhaji* (brother), and increasingly *chacha ji* (uncle), kinship idioms that reflect both my ties to my maternal village and the years I have spent there. It also rests on more mundane factors, such as owning a relatively good camera.

This access, however, was uneven and took shape along caste and class lines. While I might be received as a brother in some higher-caste households, I was not invited into similar intimate spaces in many of them, unless they were blood relatives. Part of this reflects my role as a health care provider and researcher working with vulnerable women, which brings me into lower-caste households through the formal work of care and research. Power also shaped access. It is often easier, though never automatic, to enter homes along gradients of caste and class, especially when I am affiliated with a local non-profit that may have provided care to someone in the family. There is also an element of hospitality extended to someone who remains an outsider but has developed familiarity and relationships over time. More mundane factors also shaped access: wealthier homes are often physically closed off, with locked gates, high walls, and sometimes dogs. I also had less to offer. Higher-caste households could afford their own care, and my *pyaar* at weddings was negligible. They could hire their own photographers.

* * *

This vignette captures my positionality at the time of fieldwork and points to its layered and uneven character. In this section, I examine the power relations that shaped both my place in the field and the production of ethnographic knowledge. Sri Ganganagar, and Ramjas in particular, has become a familiar and welcoming place for me, but this was not always the case. The process through which I came to occupy this position reveals the social and relational structures that shaped access and understanding.

I treat Khushee Mamta as both an object of study and a mode of inquiry (Good, 2012). Through the intervention, I was implicated in the social world I was studying as it took shape. It generated new relationships, expectations, and sites for the articulation of distress, making some experiences visible while leaving others partially obscured. Like the Khushee Mamta counselors, I was placed within a social field structured by caste, kinship, gender, and care. This positioning shaped both how I was received and how knowledge was produced. Ethnographic understanding in this project emerged through relationships themselves. As Nikita Simpson notes (2021, p. 33), the study of distress proceeds through relational engagement, where relationships are both the means of inquiry and the object of analysis (see also Kohrt and Mendenhall (2016); Strathern (2020)). Relationality is the basis on which knowledge is generated in this project.

Building on this, I make three related arguments. First, intervention can function as a mode of ethnographic inquiry, generating the conditions through which care, subjectivity, and inequality become visible. Second, the knowledge produced in this project is co-produced through relationships between myself and my interlocutors, even as these relationships remain structured by asymmetries of power. Third, my positionality operates across multiple, overlapping registers: as a director of an NGO embedded in development discourse; as an insider–outsider shaped by kinship and diasporic ties; and as a participant in relationships of care with counselors, patients, and research assistants. I examine each in turn before returning to co-production and intervention as inquiry.

Mata Jai Kaur as a Mediating Institution

My positionality and access are embedded within Mata Jai Kaur, the village-based maternal and child health non-profit through which Khushee Mamta was implemented. In other words, my positionality operates within a non-governmental organization (NGO) that sits in several social

worlds, mediating between them. Mata Jai Kaur mediates between global health and development frameworks and the local social worlds, while also mediating social hierarchies and kinship relations as an organization founded by a diasporic family with deep local ties.

Through Mata Jai Kaur, approaches such as the WHO's Thinking Healthy Programme are translated and enacted. Yet the NGO is not external to the community it serves. It is embedded within and shaped by local hierarchies and can legitimately be called both an international and grassroots organization. As such, it occupies an ambivalent position. It extends care and responds to locally articulated needs, while also introducing external frameworks, forms of evidence, and institutional logics that may reconfigure existing relations of power.

This ambivalence is well recognized within the anthropology of development. NGOs have been described as translators of global agendas into local practice (Mosse, 2005, 2013), as products of structural adjustment and neoliberal governance (Keshavjee, 2014), and as actors that can both challenge and reproduce inequality (Shah et al., 2018). In this case, Mata Jai Kaur emerged from a combination of local initiative and diasporic resources, initially sustained through remittances and later through global health funding streams, including Grand Challenges Canada, the original funder of the Khushee Mamta program. Through Khushee Mamta, Mata Jai Kaur became increasingly aligned with the epistemic and institutional frameworks of global mental health, including mhGAP and the broader Sustainable Development Goals (SDGs) agenda (Patel et al., 2018), while also becoming more dependent on external funding streams to sustain the program (Mosse, 2013). NGOs in India therefore occupy ambivalent terrain, providing sustained care, advocacy, and community presence, while also replicating development paradigms, state logics, and unequal practices (Shah et al., 2018; Snell-Rood, 2015; Unnithan, 2019).

The NGO's role as a mediating institution must also be understood in relation to the transnational extension of kinship and the role of remittances in the reproduction of local hierarchies. Jat Sikh landowning families in Sri Ganganagar are closely tied into broader transnational kinship networks. As Mooney (2011) observes, kinship ties in Sri Ganganagar remain strong across borders, with transnational relatives frequently sending remittances back to India to support their families, fund education, or improve rural properties. Further, physical distance heightens the symbolic value of kinship so that when overseas Jats return to India for visits, gathering in the ancestral village and sitting in the company of extended family is treated as a profound, venerated experience. While Mata Jai Kaur may represent a unique diasporic

engagement by operating as an NGO delivering health care and engaging in research, it nonetheless fits into this nostalgic and venerated form. This transnational kinship imaginary helps explain how Mata Jai Kaur is recognized locally—not simply as an external NGO, but as an extension of existing kinship and moral obligation.

As a mediator of diasporic kinship ties, then, Mata Jai Kaur is embedded within, and in some respects dependent upon, existing relational dynamics of caste, class, and gender and is therefore implicated in local patronage systems. While framed through a mission of improving care access for vulnerable mothers and households that do not have service or labor ties to my extended family, it is impossible to completely overcome perceptions that the NGO operates outside of local conceptions of caste and kinship hierarchy. Although I am foreign-born, and of mixed ethnicity, I am locally perceived as a Jat, Punjabi Sikh man, the same positioning as many of the landowners in Ramjas and surrounding villages. This positioning affords forms of access, trust, and authority that are unevenly distributed. These forms of authority must be further understood within a broader agrarian political economy that operates under forms of "unfree" labor entrenched inequality (Singh, 2022). Within this system, access to medical care for laboring classes is often mediated through employers and landowners, if it is provided at all. Remittances to landowning families can in this context be seen as maintaining local labor relations and dependencies.

The financial flows that sustain Mata Jai Kaur can be understood in relation to these same kinship dynamics sustained through remittances. Several anthropologists have explored the relationship between money, kinship, and diasporic ties (Craig, 2020; Mooney, 2011; Zharkevich, 2019). The main upshot of this work is that "money," as Jaju frames it, "operates as a substance of kinship" (Jaju, 2025, p. 86), allowing my family, with its roots as original founders and landowners in Ramjas, to shape what exists locally. This raises a difficult question: to what extent does the care provided through Khushee Mamta transform local systems, and to what extent does it constitute a new form of patronage?

This characterization is only partial. Mata Jai Kaur provides forms of support that are otherwise unavailable. The Khushee Mamta program enabled new forms of recognition, articulation, and support that exceeded existing state provision, kinship-based, and patronage-based care. Its position is therefore not reducible to either critique or celebration, but must be understood within this tension.

Positionality Within Khushee Mamta

My own positionality is inseparable from this institutional context and similarly ambivalent. I entered the field not only as an anthropologist, but as a co-founder and director of the NGO, with longstanding relationships in the region. I am a Canadian man of mixed Indian and Chinese ethnicity, educated in North America and the United Kingdom, returning to work in a rural North Indian setting. These positions afforded access, authority, and trust in some contexts, while also introducing distance, expectation, and constraint in others. I was often positioned as "*bhaji*"—an elder brother—invoking idioms of care, responsibility, and protection. But this positioning was always partial and contingent. Gendered norms limited access to women's intimate experiences, and caste and class differences shaped interactions in ways that were not always immediately visible or easy to navigate.

Within Khushee Mamta, I had the roles of employer, supervisor, and decision-maker. I trained counselors, supervised their work, and participated in program design and implementation. I also depended on counselors to interpret the social worlds in which they lived and worked, and on their relationships with patients and access to households that were not available to me. Authority and dependence operated together. Access, interpretation, and understanding were continually mediated through others.

These dynamics were further shaped by inequalities within the intervention itself. In its early iterations, the program recruited counselors largely from higher-caste and more socially advantaged backgrounds, while many of the women who formed the focus of the intervention were from more marginalized groups, though this was not uniform. Among the ten counselors recruited for the initial phase of Khushee Mamta, nine were from Jat Sikh backgrounds, and one was a low-caste woman from a poor household.[5] Even within this group, there was variation in economic position and education, ranging from laboring households to landowning families, and from limited schooling to graduate-level training. Still, care was delivered by a team that, on the whole, occupied relatively privileged positions. My own role sat within these same hierarchies. As a male director affiliated with a dominant caste family network, I carried authority that shaped how I was perceived and what could be said in my presence. Relationships of care, familiarity,

[5] This represented the workforce from 2018 to 2020. The current, expanded intervention, as of 2026, consists of a team with a more even caste split and diversity in terms of economic status, and religion.

and trust coexisted with dependence and asymmetry.

Another layer in these dynamics was the presence of research assistants. During fieldwork, I worked with close to a dozen assistants drawn from the United Kingdom, North America, and northern India, most of them young women with varying levels of training and experience. Some, particularly those with training in qualitative research or psychotherapy, accompanied me on interviews and contributed to interpretation. Ethnographic knowledge was produced through interactions among counselors, patients, research assistants, and myself, within relationships structured by both collaboration and inequality. These conditions did not simply limit what I could know. They shaped what I was able to see, hear, and understand.

Co-production, Observer Vulnerability, and Intervention as Inquiry

The conditions of inequality and asymmetry outlined above raise a central question: how, within such relations, can valid ethnographic insight be produced? I approach this problem through co-production, long-term relational immersion, and intervention as a mode of inquiry. Ethnography here does not resolve partial knowledge or positional bias. It works within them by situating inquiry in the relationships through which care, obligation, and suffering are lived.

Recent work in the anthropology of mental health has argued that co-production of knowledge is necessary to address epistemic injustice, calling for collaboration with patients, communities, and frontline workers in producing and interpreting knowledge, and in defining the social worlds within which suffering and intervention take shape (Armstrong, 2023; Burgess et al., 2017; Burgess, 2024). This literature is also clear about the limits of this approach. Asymmetries of caste, class, gender, and institutional authority do not disappear, and claims to co-production can overstate how far power has shifted. Asymmetry is not something I claim to overcome. It is the ground on which co-production takes place. Knowledge in Khushee Mamta emerged through everyday practices of care, supervision, and interpretation within these unequal relations. The analysis that follows is therefore not a direct transcription of "local voice," but an interpretation shaped through sustained collaboration—extending to before Khushee Mamta was designed—in which counselors and participants oriented what could be seen, asked, and understood.

Fundamentally, my understanding of the field was dependent on others. Counselors mediated access to households and translated experiences across social and moral worlds. Research

assistants, particularly those encountering the field for the first time, asked questions that unsettled what had become familiar or taken for granted. Patients shaped the direction of therapeutic encounters and the meanings attached to distress. These were not simply pathways to access. They structured what could be known. The knowledge produced here is therefore layered and relational, shaped by differences in position, experience, and authority.

This thesis is, by necessity, single-authored. The analysis is mine. It also emerges from collaborative processes that extended beyond the text itself, including participatory film, photographic, and narrative projects developed with counselors and patients. These engagements shaped the interpretive horizon from which this analysis is written.

Another dimension of co-production in this project developed through the care relationships I became part of, and the emotional vulnerability that followed. Over time, I came to inhabit what Ruth Behar (1996) calls the position of the "vulnerable observer." This did not stem from singular dramatic events, but from sustained proximity to everyday suffering—illness, loss, and untimely death, including within my own kin network and family. Following Renato Rosaldo (1993), such experiences open forms of understanding that cannot be reached through distance alone, but require emotional and relational implication. In my own fieldwork, grief and loss did not simply become objects of analysis; they changed how I understood suffering, care, and social life. This vulnerability was not separate from the research process—it shaped how knowledge was produced. My ties to the region and my role within the intervention placed me within ongoing relations of care, responsibility, frustration, and grief that shaped both my relationships and my interpretations.

These forms of implication were inseparable from the intervention itself. As Byron Good (2012) suggests, "intervention as a mode of inquiry" allows social worlds to be examined through efforts to change them. In Khushee Mamta, the intervention created spaces in which distress could be articulated and responded to, making visible forms of suffering that might otherwise remain obscured. My position within the program blurred the distinction between observer and participant. I was involved in designing, implementing, and supervising care, while also documenting and interpreting the relationships through which that care unfolded. Access to households, moments of vulnerability, and forms of speech that might otherwise remain concealed was made possible through this dual role and through relationships with counselors and key interlocutors who facilitated entry into these spaces.

The intervention did not stand outside the structures of inequality that shaped the field. It operated within them and, at times, reproduced them. The knowledge generated through it is therefore both enabled and constrained by these conditions. Intervention, co-production, and vulnerability did not dissolve asymmetry. They made it legible and gave me a particular vantage point from which to apprehend its effects.

These tensions remain. They are part of the knowledge produced, reflecting what Gellner (2012) describes as the "uncomfortable but necessary antinomies" through which ethnographic understanding emerges (p. 1). Working through intervention, co-production, and vulnerable observation made these tensions analytically productive, allowing care to make subjectivity visible, and subjectivity to reveal the operations of power.

VIII. Methods

This thesis draws on eighteen months of ethnographic fieldwork conducted between July 2018 and January 2020 in Sri Ganganagar district, Rajasthan, embedded within the development and implementation of the Khushee Mamta program. The material presented here emerges from sustained and overlapping forms of engagement, including participant observation within counseling encounters, training and supervision sessions, interviews with counselors and community members, life history interviews with women, and ongoing involvement in care delivery and program implementation. Knowledge in this project developed through participation, mediation, and ongoing interaction, rather than detached observation.

The material presented here can be understood across four overlapping forms of data: (1) ethnographic observation and field notes; (2) counselor-generated materials, including case notes and supervision discussions; (3) interviews, including life history interviews with women and interviews with counselors and community members; and (4) programmatic and secondary research data collected through Khushee Mamta and related studies. These sources were produced through different roles within the field: counselors as service providers and primary interlocutors, research assistants as facilitators of interviews and interpretation, and myself as both researcher and participant in the intervention. The intervention itself was therefore not simply an object of study but a primary site through which data was generated, and these materials were read together to develop and triangulate the analysis that follows. Central to these

forms of data production were the Khushee Mamta counselors, who became my primary interlocutors and, in many respects, my ethnographic mediators.

Counselors as Ethnographic Mediators

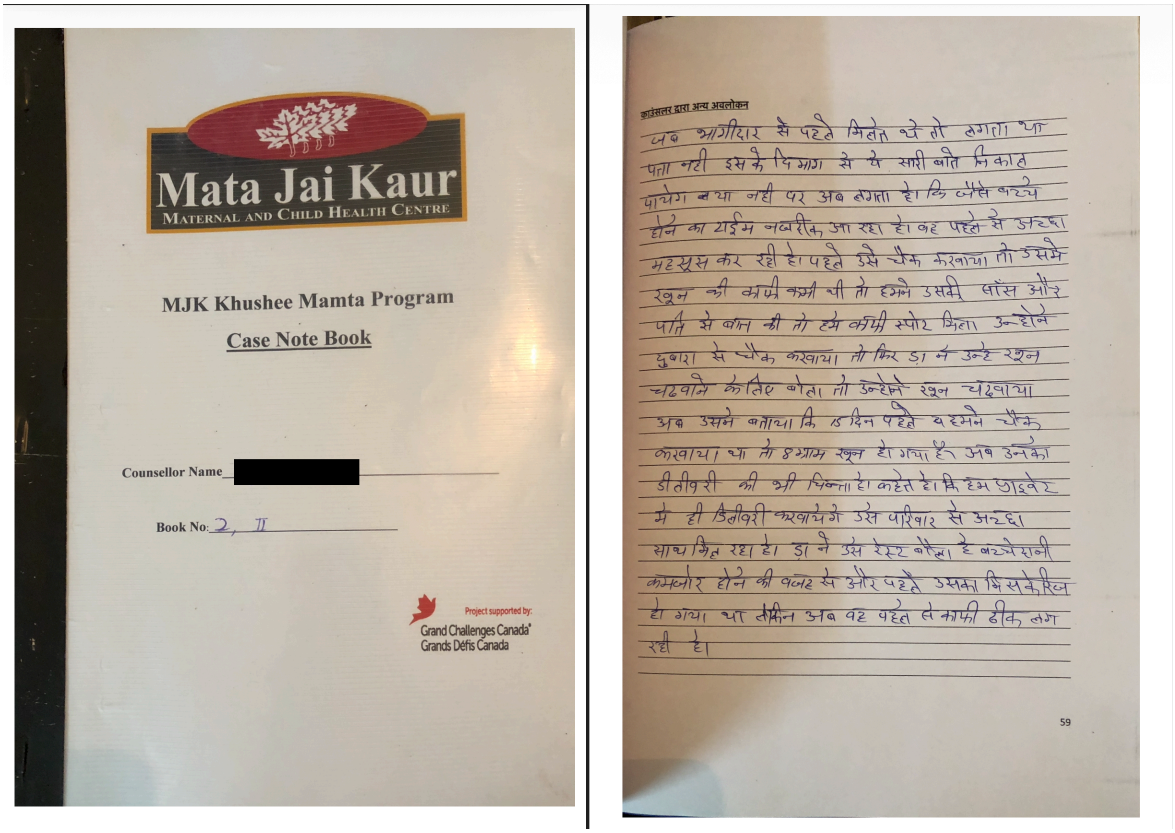

Figure 0.5. *Example of a counselor's case notebook.*

Central to this ethnographic process were the Khushee Mamta counselors themselves, who became my primary interlocutors and, in many respects, my ethnographic eyes and ears with respect to the women enrolled in the program. While time, relationship-building, kinship ties, and the generosity of Ramjas residents enabled access to women and households in that village, I would not have been able to sustain the kind of prolonged engagement with patients in other villages without the counselors' involvement. Drawn from the communities in which they worked, counselors conducted repeated home visits, typically ranging from two to twenty sessions per case, each lasting forty to sixty minutes over several weeks to months. Through these visits, they came to know household dynamics, kinship relations, and the everyday negotiations of care, conflict, and obligation that structured women's lives. Counselors occupied a dual position as both members of the communities in which they worked and participants in a structured intervention, and this was central to how ethnographic knowledge was produced. I was not present within counseling sessions themselves, but often accompanied counselors to

villages and households, engaging with family members and, at times, husbands and in-laws while sessions took place.

Counselors recorded detailed case notes following each session, documenting not only symptoms and intervention content but also the social and relational contexts within which distress emerged. I led group supervision meetings in which counselors discussed cases collectively, reflected on challenges, and interpreted women's experiences. Supervision also included regular discussions with specialist supervisors, referral psychologists and psychiatrists, and the broader clinical team, as well as individual consultations with counselors.

Most counseling sessions occurred in or around the patient's home, including courtyards or nearby spaces that allowed for some degree of privacy. Some sessions were arranged at Mata Jai Kaur's clinic in Ramjas, while others took place in public settings common to most villages, such as a Gurdwara (Sikh temple), Primary Health Centre (PHC), or government school. Patients would also occasionally call counselors for support between sessions, though this was not part of the protocol (see Chapter 2). Privacy was rarely complete, with the frequent presence and interjections of mothers- or sisters-in-law, yet counselors became adept at creating space within these constraints. In some cases, additional sessions were scheduled, or meetings were arranged outside the home to navigate the watchful presence of in-laws.

Counselors became intimately involved in patients' lives, working to shift thought and behavioral patterns and, at times, to alter family dynamics in support of women's well-being. Through this work, they developed a nuanced understanding of household dynamics, informed both by their professional role and their own lived experience. In addition to counselor-generated case notes and program data (discussed below), I conducted formal interviews with all ten counselors. Each counselor was interviewed between two and four times about their experiences, their own lives, and the lives of their patients. With the benefit of hindsight and reference to case notes, I worked with counselors to reconstruct the narratives of two to four patients each, including both counseling trajectories, lived environment, household dynamics, and broader life histories. While most of these patient narratives do not appear directly in this thesis, the analysis presented here is informed by the totality of cases.

My own role within the intervention was itself a site of knowledge production. As a co-developer of the Khushee Mamta program, I was directly involved in training counselors, accompanying

them on household visits and village-based screenings, and supporting the delivery of care. This included observing and participating in counseling sessions, facilitating supervision discussions and, at times, intervening in complex cases and domestic situations—for example, negotiating with husbands or family members to enable women's participation in care.

Life History and Other Interviews

In addition to these ongoing interactions, I conducted in-depth life history interviews with four lower-caste women over multiple sittings (up to four), three of which form central threads within the thesis (Chapters 3-5). These interviews were conducted with the support of three female research assistants and took place either at Mata Jai Kaur's clinic or in participants' homes. The presence of these assistants—each from Northern India, fluent in Hindi or Punjabi, and with professional or graduate-level training in psychology, psychotherapy, public health, or dentistry—helped mediate the interview process and address some of the challenges posed by my gender and caste difference. Each of the RAs had roles within Khushee Mamta, primarily as researchers on adjacent projects (discussed below), and had become familiar with the interviewees over several weeks or months of living in Ramjas. I also conducted interviews with counselors and community members on the history, economy, politics, and relational dynamics of Ramjas and Sri Ganganagar.

Of the four women interviewed, one, Komal, fit the general profile of a Khushee Mamta patient—a lower-caste (Nayak) woman of childbearing age suffering from psychosocial distress. The other three women were older, ranging from their early fifties to late sixties, and were all widows who had lost their husbands to untimely and violent deaths. Taken together, these cases allow for an exploration of female subjectivity beyond the period surrounding marriage and childbirth, incorporating experiences of childhood, later marriage, widowhood, and later life. They reflect different generational positions within Sri Ganganagar and reveal both continuity and change in gendered expectations and constraints. Across these lives, patterns of insecurity, precarity, and exposure to harm—both physical and emotional—recur, even as they take different forms over time.

Focusing on older women is also important from a feminist perspective. As Lamb (2000) argues, "social relations are 'aged' just as they are gendered," and attention to age and the life course helps avoid analytically "freezing" women's lives within a single stage, such as that of young

mother or daughter-in-law (p. 27). This is particularly important in the context of perinatal mental health intervention, which can delimit women's experiences within a narrow temporal frame. By situating women's narratives across longer trajectories, phenomena such as *paraya* emerge not as fixed conditions but as processes unfolding over the life course, shaped by evolving positions within kinship and social hierarchies. These life histories therefore resist the reduction of women's lives to singular categories—such as "patients" or "pregnant women"—and instead foreground the multivocal, contested, and sometimes contradictory positions women occupy within kinship, marriage, and social life (Lamb, 2000; Raheja & Gold, 1994).

Programmatic and Adjacent Research Data

In addition to this ethnographic material, my analysis draws on programmatic and adjacent research data generated through Khushee Mamta and related studies that I led alongside fieldwork. These include routine program data collected through CommCare, a smartphone application used by counselors to record patient information, including sociodemographic data and PHQ-9 scores over time. Exit interviews were conducted with patients who completed counseling. Surveys, semi-structured interviews, and focus group discussions with counselors were also conducted to understand work patterns, experiences of counseling, perceptions of safety and satisfaction, and to inform program adaptation.[6]

Following observations of the high prevalence of intimate partner violence among Khushee Mamta patients, we initiated a second qualitative study, called Men Against Violence (MAV), to explore local perceptions and experiences of gender-based violence among young married women and men in Sri Ganganagar. Locally led by me and conducted with two research assistants, this study included semi-structured interviews with women and men, interviews with local government officials, and focus group discussions with government-employed community health workers. Its primary objective was to inform the development of violence prevention strategies directed toward men, particularly young husbands in the communities served by Khushee Mamta.

Each of these datasets underwent independent ethics review processes separate from the ethnographic material primary to this thesis.[7] I include these datasets because they informed how

[6] Case notes are also programmatic data, but were considered one of my primary data sources for the thesis.
[7] Relevant ethical approvals, consent procedures, and relationships among these overlapping research activities are

I interpreted ethnographic material. They constituted parallel and differently structured forms of knowledge grounded in public health and implementation science that shaped my analytic process. For example, the Khushee Mamta program data offered one view of patient trajectories, including socioeconomic status, symptom change over time, and reported experiences of care. In particular, exit interviews helped illuminate how women described the value of counseling and relational support, and informed my analysis of care in Chapter 2. While no MAV study participants are featured directly in this thesis, the findings—combined with my observations of substance use and domestic life over several years—provided insight into how patriarchal norms around male sexuality shape both male vulnerability and the limits of female agency, and informed the development of Chapters 5-6.

IX. Chapter Outline

The chapters that follow move along this analytical arc: from care in practice, to the intersubjective experience of distress, to the ethical and epistemic burdens placed upon those who deliver mental health care in contexts of enduring inequality and deep vulnerability.

Chapter 1 establishes the field site and implementation context of Khushee Mamta, within a borderland district shaped by canalization, agrarian capitalism, caste hierarchies, and gendered power. Its purpose is to provide the basic sociology of the field site: how canal colonization, caste settlement, landholding, migration, agrarian change, and gendered kinship shape inequality and vulnerability in the region. The chapter is a power analysis undertaken to elaborate my own positionality, as well as that of Mata Jai Kaur and the Khushee Mamta program. It asks two linked questions. First, what social and historical forces help explain the forms of suffering, violence, abandonment, and distress that appear in the ethnographic chapters that follow? Second, can Khushee Mamta be understood as a different form of care, and if so, different in what ways and with what limits? In answering these questions, the chapter clarifies the conditions of knowledge production and provides the context in which the thesis's arguments about female subjectivity and the everyday ethics of care are situated. Mata Jai Kaur emerged through dominant-caste, landholding, diasporic Punjabi Sikh networks, which made care possible but also meant that the Khushee Mamta program moved through relations already marked by hierarchy, patronage, and caste/class asymmetry. I make two central arguments. First, I argue

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summarized in Appendix A.

that inequality in Sri Ganganagar, though rooted in caste hierarchy and caste difference, takes a distinctly modern form through colonial and postcolonial development and nation-building projects. Further, inequality in Sri Ganganagar is evolving and deeply enmeshed in geopolitical and globalized forces. Second, I argue that while Khushee Mamta emerged from an existing field of power, it nevertheless opened new possibilities for relation and care for women.

Chapter 2 presents an ethnographic account of a counseling dyad. I show how non-specialist counselors create a distinct therapeutic form grounded in accompaniment, negotiated boundaries, kin-like presence, and moral decision-making in crisis. Their micro-innovations are part of the practice of care in this intervention setting and not necessarily deviations from the protocol. The chapter further argues that task-sharing in global mental health is not a protocolized form of cognitive behavioral therapy, or "CBT-lite"; it is a relational craft that depends on affective attunement and everyday improvisation. This redefinition of counseling clarifies both the intervention's power and its ethical fault lines, setting up later arguments about risk, supervision, and counselors as essential epistemic agents in the larger enterprise of global mental health.

The next four chapters examine *paraya* as a relational form of subjectivity, affliction, and embodied precarity, tracing how it emerges and takes shape across women's life-course, from marriage, to motherhood, and widowhood. Through the life histories of three lower-caste women from Ramjas, I explore the complex and often contradictory moments of abandonment, betrayal, resilience, agency, and survival in these women's lives, showing how these are constrained by a flexible and specific form of patriarchy. My presentation and analyses of these life histories also reflect important themes that have emerged from Khushee Mamta patients I have encountered over the years. **Chapter 3,** for instance, explores the specific forms of affliction and distress associated with the period around marriage, pregnancy, and childbirth. A young woman's retelling of her wedding, experience of intimate partner violence, and divorce process provide an ethnographic opening into the phenomenology of *paraya*. The affective state of *paraya* is marked by haunting, which for Komal, resides in the tension between the personal ambitions of an educated and modern woman and the obligations the demand for *basna* (to settle). **Chapter 4** extends the analytic of *paraya* to a later stage of life, tracing how it is lived by an older woman whose experience of widowhood, loss, and betrayal reveals the fragility and ambivalence of kinship, relations that can at once be sites of care and betrayal. Through Parul's story of child marriage, widowhood, and loss, the chapter traces the layered betrayals that mark

her body and being. Living amid pervasive mortality, Parul's experience reveals how death, grief, and survival are ordinary conditions of life in Sri Ganganagar. Her longing for a brother who never existed exemplifies a subjunctive form of kinship: the haunting of the unrealized.

While Parul endures abandonment and loss, **Chapter 5** explores a different kind of survival—one that appears self-directed, even defiant, yet remains bound by the same patriarchal logics. Pragati, a widow and former sex worker, initially appears to defy the patterns that entangle Parul. Yet her story shows that agency is a form of constrained survival, demanding continual affective labor—managing matters of *izzat* (honor), *shak* (suspicion), desire, and sexual violence—and revealing how survival is still tied to the fragile project of remaking kinship. **Chapter 6** extends this analysis to men, tracing how *izzat* and *shak* also harm them, leading to masculine insecurity, substance abuse, and cycles of violence. This chapter argues that maternal mental health cannot be addressed without recognizing male vulnerability and designing interventions that engage men alongside women.

C**hapter 7** returns to the ethical problem of caregiving in global mental health, examining the moral stakes of care as task-sharing. In counselor-patient relationships shaped by an intersubjective experience of *paraya,* there is potential for transformation in both healing and harmful directions. The extraordinary possibilities for life-saving care in a context of deep distress, violence, and high suicide risk must be weighed against the potential harm and burden placed on non-specialist counselors. Scaling up task-sharing ethically requires robust supervision, institutional support, and recognition of counselors' subjectivities—their capacity to heal and innovate, but also their vulnerability to absorb the patriarchal harms they confront.

While there is much to think about conceptually across these chapters, the primary aim of the thesis remains to tell the stories of women whose lived experiences are hidden and often harmed by the normal epistemic regimes underpinning global mental health intervention. Each chapter therefore builds from ethnographic vignettes and interludes where I prioritize the telling of these stories, conveying their emotional and affective truths as best my talents allow. I have been entrusted with these stories and therefore take their presentation and curation as a most sacred duty, knowing that I will unlikely be able to do them justice, but try anyhow.

Taken together, these chapters and vignettes reveal how *paraya*—as an analytic of relational precarity—links care, subjectivity, and ethics, providing a new way to understand both the

promise and the limits of global mental health interventions. In Sri Ganganagar, task-shared care works because it is intimate, negotiated, and intersubjective—yet precisely for that reason, it carries ethical risks. In the **Conclusion** I return to intervention-as-inquiry to argue for the necessity of ethnography in global mental health, not as an add-on or a critique from the margins, but as a way of knowing that reveals how care actually unfolds and how it must be supported. I remain engaged in the lives and caregiving work in Sri Ganganagar, and have therefore been able to follow the lives presented here beyond fieldwork.

Chapter 1: Caste, Labor, and Political Economy of Sri Ganganagar

> *"What agreement did we ever draw up with you?" said Vasili Andreevich to Nikita. "If you need anything, take it; you will work it off. I'm not like others to keep you waiting, and making up accounts and reckoning fines. We deal straight-forwardly. You serve me and I don't neglect you."*
>
> — Leo Tolstoy, "Master and Man," trans. Louise and Aylmer Maude (2022, p. 169)

I. Somu and Maina

Figure 1.1. *Somu in a mustard field in Sri Ganganagar district. Name and identifying details have been changed, and the image has been altered to de-identify the subject. Photograph by the author.*

I was stunned when I heard the news. Somu, a Nayak caste agricultural laborer in Ramjas whom I had known for several years, was dead. Gyan Singh, a local Jat Sikh landowner, came over to tell us. Somu had hanged himself, Gyan said, in the small *kachcha* dwelling he rented from another local farmer: a mud-walled enclosure containing a small two-story structure, formerly used by its owner for agricultural storage.

The news was difficult to process. I was sitting at a dining table in a Rajasthani-style *haveli,* a traditional courtyard house, next to the Mata Jai Kaur clinic, just a stone's throw across the village well from Somu's house. But I might as well have been on a different planet. I was with Katie, a Canadian registered nurse and graduate student in a global health program. We used the dining table as our makeshift workstation, brainstorming the design of Khushee Mamta and Katie's practicum project, which I was co-supervising.

It was summer. Midday. Most villagers—those who did not have to work—were asleep, staving off the intense heat under ceiling fans, air conditioners, or beside loud evaporative coolers. I was not expecting any visitors. I watched Gyan Singh open the wooden doors—made to look traditional to fit the house's aesthetic—step inside, and close them behind him.

Somu died? What happened?

Before hanging himself, Gyan explained, Somu murdered Maina, his wife. "It was a very messy scene."

Ramjas was Maina's natal village, her *mayka*, and much of her extended family had gathered there the previous day for the wedding celebrations of her younger brother. According to Gyan, Somu, visibly drunk and agitated, had insisted that Maina leave the celebrations with him early.

Maina's family began to worry when she did not return the next morning as expected. Her older brother, who lived in a cluster of Nayak households on the northern edge of the village, went to check on the couple. He knocked on the door but received no answer. Finding no one on the ground floor, he went upstairs, where he saw Somu hanging from the ceiling. He ran back to alert the family.

The men who responded eventually found Maina's body inside a padlocked room on the ground floor.

Gyan's large concrete house—typical of many Jat Sikh landowners, or *sardars*, in the region—stood directly across the street from Somu's. He had heard the commotion and was there when the padlocked door was opened. "There was blood everywhere," he said. One villager later told me that the postmortem identified strangulation as the cause of Maina's death. The condition of

her body and the room led villagers to believe that she had been tortured beforehand.

A sinking feeling. What happened to the children? Are they OK?

The couple had four children—three daughters under thirteen and a six-year-old son. Somu had also wanted the children to leave the wedding early that fateful evening. But they wanted to stay, to play with their cousins and to sleep over, as they frequently did. Their maternal uncle's house was larger and more substantial than their own, with a sizable courtyard, an indoor toilet, and two comfortable rooms. It was one of several homes in the Nayak quarter rebuilt through a rural housing scheme that subsidized the replacement of *kachcha* dwellings with *pukka* brick-and-concrete structures. Between my arrival in Ramjas in 2011 and this incident in 2017, I witnessed much of the Nayak quarter undergo this transformation, alongside similar improvements to other laborer households in the village and elsewhere in the district.[8]

"I think if the children had gone with Somu," Gyan said, "he would have killed them too."

I went to a window in the *haveli* and pulled back the curtain, straining my eyes toward Somu's house. I looked for signs of movement, of commotion. I could not see any police presence or crowds—the kind I had come to expect during car crashes or other such incidents. Whatever happened that morning, its aftermath seemed confined to the Nayak quarter, where wedding celebrations turned to grief. A visitor to the village that afternoon would never have known what transpired that morning. As Katie and I worked behind the closed doors of the *haveli*, we almost missed it ourselves. Over the years, the consequences of the event rippled through Ramjas—but to see it required attention and intention, to not let the ripples out of sight.

* * *

Why did Somu do it? This is the question that baffled me then and haunts me still.

The deaths of Somu and Maina marked a pivotal moment during my early years in Ramjas, shaping how I think about mental health and affliction and influencing the primary concerns of

[8] The principal central-government rural housing program during this period was the Indira Awaas Yojana (IAY), restructured as the Pradhan Mantri Awaas Yojana–Gramin (PMAY-G) with effect from 1 April 2016. These schemes provided assistance to eligible rural households living in kachcha or dilapidated dwellings to construct pukka houses with basic amenities.

this thesis. At the time, I was unable to reconcile Somu's actions with what I believed to know of the man. I had only ever known him to be kind and gentle, a doting father to his four children, and, from what I could see, a good husband. When I asked villagers about him, they expressed similar accounts of his character, despite what had happened. "He was a very good man" (*oh aadmi bahut vadhiya si*), recalled one *sardar* for whom Somu had worked several years prior to the incident. He was not known to drink heavily or use illicit drugs, both recurring features in domestic-violence cases encountered in Khushee Mamta. "He'd drink occasionally, not daily," the *sardar* continued. Nor was he known to partake in the local practice of workers consuming alcohol—often supplied by employers—during difficult tasks such as opening canal channels for flood irrigation.

Somu had lived in Ramjas, his wife's village, for close to fifteen years. This was unusual in a largely patrilocal region, but not unheard of in a district where laborers migrate wherever work could be found. The year before the deaths, he abruptly left Ramjas with his family after severing ties with his then long-time employer of several years. Unable to find suitable work elsewhere, he returned four or five months later. It was after this return that villagers noticed a change in his demeanor.

"His mind had gone mad," (*dimaag pagla gaya, uska*) the *sardar* continued. "He was tense twenty-four hours a day… then he became angry. First he killed his wife, and then he hanged himself" (*oh* tension *'ch chauvi ghante… gusse 'ch aa gaya. Oh pehlan gharwali nu maariya, phir aap phansi layi*). Clearly, something shifted in Somu. Another way to pose the question, then, is: what caused this drastic transformation which led to the violence? I return to this question below, after first situating Somu within the history, political economy, and caste hierarchy of the study area.

* * *

I begin with Somu and Maina's story because it brings into view the social, historical, and political-economic forces that shape the lives of Sri Ganganagar's most vulnerable people. The aim of this chapter is to present the social world in which the Khushee Mamta intervention took shape—a world structured by canal colonization, agrarian settlement, caste hierarchy, and gendered kinship. It establishes the conditions in which the thesis's arguments about female subjectivity—particularly *paraya* as a condition of precarious belonging within kinship—and the everyday ethics of care must be understood.

Sri Ganganagar is often described as the "breadbasket" or "green district" of Rajasthan, a fertile and prosperous agricultural district at the northern edge of a largely arid state (Mooney, 2011; Singh, 2022; Swaminathan & Rawal, 2015). It is a manmade miracle of sorts—an impossibly verdant oasis seemingly cut and pasted onto the northern corner of the Thar Desert, which stretches from the Rann of Kutch toward the plains of Punjab. The district is among Rajasthan's richest and farming remains central to its wider economy. While some of this wealth has supported broader forms of development—helping make Sri Ganganagar a regional center for education, commerce, and health care, for example (Mooney, 2011)—it is also highly concentrated, producing stark inequalities in landownership and income that track along caste and class lines (Singh, 2022, pp. 194–195).

Using Somu and Maina's story as a point of departure, this chapter examines vulnerability and inequality across several intersecting levels. I move from the internal dynamics of their household to forms of economic unfreedom structured through debt, insecure housing, labor dependence, and shifting relations of patronage. These conditions emerged from a particular history of canalization, agrarian settlement, and colonial and postcolonial development.

Canalization began in the early twentieth century, modeled partly on the canal colonies of Punjab, and initiated an intensive project of agrarian settlement and modernization. This transformation continued after Independence through agricultural expansion, Green Revolution technologies and mechanization, and later economic liberalization (Mooney, 2011; Singh, 2022; Swaminathan & Rawal, 2015). Each period brought new patterns of migration into and out of the district and reconfigured its demography, landholding, labor relations, and caste order. The inequalities that characterize contemporary Sri Ganganagar are therefore historically rooted but continually remade through political, economic, and geopolitical change.

Sri Ganganagar's economy has long been organized around commercial agriculture and is now increasingly integrated into neoliberal markets and globalized demand. Its agrarian economy depends on a segmented labor force shaped by what Shah and Lerche (2018), drawing on the anthropologist Philippe Bourgois (1988; 1989, 2003), call "conjugated oppression." The concept describes how identity-based discrimination and economic exploitation operate together: caste, tribe, gender, and region are not separate from class but are "constitutive of and shape class relations, inseparable from each other in capitalist accumulation" (Shah & Lerche, 2018, pp. 1–

2). Although developed through case studies elsewhere in India, the framework aptly describes Sri Ganganagar, where cash-crop production, concentrated landownership, caste hierarchy, and labor exploitation remain deeply intertwined.

The chapter also situates Khushee Mamta, Mata Jai Kaur, my family, and myself within these relations of caste and power. I consider this positionality at two levels: first, within the local matrix of caste, land, labor, and class; and second, within India's wider health care system and development project. Mata Jai Kaur emerged through dominant-caste, landholding, diasporic Punjabi Sikh networks, which made care possible while also locating Khushee Mamta within relations already marked by caste and class asymmetry, hierarchy, and the entanglement of care with agrarian patronage. At the second level, Khushee Mamta can be understood as a small and peripheral non-governmental extension of a health care system characterized by mixed public and private provision (Drèze & Sen, 2013; Unnithan, 2019), where maternal health has historically been framed as a key instrument of statecraft, citizenship, and the modern developmental state's self-justification (Unnithan, 2019).

Viewed from these two perspectives, the chapter asks whether Khushee Mamta offered a form of care meaningfully different from care embedded in agrarian hierarchy and patronage, and whether it provided anything beyond what was available through the state. I argue that Khushee Mamta does not fully escape the field of power from which it emerged. Nevertheless, it opened new relational possibilities for women receiving and providing care—a tension developed in Chapter 2 and throughout the thesis.

I begin by defining the field site, its caste and community composition, and the unequal social positions through which land, labor, and access to care are organized. I then trace the historical formation and continuing transformation of this hierarchy before examining the labor relations specific to Sri Ganganagar.

II. Field Site, Regional Variation, and Generalizability

As noted, my field site is not the entire district of Sri Ganganagar, but a large portion of it comprising all villages in the *tehsils* (subdistricts) of Karanpur and Padampur, much of Raisinghnagar, and a small part of Sri Ganganagar, constituting a total of 562 villages (called *chaks*) and urban wards (sections of rural towns) (see Introduction, Table 0.1 and Figure 0.3). In

describing this field site, I move across several nested scales: Ramjas, the village that became my primary residence during fieldwork and for seven years prior to it; the 113 neighboring communities in which Khushee Mamta was implemented; the wider Mata Jai Kaur catchment across which I have worked and travelled extensively; and, where relevant, Sri Ganganagar district as a whole.

Sri Ganganagar's modern history begins in the early twentieth century, when the territory now comprising Sri Ganganagar and Hanumangarh districts formed the northern reaches of the princely state of Bikaner, ruled by Maharaja Ganga Singh (1880-1943). A devastating famine in 1899–1900, which caused widespread mortality, livestock loss, and emigration across Rajasthan added urgency to the princely administration's search for a permanent solution through irrigation (Rathore, 2007; Sehgal, 1972).[9] Inspired by the success of British canal colony projects in Punjab, these efforts led to the construction of the Gang Canal and the transformation of the district into an agricultural frontier, with the present-day district, its capital city, and feeder canal all named in honor of the Maharaja and members of his family (Panikkar, 1937; Rathore, 2007; Singh, 2022; Swaminathan & Rawal, 2015).[10] Comparable in some respects to canal colony settlements such as Lyallpur and Montgomery (today's Faisalabad and Sahiwal, both in Pakistan), this irrigation infrastructure enabled large-scale farming and attracted settlers, many from the Punjab, who were encouraged to establish new villages. Today, Sri Ganganagar remains Rajasthan's wealthiest agricultural district, its intensive agricultural economy sustained principally by three canal systems: the Gang Canal, formally opened in 1927; the Bhakra canal system, developed after Independence; and the Indira Gandhi Nahar Pariyojana, begun as the Rajasthan Canal in the late 1950s.[11] Together, these systems draw on the Sutlej-Beas river system and carry water through Punjab into northern Rajasthan (Government of Rajasthan, 2022; Hooda, 2013; Sehgal, 1972; Singh, 2021; Singh, 2022; Swaminathan & Rawal, 2015).

The Mata Jai Kaur catchment area covers much of northwestern Sri Ganganagar, much of which is irrigated through the Gang Canal system and is closely tied to the district's earliest history of

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[9] On the scale of this catastrophe, see Sehgal (1962, p. 147; 1972, p. 169). Due to the complete collapse of staple food crops, approximately 22% of Bikaner State's population emigrated in search of food and water, while three-fourths of the entire livestock population perished from starvation and disease. This immense demographic contraction is recorded in the census tables compiled by Erskine (1908, p. 88), which show a drop of nearly 30% (specifically 29.8%) in the region's overall population between the 1891 and 1901 censuses, falling from 831,955 to 584,027 residents due to excess mortality and flight.

[10] Virtually all towns in the district are named after Maharaja Ganga Singh's sons.

[11] The Rajasthan Canal was renamed the Indira Gandhi Canal in 1984.

canal colonization, land allocation, and agrarian settlement. Sri Ganganagar and adjoining Hanumangarh, which split off from Sri Ganganagar to create a new district in 1994, are often distinguished from other parts of Rajasthan by their substantial Punjabi Jat cultural, linguistic, and agrarian presence. Partition in 1947 brought a second major demographic transformation, as Hindu and Sikh migrants from the newly created Pakistan settled in the district while much of its Muslim population moved in the opposite direction. Yet the region is not uniform. Punjabi Jat landownership is especially prominent in Padampur, Karanpur, and Ganganagar *tehsils*, whereas parts of Raisinghnagar and some outer border villages are shaped more strongly by Bagri-speaking Hindu Jaats (also known as "Baagri Jaats") and, in some areas, Rajputs.[12] These variations reflect distinct micro histories of canal settlement and migration across the twentieth century.

These variations qualify, rather than preclude, generalization across the district. Mata Jai Kaur and Khushee Mamta data describe populations across a wide service area, including patients from beyond the formal catchment, while my long-term work has taken me through villages and rural towns across Sri Ganganagar. Ramjas and nearby Khushee Mamta communities provide the greatest ethnographic depth, but my wider field experience and program data show that the caste, labor, agrarian, and gendered relations described here can be generalized across rural Sri Ganganagar.

III. Caste, Class, and Livelihoods in Sri Ganganagar

Within this regionally varied field site, vulnerability, marginalization, and inequality are organized through caste, class, and relations of land and labor. The conditions that shaped Somu and Maina's lives—landlessness, insecure work, and dependence on dominant-caste landowners for employment and housing—were not unique to them but were a part of a wider regional political economy. Access to land, agricultural employment, housing, and other resources is structured by social hierarchy rooted in Sri Ganganagar's history of canalization (Singh, 2022; Swaminathan & Rawal, 2015). This section establishes the field site's present-day social and economic profile using the 2011 census, Khushee Mamta screening and enrollment data, recent empirical studies

[12] Following Mooney (2011), I use *Jat* for Punjabi Jat Sikhs, reflecting local usage that foregrounds caste over religious affiliation, and *Jaat* for Hindu members of the same farming caste, often described as "indigenous" to the region. The latter are colloquially called "Bagri Jaats" including in neighboring Punjab. This spelling reproduces a locally marked difference in pronunciation and signals religious affiliation and migration history, rather than wholly separate caste origins.

of the region, and several historical Gazetteers and government reports. I first describe the catchment's administrative caste categories, occupational structure, and religious and linguistic composition. I then examine the relationship between dominant caste status, landownership, and agrarian power, before turning to the population reached by Khushee Mamta and the principal laboring communities represented in the field site. The sections that follow trace how these relations were historically produced and how they continue to shape labor, housing, and dependency. Throughout, I distinguish administrative categories such as Scheduled Caste (SC), Scheduled Tribe (ST), and Other Backward Class (OBC) from local relations of caste dominance.

The 2011 census cannot establish the catchment's *jati*-level composition or caste-wise patterns of landownership and occupation at the village level. It nevertheless provides a useful aggregate picture of the region's caste and labor profile against which Khushee Mamta patient and counselor profiles can be compared.[13] Scheduled Castes constituted 42.7% of the Mata Jai Kaur catchment population, compared with 36.6% in the district as a whole and more than twice their 18.5% share across rural Rajasthan (Government of India, 2011). The catchment, however, had a very small Scheduled Tribe population—2,085 people, or 0.6% of the total—comparable to the district as a whole (0.7%) but far below their 16.9% share in rural Rajasthan (Government of India, 2011). Agricultural laborers—defined in the census as people working on another person's land for wages in cash, kind, or share—accounted for 31.7% of catchment workers, compared with 19.4% of workers in rural Rajasthan (see Table 1.1 and notes) (Government of India, 2011). Together, these figures identify the catchment as both disproportionately Scheduled Caste and heavily dependent on wage labor in agriculture.

These categories, however, are aggregate and imprecise pictures frozen in time. They record reported economic activity during the year preceding enumeration but do not fully capture movement between occupations as seasonal demand changes. "Cultivators" (24%) are not necessarily landowners; the category includes tenants and sharecroppers alongside owner-cultivators. Likewise, some "marginal" and "other workers" may also undertake agricultural labor during peak sowing and harvesting periods. The census therefore indicates the scale of agrarian

[13] *Jati* refers to a locally recognized, hereditary, and usually endogamous caste or community into which a person is born. *Jatis* are historically associated with particular occupations, status positions, kinship networks, and marriage circles, although these associations are neither fixed nor uniform. The term is more socially specific than broad administrative categories such as Scheduled Caste, Scheduled Tribe, and Other Backward Class, and is distinct from the idealized fourfold varna system.

work without revealing caste-specific landownership, attached labor, or the relations of dependence through which work is secured.

Out of the 562 communities constituting Mata Jai Kaur's catchment area, the five "urban" settlements (see Table 0.1) refer to small towns or urban wards that reflect the market-linked character of the region. The large "other workers" category in table 1.1 should therefore not be read as a departure from agrarian political economy, but as part of it: work in *mandis* (crop markets)[14], transport, retail, construction, and services remain closely tied to the agricultural economy. The region's comparatively high literacy and access to educational institutions, especially in nearby towns and Ganganagar city, have provided avenues of occupational mobility for some members of historically laboring castes, although such mobility remains uneven. Where education and rising aspirations do not translate into employment, however, they can also become sources of frustration and mental distress (see Chapter 3).

[14] *Mandi* is also a colloquial metonym for towns in general.

Table 1.1. *Mata Jai Kaur catchment demographic and occupational profile by tehsil, Census 2011*

Tehsil	Pop.	SC pop. (%)	ST pop. (%)	Literacy %	Female literacy %	Workers (%)	Main workers (%)	Marginal workers (%)	Cultivators (%)	Agri. Laborers (%)	Other workers (%)
Ganganagar	5,337	2,209 (41.4)	20 (0.4)	68.2	58.3	2,097 (39.3)	1,716 (81.8)	381 (18.2)	691 (33.0)	649 (30.9)	745 (35.5)
Karanpur	118,929	56,173 (47.2)	1,561 (1.3)	69.2	59.9	53,771 (45.2)	38,639 (71.9)	15,132 (28.1)	11,303 (21.0)	20,322 (37.8)	20,805 (38.7)
Padampur	106,045	42,507 (40.1)	194 (0.2)	70.8	61.7	49,980 (47.1)	36,246 (72.5)	13,734 (27.5)	10,582 (21.2)	15,087 (30.2)	23,575 (47.2)
Raisinghnagar	129,435	52,551 (40.6)	310 (0.2)	71.6	61.4	61,833 (47.8)	43,336 (70.1)	18,497 (29.9)	17,674 (28.6)	17,078 (27.6)	26,255 (42.5)
Total	**359,746**	**153,440 (42.7)**	**2,085 (0.6)**	**70.5**	**61**	**167,681 (46.6)**	**119,937 (71.5)**	**47,744 (28.5)**	**40,250 (24.0)**	**53,136 (31.7)**	**71,380 (42.6)**

Notes: Table 1.1 is filtered to communities (villages and rural towns/wards) in the Mata Jai Kaur catchment. Tehsil rows therefore refer only to settlements in the Mata Jai Kaur catchment, not to complete tehsil populations. SC/ST percentages are shares of total population. Literacy rates use the Census denominator of population aged 7+ (total population minus population aged 0–6). Worker participation is total workers as a share of total population; main, marginal, cultivator, agricultural laborer, and other-worker percentages are shares of total workers. Census worker categories indicate reported economic activity, not caste or landownership; cultivator should not be read as landowner. Census worker categories refer to economically productive activity in the year preceding enumeration. "Main workers" worked for six months or more; "marginal workers" for less than six months. "Cultivators" are engaged in cultivation or its supervision but are not necessarily landowners. "Agricultural laborers" work on another person's land for wages, cash, kind, or share. "Other workers" include trade, transport, construction, services, government/private employment, and other non-agricultural work. These categories indicate livelihood structure but do not identify *jati*, caste-wise landownership, or attached labor relations.

Table 1.2. *Religious composition of relevant tehsils, Census 2011*

Tehsil (complete sub-district)	Total population	Hindu (%)	Sikh (%)	Muslim (%)	Other / not stated (%)
Ganganagar	481,640	363,496 (75.5)	104,223 (21.6)	11,760 (2.4)	2,161 (0.4)
Karanpur	146,878	78,030 (53.1)	67,755 (46.1)	730 (0.5)	363 (0.2)
Padampur	162,718	117,943 (72.5)	43,421 (26.7)	866 (0.5)	488 (0.3)
Raisinghnagar	196,455	135,965 (69.2)	58,857 (30.0)	1,118 (0.6)	515 (0.3)
Total, four complete tehsils	**987,691**	**695,434 (70.4)**	**274,256 (27.8)**	**14,474 (1.5)**	**3,527 (0.4)**

Notes: Unlike Table 1.1, Table 1.2 refers to complete *tehsil*/sub-district populations, not the Mata Jai Kaur catchment. "Other/not stated" combines Christian, Buddhist, Jain, other religions and persuasions, and religion not stated.

Religion, Language and Punjabi Cultural Influence

Religiously, the four *tehsils* encompassing the field site have a Hindu majority and a substantial Sikh population (Table 1.2). The comparatively small Muslim population reflects the profound transformation of the district's religious geography during Partition, when many Muslim residents migrated to Pakistan, as well as the subsequent concentration of much of the remaining Muslim population in urban centers, especially Ganganagar city. In many villages, vestiges of this earlier Muslim presence remain visible through beautiful but unused mosques in various stages of disrepair (Figure 1.2). Many villages also contain Hindu temples (*mandir*), but Sikh gurdwaras are especially prominent as active institutions, often newly constructed or renovated, from whose loudspeakers Sikh prayers emanate at dawn and dusk (Figure 1.3).

Figure 1.2. *An abandoned mosque in a village in Karanpur tehsil.*

The Sikh population encompasses several caste and occupational groups and cannot be treated as synonymous with Jat Sikhs, whom many see as the most prominent, and therefore most fundamental contributors to the Punjabi-Sikh character of the district (Mooney, 2011). It is true that within this heterogeneous population, Punjabi-speaking Jat Sikh settlers constitute an important landowning group whose political, cultural, and economic influence exceeds their numerical share. Punjabi language, Sikh symbols, and Jat agrarian norms are prominent in village institutions and public life, giving the region a distinctly Punjabi cultural character (Mooney, 2011). This characterization should not, however, be taken to imply that Punjabi language and culture are uniformly dominant or that Punjabi speakers form a socially uniform population.

Figure 1.3. *A Sikh gurdwara and Nishan Sahib (saffron Sikh flag and flagstaff) in a village in Padampur tehsil.*

The census does not provide sufficiently detailed linguistic data for the field site. In my experience, Punjabi was the principal language of most Sikh families I encountered across caste backgrounds, including higher caste Jats and Aroras, and lower caste Majhabis, Rai Sikhs, Nai Sikhs, Arar Sikhs, Boriye Sikhs, and Ramgarhias.[15] These communities reflect several histories of migration and settlement. Punjabi is common in both urban and rural settings and functions as a regional *lingua franca*, although the vast majority of residents I encountered were also fluent in Hindi. Among many Punjabi-speaking interlocutors, spoken fluency did not extend to literacy in Gurmukhi, as it almost certainly would in neighboring Punjab. They more commonly were literate in Hindi using Devanagari script; if writing Punjabi, it was often done using Devanagari and Roman script—the latter especially when text messaging.

Certainly all Nayaks, and other caste groups originally from the region are fluent in Bagri (also Baagri), the principal local Rajasthani vernacular of Sri Ganganagar (Sehgal, 1972). Mooney (2011) describes Bagri as an unwritten form of Hindi spoken as a mother tongue by many of the district's long-established Rajasthani Hindu Jaats, who, unlike Nayaks, are sometimes described in literature as "indigenous" to the region (p. 38). She also describes Bagri as stigmatized among Ganganagar's urban middle classes, who may regard it as rustic, old-fashioned, and lacking practical value, even among some speakers whose first language it is (Mooney, 2011, p. 120). While some of these connotations were evident in rural settings, I also found that Bagri, like Punjabi, functions as a *lingua franca* in many villages alongside Hindi, the state's official language. Many of my Punjabi-speaking counselors and interlocutors expressed pride in speaking Bagri and in their familiarity with Nayak and Bagri Jaat beliefs and practices. Counselors regarded this linguistic and cultural familiarity as important to communication, rapport, and the interpretation of women's concerns. Sri Ganganagar's Punjabi cultural character therefore cuts across caste and religious difference but cannot be said to be dominant. There nevertheless is an outsized influence of Punjabi language and culture in Sri Ganganagar and neighboring Hanumangarh districts relative to the rest of Rajasthan despite the linguistic community's minority presence. This influence comes from the proximity to Punjab, where most local families have kinship ties, but also the economic power of Jat Sikhs as landowners.

[15] Aroras are a Punjabi mercantile caste community with both Hindu and Sikh members, many of whom arrived in Sri Ganganagar after Partition, settling in urban centers. They are often discussed alongside Khatris as closely related or cognate trading castes, although the two should not simply be treated as identical (see Mooney (2011, pp. 12, 81); for a historical perspective on their cognate origins, see Sehgal (1972, pp. 71–72)).

Dominant Castes, Landownership, and Agrarian Power

In his study of Gulabewala, a village in Karanpur tehsil within the Mata Jai Kaur catchment, Singh describes a "striking association and overlap between caste and class" (Singh, 2022, p. 194). Landownership was the principal material basis of this hierarchy. The census does not provide caste-wise landownership data, and I did not conduct a landownership survey in Ramjas or elsewhere in the catchment. I nevertheless consistently observed that Jat Sikhs constituted the principal landowning group across much of the canal-irrigated field site.

Singh's findings from Gulabewala provide a stark picture of a pattern that, based on my observations across the catchment, is broadly representative of the canal-irrigated villages in which I worked. In Gulabewala, the village's sixty-eight Jat Sikh households—one-third of its 204 households—owned 99.6% of its 2,532 acres of agricultural land. Only seventy households in the village owned agricultural land at all. Of the 123 Scheduled Caste households, which constituted 60% of village households, only one Majhabi Sikh household owned agricultural land, and it held the smallest plot. Of these SC households, 111, or 90%, were engaged in manual labor. Agricultural wage labor supplied the largest share of income among these households, although some also obtained income through non-agricultural work, sharecropping arrangements, and animal husbandry (Singh, 2022, pp. 194–195).[16] In short, Gulabewala illustrates a stark correlation between caste and class found across much of the canal-irrigated fieldwork area: landowners are predominantly Jat Sikh, while landless laborers are overwhelmingly Scheduled Caste.

Gulabewala is located in the same canal-irrigated, highly mechanized tract of Karanpur tehsil and is similar in character and composition to the vast majority of villages in Mata Jai Kaur's catchment area. There are a handful of villages in the catchment that are not Jat Sikh-dominated in terms of landownership, and these tend to be on the periphery of the region, along the border toward the northwest and increasingly as one moves southwest toward present-day Bikaner district. Nevertheless, the inequalities and labor relations in these villages reproduce those found in Jat Sikh-dominated villages, except that Bagri Jaats or Rajputs occupy the dominant position in the hierarchy.

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[16] My interlocutors distinguished "*siri*", a labor arrangement discussed below, from crop-sharing arrangements. They used "*bataai*" for cultivation in return for an agreed share (*hissa*) of the crop and "*adh*" for an equal, fifty-fifty division between the landowner and cultivator.

In addition to landownership, Jat Sikhs have consolidated their class position by diversifying into the local non-farm economy. In Gulabewala, members of Jat Sikh households worked in transport, agricultural trading, agricultural-input businesses, moneylending, food processing, horse and cattle rearing, and dairy farming; others held government and private-sector jobs. Some households also had members living abroad and received remittances (Singh, 2022, pp. 194–195).

Landownership also gives many Jat Sikh households the surplus and security to obtain credit on favorable terms and to lend informally to others. Commission agents (*arthiyas*) are key commercial intermediaries across northwestern India, including Punjab, Haryana, and Sri Ganganagar (Jodhka, 2014, p. 7). They perform a vital dual function in regional agrarian economies, marketing agricultural produce while also providing informal credit to cultivators (Jodhka, 2006, p. 1523; Sehgal, 1972, p. 220). Commission agency in Sri Ganganagar has historically been dominated by urban merchant castes, particularly Aroras and Banias (Mooney, 2011, pp. 37–38, 130; Sehgal, 1972, p. 218). In my experience, these merchant communities and local sardars maintained longstanding and often mutually beneficial commercial relationships. Laborers, by contrast, often relied on informal loans from their Jat Sikh employers (discussed further below). Whether participating as borrowers or lenders, access to credit on favorable terms in an "underbanked" state forms an important backbone of Jat Sikh economic power (Swaminathan & Rawal, 2015, p. 23).

However, it is important not to overgeneralize about Jat Sikh domination. As Singh (2022) highlights in Gulabewala, landownership remains highly concentrated even within the dominant caste: the top twenty Jat Sikh households—10% of all village households—owned 60% of the agricultural land. Despite the substantial economic and class security provided by landownership, I have personally seen Jat Sikh families rise and fall. Decline may follow the subdivision of land among sons across generations, significant substance abuse, illness and untimely death, the mismanagement of land or finances, crop damage from extreme weather, inadequate canal water, or simply bad luck. Landownership therefore creates substantial advantages without eliminating household insecurity or class differentiation within the dominant caste.

Khushee Mamta Patient Profile and Program Reach

Table 1.3 provides a sociodemographic profile of women enrolled in Khushee Mamta, while Table 1.4 shows the program's geographic reach. Between November 2018 and January 2020, 1,289 women were screened for perinatal depression by counselors using the Patient Health Questionnaire-9 (PHQ-9), a brief nine-question screening instrument used to assess the presence and severity of depressive symptoms (for more on PHQ-9 usage in the field, see Chapter 2). Community-based screening was conducted in 113 designated implementation villages, selected largely around the home communities of counselors. Because women who came to the Mata Jai Kaur clinic were also routinely screened, however, the 1,289 women represented 155 communities altogether, including 13 outside the designated catchment area.[17] Screening was concentrated in Padampur tehsil, which accounted for 52.2% of women screened, followed by Karanpur at 23.6%, reflecting the geographic distribution of counselors and implementation villages. Of the women screened, 161 were enrolled in Khushee Mamta. Location data were available for 158 of them, representing 53 communities; three enrolled women lacked geographic data and are therefore excluded from the distribution shown in Table 1.4.

Table 1.3 shows that enrolled women were predominantly young, with an average age of 23.5, and all were married. The majority were Hindu (59.5%) or Sikhs (39.2%), with only two Muslim women enrolled, consistent with the relatively small Muslim population in the rural field site. The proportions of Scheduled Caste (60.9%) and Scheduled Tribe (5.1%) women exceeded their respective shares of the catchment population (42.7% and 0.6%). Most (62.0%) had completed class 8 or less, including 17.1% no formal education. Most enrolled women (88.0%) reported being at home or engaged in unpaid domestic work, which may obscure women's unpaid agricultural contributions, as well as informal or seasonal labor during their perinatal period. Only five women (3.2%) reported MGNREGA (Mahatma Gandhi National Rural Employment Guarantee Act) work, a notably small proportion given the scheme's intended role as a rural employment guarantee. However, this measure captures women's own reported employment at enrollment rather than household participation in MGNREGA and should not be read as an estimate of program coverage.

[17] Although Mata Jai Kaur has a designated catchment area, it does not refuse patients who may travel long distances to receive care. All women who come for prenatal care at the clinic are screened for depression, and if enrolled, are provided Khushee Mamta counseling services when they visit the clinic, usually on a fortnightly or monthly basis.

Although caste, education, and employment were not used as eligibility criteria, the enrolled population was disproportionately drawn from administratively marginalized caste and tribal groups and had generally low levels of formal education. In this limited sense, Khushee Mamta reached many of the vulnerable women it was intended to serve. Administrative categories nevertheless provide only an incomplete account of vulnerability. OBC status, for example, includes both locally dominant Jat Sikhs and more precarious communities, while the residual category "Other" includes groups whose social and economic positions vary considerably. The following subsection therefore disaggregates these categories into the specific caste and community identities recorded among enrolled women.

Table 1.3. *Sociodemographic profile of women enrolled in Khushee Mamta, November 2018 to January 2020*

Total enrolled: 161 of 1,289 women screened

Characteristic	**n (%)**
Age, mean (years)	23.5
Religion	
Hindu	94 (59.5)
Sikh	62 (39.2)
Muslim	2 (1.3)
Missing	3
Marital status	
Married	161 (100.0)
Caste / social group	
Scheduled Caste (SC)	95 (60.9)
Other Backward Class (OBC)	35 (22.4)
Scheduled Tribe (ST)	8 (5.1)
Other	18 (11.5)
Missing	5
Education level	
No formal education	27 (17.1)
Primary (Classes 1–5)	34 (21.5)
Middle (Classes 6–8)	37 (23.4)
Secondary (Classes 9–10)	29 (18.4)
Higher secondary (Classes 11–12)	14 (8.9)
College and above	17 (10.8)
Missing	3
Employment status	
Student	2 (1.3)
At home / unpaid domestic work	139 (88.0)

Paid work outside the home	2 (1.3)
Seasonally employed (e.g. agricultural labor)	8 (5.1)
MGNREGA work	5 (3.2)
Self-employed	1 (0.6)
Other	1 (0.6)
Missing	3
Status at enrollment	
Pregnant	116 (72.0)
Postpartum	45 (28.0)

Notes: Percentages are calculated excluding missing values for each variable. Social group categories reflect standard administrative classifications in India: Scheduled Caste (SC), Scheduled Tribe (ST), Other Backward Class (OBC), and Other. In Rajasthan, OBC status includes Jats, a politically and economically dominant agrarian caste category in Sri Ganganagar. "Other" denotes groups not listed as SC, ST, or OBC. MGNREGA = Mahatma Gandhi National Rural Employment Guarantee Act.

Table 1.4. *Geographic reach of Khushee Mamta screening and enrollment*

Tehsil	Communities with ≥1 woman screened (n)	Women screened (n)	Women screened (%)	Communities represented among enrolled women (n)	Women enrolled (n)	Women enrolled (%)
Ganganagar	2	36	2.8%	1	9	5.7%
Karanpur	37	304	23.6%	10	45	28.5%
Padampur	68	673	52.2%	27	67	42.4%
Raisinghnagar	35	230	17.8%	10	27	17.1%
Outside catchment*	13	46	3.6%	5	10	6.3%
Total	**155**	**1289**	**100.0%**	**53**	**158****	**100.0%**

Notes: The designated Mata Jai Kaur catchment comprises Karanpur, Padampur, and Raisinghnagar tehsils and 12 communities in Ganganagar tehsil. The "outside-catchment" category includes other communities in Ganganagar tehsil and communities in Anupgarh, Gharsana, Vijainagar, and Suratgarh. Percentages may not sum precisely because of rounding.

*Community-based screening was conducted in 113 implementation villages. The wider geographic distribution shown here (155 communities) includes women from additional communities who came to the MJK clinic for screening, including women from outside the designated catchment area.

**Baseline locations were available for 158 of the 161 enrolled women; three enrolled participants did not have village data and are excluded from the geographic distribution.

The Migration of Laboring Castes and Tribes

While Table 1.3 shows that most Khushee Mamta enrollees belonged to administratively marginalized caste and tribal categories, Table 1.5 disaggregates these categories to show the specific caste and community composition of women reached by the intervention. Where comparable figures are available, these data can be read alongside disaggregated SC and ST figures from the 2011 census for the district as a whole. The comparison is necessarily limited: census figures describe each community's share of the district's SC or ST population, whereas Table 1.5 reports each community as a share of all Khushee Mamta enrollees. I focus first on the principal SC and ST communities represented among enrolled women, situating them within the local social and economic hierarchy and briefly tracing the histories of occupation, migration, and classification that shaped their current circumstances. These historical occupational associations should not be read as descriptions of contemporary work. As Jodhka notes in neighboring Punjab and Haryana, caste-based occupational systems have substantially eroded and rural households have diversified beyond hereditary occupations (Jodhka, 2006, 2012). I include these histories because they remain important to community identity and social position in Sri Ganganagar, where they are intertwined with histories of migration, settlement, landownership, and labor.

It is important to note that most SC families no longer engage in traditional caste-based occupational systems.[18] Yet in Sri Ganganagar, such occupational histories remain important to community identity and social position because they are intertwined with the region's histories of migration, settlement, landownership, and labor. I consider OBC and uncategorized communities in the following subsection.

Somu and Maina were Bagri-speaking Nayaks, a SC community of largely landless agricultural laborers and domestic workers (Mooney, 2011; Sehgal, 1972; Singh, 2022; Swaminathan & Rawal, 2015). In Ramjas, Nayak households are concentrated in a cluster on the northern periphery of the village, although some are dispersed elsewhere. I encountered similar spatial patterns in other villages, where Nayaks also formed a substantial proportion of the agricultural labor force. Nayaks are the largest SC community in Sri Ganganagar, constituting 29.2% of the district's SC population, and were also the largest single caste community among Khushee Mamta enrollees: forty women, or 24.8% of the total.

[18] See Jodhka (2006, 2012) for a discussion of this in Punjab and Haryana.

Table 1.5. *Caste/community composition of women enrolled in Khushee Mamta, November 2018 to January 2020*

Administrative category	Recorded caste / community	Recorded religion (n)	n (%)
SC	Bajgar	Hindu (1)	1 (0.6)
SC	Bawaria	Hindu (4); Sikh (1)	5 (3.1)
SC	Chamar	Hindu (1)	1 (0.6)
SC	Majhabi	Sikh (33)	33 (20.5)
SC	Meghwal	Hindu (10)	10 (6.2)
SC	Nayak	Hindu (40)	40 (24.8)
SC	Ramdasia	Hindu (4)	4 (2.5)
SC	Sansi	Hindu (1)	1 (0.6)
SC subtotal			**95 (59.0)**
ST	Dhanka	Hindu (8)	8 (5.0)
ST subtotal			**8 (5.0)**
OBC	Bhat	Hindu (2)	2 (1.2)
OBC	Jat Sikh	Sikh (14)	14 (8.7)
OBC	Kumhar	Hindu (3)	3 (1.9)
OBC	Lohar	Hindu (1)	1 (0.6)
OBC	Nai Sikh	Sikh (2)	2 (1.2)
OBC	Odd	Hindu (1)	1 (0.6)
OBC	Raisikh	Sikh (3)	3 (1.9)
OBC	Satiya-Sindhi	Hindu (1)	1 (0.6)
OBC	Shakya	Hindu (2)	2 (1.2)
OBC	Soni	Hindu (2)	2 (1.2)
OBC	Tarkhan	Hindu (1)	1 (0.6)
OBC	Vishnoi	Hindu (3)	3 (1.9)
OBC subtotal			**35 (21.7)**
Other	Arar Sikh	Sikh (1)	1 (0.6)
Other	Arora	Hindu (2)	2 (1.2)
Other	Bhakhar	Sikh (1)	1 (0.6)
Other	Boriye Sikh	Sikh (1)	1 (0.6)
Other	Gosai	Hindu (1)	1 (0.6)
Other	Jodhe	Hindu (1)	1 (0.6)
Other	Ledia	Hindu (1)	1 (0.6)
Other	Rajput	Hindu (2)	2 (1.2)
Other	Ramgarhia	Sikh (6)	6 (3.7)
Other	Sarsar	Hindu (1)	1 (0.6)
Other	Thakur	Hindu (1)	1 (0.6)
Other subtotal			**18 (11.2)**
Missing/uncoded	No response / unmatched coded fields	Muslim (2); Missing/uncoded (3)	5 (3.1)
Total			**161 (100.0)**

Note: Administrative categories are useful for program/census-style description but do not map cleanly onto local dominance. Jat Sikh is coded here as OBC but should be interpreted in relation to landholding and village-level power. Missing/uncoded records are retained in the denominator. Spellings follow the recorded categories in the Khushee Mamta dataset. Source: Khushee Mamta clinical data.

The term Nayak originates from a Sanskrit word meaning "commander," and historical Gazetteers record a community claim to Suryavanshi Rajput descent associated with King Ajaypal, a Chauhan ruler traditionally linked to the founding of Ajmer (Sehgal, 1962, 1972). These accounts describe Nayak ancestors as serving Rajput rulers as mounted attendants, messengers, or horsemen (Sehgal, 1972). They then offer a speculative migration narrative in which the community retreated into the dry (*barani*) and remote parts of Bikaner—present-day Sri Ganganagar and Hanumangarh—during periods of conquest and subsequently became leaders among the populations with whom they settled (Sehgal, 1962, 1972). Such accounts are better read as caste histories and state classifications than as settled historical fact. A 1969 government report, the *Ethnographic Atlas of Rajasthan*, described the community as having become "known as notorious professional thieves" (Mathur, 1969, p. 86). This stigmatizing language evokes the logic of hereditary criminalization encoded in colonial and post-independence law, including the Criminal Tribes Act (1871) and the Habitual Offenders Act (1952).[19]

The second-largest caste community among Khushee Mamta enrollees was the Majhabi Sikh community: thirty-three women, or 20.5% of the total. Majhabis are a Dalit Sikh community and are also largely landless agricultural laborers. They are the fourth largest SC community in Sri Ganganagar, constituting 16% of the district's SC population (Office of the Registrar General & Census Commissioner, 2011a). In Rajasthan, the community is highly concentrated in Sri Ganganagar and Hanumangarh districts. The *Ethnographic Atlas of Rajasthan* reported that 93% of Rajasthan's Majhabi population lived in then-undivided Sri Ganganagar, which encompassed both present-day districts (Mathur, 1969). The report identifies two waves of Majhabi migration from Punjab: one accompanying the expansion of canal agriculture in the 1920s and another following Partition in 1947 (Mathur, 1969). This concentration persisted in 2011, when Sri Ganganagar alone contained 72.2% of Rajasthan's Majhabi population, the largest share of any district in the state (Office of the Registrar General & Census Commissioner, 2011a).

Historical accounts trace Majhabi identity to Chuhra communities traditionally associated with sweeping and sanitation work who adopted Sikhism in the 17th century (Sehgal, 1972). Despite Sikhism's egalitarian commitments and the honored place accorded to Majhabis in Sikh military and martyrdom narratives, Majhabis and other Dalit Sikhs continue to experience

[19] Despite this history of official stigmatization, I have never heard anyone during my time in Sri Ganganagar refer to Nayaks collectively as criminals. On the stereotype of the criminal tribe, see Piliavsky (2015).

marginalization in relation to dominant Jat Sikhs (Jodhka, 2004; Judge, 2013; Sehgal, 1972).

The other major SC communities among Khushee Mamta enrollees were Meghwals (ten women; 6.2%), Bawarias (five; 3.1%), Ramdasias (four; 2.5%), and Chamars (one; 0.6%).[20] Meghwals were historically associated with weaving and work involving the removal and skinning of animal carcasses (Mathur, 1969; Sehgal, 1972). They are the second-largest SC community in the district constituting 21% of its SC population, and, like Nayaks, now form a large proportion of the agricultural and manual labor force.

Historical sources described Bawarias through the stigmatizing category of a "wandering criminal tribe" (Mathur, 1969, p. 72), associating them with itinerant hunting and snaring before their settlement in Sri Ganganagar as agricultural workers and manual laborers on canal projects (Sehgal, 1972). In the 2011 census, Bawaria accounted for less than 1% of SCs in the district. The community, however, may overlap with the separately enumerated Baori community which accounted for 16%, slightly more than the Majhabi population (Office of the Registrar General & Census Commissioner, 2011a).[21]

The 2011 census combines Chamars and Ramdasias within an entry constituting approximately 5% of the district's SC population. Chamar comes from the Sanskrit term *charmakar*, meaning leatherworker (Mathur, 1969, p. 4; Office of the Registrar General & Census Commissioner, 2011a; Sehgal, 1972, p. 74).

Ramdasia generally refers to Hindu-Sikh communities historically associated with Chamar backgrounds and with devotion to the Bhakti saint Ravidas. Like Majhabis, Ramdasias have remained subject to caste marginalization within wider Sikh community (Jodhka, 2004). Unlike the other SC groups mentioned above, Chamars are not especially concentrated in Sri Ganganagar and are more prominent in other districts of Rajasthan (Office of the Registrar General & Census Commissioner, 2011a).

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[20] Ramdasia is included within the broader Chamar entry in Rajasthan's official Scheduled Caste classification but is retained separately here because it was recorded as a distinct community in the Khushee Mamta data.
[21] Two sources, the *Ethnographic Atlas of Rajasthan* (Mathur, 1969) and the 1972 *Rajasthan District Gazetteers: Ganganagar* (Sehgal, 1972) consider Bawaria and Baori to be synonymous and attribute a shared history to them. However, the 2011 census and current SC lists separate the two groups. The fact that they were recorded separately in the Khushee Mamta data, which was not derived from official lists but from counselor input and patient responses, suggests they function as distinct community identities in the local context.

Sri Ganganagar has one of Rajasthan's smallest Scheduled Tribe (ST), or Adivasi, populations, accounting for 0.15% of Rajasthan's total ST population and ranking fourth-lowest among the state's then thirty-three districts (Office of the Registrar General & Census Commissioner, 2011b). At the district level, the largest enumerated ST category, "Dhanka, Tadvi, Tetaria, Valvi," constituted 65.7% of Sri Ganganagar's ST population, and was concentrated substantially in urban areas (Office of the Registrar General & Census Commissioner, 2011b). All eight ST women enrolled in Khushee Mamta were recorded as Dhanka, constituting 5.0% of all enrollees, substantially above the 0.6% ST share of the catchment population. Every Dhanka woman screened for depression (68 in total)—and all eight who were enrolled—lived in urban wards. This overrepresentation likely reflects concentrated screening in the municipal wards of Padampur and Gajsinghpur, where many Dhanka live. I could not find any mention of Dhanka in the principal historical sources for the region, including the 1961 census material reproduced in the 1972 Gazetteer (Sehgal, 1972) and the *Ethnographic Atlas of Rajasthan* (Mathur, 1969) (see the case of a Dhanka patient in Chapter 5).[22]

Dhanka identity and history differ in important respects from that of the SC communities discussed above. Yet, like the SCs, Dhanka migration into northern Rajasthan was also shaped by economic marginality and the opportunities generated by expanding markets and canal agriculture. Moodie notes that the Dhanka consider themselves descendants of the subcontinent's earliest inhabitants and describe their ancestors as historically *jungli*—"wild" or "from the jungle"—yet they are more likely to identify themselves in the present as Scheduled Tribe than as Adivasi. The phrase *Hum adivasi te* ("We were *adivasis*") locates Adivasi identity in the past while preserving it as the basis of a contemporary claim to recognition. Moodie interprets this temporal positioning as a means of presenting the Dhanka as a community that has adapted and pursued social uplift while remaining entitled to constitutional protections because of its history as a Scheduled Tribe (Moodie, 2015, pp. 4, 10–11).

A Dhanka-authored community history reproduced by Moodie (2015) links Dhanka northward migration to both historical oppression and ecological change. As deforestation diminished the forest resources on which their ancestors depended, they dispersed from Rajasthan into Punjab, Delhi, Haryana, and elsewhere. In northern Rajasthan, many found work around grain markets (*mandis*), cleaning, weighing, and transporting produce; the account presents this association with

[22] This may be due to confusion with the SCs Dhankia and Dhanak. See Moodie (2015).

dhan (grain) as one possible origin of the name Dhanka (Moodie, 2015, pp. 51–54). Moodie further suggests that the devastating famine of 1899–1900, which also motivated the construction of the Gang Canal, may have accelerated Dhanka migration and population loss, although she presents this as a speculative historical reconstruction rather than a settled account (Moodie, 2015, pp. 49–51).

OBC Heterogeneity and Vulnerability

The OBC category in the Khushee Mamta data was especially heterogeneous. Of the thirty-five OBC women enrolled, fourteen were Jat Sikh, making them the largest OBC group and 8.7% of all enrollees. Their presence is an important reminder that dominant-caste status does not protect women from reproductive loss, domestic violence, substance-related household instability, or other forms of gendered distress. At the same time, their social position cannot be equated with that of all other OBC communities. Across much of the field site, Jat Sikh households occupied the dominant agrarian position, as described above.

Three OBC enrollees were recorded as Rai Sikh. Rai Sikhs occupy a very different historical position. In the wider Punjab borderland, a small portion of the community was formally notified under the Criminal Tribes Act, while post-Partition officials sought to settle and surveil Rai Sikhs along the newly created international border, treating them simultaneously as a security threat and as useful defenders of the frontier (Gandee, 2018). The resulting stigma of collective criminality extended far beyond those formally notified.[23]

The single enrolled woman recorded under the Lohar category was Gadia Lohar, a historically nomadic blacksmith community discussed further in Chapter 2. Although Gadia Lohars are included within Rajasthan's OBC classification, insecure residence, mobility, and difficulty obtaining documents such as caste certificates and ration cards have limited many families' ability to access the benefits attached to that status. Taken together, these cases show why OBC cannot be treated as a coherent social position. Within a single administrative category, Khushee Mamta enrolled women from dominant landowning households, communities burdened by histories of criminalization, and nomadic families that remain only partially visible to the state.

[23] Gandee's historical analysis concerns Ferozepur district in Punjab rather than Sri Ganganagar specifically. I have not found sufficient evidence to establish an equivalent government settlement scheme for Rai Sikhs in Rajasthan, although the study demonstrates how colonial criminalization and post-Partition border policy shaped the community across the wider Punjab borderland (Gandee, 2018).

* * *

IV. From *Shak* to Structural Vulnerability

After Somu returned to Ramjas, something in him had changed—as the *sardar* said, he was "tense twenty-four hours a day."

The preceding sections mapped the caste- and class-based hierarchy of the field site; but what are the mechanisms through which someone at the bottom of this hierarchy becomes afflicted? To repeat the question I posed at the beginning of this chapter, what had transformed Somu so drastically, and how had his distress culminated in violence?

During my fieldwork, I conducted my own social postmortem of the event, asking villagers and others who knew Somu and Maina how they understood what happened. Two overlapping explanations recurred. The first was proximal and family-centered, focusing on Somu's emotions and suspicions. The second widened the frame, linking his internal turmoil to housing precarity, debt, and labor relations. When I asked what had happened, respondents usually began with the family-level explanation: infidelity and *shak*—literally "doubt," but here connoting suspicion, jealousy, and masculine insecurity—themes tied to local notions of masculinity and kinship-based honor, or *izzat*, which I explore further in Chapters 5 and 6.

In the narrower version of the narrative, two figures were central: Maina's *jija*, her sister's husband, and her *bharjaai*, her brother's wife. Her sister's husband, like Somu, had come to Ramjas, his wife's natal village, to work for a landowner. Unlike Somu, however, he did not live in the village with his wife. He had been hired to help build a toilet—funded by a government scheme—at the home of Maina's brother, where Maina had grown up.[24] While working there, Maina's sister's husband (*jija*) was said to have begun an affair with her brother's wife (*bharjaai*).

When Somu learned of the rumored affair, respondents said, he became deeply insecure and suspicious of Maina. According to this account, Somu reasoned that if another woman in Maina's natal household could be unfaithful, Maina might also be having an affair—perhaps

[24] The toilet was constructed through the Swachh Bharat Mission–Gramin (SBM-G), launched by Prime Minister Narendra Modi's government in 2014 to support household toilet construction and eliminate open defecation in rural India.

even with the same man.

The consensus, however, was that Somu's suspicions were unfounded. As they had done when speaking about Somu, respondents were equally quick to defend Maina's character. Several of those I spoke with were Jat landowners speaking across a caste divide, but Maina was also a daughter of the village, and I sensed that her honor—and perhaps the village's—was at stake in their retelling. The *sardar* who had employed Somu several years earlier insisted that Maina "had a good character," was "not that type of woman," and was completely innocent of any wrongdoing. Nevertheless, in respondents' accounts, Somu's *shak* hardened into jealousy, verbal abuse, and physical violence against Maina. They identified this conflict as the immediate reason he left Ramjas. The *jija* also left the village and never returned.

Shak alone, however, cannot explain the intensity of Somu's transformation after his return to Ramjas. To understand why his suspicions became so destabilizing, it is first necessary to understand the labor and housing relations on which his family's life in the village depended. This was the core of the second explanation offered by local interlocutors, which widened the frame from suspicion within the household to the family's material position within the agrarian economy. Their explanation centered on housing insecurity and, by extension, the relations of debt and labor that produce forms of economic unfreedom among agricultural workers in Sri Ganganagar. Housing precarity and attached labor, in other words, were key mechanisms through which Somu and Maina's structural vulnerability was produced (Holmes, 2011; Stonington et al., 2018).

V. Unfree Labor and Precarious Housing in Sri Ganganagar

Before he left Ramjas, Somu worked as a *naukar,* broadly translating to servant, employee, or hired worker, for a Jat Sikh farmer who controlled extensive agricultural land surrounding the village, as well as several residential plots of varying sizes within it. Somu's role as a *naukar* in this contemporary agrarian setting meant more than just a hired agricultural laborer. He served as the *sardar's* principal farm worker, undertaking much of the agricultural labor himself and, when required, managing other daily-wage laborers. Somu worked under a highly structured, annual, fixed-wage contract, locally known as a *siri* agreement. To understand why this employment relationship became inseparable from Somu's later crisis, it is necessary to examine the mechanisms of the *siri* arrangement and the ways labor conditions, wages, debt, and shelter

converge to create the conditions of unfree labor. Although I focus on Somu and Maina's story, households across caste and class positions were differently situated within these agrarian labor relations—as landowners, attached workers, casual laborers, or dependents.

A local *sardar* I interviewed explicitly described this arrangement using the English words "bond," and "bonded" in reference to the *naukar*. The word *siri* can refer either to the laborer or to the contractual arrangement. A *siri* is bound by a strict one-year contract, distinguishing him from "free" or casual workers who can choose when and for whom to work (Jodhka, 1994, 2012; Singh, 2022).

The *siri* system is Sri Ganganagar's version of contemporary "attached" or "unfree" labor found in rural northern India. A key feature of such arrangements is what Jodhka identifies as "labor-mortgage" (Jodhka, 1994, p. A102; 1995, p. 2011; 2012). Because landless Dalit households often have little or no physical collateral—such as land, gold, or other property—to offer in the rural credit market, they may have little choice but to mortgage their only asset—their future labor power—to secure the relatively large, often nominally interest-free advances required for basic survival, important life events such as weddings and house construction, health care expenses, and other emergencies (Jodhka, 1994, 1995).[25] Large expenses and family crises can therefore compel *naukars* to borrow beyond the initial *siri* advance, rolling one year's obligation into the next and creating a potentially perpetual cycle of debt-attachment. Once the hours worked and additional deductions are calculated, the effective return may be substantially lower than the prevailing casual daily-wage rate (Jodhka, 1994, 2012; Singh, 2022).

At the time of fieldwork, a *naukar* or *siri* in Sri Ganganagar was typically paid approximately 80,000 rupees annually, or about 800-900 GBP in 2020.[26] The timing of payment varied according to the individual agreement: some laborers requested their entire salary in advance, while others were paid monthly or received portions as needed. In addition to cash, the laborer generally received six quintals—600 kilograms—of wheat annually, equivalent to fifty kilograms (50 kg) of wheat per month. If the family required more, the landlord charged them for the extra portion and deducted it from their final salary calculation at the end of the year. Alternatively, if

[25] The work by Jodhka cited here is largely based in neighboring Haryana, and Breman's in Gujarat; however, their findings are highly resonant with Sri Ganganagar. Breman refers to the modern form of attached labor as "neo-bondage" (Breman, 2010). See also Breman (2014, 2019, 2021).
[26] In his study of village Gulabewala, Singh observes that *naukar* are paid fixed annual wages ranging from 30,000 to 50,000 INR plus daily meals or a monthly wheat allotment (Singh, 2022).

the landlord provided meals directly, the worker did not receive the wheat allotment. Under this arrangement, the landlord provided the worker tea twice a day and meals twice a day, increasing to three meals in the summer. These meals were provided only to the individual laborer; the worker's family still had to purchase its food from the annual cash salary.

There are several features of the *siri* arrangement that advantage the landowner and intensify the dependency of the laborer. First, the agreements compel laborers to work long hours. The *sardar* insisted that *siris* worked standard eight-hour shifts and that a landowner with more land than could be tended within that period was obliged to hire additional workers. However, as others have also noted in similar settings (Jodhka, 1994; Singh, 2022), my observations suggest that *siris* were often compelled to work much longer hours, sometimes up to 16 hours a day during intensive canal irrigation, sowing, or harvesting periods, and were otherwise on call to respond to the many exigencies of farm life.

As the *sardar* explained, agriculture in Sri Ganganagar depended more heavily on manual labor than the highly mechanized wheat-and-paddy economy he associated with neighboring Punjab. In his account, farming in Sri Ganganagar demanded more labor—and placed a heavier burden on laborers—both because of the crops grown and because comparatively scarce canal-water allocations required close and timely attention. The *kharif* cycle—sown with the summer monsoon and harvested in autumn—includes guar, pulse crops (daal), and especially American cotton, which is picked by hand. The *rabi* cycle—sown in winter, after the monsoon, and harvested in spring— includes mustard, wheat, barley, and chickpeas.

Second, terms and accounting of the *siri* arrangement were almost completely under the control of the landlord. The landlord maintained the official ledger (*hisab*) tracking the worker's advances, grain allotments, deductions, and other debits or credits. While some laborers keep their own matching written records of cash and grain, most work entirely on the basis of trust and would have found it difficult to challenge a landowner's accounting. Further, though some landowners get formal written contracts with their *naukars* attested in the local court (*kachehri*), most contracts were oral and relied on a highly unequal relationship of trust. Even in formal written agreements, the burden of risk tended to disproportionately fall on the laborer, with many such agreements explicitly documenting the worker's experience and duties—such as driving a tractor or working a thresher—so that the landlord could hold him financially responsible for accidental equipment damage or other operational losses.

Yet the most coercive feature of the arrangement—and the one most important for understanding Somu—was the connection between employment and housing. As Singh convincingly argues, high levels of landlessness and housing precarity further tied low-caste and laboring households to landowners in Sri Ganganagar (Singh, 2022). While debt-attachment can theoretically be broken if a worker manages to transfer their debt to a new master, housing precarity and landlessness created an almost unbreakable trap. Many landless Dalit families lived in dwellings, storage buildings (*godowns*), or former cattle sheds supplied by their employers. This dependence on an employer for shelter sharply reduced a worker's bargaining power: leaving the job could also mean eviction and homelessness for the worker's family. In the village studied by Singh, dominant Jat Sikhs also used their control over the panchayat to obstruct the distribution of government housing sites, thereby preserving housing dependency as a means of securing labor (Singh, 2022, pp. 187, 195–197, 201).

Where a *naukar*'s employment was tied to employer-provided housing, this dependency extended beyond the individual worker to the rest of the household. Landowners expected unpaid labor services, referred to as *madad* ("help"), from the laborer's family members living in the patron-owned dwellings, including women and children (Singh, 2022). According to Singh (2022, p. 197), *naukars* and their family members are routinely expected to perform a diverse array of tasks that fall entirely "outside the generally accepted obligations of a labor contract" throughout the year. This informal and gendered labor was drawn upon to meet both agricultural and domestic needs. The work includes gathering field fodder, feeding livestock, transporting animals to the vet, performing household chores, running market errands, and providing manual assistance during weddings, relative visits, or other social gatherings (Singh, 2022).

The imbalance of power between landowners and laborers was particularly evident in the way the *sardar* described disputes within the arrangement. "Mostly it is the laborers who cheat," he told us. "The landlord does not cheat." A landlord could not, he reasoned, physically force a laborer to work: "If he does not go to the farm, what can the landlord do? At most, fight with him, beat him, or abuse him—nothing else." Yet he immediately acknowledged the power underlying these encounters: "When a person is rich and influential (*prabhavvaan)*, [laborers] bow before him."

His account denied the existence of compulsion while simultaneously normalizing the violence

and social deference through which labor discipline was maintained. Yet the most durable source of the landlord's power—and the one most important for understanding Somu—was the connection between employment and housing. For Somu, this general relation of power became concrete through his family's precarious hold on a home provided through the *siri* arrangement—a hold they would eventually lose.

* * *

Somu's *siri* agreement with the *sardar* prior to his departure from Ramjas included a housing provision that, I believe, was the crucial structural factor in his subsequent deterioration. In what initially appeared to be an act of generosity, the *sardar* provided Somu and his family with a residential plot and supplied the cement and materials to construct a new house—one that, in its size and quality, stood apart from the other homes in the Nayak cluster. While housing often accompanied *siri* arrangements, the offer to build a new, multi-level, multi-room house on a large private plot enclosed by a brick perimeter wall was unusual. It gave Somu and Maina a house unlike any other in the Nayak cluster and carried with it a tangible promise of upward mobility. I distinctly remember the extra glint in Somu's smile one afternoon soon after he moved in—he and his young son were entering the perimeter gate as I walked by.

The promise of home ownership, however, depended on maintaining the labor relationship and trust of the *sardar* employing him. While the house was built for Somu and his family, the plot was never registered in Somu's name and legally continued to belong to the employer. When the alleged affair between Somu's *jija* and *bharjaai*—and the resulting suspicions about his wife—impelled him to leave Ramjas and break his *siri* agreement, his employer asked Somu to settle his remaining account (*hisab kar laa*). The ledger was opened and his employer calculated the cost of the plot, bricks, cement, iron rods, and other construction expenses, together with the money Somu had borrowed separately. These costs were then weighed against the value of the agricultural labor Somu had already performed. Once everything was entered into the *hisab*, Somu still owed more than he had earned.

Somu had no money with which to settle the remaining balance. "He didn't have any money, so how could he pay it back?" the *sardar* I later interviewed—who was neither Somu's former employer nor the landowner he would subsequently work for—explained. Somu surrendered the house itself, into which he had invested years of labor and which he had come to regard as his

own. In the *sardar's* retelling, Somu told his former employer: "I owe you for this house. Whatever money I need to pay you back, I am leaving the house in exchange. I don't have any money." In his own eyes, Somu no longer owed his former employer anything: "The burden of debt was removed from his head because he gave the house back." The debt had disappeared, but so had the only substantial thing Somu's years of labor had produced.

Unable to find work outside Ramjas, Somu returned with his family four to five months later. Unable to resume his previous *siri* agreement with the former employer, he began working for a different landowner who offered to put him up in the *kachcha* dwelling across the village well from the Mata Jai Kaur *haveli*.

As Somu resumed agricultural labor, the sardar I interviewed recalled him becoming increasingly angry, "thinking about the house he had lost." As if taunted by the fates, the fields in which Somu now worked offered a clear view of his old house and plot. "He would constantly gaze at his house, and think, 'I had my own house. This used to be my house. He took it.'"

In the *sardar's* explanation, this loss converged with Somu's suspicions about Maina. "He went into a shock," he said. "The first shock was because of the house. Secondly, he was suspicious of his wife. He got stuck in a confused state." When asked whether Somu had remained anxious about the debt, he was emphatic: the debt itself was no longer the problem. "He didn't have any debt to pay," he explained. "Only his house was lost."

Whether Somu's former employer had cheated him was more difficult for the *sardar* to concede. "No, we cannot call it cheating," he insisted. Somu's former employer, in his account, had calculated the value of the plot, building materials, cash advances, and labor, and had reportedly given Somu a choice. In the *sardar's* retelling, the former employer's perspective was: "Give me my money and you keep the house. I don't have a problem." From a landowner's point of view, Somu had relinquished the house "on his own."

Yet his account also acknowledged the profound imbalance of power underlying that ostensibly voluntary exchange. Somu's former employer, also his primary lender, almost certainly knew Somu's financial condition and offered a choice Somu had no realistic means to exercise. "If he [the former employer] had let him stay in that same house," the *sardar* said, "then he [Somu] might have calmed down a bit—*thanda ho janda*."

Somu's father-in-law reportedly intervened as well. He urged Somu to ask for the house back and offered to pay whatever amount was required. Somu's former employer still refused. In the interviewed *sardar's* view, another arrangement remained possible—Somu could have continued laboring for his former employer, as he had before, while gradually repaying the cost of the house. "If he had let Somu continue working in that same routine and given him the house back," he explained, "then it would have been a support for him and made him strong. But he [the former employer] didn't do that."

Although the interviewed *sardar* assigned no formal fault to Somu's former employer, he nevertheless recognized the consequential power that the employer retained over Somu's life. "If he had let him stay in that house," he said, "then maybe he might still be alive."

VI. Positionality: Mata Jai Kaur within Caste, Patronage, and Care

Though rooted in older structures of caste and rural patronage, Somu's position as a laborer within Sri Ganganagar's caste and class hierarchy was also shaped by a distinctly modern agrarian political economy. That political economy took shape through Maharaja Ganga Singh's canalization project, which explicitly recruited Jat Sikh and Bagri Jaat farmers and established them as landowners (Panikkar, 1937; Rathore, 2007; Singh, 2014). These settlers, and the subsequent migration networks they drew from their previous homelands, helped establish Sri Ganganagar's agrarian social hierarchy. Over the twentieth century, however, labor-landowner relations changed alongside an increasingly commercialized, mechanized, capital-intensive, and globally connected agricultural economy (Jodhka, 1994, 2006, 2012). Relations of dependence became more contractual, while retaining elements of older patronage and its obligations of care.

Breman gives a useful name to this shift: depatronization. In his account of South Gujarat, older relations of agrarian patronage gradually became more contractual and impersonal, as landowners shed many of the obligations of support, protection, and intercession that had accompanied laborers' dependence. Breman is careful not to romanticize the earlier system: patronage could provide only a "precariously minimal livelihood" while simultaneously reproducing hierarchy and exploitation (Breman, 2021, p. 140). Yet its erosion did not necessarily produce meaningful freedom. Instead, dependence persisted in newer forms of what he calls "neo-bondage," in which workers become tied through debt and advances against future labor

when illness, loss of shelter, marriage expenses, or periods without work leave few alternatives (Breman, 2014, pp. 135–136). What changed, then, was not dependence itself but the obligations attached to it.

This history provides the context for returning to my own positionality from a different angle than in the Introduction. There, I considered how my position as a relative, NGO founder, employer, and interventionist shaped access, knowledge production, and the ethics of the ethnography. Here, the question is more specifically about power: where did Mata Jai Kaur and Khushee Mamta themselves sit within the caste, class, and patronage relations described in this chapter? Mata Jai Kaur did not enter Sri Ganganagar standing outside this social world. It was created through the land, resources, kinship networks, diasporic capital, and local authority of a dominant-caste Punjabi Sikh family—my own—and Khushee Mamta subsequently developed within that institutional setting. These relations made forms of care possible, but care moved through existing asymmetries of caste, class, gender, mobility, and authority. The question, then, is what kind of care Khushee Mamta produced within these relations—what it reproduced, what it altered, and where its limits lay. I consider this first through Mata Jai Kaur's place within local caste and patronage relations, and then within the wider non-state and developmental landscape of Indian health care.

Local Patronage, Caste, and Care

The history of my own family in Ramjas places Mata Jai Kaur within a related, though distinct, history of caste-differentiated patronage. As described earlier, Punjabi Jat settlers were actively encouraged to settle and cultivate canal-irrigated land in Sri Ganganagar. The recruitment of laboring and service castes around them was not, as far as I can establish, formally organized through caste-based settlement policy. Family histories suggest a more informal process in which established Jat households drew into the new villages the workers and service communities necessary to sustain agricultural and domestic life. My own family's history contains traces of this process. One woman who now works as a cook at Mata Jai Kaur is a Mehar Sikh, a community historically associated locally with carrying water and providing domestic services during weddings and other large gatherings. Her husband's family came to Ramjas with some of its earliest settlers, including my own great-grandparents. As discussed earlier, caste and occupation do not map onto one another in any straightforward way. What has proved more durable are the social relations, migration histories, and unequal distributions of land and resources through

which these communities came to inhabit the same village.

Mata Jai Kaur therefore did not arrive in Ramjas from outside this history. The NGO was established on land belonging to my extended Jat family and made possible through resources, kinship networks, diasporic capital, and local authority derived partly from that history. Some of the people who work for the organization today descend from families whose relationships with those settlers were formed from very different positions within the caste and agrarian hierarchy. These relationships have changed substantially, and employment at Mata Jai Kaur is not simply a reproduction of an older patron-client system. Yet the institution through which I attempted to provide more equitable health care was itself assembled from relationships carrying longer histories of unequal interdependence.

This complicates any easy distinction between patronage and care. The house provided to Somu by his employer, the credit extended to a *naukar*, assistance during illness or a family crisis, and the health care provided through Mata Jai Kaur are substantively different acts. Yet all demonstrate why benevolence alone tells us little about the distribution of power within relations of assistance and care. Somu's house was experienced as support and opportunity, but because the underlying land remained under his employer's control, it also deepened dependency and could be withdrawn. Mata Jai Kaur similarly mobilizes resources controlled disproportionately by relatively privileged actors—including myself and members of my extended family—to benefit women who frequently occupy much less powerful positions in the local caste and class hierarchy. The comparison is therefore not between the forms of care themselves, but between the unequal relations through which resources, assistance, and authority are distributed.

These asymmetries were visible within Khushee Mamta itself. Nine of the ten women recruited into the first cohort of lay counselors were Jat; one was Nayak. By contrast, as described earlier, many of the women they counseled came from the lower-caste, landless, laboring, and otherwise precarious households mapped throughout this chapter. During the earliest training sessions, caste hierarchy sometimes appeared in ordinary interactions. The Nayak counselor initially arrived partially veiled, spoke little in the group, and quietly served tea to the others without being asked. But these behaviors soon changed and she became increasingly outspoken and confident. She is now one of the program's senior counselors and leaders. Her trajectory does not mean that Khushee Mamta dissolved caste hierarchy, but it does show that the intervention could create new forms of professional authority and mobility.

At the same time, caste alone obscures important differences among the counselors. Not all of the Jat Sikh women came from landowning or economically secure households. Some were poor or landless and carried vulnerabilities of their own. One landless Jat Sikh counselor, for example, had lived with a severe mental health condition that had significantly constrained her life. Her work with Khushee Mamta became part of her own process of recovery and professional development: she took on increasing responsibility within the program, pursued further opportunities, and eventually moved abroad to teach. More broadly, the original counselors described the value of earning an income, developing new skills, and assuming new professional roles. These trajectories complicate any simple mapping of Jat caste onto privilege within the intervention, even as the caste imbalance of the original counselor cohort remains important.

The composition of the original counselor cohort should also be understood as a feature of Khushee Mamta's pilot phase rather than a fixed characteristic of the program. Khushee Mamta continued after the period of fieldwork described in this thesis, and lessons from the pilot informed subsequent recruitment and expansion. The counselor group now draws from a wider range of caste and religious backgrounds, including Nayak, Meghwal, Ramdasia Sikh, Majhabi Sikh, and Christian women. This later diversification does not undo the asymmetries through which the intervention was initially established, nor does demographic diversity eliminate hierarchy. It does, however, show that those arrangements were neither inevitable nor institutionally fixed, and that the program changed in response to what was learned through implementation.

That is why I resist describing Khushee Mamta either as an uncomplicated alternative to patronage or as merely its contemporary reproduction. The intervention cannot alter the underlying distribution of agricultural land or dissolve the caste and labor relations described in this chapter. It operates within them and is enabled by some of the same social networks through which local authority has historically been exercised. Yet, as the chapters that follow show, Khushee Mamta also created relationships that were not reducible to those older forms: women entered homes in the role of counselors rather than as employers or patrons; patients disclosed forms of violence and suffering ordinarily hidden from dominant-caste men like myself; and counselors themselves acquired knowledge and forms of authority that could alter some of the hierarchies that shaped the intervention's early organization. The fact that these relationships could involve genuine care does not resolve their politics. How they reproduced,

softened, or sometimes transformed existing inequalities—and what they demanded of the women providing that care—is an empirical and ethical question that runs through the remainder of this thesis.

Health Care, Development, and the Non-State Sector

There is another scale at which to locate Mata Jai Kaur and Khushee Mamta. Mata Jai Kaur emerged from the local histories of caste, kinship, land, and patronage described above, but it also belongs to a longer history of health care as part of the developmental project of the Indian state. On the eve of independence, the Bhore Committee laid out an ambitious vision for comprehensive health services extending modern medical care into rural India through a national system of primary health centers. Its recommendations were taken up by the postcolonial government as part of a broader developmental promise: that an independent state would improve the health and welfare of its citizens in ways the colonial state had failed to do (Amrith, 2006; Chatterjee, 1997; Health Survey and Development Committee, 1946). The contemporary public health system retains important traces of this vision, even though rural provision developed unevenly and often fell far short of it.

Maternal and reproductive health occupied an important and sometimes contradictory place within this developmental project. The Bhore Committee had already identified maternal mortality as a significant problem and emphasized antenatal care, skilled attendance at childbirth, and postnatal care. Yet in the decades after independence, much of the state's attention to women's reproductive health became bound up with population control and family planning. More explicitly rights-based approaches to maternal health emerged later, culminating in reforms such as the National Rural Health Mission (NRHM) and Janani Suraksha Yojana (JSY) discussed in the Introduction (Unnithan, 2019). Unnithan describes this trajectory as one in which "maternal health becomes a category of citizenship": reproductive health becomes one arena through which relations between citizens, the state, and development are negotiated (Unnithan, 2019, p. 29).

The state, however, has never been the only actor involved in providing this care. India developed a highly plural health system in which government facilities coexist with private hospitals, individual practitioners, charitable institutions, and non-governmental and civil-society organizations. Civil-society organizations have worked with governments to deliver development

programs since the early post-independence period, but their role became increasingly formalized from the 1980s onward, and by the early 2000s NGO participation was actively sought in meeting national development goals (Unnithan, 2019, pp. 64, n.33). Unnithan shows how health organizations can simultaneously supplement, mediate, and challenge state provision, while development actors and health workers "broker experiences of citizenship" through the practical work of making health services and entitlements accessible (Unnithan, 2019, p. 4).

Mata Jai Kaur emerged within this mixed health and development landscape. It was established partly from the conviction that existing services were failing some of the most vulnerable rural women, but it never constituted a parallel health system standing apart from public or private care. Women moved between Mata Jai Kaur, government facilities, pharmacies, diagnostic centers, and private hospitals according to need, affordability, availability, and trust. Mata Jai Kaur used charitable and diasporic resources to subsidize or provide antenatal care and to help women navigate these different institutions. In this sense, the organization filled gaps within an existing health system while depending on that same system for services it could not itself provide.

This is important because it adds another dimension to the question of patronage and care. Mata Jai Kaur's provision of health care may appear, from one perspective, as a contemporary extension of locally rooted practices of assistance by relatively powerful actors. From another, however, it participates in a modern political claim that health care is something people should be able to expect—not simply as a favor from a patron, but as part of development and, increasingly, as an entitlement of citizenship. Unnithan's work in Rajasthan is useful precisely because she shows that these two registers do not remain neatly separate: state and non-state institutions can be simultaneously benevolent and regulatory, while civil-society organizations mediate between formal rights and the social worlds in which those rights must actually be realized (Unnithan, 2019).

Khushee Mamta extended this mixed institutional logic into mental health. As discussed in the Introduction, the program drew on the global mental health model of task-sharing, but its practical work was undertaken through Mata Jai Kaur's existing relationships, resources, and position within the local health system. It therefore brought together local histories of caste and patronage with the developmental promise of rural health care, the expanding role of non-state actors, and the more recent global mental health model of task-sharing.

Mata Jai Kaur and Khushee Mamta thus sit at the intersection of two histories of care. One is the local history of unequal interdependence, patronage, caste, and obligation traced through this chapter. The other is the modern developmental history through which health and maternal well-being have become objects of state responsibility, rights claims, professional intervention, and non-governmental action. Neither history determines in advance whether the care provided through Mata Jai Kaur will reproduce or alter existing inequalities. Khushee Mamta inherits both histories, and the chapters that follow examine what happened when women themselves were charged with providing care within them.

VII. Conclusion

During my early years in Ramjas, I had gotten to know Somu and Maina's four children well. They all had Somu's dark skin and high cheekbones, and his same radiant, toothy smile—the features that made father and children regular subjects of my photography. I still see that smile when I think of Somu, despite what he later did.

But that summer, my familiarity with the children and their extended family had deepened, thanks in large part to Katie. All of the village's children were on *garmi ki chhutti*, summer break, and several began appearing at the *haveli* every evening after the heat died down to see the foreign white woman (*firangi gori*). Katie indulged them—dropping work at their arrival time to play. What began with a few children calling at the gate became a routine of evening walks, impromptu cricket and football matches, and excursions through different corners of Ramjas. Katie became fond of Somu and Maina's children. We visited their maternal uncle's house several times, the same house where the children had slept on the night their parents died, mainly because it seemed a joyous and welcoming place.

Prior to fieldwork, I often photographed people in Ramjas, returning to their homes with printed copies, a technique I used to meet people and build familiarity. Before photographs could be easily shared on WhatsApp, the prints themselves were generally appreciated, especially in the lower-caste households where I spent much of my time. One of my favorite photos was of Somu tending the mustard (*sarson*) deep into the growing season, when the yellow flowers and stalks reached above head height. I liked the photo because I felt it captured the essence of the man I knew—relaxed, proud, with a subtle smile, playfully containing its radiance. The distance

between the man I knew in that photograph and the man who later killed Maina puzzled me then, and I have been unable to reconcile it since.

I felt that Somu's portrait had been one of my better amateur attempts, and with a small sense of pride I printed a copy and handed it to one of Somu's daughters.

Having completed her master's degree, Katie returned to Ramjas as a volunteer the following summer, and we went to the Nayak cluster of houses to visit Maina's natal home and to see the children. After Somu and Maina's deaths, the children had been taken into their maternal uncle's house and were being raised by Maina's sister-in-law who already had three children of her own. Time had passed, and the visit did not feel like *afsos* (a condolence visit)—it was a joyful reunion between Katie and her playmates, all a year older, with smiles all around. We lingered, sitting on the woven beds (*charpai*) laid out in the courtyard with fresh cups of chai, making small talk and telling jokes. The house was full, and the sister-in-law admitted that it was difficult caring for so many children.

As we began to signal our exit, Somu and Maina's daughter, the one I had handed his mustard-field portrait to years earlier, beckoned me to the entrance to one of the rooms. There, she handed the photo to me. We hadn't directly broached the tragedy that entire visit, and now here Somu was, looking back at me from mustard fields those many cycles ago. I was not sure what her intention was in handing the photo to me. Did she want me to take it back? Was it to show me that she still had it, despite all the trauma and dislocation? What did it say about how she felt about her father? She handed it to me half-smiling. I read ambivalence into the gesture, though I could not know what she felt. Did she miss him? Was she angry? Had she simply wanted to show me that she still had it? The photograph was worn and crumpled, with deep creases. Whatever its history, she had kept it.

I smiled my own ambivalent smile and handed the photo back. She took it. And we left.

* * *

Through Somu's story, I have traced how caste, land, labor, housing, credit, and patronage converge in forms of conjugated oppression in Sri Ganganagar, and how these relations have changed without disappearing. A year after Somu and Maina's deaths, when Khushee Mamta was

just beginning, I glimpsed one small part of the aftermath in the lives of their children and the aunt now caring for them. But their experience remained largely inaccessible to me.

And yet the person whose story remains most inaccessible to me is Maina. Thinking about Somu's crumpled photograph, I realized that I could not even clearly picture her face. Unlike Somu and the children, I never intentionally photographed her, and even if she appeared somewhere in my collection I would likely be unable to recognize her. Her life was not literally invisible. She had lived in Ramjas, raised four children there, moved through the same streets and households I had spent years walking through. But I had failed to see her.

Similarly, much of what mattered in the lives of women I hoped to reach through the Mata Jai Kaur clinic remained hidden. Khushee Mamta emerged from and operates within the local fields of power and inequality described in this chapter. Yet the counseling relationships it created also brought parts of women's lives into view that had previously remained hidden. Khushee Mamta was, in this sense, partly a response to that failure of seeing; the rest of this thesis is an attempt to capture some of what emerged.

Chapter 2: Dyads and the black box of counseling: Care, accompaniment, and micro-innovations

> *Women are starving for love. They should receive love, but they don't get it. I haven't seen any woman who gets enough love. In one way or another, they are tortured for various reasons. Whether it's about housework, children, or something else.*
>
> — Khushee Mamta non-specialist counselor[27] (Dhalaria, 2024)

I. Dyads and the black box of counseling

Chapter 2 examines care in practice through the counseling relationship between Balraj, a Khushee Mamta counselor, and her patient Roshni. Its central argument is that task-sharing in Khushee Mamta did not operate as a simplified or downgraded form of psychotherapy, nor as the straightforward delivery of a cognitive-behavioral protocol. Rather, it worked through a distinct form of counseling grounded in accompaniment, judgment, and everyday improvisation. What counselors did depended not only on manuals, training, and supervision, but on their ability to enter households, read silences, navigate caste and kinship, respond to violence and suicidal ideation, and sustain fragile relations over time. Counseling was a relational craft grounded in accompaniment, judgment, and improvisation

In the introduction, I argued that to understand how a global mental health intervention "works," we must look beyond metrics and beyond the language of social determinants to the lived relations through which suffering and care are actually negotiated. This chapter opens that black box. It shows that what was being treated in Khushee Mamta was never only an individual woman's mood or behavior, but distress embedded in caste and class inequality, marital coercion, food insecurity, abandonment, and unequal worlds of dependence and belonging. The work of counseling therefore exceeded the formal parameters of the intervention, even as it relied on them. Its effects depended on technique, presence, repetition, recognition, and moral labor.

I focus on the dyad of Balraj and Roshni because it brings both the ordinary and the extreme stakes of task-shared counseling into view. Balraj first encountered Roshni in the midst of a

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[27] This quote is taken from a short documentary film profiling a Khushee Mamta patient and her counselor (Dhalaria, 2024). Documentary available at: https://youtu.be/dVnW8S49ryc?si=yhkK4E2ohzLHuxL6

suicide crisis, in a moment that exposed the limits of training and protocol almost immediately. Yet their relationship did not end there. It settled into the more ordinary rhythms of home visits, conversation, mood tracking, persuasion, reassurance, and practical support, showing how counseling came to depend on a relationship that was at once structured by the intervention and constantly spilling beyond it. Roshni's life also makes visible the wider forces that global mental health discourse often struggles to register fully: the afterlives of canal colonization, caste exclusion, labor precarity, and the gendered violence of marriage.

What follows, then, is not simply a case study of one counselor and one patient. It is an ethnographic account of how care was made possible within an unequal social world, and of what that required from the women asked to deliver it. In attending to the dyad, I argue that non-specialist counselors were not merely vehicles for expert technique. They were interpreters, negotiators, and, at times, micro-innovators (Chase et al., 2024) whose work expanded what counseling itself could mean. This relational form of care had transformative potential. It also carried risk. The ethical and emotional burdens of that risk return in Chapter 7. My concern here is first to show what counseling looked like on the ground.

II. Caregiving and Moral Experience in GMH

Community health workers (CHWs) are central to prevailing models of global mental health (GMH) intervention, especially in relation to task-sharing and scale-up. Given their centrality to GMH, there has, appropriately, been a growing number of studies exploring the perspectives of CHWs—in the guise of "lay," "non-specialist," or "peer" counselors—alongside the large and expanding body of public health research focused on patient outcomes and intervention effectiveness across settings (Agyapong et al., 2016; Agyapong et al., 2015; Alexander et al., 2010; Chowdhary et al., 2014; Cuncannon et al., 2024; Gailits et al., 2019; George, 2008; Maes, 2016; Mancini, 2018; Mutamba et al., 2013; Singla, Lawson, et al., 2021; Singla et al., 2014).

The majority of these studies on task-sharing, however, are framed in the language of public health and implementation science, which prioritizes questions of intervention impact, replicability, scale-up, and health-system contribution. Counselor perspectives are examined largely within the parameters of the intervention itself—for example, their experiences with training, tool usage, and intervention delivery. Counselors are seen, in other words, primarily "as tools in the process of task-sharing, rather than caregivers in the practice of caregiving" (Leocata,

Kaiser, et al., 2021, p. 527).

From an anthropological perspective, caregiving is, at its core, a profoundly intersubjective experience. According to (Kleinman, 2015, p. 241):

> Care is an embodied experience for both the caregiver and receiver. Caring acts are centred on physical acts of touching, embracing, steadying, lifting, toileting, and so on. But they also include the way we look at someone, and receive their return gaze; the way we connect (or fail to do so); the quality of our voice, our very presence.

Caregiving is a "moral, emotional, and practical exchange" (Kleinman, 2015, p. 241) between caregiver and care-receiver, embedded in and shaped by social life—tied to people's interactions with family, community, institutions, and cultural norms, and emerging in the relational and situational contexts of daily life (Kleinman, 1980, 1998, 2012, 2015).

In this chapter, I examine counseling from the perspective of women at the frontlines of the intervention: both the counselors and their patients. My aim is to examine the counselor-patient dyad and to show what counseling in a task-shared intervention looked like in a real-life setting. This means moving beyond the artificially controlled and time-bound contexts of implementation or effectiveness studies, and beyond the narrow parameters of program evaluation. The chapter thus offers an ethnographic corrective to the instrumental framing of non-specialist counseling in GMH.

Examining the counseling experience through the lens of caregiving also serves a broader epistemological function, one that speaks to the larger aims of the thesis: to better understand the hidden lives and subjectivities of vulnerable women in Sri Ganganagar, and to inform task-sharing interventions in GMH. As Kleinman (2015) puts it, "developing a cogent understanding of the lineaments and importance of care would contribute to a better understanding of ordinary but universal experiences of living in a particular local world and caring for others and oneself" (p. 241). Whereas implementation science and public health-oriented research focus on procedures and outcomes, directing an ethnographic lens toward what lies in the nooks and crannies of caregiving—toward the "intersubjective locus of healing" (Csordas & Olsen, 2019, p. 448)—helps bridge what we can learn from research on efficacy and what experience discloses (see also Mosse et al. (2023)).

According to Leocata, Kaiser, et al. (2021), despite the centrality of non-specialist counselors to the objectives and ambitions of global mental health, "there is an unsettling lack of ethnography" concerning their experience (p. 526). This lacuna has begun to narrow with the recent emergence of several qualitative and ethnographic studies on counselors in task-shared interventions (Chase, 2023; Chase et al., 2024; Leocata, Kaiser, et al., 2021; Maes, 2016). Nevertheless, most of these ethnographies remain more attentive to counselors than to the reciprocal exchanges through which counselors and patients encounter one another. I argue that neither side can be fully understood outside the dyadic frame. I am inclined to agree with (Leocata, Kaiser, et al., 2021) that, as a consequence of the lack of ethnographies on the caregiving experience in GMH, there remains a limited understanding of the moral dimensions of non-specialist counseling and of the potentially transformative impact it can have on both caregiver and receiver (p. 529).

For Kleinman (1998, 1999), moral experience refers to the lived realities of navigating what one understands to be right or wrong within particular social worlds. In a reciprocal caregiving relationship, what is exchanged includes "moral responsibility, emotional sensibility, and social capital" Kleinman (2012, p. 1551).

A number of anthropologists have examined the moral experiences of caregiving at the community level, demonstrating the ambiguities and challenges involved (Abramowitz, 2014; Biehl, 2013; Brodwin, 2013; Jenkins, 2015; McKay, 2018; Myers, 2015). But there are still relatively few ethnographies that explore this dimension among non-specialists in task-shared GMH interventions.[28]

Non-specialist counselors, I argue, do more than deliver a package of counseling according to an intervention manual or protocol. By entering into a counselor-patient relationship, they engage in a prolonged act of care that, in Sri Ganganagar, draws them into a shared experience of *paraya* and a shared effort to navigate and survive it—a heightened form of moral experience that transforms the subjectivity of both caregiver and receiver (Kleinman, 2012). By training and recruiting local women as non-specialist counselors, we—as GMH implementers—were, in effect, asking them to enter the often confusing, ambiguous, complex, and uncertain lives of their patients, while burdening them with moral responsibility for the well-being of vulnerable women engaged in the high-stakes struggle for dignity and survival.

[28] Notable exceptions are Chase (2023); Leocata, Kaiser, et al. (2021); Leocata, Kleinman, et al. (2021); Maes (2016), but these focus primarily on the counselor side of the dyad.

Among the 161 enrolled cases in Khushee Mamta, there were at least several dozen that could have been rendered ethnographically, each with a deep well of detail and nuance. In this chapter, however, I focus primarily on one dyad: that of Balraj and her patient Roshni. I focus on Balraj and Roshni because their relationship captures both the extreme and the everyday stakes of non-specialist counseling. Balraj first encountered Roshni in the midst of a suicide crisis—a moment that exposed the limits of training and protocol. Yet their relationship later settled into the more ordinary rhythms of counseling, revealing the ongoing, uncertain, and morally charged nature of caregiving. This case offers an intimate lens onto the tension between intervention models and lived realities, the burden of caregiving, and the fragile possibilities of healing.

Roshni lived in extreme poverty, facing food and housing insecurity shaped by the forces of colonial and post-colonial modernization and biopolitics. Her counseling experience therefore speaks directly to the critique that GMH interventions, with their emphasis on individual behavior and cognition, often neglect the systemic and historical roots of psychosocial distress, including the economic dislocations and social exclusions produced by colonial and post-colonial modernization.

This chapter draws primarily on my interviews with Balraj about her counseling experiences, supplemented by interviews with the other nine counselors, Khushee Mamta program data (including counselor case notes and exit interviews), and my own observations as part of the caregiving team.

While the chapters that follow explore female subjectivity more directly through the analytic of paraya, this chapter begins from the counseling encounter itself. In describing the counseling experience, I continue to paint a picture of local context from the perspective of the story's protagonists, showing how social forces, precarity, and patriarchal constraint entered the relationship in distinct ways. What appears in intervention terms as "a case" was, in lived terms, a woman's effort to navigate violence, insecurity, and dependence within a deeply unequal social world.

Through this process, I make three related arguments. First, there is a tension between the formal parameters of the intervention and what counselors actually do to help their patients. While Khushee Mamta and THP were structured by protocols informed by cognitive behavioral

therapy (CBT), caregiving and healing often required moving beyond those protocols. What emerges is a picture of counseling that exceeds CBT: more relational, more improvisational, and more team-oriented, operating in the realm of ordinary ethics as a form of support and solidarity that could, at times, resemble the remaking of lost or damaged kinship.

Second, there is a similar tension in how GMH regards and uses non-specialist counselors. On the one hand, they are trained to deliver the intervention as designed. On the other, they are relied upon for their local knowledge and contextual expertise. In learning, adapting, and translating the intervention case by case, they play a large but largely unrecognized epistemological role in GMH—what I call the burden of horizoning.

Third, the moral experience of caregiving has significant ethical implications for GMH practitioners and researchers. Counselors shared in the psychosocial distress of their patients, including the dangers of suicidal ideation and material precarity, while also carrying the burden of translation and adaptation. That burden, and its potential costs, must be weighed against counseling's potential for transformation and healing.

III. Balraj and Roshni: crisis, care, and the counseling encounter

Balraj, a 38-year old Jat Sikh mother from a land-owning family, returned to the sprawling, dusty village of Jivanwala on a warm day in March just a few weeks after Roshni's daughter was born. Balraj had enrolled Roshni, aged 30, into the Khushee Mamta program after an initial prenatal screening three months earlier that indicated "moderate depression" on the PHQ-9 scale, but they were unable to arrange a follow-up meeting prior to the childbirth. This was to be their first counseling session and Balraj was eager to meet the new baby.

Jivanwala was about a 20-minute walk down the road from Balraj's village, and she planned to set off after the completion of her morning tasks. These included preparing chai and a light breakfast for the family and seeing her son off to school. It was harvest time, so Balraj also had to prepare a large stack of *roti* (flatbread), *sabji* (cooked vegetables), and more chai for her husband and the group of laborers working in their fields that day. A local Nayak woman soon arrived to take over what had been started, freeing Balraj to wash, change, and fix her hair. She set off on foot with her tote bag which contained an electronic tablet, a voice recorder, a case notebook, and her Khushee Mamta field manual.

Unlike Balraj's village, which had a population of less than 150 people and only a few dozen houses arranged along obvious, well-maintained roadways, Jivanwala felt like a bustling town. Its maze-like network of winding streets were flanked with mostly *kachcha* or run-down, semi-*pukka* houses. Among the larger villages of the region, Jivanwala had ten times the population of Balraj's village, two-thirds of whom were classified as Scheduled Caste (SC) according to the 2011 Census. "It's a very poor village," Balraj told me back in December, as we were driving through during an initial screening blitz of all Khushee Mamta villages. "Many of our laborers come from here." Indeed, Balraj had known Roshni for some time. Roshni and her husband were skilled in metal work—welding, forging, and other related tasks—and regularly came to Balraj's house to help maintain her family's farming equipment, restoring and sharpening plow blades and doing other small welding and repair jobs. Balraj was now a Khushee Mamta counselor, and their roles had reversed—she was the visitor, and Roshni the host.

On that initial drive to Jivanwala, Balraj made a mental note of where Roshni's house was in relation to Jivanwala's most obvious landmark—the village's large, tree-lined *diggi*—one of the village's half-dozen canal-fed storage reservoirs used to capture surplus irrigation water. The word *diggi* also refers to a collection of tanks and reservoirs, collectively referred to as "waterworks," that stores and supplies drinking water for the community.[29] Roshni's house was just a few paces from the main *diggi*, which happened to be the largest and oldest in Jivanwala, as indicated by its irregular shape and the mature trees surrounding its edges. It looked like an ancient lake, one that people and cattle alike might have bathed in for centuries. But any evocation of deep history was a mirage—the trees were planted by the original settlers and planners of Sri Ganganagar less than a hundred years ago, during the final decades of the British Raj.

The trees around the *diggi*, like those planted along the canals and ditches bringing water to the

[29] The word *diggi* in Sri Ganganagar is used to denote any of a number of different canal-fed water storage tanks or reservoirs. The word can be translated to "water storage tank", "irrigation reservoir" or "farm pond" and can serve the entire community or individual landowners. Their function is to store drinking water to be filtered and distributed among village residents and to capture surplus water during the village's irrigation allotment. Many larger land-owning farmers have created their own *diggis* to capture surplus water to be used in between irrigation allotment times. Recently, the number of these *diggis* have increased due to a World Bank-supported of government incentivization program called the Rajasthan Agricultural Competitiveness Project (RACP). The programs offer subsidies of up to 70% of the cost for the construction of *diggis* and the lining of the *diggi* with cement or polyethylene with minimize seepage. Additional support has been offered to integrate the *diggi* into solar-powered, micro-irrigation systems (i.e. pumps, sprinkler, drip systems) that can allow the farmer to grow produce. See The World Bank (2021).

villages and out to the fields, serve the vital function of shading the captured water from the desert sun. The pattern of trees in Sri Ganganagar, as well as their variety, is an artifact of the highly planned canalization process. Mature eucalyptus and poplars—imported by the British from Australia, Europe, and North America—form thick canopies along the main feeder canals and roadways. The district's main canals and distributaries are easily identified in a Google Earth satellite image by the dense tree lines snaking and branching south and west from the canal head in Ganganagar city. On the same image, one can see the smaller, indigenous trees—such as the thick and gnarled *khejri* and the thorny, yellow-flowering *babool* (acacia)—in perfect, perpendicular north-south and east-west gridlines, indicating the small field channels (*khal*) that bring water to the local fields. Larger, leafy *neem* and *peepal* trees are common at major road intersections and canal junctions (*moda*).

The trees and *diggis*, in other words, like the canals and the villages themselves, are emblematic of the deliberate, modern reshaping of Sri Ganganagar—a set of metaphorical ropes and harnesses that have tamed and settled a once barren and largely inhospitable desert landscape.

Caught up in this grand modernization scheme were the region's existing inhabitants, among them the nomadic tribes to which Roshni and her husband belonged. They were Gadia Lohar, traditionally known as nomadic blacksmiths (the name derives from the Hindi/Sanskrit words "*gadi*", meaning "cart" or "wagon", and "*loha"* meaning "iron"), who are among the poorest and most economically insecure people in India. Many Gadia Lohar still live as the community has for centuries, plying their traditional trade in metal work and animal husbandry while living on the move on their beloved bullock carts.[30] While still largely nomadic, many stay for extended periods of time in makeshift settlements on public lands in Ganganagar city and other rural towns, making and selling metal objects, often with simple, roadside setups of a small makeshift forge, anvil, and assorted tools.[31]

Part of their precarity stems from the biopolitics of caste in India. As discussed in chapter 1,

[30] The Gadia Lohars trace their ancestry to Rajput warriors who, according to oral tradition, took up blacksmithing after being displaced from their lands. Some legends connect them to the followers of Maharana Pratap, the 16th-century ruler of Mewar, who vowed to live a nomadic life until his kingdom was reclaimed from the conquering Mughals. In 1955, Nehru led a march of 4000 Gadia Lohar to Chittorgarh fort symbolizing the end of their vow and self-imposed exile. See Ashraf (2023); Ayushmaan and Pandey (2019); Pandey (2020).

[31] Gadia Lohar are originally from the Rajasthan, but there are large populations living nomadic, semi-nomadic lifestyles in surrounding states, such as Madhya Pradesh, Uttar Pradesh, Maharashtra, and Gujarat. Others have become more settled in urban areas, including Delhi.

Gadia Lohar have never been included in the Scheduled Tribe (ST) or Scheduled Caste (SC) categories and have therefore been excluded from benefits and reservations (i.e., affirmative action) schemes for these historically oppressed groups. In Rajasthan, Gadia Lohar were included in the Other Backward Classes (OBC) category in 1994. In further recognition of their precarity, the state government moved them to Special Backward Classes (SBC) and Economically Backward Classes (EBC) categories in 2008, entitling them to additional reservations in government jobs and educational institutions. This decision was struck down by the Rajasthan High Court in 2016, prompting the government to re-include them in the OBC category the following year. These attempts at categorization have not fundamentally increased their visibility to the state—unlike SCs and STs, OBC categories are not explicitly enumerated in the census, and it is therefore difficult to determine how many Gadia Lohar live in Sri Ganganagar, let alone within the Khushee Mamta catchment area.[32] Further, the nature of most Gadia Lohar lives prevents many of them from obtaining the documents, such as ration cards and caste certificates, needed to benefit from social welfare schemes in the first place.

With the birth of their son twelve year ago, Roshni, and her husband retreated from nomadic life and settled in Jivanwala, eking out a living by providing their blacksmith services to farmers in surrounding villages. They enjoyed working at Balraj's household, which had a reputation for fairness and kindness to their laborers, mainly due to Balraj's father-in-law, Balwant Singh, who is also a central figure in MJK operations. Roshni was, therefore, thought by the Khushee Mamta team to be an ideal case for Balraj at this early stage in the pilot intervention. There was familiarity, proximity, and, given the initial screening of "moderate depression", a relatively straightforward patient through whom to gain experience delivering the counseling program.

The first follow-up counseling session after the initial screening had been arranged a few days earlier. Since neither Roshni nor her husband had a phone, the meeting was arranged and confirmed by Balwant Singh via a laborer who was from Jivanwala and knew the family. Walking towards Roshni's house that morning, Balraj mentally reviewed the talking points and objectives for the first session. She was startled to see Roshni in the street holding her crying baby, several paces from their one-bedroom *kachcha* house. Roshni was agitated. Her adolescent son stood

[32] Gadia Lohar are also included on Rajasthan's Denotified and Nomadic Tribes list, which includes historically nomadic and semi-nomadic tribes and communities that were once listed under the British-era Criminal Tribes Act (1871), which labeled certain tribes and communities as "habitually criminal." After India's independence, the Criminal Tribes Act was repealed in 1952, and these communities were "denotified," removing the criminal stigma. See Government of India (2008); Government of Rajasthan (2024).

silently alongside them.

"I don't want to live anymore," she said as her eyes caught Balraj's.[33] "He is sitting at home drinking (*sharaab pee raha aa*) and is verbally abusing me (*galaann karda aa*)." She gestured to her son. "He is grown now." The statement was confusing to Balraj. "I am going to the *diggi* to jump in."

Gathering herself, Balraj assessed the immediacy of Roshni's intentions. "What are you thinking? Which *diggi* are you going to jump into?"

"There is a *diggi* at the waterworks," she said. "First, I will push my son into the tank… before pushing him I will tell him, 'do you see inside the *diggi*? There is a dead old lady in there, just take quick look inside…' And then when he leans over to look, I will push him in. And after that I will pick up my daughter and I will jump into it with her... I'm on my way there right now (*main abhi jaa rehi hoon*)."

Balraj's counselor training included theoretical discussions around encountering a patient at high risk of suicide or self-harm, but at this early stage of deployment, none of the counselors had yet dealt with such a scenario in real life. She was startled, and felt emotionally unprepared for the moment, but the training guided her immediate response to ask questions. The Khushee Mamta suicide risk assessment protocol calls for the counselor to ascertain whether a patient with suicidal ideation has developed a detailed and feasible plan. If suicide is imminent, the protocol requires breaking confidentiality and involving local authorities or family members, followed by calls to the supervisor and a referral to a mental health specialist. But there was no time for calls or referrals in that moment, nor was there anyone around whom Balraj thought could usefully intervene—certainly not Roshni's husband. Balraj had no choice but to try and talk Roshni down herself. As she explained to me in an interview a year later:

> …we couldn't go into her house because it was only a single room and it was very hot inside. And he was drunk and laying in the bed. If I were to go inside, he would have verbally abused me too. So, I calmed her down and asked her to sit with me for two minutes outside the house.

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[33] In this chapter, most quotes attributed to Khushee Mamta patients are second-hand quotes given by counselors during interviews about their counseling experiences. As part of the Khushee Mamta Pilot Study, exit interviews were conducted directly with patients. When direct patient quotes from these exit interviews are used they are identified with a footnote.

People from the surrounding houses and in the street began noticing the commotion. An elderly neighbor interjected: "You should get food for her and make her eat," he told Balraj. "She hasn't eaten for three days."

Balraj dispensed with any notion of starting the counseling session as planned. "I didn't ask her any questions or say anything from the manual," she told me. Instead, Balraj sat with Roshni and talked calmly, trying to mask her own anxieties. After some time, Roshni's agitation did not fully subside, but her impulse to take her children to the *diggi* had passed. Rather, her emotions sublimated into a full-on confession of all that was troubling her. According to Balraj:

> That day when I went to her house, that poor woman was very upset. And so, she told me everything on the first day… she told me everything because I knew her from before (*usne mujhe sab kuch bataya, kyunki main use pehle se jaanti thi*). She would not have told me anything otherwise.

After Balraj felt confident that Roshni and her children were out of trouble, she called Balwant Singh to pick her up by car. She asked him to bring over some food for Roshni. Before they departed, Balwant Singh had a conversation with Roshni's husband about setting aside his alcohol and helping care for the newborn at least for the next few days.

"I didn't do any counseling that day," Balraj reflected. "All I did was stay with her, talk to her a bit to support her, stopped her from committing suicide, and gave her food. Then I came back home."

IV. Micro-innovations, protocol, and the ceiling of responsibility

As mentioned, evidence-based task-sharing interventions in global mental health are intended to be adapted from a more general intervention model. Many of these adaptations are meant to be made prior to implementation during a preliminary stakeholder consultation phase, or what the WHO's mhGAP refers to as "situational analysis" (World Health Organization, 2016, p. 152). For Khushee Mamta, this preliminary phase included a series of informal group discussions in a dozen villages within MJK's catchment area, meetings with local health care providers and government officials, and additional discussions with patients and families attending MJK's weekly clinic. Through these interactions, we gained important feedback on our preliminary

implementation plan, including insight into how local people understood depression, the extent of associated stigma, and whether perinatal women might benefit from counseling. While "tension" and "*kamzor"* were commonly used to describe perinatal distress, we found—contrary to earlier anthropological studies in India (Carstairs & Kapur, 1976)—that there was a basic understanding of the biomedical concept of depression and broad agreement that it was a real problem to be addressed. We also found that, while depression itself carried little stigma, the term "mental illness" was best avoided in community-facing communication about the program.

Other preliminary adaptations included altering language and images from the THPP manuals (implemented in Goa, India, and rural Pakistan) to fit our context by, for example, converting saris to Punjabi-style suits and *pakuls* (soft, round-topped men's hats common in Pakistan) to Sikh-style turbans. For Khushee Mamta, activity calendars were simplified and behavioral advice was made more locally relevant. For example, advice to pray and engage in spiritual practices—as a way to improve the mother's health and sense of community—was adapted to local religious practice, while advice to purchase clothes and other items for an unborn child—as a way to improve mother-infant attachment—was dropped because of the widespread local belief that doing so is unlucky and could lead to miscarriage or infant death.

While these initial modifications helped tailor the intervention to local realities, the real test came once implementation began, when counselors encountered unanticipated challenges that required further adaptation and ad hoc adjustment. As part of the pilot implementation study, there was a formal feedback mechanism to facilitate ongoing adaptation through counselor and patient interviews, surveys, and a mid-point counselor retreat during which we held focus group discussions. Many of the adjustments Balraj and the other counselors made early in the pilot later became permanent adaptations to Khushee Mamta. Among the most important early changes were a softening of the enrollment criteria and greater counselor discretion during screening. During the initial screening blitz, we discovered that it was often difficult to get an accurate PHQ-9 score, and we therefore had to incorporate counselor intuition—their ability to discern household dynamics, subtle emotion, and contextual factors not readily detectable through the screening tool—into the process. Balraj's initial screening of Roshni was a case in point.

At her initial screening—three months before her scheduled counseling session—Roshni scored 10 out of 27 on the PHQ-9, indicating moderate depression. Her response to question 9, which assesses the self-reported frequency of thoughts of suicide or self-harm, was noteworthy. Among

the possible responses, ranging from "0" (not at all) to "3" (nearly every day), Roshni responded with a "2" (more than half the days), which triggered a suicide risk assessment. At the time, Balraj did not detect any risk of imminent self-harm. According to the screening protocol, Roshni's case did not appear to require an urgent response, which is why we were not overly concerned that Balraj could not schedule counseling until after childbirth. Nevertheless, at our supervisory meeting, Balraj expressed unease about the long gap before seeing Roshni—a feeling that, given her later experience, proved prescient. Roshni's PHQ-9 score was 25 out of 27 (indicating severe depression) at the first counseling session, a score that would have triggered immediate referral, and it remained in the moderately severe range for several weeks.

During the screening blitz, several counselors reported that they did not trust their initial PHQ-9 scores and insisted on seeing certain women again. In several instances, PHQ-9 scores jumped from the 0–4 (none or minimal depression) and 5–9 (mild depression) ranges—which made women ineligible for Khushee Mamta counseling—to the moderate and severe ranges on subsequent screening. We therefore added a question to the screening tool directed at the counselor: "Do you think this woman would benefit from Khushee Mamta counseling?" A positive response prompted a second screening. This simple addition incorporated counselor intuition about the patient's case into the screening tool.

The vast majority of changes to protocol, however, were ad hoc adjustments that did not amount to permanent or formal revisions to Khushee Mamta. Take, for example, the simple act of approaching a perinatal woman's home. For each encounter, counselors had to negotiate entry, figuring out whom to greet and whom to avoid. At different times, the answer to both questions was often the mother-in-law. In cases where the mother-in-law insisted on sitting in on the session, the counselor had to modulate her messaging both to avoid making the patient uncomfortable and to ensure she would be welcomed back by the in-laws in future. Finding a relatively private place to conduct sessions meant negotiating for both space and time away from domestic duties. Where such space was unavailable, counselors often had to find ways to meet patients outside the home—at a primary care center, local temple, park, during a walk, or at MJK. Once access to the perinatal woman was secured, counselors might encounter a grieving woman mourning a miscarriage or infant loss, experiencing gender-based violence, or navigating an underage pregnancy.

Most ad hoc adjustments counselors made were situational responses to the ongoing

uncertainties and complexities of their patients' lives—realities that could not be anticipated or planned for. These adjustments were made to facilitate healing, but they often came into tension with intervention protocols designed to protect patient and counselor safety and to establish the parameters of what counseling should look like.

The counseling session Balraj had planned for her first meeting with Roshni was meant to be an introductory, rapport-building session with the patient and her family. During it, the objectives and general structure of the counseling program would be explained, and ground rules and expectations for all parties would be set, including such things as honoring scheduled appointments and completing assigned tasks. Counselors were also instructed to explain what counseling did and did not entail. Given that poverty was expected to be a major factor in many enrolled cases, an especially important message was the limit on how much material support could be expected from the program. Counselors could facilitate referrals to the MJK clinic for prenatal care or to the Khushee Mamta psychiatrist for additional mental health care, and MJK would cover all associated costs in both scenarios. Beyond this, patients were informed that counselors were not allowed to provide direct material support in the form of money, food, medicine, clothing, or other goods. Nor were they to personally intervene in household violence, attempts at self-harm or suicide, or other situations in which they felt unsafe.

In training, all of these restrictions were explained in terms of the counselors' "ceiling of responsibility," an explicit upper limit to what they were ethically responsible for. This limit served multiple functions, including reminding counselors not to act beyond their training and to refer patients whose needs exceeded the level of a common mental disorder—that is, depression up to and including the "moderately severe" range on the PHQ-9 scale. It also served to prevent the caregiving relationship from becoming unsustainable and overburdensome, in part by reminding counselors that, as frontline workers, they were not morally obligated to address systemic conditions such as poverty or hunger, even when those conditions were manifest in their patients' households. Ideally, counselor responsibilities were meant to be restricted to screening women for depression, listening non-judgmentally, providing counseling as outlined in the Khushee Mamta field manual, and referring patients to specialists as needed.

Faced with Roshni's desperate circumstances, Balraj broke nearly all of these limits. Out of necessity, she made real-time adjustments to the Khushee Mamta protocol, and neither the supervisory team nor I was in a position to overrule her or stop her from acting humanely. The

programmatic lesson of Balraj's encounter with Roshni was that the application of high-risk assessments and other intervention protocols, when confronted with the reality of patient lives, was often far more complicated, ambiguous, and ethically murky than formal guidance could anticipate.

The first and most obvious of Balraj's adjustments was her decision to dispense with the planned counseling session and personally intervene to stop Roshni from taking her children to the *diggi*. Second, she arranged for Roshni to get food and recruited Balwant Singh to monitor her and intervene with her husband—actions that, at that point, lay completely outside the planned intervention model. As Roshni's condition stabilized, Balwant Singh continued to assist by accompanying Balraj to meetings and engaging Roshni's husband and son in friendly conversation outside the home while the counseling session proceeded privately inside. This helped Balraj overcome her fear of returning to the house after the initial encounter, and this team-based approach, involving male allies, later emerged as a key strategy in handling other complex cases.[34] Finally, Balraj decided not to refer Roshni immediately to the psychiatrist but instead invited her to MJK, a decision based on both intuition and her observations of the household during that first visit.

All of these "micro-innovations" (Chase et al., 2024, p. 493) contributed to Roshni's eventual recovery over a modified schedule of 10 postnatal counseling sessions extending across 10 months, during which her PHQ-9 score fell from a peak of 25 to a final score of 5 out of 27—indicating mild depression, below the threshold for enrollment—and her suicidal ideation fell to zero. While this was not a controlled experiment, it strongly suggests that Balraj's modifications were the right decision. Her intuition-driven and context-sensitive approach underscores the necessity of flexibility in task-sharing models. More broadly, her experience raises critical questions about the tension between standardization and counselor intuition in GMH interventions.

[34] In Roshni's case, Balwant Singh's ability to engage with her husband and facilitate Balraj's counseling played a major role in her recovery. In another case involving severe depression, high-risk suicidal ideation, and preeclampsia (a potentially fatal condition during pregnancy), an ad hoc support team naturally formed as various men stepped in to help in ways they deemed useful. In this instance, the counselor's husband took on the role of befriending and supporting the patient's husband, even helping drive the couple to a referral psychiatrist. Balwant Singh also intervened, leveraging his social capital to influence the patient's in-laws to be more supportive, particularly in securing her much-needed prenatal care. I also became involved, visiting the family and occupying their attention to create space for the counselor to conduct her sessions uninterrupted. Like Roshni, this patient also recovered.

V. What counseling looked like

In this section, I move beyond Balraj's initial encounter with Roshni and describe the subsequent, long-term counseling engagement. Through this process, we can understand how Balraj responded to Roshni's needs, revealing how counseling unfolded and what healing entailed.

As mentioned, Roshni's counseling outcomes, as measured using Khushee Mamta indicators, were positive. Over the course of 10 postnatal counseling sessions spanning 9 months, Roshni's PHQ-9 score gradually declined before stabilizing in the "mild depression" range, with no further indication of suicidal ideation or self-harm. In addition to the scores, Roshni and her husband exhibited behavioral changes that persisted well after counseling ended. Among the major issues that Balraj identified in her case notes were Roshni's inability to care for her newborn daughter. After going through the postnatal Khushee Mamta sessions focused on "the mother's relationship with her baby", Balraj noted that Roshni became more attentive and nurturing. Meanwhile, thanks largely to Balwant Singh's influence, Roshni reported that her husband's alcohol consumption had significantly reduced, which in turn contributed to a reduction in his acts of physical and sexual violence.

The "official" Khushee Mamta record, therefore, reflected a markedly improved patient trajectory, particularly given the severity of her initial condition. Adding to this sense of achievement was the positive relationship that developed between Balraj and Roshni. By the end of counseling, Roshni did not want the sessions to end to the extent that she resisted participating in the "final session survey" used to gather endpoint data for the Khushee Mamta pilot implementation study. The survey signaled an official conclusion to counseling and, as Balraj recounted, "she said, 'I don't want to do it because then you will stop coming to me.'"

In addition to the final session survey, the Khushee Mamta implementation study included "exit interviews" with patients to gather their thoughts and feedback on the program. To reduce the potential for favorability bias in the patients' responses, the exit interviews were conducted by a female research assistant, Jayati, a practicing psychotherapist and a graduate student from Delhi who was not part of the Khushee Mamta program. The COVID-19 pandemic delayed the exit interviews, which were ultimately conducted over the phone. For Roshni, this caused an additional delay, as Balraj needed to arrange the interview and provide her with a mobile phone.

By the time the interview took place—eight months later—it provided a rare opportunity to assess the long-term impact of counseling.

Through the lens of caregiving, I move beyond Khushee Mamta indicators to examine Roshni's experience of paraya, patriarchy, and ontological insecurity, alongside the shared journey of counseling between both women. Ethnographically, my objective is to present Roshni's life to see what non-specialist counseling actually looked like in her context and in what ways it was effective. Through this process, I arrive at some answers to the overarching questions of this thesis: Is the Khushee Mamta/THP counseling model applicable in this context? Does it meaningfully address the psychosocial stressors that lead to maternal depression? If healing does occur, what does it look like, and how is it achieved?

An ethnography of a counseling dyad complicates the critique that the Khushee Mamta/THP model is simply an imposed, individual-focused biomedical intervention inadequate to a world of structural violence and deprivation. Roshni's case is especially challenging for the GMH approach because of her extreme levels of deprivation and hunger. Perhaps the most damning indictment of Khushee Mamta/THP in this regard is that, as described above, from the moment Balraj recognized Roshni's material insecurity, she abandoned the counseling plan and broke protocols to find food for Roshni and her infant. One might ask: What good are cognitive and behavioral adjustments—or even a suicide risk assessment—when material deprivation remains the root of suffering? And yet, Roshni's deep attachment to Balraj, and her reluctance to end counseling, suggest that something meaningful was exchanged. Despite the stark reality of her material conditions, the program provided a form of care that mattered.

VI. Ambivalent Reflections on Counseling

This ambivalence towards the value and meaning of counseling emerged in Roshni's responses to Jayati in the exit interview.[35] When asked why she participated in the Khushee Mamta program, Roshni responded:

> You mean Balraj who used to visit me? Whenever I got angry (*gussa hota tha*), she would come and help me understand why (*samjhati thi*), and then my health (*sareer*) would feel better…She made me feel very good.

[35] In this section, Roshni's quotes are direct quotes from her exit interview with Jayati.

But when Jayati followed-up, asking "when the counselor came to visit you, in what way did she to help you?" Roshni responded:

> She didn't help (*madad*) me in any way. She just used to talk and she shared in my joys and sorrows (*sukh dukh kar jaati*). She did not help me in any other way. But she helps by helping me get medicines if I call her up.

For Roshni, the notion of being helped was most meaningfully tied to material assistance, and she acknowledged Balraj's role in getting her medicine. At the same time, she acknowledges the importance of having someone to share in her emotional experience. The Hindi phrase *"sukh dukh"* could alternatively be translated as "ups and downs" or "happiness and sadness" or "comfort and hardship"; and "*kar jaati*" implies "going through", "enduring", or "experiencing something." Roshni explained further:

> When *didi* ("sister," referring to Balraj) would share my *sukh dukh*, or if I share my *sukh dukh* with someone else—she used to say it's fine to do that... She used to say I should share my *sukh dukh*. And then, just by speaking openly and laying everything bare, the soul begins to feel calm and light (*pet farol dete to aatma holli ho jaati hai*).[36]

Roshni appeared to be connecting her experience to the CBT-based counseling approach of the Khushee Mamta program. Within the sessions focused on "the mother's relationship with people around her," the patient and the counselor discussed the benefits of sharing one's problems with others and nurturing healthy relationships with family, friends, and neighbors. Thoughts and behaviors that encouraged socialization were encouraged, but it was apparent, especially for the very isolated patients—those in the depths of *paraya*—that the counselor herself became a key member of the patient's social world. To Roshni, Balraj was a counselor, but she was not distant like a medical doctor or nurse. She was a *didi,* a sister, who was duty-bound to come and listen and share in her suffering.

Roshni went on to summarize the activities of a typical counseling session, during which Balraj "would ask me 'how is your mood today?' She asked me that every day. And she would say 'it seems you have done all the work,'" referring to the homework—charts to record behavioral activation activities from the previous session. "She showed me the photos in the book [the

[36] "*pet farol dete*" literally means "to cut open the belly" but figuratively means "laying bare one's inner struggles."

Khushee Mamta manual], and marked them to depict my mood that day and the next, or when I felt like there was no point in living ("*khap joon",* meaning "to waste one's life"). Then I used to feel a bit better. And then *didi* used to write her in notes that today I am a bit better." A basic concept in CBT is that by recognizing and examining one's emotions and underlying thoughts, intentional cognitive or behavioral changes can help alter those emotions or psychological states over time. This recognition and intentionality are reflected in Khushee Mamta through the recording and tracking of the patient's mood and activities.

While these activities were simple and straightforward, Roshni ended her description by emphasizing to Jayati how meaningful it was to simply talk about her feelings: "*Didi* [referring to Jayati], over the past fifteen years, I've never truly felt happy. I never shared going through my *sukh dukh* with anyone, nor did I ever really communicate with anyone. I just accepted everything the way it was happening."

When Jayati asked Roshni for feedback on how the counseling program could be improved, she returned to describing her economic precarity: "What can I say, *didi*? I've been facing the same problem for two years now. I cannot afford basic food (*khaane peene*). I worry about whether we will start working again." Her worries were compounded by the stark reality of her lack of a safety net. Her parents were also overextended: "After all," she explained, "how long can I sit at my parents' house? I am one of six siblings—four sisters and two brothers." As for in-laws, she had none. Roshni's household consisted only of herself, her husband, and their two children.

As the interview progressed, Jayati could hear Roshni's baby crying through the phone. When Jayati asked about the baby, Roshni's frustration poured out as she described the constant demands of caring for her daughter.

> This is what I keep going through. If I make tea, my daughter is along with me; if I am washing clothes, even then my daughter is along with me; when I go out to the latrine, then also my daughter is along with me; when I go to take a bath, then also my daughter is along with me. You tell me what should I do?

Sensing her distress, Jayati recommended ending the interview and told Roshni that she would contact Balraj to check-in on her, despite the Khushee Mamta pilot implementation having officially ended. "Please tell Balraj that I need one of the boxes of powder that I used to get…" Roshni was referring to the nutrition supplement MJK provided its prenatal patients. "And

please tell her to get that liquid bottle of infant formula that my daughter can drink."

The exit interview vividly captured Roshni's precarity, the weight of her domestic burden, and the ongoing relationship between her and Balraj. Below, I delve deeper into Roshni's life, focusing on Balraj's feelings, perspectives, and responses to what was revealed to her through the process of counseling. While an essential part of Balraj's counseling involved visiting, sitting with, and simply listening to Roshni—the simple practices of ordinary ethics (Das, 2012; Lambek, 2010)—I argue that the counseling offered more than just a rhetorical sharing of *sukh dukh*. Balraj, I contend, accompanied Roshni in materially significant ways that went beyond the narrow confines of the Khushee Mamta counseling manual. Part of the process was to identify where Roshni demonstrated agency, albeit restricted agency, and to contribute as a sounding board or facilitator in her quest for survival. While not always successful, these actions represented meaningful acts of solidarity and accompaniment.

VII. Accompaniment Through Precarity, Violence, and Restricted Agency

"The main reasons for Roshni's difficulties," Balraj emphasized, "were financial. They did not have enough to sustain themselves, and Roshni was the only one earning." Among Gadia Lohar, men and women are known to share equally in the burden of blacksmithing (Uppal, 2024). However, between Roshni and her husband, it was Roshni who regularly found employment and made house calls to do the actual labor. Prior to her husband's behavioral changes, he added to the financial burden by spending an inordinate amount of what she earned on drugs (specifically, the opioid Fortadol, discussed in chapter 6) and alcohol. In addition to being the breadwinner, the burden of domestic work also fell disproportionately on Roshni with her husband doing little beyond getting fodder for their animals.

The primary source of tension between Roshni and her husband was therefore his desire to have another child and her worries about having to bear the added financial and domestic burden. "We already had a son," she explained to Jayati.

> …and I thought that having just one son was enough (*ek lardka bohut hai*) since we are living in poverty. There is no one else to take care of him or look after him. I am alone... Now that my daughter is born, I am really upset. My problem is, should I look after her or should I complete my household chores? I also have to worry about milk etc. (*dudh vegara*), because sometimes these are available in the house and sometimes they are not. I have a lot of tension if there is no flour in the house. I also have a lot of tension about

clothing *(kapra vegare bohut* tension *aree ai*).

The unfortunate corollary of Roshni's husband's desire to have another child was his practice of coercive sex. It had been an issue since their son was born 12 years ago, and was the main ignitor of conflict, with alcohol and drug use acting as the accelerant. Roshni had learned to resist, most often physically, and their fights often spilled into the street, witnessed by neighbors. Often, Roshni would be able to fend off her husband's advances either physically—"both of them belong to Lohaar caste, and so, both of them are equally strong," Balraj noted—or she would be able to talk her way out of it. But virtually all of their sexual encounters were unwanted, violent, and coerced.

For Balraj, who came from a loving household that was never food insecure, the contrast between her experience and Roshni's was stark. As she explained to me:

> They do not store wheat (*kanak*) and flour (*atta*) like we do in our house. We have a one-year stock of essentials that we store in the house (*aapne kol saal da peya aa*). Most people store at least one week's worth of food. But in Roshni's house it's like, she has food for the morning, but she doesn't have food for the same day in the evening... When she earns money by working, only then does she get food for the evening.

After giving birth, Roshni held out hope that her husband, who had insisted on having more children, would contribute more to the household. But he fell deeper into alcohol and drug use. She told Balraj that she felt her daughter had been "born unnecessarily" (*aivain hi aa gayi ae*) into a situation of poverty to which her husband was incapable of alleviating.

Roshni's reproductive agency

Roshni's son was born within the first year of her marriage, which prompted the couple to find a place to settle. According to Khushee Mamta survey data, she became pregnant again within a year of her son's birth. It was a difficult pregnancy that ended in a miscarriage. These early challenges led Roshni to search for contraception options, despite her husband's objections. Female sterilization, or tubal ligation, is one of the most widely promoted and utilized methods of contraception in India and is freely available through the Indian Government's National Family Planning Program. This was Roshni's preferred option, but her husband's opposition made receiving it impossible. Instead, Roshni began surreptitiously acquiring Mala-D, a popular daily oral contraceptive pill provided free of cost at government hospitals and clinics.

Over the next decade, Roshni devised ways to obtain the pills without her husband knowing. "She would make excuses and tell him things like, 'I have a headache today,' or 'my stomach is hurting,'" Balraj explained. "She said, 'I would just make up a random excuse to go to a clinic, and then I would go and get it [Mala-D].'"

Eventually, her husband discovered what she was doing and pleaded with her to stop. Roshni, suspecting that her prolonged contraceptive use might have affected her fertility, relented to his demands, only to become pregnant shortly thereafter.

Following the birth of her second child, Roshni faced mounting domestic responsibilities, but her husband's demands for sex during the postnatal period remained unchanged. Both she and Balraj grew concerned about the possibility of another pregnancy. When Roshni told Jayati that Balraj helped her get medicine, she was also referring to the support Balraj provided in obtaining contraceptives. However, managing a consistent supply of Mala-D became increasingly difficult due to Roshni's household and childcare duties. To address this, Roshni opted for a long-acting contraceptive injection available at a local private provider.

"When we talk, she would ask me how many months have passed since my last injection… On which date should I go to get the next injection" Balraj explained. "And that poor woman saves money specifically for these injections."

Roshni's Financial Agency

In addition to significant food insecurity, Roshi's family experienced significant housing insecurity that placed additional demands on her. "My house is *kachcha* and poorly built," she said. "The walls are constantly dripping and leak to the extent that I have to keep re-applying mud (*maati*) all the time." *Kachcha* houses like Roshni's were once common in Sri Ganganagar, but they are now steadily disappearing from rural settings. While many people, including myself, find *kachcha* houses to be beautiful and more comfortable in extreme weather due to their superior insulation, the shift to *pukka* houses has significantly reduced the labor—usually performed by women—required for maintenance.

Remarkably, Roshni's household consisted of a single room, though a relatively large one at 20

by 40 feet, with a small, unwalled courtyard and no outdoor structures, other than a small open air toilet. Even in comparison to the lowest-income residents of the region, this was a very small and underdeveloped house. There was not much in the room itself besides beds and a few possessions kept in one corner. Cooking was done outside next to the animals. "Roshni's house was well-maintained, with nicely plastered walls," Balraj noted, "but the roof was sagging and in a partial state of collapse." She worried that it might imminently collapse on the family as they slept or even during their counseling sessions. Balraj believed that the house likely contributed to Roshni's depression, and the two women discussed possible solutions.

Although Roshni was the household breadwinner, she did not generally control its finances. Still, she made significant decisions when necessary. At one counseling session, Roshni informed Balraj that she had decided to sell their animals—a significant decision for a Gadia Lohar family—in order to get the funds needed for roof repairs and to build another room. "When I met her for the third counseling session, Roshni told me that she had sold their cows and other animals, which was why she had some money with her that day," Balraj recounted. Her husband wanted the money for alcohol, but she resisted. "She said, 'I didn't give him the money and told him that I wanted to get another room built.' Roshni explained to me that 'she felt ashamed (*sharam ohnda*)' when her husband bothered her (*jadon ghar wali oh nu pareshaan kerda*)."

The term "bothering" or "troubling" (*pareshaan kerda*) is a euphemism for forced sex. While Roshni was deeply concerned about the possibility of another pregnancy, she was equally distressed by the shame of being forced to have sex in front of her son. Balraj recalled Roshni's earlier comment at their initial encounter —"he is grown now"—which she now understood as expressing two frustrations: First, her son's inability to alleviate her financial and domestic burdens, and second, her shame and concern over his exposure to sexual violence and marital conflict. "Her husband forced her to have sex," Balraj explained, "but she resisted. She felt ashamed about having sex in front of her son since he was always around. Most of their fights and arguments stemmed from this issue."

Balraj lingered on Roshni's experience and the space she had came to know well. "That poor woman (*bichari*) doesn't have anywhere else to go," Balraj said with a mix of pity and frustration. "It's so hot in that room, and he forces her onto the bed for ten minutes…" Recognizing Roshni's growing desperation, Balraj began incorporating practical solutions into their counseling sessions. She explored government housing schemes like the Pradhan Mantri Awas

Yojana – Gramin (PMAY-G), which offers subsidies to rural families to replace *kachcha* houses with *pukka* ones. "I told her," Balraj said, "that people like you can get loans to convert *kachcha* houses into *pukka* ones and have two rooms, a kitchen, and a toilet built." However, Roshni had no property in her name—"I don't have any land that I own at all," she explained—making it difficult to obtain the necessary documentation.

By the final counseling sessions, Roshni told Balraj that she had gathered her documents, saying, "Now I have the documents with me, and I will try to get a loan or something." Yet, by the exit interview, Jayati did not find any indication that Roshni had been able to proceed with her application. Structural barriers, such as the exclusion of Gadia Lohar from targeted categories like Below Poverty Line (BPL), Scheduled Castes (SC), or Scheduled Tribes (ST), likely compounded the challenges, leaving Roshni trapped in a cycle of precarity.

A Mother's Haunting

I complete this vignette with a consideration of Roshni's haunting. While speaking to Jayati about the difficulties of raising her daughter alongside her domestic responsibilities, Roshni reflected in the subjunctive mood: "Sometimes I think we did something wrong (*kaam galti hogya*). I feel that we should have been able to see what would happen in the future and decide whether I should have gotten married or not."

Jayati responded, "Okay, you feel that you made a mistake having children?"

"Yes, obviously," Roshni replied, but she quickly backtracked: "No, *didi*, otherwise, I really like my daughter. The problems I am facing, they've been going on for two to three years. I used to get scared thinking about having another child, whether a son or a daughter. And now, I think that having them was wrong (*galti ho gayi*)."

Roshni began to reflect on the joys of her previous nomadic life. "I used to be free, and I used to earn my food by roaming here and there. If I go anywhere now, I will have to take my daughter along with me," she said. She then enigmatically reflected on her illiteracy and the dangers a nomadic life posed to her child. "I cannot read or write anything, and if I roam around in the village, dogs and cats will eat her, or they will attack her. If they eat her up, then what will I do?"

I take this comment as Roshni feeling inadequate and unable to survive in the modernized version of Sri Ganganagar, where the traditional life of a Gadia Lohar is inherently dangerous. In some ways, there are similarities to the way Komal was haunted by modernity—specifically by the projected, modern self she had envisioned but could not attain. In Roshni's case, modernity created the specter of a free, nomadic woman. For both women, these were specters of selves that could not exist in the modernized, canal-colony of Sri Ganganagar.

Roshni was also haunted by alternative, projected versions of her son. Her worries for her son extended in many directions, stemming from his exposure to his father's abuse of his mother. Roshni admitted to being both scared *for* and scared *of* her son. She worried that, as he grows older, he might start treating her like his father did. She also feared that he might mistreat girls in his co-ed school or engage in behavior that could get him into trouble. As Balraj explained, "She says, 'I am scared thinking that he might become like his father. The school is a co-ed school where a lot of girls and boys study together. So, I am scared that he might talk the same way with some girl over there, and if he behaves like that in school, people will beat him up…'."

Ultimately, Roshni felt that neither she, her son, nor her daughter belonged in the world they now inhabited. Reflecting on the birth of her son, she recounted her transition from a nomadic to a settled life as a moment of profound loss, framing it as a kind of original sin: "Firstly, we were roaming around here and there to get shelter, house, and other necessities. Then we got a house. And then just… everything costs money."

VIII. Conclusion

This chapter has offered an ethnographic corrective to the instrumental framing of non-specialist counseling in GMH. By centering the counselor-patient dyad, it has shown counseling to be a relational, moral, and embodied form of caregiving rather than the straightforward delivery of a psychosocial package. Through the case of Balraj and Roshni, I have examined how counselors moved between protocol and care, how they carried the burden of horizoning, and how they were changed by the suffering they were asked to accompany. Non-specialist counselors, I have argued, do more than deliver structured CBT-informed sessions. In Sri Ganganagar, they became entangled in *paraya*, precarity, and the struggle for survival itself. Caregiving here was not a detached or professionalized role. It was a moral experience of shared suffering and responsibility.

But what did counseling mean from the perspective of the counselors themselves? In a recent independent film profiling a Khushee Mamta patient and her counselor—one of the original ten trained during the pilot implementation—the counselor summarized the condition of many women in terms that were simple but profound (Dhalaria, 2024): "Women are starving for love," she said. "She should receive love, which she doesn't get."

Beyond complexity lies a harder simplicity. For this experienced counselor, who by the time of writing had worked with hundreds of patients over five years, counseling came down to a pragmatic form of care: offering something that should ordinarily come from family, friends, or intimate relations, but often did not. In this sense, counselors were not simply implementing an intervention. They were, at least temporarily, taking up the work of holding together what had been damaged, lost, or absent in women's lives. The act of bending or adjusting protocol was therefore not merely deviation from a manualized form of counseling. It was often a movement toward an ordinary ethics of love, solidarity, and accompaniment, especially during the perinatal period, when a young woman's dependence, vulnerability, and becoming were especially acute.

As Farmer (2013, p. 277) writes:

> "Accompaniment" is an elastic term. It has a basic, everyday meaning. To accompany someone is to go somewhere with him or her, to break bread together, to be present on a journey with a beginning and an end. There's an element of mystery, of openness, of trust, in accompaniment. The companion, the accompagnateur, says: "I'll go with you and support you on your journey wherever it leads.

There is, in other words, a tension between counseling as defined by intervention protocol and accompaniment as an ethics of care. Without a structured, evidence-based intervention, the opportunity for this kind of caregiving would not have existed. Yet a model that treated counselors simply as deliverers of technique—and not as women moving through the same unequal social world as their patients—would have missed what made care possible in the first place. At the same time, to abandon structure and safeguards altogether would be to risk placing on counselors forms of moral responsibility they were neither trained for nor meant to carry alone. This tension runs through the chapter, but it becomes most acute in moments of crisis, when accompaniment shades into responsibility for survival itself. It is to that burden, and to the ethical limits of task-sharing, to which I return in Chapter 7.

Chapter 3: Komal's haunting

> *When a son is born we build up a web of expectations. He'll grow up, support us in our old age.... And if he turns out to be different, it is very traumatic for the parents. When a daughter is born, there is no such anxiety. She belongs to another home. I have to separate from her someday. I believe you should give her as much love as you can because ultimately she is not going to stay on with us.*
>
> — Vibha, mother of three, quoted from Rachana Johri, Cultural Conceptions of Maternal Attachment: The Case of the Girl Child (1999)

> *Thus when I come to shape here at this table between my hands the story of my life and set it before you as a complete thing, I have to recall things gone far, gone deep, sunk into this life or that and become part of it; dreams, too, things surrounding me, and the inmates, those old half-articulate ghosts who keep up their hauntings by day and night; who turn over in their sleep, who utter their confused cries, who put out their phantom fingers and clutch at me as I try to escape—shadows of people one might have been; unborn selves.*
>
> — Virginia Woolf, The Waves (1931)

I. The wedding

Komal tried to get a look at the bridegroom. It was difficult to see through her dupatta, a specially embroidered headscarf that hung low over her face creating a veil (*ghunghat*).[37] It was the same veil that for centuries shielded and isolated women in the desert, a personal fortress of protection against all outside threats—the sun, pollution, and various manifestations of the evil eye (*nazar*)—lustful, jealous, malevolent. Komal sat cross-legged on the floor of her family's home, still except for barely perceptible tremors—sobs—her head lowered, laden in fabric. The *dupatta* was draped over her equally elaborate *choli* (shirt) and *ghagra* (ankle-length skirt). A gold *borla,* a bejeweled headband with an ornate protrusion at the apex of her forehead gave the *dupatta* a slightly conical look and hinted at the rest of the bridal jewelry beneath—earrings and nose-piercings (*koka*), toe rings and thick silver anklets (wedding gifts and a traditional symbol of a married woman among Nayaks). *Choodian*, a stack of wedding bangles, went up to her mid forearms above heavily *henna*-ed hands. In Rajasthan, the jewelry and ornamentation of low-caste women, especially on the wedding day, can contrast greatly with the economic conditions of

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[37] This wedding description is based on Komal's reflections and an amalgamation of several Nayak caste weddings I have attended in Ramjas over the previous decade.

their lives. Komal's family members are low-caste Nayak laborers, but they managed to build a *pukka* (brick and cement) house in time for the wedding. Family and neighbors sat on the newly bricked floor, with the surrounding dirt ground covered in a heavy-duty carpet providing space for overflow guests.

Komal had attended numerous weddings in the past, observing from the outside the admixture of custom, humility, and expectation with the trappings of heavy fabric and jewelry. She had witnessed other women go through this, and now, with the quick passage of time, she was uncannily in their place, inside her own fortress, feeling something she could not have fully understood until she was there. "We remain in fear," she told me later. "Our eyes remain down most of the time. We cannot ever look up." She was 18 years old at the time, and the groom wasn't much older. Komal's parents had arranged her marriage a year earlier at which time she was only shown his photograph, a carefully staged portrait from a local studio. The boy was also from a Nayak family from the Gharsana subdistrict (*tehsil*), about 110km or three hours by car south from Ramjas (much longer by bus). His family was known to hers through a connection via her paternal grandparents, and he was steadily employed as a "*plaster ka mistri",* a contractor who would cover the exposed brick walls of a newly built house with a smooth layer of cement. This is what she knew, but it was not nearly enough. Not for what hung in the balance. She tried her best to catch a glimpse of the stranger, but he was also veiled behind a curtain of white beads (*sehra)* hanging from his turban. He sat beside her, similarly motionless, both facing the ceremonial flame and the *pandit* performing the ceremony with guests all around.

She didn't want to get married, "absolutely not" (*bilkul nayee tha*), but she had no say in the matter. "None of it was my decision" (*mere koi* decision *nahee tha*), "but it was time I got married anyway…it was inevitable."[38] Over the preceding year, she didn't think much about the wedding. There was no point dwelling. "Everything happens step by step (*dheere dheere,* literally 'slowly slowly'), and one day the marriage just happens."

She'd fortunately been able to delay her marriage. She knew girls who'd gotten married soon after finishing eighth class, some even earlier, and well before the legally permissible age of 18. But her parents allowed her to get educated until tenth class, and she'd even been able to go to the private college in town. She wanted a job—not as a domestic worker for a *sardar* (Jat Sikh

[38] Note on translation: When interlocutors used English words in the middle of a Hindi or Punjabi sentence, these are underlined. The more English words someone uses, the more educated they usually are (and wish to seem).

landowner), work she'd already been doing, nor as a field laborer like her parents and brother. She wanted a real profession. She wanted to be a police officer, and she permitted herself some measure of hope that she could fulfil her ambitions even after marriage. "I hoped that he would be nice, he would be educated, he would be intelligent," she explained. She tried to reconcile the picture she'd seen of him, her loving parents' best intentions, and the modicum of hope she allowed herself with the stranger sitting beside her—through her *ghunghat*, through his *sehra.*

They say the *sehra* is meant to prevent the bride and groom from seeing each other until the wedding day, and is also meant to ward off *nazar*—but now it was the wedding day, why more mystery? She looked for signs. Possibilities. She could sense something was off. Was he drunk? "…He was behaving in a completely uneducated (*unpadh,* literally "illiterate") manner." She looked and she knew, "I did not like him (*mujhe vah achchha nahin laga*)."

"Girls have a lot of hopes for their husbands," she summed it up for me several years later, having returned to Ramjas after getting a divorce. "But nobody gets what they hope for."

* * *

Chapter 2 opened the black box of counseling by showing what care looked like in practice. This chapter turns more directly to the forms of life such care was trying to reach. Through Komal's story, I examine *paraya* as a lived experience of marriage, estrangement, discipline, and foreclosed becoming. What begins as a bride's transition into her husband's household becomes, for Komal, a longer descent into insecurity, coercion, and haunting.

Anthropological accounts of women's distress in India have long linked mental suffering to the statuses of marriage and motherhood. Komal's story supports that connection, but it also complicates it. The psychic and material consequences of marriage do not end with childbirth, nor are they confined to a short period of adjustment in the *sasural* (husband's home). In Sri Ganganagar, marriage opens onto a more enduring condition of precarity in which past injuries, future dangers, and unrealized possibilities continue to press on the present.

In staying close to Komal's own words—especially *paraya* and *basna*—I aim to describe this condition from the ground up. The chapter follows her through the wedding, the *muklawa*, sexual violence, discipline in the *sasural*, divorce, and the dread of having to do it all again. It also

begins a broader argument developed in the two chapters that follow: female subjectivity in Sri Ganganagar cannot be reduced to a single threshold of life, and the social worlds global mental health seeks to address are saturated with estrangement, obligation, and risk that exceed the language of symptoms alone.

II. Komal: Descent into *paraya*

The culmination of the wedding ceremony is the *muklawa,* when, sometime after the initial ceremonies, the husband returns to the village to collect his new wife and bring her back to the *sasural* more permanently. During the long bus journey to her *sasural* Komal found herself alone for the first time with the stranger who was her husband. He did not talk to or acknowledge her the entire ride. I asked her, what was in her heart during this journey (*tere dil vich ki si*)? "I felt scared," she responded. She was scared of the demands that might be placed on her. "Here [at the *mayka*] we do all the household work because you yourself feel like doing it, because this is your own house." At the *sasural*, work is done at the behest of the in-laws, whose demands must be obeyed. "Even if you consider them [the in-laws] as your own family, still within your heart you do not feel that they are your family. It is like an alien (*paraya*) house," she explained, referring to the people, the objects within the house, but also the conditions, interpersonal dynamics, and rules of the house. "They live by their own rules in their house, the way they want to," she said, regardless of her desires or preferences.

Komal used the word *paraya,* from the Sanskrit-Hindi word "*pr"* which can be translated as "other", and thus *"paraya"*, along the lines of "alien", "stranger", "belonging to others", "out of your family", or "different from oneself."[39] It was jarring for Komal to leave her family for a new one, a new home, a new village and community, and a new set of household dynamics and rules. She repeatedly used the word *paraya*[40] as an adjective to describe unfamiliar and strange things

[39] Thanks to Dr Imre Bhanga for help on the etymology of this term and Prof. David N. Gellner for discussion of the translation.

[40] English word "alienation" comes close to sense I am attempting to portray here. From the Latin word verb *alienare,* meaning "estrange," from *alienus*, or alien. A Marxist notion of alienation applies to the separation of a laborer from their output in a capitalist society—an economic and existential condition that has been applied to women and their domestic work and reproductive labor in Northern India (see Sharma (1980) and Jeffery et al. (1989)). Clearly, part of Komal's sense of *paraya* is the very disconnect between the domestic work she did, and wanted to do, at her *mayka* versus the domestic work she would be asked to do in her *sasural.* But there is also the psychological process of estrangement from oneself. According to the Oxford English Dictionary, alienation "is a state of depersonalization or loss of identity in which the self seems unreal, thought to be caused by difficulties in relating to society and the resulting prolonged inhibition of emotion." In India, where kinship and community are so important to one's subjectivity, there is a connection between alienation and isolation or estrangement (Hindi: *vimukhata*, meaning "alienation" or "estrangement"; *alagav*, meaning "isolation"; or the phrase "*alagav ki bhavana"*

and people. But she also used it to describe her own alienation—her estrangement from the people and life she knew, but also from her sense of herself.

While Komal explained this process most explicitly in terms of a bride's transition to a new household, her sense of *paraya* consistently renewed and deepened through the course of her marriage, her eventual divorce, and even her return to her natal village (*mayka*). When she returned, she was transformed and so was her relationship to her family, and any semblance of a return to the love and safety of the *mayka*, often considered a refuge in ethnographies of South Asian women, was undermined by a sense of failure—that of the family for arranging a failed marriage, and of herself for not fulfilling her duty. There was also the foreboding prospect of a new marriage with all the same potential risks of the previous one.

Though Komal's was an arranged marriage to someone she had never met, a common occurrence in Sri Ganganagar, the experience of liminality and existential angst connected to marriage existed among most women I encountered regardless of their familiarity with the groom, whether it was an arranged or a "love" marriage—where the choice of whom to marry is exercised mostly by the couple themselves[41]—or whether the sense of *paraya* became explicit at the wedding ceremony or later on in the marriage. As the elder women in chapters 4 and 5 demonstrate, a sense of *paraya* haunts their everyday lives emerging as moments of uncanny aloneness leading to existential crises, insecurity, and often extreme levels of risk. This happened regardless of whether they had "good" or "bad" marriages, strong kinship networks, good jobs, or other kinds of support. Marriage creates a world that is both familiar and strange for a young woman, at once a source of care and support, but also the chief source of harm. While Freud's concept of the uncanny refers to a frightening or unsettling feeling when encountering a familiar thing in an unusual context (Freud, 1919/1955), the material and psychic consequences of a descent into *paraya* are more than merely affective or aesthetic, they are a core part of female subjectivity in rural Rajasthan and influence health, well-being, and mortality.

("feeling of alienation")). In Punjabi similar sentiments can be expressed by: "*beganagi*" (alienation or estrangement); or "*beganagi di bhavana*" ("a sense of alienation").

[41] Love marriages are usually in contravention to norms around intra-class, intra-religious, or most significantly, endogamous caste union. This would also include same-sex marriages. Even in cases of love marriages where the bride and groom know each other well, the liminal phase can persist for the bride who must navigate and appease families and communities as the couples enter "not-community" status. See Mody (2008). According to Mody, such marriages are considered anti-social aberrations based on lust or the desire to challenge social cohesion and disrespect the authority of the wider kin, caste, and community on caste boundaries.

III. Descent, discipline, and uncanny aloneness

I had attended several Nayak weddings over the years but never had an opportunity to learn about the transition of the bride from her perspective. I had known Komal since she was an adolescent girl, and her return after her divorce and familiarity with me provided a unique opportunity to ask about the intimate details of a Nayak wedding as experienced from the bride's point of view. Previously, I had been able to talk to older women who had married into Ramjas decades ago, but Komal was an informant who was from the same demographic as the women we served through MJK's clinic and the Khushee Mamta project. She was, uniquely, a young, lower-caste woman who was confident and comfortable enough to share the details of her experience.

Back in Ramjas, in the still half-completed *pukka* house where the wedding took place, we settled in one of its two rooms to conduct an interview. I was joined by Soumya, a middle-class researcher from Jaipur, Rajasthan's bustling capital, who was around the same age as Komal and whose presence was crucial for gaining access to Komal's experiences. After approaching Komal with the idea of an interview, she enthusiastically invited us to come over a few days later, strategically arranging a time when both her parents and her brother were away, and with enough time before the start of *Bigg Boss,* her current favorite reality television program (the Indian version of the Dutch and American shows, *Big Brother*).

Soumya and I sat on a *manja* facing Komal in a chair. The only light was the early afternoon sky funneling through the open staircase leading up to the unfinished roof. An adjacent room was full of returned dowry items after the divorce. Komal invited her younger sister to join us, and she laid on her side on another *manja* in the hall half out of sight, quiet but intently listening. "My sister might or might not know this," Komal gesturing to her sister, offering her insight that she herself never received. She proceeded, in a mix of Hindi, Punjabi, and English, with her description of the *rasam* (referring to the various ceremonial practices during the wedding ceremony), which begins at the bride's natal home (*mayka*) during the day. The ceremony continues at the husband's home (*sasural*) through the wedding night, requiring the bride, accompanied by a small wedding party, to travel to the *sasural* and return the next morning. After the *rasam* is the *muklawa*, the return of the bride to the *mayka* for a short period of time before the husband arrives to collect his new wife and bring her back to the *sasural* more permanently.

Through the process, Komal felt there was the potential for a stable, secure future—a vision reverberating through folklore and religion as much as the example of her own parents; but there was also a creeping dread. Komal's descent into *paraya* continued through the *rasam* and *muklawa*, after which there was a period of discipline—which included sexual, spiritual, and eventually physical violence—to make her into the daughter-in-law she ultimately could not become.

IV. *Muklawa:* The Bridal Return

Komal's wedding took place in November, one of two wedding seasons[42] for local Nayaks and the marginal season after Diwali, between Sri Ganganagar's scorching summers and frigid winters. The days are warm but carry a chill. After the ceremony, Komal, along with her *mama* (mother's brother), *mami* (his wife) and her cousin (their son), travelled by car, closely following the groom's side, to her in-law's village (*sasural*) in the district of Gharsana where further rituals, singing, and prayer would take them through the night.

Metaphorically, daughters are cherished "little birds destined to fly away…" and a "departure is mourned rather than welcomed" (Raheja & Gold, 1994, p. xxxii) resulting in open displays of sadness. "My brother cried for the first time, my father cried for the first time, I cried a lot, my sister cried a lot, my mother cried a lot. And I don't even know how much I cried. I did not feel like going away, because I had never before left my mother and gone out anywhere, ever. I had not even gone to visit my grandfather (*nana ke paas*)," referring to her mother's village. "And so, when we did go to other people's houses, they seemed very strange (*voh paraya paraya lagta hai*), like they didn't belong to us (*apna nahee lagta*)." She had been sheltered, cared for, and now she had to travel seemingly across the world to be a stranger in a strange house.

As the sun approached the horizon and the chill set in, "they [the *sasural*] laid a bed (mattress) down…for the groom and bride to sleep on, and the women sat around them and sang songs (*geet gaatiya*) the whole night." The entire time, Komal stayed under her *ghunghat*, her personal fortress now bolstered by a thick blanket. She could see it was a simple house similar to theirs—"two rooms, one kitchen, there was one lobby, and it was a bungalow…" She thought it was OK ("*achha tha*"). It was *pukka*, newly built and freshly painted white. A few outer walls were decorated with handprints of henna and *haldi* (turmeric), and simple drawings depicting scenes

[42] There is another in the summer.

from the groom's festive arrival to Ramjas earlier that day (the *baraat*).[43] Depictions included specific members of the groom's family dancing (identified by scrawled names) and even the hired bus that brought them there—scenes that Komal didn't see, that felt distant, that could have been from someone else's wedding. While the house was familiar, it was also different. "There was no light" (electricity) and the floors between the newly painted walls were *kachcha* (earth, or a mixture of earth and dung).

Komal dozed in and out of sleep next to her new husband, submerged in devotional songs (*bhajans*). "The husband and wife go to sleep, but the women need to stay awake and spend the entire night singing songs." While the person next to her was strange, as were most of the people and the house itself, the sequence of events and rituals were familiar and, in some ways, comforting. "I was fine with it since they are our old traditional customs and rituals that have to be followed. They are old-fashioned and of old times." Referring to Nayak weddings in general, she explained that couples "do not feel uncomfortable because that is how the ritual usually takes place," though she expressed her skepticism towards them. "Nowadays educated people (*pardhe likhe*) do not follow them. Because they [the educated people] trust God (*bhagwan*), that is why they do not do anything of that sort [the overnight rituals] much anymore." Komal would often make distinctions between what she thought were educated and uneducated actions, beliefs, and people. She wanted to explain the rituals to Soumya and me while also distancing herself from what she considered to be superstitious and irrational. "But if something happens," she continued, "for example if the marriage breaks (*toot lagye*), then people say things like 'they did not spend that first night following the rituals, that is why this is happening to them…'."

Through it all, she did not speak a word to her husband. In the morning, there was an hour-long ceremony to bring the wedding to a close. Komal was gifted two outfits, complete with matching *dupatta* and *ghagra*, to bring back with her to Ramjas. They were "normal" outfits, not too fancy (*chamak damak wala*) like what she wore for the wedding, but they were still nice, and she was expected to wear them over the coming five days at home. I asked her what was going on in her mind on during the drive home. "Nothing much, really." She explained:

> I wasn't very mature at that age since I was just 18 years old. I wasn't as mature as I am now. I was not excited that I had gotten married. I was in a hurry to go back to my house. I thought I had come to a stranger's house, [other than that] there was nothing [in

[43] Henna and *haldi,* as Komal explained to us, are beautifying and something women would traditionally use only after marriage, when they become sexualized.

> my mind]. There was nothing I had in my mind that time. I was just 18 years old. How can someone think so much at that age? I hardly even remember that day.

The days between the *rasam* and the *muklawa* became for Komal a kind of purgatory. In older times, a child bride's *muklawa* might happen many years after the *rasam*. That allowed for a longer period of, if not emotional, then at least physical maturation, since there is an immediate expectation of childbearing after puberty (Kakar, 2012b).[44] In Komal's it last just a week, a time of suffering and anxiety, followed by an internal process of reconciliation—a kind of submission or acceptance of her *kismat* (fate).

"I was very scared (*main bohut zyada dar tha*)" to go back to the *sasural*, "yes, yes," she emphasized in English. "But I had already gotten married, and one has to eventually go. After I went there [*sasural*] I would tell everyone here [*mayka*] that I now belong to their family. Because after they [parents] send you away, there is nothing of yours left here. You have no power (*aapka ko bas hi nahin chalta*)…When they [*sasural*/husband] come to take you, you are helpless (*majboori*) in that situation… I couldn't stay here any longer because my parents got me married, and so I have to go… I cannot refuse him [husband]. It does not happen that he [husband] comes to pick you up and you don't go….You do not want to go, but you have to. That is how it feels."

Komal had to condition her inner self, shifting her mind/heart (*man*) from local concerns—the only ones she had ever known—to those of the *sasural*, though there was an ambivalence in managing her lingering connection to home. "When you are staying in the village [Ramjas], your concerns are about here (*aap meh gaon ka fikkar hai*), and you think 'I have this work to do, I have that work to do…' Even though you have to move from here, you still have your links with the place where you belong. And you have the thought at the back of your mind (*man*) that now I am moving to their side (*unke* side *jaa rha hai*), and the time keeps getting closer (*nazdeek aate hai*). So, I started feeling that and had to make an inner mindset, that I am moving there now (*andar mun meh banaana hota ke uddhar jahre*)." It was a conscious process of detachment from all she had ever known.

While she contended with the inevitable break from her previous life, there was an almost absurd

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[44] Child and adolescent marriage is still common despite its illegality. According to the National Family Health Survey 2019-21 (NFHS-5), 28.3% of surveyed women in rural Rajasthan between the ages of 20-24 at the time of the survey reported being married before the age of 18 (International Institute for Population Sciences (IIPS) & ICF, 2021).

level of attention and concern from her extended family, aunties, and cousins visiting and commenting on her apparent physical transformation—her beauty, her new makeup, the fashionable clothes given by the *sarooral*, the quality of her *choodian*, her hair extension (*parandi*), the heavy rings on her fingers, the *henna* on her hands and feet. "Everyone came to meet us. People say these kinds of things. Some people ask things like 'how is your in-law's house?', 'how were things over there?' And I would tell them, 'I have stayed there for just one night, how can I know their nature in that much time…?' I said that I did not see much of anything as my face was covered (*ghoongat mein thi*)—how could I see anything clearly?"

On the fifth day, her husband arrived alone at dusk, welcomed by further singing and prayer. More ceremony. Less crying. More acceptance. Here was Komal's escort who, she hoped, might have lent a comforting hand, a word, a look, anything. But there was nothing. They spent the three-hour bus ride back to Gharsana in complete silence. She hoped the bus would never reach its destination; that the journey would continue forever never reaching the destination. "I was scared. When you go to your *sasural*, then obviously you feel scared."

If marriage, as noted, is regarded as an important step towards personal and spiritual development, it is the *muklawa* that is the true test, the coming-of-age ritual. *Muklawa*, a common practice among many Northern Indian and Pakistani religious and caste groups, is a word that is also sometimes used in Punjabi to mean "deadline" or "procrastination", conveying the relentlessness and tyranny of time that urged Komal to transform herself to face her new reality. It is the coming of aloneness, self-dependence, strangeness, and the beginning of a journey from which one can never turn back. Bulleh Shah, the 17th century Punjabi Sufi poet and mystic, whose remains lay nearby across the border in modern-day Pakistani Punjab, idealized this transition to urge the devotee, fashioned as a bride, to prepare herself for a spiritual union with the divine (the husband):[45]

…The day appointed for your wedding has drawn near
Have you had any of the clothes for your dowry dyed?
Why have you ruined yourself?
Heedless one, have you no awareness?

…Soon it will be time for your *muklawa* (ਅਜ ਕਲ ਮੁਕਲਾਵਾ ਏ)

[45] The soteriological theme of merging with the divine is often represented in Sufi and *Bhakti* poetry as a bride or woman longing for her husband or lover. See for example, works by Guru Nanak, the founder of Sikhism, within the *Guru Grant Sahib* (Sikh holy book).

Why are you pretending to sleep?
You must meet strangers you have never seen
This bustling market will not be here in the morning

You will depart from this world,
and will not set foot here again
You will lose your youth and beauty
You are not going to remain in this world

Your destination lies far away
You must wander through jungles and deserts
It will be difficult to get there on foot
And you do not look like a rider

You will be on your own, and will travel completely alone
You will wander lost in jungles and deserts
You will leave here with your supplies
You will not be able to borrow anything there…[46]

While the transition is difficult, if not perilous, on the other side of the journey is salvation. The problem is, for Komal, there was no salvation, there was only loss—of her personhood, childhood, family, independence, and of her body.

V. Your body is no longer your own

"You don't have to answer this question," I reminded Komal, "but I think it is important to know what women's lives are like when they get married." After some further hedging and hesitation, Soumya translated directly. "The question is, the first time you had sex with your husband, what was that experience like?" Komal's response was equally direct, "no, *mai dedoongee* (I will give it/tell it to you)":

> The first thing is, that the marriage was not my decision, it was my parents decision (*apna hisaab nahee hoti hai, parents ke hisaab*[47] *hote hai*)…When we get married and go to their [in-laws'] house, then your body no longer remains your own, it becomes theirs (*jai mai shaadi karke unke ghar pe chale jaate hai, te humara shareer nahee rahte hai, vo unka he voh jaate*). The first thing is that nothing remains our own when we get married. When we have a love marriage, then that's a different thing. But if we have an arranged marriage, it happens this way. Some people [women] do not want this [sex with one's husband], but they have no other option and have to do it…you were talking about sexual relationships—once you get married, there is no questioning it.

[46] Translation taken from Bullhe and Shackle (2015, pp. 3–7) with some alterations.
[47] *Hisaab* literally translates to calculation or calculus—i.e. the parents' calculation or strategy.

Soumya gently pressed, "when you first got there, what was in your heart/mind (*man*). Can you give us some detail?"

> There was no love (*pyaar nahee ta*)…I lived with fear that whole night (*dar dar ke saaree raat gujaaree*). I was afraid of him. There was a lot that happened on that night…When everyone went to sleep after eating dinner, then my sister-in-law (*jethaanee*) escorted me to my room. He was sleeping there. We did not have any conversation at all, because we did not know each other…It was like…it was forced. It was up to them, not me. It was forced (*jaise vah ta ke... jabaradastee hota hai, vah ta. Kuchh apane nahin ta. Jabaradastee tee*)…

Soumya, "you are saying that you were forced. Do you mean that he pressured you into something or did he put his hands on you (*haat legaake*)?"

"Yes, he held me down and forced me [to have sex with him]."

"Did you refuse at any time, or did you say something to him any time? Or did you share what you were feeling at that time with your husband?" I was astonished to hear Komal's empathy for her husband's position in her response.

"No. Because neither did he ask, nor did I say anything to him…He did not say anything, because we did not know each other. His parents also wanted to get him married. He was also forcibly married. His… his parents… he eventually told me some things. He said he lived according to his family and not according to me (Komal's wishes)." She was able to see, despite the violence inflicted on her, the difficulties of marriage on both the husband and the wife. She tried to seize on these moments of opening to talk, "but if I tried reaching an understanding with him, then he'd argue with me."

What added to the horror of that first night was that no one prepared Komal for the expectations of sex after marriage. Neither did her mother warn her, nor did any of the aunties and female cousins who visited her between the *rasam* and the *muklawa*. That first night's marital rape set the stage for the rest of the marriage. There developed a physical repulsion between the couple—he would often find sexual satisfaction elsewhere, having affairs and likely hiring sex workers. Over the course of the first year of marriage, Komal's husband continued to rape her, often getting drunk before forcing her to have sex at night (*bal ka prayog karta tha…raat main*). He would come home unclean and smelling as though he had eaten meat, making each encounter progressively more repulsive for the strictly vegetarian Komal.

Every sexual encounter was forced and on his terms, though Komal was not willing to submit fully. "When he used to force me to have sex, then we used to fight a lot…. Our discussions with each other fell apart (*bikharne lagi*)." She was, under the extreme oppression of physical and sexual violence, still holding on to her agency through her resistance, even if it was largely futile.

VI. Disciplining and Spiritual Violence

The sexual violence inflicted by her husband and the growing antagonism from her *jethaanee* were symptoms of a greater process of disciplining and reprogramming—in making a bride into a daughter-in-law. "They thought that I should not behave or do anything differently from them (*alag mat bane*); that I should be made to live the way they live…" They wanted to make her one of them (*hamare banke reh*), a process that in many north Indian marriages still involves the literal renaming of the bride. While Komal could keep her name, the difficulty was the vast gulf between her and her in-laws' mentality and conduct, which Komal attributed to their relative lack of education and modern thinking. Komal described it in simple terms: They "did not have any manners when they spoke. They spoke harshly (*tu tadaak*) without giving respect to the other person." And she noted that there was a general lack of cleanliness and hygiene. "That is how uneducated people mostly are," she said with a knowing look, acknowledging the fact that both Soumya and I were also educated. Her husband had studied in the local government school only until fifth or sixth class, a huge difference from Komal's tenth-class education. "From the time we got married, he remained rude (rude rude *rahte te*)…when one partner is uneducated and the other is educated, then it becomes very difficult for them to spend their life together... Because their mentality does not match, their perception does not match, and so they cannot live together."

The disjuncture in conduct and education was more than mere difference in household norms. It was a betrayal of expectations derived from deeply held values developed in childhood.

> I preferred my own parents, my village, my house, and everything from where I belonged. Their [in-law's] understanding/mentality was different (*voh paraya paraya samajhte*) and not like ours (*assi nahee hota*)… When my brother gets married, I would wish that his wife (*bhabhi*) would get everything, that we would give her love, and that we would make her a part of our family [through acceptance, not discipline]. But there was nothing of that sort over there [*sasural*]. Everyone was rude over there.

To cope, Komal continued the process of detachment that began after the *rasam*. She started seeing her in-laws' house as a workplace (*naukaree pe jaate*) and her marriage as a job, something to be endured—"I used to feel like some kind of work had been imposed on me and that I had no other option but to do it." Initially she thought she could have lived with the pretense of a kind of business arrangement—a transaction of household work for food and shelter. But "incidents kept happening" that would challenge this construct, "and they [the incidents] started happening more and more frequently." Komal faced daily assaults, some small, some very large, that were all meant to force conformity and control over mind and body.

The initial avenue for discipline was active silencing and language policing. "If I said something intellectual or rational, they did not tolerate it at all… If I talked about something that made sense, they said things like, 'you are young (*chhote*, literally "small", invoking both her age and hierarchical position), how can you know anything about that?'…" Members of the *sasural* would also scold Komal for referring to her father's eldest brother and his wife (her *taya* and *tayee*) as "*bada papa*" and "*badi mummy*", literally "big father" and "big mother", reflecting commonly held notions of kinship hierarchy and authority, as well as affection for these individuals. Her in-laws referred to their own equivalent family members (her father-in-law's elder brother and his wife) as "*baa"* and "*maa"* (literally mother and father in Bagri) and insisted she do the same, "*pyraar se",* with respect. For Komal, these terms were meant for her own mother and father, and her in-laws' insistence felt like a request to disown her own parents. The individuals in question were her husband's *taya* and *tayee*, so she, rationally and with respect, "felt like calling them '*taya-ji*' and '*tayee-ji*.'" Though they insisted that she, despite her education, "speak like we do; address them the way we do…"'

Discipline also took the form of hypercriticism of household work. Komal took pride in doing things differently—faster and more efficiently—than other women in the household. These other women included her *saas* (mother-in-law), her husband's teenaged sister (*nanad*), and her *jethaanee*, who had married into the household a year and a half earlier and was several months pregnant by the time Komal arrived. "I am educated (*padhe likhi*), so I had a good understanding (*samajdhari*) of [how to do] things and was concerned about cleanliness and hygiene. But they imposed their way of doing things (*apna hi jhaante te*). When I used to wash clothes, they would say that I have not washed them properly. When I used to wash the dishes…" she trailed off. She saw all such criticism as an implicit, and often explicit, comparison with the *jethaanee*. The rivalry with the *jethaanee* fed into a kind of medieval court dynamic, with the *jethaanee* actively

jockeying for favor with the mother-in-law and husband, and Komal's only ally the kind yet hapless teenaged *nanad*.

According to Komal, the *jethaanee* "used to immerse herself so much into household work that she never bathed," but this was merely part of a strategy to "impress" her in-laws. Komal, on the other hand, while not neglecting anything, "worked as per my mood…" and "did only the amount of work that I was able to do," which the *jethaanee* would often take credit for anyway. Between hand-washing dishes and clothes, cooking on wood-burning ovens, feeding livestock, and contending with the heat and dust of the desert, Komal wanted to bath every day. "I had to bathe, and she [*jethaanee*] used to get irritated by this and complain," which would invoke the admonishment from the in-laws, who would ask why Komal was so indulgent while her *jethaanee* worked so hard.

For Komal, the *jethaanee,* more than anyone else, would come to embody the incompatibility and toxicity of the household that led to the collapse of her marriage. Whatever sexual or emotional violence perpetrated by her husband and in-laws, the *jethaanee* would make it worse. "I used to talk directly and to the point, but she [*jethaanee*] used to gossip with them [in-laws]. And so, they thought negatively about me and said that since I'm educated, I throw tantrums, that I do this and that." The gossip would enter the inappropriate realm of Komal's sexuality and physical appearance. "He [Komal's husband] used to tell her when we had sex at night… and that I have a dark complexion (*rang bohut kala hai*), and that she is better than me (*voh aap si [zyada] achhe hai*)…So when I used to face her, I used to feel very bad thinking that he is telling her about our personal matters. He was discussing everything with her and telling her about whether we were having sex… Then she would bring these things up with me and I would know what they talked about… Slowly, slowly, slowly life became very tough (*phir dire dire dire bohut zyada* tough *zindagi the).* I have suffered a lot (*bahut kuchh saha main*)."

In the two-room house, it is inconceivable that the other five household members were unaware of the nighttime violence and daytime strife, and yet, because Komal could not conform, it was concluded that something must have been wrong with *her*. Her stubbornness, recalcitrance, and perhaps her inability to get pregnant, led her in-laws to conclude that she was possessed or haunted by a ghost. After particularly bad arguments or, on one occasion, her husband hitting her, Komal would call her father who would fetch her and take her back to Ramjas, which the *sasural* took as further proof that she was, indeed, possessed.

> My in-laws wanted to prove that there was some kind of ghost inside me (*saasooral vaale mujhe aise saabit karna chaahte te ke es me koi bhoot vagairah hai*)… '[because] she is behaving like this…or [because] she does not want to stay here'…I used to call my father and tell him, 'you come and take me back, I do not want to live here.' That's why they started saying this [that she was possessed]. They said, 'you do not have to go anywhere, now you have to live here now'.

Among the pantheon of supernatural forces that could cause harm (Carstairs, 1983), perhaps a measure of generosity could be read into the *sasural*'s interpretation of Komal being haunted rather than being a witch—that is, that she is a victim of a malign force rather than the source of it—but in reality, these distinctions are hardly of significance to any woman who is either possessed or a witch. For this elevated phase of the disciplining process, the family sought expert help, recruiting a *baba*, a holy man, to diagnose and exorcise the ghost.

"They believed in superstitions (*andhvishwaas*)…many people there were superstitious (*zyada utte andhvishwaasi hota hai*)," Komal explained. "They used to go to *babas* [holy men] and used to get black magic etcetera done (*toona vagairah karaake lagte te*) in order to prove that I am mad (*paagal saabit karne*)…Not mad. Not mad. As in… they wanted to prove that there is a ghost inside me." They would not take Komal herself to the *baba* but would take her clothes and have him perform rituals over them and had them make a *tabeez* or talisman to protect or cure Komal from her ghost. Occasionally, Komal would wake up in the middle of the night to her in-laws performing tantric rituals over her—"I came to know once or twice about it. I even saw it myself…like on television, when *babas* do black magic and make talismans (*tabeez*)," she said.

Soumya and I had encountered many women through MJK who had suffered physical, sexual, and emotional abuse, but this was the first time we had heard of this kind of spiritual abuse using a holy man, which in some ways seemed more violating than other forms of violence for its deeply psychological effects. "I started to lose my mind (*dimaag karaab laga*) because of it, fearing that they might cause me some harm. And so, I did not feel like staying there, realizing that they [in-laws] never tell me anything and hide everything from me."

VII. Komal's Divorce: A Second Return

Komal's official divorce came only after a prolonged stay at Ramjas following an incident of physical abuse, a form of violence that, in isolation from sexual violence, only occurred once

during the first year of marriage. Following the inciting incident, Komal returned to Ramjas for a year, after which she was compelled to return to her *sasural* to "try to make it work." It took another four to five months before an official divorce was sought.

The inciting incident occurred at the wedding of one of her husband's relatives. In a room at the bride's home with a number of large aluminum storage boxes (*sandook*), commonly used for winter blankets and linens outside of the cold season, Komal and her husband began arguing. According to Komal, the argument started because of her resistance to his sexual advances. "He started taunting me" and began insulting her parents, calling them meddlesome and urging her to return to them. The argument became heated, attracting attention from the other guests. He grabbed her arm and threw it (*haath phenke*) against the hard corner of a storage box. The special bangles Komal's had worn for the occasion broke, and the shards cut her into her arm causing her to bleed. Komal raised her hand—half in attack, half in defense—and her husband slapped her twice, hard across the face.

The bangles were a gift from Komal's mother. "My mother works (*kaam karti hai)*," she explained, "so I used to get all my stuff from here [Ramjas], like bangles, slippers, clothes, et cetera…" Her anger overcome her fear: "I told him, 'You don't buy me anything, and then you break whatever my mother gives me.'" Not buying necessities, including attire for functions, was a violation of the unwritten marriage agreement, whereby a daughter no longer relies on her natal home and becomes the responsibility of the in-laws, a transition process that is aided by a dowry of goods and cash. Komal had matured from the taciturn, scared bride, and was emboldened to speak the truth of her husband's dereliction to his face. "That's why he slapped me. And I started crying loudly." Wedding guests intervened, separating the couple. Komal called her father, and he arranged to have her sent back to Ramjas the next day.

The violent incident led to Komal telling her father of about the *baba* and tantric rituals and her general unhappiness with household conditions, though it is unlikely that she told her father about the nightly rapes. It was the final straw for Komal's father, who said she they would seek a divorce and that Komal would not have to go back. But his declaration sparked a wider debate among the extended family.

> My father said they will not send me back [to the sasural] and that we would file for a divorce, because I had told them that I do not want to stay with him [husband]… But then my mother, father, maternal grandmother (*nani*), maternal grandfather (*nana*),

> father's sister (*bua*) and everyone started saying 'you have gotten married, you will have to eventually get married again [if you get a divorce], so it is better that you get settled and adjust to your house (*ghar basaa le*), and do that in any way that you can; they are nice people; you stay there and adjust and get settled in your new family (*ghar basa*).

She managed to stay in Ramjas, but with passage of time, the acuteness of the incident faded and Komal's father started coming around to the idea of her returning to the *sasural*. "He started saying 'mistakes happen, but one eventually settles down in the family (*ghar bas jaata hai*). Let us send her there once again and see what the situation is…'" In truth, her father and mother continued to have their reservations, but external pressure mounted. "The entire family was together, so my mother and father could not take any decision on their own," Komal explained. "My family would say things like, 'these things [fights between husbands and wives] happen, that is life'."

Adding to the return pressure was the flawed logic of sunk costs. With her parents' limited earnings from labor, Komal's dowry had been difficult to accrue, and support was sought from various sources. "I worked for Amreek uncle, so he also gave me stuff [wedding gifts/a contribution to the dowry], but my family members also gave me stuff like furniture, a bed and table, chairs, a cooler, fridge, washing machine, wardrobes, big metal storage box (*sandook*) and bedsheets, utensils, clothes. They gave me a lot of stuff. The room is filled with that stuff," she said, matter-of-factly pointing to the adjoining room where the returned dowry was now stored. "My parents explained to me how expensive the wedding was, that they were able to get me married under very difficult circumstances. [They said], '…everything we'd saved was spent on the wedding. Since so much was invested, you should understand, and you should start living there again'." It was the gathering of both families at the funeral of the husband's paternal grandfather (*dada*) that provided the final impetus for her return. The gathering facilitated a discussion and reconciliation between the families, and Komal returned to her *sasural* soon thereafter.

Shortly after her return, Komal's husband resumed his drinking and philandering, which she believed was intentional: "If I didn't like something [he did], he used to do that even more and on purpose, because he wanted me to leave [and] because he was having an affair." He would argue, she thought, to provoke another separation, and within four to five months Komal would again return to Ramjas. On this second return, both Komal's family and her in-laws relented and official divorce proceedings, both judicial and extra-judicial, began.

First, a traditional *panchayat*[48] or conflict resolution meeting was convened in which five individuals—two members from each of family and one mutually accepted outsider—met to make an agreement (*sahamati karna*), which included specific provisions around the return of Komal's dowry to her family. The agreement papers were stamped and signed by a notary, but they only served as a record of understanding between the parties and was not admissible in a court of law. The official process required the hiring of a lawyer, a friend of Komal's family, who acted on behalf of both parties to file at a court in Gharsana, where Komal and her father travelled to attend three appointments before a judge. According to Komal, the divorce was not difficult to attain, and the judge did not say much "since it was a mutual agreement." The second appointment occurred a month later, and at the third appointment the judge independently interviewed both Komal and her husband, "and after that we got divorced." The end of the marriage, as the beginning, marked by long bus rides.

At the end of our interview, I asked Komal whether she wanted to get married again, and whether she was ready for it. "Yes. I am ready for it now because three to four years have passed [since the divorce], and my mother also wants me to get married. She remains sad (*dukhee rahatee hai*) because of this. She wants me to get married. And I also want to because she wants it."

I ask, "do you worry about your second marriage?"

"I am really very worried (*chinta*). I am worried even more now compared to how I was during my first marriage. Whenever anyone talks about it, I start feeling anxious (*ghabrahat*) and start thinking about what my future husband might be like. My first husband was like that [terrible], so what will he [the second husband] be like? I feel that way. I feel very scared (*bohut dar lagta hai*)."

VIII. Haunted: Feminine Ideals and Foreclosed Futures

Worry (*chinta*), anxiety (*ghabrahat*), and fear (*dar*): the emotions Komal felt during her marriage

[48] *Panchayat* translates to "council of five" and is a governance and dispute resolution system that exists across South Asia from ancient times. Temporary *panchayats* can be formed with resolve issues within families, communities, or between communities. These are not to be confused with standing councils, which today are official, elected government posts. The *panchayat* system was largely untouched by the British Raj who were not concerned with local governance. The system was institutionalized after Indian independence into the present-day *Panchayat Raj* system, which is a local elected council led by a *sarpanch* representing, in Sri Ganganagar, around five or more villages (see chapter 4). While the modern Indian state was highly centralized, certain functions have increasingly been delegated to the local *Panchayat Raj* which itself has also evolved in several ways over the decades.

now infused the moment in time we interviewed her. As between the *rasam* and *muklawa,* she was in a kind of post-divorce purgatory, waiting for her imminent next marriage. She sat in the comfort of her *pukka* home, safe in the company of her sister, protected by her loving parents and brother. And yet, those memories and emotions seeped through the cracks, the past implicating itself in the present and haunting the future. There was an uncanniness in the repetition of scenes accompanying her transitions from one life threshold to another—long, fearful journeys to Gharsana accompanied by men, uncertainties about what lay on the other side. Throughout, she is changing, the bonds to a stable sense of self and to her *mayka* slowly fraying.

Komal's experience of marriage, from the *muklawa* to the incidents of physical, emotional, and spiritual violence are all clearly traumatic, and any symptoms of mental illness she exhibits could be framed in terms of post-traumatic response. But this framing does not capture the affective resonance, the uncanny aloneness, that permeates her existence. I have previously described trauma as the haunting of the present by the memories and experiences of the past; but trauma discourse does not capture the non-linear, non-mechanical experience of time—what Bergson (1913) calls *dureé* or duration.[49] Nor does it fully capture the external influences from family and community, nor the hanging cloud of local history.

Komal's experience of *paraya* includes exposure to the affective aspects of haunting and is best conveyed through her own telling of her story. This haunting also consists of aspects we can analyze through psychoanalytic and anthropological lenses—specifically, how cultural practices translate to psychological states. The disjunction between Komal's present with what *should be* and *could be* is a source of distress. What *should be* are the normatively constructed and enforced expectations in the form of social scripts, the idealized path to marriage and motherhood, as communicated through folklore, religion, and habitus (Bourdieu, 1977).

The seeds of the *paraya* or estrangement that Komal felt during the wedding were planted in childhood, and can be understood through the Hindu wedding ritual of *kanyadaan*, or the "unreciprocated gift of the virgin" (Johri, 2013, p. 19), one of the most sacred and emotionally profound moments in the ceremony. The *kanyadaan* itself is a complex set of rituals and mantras

[49] Bergson's concept of durée contrasts the lived, qualitative experience of time (duration) with the quantitative, mechanical measurement of time used in science. Bergson argues that real time, as experienced by consciousness, is continuous and indivisible, unlike the segmented, linear time represented by clocks.

that varies across different ethnic groups but usually takes the form of the bride's parents placing their daughter's hands in the groom's hands, symbolizing the transfer of responsibility and a blessing for their marital life. For the parents, it symbolizes the completion of the sacred duty of entrusting the bride to the groom and his family and is the apotheosis of a process of transforming "a daughter from *apni* (one's own) to *parayi* (belonging to another)" (Johri, 2013, p. 19).[50]

Psychologically for the bride, however, the process of transformation is far from complete at the time of marriage. In Kakar's (2021) psychoanalytic reflection on mothers and daughters in India, he notes that "the integration of what [the bride] was as a girl and the women she is now suddenly becoming, and the acceptance of her inevitable marriage to a stranger" ...all requires "time, her mother's love and support, the reassuring confidences with peers, and the 'trying out' of new, as yet unexperienced identities in fantasy" (pp. 291–292). "This process of feminine adolescent development," he continues…

> …is normally incomplete at the time an Indian girl gets married and is transplanted from her home into the unfamiliar, initially forbidding environment of her in-laws. The alien, often threatening and sometimes humiliating nature of the setting in which an Indian girl's struggle for identity and adult status takes place cannot be stressed enough (Kakar, 2021, p. 292).

Kakar was writing at a time (originally published in 1978) when child and adolescent marriage was predominant, especially in rural India. Komal was a self-confident and well-loved 18-year-old when she was married, showing that the emotional unpreparedness can still occur when the bride is older and more mature. Further, Komal's experience suggests that the distress has less to do with the level of care, comfort, and protection offered at home and more to do with norms and practices that structure marriage in the first instance. Despite her maturity and education, Komal remained emotionally unprepared, uninformed, and uncertain about the transition—something she hoped to save her sister from by including her in our conversation, a point I return to.

What *could be* comes from newer expectations, an idealized modern self, as communicated by social media, television, and exposure to "modern" people. Both of these ideals are imposed on

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[50] According to Johri (2013), a central motivating force behind *kanyadaan* is one of *izzat* (honor), related to the inherent danger of keeping a grown, menstruating (and therefore potentially sexual and fertile) daughter in the natal home (p. 19). I discuss *izzat* in the context of patriarchy further in chapter 6.

Komal by people around her and by herself on herself as she navigates her journey of becoming a wife and mother, a path for which she is never emotionally prepared. There are, in other words, dual, overlapping, and often incompatible social scripts that disrupt women's lives—that of tradition and modernity (Addlakha, 2008, p. 181; Das & Addlakha, 2001). Kakar notes that:

> Women today are at the intersection of the traditional life cycle and the modem life cycle. Following tradition, the maternal obligations and domestic roles are still central features in their lives, yet there also exists this independent autonomous Western model of womanhood in them at the same time. Women have become dynamic in society, and every woman is looking for ways to balance these two aspects (Kakar, 2001b, p. 153).

Addlakha (2008) profiles how these multiple pressures particularly afflict single female psychiatric patients in Delhi, noting that the "the life of the single woman in urban, lower-middle and middle-class households has become very complex, with her emergence as wage earner, career woman, and autonomous person outside the familial domain" (p. 199). But this new autonomy has "not been accompanied by a loosening of the traditional mores governing the life of the unmarried woman". She concludes that "mental disorder among women… mirrors both their opposition and allegiance to these multiple discourses on femininity" (Addlakha, 2008).

As educational opportunities expand in India, modern expectations will also increasingly afflict the lower-caste, lower-income, rural women like Komal, whose dreams are quashed by even deeper levels of patriarchal oppression than an urban, middle-class woman might expect to face. Komal completed 10th class, far more education than any previous generation of her family had attained. Her sense of modern possibilities was likely bolstered by other factors, such as being able to attend a large co-educational college in the nearby town, having friends continue on to further levels[51] and undergraduate programs. She had also been exposed to high-achieving and independent women, foreign and Indian, who visited Ramjas (including Amreek Singh's American daughter) and worked or volunteered with MJK. At Amreek Singh's house, Komal's world was also expanded with access to his television (where she watched *Bigg Boss,* Hollywood movies, and US and UK news media) and the internet and social media. For Komal and other Nayaks in Ramjas, modernity and its trappings were commonly thought to be associated with Jat Punjabi identity, possibly because of their exposure to people like me, Amreek Singh, and those from other wealthy Punjabi households who benefitted from diasporic family connections and

[51] In India, education levels consist of lower primary (Class 1-5) and Upper Primary (Middle school, Class 6-8) and the secondary level, which is split into two parts (grades 9–10 and grades 11–12 and often called "plus one" and "plus two").

international remittances.

Komal viewed herself as an educated, modern woman, with the ambition of becoming a police officer—a dream supported in principle by her natal family and encouraged by her *dada ji* (paternal grandfather). She sought to demonstrate her modernity to me and Soumya by using English words and by highlighting the differences between her own "educated", "efficient", and "hygienic" ways of thinking compared to those of her superstitious and backward in-laws. Komal thus was haunted by an alternative, self-actualized, modern version of herself that could not materialize in her marriage, and seemed to her equally unlikely in any future marriage. The scaffold of her ambitions and sense of self crumbled with every insult from her husband and *sasural*. As the following chapter shows, this haunting of alternative lives afflicts the older women as well.

Kakar (2021) argues that "the young Indian wife's situation, in terms of family acceptance and emotional well-being, changes dramatically once she becomes pregnant" (p. 296)—a notion not supported by the prevalence of perinatal depression nor the high levels of suicidal ideation for that age group. "The prospect of motherhood," he continues, "holds out a composite solution for many of her difficulties…with "the improvement in an Indian wife's social status, once she is pregnant…universally noted by cultural anthropologists" (Kakar, 2021).[52] The scene he describes, with "elder family members, particularly the women, becom[ing] solicitous of [the wife's] welfare, seeing to it that she eats well and rests often" and removing for her "many irksome tasks, erstwhile obligations and restrictions", I would argue, does not ring true for the majority of the population MJK serves, whether they suffered from depression or not. As the older women in the following chapters reveal, marriage and motherhood do not necessarily bring salvation. Only the select, lucky few realize the ideals of motherhood and becoming a mother-in-law.

IX. Patriarchy and *Basna* (to settle down)

Another aspect of Komal's *paraya* is evident through the lens of patriarchy. Previously, I referenced the word "*purdah"*—the literal and figurative isolation of women—as a metonym for the many forms of female subordination and oppression of agency in Northern India. What

[52] Though he claims this is universally noted by anthropologists, he only cites two sources: Mandelbaum's (1970) *Society in India* and Lewis' (1958) *Village Life in Northern India*.

emerges from Komal's divorce process are the subtle but profound normative pressure "to settle down" (*basna* in Hindi; *vasna* in Punjabi). Colloquially, *basna* has neutral (to live, inhabit, or occupy) and even positive (*bas jana*, to finally settle and down prosper) connotations, but the meaning is highly gendered. A boy who has moved to Delhi or abroad might say "*main achche se ghar bas rahe hoon*" (I am settling in my new home well). But for a young bride married into a new village, *basna* carries with it the imperative to incorporate oneself into the dynamics of the new home and community by learning new codes of conduct and changing oneself to fit in and make it work.

Whereas the practices of isolating, disciplining, and monitoring (for example, through the increasing use of social media) associated with *purdah* are more obviously oppressive, *basna* may be a more nefarious manifestation of patriarchy because it can appear and is often meant to be well-meaning. It was Komal's own loving family who implored her "to get settled and adjust to your house [*ghar basaa le*]". After initially rescuing her from harm, Komal's father eventually relented to normative pressures, rationalizing and excusing her husband's behavior ("mistakes happen") to justify sending her back. But Komal acknowledged that this decision was influenced by others—despite her father and mother's concerns, they could not make decisions on their own. Even after the eventual divorce, the impetus to settle down continues to usher Komal down the same fraught path towards a similarly uncertain fate.

From a feminist perspective, *basna* is a manifestation of patriarchal oppression that constrained Komal's agency. In her resistance to irrational rules, her personal ambitions, and her unwillingness to tolerate violence, Komal exhibited strong personal agency throughout her marriage and divorce process, and claimed to have had the biggest role in pushing for the divorce: "When I was living in my house for that one year…I was the one who talked about divorce [first]. I told it to everyone (*Maine bola tha. Mai sab ne bol a tha*)…only after that did my mother and father decide that [divorce] was good for everyone…"

Another powerful example of her agency occurred during our interview, to which Komal made a point of inviting her younger sister. Komal intended to share her knowledge and experiences so that her sister might be better prepared, avoid the pitfalls, or even forestall her own wedding. Acknowledging the sister's presence at the interview, I asked Komal what advice she might give her. "She [her sister] is quite intelligent and honest, and she is not scared of such things [of marriage and Komal's inevitable departure]", Komal said, the words directed to me but meant to

express hope and instill fortitude in her sister. "When my father says that we will get her married in another one or two years, then my sister says to him 'don't talk about my marriage for the next five years at least!' That is what she says...I have suffered, and she has heard about it. By listening to my situation, she is getting influenced. She thinks that 'my sister was not happy after marriage, I will not live like her, I will become strong.'" Komal's sister acknowledged Komal's words with a slight smile.

Recognizing expressions of agency, however, also reveals its limits. While Komal pushed for a divorce, she also acknowledged the lucky circumstances that permitted it. Though she was regularly raped, Komal avoided pregnancy despite having no access to reliable means of birth control. "It just naturally didn't happen," she said. After having children, "you have no option but to go back [to the in-laws]," she explained, "because… it is very rare…that someone with children can get married again. So they [parents] said, 'you have no children right now, so it is okay for you to get divorced.'" These favorable circumstances, however, did not counter the psychological influence of *basna*, which turned her extended family, her parents, and finally herself acting as disciplining agents. At the end of our interview, I asked Komal whether she wanted to get married again, and whether she was ready for it. "Yes. I am ready for it now because three to four years have passed [since my previous marriage], and my mother also wants me to get married. She remains sad because of this. She wants me to get married. And I also want to because she wants it."

Komal's predicament is revealed through the ambivalent expressions of hope and futility. While attempting to instill hope and strength in her sister, she acknowledged her inability to influence her parents' decision-making. "They [parents] will not listen to my advice because…The first thing is that they will get me married again before that and send me away from here." It is a moot point. The sister's marriage will happen no matter what's said, even in a family that has collectively had to contend with the fallout of Komal's.

In recognizing the inevitability of the situation—of her *kismat* (destiny)—I believe Komal was conditioning her mindset for empathy and acceptance. This process included recognizing the lack of agency in the men who facilitated the violence she faced. She could see why her father's perspective shifted, and in a profound act of empathy, she also recognized the bind her husband was in—he, too, was forced into this marriage. His agency, as her father's, was diminished under the pressure of patriarchal forces.

X. Conclusion: The Lived Experience of *Paraya*

In this chapter, I have interrogated the wedding as a cultural and kinship practice and its connection to psychological distress with the lived reality of Komal's experience. I argue that this experience is fundamentally one of *paraya*—a deep sense of precarity that emerges as uncanny aloneness at key moments throughout the *rasam, muklawa,* and post-wedding life. *Paraya* emphasizes the uncanny aloneness that accompanies a young woman's fraught journey of becoming a wife, daughter-in-law, and mother, a process that I contend never reaches its ostensible, ideal end. Alienation is accompanied by haunting beyond the linear haunting of trauma—that is, not only of the past in the present, but pantemporally and outside of time.[53] This phenomenological experience is also conditioned by external forces, norms, and expectations enforced by those around Komal, but also by Komal on herself—a manifestation of patriarchal forces in the form of the impetus to "settle down" (*basna*).

I have emphasized in this chapter how Komal's *paraya* included the aesthetic and affective experience of haunting as well as the haunting of foreclosed or alternative futures. Thinking outside of linear time, we can see how an apparition of Komal's future self haunts her present self, as much as that future self is haunted by the hopes and dreams of Komal's youth. But perhaps a more concrete picture emerges if we consider how Komal is haunted by the actual women around her. She is haunted by the experiences of older women she knows, including her mother, her contemporaries who have gone on to different fates, and younger girls whose futures seem bleak if uncertain because of shifting circumstances and norms. My use of *paraya* incorporates the influences of community members, family and acquaintances, and even the whisperings of events and names never explicitly discussed, including untimely deaths, stories of violence and abandonment, and other happenings in and around Ramjas.

By using the emic terms *paraya* and *basna*, I aim to represent experience from the ground up, and to capture both contextual influences that lead women to suffer what might be labelled as traumatic experiences and their creative and agentic responses to that suffering (Good & Hinton,

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[53] This experience of time relates to what Bergson calls *durée,* or the continual flow of experience rather than the mechanical flow of time. Memory, in this conception, is a kind of inner *durée*—not a passive repository of past experiences, but an active and creative force that dynamically influences the present and future. This conception of time and memory influenced Proust's *In Search of Lost Time,* and later work of philosopher Deleuze. It represents a conception of time that can haunt the present, as much as empower it, and that is dynamic, non-linear, and an important part of subjectivity. See Bergson (1911, 1913).

2016, p. 41). Das (2007b, 2015b) has powerfully argued for a move beyond trauma discourse towards a more subtle understanding of the complex interactions between violence, time, and language by analytically "descending into the ordinary" (Das, 2007b, p. 7) and examining the relatedness of everyday life. Through this approach, she witnessed how women who experienced the violence of India's Partition engaged in the repair of relationships through ordinary, everyday acts of caring. Das (2008) uses the metaphor of women digesting "poisonous knowledge"—traumatic memories and shameful experiences—"so that they learn to re-inhabit the world by dwelling again within internal landscapes devastated by violence" (p. 294). During our interview, Komal attempted to share and digest her poisonous knowledge with her sister, as well as with us, and I see her attempt as a powerful exercise in caregiving and an assertion of agency. Her act of caregiving was also one of resilience and resistance amidst the patriarchal forces arrayed against her. It is through this resilience, caregiving, and solidarity among vulnerable women that a potentially new framing of GMH interventions emerges—one of framing sufferers not only as victims but as potential agents to be empowered.

The emphasis on relatedness in ordinary, everyday life adds an important dimension to the understanding of *paraya*. It connects Komal's experience to others'; it implicates her story into the story of Ramjas and of the women of Sri Ganganagar, highlighting the importance of understanding local history and context. Individual vulnerability emerges from "life at the nexus of multiple uncertainties—political, economic, environmental, interpersonal, physical, and spiritual " with specific and local dynamics and origins—what can be called "ontological insecurity" (James, 2016, p. 361).

I argue that ontological insecurity among vulnerable women in Sri Ganganagar centers around marriage and kinship practices, but is not confined to the girlhood, newlywed, or daughter-in-law stages—it extends as an ongoing trauma into old age for many women. Donner's (2008) "liminal phase of resocialization" (p. 121) easily becomes life-long liminality given the multiple dimensions of uncertainty and risk of harm at various stages of life. In Sri Ganganagar, these dimensions include caste discrimination and poverty as well as the risks of climate change and agricultural policies affecting crop prices. In considering female subjectivity and the probability of experiencing mental disorder, it helps us to not bracket out life beyond marriage and motherhood, nor the life of the community and its history and economics.

In the following two chapters, I explore the life histories of two older woman from Ramjas

whose experiences of *paraya* persisted throughout their lives, the extended timeline allowing us to consider Ramjas' history, economy, and community dynamics. Through their stories, we can see that *paraya* is independent of whether marriages were happy and supportive. They help show, in other words, that Komal's experience of *paraya* can be generalized beyond the plight of one unlucky woman caught in an abusive, nightmarish marriage. Even the infrastructure of a happy, supportive marriage cannot withstand the moments of disruption and devastation that inevitably emerge from their ontologically insecure position as they transition through the life course. Komal shows how these moments can include, for the bride, the alienation of the *muklawa*, the initiation of violence (physical, emotional, and spiritual), and the silencing of the daughter-in-law. For many women, it includes the inherent risks of pregnancy—physical, emotional, and social (in being unable to produce a son)—which are exceeded only by the emotional toll of infertility. But the most significant disruption comes from the deaths of loved ones, especially husbands, siblings, and children. These moments of loss reverberate haunting later life stages bringing into stark realization the level of their precarity and material risk of harm.

Interlude: Kusum's World

Sachan died on Tuesday, August 20th at SPS Apollo, a private hospital in Ludhiana, Punjab, about a seven-hour drive from our village in Rajasthan. He was just a week shy of his sixth birthday. Sachan was small for his age, shy at times, but a known *sheraarth* (mischievous boy) with occasional bouts of disobedience and pushing boundaries. As the only child in a joint family household consisting of eight people and headed by two brothers, there was no shortage of love and affection, nor of watchful discipline, usually meted out for a bicycle-related transgression. On his bike, his shyness and timidity would melt away. Sachan would ride as fast and as recklessly as possible through the village streets, avoiding potholes, ditches, open wells, errant bricks, dogs, and all manner of hazards, including people. "*Raja*," declared an elderly, lower-caste Nayak woman, affectionately gesturing towards him as he swerved between our conversation one evening earlier that summer in the northwestern corner of the village. Once, he stole 20,000 rupees (about £200) in cash from a drawer in my room, only to tearfully return it the next evening. His grandfather had taken him by the hand across the sandy courtyard, by the large well, to the Rajasthani *haveli*-style residence attached to the maternal health center I run so that he could apologize to me.

Sachan's grandfather, whom I call Ghuggi *bhaji* is my second cousin. Our grandfathers were brothers, born in this very village, raising families on the very same two plots of land at either end of Sachan's confession circuit. For all the specificity of Punjabi kinship, there is ambiguity when it comes to cousins, first, second, or otherwise. There is no word for "cousin," a social fact that was buttressed by years of proximity—I moved to the village three years before Sachan was born—and those kinds of connections transcend any distance in biological kinship. Ghuggi *bhaji* is effectively my brother. And effectively, then, in the sprawling, generously assigned limbs of a Punjabi kinship tree, Sachan was my grandson—a fact that only garnered the occasional snicker when a stranger or a visitor would hear him call me, a childless man in my thirties, "*babaji*."

Ghuggi, a portly, gregarious man in his mid-60s, and his brother Gyan, in his late-40s, are the two heads of household. Both are *sardars,* a word that translates to "chief" or "leader", but is colloquially used to refer to a landed Sikh farmer, typically of Jat caste, with the traditional trappings—in this case, long white and greying beards, respectively, and turbans over unshorn hair.

I was not in Rajasthan when Sachan died. And it was only months later that Gyan's wife, Kusum *bhabiji* (sister-in-law), a stout, gentle woman in her late forties, recounted the timeline for me: His first symptoms presented on Sunday the 11th, nine days earlier. Kusum's son, a young man in his twenties, had given Sachan a playful smack on the back of the head in response to something he did or did not do. Sachan's reaction, however, was disproportionate and uncharacteristic—he wailed for much of the evening, complaining of a sore neck. It would have been within the realm of possibility that Sachan was exaggerating to elicit sympathy, but the episode was unusual enough for Kusum, the younger of his two grandmothers, to worry about it that night. Sachan eventually settled down, the entire, doting household of adults comforting him, the only child.

On Monday, Sachan went to school. He had recently been enrolled by Ghuggi at a new private school ten minutes down the road towards the nearby border town—that border being the international one with Pakistan. Sachan had a "paper" (exam) the next day, though what an exam for a six-year-old looks like I am not sure, and he worried about doing well on it that evening. On Tuesday, he went to school and wrote his exam and by all accounts did well. That evening, he played in the courtyard, on his bike as usual.

On Wednesday morning at five o'clock, Sachan had a seizure (*usnu daura pia si*)—I was unfamiliar with the word, so Kusum had to demonstrate as best as she could. Kusum recognized it immediately. She explained that her first son suffered numerous seizures before passing away at the age of seven. She knew how to firmly hold and comfort the suffering child, upright, ensuring they did not choke or bite down on their tongues. She mimicked the action, wrapping her arms around an imaginary child, clasping the forearms across the chest. Her son died over fifteen years ago, but her muscle memory had not faded. She held Sachan as he seized an additional two times and vomited before 10 a.m. His fever worsened. Then his symptoms seemed to ease, and the family took the interlude to drive Sachan to Ganganagar city[54], the district capital, about an hour to the north and east, to have him checked by the head doctor and proprietor of a private hospital known locally for its neonatal and pediatrics care and as one of the few local places that had a modern neonatal intensive care unit (NICU). Sachan's father asked Kusum to go along with them. Her experience had made her proactive and she proved adept in an emergency. At the hospital, Kusum called back to the house, giving instructions to bring additional provisions and sets of clothing for herself, for Sachan's mother, and for Sachan in case he vomited again.

[54] To avoid confusion, I refer to the sub-district as Sri Ganganagar and the capital city, also called Sri Ganganagar, as Ganganagar city.

They would remain at Rainbow for the next three days, though a lack of testing infrastructure prevented a firm diagnosis. But Kusum's most immediate concern was the level of care.

"They did not even give him any oxygen," she said matter-of-factly before delving into further criticisms. "Later, when we went to Apollo, they gave him oxygen right away. The doctor there said he may have had a chance if they [the first hospital] had given him oxygen at once. I do not think they even had oxygen. Sachan was not well attended at there. His mouth became really dry, and he would do this," she demonstrated Sachan's mouth movements, poking her tongue slightly in and out, "and I would wipe his mouth with a damp cloth. Once, there was no one there when he had a seizure. I knew what to do and held him. The seizure ended by the time someone came. They asked me how I knew what to do. If I was not there, they would not have even known Sachan had a seizure. No one was monitoring him."

By Thursday evening, Kusum and the rest of the family had their doubts about staying on at the hospital. On Friday, there was an argument with the head doctor about whether to leave. "If they did not have the proper facilities," Kusum explained, "he should have been honest and told us and we would have left earlier. Instead, we had to argue to get leave (*chutti*) from the hospital. He [the doctor] advised against leaving, maybe because he thought he might get in trouble. There was even another family there who had to call the police to help them remove their child from the hospital. They sent two officers to get the family and child out of there."

It is unlikely that the family would have needed the police to extricate themselves, and more likely that Kusum was interpreting whatever she witnessed through her own frustration—but I have learned to never dismiss stories of medical misadventure. It is also likely that, at this point, there was nothing more any practitioner could do, and that the hospital in Ganganagar city would have given Sachan as much a chance of recovery as anywhere else. But without a diagnosis and with increasing skepticism about the care being received, how could anyone be sure? What was the family to do? The choices were as urgent as they were confusing—a swirl of uncertainty. Stay and hope the tide will turn, or remove Sachan and go elsewhere? Had they lost crucial time by not leaving the night before? Should they go to Bikaner, which was three hours away and had several reputable government and private hospitals, or to the newly built Medanta hospital across town—a private but understaffed oasis? Or to Ludhiana, where they had a family friend on staff at SPS Apollo? At least at SPS Apollo, they knew they could influence care decisions with cash.

In the end, they decided on Punjab, departing Friday and arriving late in the evening. Sachan, unconscious, was immediately hooked into monitors and given oxygen. The doctors started on a battery of tests to pin down a diagnosis. They could do what the hospital in Ganganagar could not—rapid blood work, antibody tests to rule out unlikely major offenders (hepatitis, HIV), a spinal tap, an MRI. The imaging report declared what was obvious by then, "known case of encephalitis and brainstem disfunction." Brain swelling. Further details had more specificity but less certainty. "MR findings reveal diffuse hypoxic ischemic changes to the brain parenchyma with mass effect over brainstem…brain herniation." Lack of blood flow. Lack of oxygen. Pressure on the brain. Brain damage.

By this time, word had filtered out to family in Canada and to me in Boston, where I was when Sachan fell ill. I had taken a month off from fieldwork to be with my wife for our first wedding anniversary. My worry began earlier in the week when one of my program managers mentioned at the end of an update call that Sachan was in the hospital. My manager had attended the *akhand paat*—a continuous recitation of the Guru Granth Sahib, the Sikh holy book, over two or three days—started by the family at the village Gurudwara (Sikh temple). Subsequent WhatsApp updates and brief calls brought added worry but no more clarity. The diagnostic reports were photographed and sent to me and others to get second opinions, which I asked of friends who were medical doctors. But it was the same pattern: More specificity, less certainty. Febrile infection-related epilepsy syndrome. Acute Disseminated Encephalomyelitis. In the end, it was deemed meningitis—inflammation of the protective covering of the brain and spine likely caused by an infection by one of several possible bacterial or viral pathogens. There were vaccines developed for several of the bacterial variety. Despite the spinal tap, and despite the high risk of contagion to everyone around Sachan, a conclusive test was never conducted, and the specific pathogen remains uncertain.

In what would become a foreshadow to COVID-19, we implored everyone to monitor themselves for symptoms and to use hygienic and behavioral means of preventing spread, which usually occurs through the exchange of droplets during sneezing, coughing, or kissing—anything a parent or grandparent might be exposed to caring for a sick child. We reported the case to the office of the local Chief Medical and Health Officer, and over the following weeks heard several anecdotes of other children in neighboring villages getting sick, some also dying. It felt as though there was an outbreak, but with the nonchalance of officials and villagers alike, and with time, all

seemed to go back to normal. Or perhaps, not normal, but ordinary. As Das (2007b) argues, perhaps it is not only the event itself, in this case Sachan's death and the circumstances around it, but the people embedded in those events and the unspoken and hidden aspects of their everyday lives that can reveal something about how people contend with loss and suffering and about the worlds they inhabit.

It was the event of Sachan's death, and the subsequent descent into the ordinary that allowed a peek into the unspoken trauma of Kusum's life and every other life in Sachan's household that I had not previously been aware of. I returned to India six weeks after Sachan's death, sadness and mourning still permeating, but life unmistakably moving forward.

Being away, I knew almost none of the details presented above. I would have liked to present a scenario where, overcoming my guilt for not being there and for missing the *sanskaar* (funeral rites), I drew up the courage to ask what happened. But this is not how I learned of the events. It took time and circumstance for the details to reveal themselves, and it took the help of others. It was on one of those perfect October evenings that occur between the bitterly cold and scorching hot seasons in Rajasthan, that I and a group of researchers and volunteers—Brits, Canadians, and urban Indians who were regular visitors and who had all developed a relationship with the family over the years—decided to go for an evening walk, stopping at Sachan's house. We intended to only have a quick visit before heading out to the fields before sunset. It was then that Kusum and the rest of the family, over cups of sweet milky chai, discussed what happened as we sat on plastic chairs and ***manjas*** (traditional woven beds) in the concrete courtyard where Sachan used to play. The details were recounted, not only with words, but with tears, off glances, gestures, and silences. There were stories of reincarnation, and fond recollections of Sachan's bicycle recklessness. Ghuggi pointed out the crisscrossed bicycle tracks solidified in the recently paved village road just outside the main gate, an inadvertent memorial created earlier that summer. It was much later that I realized, with the help of another interlocutor, a young psychotherapist and MPhil student from Delhi who came to do fieldwork for her thesis earlier that year, how, between Kusum's words and actions, the trauma of losing her first born son had resurfaced.

1995.[55] Gyan was in the fields when Kusum went into labor. She was implored to go immediately to the

[55] This story is adapted from a field report completed by Jayati Singh for her MPhil class at Ambedkar University Delhi with permission.

hospital, but she wanted to wait for Gyan to return before departing. A young bride, uncertain in her new household, she wanted to wait for the person she trusted. When she arrived at the government clinic, the attendant realized that baby was obstructed, the umbilical cord was caught around its neck. The clinic did not have the facilities for the needed caesarean section, and so Kusum and Gyan were sent to another hospital, and the delay proved costly. Obstruction leads to hypoxia, lack of blood flow, brain damage.

Everything old is new again.

In the end the boy survived, but he could not move his limbs. He grew but he could not sit up and could not speak. And he seized. Often. But he was beautiful. "Ina gora, ina sohna! Rab ne sab ditta par jaan nahee ditti." ("So fair, so beautiful! God gave him everything except life"). After some time, Kusum could recognize his exact needs from the sound of his cry. They cared for him and kept him alive until one morning, seven years later, Gyan found him lifeless on the manja. Sinking into a four year long, depression, Gyan developed high blood pressure and high cholesterol. He would suffer a heart attack at age 41 and travelled to Punjab to undergo an angioplasty and have a stent inserted. Despite occasional heat trouble, he is healthy, and the couple laughs and jokes constantly, finding a way through. Their second son would grow up to study nursing at the local college. He would eventually become a program manager in a community-based maternal mental health intervention, called the Khushee Mamta ("Happy Motherhood") program, implemented in the district.

Chapter 4: Parul: Untimely Death, Betrayal, and Survival

> *The emotional force of a death...derives less from an abstract brute fact than from a particular intimate relation's permanent rupture. It refers to the kinds of feelings one experiences on learning, for example, that the child just run over by a car is one's own and not a stranger's. Rather than speaking of death in general, one must consider the subject's position within a field of social relations in order to grasp one's emotional experience.*
>
> — Renato Rosaldo, from Culture & Truth: the remaking of social analysis (1993)

> *Philosophers tell stories with concepts. Filmmakers tell stories with blocks of movements and duration. Anthropologists, I would say, tell stories with instances of human becomings: people learning to live, living on, not learning to accept death, resisting death in all possible forms.*
>
> — João Biehl, from The Ground Between: Anthropologists Engage Philosophy (2014)

I. Parul

15 years ago.

Parul, a Nayak woman then in her 40s, lies in her bed. It is well past dawn, and her grandson is asleep beside her. She is tiny—at most five feet tall—giving the impression that there are two children curled up under the thick blanket. In a daze, she notices the empty *manja* beside her. Kamu Dev, her husband, hasn't yet returned from his overnight work irrigating the fields belonging to a local *sardar*.

He started late in the evening, she reminds herself, he's probably still out there.

Irrigation work is long, tedious, and labor intensive. For the larger farms, the time allotment for receiving canal water can last up to eight hours and is assigned regardless of time of day or weather conditions. The *sardar's* water allotment happened to come on an unseasonably cold evening in March. Since the allotment is effectively measured in time rather than water flow, some of the laborer's work is to ensure that flow is optimal by extracting objects—branches, leaves, carcasses—from the culverts and increasingly narrower and narrower canals and ditches that funnel water to the village's fields. The next task is to ensure the water is properly diverted

to the correct fields through the opening and closing of a series of heavy cement barriers, like vertical manhole covers, to direct the water down one path and not another. The farmlands themselves are neatly partitioned into sections, each with a dirt perimeter that is manually opened and closed with a *kassi* (hoe), to allow the water to flood over the fields.

Flood irrigation in Sri Ganganagar is a kind of man-made miracle that transforms a barren desert into verdant, productive land. But for Kamu Dev and many of the laborers on whom the miracle depends, it is experienced as a monotonous series of repeated activities: inspect, open barriers, move dirt, close barriers, wait, inspect…

Parul knows Kamu Dev has a lot to do and doesn't expect him to be home yet. The room, one of two in the *kachcha* (mud-brick) compound on the eastern edge of Ramjas, feels unusually quiet and empty. The compound houses a large segment of her extended family, and on any given night, the room she is in is usually occupied by her husband, their eldest son and daughter-in-law, two grandsons and various other household members. But circumstances converged to quiet the normally bustling household—her son and his wife had gone to visit the latter's *mayka* (natal home), a common custom (*rivaaj*) during Holi season. Other family members were attending a *jagraata*[56] among the village's Nayak community—an all-night vigil with singing and ritual worship (*pooja*)—at a small hut (*kutiya*) nearby. Another small family contingent had travelled to the city for a relative's wedding. Among this latter group is a nephew who has a steady labor agreement (*siri*) with a local *sardar*. The nephew arranged for Kamu Dev to fill in for him so he could attend the wedding. The duties include attending to any other farm work the *sardar* might ask for during the day and managing the irrigation that evening.

Kamu Dev, at least a decade older than Parul, used to work as a *mistri* (a contractor, mostly bricklaying and household repairs), but now spent most of his time at home looking after grandchildren and feeding the few cows and goats the family owned. It was other household members, including Parul herself, their two adult sons and their wives who earned most of the household income through the *siri* arrangement or daily wages (*dihaari*) doing various jobs around Ramjas and other nearby villages. If Kamu Dev occasionally found work, he took it, otherwise, he was content to stay home. But lately he had been actively going around (*gerdaa maarda*, literally "walking around") looking for something to do. It was March and the peak of

[56] *Jagrata* literally translates to "staying awake at night". It is a combination of "*jag"* which means "awake" or "wakefulness", and "*raat"* meaning "night" in Hindi.

the *rabi* (winter) growing season with the spring harvest just around the corner. The demand for labor was high, especially among the *sardars* with larger landholdings. The opportunity to earn some cash energized Kamu Dev, and the day's activities would demand his full engagement.

He spends the day cutting fresh fodder (*patte*) for the *sardar*'s cattle (*pasooan*, cows and water buffalos). As dusk approaches, he comes home to rest before heading out again to attend to the irrigation. An elderly neighbor interrupts and asks him to take some oil (*tel*), milk (*dudh*), and ten rupees from her to the *jagraata*. "Go and *matha thek*" (to pay respect through genuflection; literally to bow one's forehead), she says. He obliges and returns a short time later with incense (*vibhuti*) and freshly blessed milk which he returns to the old woman. He also brings back food (*roti*) for Parul and their grandson who is now out with his father. "Put this in a tiffin container for him, he should eat this," he tells Parul. And with that he is finally ready to leave to inspect the canal's flow to the *sardar's* land, which is only a stone's throws away from the house.

Holi landed in early March that year. In March, the cold winter air mostly dissipates during the day, but it lingers at night, especially when the fields are being flooded. Flooding brings a thick fog that hangs low over the fields and cold air creeps into the hut. "Don't forget your blanket," Parul implores him. "'Take your blanket!"

"You lie down. I will be back soon enough (*main hune aajana*)," he tells her as he prepares to depart, grabbing a woollen shawl, some other layers of clothing. "*Chal, teek hai*," she relents and turns her attention to her grandson who just returns. She feeds him, and puts the empty tiffin aside. She gives him water to wash out his mouth and lifts him onto the bed with her, wrapping them both in the thick blanket. She loves her grandson. She loves all her grandchildren—they represent a different kind of future, one with possibilities and new kinds of relationships, unlike those with her own children which had begun to fray and grow cold. She holds him close. They warm up together under the blanket and begin to drift.

Night.

She thinks she can hear her husband's voice—is he yelling? Laughing? Kamu Dev will occasionally drink alcohol. The excitement of the *jagraata*, the day's activities, the creeping cold and the wet business of irrigation are all enough to nudge him to consume something—chai, alcohol and *apheem* (opium) were the substances of choice for laborers on the evening shift.

Maybe he is just enjoying his busy day. She pushes it out of her mind and dozes off again.

She starts awake.

Two men stand over her—Gyan Singh, the young *sardar* she often works for, and the heavyset Sooraj Singh, a neighbor from across the village well. "*Bhain-e* (sister)," Gyan Singh's familiar inflection doesn't mask the tremble in his voice. "Kamu Dev has died. They found him in the culvert (*khaala*)." The words hang in the cold air. She doesn't cry. There is only numbness and silence. The men stay in the room for about half an hour talking in hushed tones about what to do next (*salaah marake*), steam from their breath swirling between them. The most urgent task for the men was to figure out a way to get a hold of one of her sons. Parul lays unmoving under the weight of the heavy blanket.

"After that, *veeran*," she tells me, describing the events over *chai* 15 years later, "I was very sleepy the rest of that day. I just kept sleeping with my grandson [*pota*]."

* * *

II. Extending *paraya:* Ontological Insecurity, Complexity, and Emotion

The objective of chapters 4 and 5 is to extend and broaden the concept of *paraya* by examining the life histories of two older women in Ramjas, Parul, a domestic laborer, and Pragati, a former sex worker. Like Komal, these women are from lower socioeconomic backgrounds and are low-caste Nayaks, but they range in age from their mid-fifties to mid-seventies. Their stories, more explicitly than Komal's, can be linked to historical events, global economic forces, and state and local governance all filtered through their daily interactions with their family, neighbors, and community members. These women, in other words, offer an opportunity to explore both the internal, affective aspects of experience while drawing links to social conditions. The overarching goal in extending the concept of *paraya* is therefore to further examine to role of community and larger social forces in the etiology of individual psychosocial disorder in order to meaningfully evaluate and critique the GMH approach to perinatal depression. These life histories provide an opportunity to explore social context and interaction, as well as the social, political, and economic history of Ramjas and Sri Ganganagar in which these stories are embedded.

The power of ethnography is in operating at multiple levels of analysis and incorporating, rather the controlling for or eliding, complexity and individual experience. For my purposes, ethnography informed by life histories can help uncover both the structural forces and lived experience of the precarity, alienation, and existential aloneness that constitutes *paraya*. With the larger sweep of time in these older women's stories, we can also observe the influence of structure and patriarchal forces while attending to individual action. In other words, in terms of the feminist approach I have adopted, the stories allow us to heed the interaction or dialectic between *purdah* and female agency and to productively learn from this antinomy (on antinomies, see Gellner (2012)).

On the structural side, Parul and Pragati's stories directly and indirectly reference the effects of caste and labor relations, historical traumas, and transnational forces, including those affecting climate change and the natural environment (Cohen & Foote, 2021; Ghosh, 2019, 2021), thereby offering a glimpse into structural vulnerability—i.e., the relative vulnerability conferred onto individuals based on their position within an array of violent structural forces (Holmes, 2011; Stonington et al., 2018)—and shared colonial and post-colonial experiences (Good et al., 2008).

While it is important to identify the sweeping currents of shared structural violence and historical trauma, it may be too removed from lived experience to add value to our understanding of mental disorder and to influence the design and evaluation of mental health interventions.[57] As James (2016) asserts, individual vulnerability emerges from "life at the nexus of multiple uncertainties—political, economic, environmental, interpersonal, physical, and spiritual (p. 361)" with specific and local dynamics and origins. It is these uncertainties that in turn can lead to a profound angst about one's sense of self and the world one inhabits, what can be labelled "ontological insecurity."

Anthropological approaches to post-traumatic stress have adopted ontological insecurity as a conceptual tool to make links between structural violence, the nexus of uncertainties within which sufferers live, and their mental disorders (Good & Hinton, 2016; Hinton & Kirmayer,

[57] In her footnotes to the referenced chapter, James makes a convincing argument for a focus on local context and history over structural violence that is worth noting as it is relevant to the discussion on *paraya* and intervention. She argues that "While it has become common to refer to the term 'structural violence' in order to explain the pernicious effects of poverty, I have found that such a term tends to leave unexamined the complexity of situations of vulnerability that simultaneously involve international, national, and local relations of power, economy, politics, race, gender, and other factors. While naming structural inequalities "violence" can assist in drawing attention to the everyday misery of the disenfranchised individual, community, or nation, it may do more harm than good by crystallizing violence in a fetishistic manner" (James, 2016, p. 381).

2013; James, 2008, 2016). I believe that a critical ethnographic approach to GMH calls for a genealogy of ontological insecurity. This includes considering local or "micro-history" and the "intergenerational transmission of psychopathology, disadvantage, and suffering" (Hinton & Good, 2016, p. 90). By paying attention to current dynamics and their origins, we can trace the "historical formation of the ontologically insecure subject" (Good & Hinton, 2016, p. 38) and inform intervention in a meaningful way.

Life history interviewing presents a suitable method for uncovering ontological insecurity—of linking the interiority of individual experience with social context at different levels of analysis. But in practice, the method provides both challenges and opportunities that are worth reflecting on. The overall challenge is that there will always be an irresolvable gap between an ethnographic subject's experience of suffering and what an ethnographer can accurately and truthfully interpret and render onto the page. It is, in other words, a challenge of representation.

I see this irresolvable gap as a product of two things: the difficulty of interpreting and trusting language—what is said by the interviewee—and of interpreting what is not explicitly said and is often difficult to say—i.e. inner thoughts, feelings, or motivations, conscious or subconscious, and conveyed by silences, body language, and emotions.

Very practically, this challenge is more difficult when interpreting and rendering the narratives of older women because of the added complexity of their experiences of *paraya*. Komal's descent into *paraya* was fundamentally about the changing nature of her relationships and the decaying sense of security vested with her natal family, all centered around her wedding and divorce. For Parul and Pragati, *paraya* is filtered through additional decades life experiences and estrangements—the arrival of children and grandchildren, poverty, sicknesses, deaths—that are influenced to a greater extent by other actors, both within the family (natal and affinal) and from the larger community. Because these experiences extend through a longer period of time, they are also more readily (or apparently) influenced by social and economic factors and local history. In short, there is more complexity.

Parul's story was especially difficult to interpret, partly due to her Bagri-accented Punjabi and Hindi, but mostly because her responses were infused with a flurry of malleable and circuitous timelines, jolting non-sequiturs, non-verbal gestures, and philosophical quips about life and poverty. For example, in a response to a perfunctory interview question about her family tree,

she responded:

> I am alone (*mai ikaali han*). I have no family, no brother, no sister. All in all, I am the one and only soul (*uh sarinak, mai ik jaan noo*). I just have four children (*jawaak*), two sons and two daughters. Both my daughters are married and living in Ganganagar. And I have two sons [living in Ramjas]. I earn income for myself by doing labor work (*majdoori*, wage labor) and feed myself. My children don't give anything to me, but I have done my job well by raising them. That is why, *veeran*, I feel what I have here…[gesturing to the side of her torso]… Look, here, here…[gesturing to her thighs]… my younger brother in laws (*dewar*) were roughhousing one day [referring to an incident in which she was injured]. You see my back (*taun*)? I take the medicine for my back, so I am able to stand. Otherwise, my back has slipped discs (*hil gya taun meri*). I got hurt here… I got hurt here…[more gestures]…

It was as if she wanted to convey everything, from the emotional to the material and economic all at once to show their interconnectivity. It took time for me to decipher and decode her statements to draw out specific people and events, and to place those events onto a comprehensible timeline. Parul's language was one of grief and complexity, revealing, if sometimes between the lines, how the broader context—the community, the economy, local history, kinship, and patriarchal forces factored into her life story.

Of course, what is actually said by an interviewee is fundamentally important to life history interviewing and to the use of narratives in medical anthropology. According to Das (2015c), the genre of illness narrative in medical anthropology developed in two directions: towards "a greater refinement of the narratological qualities of the telling of illness experience," and "greater attention to the economic and political conditions within which illness experiences are formed." In the first direction, there is a focus on narrative analysis including considerations of emplotment (Mattingly, 1994), reader (or interviewer) response theory (Good, 1993), co-construction, meaning making, and narrative time (Garro & Mattingly, 2001; Good et al., 1994). The underlying motivation of the illness narrative genre is to position the patient or sufferer's experience more prominently in biomedical training and practice (Charon, 2006; Das, 2015a; Kleinman, 1988; Mattingly, 1998). More broadly, it was a way to critique dominant biomedical models and other forms of biopower by centering patient experience and their explanatory models of illness (Das, 2015a; Foucault, 1991). In the latter direction, illness narratives are used to indicate structural violence and the broader postcolonial disorders of political and economic conditions (Farmer, 2001, 2005; Fassin, 2007; Good et al., 2008). Both strands use thick description and narrative analysis to create a coherent subject or subject position and story,

though it is often recognized among practitioners of narrative anthropology that, in reality, there is no coherence of past lives or phenomenological selves (Mattingly, 1998).

This lack of coherence was especially evident to me with Parul's life history, but this lack of coherence is itself important. Das (2015a) emphasizes the "fractal qualities" (p. 205) of individual lives and fractured narratives of those suffering from mental illness (p. 83). The concepts developed from lived experience need not have a "well-organized narrative with clear plot lines and well-recognized social actors" (Das, 2015a, p. 28). Rather, it is the "disordering of narrative" (Das, 2015a), its complexity and contradictions, its "unfinishedness" (Biehl, 2014), that, while being difficult to interpret and render to the page, can help us understand experience in all its layers, contradictions, and complexities. As Das (2015a), again, succinctly puts it: "dispersed subjectivity better captures the experience of precariousness in the contemporary world" (p. 28).[58]

The difficulty in interpretation therefore entails the difficulty in understanding through the words of the interviewee the fractured and contradictory self and the complexity of the world in which they are embedded. When confronted by an incoherent or contradictory experience, the ethnographer must make decisions on what to emphasize and what to downplay or remove. I have already discussed the contradictory presence of both oppressive patriarchal forces and agency among women in India, and how earlier ethnographies tended to emphasize structure over phenomenology. The life history method allows both structure and agency to emerge, but the challenge of interpretation is in reconciling the two within an ethnography.

Another of the most significant contradictions exhibited by women in Sri Ganganagar is the coexistence of immense suffering and loss with what I perceived to be genuine laughter and happiness—what may constitute the potential ingredients of resilience (see chapter 5). Despite their experience of loss, precarity, and alienation, the first images my brain conjures when I think about Komal, Parul, and the other women I write about in this thesis are predominantly ones of smiles, laughter, and good-natured humor, often at my expense. My research questions undoubtedly create an interpretive lens that focuses on the more obvious and darker aspects of lived experience. But the picture is incomplete without a recognition of the happiness and humor that still prevails—there is no darkness without light, and so there cannot be an anthropology of

[58] Das is commenting on Good's evolving theory of subjectivity (Good, 2012).

suffering that exists in opposition to (or isolation from) an anthropology of the "good" (Das, 2015a; Ortner, 2016; Robbins, 2013).

On this point, I find Viktor Frankl's reflections on the coexistence of suffering and humor among prisoners in the Nazi death camps to be helpful. Both suffering and humor, he says, are like gases. Whatever their quantity, they fill the space they are in and both are absolutely relative (Frankl, 2020, p. 25). In real life, Parul's and Komal's smiles and laughter are significant outward projections of their subjectivity and should therefore not be subsumed by the enormity of their suffering in writing their stories. It is important to reflect in those stories, as much as possible, all affective registers, even if there is no final coherence to the extent of their resilience against their suffering.

Another issue is the interviewee's reliance on memory and their construction of potentially faulty timelines. Especially among the older interviewees, there is an intermingling of timelines representing the present (now), the near-present, and the long dureé of the past. With life histories, Desjarlais (2003) suggests this intermingling is the outcome of the presence of both a "narrating I", the person recounting events, and a "narrated I", the self as remembered and reconstructed from the past (p. 109). Further, what is recounted emerges from the intersubjective experience of, in my case, the interviewee, myself, and the research assistant who joined us, with all parties navigating how they can best communicate across several divides—gender, linguistic, economic, to name a few.

The irresolvable gap is therefore partly the gap between experience and language—like the difficulty of a pain sufferer trying to convey their experience to another person. A statement like "I am in pain", would be the beginning of what Wittgenstein in his later philosophy would call a language game and indicative of a particular 'form of life'—i.e., the social and cultural practices within which language is embedded and that is the object of anthropological inquiry (see Das (1998, 2007a); Wittgenstein and Anscombe (2001)).[59] This is also true for psychological suffering, such as that caused by grief and loss, and expressions that convey isolation and estrangement. And sometimes, the 'narrating I' is not ready or capable of narrating the complexities of their experience, as may be the case for those enduring the aftermath of "subject shattering" violence (Pinto, 2008, p. 372). Reflecting on infant death in India, Pinto (2008) suggests that language (of

[59] In addition to Das' engagement with Wittgenstein's *Philosophical Investigations* in her anthropological works, I am also influenced by Garcia and her framing of suicide as a form of life. See (Garcia, 2010, pp. 152–155).

both the individual and of state programs and interventions) can often hide as much as it illuminates, with narratives of grief and loss often ending "with a gulp of all-consuming causation—the hands of God, the gifts of fate" (p. 372). Parul and other women in Sri Ganganagar often used these kinds of phrases, obscuring the complexity and "entangled causalities" (Pinto, 2008, p. 373) behind the untimely deaths haunting their stories. In these cases, the sweeping, all-consuming statements might reflect not meaning making, but the fact that there is no meaning to be made at that time, as one might expect from someone who has experienced significant loss.

I provide this preamble to my presentation of Parul and Pragati's stories to convey the difficulties I had in creating their ethnographies, but also to discuss concepts and approaches that I found helpful. In Das' (2007b) work on vulnerable women affected by political violence, she emphasizes how this violence descends and interweaves with ordinary, everyday life, which is expressed both through language and through silences. Intimate engagement and trust, time, and shared experiences—all aspects of anthropology as a "dwelling science" (Das, 2015c, p. 16)—help the ethnographer glean what is possible from both language and silence. Indeed, I have found that trusting the insight and instincts I have developed from my time in the field—the simple, and yet not-so-simple act of 'being there'—has been useful in understanding and decoding their stories. This is partly from the shared experience of emotion—what Rosaldo (1993, p. 2) labels as emotional force. For Rosaldo, whatever time spent, language skills developed, and cultural understanding gained over his decades-long engagement with the Ilonglot people of the Philippines, it was only after the tragic loss of his wife that he could truly understand the rage and grief that motivated the practice of headhunting. Rosaldo (1993, p. 2) emphasizes the "cultural force of emotions" (p. 2), especially in relation to death, as a way of understanding cultural practices. "The notion of force," as he puts it, "…opens to question the common anthropological assumption that the greatest human import resides in the densest forest of symbols and that analytical detail…equals explanation of a culture…(Rosaldo, 1993, p. 2)." He goes on to pointedly ask, "do people always in fact describe most thickly what matters to them (Rosaldo, 1993, p. 2)?"

While I could never really know Parul or Pragati's grief, the loss and grief I experienced during my time in Ramjas provides some shared emotional understanding—a sliver of access to the emotional and affective aspects of their stories. Stevenson (2014) and Garcia (2010), in their respective ethnographies of suicide, addiction, and state intervention among the Inuit in

Northern Canada and a Hispanic community in Northern New Mexico, are two profound examples of where the ethnographer's vulnerability and emotional connection with individuals in their field site have helped elucidate otherwise unknowable aspects of individual suffering and experiences of caregiving. I have found that, despite the vast differences in our experiences and positionalities, that there is still room for emotional connection and access when women in Sri Ganganagar are given a chance to talk about their experiences of estrangement and personal loss. They want their stories told, even if the stories are incomplete.

In this regard, I also find useful Biehl's (2017) call to embrace the "plasticity and unfinishedness of human subjects and lifeworlds" (p. x). The vulnerable women I encounter in Sri Ganganagar, whether through MJK's programs or my field research, are all in an unfinished process of becoming. Along the way, they must find ways to endure the intolerable, to repair and heal, to untangle themselves from existing relations and to establish new ones (Biehl & Locke, 2017, p. 4). They must negotiate threatening detours and uncertainties, "and make use of these very realities to craft viable forms of life and project themselves into a future" (Biehl & Locke, 2017, p. 4). To paraphrase Heraclitus, flux or change is the only constant—in order to capture this reality, ethnographic work necessarily begins in the midst of unfinished and complex narratives. It is the unique power of ethnography to be able to capture the complexities, entanglements, desires, and possibilities of people's lives.

Just as there is epistemological value in contending with the antinomy between structure and individual agency, there is also value in grappling with and being unsettled by the incoherent narratives that come of these ongoing efforts to survive. Parul and Pragati are finding ways to endure and repair and heal in the aftermath of devastating loss, and it is these very efforts that can help us understand the hidden lives of vulnerable women and to inform GMH interventions. In this chapter, I attend closely to Parul's life—its moments of *paraya*, its complexity and unfinishedness, its everyday practices and relationships—and conclude with some tentative thoughts on the possibilities and limits of ethical action through GMH.

III. The life history of widows

I met Parul, a Nayak woman, by then in her mid-50s, almost the moment I arrived in Ramjas over a decade ago. She was a kind of labor free-agent in the village finding work at a usual circuit of households, including the one I regularly stayed at during my first few years in Ramjas.

Eventually, she became a fixture at MJK on outpatient clinic days, where one could observe her scoot in a low crouch across the center's substantial square-footage, gathering dirt and debris with her *jharoo* (broom), her colorful *dupatta* draped expertly over her head and back. Her constant presence at MJK and other of my commonly visited households allowed us to develop a friendly relationship, one with at times contradictory tones of employer and younger brother. She was the only one in Ramjas to call me "*veerji"* or "*veeran"*, a Punjabi term for brother more common in the Majha areas around Amritsar, rather than "*bhaji*," which is more common in the Doaba dialect that was transplanted to Sri Ganganagar by migrants from that region.[60] She herself was not Punjabi, and I interpreted her use of this term as acknowledging my uniqueness as both an insider and outsider in the village, but also as a term of endearment. I often greeted her like an auntie or respected older sister, with hands folded, bowing to touch her feet, a gesture met by an affectionate hand to the shoulder or head. But our usual daily interaction would often start with light ribbing and a laugh: "*Sat sri akal*, Aneel *veeran*!"—her high-pitched voice inflecting up at end. I would return the greeting, mimicking her pitch and inflection, "*Sat sri akal*, Parul *bhanji*!" to which we would both laugh. She was also a cultural interpreter, bluntly informing me when I committed one of my inevitable *faux pas,* as when I returned from my wedding in the United States without gifts for my sisters in Ramjas—something I quickly remedied with several gift sets of fabric (of approved style and pattern) from the local town that the women I was obligated to could have tailored into new suits.

Parul's distinctly high-pitched voice was somehow apropos to her overall physical uniqueness: Tiny in stature, high cheekbones, deep set eyes with a hint of cataracts, and a lovely but largely toothless smile that she would self-consciously cover with her hand when made to smile. When standing upright, she had a slight bend in her knees and at the hips and a deep curve in her lower back, as if her bones and ligaments had been rewired for the squatting position. Less unique were her deeply calloused hands and feet, formed over years of labor work and common among lower-caste Nayak women of her age, many of whom are less prone to wearing shoes.

Despite her generally positive affect, I could see how Parul' material reality—her poverty, caste, and gender—became inscribed onto her body. She constantly suffered from nagging ailments and injuries, some of which, I would learn, were the outcomes of a series of significant traumas,

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[60] *"Bhaji"* is a term for brother more common in the *doab* region of Punjab, where many of the Jat Punjabi *zamindaar* (farmer) families around Ramjas trace their origin. Jat Punjabis from the *majha* district around Amritsar commonly use the word "*veer*" or "*veerji*", though the linguistic boundaries are porous and exceptions abound.

all of which left lingering effects, especially in terms of chronic pain. She often asked for pain medication and analgesic creams, which I would provide her from MJK's stores. After I returned to Ramjas from extended absences, she would update me on the developments of her various physical issues. I would visit her home and play with her grandchildren. On one occasion, I visited her home to pay my respects after the untimely death by suicide of her nephew. After one particularly cold week one January—the coldest in recent memory—she told me about the death of her household's only cow due to the cold temperatures, which forced them to purchase milk from the market in town. It took several years for me to see that, behind the jovial back and forth, her life, it seemed, was always on the precipice of collapse.

This was the background to the series of life history interviews I conducted with Parul. We had a familiar relationship, one that allowed me to observe, at least from a distance, the strange admixture of struggle and resilience in the face of everyday uncertainty. But there was a limit to the access this provided. I did not really know much about the inner workings of her household, her place in and perspective on the community, and her experiences as a mother and grandmother. Including Parul, I had similar familiar and friendly relationships with three lower-caste, older women in Ramjas, forged over years of near daily interaction while I was in the village, and exhibiting elements of care and affection, all facilitated by our roles in relation to MJK and modulated by our occupying several other kinds of relative positions: As "fictive" kin (brother to a sister or sister-in-law; an uncle to their children and grand-children), employer-employee, higher and lower caste, and various degrees of insider-outsider (them having married into the village and me arriving more recently but having local ancestral roots). These relationships and interactions gave me insight—if somewhat superficial—into how social and economic conditions impacted the lives of women in Ramjas. It was because of these relationships that I felt comfortable enough to ask them to participate in series of life history interviews to better understand the sweep of their lives from childhood to motherhood and, as it happens, as widows.

All three of these women lost their husbands early in their married lives to unexpected and violent deaths. Two of them—Parul, discussed in this chapter, and Pragati, discussed in chapter 5—are Nayaks who lost their husbands to particularly brutal murders, though decades apart. A third woman, a low-caste Meher/Jheer Sikh, lost her husband to a gruesome road accident in which he was killed after falling off and getting crushed by a tractor being driven by a drunken friend. Widowhood, especially for lower socioeconomic class women, often brings with it

economic hardship. But widowhood also involves social and emotional isolation, with variations in how these manifest across regions, religions and castes, and even within specific households.[61] The social stigma of widowhood can be devastating for women in India, as has been widely documented (both in anthropological and popular accounts[62], including the often sensationalized practice of *sati*—the ritual suicide at the husband's funeral pyre). But I have found that the social and material hardship associated with widowhood also extends to women who have suffered the loss of a son or a brother. I have come to know many other women, though not as personally as these three, from Ramjas and within MJK's catchment area who have suffered such sudden losses at some point in their lives. The physical death of men is often accompanied by a form of social death for the wife/mother, rendering these women and any remaining dependent children both materially and psychologically vulnerable, thrusting them into a struggle for survival. That struggle often takes the form of efforts to reconstitute a kinship network that was lost.

In considering women's subjectivities and vulnerabilities across the life course, I have come to see untimely death, not only of men but also of male and female children, grandchildren and others within a woman's extended kinship network, as an important component of their experience of *paraya.* The immediate experiences of these deaths, as Parul experienced on the morning after Kamu Dev's body was discovered, are moments of *paraya*, existential moments of estrangement similar to what Komal experienced on her wedding night and at the *muklawa*. The experience of untimely death, when accessible to an ethnographer, through life histories for example, can provide an opportunity to gain deeper insight into lifelong processes of becoming and the broader systems in which these processes occur. These moments of *paraya*, in other words, are what Biehl calls 'ethnographic openings' into both these women's lives and their social worlds (See Biehl (2014, 2023); Biehl and Locke (2017)).

My argument is that the "liminal state" women enter into at marriage extends throughout the life course, regardless of the quality of that marriage, the level of social support, and even the extent to which ideal social scripts—of becoming a good wife and a good mother—are fulfilled (Addlakha, 2008; Donner, 2008; Kakar, 2021). They inhabit and navigate several liminal spaces throughout their lives, often connected to critical points of change, such as moments of birth,

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[61] In my experience in Sri Ganganagar, it is not uncommon for a widow or a divorcee to remarry and start new families.

[62] Several of Rabindranath Tagore's stories feature widows as protagonists, including *Chokher Bali, Mahamaya Kangkal* and *Jibita o Mṛita* (see Tagore et al. (2011)). Lamb describes the three latter stories as ones that "that powerfully expose the oppressiveness of a system that constructs widows as trapped between life and death" (Lamb, 2000, p. 188) See also the 2005 film *Water* by Deepa Mehta.

marriage, migration, and death—transitional and transformational events that (Singh, 2015) refers to as "thresholds of life". The women I focus on in this chapter and the next, by virtue of their longer and more varied lives, provide an opportunity to examine how they navigate patriarchal norms and social expectations as they transition through life stages and events beyond marriage and childbirth, including the death of a husband and other close relations. *Paraya* is not so much a psychosocial condition created by these moments, it is a preeminent existential condition that is merely exposed by threshold events like Komal's marriage to an abusive husband or the sudden loss of Parul's and Pragati's husbands.

Meanwhile, each threshold is haunted by the prospect of the uncertainties that lurk on the other side. Each is also haunted by past traumas, imminent dangers, the awareness of other women's fates, and foreclosed alternatives and opportunities. Thinking pantemporally, we can see the spectral presences emanating from the different life stages into a present one. Komal was haunted by versions of herself: a past one, a carefree child, loved and secure in her natal home; and a potential one, living in a parallel near-future who had continued her studies and become a police officer. But she was also haunted by the likenesses of Parul and the other older women the see who have suffered loss. Could her future hold some version of their suffering? On the flip side, Parul is haunted by her perception of Komal and other young modern women, whom she believes have many more opportunities to learn, work, and live secure lives, to build for themselves a future much different than hers, with much less potential for suffering.

Paraya, in other words, is relational. Its experience is linked to the experience of other women living within the same patriarchal context, to other family members—most consequentially when they die prematurely—and it is conditioned by the broader community. As the life histories of Parul and Pragati will demonstrate, *paraya* for older women is deeply intertwined with untimely death. Within the context of weak state protections and public services, entrenched poverty, and patriarchal norms, kinship networks become vital for a woman's well-being and survival. Untimely death, especially of husbands and children (and especially male children), therefore represents an existential threat to women and an inherently precarious and uncertain context for those who are already vulnerable.

For Parul, the *paraya* alienation she felt upon learning of Kamu Dev's death lingers, transmitted through space and time as she described it to me. That intervening period between Kamu Dev's death and our conversation saw a precipitous decline in her material security and the dissolution

of any sense of family support or community support. It is worth going back and excerpting the first part of her quote that I presented above which underscored her feeling of aloneness despite the presence of her very large family living within the same physical compound as her:

> I am alone (*mai ikaali han*). I have no family, no brother, no sister. All in all, I am the one and only soul (*uh sarinak, mai ik jaan noo*).

The feeling of uncanny aloneness remains a core aspect of *paraya*, and the emptiness of her room on the morning of her husband's death is an apt metaphor for the unmasked existential condition of her life. But time also revealed another aspect of her *paraya* in relation to the community around her. The initial uncertainty swirling around her husband's death slowly accreted into one concrete conviction—that members of her community were somehow involved, directly of indirectly, in the brutal killing of her husband and its coverup. Indeed, what underscores all of my informants' sense of aloneness is that their husbands' deaths and much of their subsequent hardship occurred at the hands of, in cooperation with, or due to the neglect of people within their own villages and families. These women were forced to live out their lives among people who have profoundly harmed and betrayed them.

* * *

IV. Murder and Betrayal

Kamu Dev's body was discovered in the early morning by a laborer prepping the flood irrigation of a nearby field. As news of the tragedy spread, many in Ramjas assumed it had been a tragic accident. Kamu Dev had been seen drinking alcohol the night before and he had a reputation for overindulging. In the darkness of night, it was reasoned, he likely lost his footing, fell into the canal, and drowned. Or perhaps it was a medical emergency—a heart attack or some physiologic reaction to the cold. His hard work over long hours the previous day must have been taxing on his frail body. But by the time Kamu Dev's body was placed on the pyre at the funerary grounds on the southern edge of the village, just a stones throw from where his body was found, his injuries and other evidence clearly indicated foul play.

"They broke his back (*taun marodti,* literally "his back was twisted") and left him in the canal," Parul said, explaining how she interpreted the state of her husband's body. Additional scrapes and bruising on his feet and knees suggested that there had been violent struggle, but it was the

circumstantial evidence that was most convincing.

First, it was unlikely that Kamu Dev could have drowned. The water in the canal would not have been more than one-and-a-half feet deep, and the water flow quite gentle. According to one villager's opinion, it almost certainly would not have been strong enough to overwhelm a man of average height regardless of their age or level of intoxication. A man was more likely to drown in the large feeder canals running along the main road, but no one could remember an adult drowning in the smaller canals that branched into village lands.

Secondly, the items Kamu Dev departed with that evening—his sandals (*chappal*), hoe (*kassi*), and flashlight (colloquially called a "battery")—were scattered in the surrounding area in various, opposing directions, suggesting that his assailant or assailants attempted a hasty cover up. Had Kamu Dev accidentally fallen into the canal, one would have expected these items to either be in the canal with him or at least within a small area, presumably at the spot where he fell in. The flashlight was found apparently thrown in someone's muddy courtyard about 200 meters away from his sandals, which were in the middle of a nearby field. Meanwhile, his hoe was found about 200 meters in a completely different direction.

By the end of the week, a clear consensus emerged among the residents of Ramjas that Kamu Dev had indeed been murdered. Fifteen years on, it has cemented into an indisputable fact. As one villager told me, "the truth eventually reveals itself, slowly slowly (*holee holee*)." But this "truth" only exists in the collective memory of Ramjas. Officially, the murder never happened—no police report was ever filed, nor any autopsy or death investigation conducted. For reasons Parul did not (and does not) fully understand, she was encouraged by the community not to file a police report. As a result, Kamu Dev's untimely death does not appear in any judicial record or newspaper story, nor was his murder reflected in that year's national crime statistics.

In the immediate sweep of sympathy among villagers, Parul was offered various forms of support including financial aid from prominent landowners, one of whom was Fauja Singh, known by his nickname "Sarpanch", a wealthy sardar whose lands were adjacent to where Kamu Dev's body was found. At that time, "they [the villagers but especially the prominent landlords] were drooling over me to take action," Parul explained. But nothing came of those promises. "Nobody is concerned now."

To this day, significant questions haunt Parul. "I never came to learn why they killed him and threw him in the water…god knows what happened, whether people from the village (*pinda de lok*) killed him or if it was people from outside the village. How can we know?" But as I would find out, the identities of those involved and their motivations were not closely held secrets, and there was a large gap between what Parul knew and what those around her knew about the murder. I never got the sense that she was deliberately being kept in the dark, but she felt like she was never in a position to ask her questions to the people who might know, including those she regularly worked for. She did not ask, and they, consciously or subconsciously desiring to relegate the ugly incident to history, did not open talk about it. I could only imagine what went through her head as squatted in the corner, quietly washing laundry or cleaning dishes in their courtyards.

The story of Kamu Dev's murder is actually the story of two crimes—the murder itself, and Parul's betrayal and abandonment by her community and family. The first resulted in the biological death of her husband; the second in the social death and material deprivation of Parul. For both crimes, Parul knew *what* happened, but not *why*. In this section, I reconstruct the circumstances and motivations behind Kamu Dev's death and its aftermath. What emerges is a picture of vulnerability born of a power differential between castes, exacerbated by gender, that, in this case, became entangled in local village-level politics.

With the lack of official records and scant ascertained facts, a reconstruction of the circumstances of the murder and its aftermath is difficult. Nevertheless, a truthful account discerned from the perspectives of multiple villagers at different levels of social hierarchy goes beyond what actually happened, which may never be fully known, and simply highlights the enormity of the violence imparted on Parul by residents of Ramjas. Her aloneness is deepened because her experience is generally not seen or understood and her capacity to suffer ignored through a process of rationalization and a logic that dehumanizes her. Her suffering, in other words, was not worthy of recognition or care. It was, rather, rendered invisible by the very people socially obligated to support her.

V. Two crimes

Among the corroborating sources I interviewed for both Parul and Pragati's stories was Mantri Singh, a portly local Jat Sikh sardar, who proved very knowledgeable on a range of topics, from

the intricacies of the labor market to the well-known and not-so-well known events of local history. My interviews with him were, in a sense, life history interviews of the village, albeit from a particular vantage. He was known as the village historian, of a generation that knew the original residents of Ramjas with the capacity to observe and file away both significant and seemingly mundane events and interactions. As an adult, this talent developed into shrewd political insight, and he could discern the motivations and machinations of various local dealings, from land sales to marriages to local feuds. Once he volunteered to travel with me to Punjab to help negotiate the price of a diesel generator for the MJK clinic. He did it again on a much longer trip to Jaisalmer, where we sourced the sandstone used to create the traditional facade of MJK's main building. In addition to wanting to help, I think he was also motivated by adventure and the opportunity to meet people and see how they perceived the world.

His garrulousness, commanding voice, and stern facial expression earned him the nickname "*mantri",* or minister, as though he were a politician. Fittingly, he always wore a tidy powder blue turban, not unlike that of former Prime Minister Manmohan Singh—though, unlike the diminutive Singh, Mantri's girth added to his gravitas. The only characteristics belying his moniker was his childlike mischievousness (often expressed in the form of lewd jokes) and that he had never, in fact, run for or held any kind political office or government position. Nevertheless, when I asked him what he knew about Kamu Dev's death, it made sense that he had a distinctly political lens on the event, tying it to the local *Gram Panchayat* (village council) elections.

"There was no post-mortem examination," Mantri said, when asked about Kamu Dev's death. "The truth is, some people didn't let it happen." Then how, I asked, do you know he was in fact murdered? "Everyone knows that he was murdered." He paused and looked at me as if to warn me against the path on which I had already embarked. "It is a complicated case… The elections," he pointed out, "were happening at that time."

Leaning back in his chair, belly protruding forward, he gazed past the ceiling fan as he worked to place the murder in political time, recalling successive village council leaders or *sarpanch*. "We just had Sidhu, the Jat from Nadi Mora (a neighboring village) for five years…then it was that Mazhabi Sikh woman from the same village…*"* I nodded in recognition; I had met this particular *sarpanch* several years ago to get her signature on an official document. "…this murder happened five years before that—it happened about fourteen and half or fifteen years ago," he concluded,

gaze lowering.

The *Panchayat Raj,* or *v*illage-level government, led by a *sarpanch* (sometimes referred to as *pardhan*), has been around in some form for a millennium in the subcontinent. Its modern Indian incarnation, as codified in a constitutional amendment in 1992, modified and folded the ancient institution into India's modern democratic experiment—*sarpanches* were now to be elected at regular five-year cycles with mandated reservations for scheduled castes, tribes, and women in designated years. In Sri Ganganagar, the *Gram Panchayat* consisted of five to seven villages (and sometimes fewer or a greater number of villages depending on population levels) with candidates coming from any of the constitutive villages. While the institution has been largely successful in creating a locally responsive and increasingly accountable governance structure, it has also created a platform for political and financial corruption (Drèze & Sen, 2013; Singh, 2016; Widmalm, 2005).

Around the time of Kamu Dev's murder, the Indian government had passed a sweeping rural employment guarantee scheme that relied on Panchayats for implementation and budget management. While the program has been successful in many ways, it may have provided another potentially enticing avenue for the misuse of funds (see Drèze and Sen (2013); Shankar and Gaiha (2013)). Despite their relatively low salaries—in 2005, *sarpanch* earned a monthly honorarium of just a few thousand rupees a month (or about 180,000 INR (2,264 GBP) over a five-year term)[63]—the position offers control over relatively large local budgets, offering the opportunity to wield and accrue social and political capital based on the allocation (and misallocation) of funds, the power to grant and withhold permissions, and the chance to build a personal and familial legacy. Fauja Singh, a Jat Sikh *sardar* in Ramjas who was *sarpanch* immediately prior to the election that left Kamu Dev dead is still, to this day, called "Sarpanch" by everyone. A measure of the benefits of the position is the inordinate sums that candidates personally spend on their campaigns, often in the hundreds of thousands of rupees or more. In the Jat Sikh-dominated region that includes Ramjas, the campaign in a non-reservation election cycle can pit wealthy and powerful households against each other.

Ramjas, among the smaller of the constituent villages of the local *Gram Panchayat*, has historically

[63] Sarpanch compensation in Rajasthan includes a monthly honorarium and other allowances for attending meetings and other official duties. The amount I indicate for 2005 is based on feedback from local informants—I could not find official figures. For 2024, Sarpanch compensation is 6,072 INR per month not including additional allowances (see Tandi (2024)).

punched above its weight in local elections to the benefit of local community. Local lore tells of one of the original inhabitants—my great-grandfather—embracing and encouraging local involvement in the pre-independence *Panchayati Raj* which resulted in Ramjas receiving the first government school in the area, priority for development projects and government services including roads and canals, and the permanent place for the *Panchayat Ghar* (the council building) and post office, privileges usually reserved for the largest villages. In this case, these privileges came at the expense of the much larger neighboring village about a kilometer to the southeast, Nadi Mora. This sort of zero-sum gamesmanship does not persist, but this micro history informs the basis of a mini rivalry that can bubble to the surface at election time.[64] Fast forward to unseasonably cold Holi season fifteen years ago, and we can see a convergence of local rivalries, electoral politics, caste discrimination, and the local economy culminating in Kamu Dev's murder.

"It was out of jealousy," Mantri explained, using the English word. But more accurately, Kamu Dev was murdered out of an ill-fated, ill-conceived attempt at retribution, not towards Kamu Dev himself, but towards Fauja Singh, the former *sarpanch* from Ramjas.

During the campaign, Fauja used his influence to garner support for a candidate in Nadi Mora who eventually won the election. The candidate from Ramjas felt betrayed and two of his local supporters, impassioned brothers with a reputation for violence, concocted a scheme to frame Fauja for the death of Kamu Dev. In fact, Kamu Dev was not the specific target but happened to be at the wrong place at the wrong time—"they would have killed anyone," Mantri explained. "It was just Kamu's *kismat* to be there at that time."

Their plan was to kill someone working in the fields during Fauja Singh's designated irrigation allotment. Hiding in Fauja's fields, they would wait for a laborer to come along, kill them and dump them into the canal flowing towards Fauja's fields and house. Their hope was that Fauja

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[64] In addition to encouraging local participation in politics, it is said that my great-grandfather also actively discouraged the people in Nadi Mora from participating. This allegedly worked by playing on their ingrained fear of outside meddling—apparently, Jat Sikh farmers who migrated to Nadi Mora mostly originated from the Malwa region of Punjab who were more insular than the Punjabis from the Doaba region, who dominated Ramjas. There is no way to validate this claim, but it is worth noting that Punjabis from the Doaba region are disproportionately represented among the larger Punjabi diaspora in United Kingdom, Canada, and the United States, which in turn is attributed to the lower availability of land in the region that motivated many families to search for opportunity elsewhere, including Sri Ganganagar. Whatever the truth of these stories, the characteristic differences between the Punjabis of Ramjas and Nadi Mora are no longer there, and with larger local budgets and more administrative oversight the benefits of the modern Panchayati Raj, are more proportionately distributed among the constituent communities.

would be found responsible for the laborer's death and be charged with a crime. Ideally, Fauja would be charged with murder or, at the very least, would somehow be found responsible for the death of a laborer in his fields. They would have been satisfied with any inconvenience and disruption to Fauja's life, Mantri insisted.

But the killers were too hasty. While they knew Fauja's allotment of water could come sometime that evening, "they didn't see the time," Mantri explained. They had not realized that two hours of flooding remained on the land that Kamu Dev was working on, following that, there was an hour allotted to a smaller adjacent parcel of land, and then another three hours for yet another parcel before Fauja's allotment was due. "So, they murdered him five hours before Fauja's turn, before his laborer's shift time." Not only were the killers haphazard with their timing, but also with the reality of their plan—an adult body could not be reasonably expected to flow in the canal and Kamu Dev's body was indeed found close to where he was thrown in.

VI. Betrayal

The day after the murder, a *panchayat* was convened in Ramjas. This was not an official government council but a traditional *panchayat* in which prominent villagers, ideally those representing different interests fairly and honestly, convene to address a local issue or settle a dispute. Roused from her bed and her grief, Parul was brought to the gathering to listen to what they had been decided. She recounted:

> They said "we will get the money to be given to Parul, but the police should not come." I still respected the villagers, so I said "no problem," after all, I belong to this village and I thought they will give me *roti* (bread).

The *panchayat* indeed recognized Parul's immediate material needs. Among the concerns was the impending marriage of Parul's daughter (who would later lose her son to an accidental electrocution) that would require a dowry and gifts for the husband's family at the *muklawa*.

> The villagers said "Parul, we will give you fifty thousand rupees" and they said "don't worry. If we call the police they will interfere and delay things." They said "we are all of the same village and we are like brothers and sisters." Then everyone went home and nobody called the police.

Parul's expectations and the panchayat's promise of money implies at least a semblance of a

social contract whereby the community agrees to protect and supports vulnerable widows, especially one who had worked in many of their homes over many years. In her interview, Parul was adamant that she should have been compensated and provided a precedent: a Ramjas resident who recently lost her husband to an illness "had received at least fifty thousand or one lakh (a hundred thousand) rupees to help her with expenses." As far as I could tell, there were no official government programs or life insurance policies that would have provided such compensation in Parul's situation. But without at least an official record of a wrongful death the existence of such policies or programs was moot—it would fall solely to the community to take on the burden that the modern state or market might otherwise have.

For the *panchayat,* it appeared that the social obligation fit into a larger calculus. Even if Fauja Singh had no direct role the murder, an official investigation would have been, at the very least, inconvenient, and at worst extremely harmful given the apparent level of motivation of his political rivals, the amenability of local police to bribery, and the less than stellar reputation of police for solving serious crimes. A dragnet could easily have ensnared other prominent community members, justly or unjustly. To protect himself and others and to prevent external scrutiny, it was likely that Fauja Singh, officially now the former *sarpanch* but still the *de facto* leader of Ramjas, felt pressure to assure Parul's economic security and to prevent the airing of Ramjas' dirty laundry.

Fauja Singh provided Parul a written assurance of the promised sum. A month later, having not yet received anything, Parul's eldest son urged her to go to Fauja's house and inquire, where she was received by Fauja's sisters, who politely brushed her off, telling her to return at another time. "*Bhaji,"* she emphasized to me, *"*I still have not received a response from them to this day."

In desperation, Parul then turned to her in laws. "My *nanad* (husband's sister) said I could get some money from her. But she never gave me any money and then she stopped talking to me. It's been over twelve years since she has come to visit our house." In the end, the only financial support Parul received in the aftermath was twelve thousand rupees (151 GBP in 2005) from her cousin (her *bua's* son*;* FZS), a sum that allowed her to manage her living expenses for a while. But this sum did nothing to make her feel as though she had family support, and she lamented the absence of a natal family, particularly of a "real" brother.

> If I would have had anyone in my family [referring specifically to a brother], I would have been supported, but nobody [among the existing family, whether natal or in-laws]

> gave me support. I fought alone. I didn't get even a drop of milk from any house of the village, you can ask around, nobody even gave me any moong daal (lentils, as a metonym for food in general).

Fifteen years later, without knowing the full motivations around the murder or the *panchayat's* response, Parul's words grasped at why she was treated differently than others. Referring again to the woman who received compensation for her husband's death, she remarked: "He died inside their house, he was sick. On the other hand, my husband died in the water. And when my husband died in the ditch, they did not give us anything." And she lamented the real opportunity costs of trusting the *panchayat:*

> If I would have called the police or we would have dealt with the issue that way, they would have caught the murderer, I might have talked to a money lender and taken some action, but I didn't do anything or take the matter further. They had not let me take any further action.

VII. Inertia

The *panchayat's* calculated inaction after the murder had the desired effect of curtailing official intervention and limiting any potential harm to prominent villagers. As the rhythms of village life returned to normal, the status quo was preserved by a combination of inertia, rationalization, and victim blaming, all of which served to obscure a very simple moral and ethical question. As I asked Mantri, "doesn't it bother anyone that somebody murdered Kamu Dev and got away with it?"

> Look. It's like, if someone from the person's family does not take any step, then the person who is an outsider would think "why should I take a step, why should I spoil my name"?

But in the next breath he acknowledged the difficulties that someone might face stepping up to advocate for Parul.

> If someone takes a step, for example, if I come forward saying that a murder happened, and I give a written application to the police… Parul may succumb to their [referring to either the prominent residents' or the murderers'] influence. And then if she says "no, nothing like this happened, he [Mantri] is lying and has enmity with me…" So, if Parul gives a statement in their favor, then I get trapped in the 420 (*chaar sau bees*) Act.

Mantri is evoking the British Era Indian Penal Code Section 420[65], referred to colloquially by the Hindi number "*chaar sau bees"* and popularly used as a reference for any kind of liar, cheater, or scammer. In this specific example, Mantri could be charged with providing false information. But whether the law would actually apply or not, Mantri is acknowledging the popular notion (and empirical fact from many people's experience) that the legal system can be manipulated to disincentivize anyone who wanted to report the murder. Continuing with the hypothetical scenario, Mantri said:

> So, if I tell the police, I would have done what I was supposed to do, but there would be nobody supporting me. But there would be ten influential and powerful (*prabhaavi*) people backing and supporting the murderers. Those people will tell Parul, "*no bua* (auntie), he is lying, he is just talking nonsense…". They could give her money or convince her of their lies. They would make her believe that what they are saying is right and what I am saying is wrong. So, then she will go and give the statement to the police saying that "my husband was an alcoholic and fell into the water." So I think, what does it matter? Why should I get involved anyway?

"You see," he continued, "people like Parul who belong to the lower class easily fall into that kind of trap (*barkala jaate hain*)." Ironically, in Mantri's hypothetical example, the influencers were the murderers and their accomplices, whereas in reality it was the non-murderers who used their influence and a promise of money to sway Parul's initial actions.

As for the village harboring murderers, Mantri insisted that things have evolved and moved on. The two brothers widely believed to have committed the murder were "of a criminal type," who would often drink alcohol and provoke arguments and physical altercations. But their sons have grown into "good people"—they are now adults who have taken on the responsibility of their extended family household and excommunicated their fathers. The sons "don't let their fathers be a part of any village council (*panchayat*), nor do they let him go at any *dargah* (religious place) for prayer. They tell them, 'just go from here,' and they throw shoes at him." It seems that the community is content at the karmic justice meted out on the murderous brothers, even though Parul continues to be denied legal or moral justice.

A second moral and ethical question: What of the well-being and financial condition of Parul's

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[65] The British era Indian Penal Code was, as of July 1, 2024 replaced by the Bharatiya Nyaya Sanhita (BNS), a revised version of India's criminal code. The popular use of "*chaar sau bees"* in reference to cheaters and scammers has informed the title of several films and persists in other former South Asian British colonies, including Myanmar and Pakistan.

family? Are the residents of Ramjas actually bound by a social contract of care and support for vulnerable widows? Mantri responds:

> Look… they [Parul and her family] obviously felt sad thinking that one of their family members is no more, and that is something which is natural. But basically… in terms of the work he was doing for his household, there was no negative effect in that context because his children were very intelligent, they were working and earning money. They were doing their daily wage work; they were employed as laborers. So, there really was no impact on them.

Mantri thought of a household's *maali halat* (financial position) in terms of "being poor or rich" and the individual family members' corresponding earning potential. A *sardars'* son who worked as a laborer was a failure; a Nayak family's son regular labor work was as much as they could hope for. Parul's family was already poor, but her sons had arranged for the best of what a poor family could hope for in Ramjas—earning wages through a labor agreement (*siri*).

But, while these arrangements represent an evolution from the caste-based bonded or slave labor of the past, they are a form of attached or "unfree labor" in which power imbalances between laborer and landowner are highly skewed, creating tremendous financial and housing insecurity (Jodhka, 1994, 2012, 2014; Singh, 2022).

"Parul herself was also earning," he reminded me. "She does domestic work in other peoples' houses and she used to do that work earlier too [before Kamu Dev's death]." Though, according to Parul, what that work involved before and after Kamu Dev's death were very different. "So whatever Kamu earned, it was nominal (*naamaantar*). Whatever he earned, there was no benefit to the other family members in terms of managing household expenses." Sensing my resistance to the idea of reducing Kamu Dev's value to the money he earned, Mantri acknowledged:

> *But one is a human being after all, he is a member of the family. He would take care of his children, take care of his small grandchildren, if everyone had gone out, he would sit at home and look after the house. He would feed water to the animals, he would get the fodder for them. So, they [Parul's family] suffered a loss in that regard.*

The nod to Kamu Dev's humanity notwithstanding, it is obvious how vastly discordant Mantri's perspective is to Parul's on the impact of Kamu Dev's death on her material conditions and dignity. Washing cloths, sweeping, helping with the menial tasks of agriculture (for example, picking the remnants of cotton from bolls leftover from the main harvest), and occasionally

cooking at various households, despite her pain, were all tolerable. It was the demeaning and dirty tasks that reminded her how her life was different when her husband was alive. "I never had to pick up cow dung (*goha*) from places, nor did I wash utensils in peoples' houses." *Goha* work involved the gathering of cow dung which are then hand molded into dung patties, which are then dried and used for cooking fuel—not as common now with the advent of government subsidized kerosene but still an occasional task she is called to do. Other work included mixing dung, sand and water to create fresh plaster for *kachcha* walls and floors. "I did *goha* work of for Mantri's wife for eight years, but she didn't even offer me milk once for my house… I also did *goha* work for Gyan *bhaji's* household for eight years." When her husband was alive, she said only ever did indoor domestic work, never having to work outside of a household compound. While her husband was alive, there was a sense of economic security she had never before experienced. They owned their house (it is now owned by her children), a dozen or so cows and a sizable herd of lambs and goats. "And *veere*," she added, "at that time I could easily save money. Sometimes I saved a hundred rupees, sometimes I saved fifty rupees… and like this I had saved good amount of money. I had fifty to sixty thousand rupees that time."

But, beyond her economic precarity, it was Kamu Dev's presence at home that she dearly missed. As she described to me:

> At that time my younger children and grandchildren were with me. Who else would have taken care of them? Nobody else picked up my children. I don't have my parents; I don't have any brother. I don't have any relatives or a family where I can go and stay for three to four days and share what I am going through (dukh sukh, literally sorrow and happiness). I just have the doctor, people in the market, and you are my sister and brother [referring to my RA and myself conducting the interview]. Now I don't have anyone with me. Just because I have four children, that is why my soul is a bit peaceful, otherwise I don't have anyone. Whom should I share my problems with? They say that if you are hungry (*tidd firolde*; literally, stomach churning), then you come to know the reality of life. I have nothing with me. I just earn my bread and butter from labor work. You can ask anyone about me, I have never even scolded anyone. I think that God did this to me, so, I bared it. No one supported me… no one supported me.

* * *

Parul's world is both present in and separate from the rest of Ramjas, including the members of her own family. She continues to live among and work for, if not the murderers, then their accomplices, and those with more knowledge than her regarding the motivations behind the

murder and subsequent decisions made by the *panchayat*. In *Life and Words* (2007b), Das vividly describes how women continue to carry with them the experiences of extreme violence suffered during significant political events even as the world around them slowly returns to some semblance of normal. It is similar with Parul, though in her case the violence sprung from the ordinary, in particular the ordinary rhythm of local politics, and her experience was hers alone—unlike the women harmed during Partition or the 1984 anti-Sikh riots in Delhi, there were no other victims to draw attention to the experience. Parul was utterly alone in her experience, but also in terms of support and in her calls for justice. The rhythms of life in Ramjas returned to normal, and its inertial force swept Parul along while she still continued to grapple with her sorrow, grief, and material needs.

Mantri's perspective on events outlined how the logic of rationalization, victim blaming, and economics prevented an official investigation and allowed the village to move on. While Ramjas does not have as overtly caste-based conflict or discrimination as is documented in other regions of India, a key facilitator of this process is the power differential between lower class and caste residents and the more privileged landed and political classes of Ramjas. In Wadley's (1994) examination of women in the village of Karimpura, Uttar Pradesh, she rightly highlighted that perceived knowledge gaps between "high" and "low" individuals and groups was central to legitimating caste and class-based power imbalances. Parul's capacity to respond freely in the aftermath of the murder was managed and controlled by the community and justified because she lacked knowledge and understanding—people like her, to paraphrase Mantri, are easily influenced. The *panchayat's* decisions were in Parul's best interest. At the same time, her knowledge and understanding were intentionally kept to a minimum to prevent broader inconvenience, and the offer of financial support can be seen for what it is—a bribe, blood money, or a lever of power to prevent outside interference and ensure local silence. That there was no follow-through on promises of support for Parul undercuts any notion that the community actually cared about her well-being or heeded any obligation borne out of a social contract. Mantri's obliviousness to the emotional suffering and material consequences the death of a beloved family member brings also reveals the extent of her dehumanization, an obligatory step for a community to so profoundly harm one of its own.

In the final part of this chapter, I explore two additional strands of narrative woven through Parul's story. First, I explore her lifelong experience with physical trauma to illustrate how the theme of betrayal and aloneness persists throughout her life. Second, I consider her attempts at

survival in the face of untimely death and how the haunting of such deaths afflicts Ramjas and Sri Ganganagar more generally.

VIII. Physical Traumas and Everyday Abandonment

Near the end of my fieldwork, Parul had been suffering from joint or ligament pain in her thumb and limp-inducing pain in her feet. After returning to Ramjas after a prolonged absence due to the Covid-19 pandemic, I could see that her pain and limping had subsided. "How did you get better?", I inquired. She had spent 30,000 rupees, an enormous sum,[66] on a range of allopathic and Ayurvedic treatments that ultimately did not help. "It was Karir Baba that healed me (*Karir Baba ne mainoo theek keeta*)", she said, matter-of-factly, leaving me to wonder who this local spiritual healer was. I eventually came to understand she made a prayer offering to the local "*karir*" tree (*Capparis decidua*) in the fields west of the village. Many local residents, from all religious and class groups, would make direct appeals to the large tree for blessings and to fulfil wishes. There was a small shrine at the base of its thick dark trunk, overhung by a tangled mass of largely leafless green-grey branches that would occasionally flower and grow berries. The tree was also reportedly the home of a cobra, and so the seeking of blessings or treatment was not without risks. I wondered how many visits to the tree (and the cobra) would be needed to fix Parul's more long-standing, chronic issues, including the lingering pain from a lifetime of accumulated traumas, the history of which I could eventually piece together.

At the remarkably young age of eleven, she was married off by her father with the assistance of a local chieftain, a prominent resident of her natal village who was called "Pradhan*"* and who acted as *bichola* (a marriage mediator). As with Fauja Singh's moniker, the "*pradhan*" name could have been earned through a stint as elected leader of the Gram Panchayat*,* but it seemed more likely it was earned for his wealth and desire to help poorer households with their expensive obligations—weddings, health matters, childbirths. As was to be expected, the year after Parul's marriage, she underwent an emergency caesarean section, what she called a "big (*vada*) operation" to safely extract her first born son who, at 5kg, was unlikely to have passed through her petite and underdeveloped hips. "I was at my *peke* (father's home) at that time, and I had a very nice and healthy diet back then, which is why he got so big," she recounted laughing. "People still ask if he's my real son!"

[66] For comparison, a full-time *siri*, or labor agreement working full time would earn 80,000 INR (about 800 GBP) a year.

A few years later, having developed a fever, Parul sought care from a local "doctor"—one the many in rural India whose trade consists largely of administering saline solution (or perhaps a vitamin B solution) in response to almost any symptom. Those jabs, one in each thigh, became infected, forcing Parul to go to a nearby government hospital for an intervention that she described as an "operation" and that almost certainly involved incisions on both legs. Dubious about this procedure, her family took her to another hospital where she remained bedridden for three months. She eventually recovered, but stitches on both thighs resulted in large scars that she described as resembling a *madaani*, a churning tool for making butter.

As life progressed, other traumas ensued. Among Parul's domestic duties was the daily task of milking the family cows, and it was an unlucky hoof to her face that knocked out most of her front teeth, permanently disfiguring her mouth. This injury went untreated, leaving only a few teeth protruding at oblique angles.

And then there was the inciting event of her chronic back pain. Some years after her husband's death, Parul was hired to cook *poorian* (deep fried bread) for an event at a local *sardar's* house, where several young men, including some of her brothers in law (her *dewar*—the husband's younger brother – and a few cousins) were roughhousing. Parul was accidentally injured in the fracas, receiving a deep gash on her side and a herniated disc in her spine. Afraid of getting in trouble, but keen to keep the peace and prevent any potential inter-family fight or village drama, she kept the extent of her injuries to herself. "I secretly went to the doctor to and got my injections," she told me. Her back pain has gotten worse over time, but she gets by with pain medication.

As mentioned, Parul's history of physical trauma and pain were infused throughout her narrative, and it took time to process and to draw out the specifics and chronology of the events. Kamu Dev's death was a moment of *paraya* that, upon deeper examination, revealed the underlying ontological insecurity of Parul's position, entangled as it was with the politics, economics, and caste-biases of her community. I could eventually see that what Parul was conveying by referring to her various injuries were the less obvious moments of *paraya* that were enmeshed in the everyday, ordinary practices and relationships of her life. One might be tempted see a distinction between the major "event" of Kamu Dev's death and the "quasi-events" that led to her chronic physical suffering, but Das criticizes this distinction, emphasizing how suffering exposed by

disruptive and violent events are interwoven with ordinary life (see (Das, 2015a)). Events like Kamu's death are not merely ruptures but moments that reveal the ways in which the threat of abandonment and betrayal extends throughout the life course, from childhood up to the present.

Her first betrayal was her father's. He was concerned about the burden of a second dowry after Parul's elder sister was married, and proceeded with an offer proposed by the Pradhan, who had also facilitated her elder sister's marriage, to mediate and financially support a union to a family he knew. The father accepted the agreement, initially planning to keep Parul at home until she reached puberty, knowing the potential risks that pregnancy may pose for his young daughter. But as the financial strain of keeping her mounted, Parul's *muklawa* ceremony has hastily arranged a few months later. "If she dies from a stomach ache [a euphemism for pregnancy]," Parul remembered her father's saying in response to her mother's protestations, "at least we will still continue to live." The marriage also led to an estrangement with her older sister, who was unwilling or unable to advocate for the young Parul's well-being. After Parul's marriage, their contact waned until there was no longer a meaningful relationship to sustain.

Referring to her stint in the hospital after her "big operation", Parul recalled that none of her natal family members nor her in-laws attended to her. During and after her first childbirth, she said "I had to take care of myself, there was nobody else to take care of me…I took the medicines and had food by myself." The only support came from the Pradhan, who occasionally visited. Similarly, it was only the Pradhan, who dropped in during her months-long recovery from her botched injections. But despite this display of care, Parul had an ambivalence in her tone towards him—he clearly showed concern for her and the well-being of her natal family, but he was also the person who facilitated her child marriage which led to her hospital stay in the first place. Ironically, the Pradhan's well-intentioned actions were as harmful as the inaction of others at vulnerable moments in her life.

In addition to the harm that came directly from the action or inaction of family and community members, Parul's narrative was interwoven with references to individuals who were no longer alive or who never existed and how things could have unfolded differently. She lamented that her husband's parents had died before their marriage. "If I had a mother-in-law (*saas*) or father-in-law (*sasur*), they would have taken care of me." But it was the absence of a "real" brother that seemed to haunt her the most. Talking about her times in the hospital, she said "if I would have had a brother, he would have come to meet me." After Kamu Dev's death, "if I would have had

a brother, " she insisted, "he would have been able to get me from here (Ramjas). If someone has a brother, then his sisters can go to their parents' house (*mayka*), otherwise, nobody comes to get a sister."

For a long time after my fieldwork, I understood, based on Parul's constant and interspersed references to a brother, that she in fact had a brother who had died early in childhood. It took multiple re-listenings and re-readings of the interview and transcript to discern that the "brother" was hypothetical and never existed. She spoke often of how different "brothers"—in-laws, cousins, or other "fictive" brothers whether declared through ritual or not (I would fit into this category)—factored into her life, at times helping her, at other times remaining indifferent or even causing explicit harm. Having witnessed as a child how her father developed a supportive, brotherly relationship with an unrelated Sikh woman in their natal village, Parul sought to create a similar relationship for herself, actively making efforts to forge brotherly relationships, including through *rakhi* ceremonies, with different men in her community. She had performed a *rakhi* ceremony with a lower-caste Sikh man—the husband of third widow mentioned earlier—but his alcoholism, failing business as a tailor, and accidental death undercut any benefit she may have derived from the relationship. She also performed *rakhi* with Gyan Singh, but any sign of his brotherly affection and support was secondary to their employee-employer relationship. "I don't have any brother. So, I made them as my brothers," she explained. "But nobody helps you like a real brother, they [fictive brothers] just say things (*mooh bhar dinda;* literally, "fills the mouth")… I still I feel I don't have anyone. I am alone…"

> I feel sad inside thinking that the whole world goes to tie *rakhi* (the ceremonial thread) on their brothers' wrists. I wish I can also go somewhere like that; I wish I can go out for two days like that. I wish that, but then I remain quiet and then I sit down. My heart wishes for it, but I have to live in reality (*dil nu samjha na pai janda*; literally, "I have to convince or console my heart").

Parul's subjunctive mood conveys not only betrayal and abandonment of kin throughout her life, but an abandonment by ghosts—of the unborn, the unrealized, and of the dead.

IX. Living with High Mortality and Untimely Death

In the aftermath of Kamu Dev's death, Parul's survival efforts focused on fostering reciprocal love and support first among her "real" kin—her elder sister, her husband's younger siblings (Parul's sister-in-law (*nanad*), and brother-in-law (*dewar*)), and then through fictive ties with others

in the community. Security for her was fundamentally about kinship, and yet, woven throughout her story, in addition to abandonment and betrayal, was the experience of untimely death and feelings of grief.

In addition to Kamu Dev, many other family members met their own premature and untimely deaths, all of which affected Parul deeply. Her younger brother-in-law (*dewar*) died from complications resulting from an accidental fall off a crumbling village wall he would climb on his usual short cut path to attend to his cattle. Her nephew recently died by suicide by jumping into the village well on a similarly hectic night (on Diwali) as that of Kamu Dev's final night. Before her husband's murder, there was the death by electrocution of a beloved grandson (*dota,* her daughter's youngest child). This last death had other ramifications, likely contributing to the boy's father—Parul's son-in-law—going mad, eventually becoming bedridden and compelling Parul's daughter and three remaining granddaughters to move back to Ramjas, adding mouths to an already teeming household. Parul's efforts at reconstituting kinship and the realm of possibility in which to do so, in other words, were constantly thwarted by the deaths of people around her. Parul's experience with untimely death was not unusual, and both uncertainty related to the survival of kin, especially children, and grief were common experiences among the women we encounter at MJK and through the KM program.

The differential distribution of premature death, as evidenced by higher mortality rates and lower life expectancy among lower socioeconomic groups provides one picture of this uncertainty—a statistical fact reflective of structural vulnerability.[67] What it does not convey is the visceral and intersubjective experience of premature death for women within the community. Though one of the three older women whose detailed life histories I obtained during my fieldwork is of a slightly older generation, the fact that three contemporaneous women in a village of around 500 people violently lost their husbands is remarkable for its regularity.[68] More than the statistics, it is the knowledge of what happened to these women and the proximity of the violence that continues

[67] Life expectancy in India varies significantly across different socioeconomic groups along the axes of wealth, caste, and education, as recent studies reveal. For instance, life expectancy at birth for the poorest wealth quintile is 65.1 years, compared to 72.7 years for the richest fifth, indicating a 7.6-year gap (Asaria et al., 2019). Disparities are also evident along caste lines: Scheduled Caste (SC) and Scheduled Tribe (ST) men have life expectancies of 63.0 and 64.0 years, respectively, compared to 68.0 years for higher-caste men. Educational attainment further compounds these inequalities, with life expectancy at age 15 being 3.5 years lower for illiterate men and 5.7 years lower for illiterate women than for their literate counterparts (Saikia et al., 2019). For further discussion on the caste, religion and regional differentials in life expectancy, see Kumari and Mohanty (2020).

[68] I know of at least one other Nayak-caste widow from Ramjas, though I am unsure of how the husband died. I am sure there have been even more violent premature deaths that I am unaware of.

to reverberate materially, psychologically, and even spectrally through the community. The ghosts of the untimely dead haunt the village and the fields around it.

It is true that the death of a loved one or family member would be disruptive for anyone. Kleinman argues that dangers and uncertainties are not anomalies in the continuum of life, but rather inescapable dimensions of life that make life matter and define what it means to be human (Kleinman, 2006). Death is an ever-present part of life. But in the context of a deeply oppressive patriarchy and the importance of kinship networks for a woman's well-being and survival, how much death affects life is an altogether different order of magnitude for women in Sri Ganganagar.

It is perhaps difficult for some readers to understand the meaning of ever-present death outside of a conflict setting or humanitarian emergency without having experienced it over a long period of time. Moving from my urban, middle-class upbringing in Canada, where life expectancy is high and child mortality exceedingly low, I was astounded during my first few years in Sri Ganganagar at how common the experience of infant and child death was. It was a tragic reality that I grappled with, but one that only became truly visceral with the loss of Sachan.[69] I soon noticed an alarming pattern that has continued to the present time—that, on average, at least once a month there is an untimely and unexpected death of someone who was at most one-degree of separation away from me. It is stunning now to think of all the deaths of people I had personally known, usually from a medical emergency, a car accident, suicide, murder, or the ill-effects of alcohol or illicit drugs.

Early on in my time in Ramjas, I was puzzled at how quickly families and communities seemed to move on from unexpected deaths. It took time to realize that they were not necessarily getting past the trauma or grief, they were only getting back to work and the business of life—tending to the crops and livestock, maintaining a household, moving forward with the inertial force of village life. There was no option to grieve for too long before the next *sanskaar* (last rights) were performed next to the makeshift pyre at the village's dedicated funerary grounds.

[69] My personal experience with death in Canada (or relative lack of it) obviously does not reflect other's experiences who face death more regularly. For example, professionals whose occupations expose them to it, such as certain medical doctors with certain specialties, or those in communities suffering high rates of premature death (i.e. indigenous communities with high rates of suicide (Stevenson, 2014) or those caught up in the opioid epidemic, to name just two).

Life moved on, but these deaths, especially the violent ones involving younger people, haunted everyone. Though not explicitly referred to, these deaths were invoked in different ways almost every day, especially with pleas for caution. Warnings to avoid driving in the early morning or evening fog, for example, evoked in everyone a personal experience of loss due to a road accident, which remain one of the most common causes of accidental deaths in India (Ohlan et al., 2024). For me, as of this writing, there are memories of five deadly road incidents that occurred during my time in India—of people I knew, talked and laughed with, shook hands with, only to learn of their deaths in soon after. One particularly jarring example was of a family friend from a small village a few kilometers west of Ramjas. The young man was the son of a local *sardar* and had on many occasions lent his time and practical skills to MJK on various infrastructure projects. I distinctly remember his kind smile, stalky build, and large, meaty hands that would envelop mine in a handshake. Appropriately, I thought, he wore a particularly thick *kara*, a stainless-steel bracelet and Sikh religious symbol worn by most Punjabi men and women. It was the day after his wedding that I learned of his death, along with his bride, her sister, and the sister's husband, in a road accident involving his new car (a dowry gift) and an oncoming bus as the group travelled to the bride's family's home in Punjab. The accident was spectacular enough to warrant television news coverage that featured a heavy rotation of a video clip showing a severed arm in the middle of the highway. The clip was widely shared on smartphones throughout Ramjas. And with every viewing, everyone could recognize the young man's meaty hand and thick *kara*.

I highlight this example not for its extraordinary gruesomeness, but for the response it elicited in the young man's mother. In a survey of pregnant women I conducted the following year, I was surprised to see the 52-year-old women show up on a list of local pregnancy cases. Even though she was already a grandmother to her elder two daughter's children, she felt compelled to undertake the expense and risk of an aggressive in vitro fertilization (IVF)-assisted pregnancy to replace her only son (an effort that eventually proved successful with the arrival of a healthy, full-term baby boy). The entirety of the events and the meaning—the death, the inordinate risks to the mother, the pressures to replace the son, the seeming inadequacy of the daughters' children—all reverberated through the minds of local woman and girls.

Similar evocations of past events occurred with the mention of murders and suicides. The murders of Parul's and Pragati's husband, both of which occurred in the fields surrounding Ramjas, evoked for me an event from the chaotic summer of 1947 during India's violent

Partition—an event largely forgotten or unknown among Residents that I mined from the depths of local history.

Before Partition, there were Muslims living in Ramjas (there are now none) most of whom were protected by locals from threat of marauding groups of young Hindu and Sikh men. Indeed, when asked about Partition, most elder residents insisted that there was very little local violence as compared to what happened in Punjab, and the violence that did occur in Sri Ganganagar was confined to a few villages closer to the newly formed border.[70] There was one farming family, however, that lived in an isolated homestead (*dhaani*) away from Ramjas' main cluster of houses.[71]

Taking advantage of the chaos that flared in the lead up to the division of the region into areas belonging to the new countries of India and Pakistan, a young *sardar* from Ramjas, possibly with some others, set out to loot the jewelry and gold the family was reputed to have. Specific details of the family have been lost with time, including their number and composition, and what their ultimate fates were. But for those who knew the story and conveyed it to me, one scene stood out. The family's youngest son, perhaps a child or an adolescent, saw the *sardar* coming and tried to flee on a camel. The *sardar*, riding a horse and armed with a spear (*barcha*), gave chase and skewered the young boy, killing him in the fields. When the young *sardar* returned to the *dhaani*, the family pleaded with him to take the valuables and leave the rest of them alive.

After the incident, the young *sardar* immediately travelled to Bikaner and checked himself into a local hospital, claiming that he was ill. His hospital admission was meant to serve as an alibi, and, according to Mantri, when he returned to Ramjas several weeks later, "nobody asked him about it… the topic did not reopen, and nobody came to know about the murders." It would be more accurate to say that people knew but that no one spoke of the murders. The young *sardar's* family were "were influential and powerful (*prabhaavi*) people," and with the departure of Ramjas' Muslim families' to Pakistan or elsewhere, there was no more reason to bring it up. The only reason the story survived obscurity was what later happened to the young *sardar's* own son, who was murdered decades later. By that time, the young *sardar* had become a grandfather and his son

[70] For stories about life and events along the post-Partition border in India, including an account of a skirmish between Indian and Pakistani forces for which I, other members MJK, and residents of a remote village in Sri Ganganagar where the skirmish took place were interviewed, see Vijayan (2021).
[71] Their isolation did not reflect any animosity of local residents towards them—while uncommon, there still are many *dhaani* houses in the region that are built in the middle or adjacent to their lands and sit apart from the central cluster of houses typical of most villages.

a father himself, leaving a large family to suffer the loss. Discussing the murder, people would remember what happened to the Muslim boy, connecting the two murders through the long arc of karmic justice. As one middle-aged informant told me, after the young *sardar's* son was murdered, "that's when he realized the pain one goes through when someone loses their son. He murdered their son, and now he got the result of his action. People in my family used to talk about this incident, that is how I know details about it."

Even if the memory of this incident is lost to most women in Ramjas, it is difficult to ignore the parallel themes of the more recent deaths and murders—the ambivalence of care and protection from the community, the prevention of justice by powerful residents, the existential horror of losing a son—or a man—and the material consequences for the women left behind.

X. Conclusion: Parul's Ghost

After my fieldwork, I left Ramjas and remained absent for almost two years due to the COVID-19 pandemic. India, especially urban centers, had been ravaged forcing millions of migrants back to their rural communities. Ramjas felt this pressure of return and the community eventually enforced its own strict isolation rules and limits on movement causing many residents to become stranded where they worked, studied, or had been visiting relatives. In a sense, I was also stranded from Ramjas while in Oxford, contending with the United Kingdom's version of the lockdown and having my own world turned upside down. Everyone had been profoundly affected by the pandemic in some way over those years. But by the time I returned to Ramjas, despite the disruption and at least a few COVID 19-related deaths, it seemed as though the daily routine of village life had returned to normal. I experienced the inertial force of village life—a freight train of ordinariness plowing through the debris of catastrophe. This return to normalcy seemed to also apply to my interpersonal relationships.

While I was away, I wondered if Parul's openness and vulnerability during our interviews might alter the dynamic between us when I returned, which I was finally able to do in the summer of 2022. I sought her out and we had another jovial encounter—it was as if no time had passed, the intervening pandemic and India's near societal collapse a wisp of an afterthought. But on reflection, the encounter was different and so was Ramjas. In the interim between the end of fieldwork and my return, as the pandemic ravaged bodies and economies and governments outside the isolated cocoon of my little Oxford student flat, the interviews and observations and

interactions swirled and processed, altering my perspective. It was I who had changed, not Parul. Her revelations were only revelations to me, they were and continue to be her day-to-day reality. Whatever internal resilience framework she had constructed remained intact and was undoubtedly unaffected by any change that occurred with my insight into her life. Nor could my new insights significantly alter the inertial force of the village as it affected her or the structure and rhythm of her life.

One morning after my return, I was roused from my desk by the festive sounds of a *baraat,* a bridegroom's convey, making its way northward towards the Nayak colony. Summer, I remembered, is Nayak wedding season. I exited my office with a colleague to a first-floor balcony to watch the spectacle and noticed Parul across the way on an adjacent building's balcony. She had been busily sweeping up the lingering sand of a recent sandstorm, but had also stopped to watch. She stood with her distinctive posture, erect upper back sliding to her curved lower spine, sloping shoulders, *jharoo* (broom) hanging from one hand by her side. Her torso faced us, but her head was turned towards the commotion; she was unaware of our presence. The late morning sun cast a shadow on our north-facing balcony, meanwhile while bathing hers with resplendent gold, her *dupatta* and *ghagra* illuminated against an ornately carved Jaisalmer stone facade. She looked regal, seemingly motionless, her face was serene and with an almost imperceptible smile. The image seemed anachronistic and otherworldly; she was like an ancient noble woman peering down over a village from her *haveli* (mansion).

I wondered what thoughts were going through her mind as she watched—was she thinking of the young girl about to be swept away to her in-laws? Was she reminded of her own wedding? Was she just happy to enjoy the festivities? It occurred to me that, while Parul was haunted by Kamu Dev's murder and the community's response, that she herself had become a ghost, living in a kind of purgatory, both present and part of quotidian life and apart, in a separate world excavated by violence, death, and betrayal. Perhaps she haunted the village, present enough to at least remind everyone, if only subconsciously, what was done to her. Or perhaps not—she remains mostly ignored and unnoticed and the village as a whole, if not some of the individuals, seems to relentlessly move on from its violent incidents, its untimely deaths. Perhaps now that I have heard her story, she only haunts me, challenging my own moral and ethical obligations as a member of the community attempting to intervene in the community. As someone who is part of a group aiming to help, what is the possibility that the effects of our efforts are closer to those of the Pradhan's than it is to what we intend?

By attending to the everyday practices, relationships, and complexities of Parul's life—the aim is to critically explore both the possibilities for care and healing that GMH interventions can address and their limitations and potential for harm. Exploring everyday life provides examples of ordinary ethics—of the small, everyday acts of care, negotiation, and responsibility that individuals undertake in their daily lives (Lambek, 2010). For Das (2010, 2012, 2015a), these possibilities emerge from poignant moments of suffering and care, and for Biehl (2016), through the navigation of uncertainties and dangers on the quest for survival. For women in Sri Ganganagar, the central focus of this survival in the wake of loss is about building relationships of care – efforts that are constantly thwarted. Ethical action in the form of an intervention in this context must therefore be defined in terms of relationality and its influences on everyday life. In the following chapter, I continue exploring these themes through Pragati's struggle for survival in the context of deep patriarchal forces.

Chapter 5: Pragati: Gender, Agency, and Survival

> *…In order to prove his manhood Kale Mian indulged in all the vices that were available to him; he consorted with prostitutes and homosexuals and, among other things, spent time as a pigeon-fancier; all this while Goribi quietly smouldered away behind her veil (ghunghat).*
>
> – Ismat Chughtai, from "Ghunghat" (The Veil) (2004, pp. 4–6)

I. On Resilience

Parul's widowhood and betrayal, described in the previous chapter, offered a stark picture of vulnerability, precarity, and aloneness. Pragati appears, at first glance, to offer something different. Also widowed through a brutal murder, and likewise left with young children and little support, she nevertheless managed to keep herself and her family afloat, first through sex work and later through other forms of labor, eventually becoming the respected matriarch of a more stable household. Where Parul seemed spectral and diminished, Pragati projected confidence, defiance, and a hard-won authority. The question is what, exactly, we are seeing in Pragati's life.

Resilience is often defined as the capacity to adapt positively in the face of adversity, trauma, and stress, and is commonly framed in terms of psychological mechanisms that enable endurance or recovery (Association, 2018; Southwick et al., 2014).[72] More recent work has pushed the concept in a more contextual direction, attentive to culture, social conditions, and the interaction of internal and external factors (Rutten et al., 2013; Savulich et al., 2023). At the same time, critics have noted that resilience can too easily privilege individual traits at the expense of structural conditions, obscuring subjugation, systemic disempowerment, or the social and material supports that make survival possible (Kim et al., 2019). That problem is very much at issue here.

I am not using Pragati's story to settle the question of resilience. Nor is my aim to decide whether her later confidence and relative stability came from temperament, luck, timing, or some identifiable personal strength. Pragati did survive widowhood better than Parul. But on closer inspection, her life is not fundamentally different in its insecurity. What changes is the form that insecurity takes, and the kinds of labor required to live through it. Her story unsettles easy

[72] At a systems level, social resilience is a widely discussed concept, especially in the field of international development, that intersects with environmental, economic, and social systems. See Agrawal (2005); Berkes et al. (1998); Boyd and Folke (2011); Pelling (2011); Rodin (2015); and Walker and Salt (2006).

distinctions between victimhood and agency, survival and flourishing, or exceptional women and ordinary structures.

The chapter follows Pragati through widowhood, sexual exploitation, sex work, and later social recovery. In doing so, it asks what kind of agency is actually available to women whose choices are constrained by caste, poverty, kinship, *izzat*, *shak*, and the wider patriarchal order. Pragati's life does reveal a formidable will to survive. But it also shows that survival often depends on remaking relations within the very world that produced the original harm. Her apparent freedom does not place her outside patriarchy. It shows, more starkly, that women may act decisively, strategically, and even boldly while still moving within structures that continue to make them vulnerable. Read after Komal and Parul, Pragati's story extends the argument about *paraya* across another register of life. Alienation and precarity are not confined to the bad marriage or the abandoned widow. They persist in unconventional survival strategies too, including those that seem, from a distance, to offer women power, choice, or escape.

* * *

II. Pragati

1984.

"*Kshatigrast kitta*," the interviewee said, using for emphasis, the Sanskrit-origin Hindi phrase meaning afflicted or engulfed by damage or harm. Battered. Violated. One might use the phrase to describe a wrecked car in a traffic accident or house destroyed in a flash flood. In this case it described what happened to the body of Asvi, Pragati's husband. He had been repeatedly stabbed and cut with a pair of newly sharpened sheep shears. He has been impaled with a steel rod from anus to mouth.

Unlike Kamu Dev's, the details of Asvi's death are well-known and incontrovertible—seared into collective memory and, this time, officially documented. Given that almost four decades have passed, the convergence across multiple informants on the meaning of certain details was surprising. The first convergence was the fact and meaning of the brutality. Given the extent of the damage done, and the evidently slow, torturous death, the killing had undoubtedly been motivated by anger and passion. Of all the things they did to his body, multiple people

highlighted what was done to his mouth. "They cut his tongue out," one of my interviewees said. Another said that "they cut off his lips." The specifics may differ, but the meaning is the same. In both cases, it was an indication that the killer, a Nayak laborer named Arjodh, wanted to punish Asvi for things he had said, for the *izzat* (honor) he had damaged.

Asvi was a young, headstrong, and, to many, belligerent man who did not hesitate to make his opinions known, insulting people he disliked both to their faces and behind their backs. His confrontational behavior became worse when he drank alcohol, and Pragati was known to have to constantly wrangle and negotiate with him to prevent him from going to the local *theka* (colloquial term for local place to purchase liquor) at night. "After Asvi had alcohol," recalled one respondent and echoed by others, "he lost his senses and said crazy things (*ult shult*)." Over time, Asvi's antagonism earned him enemies. He had an ongoing dispute with one villager over a parcel of land, but with Arjodh, the dispute had to do with honor.

Arjodh had recently arrived in Ramjas with his second wife, by all accounts an exceptionally beautiful woman who had previously been married to Arjodh's cousin-brother in a different village. The couple eloped ("*bhagaake laya tha,"* connoting that she may have been abducted or stolen from the previous marriage) and settled in Ramjas where Arjodh found work with Bhagwant Singh, a reclusive local Jat Sikh *sardar*. Every morning, Arjodh would rise early and leave to attend to Bhagwant's lands or other tasks.

Beginning in the cold months, when Arjodh would be seeding and tending the *rabi* (winter sowing season) crops (wheat, barley, and mustard), Asvi started taking his morning *chai* in the small courtyard of Arjodh's house and making small talk with Arjodh's wife. It is not uncommon for neighbors to socialize over chai amidst the morning bustle, and in most circumstances, a visit to a neighbor's courtyard would not constitute any offense. Courtyards are fairly open, especially so at that time, when most of the village had *kachcha* walls and people's movements were easily monitored. But the cold season had a way of forcing a little more intimacy, as people huddled and chatted around the warmth of a kerosene stove. The stove itself facilitated the interactions—it burned much cleaner than the still ubiquitous *chulhas* fueled by wood and cow dung, a small privilege made possible by the distribution of kerosene fuel and other essential commodities to poorer households through the Public Distribution System.

It was with these encounters that Arjodh began doubting Asvi's intentions, believing he was

looking at his wife in the wrong way (*galat nazar daal raha hai*). Tensions began to rise between the men, which, perhaps in a self-fulfilling way, prompted Asvi to talk about Arjodh's wife in a vulgar manner. "He used to talk like that about her in front of us, and in front of everyone," recalled one villager.

Another convergence—that Arjodh was not the only one responsible for the murder. He most certainly committed the act itself, but others facilitated it. "When someone speaks like that and has bad intentions about one's wife," recalled Mantri, "then even people in the community come together and say, 'yeah, you (the murderer) do whatever you want, we will support you.'" It was Asvi, Arjodh, and another man who had gone together one day to the *mandi,* the local market in a small town west of Ramjas, to get the shears sharpened. Given their animosity, it may have seemed unlikely that Asvi and Arjodh would have made the journey alone together. A third man may have helped convince Pragati to let her husband take the journey, and all three men were seen drinking together that evening. Asvi was much taller and stronger than Arjodh, and it was Arjodh's plan to get Asvi drunk so that he could more easily overpower him. Even then, it was a drawn out killing. Arjodh attacked Asvi on their way back to Ramjas, and it appeared that Asvi had fled Arjodh over a two large mustard fields, the body ending up on the western side of the village.

Arjodh, covered in blood and standing under a thorny *babol* (acacia) tree inside Bhagwant Singh's courtyard as the sun rose, loudly confessed to the killing and pointed out to the western fields, identifying for the gathering where the body was. Bhagwant, himself no stranger to violent encounters, grabbed his gun and took his laborer to the house of a friend who was also a Member of the Legislative Assembly (MLA), the local representative in Rajasthan's state government.

It is odd for a confessed murderer to see an MLA before seeing the police. But everyone who witnessed the preceding events thought that Arjodh's unusually light sentence (with various people remembering it as between 1 to 4 years) was the result of Bhagwant Singh's connection to the MLA, whom many believed influenced the police investigation and judicial process. The postmortem underscored Asvi's blood alcohol level, which cast doubt on whether Arjodh acted with premeditation. Given Asvi's reputation, a convincing case could be made that the incident occurred in the moment—i.e. Arjodh and Asvi fought and Arjodh defended himself. However the legal deliberations went, the judge seemed convinced enough to significantly mitigate

sentencing.

* * *

Like Parul, Pragati's material conditions became immediately dire after her husband's death. Besides Pragati, Asvi was survived by three young children, two sons and a daughter. One respondent described the children as "*nikaame"*, usually meaning "useless" or "worthless", but in this context he meant they were literally "without the ability to work" (from the roots "*ni*" (negation) and "*kaam*" (work or duty)). In other words, they were completely dependent on Pragati because of their young age. Adding insult to injury, Pragati's economic situation was exacerbated by her *jeth* (husband's elder brother) who took advantage of her vulnerability in the immediate aftermath of the murder. Emerging ostensibly to protect his sister-in-law, he soon began physically and verbally to abuse her, and in short order would sell the sheep that were Asvi and Pragati's main source of income and pocket the proceeds. According to Mantri, "if she could have grazed the sheep to keep them healthy, they would have reproduced and Pragati could have sold the wool and would have lived comfortably. Then she might not have taken the step [of becoming a sex worker]."

Pragati did not resort to sex work immediately after Asvi's death. Like Parul, she did domestic work in a few houses in Ramjas. Several wealthier households offered some financial assistance after the murder. This assistance, however, soon became conditional, with Pragati for a time entering a sexual affair with at least one (and likely more) local *sardar(s)* in exchange for material support.

To escape the multiple burdens of Ramjas, Pragati began regularly visiting her *mayka* (natal village) close to the rural town of Raisinghnagar, at the time at least a two-hour bus ride away on unpaved main roads. In particular, she would visit her elder brother, but his economic situation prevented him from providing much help. Nevertheless, her time in her *mayka* facilitated her contact with a cousin-brother—the son of a distant relation to her mother—and his wife (*bharjaai,* sister-in-law) living in town, who then proceeded to introduce Pragati to the local sex trade. Despite its inherent risks and drawbacks, it was sex work that allowed Pragati to sustain herself and her young children after her husband's death and the economic devastation brought on by her *jeth*'s actions.

In the end, Pragati did not engage in Raisinghnagar's sex trade for too long, though the reputation lingered and occasionally flared into rumor. She soon returned to Ramjas to become a *dai* (traditional birth attendant) and then, as that role slowly become obsolete with the government's introduction of trained community health workers (Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwives (ANMs)), she began working at the local Anganwadi, a government-run rural child care center that also offers basic health services, and eventually as a caretaker at the local *Panchayat Ghar*. As of this writing, she has not remarried and continues her duties at the *Panchayat Ghar*. Her daughter is married and her two sons—no longer *nikaame*—became hard-working, entrepreneurial laborers, regularly traveling to neighboring districts in search of more lucrative opportunities than are available in Ramjas. Both sons prided themselves in looking after their mother and household, which was now semi-*kachcha* but, by local Nayak standards, quite spacious and comfortable. They also instilled the value of hard work and education in Pragati's four *potas* (sons' sons), as I observed on a visit to their house several years ago.

The visit, unfortunately, was to give *afsos* (condolences) for the recent loss of Pragati's eldest son. He had found work 400km away in Mohangarh, a small village dominated by a fort *en route* towards Jaisalmer, one of Rajasthan's major tourist destinations. The fort was converted into a heritage hotel, attracting tourism dollars and creating jobs and economic opportunity that Pragati's son wanted to take advantage of. It was the cold season, and a lung infection, at first ignored by his employers and fellow workers, eventually forced him to come back to Ramjas. "Nobody took care of him there. And when he came back, there was a hole in his chest due to cold, he had a chest hole." This was pre-Covid, and the informant insisted it was not tuberculosis, which is endemic in India. I find that while clinical terms in the village can be imprecise, the etiology is spot on—no one cared enough to get a febrile migrant worker proper medical care, potentially sparing him the multi-day journey home, during which symptoms severely worsened.

As Pragati and her visitors considered the large, framed picture we printed memorializing her late son, her grandsons were eagerly discussing with me their life plans—one was studying for the police force exam, but he also had dreams of becoming an army officer. The other was good at school, and I encouraged them as they showed me their recent report cards, seemingly unaffected by the memories being shared of their late father. Like Pragati, they were eager to do whatever it took to move on.

III. *Izzat*, *shak,* and masculinity

One of the advantages of the "deep hanging out" (Geertz, 2000, p. 107) of traditional ethnographic fieldwork is, to paraphrase Singh, getting past first impressions (2015, pp. 284-287; 2018). I learned of the sensational details of Asvi's murder early in my time in Ramjas, but never quite understood why it seemed so brutal and personal. When I asked about the murder, I was often presented with an alternative narrative that I had to disentangle, one that glossed over the underlying motives of revenge (*badla*) and honor (*izzat*).

"If you spoke to her [Pragati] directly about this," Mantri told me, "she wouldn't have shared the real story of his [Asvi's] death… she would've told you that they had a fight over property and that it was because of that fight that Arjodh killed him." Given Pragati's straightforwardness and the openness of my other female interviewees, I am not sure Mantri would have been correct had I the opportunity to interview Pragati. But it was nevertheless true that the first impression of the story as presented by my various sources was most often the polite version that referenced the property issue. The always contentious Asvi was indeed embroiled in a such dispute with another villager at the time, but, as far as I could deduce, it did not directly involve Arjodh.

Whether intentional or not, the conflation of Asvi's two contemporaneous disputes was understandable—property disputes in Sri Ganganagar were and remain a common source of interpersonal and familial strife, and the availability of this alternative story provided a convenient and useful stand-in for the actual story.[73] By useful, I mean in the way it could help the community avoid revisiting the past, to forget (the incident itself and the direct role of individual residents), to avoid personal discomfort, or to maintain cordiality around Pragati who, unlike Parul, remains a visible and un-silenced presence in the community. With enough space and time afforded the story's telling, however, the primacy of *izzat* as the motive force behind Arjodh's actions was undeniable.

"It was about *shak,"* Mantri re-emphasized, using the Hindi and Punjabi word for doubt or

[73] In Sri Ganganagar, many murders in the 1980s revolved around such disputes making the alternative narrative an easy stand-in for the actual story. Although less frequent now, Sri Ganganagar still has among highest total murder cases (67 murders in 2022 as defined by Indian Penal Code, which ranks 4th out of 48 districts where data is available) and murders per capita (ranked 7th out of 30 districts where data is available) in Rajasthan as calculated from available National Crime Records Bureau statistics from 2022 and Indian Census data from 2011. See National Crime Records Bureau (NCRB) (2024); Office of the Registrar General & Census Commissioner (2021).

suspicion and often jealousy, which in the context of *izzat* relates directly to issues around sexual purity and infidelity. According to Kakar (1990; 2007a) *izzat* is both a collective and deeply internalized aspect of the Indian psyche that governs behavior within families and communities. It is linked to public perception and is maintained through adherence to social norms, especially around sexuality and gender roles. *Izzat* is thus embodied by women who are disproportionately burdened by its maintenance. A husband's *izzat*, and by extension his family's *izzat*, is embodied by the wife/daughter-in-law, subjecting her to high levels of social restriction, surveillance, and in many circumstances, suspicion related to her perceived sexual promiscuity. Violations of this honor, whether real or perceived, can lead to severe consequences for women, from social and psychological isolation to violence, especially intimate partner violence (IPV). The extent of the ubiquity and uniformity of the *izzat-shak* dynamic is, according to Kakar (1990), evidenced by a wife's potential infidelity being "a major theme in proverbs of all major Indian languages" (p. 19). It is certainly very often the central conflict faced by the romantic heroes and heroines in popular and independent Indian film and literature, from classic Punjabi *qisse* (romantic tragic ballads with eponymous titles such as *Heer Ranjha* and *Sohni Mehwal*)[74] and religious epics, to the writings of Tagore, and later on, Chughtai and Manto. These cultural products, whether serving to critique or promote the idea of *izzat*, are certainly a reflection of its generalized importance and of its centrality to South Asian patriarchy.

Besides the alternative property dispute narrative, there was a second reason that, upon initial impression, the primacy of *izzat, shak,* and masculinity could have been missed in Pragati's story. Neither woman was herself a direct victim of intimate partner violence. According to those present at the time, Arjodh never outwardly conveyed any suspicion of infidelity towards his wife, which may be surprising given her actual infidelity towards her previous husband. Regardless of whether she willingly absconded with Arjodh, this second "love marriage" could have been enough to stoke rumors and suspicions among the community. According to Mody (2008), love marriages, or marriages of choice that defy traditional sexual and kinship norms, often bring with them a prolonged social liminality. For couples in love marriages who find a community, it is a non-traditional, incoherent, and often informal "not-community" (Mody, 2008). Given the couple's history and reputation, one might not expect much generosity from the traditional community surrounding them in Ramjas. But on the issue of Arjodh's wife's virtue, Mantri and others vouched for her: "Arjodh never accused his wife of anything. She

[74] Similar tragic lovers in Persian epic poetry, Layla and Majnhu, are said to be buried in the Anupgarh district of Sri Ganganagar.

stood up to Asvi. She never gave 'him a lift'," he said, using the colloquial metaphor of a promiscuous woman as a taxi (*bibi uske* stand *vi thi. Oh* lift *nahee deti thi*). "Even I know this," he emphasized.

Similarly, though Asvi was not the best of husbands, there were no reports of him suspecting Pragati of infidelity during their marriage, despite his own proclivities and her later affairs. In other words, both women appeared to be non-paradigmatic cases where neither was considered by their husbands to be the primary threat to *izzat* and were therefore not the primary victims of intimate partner violence. Rather, the violence in their case was perpetrated by the husbands towards each other.

Nevertheless, both women were still thrust into vulnerable positions with high levels of risk of harm and violence perpetrated by the broader community. While Arjodh's wife remained unharmed during her married life in Ramjas, there is an ominous uncertainty as to her fate after Arjodh's incarceration. Without the aegis of her husband, she could not stay in Ramjas and returning either to her previous affinal (*sasural*) or natal (*mayka* or *peke*) homes seemed, at least from the outside, either impossible or, at the very least, very fraught ideas. Her ultimate fate remains uncertain as she seems to have disappeared from local consciousness. While Arjodh eventually returned to Ramjas for a time after his sentence ended, none of my informants knew where his wife ended up or whether the couple were reunited. While Arjodh's wife transgressed sexual and kinship norms prior to her second marriage, Pragati, by engaging in transactional sex and remaining unmarried, transgressed them after her husband died. In addition to the liminality of widowhood, these choices thrust her into an existence fraught with enormous physical, psychological, and social risks. The risks of intimate partner violence as resulting from *shak* and insecure masculinity were transmuted from the level of the married couple to the broader level of the family and community.

And herein lies the final first impression to overcome. Despite being unconventional, non-paradigmatic cases, both Pragati and Arjodh's wife were in fact still subject to the conventional norms and inherent risks of patriarchy, just at different times in their lives and in different ways. While Pragati successfully transgressed normative sexual and kinship norms as part of her striving for survival, I argue that she does not actually transcend patriarchy itself—she's still subject to it. In reference to the *Lakshmana rekha* allegory, Pragati is that exceptional women who, crossing the *Lakshmana rekha* line, survives in the wilderness outside the confines of a

traditional, protective, patriarchal home. We have already seen how the *Lakshmana rekha* metaphor fails to capture the danger that women like Komal and Parul face within the confines of their traditionally defined, patriarchal homes. What Pragati's story shows is that the dangers of patriarchy equally lay beyond the *rekha*—beyond the line and in the wilderness—and that whether one ends up on one side or the other is a choice made with very little real agency. Below, I support this argument in relation to the especially vexing question of sex work and the apparent choices women make around it.

IV. Choice and *dhandha* (sex work)

I began this chapter with a discussion on resilience and agency to reflect how confusing it was to observe real examples of resistance and survival amidst profound oppression and vulnerability among the women of Sri Ganganagar. Pragati's survival and her decision to engage in sex work speaks directly to what is, according to (Menon, 2012), one of the fundamental debates within feminist discourse: whether to consider "women as victims needing protection" or as "active agents engaging with power and carving out their own spaces" (p. 175). In India, where patriarchal oppression is deeply rooted in notions of sexual purity, this debate is perhaps most acute for women who engage in sex work or *dhandha,* meaning "work" or "business", but colloquially referring to women's livelihoods or income made through illicit or immoral activities, especially those that transgress traditional norms of sexuality, including through extramarital affairs or even as dancers at wedding receptions.

While Pragati's story is unorthodox, it is not uncommon, and part of what motivated me to examine her life story was the frequency with which I encountered women who engaged in *dhandha*, and how their stories challenged the depiction of women as unable to subvert the forces of *purdah* and as "ashamed of their bodies and their sexuality" (Raheja & Gold, 1994, p. xvi). In fact, many of these women I encountered were breadwinners and the prime decision-makers in their households despite openly transgressing norms of kinship and sexuality.

One example that forced me to rethink my own assumptions and pushed me to examine Pragati's story was the younger sister-in-law (*nanad*) of a Khushee Mamta patient named Shyama (Shyama was married to the older brother living in the same household and was therefore the *jithaani* relative to the *nanad*). Politicking and rivalries between sisters-in-law, both affinal daughters and those married into the affinal household (*sasural*), are often identified as a

significant source of distress among *Khushee Mamta* patients (as was the case with Komal, who clashed with her *jithaani*; see Chapter 3). A newer or younger bride's arrival at the *sasural* can spark conflict as all sides vie for their positions in the pecking order. Among sisters-in-law, *nanads* are often also identified as potential sources of support and affection. For Shyama, her *nanad* was indeed the major source of her distress while also, to some extent, providing material support as the main breadwinner of the household. The *nanad* had, in fact, repudiated traditional kinship expectations and completely overturned the power structure of her natal home with the income she earned through her ongoing sex work.

Shyama and her affinal kin were Dhanka*,* members of a small Adivasi or indigenous community classified as Scheduled Tribe (ST) in Rajasthan.[75] Her 35-year-old *nanad* had divorced her husband and returned with her two adolescent children to the small, two-room house located in a lower-income ward of a local rural town. Upon her return to her *mayka,* to Shyama's dismay, the *nanad* had completely taken over one of the two rooms, forcing her own parents to sleep in the house's small lobby. The *nanad's* father slept on the ground, while her mother, infirm after suffering a stroke that left her paralyzed (*lakvaagrast*) on one side, slept on a *manja*. Shyama's husband, the *nanad*'s elder brother, worked as a seasonal laborer at the local paddy market (*fasal mandi*), transporting on his back large sacks of grain or cotton, or whatever was being brought in from the surrounding villages to be sold at the time. The father, meanwhile, was an irregular laborer, finding what income he could. The *nanad* also worked outside of the home as a domestic worker at several middle and upper-income houses in town, an occupation that occasionally provided her with clientele for her other, more lucrative work. Through her earnings from sex work/*dhandha*, the *nanad* soon became by a significant degree the highest earner in the household and controlled the household budget.

Because of the *nanad*'s higher earnings relative to the other household members, Shyama's brother and father did not chastise or restrict her movements in any way—the *nanad* apparently freed herself from the direct strictures of *purdah*, including from the burden of domestic work, the vast burden of which was left to Shyama. In addition to cooking and cleaning, Shyama was the primary caregiver for her mother-in-law, her newborn daughter, and three other children occupying the home (Shyama's elder daughter, and the *nanad's* two adolescent children, and older girl and younger boy, both aged between 6 and 11 years). As recounted by Shyama's counselor,

[75] There is considerable confusion, bureaucratic uncertainty, and contestation around who belongs to the Dhanka tribal group, their origins, and the politics of their classification at ST in Rajasthan. See Moodie (2015).

when the patient fell behind on her domestic tasks or asked for help, the *nanad* responded with vitriol, directed as much towards her Shyama as to others in the family, saying "you eat my earnings…I paid for my mother's treatment…she would have died if I hadn't paid for it…what can you say to me?...what have you ever done?" (*tu meri kamaee kha rahi hai…maine apni maa ke ilaaj ke paise diye…woh mar jaati agar maine paise nahin diye hote…tu mujhe kya bolega?…Tu ne kabhi kya kiya hai?*). The fight over actual consumption of food and the *nanad's* control over medical spending have directly impacted Shyama, who was prevented from seeking prenatal care despite being undernourished and severely anemic throughout her pregnancy.[76] Shyama's newborn daughter was born with very low birth weight and was observed by the counselor in postnatal visits to be neglected, laying on a *manja* and crying in the hot sun, while Shyama busily tried to keep up with the domestic work she barely had the physical strength to endure.

Through my fieldwork, I also encountered many women who were *de facto* breadwinners of their households through more traditional occupations, including labor work or a traditional family trade, professionals such as bank managers and teachers, and even, in several cases, our Khushee Mamta counselors. But in all of these cases, the woman's position within the household retained a traditional, normative character, with husbands, brothers, and parents-in-law directly constraining her agency in the expected ways, adhering to normative rules and expectations. The contrast between these more normative cases and the women who became sex workers raises questions about whether there is something inherently different about sex work or *dhandha* compared to other economic activity. Can *dhandha*, at least in some instances, infuse the woman's position with agency and power she otherwise would not have? If so, what are we to make of the choice to engage in *dhandha*? What is the cost-benefit analysis? Or, for that matter, is a cost-benefit analysis even made? Stated differently, is sex work a choice or are sex workers forced into it by circumstances? Are they victims or agents?

There is an assumption that given the risks, normative pressures, and the undignified or immoral nature of sex work that women who engage in it must do so unwillingly. Menon (2012) unsettles this assumption in two ways. First, by comparing sex work to marriage itself:

> For most women, isn't marriage far more of a compulsory institution (and compulsory form of work) than any other? For many women it is as arduous, undignified, and

[76] The World Health Organization defines anemia during pregnancy as having blood iron levels of less than 11 grams/deciliter. This patient had a measurement during childbirth that showed 4g/dL, indicating severe anemia, putting her and her infant at extremely high risk of complication and death.

> inescapable as sex work is assumed to be—and unpaid on top of it all! (Menon, 2012, p. 184)

Second, she cites the words of sex workers themselves. In a pan-Indian survey of female sex workers, over 70% of respondents said they entered the profession willingly, the vast majority after having previously worked in other occupations. Most, in fact, continued to hold a variety of jobs in addition to sex work (Sahni & Shankar, 2013). As an alternative to other employment options—often in the informal economy, with low wages, and "imminent possibilities for abuse"—entry into sex work "emerges with a strong economic rationale and agency, as a deliberate, calculated choice offering higher incomes" (Sahni & Shankar, 2013, p. 3).

But choice is not the same as agency. "Nothing," according to Sen (2006), "can be more elemental or universal than the fact that choices of all kinds in every area are always made within particular limits." Understanding a woman's agency, then, is an exercise in understanding the constraints within which choices can be made and the feasibility of alternative paths. Within Indian patriarchy, these boundaries are defined by class, race and caste, and of course, gender (Menon, 2012, p. 176). Pragati's story provides the opportunity to consider her agency—and the meaning of her resilience and survival—with what has emerged for me as one of the most salient aspects of women's experience and among the most deep-seated sources of constraint and mental disorder for both men and women within Indian patriarchy: masculinity and male sexuality.

The potential freedom and power a sex worker may gain is offset by the immediate risks of the profession (sexual violence, sexually transmitted infections, risks to reputation). Where the sex worker can avoid these, she must contend with the inevitability of a decline in her services as she ages, the need to figure out new ways of earning, and the insecurity of being unlikely to re-access normative kinship structures (i.e., via remarriage or re-engaging the natal or affinal family) in the future. The relative socio-economic power gained for the woman engaged in *dhandha* seems, at least in the longer arc of time, an illusion. Once again, we see how the aloneness and alienation of *paraya* infuses all aspects of a woman's experience, even those ostensibly empowered by sex work. It appears that all alternative paths available to women who are desperate to survive their impoverishment or widowhood are in fact constrained by patriarchy. In the next section, I explore how the path of sex work and *dhandha* are viable options for these women precisely because of the patriarchal forces that create masculine insecurities and make men vulnerable.

V. Conclusion: Agency and remaking kinship

The stories of Komal, Parul, and Pragati offer insight into the hidden lives of vulnerable women in Sri Ganganagar, women whose subjectivities are characterized by an ongoing, lifelong process of alienation and estrangement, a series of unfinished and threatened becomings that I label *paraya* or 'otherness'. All of them experienced some form of betrayal by their families or communities at key threshold moments of life. All of them, in the wake of their subject-destroying experiences—at these uncanny moments of *paraya*—attempt to survive by remaking their subjectivity through different forms of kinship.

The lived experience of *paraya* is fundamentally about how women navigate kinship structures, both normative and external to marriage. These structures simultaneously offer women the only viable paths for material, psychological, and spiritual security but also make women vulnerable, exposing them to all manner of risk, alienation, and precarity through the life course. Resilience and survival involve choices that are necessarily constrained within these forms of kinship bonds. Even extraordinary cases of survival that seem to transcend patriarchal structures necessarily exist within them.

With the failure of her marriage, Komal sought refuge with her natal family (*mayka*) who, while facilitating her divorce and thereby rescuing her from immediate harm, can only offer another arranged marriage as a viable next step for her. Parul, having been betrayed by her natal family and community, seeks to create some semblance of the protection she imagines a hypothetical brother might provide. She does this through the *rakhi* ceremony, in a fraught attempt to foster kinship bonds with a brother—a *dharm-bhai*—in her affinal village (s*asural*). Like Komal, Pragati sought refuge with her natal family (*mayka*), who did not have the capacity to care for her which led her down the path towards sex work. All of these women were acting to replace or reconstitute an absent form of relationality. When a form of relationality is created—a marriage, a brother, a client, a lover—it often disappoints, betrays, or abandons.

Sex work seems to be a radical approach to remaking kinship and, at least in some cases, a kind of apotheosis of women's resilience that, while inherently risky, can provide material support and alter the balance of power in their kinship relations. While exceptional, it is difficult to ignore the women I have encountered who seem to transcend the restrictions inherent in their traditional or fictive realms of kinship. But upon deeper reflection, we can see that Pragati's sex work and her

later extramarital affairs revolved around relationships that, while existing outside of traditional kinship, were nevertheless created by the same patriarchal forces that proscribe both men's and women's choices and create inherent vulnerabilities. Pragati's resilience and survival, as with other remarkable stories of survival and empowerment, do not represent any kind of meaningful transcendence beyond a life or experience of ontological insecurity. They are, rather, part of the same patriarchal structure that constrains agency before and during marriage, after divorce, and after widowhood.

Pragati's life does not resolve the question of resilience. It sharpens it. What appears, from one angle, as strength, sexual autonomy, or unconventional freedom remains inseparable from the same patriarchal world that made such measures necessary in the first place. Sex work, later affairs, and other improvised relations widened the space in which she could survive, but they did not remove the precarity of her position or release her from the risks of abandonment, stigma, and harm.

Her story shows a harder form of agency than the celebratory language of empowerment usually allows. Pragati acted. She strategized. She endured. She rebuilt. But she did so under duress, through compromised and fragile relations, and in the shadow of losses she did not choose. Read alongside Komal and Parul, Pragati shows that women survive not by escaping paraya, but by negotiating it across different phases of the life course and through whatever forms of kinship, attachment, and support remain available.

The next chapter turns more directly to the masculine insecurity, sexual suspicion, and male vulnerability that formed part of this same world. Pragati's life already points toward that terrain. Her apparent autonomy was never separable from the desires, fears, and forms of control through which men, too, were made and unmade.

Chapter 6: Masculine Insecurity: Vulnerability, Violence and Substance Abuse

> *The first act of violence that patriarchy demands of males is not violence toward women. Instead, patriarchy demands of all males that they engage in acts of psychic self-mutilation, that they kill off the emotional parts of themselves.*
>
> – bell hooks, from The Will to Change: Men, Masculinity, and Love (2004, p. 66)

I. Masculine insecurity

Pragati's story also showed how closely female vulnerability was tied to male vulnerability, and how difficult it is to understand one without the other. The point is not to soften patriarchy by showing that men suffer too. It is to show how a system organized around provision, authority, sexual control, and endogamous marriage also produces unstable, anxious, and often frightened men, especially under conditions of agrarian change and economic strain. In Sri Ganganagar, those anxieties often surfaced through *izzat* (honor), *shak* (suspicion), substance abuse, and violence toward women.

This chapter examines masculine insecurity as part of the same social world I have been tracing through women's lives. Men's self-worth was often tied to roles they were expected to perform—provider, protector, husband, sexual possessor—but that became increasingly difficult to sustain amid debt, unstable labor, shifting agrarian hierarchies, and fragile forms of status. When these expectations faltered, what emerged was not freedom from patriarchy but another form of precarity. Men became vulnerable to shame, suspicion, humiliation, addiction, and violence. Their insecurity was often displaced onto women through surveillance, coercion, and abuse, but it also revealed patriarchy as a relational system that harms across gendered lines, even if unevenly and asymmetrically.

I came to this problem gradually through Khushee Mamta. Again and again, the counselors' accounts of perinatal distress led back to husbands: to drinking, *shak*, sexual conflict, withdrawal, unemployment, indebtedness, and the emotional volatility produced by frustrated masculinity. The more I listened, the more it became clear that maternal mental health could not be understood through women alone. The suffering of Khushee Mamta patients was often inseparable from the psychological states of the men around them, especially husbands. This did

not make men the hidden victims of the story. It made them part of the mechanism through which suffering was produced, distributed, and sometimes intensified.

What follows explores that mechanism through ethnographic observations, the Men Against Violence study, and wider reflections on male sexuality, opioids, alcohol, erectile dysfunction medication, and extramarital desire. My argument is that masculine insecurity in Sri Ganganagar is not incidental to women's distress. It is one of its conditions. Any meaningful account of perinatal mental health in this setting has to reckon with the men whose own instability, shame, and longing shape the lives of women around them.

This dynamic comes into focus in the story of Arjodh and Asvi, where questions of *izzat*, *shak*, and male sexual threat gathered around a single act of violence.

As a low-caste newcomer to Ramjas, it is unlikely that Arjodh would have had property to dispute over in the first place, though it is possible he could have been caught up in a dispute involving his employer. It is almost certain that the animosity between the two men, who had previously been friends and drinking buddies, began only after Asvi's regular visits to Arjodh's wife and his lewd public comments. The apparent premeditation, brutality, and evidently intimate nature of the violence suggest a motive rooted more in intimate grievance than in property. Mantri was the most plain-speaking of all the informants on this point:

> The reality is, Asvi's property dispute was with someone else and had nothing to do with Arjodh. He [Asvi] used to visit his [Arjodh's] house frequently and then Arjodh started doubting him. And after that doubt started, anger started filling up inside him (*andar gusa bhard gya*). And then he started planning a way to get him [Asvi] alone and kill him.

The key aspect of the system of patriarchy illustrated by Pragati's story is not just *izzat* and *shak,* however, it is how they intersect with local notions of masculinity and male sexuality. According to Gill (2024), "Indian men's lives and the very definition of masculinity and sexuality in India are constituted through endogamous marriage, heteronormative family, and patriarchal kinship." In other words, a man's very identity and manhood is both restricted and determined by his ability to adhere to patriarchal expectations, which, in addition to maintaining sexual purity, include the responsibilities of procreator, protector, and provider. Under this system of patriarchy, women are oppressed and controlled and men are constantly under threat, whether by their potentially unfaithful and promiscuous wives or by other men seeking to do them harm

by violating their *izzat* through harming their women, their property, or their livelihoods.[77] If, then, there was indeed a property dispute between the husbands, it would have been one of a number of volatile substances ignited by the perceived threat that Asvi's sexual advances represented to Arjodh's masculinity.

II. Masculine insecurity: Insights from male substance-abuse and male sexuality

Early in my time in Ramjas, I had a sense of the importance that men, particularly husbands, had in the well-being of the women, especially their wives, within their households. In most cases, husbands are the primary decision-makers around care during pregnancy. They are also the major perpetrators of violence and can powerfully modulate how a bride is treated by her in-laws. It was only after the start of the Khushee Mamta program, however, that I became aware of how many of our enrolled depression cases were, at their core, about *izzat*, *shak* and their sequelae, including sexual insecurity among husbands, substance abuse, and both spousal violence and violence perpetrated by the in-laws. I knew that an estimated 1 in 3 women in India experienced intimate partner violence in the form of physical, sexual, and psychological violence (Chandra et al., 2023; International Institute for Population Sciences (IIPS) & ICF, 2021; Sardinha et al., 2022).[78] But it was through the counselors' direct insight into the personal lives of our patients—accessible to me via counselor supervision sessions, observations and case notes, and my formal interviews with them—that I was confronted with how little I understood about how masculinity manifested in our patients' experience of depression and how closely linked women's well-being is to the psychological state of their husbands. In our perinatal depression cases, husbands seemed almost universally to be contending with their own demons.

Male depression, suicidal ideation, and substance abuse are very prevalent and often connected

[77] There are other aspects of South Asian masculinity that are beyond the scope of this brief discussion. Menon (2012) and Chopra (2003) make the argument that masculinity in India is constituted differently across intersections of age, class, race and caste—for example, a domestic servant might embody a subordinate masculinity vis-a-vis both men and women who are their employers, or an upper class man's perceived femininity and weakness may be overcome by his wealth and privilege relative to a lower-class or lower-caste man. This discussion also occurs in the context modern conceptions of masculinity. While Kakar and others place their origins in ancient Hindu myth, Nandy (1983) argues that a Victorian notion of hyper-masculinity erased the more fluid pre-modern notions of masculinity that existed in South Asia.

[78] GBV prevalence in India is almost definitely underestimated for several reasons, including the difficulty in capturing the phenomena through surveys due to the likelihood of favorability bias among respondents and the cultural acceptability of some kinds of violence. According to the NFHS-5 (International Institute for Population Sciences (IIPS) & ICF, 2021), 45 percent of women and 44 percent of men aged 15-49 years believe that a husband is justified in beating his wife in at least one of seven specified circumstances, including if she: 1. goes out without telling him; 2. neglects the house or children; 3. argues with him; 4. refuses to have sexual intercourse; 5. doesn't cook properly; 6. Is suspected of being unfaithful; and/or 7. shows disrespect to the in-laws.

to insecurities and anxieties related to masculine identities, though this framing is often elided in public health and economic studies. For example, farmer suicides, now a widely recognized (if somewhat contested (Bhagwati & Panagariya, 2014)) catastrophe confronting rural Indian men, are most often associated with economic stressors, especially increased indebtedness linked to liberalization and modernization of the agricultural economy via the Green Revolution (Das, 2011; Kaushal, 2015; Parry, 2020; Sainath, 1996; Tripathi et al., 2022). There is perhaps no more evocative or tragically ironic metaphor for the link between farmer suicides to modernized agriculture than the fact that pesticide consumption is the most common method used (Gunnell & Eddleston, 2003). A review of the epidemiological evidence indeed places indebtedness and economic decline as the most common factors attributed to farmer suicides, followed by concerns related to falling social status, family conflict, the stress of a marriage of a sister or daughter, and substance abuse (Das, 2011).

Although structural forces and political-economic context are central to these discussions, barely hidden under the surface are matters of kinship, *izzat*, and with a little more digging, sexuality. The salience of male sexuality, and precisely sexual insecurity, emerged as an important theme in interviews conducted for the Men Against Violence (MAV) study that occurred during my fieldwork. MAV explored male and female perceptions and experiences of gender-based violence in Sri Ganganagar (see Introduction, VIII. Methods) and was motivated by a desire to increase our understanding of men's roles in women's well-being and to improve the Khushee Mamta program by involving men both as counselors and as patients. The findings from the MAV study, combined with my observations of drug and alcohol use over the years gave me insight into how patriarchal norms around male sexuality make men vulnerable and define the limits of female choice.

In this section I therefore explore male sexual insecurity through the lenses of substance abuse, especially pharmaceutical sources of opioids and erectile dysfunction (ED) medication, and consider these observations in relation to Kakar's psychoanalytic view of Indian male sexuality. The topic is important given the centrality of male sexual insecurity to the experiences of Khushee Mamta patients and because of the evidently wide misuse of unprescribed ED medication among young men, a phenomenon that is very understudied. While opioid dependency did not figure directly into Pragati's story, given both Arjodh and Asvi's purported alcoholism, it is likely they too abused the traditional forms of opium widely available in the 1980s (Singh & Balhara, 2016; Zaorska & Wojnar, 2023).

In my early years in Sri Ganganagar, I saw substance abuse, especially of use alcohol and opioids among lower caste laborers, straightforwardly as a coping mechanism for the rigors of agricultural life and rural precarity. *Sardars* would often provide *desi daaru*, local moonshine made from distilled sugarcane (legally available from the local *tekha* or liquor shop and illegally produced by individual households), along with hot chai to the men working on flood irrigation or other difficult work, especially during the colder months. I would often observe the wives of sardars infuse the laborers' chai with *post* or *bhukki*—a grey powder made from the husk and dried seeds of the opium poppy plant. *Post* is essentially the byproduct of opium production and not as potent as other forms of opium, but it is a powerful and dependency-inducing opioid nonetheless. *Sardars* and their sons would also use *post* to get through the long and arduous tasks of harvesting their wheat and barley crops in spring and the tilling, levelling, and resetting of fields between growing seasons—jobs that involve very long hours of driving tractors and heavy combines through self-induced dust clouds. Harvest celebrations, holidays, festivals and weddings were also occasions for use, and I would regularly be offered *post* or *afeem,* another socially acceptable form of opium (a sticky tar-like substance derived directly from the poppy plant's latex at each of these), at many of these seasonal junctures and celebratory events (I always refused politely).

It soon became obvious to me that the socially acceptable use of *post* and *afeem* was only the tip of the iceberg. On certain days at designated hours—usually in the early morning—I observed long lines of men of all ages, by appearance mostly of lower economic status, at the windows of small dispensaries eager to purchase small bags of *post*. These dispensaries, which have only in recent years been shut down, existed in every rural town and were a part of a network of government-regulated dispensaries supplied by Rajasthan's legal opium industry. India is one of the world's leading producers of both licit (legal) and illicit opium, supplying approximately half of the global pharmaceutical industry's opium requirements while also serving as a significant source for the international black market. Rajasthan, one of India's largest opium-producing states, has a long history of cultivation that dates to the Mughal era, when many "traditional" practices around opium use first emerged. Under the British East India Company, Rajasthan became a key industrial producer for international export—most notably to China—and an essential source of revenue that helped sustain the economic viability of the British imperial

project (Dalrymple & Fraser, 2019; Deshpande, 2009; Sharma, 2022; Smith & Kethineni, 2007).[79] The post-colonial state implemented strict regulations on opium production with the introduction of licensing laws and production quotas in the 1980s. These laws required farmers to adhere to quotas and sell exclusively to government-approved buyers. However, the system was prone to significant leakage into the illicit market, providing local populations with easier access to more potent opioids, such as heroin or "smack," that greatly increased dependency and illegal consumption (Deshpande, 2009; Smith & Kethineni, 2007). Sri Ganganagar's relative wealth and proximity to the border with Pakistan creates a robust local market for internationally smuggled drugs both into and outside of India. The district also serves as a way station for the even larger drug markets in Indian Punjab. But locally the most readily available opioids were pharmaceutical, reflecting the worldwide growth opioid dependency.

The men and women we interviewed as part of the MAV project usually said the way to obtain opioids was with a prescription or under the table at a local pharmacy. Tramadol, a prescription opioid analgesic, referred to colloquially by its local brand name, Fortadol (a mixture of paracetamol and tramadol), and, due to its green color, as "John Deere" in reference to the similarly hued tractor brand, was by far the most easily accessible and used form of opioid especially since the closing of ***post*** dispensaries. Male and female interviewees for the MAV project implicated tramadol, along with alcohol and other substances, in their experience of physical and sexual violence, with male respondents specifically linking its use to exerting sexual domination and potency and to improve performance.[80] These responses echo the findings of a psychiatric study of male patients at a rural de-addiction center in the neighbouring Malwa district of Punjab, where the investigators found that the most common reason abusers gave for initially taking opioids was to "enhance sexual performance" (Kalra & Bansal, 2012, p. 330).[81] Tellingly, the MAV interviews also highlighted the widespread misuse of ED medication, such as sildenafil citrate and tadalafil (commonly known by their respective brand names, Viagra and Cialis), which are available in India without a prescription. Although recreational use of ED is

[79] Many readers may already be familiar with this background through Amitav Ghosh's Ibis Trilogy of novels, including *Sea of Poppies* (2008), *River of Smoke* (2011), and *Flood of Fire* (2015), which delve into the cultivation of opium in the Gangetic plains and its far-reaching impacts on trade with China and the migration of South Asians abroad.

[80] Tramadol manufactured in India has been implicated in opioid misuse in many other countries and contexts. See (Berger, 2019; Richards, 2020; Tecimer, 2018).

[81] The investigators also noted the influence of neighboring districts of Rajasthan on opioid use in Malwa, Punjab. Much of the supply of ***post*** or ***bhukki,*** was smuggled into Punjab, where it was illegal, from Rajasthan, where was legally available at the time of the study. The investigators also noted the proximity of Malwa to the international border in Rajasthan, and hence the international illicit drug trade, as an important factor in the district's opioid crisis.

commonly observed and often concomitant with other illicit drug use in young men, it is not well understood in the Indian context (Harte & Meston, 2011).

Many MAV respondents made the link between substance abuse, intimate partner violence, and male sexual insecurity, but none more convincingly than a respondent who was a supplier of tramadol and ED medication. The respondent, a married man in his 30s, transitioned from full-time labor work to working at a small local pharmacy. "Many men [who come to my store] think their wives are interested in or involved with some other man," he said. "Such a man finds himself helpless, especially if he is not able to satisfy his woman. I mean, if he is a man who is not physically strong and cannot sexually satisfy his wife, he develops feelings of inferiority in his mind… this provokes him to get drunk and try to have sex with his wife as much as possible." But these insecurities also increase the perceived need for ED medication:

> Many men come to my store for tablets for this problem [erectile dysfunction]. This is a very common problem. Many men come to me because they want a solution for their sexual weakness. I see this almost on a daily basis. And they also ask us as for medicines to increase their duration during sex. They ask me how they can satisfy and control their wives whom they suspect of seeing other men.

I am not attempting to make a Freudian-style argument that sexuality and libido underly all male behaviors and motivations. Rather, the patterns of substance abuse, particularly involving easily accessible pharmaceutical opioids and erectile dysfunction medication, appear to be modern manifestations of the deeply internalized patriarchal notions of sexuality that contribute to men's insecurities.

Kakar proposes a potential psychological mechanism behind this insecurity that is rooted in a fear of a wife as a sexual being—what he calls the "age-old yet still persisting cultural splitting of the wife into a mother and a whore" (Kakar, 1990, p. 17). Drawing on a Freudian framework, he describes how men idealize one kind of woman—typically from their own social class —whom they see as "higher" or "purer" than themselves but with whom they are sexually impotent. In contrast, they are capable of sexual relations with women from lower social classes, often prostitutes. In the Indian context, this idealized image of the wife as a mother, who continues to serve as a source of nurturance and support, triggers anxieties around "incestuous imaginings" that undermine sexual intimacy (Kakar, 1990, p. 17). This dichotomy splits women into two categories: goddesses, revered and praised, or sexual beings, subject to suspicion and contempt. As Kakar states, "it is only just as a woman, as a female sexual being, that the patriarchal culture's

horror and scorn are heaped upon the hapless wife" (Kakar, 1990, p. 17). These contradictions foster the jealousy, suspicion, and surveillance of wives characteristic of many Indian marriages.

While Kakar defines this psychological mechanism within Hindu cultural terms, the *izzat-shak* dynamic that emerges appears to be, as mentioned above, a cross-cultural and pan-Indian phenomenon as evidenced by folk sayings and empirical findings from across the subcontinent. Whatever the veracity of this internal mechanism, however, the effect seems to be the undermining of eroticism or intimacy within marriages and the reduction of sex to a biological need alone. Adding to the confusion and contradictions around sex are the commonly held beliefs among South Asian men around *virya*—a Sanskrit origin word that stands for both sexual energy and semen, which is considered a vital life force (Kakar, 1990, p. 119). For these men, ejaculation is thought to cause weakness, culminating in a culture-bound syndrome called *dhat*[82] syndrome, characterized by sexual anxieties, paranoia around fluid loss, feelings of guilt and shame, and even suicidal ideation (Patel & Hanlon, 2017).

All of this amounts to heavily constrained expressions of sexual intimacy. There is a parallel between what many rural women in Sri Ganganagar experience and what Kakar reports from interviews with low-caste women in Delhi, who portray sex between married couples as "a furtive act" in cramped quarters, "lasting barely a few minutes and with a marked absence of physical or emotional caressing" with most women finding it "painful or distasteful or both" and "a situation to be submitted to, often from fear of beating" (Kakar & Poggendorf-Kakar, 2007b, p. 93). Many of these low-caste women also described sexual intercourse as *kaam* (work) or *dhandha* (business), seeing it as "contractual" or an "impersonal exchange... with the ever-present possibility of one party exploiting or cheating the other" (Kakar & Poggendorf-Kakar, 2007b, p. 93). It is telling that sex within marriages could be referred to in similar terms to sex work.

There is a clear haunting here. Women in this situation long for a desired intimacy, what Kakar (2007b) calls the "real *sasural* (affinal home)" hidden in the vaults of her imagination (p. 93). I would argue that both men and women are haunted by a longing for expressions of uninhibited sexuality and intimacy. The available avenues for this expression inevitably lie outside the normative bounds of marriage, through extramarital affairs or through the sex trade. All three of

[82] *Dhat* derived from the Sanskrit word *dhatu*, meaning essence or elixir. These notions are supported by traditional Ayurveda and Unani practices around fluid retention, which regard semen as a precious bodily substance, the loss of which is thought to weaken the body and mind.

these avenues constitute the available limits within which women can make their choices.

It is difficult to substantiate how common extramarital affairs are in the village, but it seems they are more common than is openly stated or assumed. I did not directly inquire into this but several observations over the years—ethnographic nuggets that I did not pursue—support this contention. My early years in Ramjas were full of both suggestive and direct conversations with local men about sex and their presumptions about my own arrangements, or "settings," with local and foreign women—conversations that would lead to the unfounded rumors of my own involvement with Pragati. Implicit in these conversations was that these "settings" were a common practice among local men and made possible by the availability of lower-caste women and sex workers with whom such arrangements could be made. There were many stories and rumors about certain *sardars* who kept "sex slaves" and/or had more mutually romantic relationships with women outside of their marriages. Among these stories was one about a local *sardar,* a Jat Sikh and avowed vegetarian, who "liked to eat chicken"—a euphemism for the pleasure and intimacy he derived from performing oral sex on a local Nayak woman over several years. In his ethnography of Shahabad, Rajasthan, a village about 800 km southeast of Sri Ganganagar, Bhrigupati Singh describes similar conversations with men and a similar realm of male sexual play outside of marriage. From these conversations, he "gleaned that tongue-related experimentation was usually avoided at home for reasons of purity and pollution, drawing on Hindu food taboos of *jhoota,* the avoidance of another's saliva" (Singh, 2015, p. 141). But it is likely that the psychic restrictions and anxieties around sex in marriage also play into these illicit liaisons. As one of Singh's (2015) informants puts it, "you can do many things in a setting that you can't do with your wife" (p. 141).[83]

There is, of course, a mirrored desire among women longing for sexual intimacy—for their "imagined *sasural*." Given my positionality and gender, I gained insight into men's experience of extramarital affairs first. It was the Khushee Mamta and MJK programs that gave me insight into the female experience. Interviews with patients and counselors would often times include coy smiles and unexplored references to lovers who were not husbands, men who could offer some kind of salvation or respite or comfort from the restrictions of married life. Tellingly, when a tryst of this kind was formalized into a "love marriage", it was the formal union that reintroduced the usual restrictions onto the bride at the *sasural*, a situation often made worse

[83] Singh does not indicate whether this quote is translated from Hindi or other local dialect. In my experience the English word "setting" is used within Hindi, Bagri, or Punjabi sentences.

because of the violation of endogamous norms.

In the context of Sri Ganganagar's patriarchy and entrenched social hierarchy, it is almost inevitable that male longing for sexual intimacy morphs into sexual exploitation. There are other observations and occurrences—more ethnographic nuggets—that were more substantive than salacious rumor or coy references. An elderly gentleman returning to Ramjas from years abroad turned his family's home, which had been sitting empty prior to his return, into a makeshift brothel that operated for about a year-and-a-half to two years. The man brought sex workers to the house and allowed other men from Ramjas and surrounding communities to use the premises in exchange for payment, an arrangement that was eventually shut down when the activities became common knowledge (at least, beyond the common knowledge of the local men who used it). Over my years visiting and staying in several villages in Sri Ganganagar, I have also witnessed many instances of men and women surreptitiously visiting each other, of men sneaking away to brothels and hotels in town, and even of cases that only now, in hindsight, do I realize were likely instances of serious sexual exploitation—of rape, statutory rape, and incest.

Despite their rumor quality, and regardless of their veracity, these ethnographic nuggets point to a real psychological longing for sex outside the normative bounds of traditional marriage. In Shahabad, Singh's findings in this realm are equally based on unsubstantiated and salacious rumor, but he was able to glean a more concrete idea of the ubiquity of extramarital affairs. When he asked a trusted local informant, he thought for a moment and responded, "actually, I don't know a single household where someone hasn't had a setting" (Singh, 2015, p. 137). I would not make the same assertion about Ramjas, but I do agree with Singh's (2015) contention that these affairs are common enough to include them as part of the picture of kinship and relatedness in rural Rajasthan.

Lambert (1996, 2000) has called for a feminist revisioning of our understanding of Rajasthani kinship structures by moving beyond the terms of patrilineal kinship—i.e., the "real" or "actual" kinship structures as experienced by men as articulated to predominantly male anthropologists interested in uncovering underlying structures. She emphasized an acknowledgment of the often more materially significant "fictive" forms of kinship as experienced by women as they moved from natal (*mayka*) to affinal homes (*sasural*). These relationships, such as the brothers (*dharm-bhai*) Parul sought to create through her *rakhi* ceremonies, offered more choice and agency within the bounds of recognizable kinship structures. By paying attention to extramarital affairs

and sex work, we can see another kind of kinship or relationality, perhaps more hidden, that exists outside of the normative forms of kinship in Rajasthan defined by consanguinity, marriage, or locality. Acknowledging the importance of these more hidden forms of kinship is another feminist extension of how we think about relatedness. This form of relationality is observable in sex work and extramarital affairs but emerges out of the same patriarchal structures that underlie the more recognized forms of kinship.

III. Conclusion: Literary Insights and Knowledge for Action

In this chapter, I have tried to widen the view of vulnerable women's lived experience by reconciling the resilience and talent for survival that I witnessed among women in Sri Ganganagar with the reality of the deeply oppressive patriarchy in which they lived. The extent of that oppression, I came to see, could be more fully understood through an examination of masculinity and male vulnerability and how they shaped women's lives. *Izzat*, *shak*, and male sexuality are central aspects of women's experience and cannot be elided in any attempt to understand that experience or to develop meaningful interventions that might alleviate their suffering. Maternal mental health interventions understandably tend to focus on the more immediate and personal experiences of women, but this easily produces models that inadequately address the intersubjective and social nature of perinatal distress in India. To understand this intersubjectivity requires getting past first impressions and trying to see the forces at work beneath the surface. Ethnographically, this takes time and prolonged immersion in a social world. Even then, uncertainty remains. Patriarchal structure can be discerned, but it is neither absolute nor mechanical, and exceptions and apparent outliers abound. It is precisely through such apparent outliers, like Pragati, that we get some purchase on the complexity and dynamism of these forces.

Often, however, the nuances and emotional truths of experience are conveyed more effectively and efficiently through other genres of storytelling, especially fiction—a genre to which many anthropologists have turned. Michael Taussig's *Magic of the State* (1997), for example, blurs the boundaries between fiction, anthropology, and philosophy. Amitav Ghosh's novels are informed by anthropological and historical insight, while his nonfiction often uses novelistic storytelling (Ghosh, 2008, 2010, 2011, 2015, 2019, 2020, 2021; Ghosh & Stankiewicz, 2012). Craig (2020) uses both narrative ethnography based on two decades of fieldwork and short fiction to explore the changing meanings of kinship among modern Nepali migrants. A classic example, of course,

is Zora Neale Hurston (Freeman Marshall, 2023; Hurston, 1938). And Kakar, too, uses fiction to imaginatively explore the themes of his psychoanalytic and academic writing (Kakar, 2000, 2001a, 2004, 2010, 2014, 2018).

While I came to view masculinity as an important aspect of perinatal depression through Khushee Mamta, the MAV project, and my DPhil fieldwork, I also found several fictional writers, especially Ismat Chughtai (1915–1991) and Saadat Hasan Manto (1912–1955), whose female protagonists also tended to be outliers, to convey underlying truths that I found helpful in my post fieldwork analysis—at my attempts at getting past the first impressions of my data. Both writers center the hidden, intimate truths of women's and men's lives with evocative realism, the kind of realism that invited charges of obscenity under British colonial law in pre-Partition India (and, for Manto, in post-Partition Pakistan).

Chughtai's stories often portray women living within normative bounds of patriarchy—stories that, upon repeated readings, reveal the subtle insecurities of men. In her short story *Ghunghat* (The Veil) (1941), Chughtai's main protagonist, and stunningly beautiful, fair-complexioned woman named Goribi, is introduced to the reader as an elderly widow. She was still a virgin, having never, despite several opportunities before his death, consummated her marriage with her husband (Chughtai, 2004). In a flashback to the wedding, Goribi's beauty and fairness, as evoked by her name (*gori,* meaning fair-skinned) are a striking contrast with her fiancée's dark complexion (evoked by his name, Kale Mian, derived from *kala*, meaning black or dark-skinned), a point that is emphasized by the humorous references made by women singing their wedding songs—when he touches her, one says, "it will be like an eclipse of the moon." The jokes cut deep, and Kale Mian's insecurities lead to an awkward and contentious exchange later that night in the bridal chambers. Burdened by the weight of expectation and shame, Goribi cannot bring herself to unveil her face, which the groom interprets as proof of her arrogance. Already anxious, the apparent spurn causes the groom to escape through the window, abandoning his wife for many years. To "prove" his manhood, Kale Mian engages in "life of indiscriminate debauchery", consorting "with prostitutes and homosexuals," only to return home, decades later, burdened with disease, dying before he could finally remove Goribi's veil. Upon his death, she calmly sits down on the floor beside his bed, smashes her glass bangles against the bedpost, and in place of the bridal veil, pulls the white veil of widowhood over her head. The allegorical *ghunghat* represents the burden of patriarchy on both characters.

My first reading of the story, my first impression, was of Goribi's suffering. The forces of shame and *izzat* paralyzed her into not removing her veil on her wedding night, and then they eventually condemned her to the veil of widowhood. On the second reading, I saw Kale Mian as an equal victim of the *ghunghat,* manifested in the sexual insecurity and tension he had towards his beautiful wife. Her beauty, rather than being something he could enjoy and appreciate, paralyzed him. She was, in Kakar's formulation, too close to the untouchable goddess. At the same time, her beauty sparked resentment: "Her pale, silken hands made his blood boil, and he was overcome by an overpowering desire to grind in his blackness with her whiteness so that the difference between them would be obliterated forever."

My third reading had me notice the unmentioned women—the "prostitutes" and others—that populated Kale Mian's debauched life, vibrant chaos that is mostly hinted at, occurring mostly in the background of the short narrative. Pragati, I realized, embodied all the positions represented by women in the story—from bride and widow to the more hidden prostitute. Goribi, as bride and widow, and the prostitutes, are all figures that exist only in relation to Kale Mian. For Pragati, all these positions were paths defined by the vulnerable men around her.

Manto's short stories—many of which explore extramarital sex in all its manifestations (love affairs, youthful trysts, sex work, rape) within the complex social, political, and patriarchal context of the time—pushed me to think more deeply about the motivations and emotional truths of each of the male and female characters in Pragati's story. In *Bu* (Odor), we see a privileged young man who develops sexual longing for a lower-class, dark-skinned woman—class difference is the central divide that creates the urge. With her he can express his sexuality in a way he cannot with his lighter-skinned, upper-class wife. In *Thanda Gohst* (Cold Meat), the male protagonist, a young Sikh man, returns to his lover amidst the ongoing chaos of Partition. When his impotence with her is made apparent, he admits that he had kidnapped and raped a Muslim girl only to realize afterwards that she was already dead. It is easy to imagine the protagonist as a good man, who would have been a good husband and would not have committed the crime during normal times. But the fetters were down during the chaos of Partition and men could express their sexual dominance through rape. The woman is obviously the victim, but Manto also vividly conveys the man's inner suffering and he is eventually punished with a brutal and swift death at the hands of his angry lover.[84]

[84] Other stories I found useful include 'The Room With the Bright Light', 'Khushia', 'Babu Gopi Nath', 'Mummy', 'The Gift', and still others. See Manto (2008).

I mention the literary influence on my interpretation of Pragati's story because a deeper understanding of masculinity required more than what was immediately available in the empirical material. Fassin (2014) argues that both fiction and ethnography are important to understanding social life, and I take seriously the heuristic value of both. Where fiction helped me make an imaginative leap into the minds and hearts (*mun*) of men and women, an ethnography of intervention can further our understanding of social suffering and how to act ethically with that insight. The point is not that fiction solves ethnography's uncertainties, but that it helped me think past the first impressions of my material and toward the emotional and relational truths that structured it.

What this means for maternal mental health is straightforward, even if the implications are difficult. A narrow focus on the mother's behavior, mood, or cognition misses the extent to which her suffering is shaped by the men around her—by husbands' shame, suspicion, addiction, sexual insecurity, wounded authority, and frustrated efforts to provide. This does not make men the hidden victims of the story, nor does it diminish the asymmetry of patriarchal harm. Women remain more exposed to violence, coercion, and abandonment. But maternal mental health cannot be understood, much less addressed, without reckoning with the men whose own instability and vulnerability become part of the mechanism through which women suffer.

Meaningful intervention must take men seriously as part of the social field through which women move; this does not require Khushee Mamta to 'fix' men or overturn patriarchy wholesale. Sometimes this may involve drawing on positive forms of fatherhood, brotherhood, or protection already available within the family. Sometimes it may involve creating space for other forms of male support or mentorship, or recognizing that economic pressure, substance abuse, and sexual anxiety are not peripheral to women's distress but part of its condition. And where none of these supports are available, the counselor herself may become another kind of relation altogether: a figure of interest, solidarity, and care whose presence widens the realm of possibility for women otherwise hemmed in by suspicion, violence, or neglect.

The next chapter returns to Khushee Mamta from this terrain of intersubjective suffering and asks what such complexity demanded of the women counselors themselves. If this chapter has shown that women's suffering cannot be understood apart from masculine insecurity, then Chapter 7 asks what it means to place women counselors inside these unstable worlds and ask them to care.

Chapter 7: Ethics and Epistemic Burden: Horizons and Transformation in Task-Sharing

> *[Community Health Workers] do not just "work on" the mental health of others. They share in the mental health of their unique social networks, and their mental health is intimately connected to their social exchanges and solidarities.*
>
> — Kenneth Maes (2016)

I. Ethical and epistemic burden

Chapter 7 returns to Khushee Mamta in order to ask what task-sharing demanded of the women who made it possible. Chapter 2 opened the black box of counseling by showing what care looked like in practice. The three chapters that followed turned to women's lives more directly, tracing *paraya* through marriage, widowhood, sexuality, and survival. Returning now to the counselors, I ask not only what they did, but what they were asked to absorb, judge, and carry as they confronted suicidality, gender-based violence, material precarity, and the uncertain horizons of women's lives. In Sri Ganganagar, counselors were not simply delivering a mental health intervention. They were entering morally fraught situations for which no protocol could fully prepare them, and responding in ways that exceeded the formal limits of their training.

This chapter therefore takes up a second, related critique of global mental health. In the introduction, I argued that the dominant evidentiary and implementation frameworks of GMH remain better at apprehending individuals and interventions than the relational worlds through which suffering is lived and care becomes possible. Here I extend that argument by asking what happens when those relational worlds become the everyday terrain of task-sharing itself. Once care is understood ethnographically rather than administratively, it becomes clear that the labor of task-sharing is not only therapeutic but ethical and epistemic. Counselors generated knowledge through practice. They made judgments under uncertainty. They improvised, translated, and, at times, broke protocol in order to keep women alive. Yet the institutional language of scale-up, fidelity, and delivery rarely captures what this work costs them, or what obligations it places on those who design, supervise, and fund such interventions.

At stake, then, is more than counselor burden in a narrow psychological sense. The point is not only that counselors felt stress, fear, or fatigue, though they did. It is that their caregiving drew

them into new forms of moral responsibility and new forms of knowing. In learning how to respond to women whose suffering exceeded the categories of common mental disorder, counselors developed forms of judgment that went beyond their formal training and beyond the terms through which GMH typically recognizes expertise. They were transformed by this work—in confidence, in social movement, in the kinds of households and inequalities they came to know, and in their own sense of what care required. But where such transformation is not institutionally supported, it risks becoming a form of ethical abandonment: responsibility without recognition, exposure without protection, and care without adequate conditions of care.

What follows develops this argument through Balraj's encounter with Roshni and the wider experiences of Khushee Mamta counselors. I begin with the aftermath of Roshni's suicide crisis, where the limits of protocol and the weight of responsibility became immediately visible. I then turn to the everyday epistemic labor of counselors—what I call the burden of horizoning—as they translated intervention models into women's lives and brought the complexity of those lives back into the intervention itself. I end by asking what would be required for task-sharing to be not only effective, but ethical: for counselors, for patients, and for the wider systems that depend on them.

II. Breaking Protocols: Translation, Burden, and Ethical Risk

Jivanwala. After the suicide attempt.

Upon returning home from the initial encounter with Roshni, Balraj contacted her supervisor, and together they devised a plan to monitor Roshni over the next few days. Because the encounter had taken place on a Friday, a more comprehensive strategy would be finalized during the weekly group supervision session on Sunday. In the interim, since neither Roshni nor her husband had a phone, Balwant Singh was asked to make the short drive to Jivanwala and check on the family personally. He was well placed to do so given his familiarity with the household, his proximity to Jivanwala, his leadership role within MJK, and his involvement in the clinical program. The following day, Balraj told me she needed to speak with me privately about the case. When I met her on Sunday, her worry was palpable. She admitted that she had lost sleep and was deeply anxious not only about the well-being of Roshni and her children, but also about returning to the house and facing another crisis.

* * *

Balraj's encounter with Roshni was extraordinary in its urgency and in the harm it threatened—to both women and to Roshni's children. No other case during the pilot required quite such an immediate response. I return to it here, however, because it was not exceptional in the burden it revealed. Many Khushee Mamta cases carried similarly high stakes for perinatal women and their children, even when they did not take the dramatic form of an active suicide crisis. As the program progressed, counselors routinely managed multiple cases at once, often involving suicidal ideation, gender-based violence, substance abuse, and other complex challenges. With every case, including the less dramatic ones, they confronted uncertainties and exigencies that demanded ad hoc judgment and response. Many screening and counseling encounters, especially early in the pilot, pushed the limits of what Khushee Mamta had been designed for and what counselors themselves could reasonably be expected to handle.

In confronting these uncertainties, counselors became translators in two senses. First, they had to take the tools and training they were given and translate them downward into the circumstances they encountered, adjusting counseling protocols as needed to serve particular women and households. Second, they translated upward, bringing field experience back into the intervention and making visible the changes it required. Translation was central to task-sharing. It was one of its central forms of labor.

Adapting evidence-based approaches to local contexts—including local language, cultural practice, and health-system structure—is a central premise of the WHO's Mental Health Gap Action Programme (mhGAP), the Thinking Healthy Programme (THP), and other task-sharing approaches in GMH (World Health Organization, 2015, 2016). Khushee Mamta was itself a locally adapted version of THP and its peer-delivered variant, THPP, and one of the pilot's explicit aims was to refine the program further on the basis of what implementation revealed.

Non-specialist counselors were therefore crucial not only to delivering the intervention, but also to generating knowledge about how it could work. Through this labor of translation, they helped shape the program at two scales: within the broader social world of Sri Ganganagar and within the micro-worlds of particular households. Drawing on what Jain et al. (2024) calls "deep knowledge" of local contexts and local social determinants, counselors adjusted the program responsively and intuitively, producing what Jain describes as "micro-innovations" tailored to

individual women and families (pp. 493, 497).[85]

I return now to Balraj's initial encounter with Roshni in order to examine the ad hoc adjustments she made to the Khushee Mamta protocol during Roshni's suicide crisis, focusing in particular on the suicide-risk assessment. I then widen the frame to consider how similar processes of translation, adjustment, and adaptation unfolded across the pilot more generally.

The centrality of counselors to translation, adjustment, and adaptation is of enormous importance to task-sharing in GMH, yet the experience of this work remains poorly understood. Viewed through the lens of caregiving, breaking protocol was often necessary to effective counseling and, at times, to patient survival. The need to exceed protocol reflected both the complexity of patients' lives and the counselor's willingness to go beyond what her formal role required. This dual burden of caregiving and translation placed heavy ethical demands on counselors and raised difficult questions about what task-sharing asks women in precarious positions to carry.

III. Roshni's Suicide Risk Assessment

To contextualize Balraj's encounter with Roshni, I first describe the suicide risk assessment protocol as it was designed during the early phase of the pilot implementation.

According to Khushee Mamta protocol, a suicide risk assessment should be conducted whenever, during screening or counseling, a patient conveys thoughts of suicide or self-harm.[86] The assessment is a series of questions designed to determine three things: 1) intent—whether the patient intends to act on those thoughts; 2) plan—whether she has a specific and feasible plan for following through; and 3) previous attempts—whether she has a history of prior attempts, the strongest predictor of future self-harm or suicide.[87] Depending on the responses,

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[85] Jain et al. (2024) reports on the experiences of female CHWs working with people with psychosocial disability in peri-urban Dehradun, the capital of the north Indian state of Uttarakhand.

[86] This could occur, for example, with the 9th question on the PHQ-9 (Patient Health Questionnaire-9), which screens for suicidal ideation or self-harm thoughts. The question asks whether the patient has "Thoughts that you would be better off dead, or thoughts of hurting yourself in some way." The respondent rates how often they have experienced these thoughts over the past two weeks using the following scale: 0: Not at all; 1: Several days; 2: More than half the days; 3: Nearly every day. Any score other than 0 on this item warrants careful evaluation and risk-assessment.

[87] A prior suicide attempt is one of the strongest predictors of a future completed suicide attempt, with individuals who have a history of attempts being 30–40 times more likely to die by suicide compared to those without. Approximately 25–30% of those who attempt suicide will try again, with the highest risk occurring within the first

counselors were instructed to proceed in one of two ways. Where there was no clear suicide plan, the counselor flagged the case for discussion at supervision, where a monitoring plan would be created. If needed, a further risk assessment would then be conducted in consultation with a psychiatrist.

If, on the other hand, the responses indicated intent and a clear, feasible plan, the threshold for breaking patient confidentiality would be met, allowing the counselor to inform the family and refer the patient to a psychiatrist. If family involvement was not possible, or if it threatened to worsen the situation, the counselor was expected to identify an alternative source of support—a local community health worker, the police, or someone in the village with whom the patient had a trusting relationship, such as a friend, confidant, or elder. In practice, these latter figures could only be identified as the counselor came to know the patient's circumstances more fully.

A similar protocol existed for patients thought to be exhibiting "serious mental illness" beyond moderate levels of depression or anxiety, such as psychosis or schizophrenia. The suicide and serious mental illness assessments were guided tools rather than rigid algorithms. They helped counselors assess the patient's state of mind and flag cases for the supervisory team. Based on the patient's responses, the counselor's own judgment, and supervisory feedback, a final response plan and referral decision would be made.[88]

Referral to a psychiatrist was critical in task-sharing models like Khushee Mamta for three reasons. First, it placed the care of a high-risk patient in the hands of a specialist—in our case, a psychiatrist recruited for the Khushee Mamta program who maintained a private practice at a hospital in Ganganagar city. He had the training, experience, and, where necessary, access to pharmaceutical or other clinical interventions to help a patient through a moment of crisis. Second, referral was meant to protect the counselor from the burden of managing conditions beyond her training or capacity, including the psychological burden of an adverse outcome such as a patient death. The psychiatrist's greater clinical experience, and his more routine access to supervision and professional support, were presumed to make him better able to absorb such responsibility. Third, referral offered legal and organizational protection to MJK and the

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year after the initial attempt. See Beautrais (2004); Chang et al. (2011); Parra-Uribe et al. (2017).

[88] This is a description of the first Khushee Mamta suicide-risk assessment protocol. These protocols have since evolved based on implementation experience and counselor feedback, but their essential form and structure are similar to this early version. Since the start of the Khushee Mamta program, additional suicide prevention resources have emerged in India, including help lines. We have since developed information pamphlets with help-line and self-help information and violence prevention resources that are provided to all screened and enrolled women.

Khushee Mamta program in cases where a high-risk patient died by suicide or suffered other serious harm.

As the initial screening blitz proceeded during November and December 2018, both the screening data and counselor feedback indicated that additional training was needed on the high-risk assessments. It was one of several aspects of Khushee Mamta that I felt required reinforcement and adjustment based on what the counselors were witnessing in the field. By this point, Balraj had already distinguished herself in her absorption of the training material and in her emerging leadership. We therefore recruited her as a peer teacher in this post-deployment training session, which meant she was probably among the best prepared on the team for her encounter with Roshni.

Two days later, at the Sunday group supervision, I was relieved to learn that Roshni's situation had calmed down, thanks in large part to Balwant Singh's intervention. He had checked on the household the day after Balraj's visit and was again able to speak with the husband, who by then was no longer inebriated. Despite this, I remained concerned about Balraj's stress and anxiety, which stemmed in part from her knowledge that Roshni had a prior history of suicide attempts and was therefore at heightened risk of following through.

Roshni recounted her previous attempt while she sat with Balraj outside the house on that first follow-up visit. She told Balraj that she had tried to kill herself in much the same way early in her marriage, before her son's birth and before the family's move to Jivanwala.

"They lived in another village then," Balraj explained. "She tried killing herself back then for the very same reason she wanted to do it that day." He had been drinking, which sparked an argument and a fight. "She told me that she got angry (*gusse ho gayi*) and decided to jump into the *diggi*. After jumping, she realized that the water level was very low." Local villagers were able to pull her out, but she sustained injuries from the jump (*zakhmi ho gayi si*) and showed Balraj the old scars (*nishaan*). "The *diggi* at the waterworks in Jivanwala," unlike the one in Roshni's previous village, Balraj noted, "was completely full (*diggi bhari hoi si*)," implying that a second attempt in Jivanwala would have carried a far higher likelihood of success.
These concerns led me to insist that we refer Roshni immediately to our psychiatrist, but Balraj was hesitant. She felt that this level of escalation would only worsen the situation and that, having brought Roshni back from the edge, it would be better to monitor her closely over the

coming weeks and refer only if her condition failed to improve or she entered another moment of crisis. Part of Balraj's hesitation was practical. Travel to Ganganagar city would have imposed considerable strain on Roshni and the family. Even if Mata Jai Kaur covered the cost, the two-hour journey by foot and bus, a day away from home, and the difficulty of caring for an infant on the road would have added to her stress. Her husband and son were unreliable, so leaving her daughter behind was not a viable option, especially so soon after childbirth.

During my conversation with Balraj, I recalled my own visits to the psychiatrist in Ganganagar city. I had waited in a cramped and crowded waiting room, squeezing in short conversations between patient visits to explain the program's objectives. He was thoughtful and willing to help, but he was also candid about the limits of what he could do. Most of his practice, he said, involved exigent cases: someone brought in from a rural community in the midst of a mental health crisis or psychotic episode. People from that area rarely engaged in regular follow-up or a sustained series of counseling sessions. His work, by his own account, was to put out fires—usually by prescribing whatever was necessary at that moment to stop a person from harming themselves or others, hallucinating, becoming paranoid, or abusing substances. For many patients, chiefly because of expense and the difficulties of travel, care was sought only once things had already reached a breaking point. At the same time, he recognized that non-specialist counselors were often better positioned to help perinatal women in villages because of their contextual knowledge and their ability to build rapport with rural patients.[89]

On reflection, I could see that my desire to refer Roshni was no longer driven primarily by confidence that referral would help. It was also an attempt to shift the burden of care—and with it the ethical and legal liability—to the psychiatrist. I was additionally concerned about research ethics and the possibility of having to report a serious adverse event to the institutional review board overseeing the study attached to the pilot implementation. Given my doubts about the psychiatrist's actual capacity to help in this case, and Balraj's concern that referral might do more harm than good, we decided against it. Instead, we covered our bases by consulting the psychiatrist over the phone, obtaining his agreement with our plan, and ensuring his availability should Roshni's condition deteriorate.

[89] After the pilot phase of Khushee Mamta, the referral psychiatrist and procedure has been updated. We were fortunate to find a psychiatrist with a practice in a local rural town that is much easier to access from Khushee Mamta villages. The psychiatrist is also very adept at talk-therapy and is more familiar with the rural setting.

Part of the care plan was to invite Roshni to MJK's weekly clinic in Ramjas the following Sunday. Balwant Singh, who drove Balraj and several other counselors to Ramjas every week for group supervision, was able to bring Roshni and her baby along with him. The trip allowed Roshni to step outside her chaotic home environment, however briefly, and she was able to see Mata Jai Kaur's doctor and receive some nutritional supplementation. Balraj conducted her first full counseling session there, and the remaining sessions were scheduled at Roshni's home in Jivanwala.

IV. Deep Knowledge, Complexity, and the Burden of Horizoning

Part of what makes a non-specialist counselor effective in the work of translation, adaptation, and adjustment is her deep knowledge of local context. Counselors can and often do make reasonable assumptions about a patient's circumstances based on their own experience of living in the region and their familiarity with local castes, religious practices, and economic conditions. They can also draw on their own experiences of patriarchy, paraya, and becoming to better understand and respond to patients' lives. Counselors are therefore favorably positioned as epistemic agents in global mental health practice.

There is a tension, however, in relying on counselors as local experts when their deep knowledge is constantly confronted by the complexity, uncertainty, and diversity of their patients' lives. As we have seen, the work of counseling required a constant grappling with program parameters, the ceiling of responsibility, and moral responsibility toward patients. We rely on counselors for their understanding of local worlds, yet that knowledge repeatedly runs up against lived realities that cannot be anticipated in advance, forcing them to devise "micro-innovations" applied in a bespoke way to individual women and households (Jain et al., 2024, pp. 493, 497).

The counselors' work of translation can be understood as "horizoning work...a particular kind of intellectual labor that reconfigures possibilities for knowledge and action" (Petryna, 2017, p. 243). Petryna developed the concept to describe forms of research that emerge in the face of large-scale uncertainty, particularly in relation to climate change and wildfire (Petryna, 2017, 2022). Horizoning work is the "local and highly practical forms of research that attempt to bring an unknown or runaway future into the present as an object of knowledge and intervention" (Petryna, 2018, p. 573). It makes complexity temporarily actionable within a particular human or technical frame (Petryna, 2017, p. 300).

(Bemme, 2019) applies this concept to her analysis of the Theory of Change evaluation framework commonly used in global mental health, describing it as a "horizoning technique" (p. 574)—a way of reconciling universal health metrics and evidence with the uncertain and unruly "real world" in order to determine "what works" (p. 519). Theory of Change, however, is generally an exercise undertaken by researchers and higher-level practitioners. In Khushee Mamta, the actual work of finding out what worked and what did not was embedded in the counselors' everyday practice of caregiving.

While counselors are well positioned to do this work because of their deep knowledge of local worlds, it also places a large and mostly unrecognized burden on them. Part of that burden comes from exposure to suicidality, gender-based violence, and other forms of vicarious trauma, especially where support for their own mental health is limited. But part of it also comes from the horizoning work itself—from having to translate while caring, and to care while continually confronting uncertainty.

With every new patient, a counselor confronted the complexity of an individual life and the particular dynamics of a household. In case after case, they encountered something they had not seen before, forcing them into rapid processes of discovery and judgment in order to respond to situations that could quickly become high-stakes. In a sense, the previous three chapters have mapped the uncertain horizons of vulnerable female subjectivity to which counselors were being asked to respond. Caregiving was itself a vulnerable practice, as counselor and patient alike were drawn into paraya, haunting, and patriarchy.

The scale of what counselors were being asked to take on becomes clearer when we consider the range of women's lives that appeared in Khushee Mamta. These were not variations on a single social problem. They were distinct worlds of suffering that counselors were expected to assess, interpret, and respond to.

Further, in a region where women's movement was generally restricted, one cannot overstate how significant it was for counselors to be exposed to Sri Ganganagar's cultural and geographic diversity as they travelled through their assigned communities. One counselor from Ramjas admitted to me that she had never walked down the road immediately behind her house until she was tasked with screening a newly pregnant fellow villager who lived there. During the initial

screening blitz, almost all of the counselors entered communities and interacted with groups they had never previously had occasion to encounter. Counselors from higher-caste and wealthier backgrounds were, for the first time, entering the homes of destitute and marginalized families and receiving their hospitality. Conversely, lower-caste counselors from poorer households were approaching and entering wealthy homes in a professional capacity rather than as domestic laborers. In both situations—though more easily in the former than the latter—the women underwent a kind of social and moral adjustment akin to what an ethnographer experiences in entering an unfamiliar field.

For Balraj, Roshni's house was almost certainly the first Gadia Lohar household she had ever entered. Indeed, all of the cases mentioned above involved relatively uncommon sociodemographic positions within the Khushee Mamta patient population and Mata Jai Kaur catchment area (see chapter 1). Of the 1,289 women screened, only five (0.4%) were Gadia Lohar, and Roshni was the only one enrolled. Shyama was Dhanka, the only Scheduled Tribe community to appear in the sample: 68 of 1,289 women screened (5.3%) were Dhanka, of whom 8 were enrolled (see Table 1.5). Even among more common and familiar caste groups, such as Nayaks (266 of 1,289 screened; 40 enrolled) and Majhabi Sikhs (200 screened; 33 enrolled), counselors encountered unique household dynamics and had to improvise ways of approaching homes and negotiating space with perinatal women. Some households were warm and welcoming, while others were suspicious of the counselors' intentions—a suspicion that often took many sessions to overcome. One counselor told me of a family who welcomed her visits with their pregnant daughter-in-law but remained convinced that she would eventually ask for money or try to steer them toward a private provider for childbirth in exchange for commission.

Counselors in task-sharing interventions are often positioned as local knowledge experts, yet they must constantly navigate unfamiliar, unpredictable, and high-stakes situations. The psychological and cognitive burden of horizoning work—the ongoing effort to bridge universal intervention models with the complexity of everyday life—remains largely invisible to policymakers and researchers. Yet this work did not only transform patients. It also reshaped counselors' own lives, unsettling rigid caste and gender boundaries in ways that extended beyond the formal terms of global mental health.

V. Conclusion: Counseling and the Ethics of Care in Global Mental Health

When Balraj recounted her experience with Roshni's suicidal state, I was reminded of what a friend and colleague, Professor Rachana Johri, warned me about in the early stages of the pilot. A psychologist, anthropologist, and feminist scholar at Ambedkar University Delhi, Prof. Johri had been a crucial sounding board as we adapted THP to our setting and designed the Khushee Mamta counselor training. Her graduate students had directly participated in the program's research and implementation, and her home in South Delhi became a welcome refuge during fieldwork trips. It was during one such visit, late in the summer of 2019, that we discussed the counselors' early experiences, including their encounters with patients experiencing severe depression and suicidality.

As we spoke, Prof. Johri recounted her own experience as a young psychologist providing mental health counseling to survivors of the 1984 anti-Sikh riots in Delhi.[90] During those horrific three days of violence following Indira Gandhi's assassination, thousands of Sikh families were murdered. Among them was the entire family of one woman—her children, husband, parents, and in-laws—all killed before her eyes. Prof. Johri and her husband, also a psychologist, did everything they could for her over several sessions. But weeks later, they found her hanging in her apartment. The trauma of that experience—its deep personal loss, its sense of failure—still haunts her more than three decades later. Even with all her training and clinical experience, the event remained an unprocessed wound, a reminder of the profound limits of mental health intervention in the face of overwhelming loss.

Her point was not that therapists are immune to grief, guilt, or self-doubt. It was that they are at least more likely to be trained for it, institutionally held through it, and professionally buffered from some of its force. They work within networks that provide supervision, peer support, and forms of counseling for the counselor. They learn to think about suicide through clinical frameworks that acknowledge its probability in certain cases, and they often have access to patient histories, prior attempts, and formal risk assessments that help make the danger legible in advance. None of these protections exist in as robust a form for non-specialist counselors in GMH.

The suicide risk assessment protocol we developed for Khushee Mamta was modeled on standard professional procedures, but simplified for a non-specialist context. Yet, as Balraj's

[90] Veena Das writes about this case in her essay "Our Work to Cry: Your Work to Listen" (Das, 1990).

experience with Roshni showed, no training could fully prepare a counselor for the real-time urgency of a suicide crisis. Much depended on instinct, luck, relational knowledge, and the ability to think on one's feet. Balraj's existing bond with Roshni may have saved her life that day, but what would have happened had their relationship been weaker? Or had Roshni's despair intensified before Balraj arrived? The uncomfortable truth is that even the best training and protocol do not abolish risk. They only mitigate it.

This leaves a serious ethical question at the heart of task-sharing. Is it justifiable to expose lay counselors to the possibility of patient suicide when they lack the specialized training, institutional embedding, and professional supports that might protect them from its full psychological toll? Prof. Johri's warning was not hypothetical. Were the program to continue long enough, patient suicide would at some point become likely. The question was never whether such risk could be eliminated, but what kind of responsibility could be ethically asked of women who themselves were living within forms of precarity, patriarchy, and constrained mobility.

The specter of suicide haunted me throughout program implementation, and it continues to do so. Although the pilot has ended, Khushee Mamta continues and is, so far as I am aware, among the longest-running task-shared interventions for perinatal mental health in South Asia. The risk persists because the relationships do. And suicide is only the sharpest edge of a broader problem. This chapter has shown that the work of counseling required far more than the delivery of a simplified psychosocial technique. It demanded judgment under uncertainty, the translation of formal protocols into unstable social worlds, and a willingness to accompany women through violence, abandonment, hunger, coercion, and fear. Task-sharing produced new moral and epistemic burdens alongside service delivery.

It also transformed the women who carried those burdens. Through their work, counselors acquired confidence, moved through social worlds they might otherwise never have entered, encountered unfamiliar caste and class realities, and developed new forms of judgment, authority, and relational awareness. Task-sharing was also a mode of social becoming. But transformation alone is not a sufficient ethical defense. When such change is unsupported—when women are asked to grow through risk, improvisation, and suffering without adequate supervision, recognition, or protection—it can begin to resemble abandonment rather than empowerment.

This leaves a broader dilemma in global mental health. The strength of task-sharing lies in its ability to extend care into worlds where little would otherwise exist. But that strength depends on labor that remains too easily naturalized: the work of women who are asked not only to care, but to know, interpret, improvise, and endure. Their role is not simply to apply CBT techniques. It is to accompany their patients through suffering, and in doing so, to share in that suffering (Maes, 2016).

Task-sharing cannot be ethically justified where counselors are treated as invisible extensions of a scalable mental health apparatus. They must be recognized as moral and epistemic agents whose labor is integral to what makes care possible, and whose well-being is inseparable from intervention success. Ethical task-sharing cannot be reduced to training lay women to deliver simplified techniques at low cost. It requires sustained supervision, meaningful referral pathways, institutional recognition of counselor judgment, protection from avoidable harm, and serious attention to the social and material conditions under which counselors themselves live and work. Without such supports, the rhetoric of scale risks slipping into ethical extraction: asking women in precarious positions to absorb responsibility for suffering that exceeds both the intervention and the health system around it. Khushee Mamta suggests that task-sharing must ultimately answer to care itself: to the gendered labor, moral exposure, and unequal relations on which it depends.

Conclusion: Care, Subjectivity, and the Ethical Limits of Task-Sharing

This thesis began with a practical and unsettling realization. After years of trying to improve maternal health care in rural Rajasthan, I still understood very little about the nature of the lives and suffering of the women I was trying to reach. As the director of a maternal health nonprofit, I had spent years focused on access: antenatal and postnatal care, safe deliveries, emergency referrals, and essential services. It was only through Khushee Mamta, a community-based psychosocial intervention, that I began to grasp more fully the worlds of vulnerability in which many women lived. What emerged was not simply a problem of untreated perinatal depression. It was a social world marked by caste inequality, gender-based violence, economic insecurity, precarious kinship, and the long afterlife of exclusion. Women's suffering was not reducible to individual symptoms. It was embedded in histories, relationships, and conditions of *paraya*—estrangement, haunting, and ontological insecurity.

This thesis has been my attempt to stay with that complexity and to think through what happens when a global mental health intervention encounters such lives. It is both a critical ethnography of task-sharing in global mental health and an attempt to clarify what forms of care become possible, and what ethical burdens emerge, when intervention is approached from within lived practice. The argument has not been that global mental health is simply wrong, nor that its critics are simply right. It has been that care in practice reveals something both more troubling and more promising: these interventions can create temporary, fragile, and sometimes life-saving forms of accompaniment, while also depending on evidentiary assumptions and labor arrangements that obscure what care actually demands.

At the center of the thesis is a simple claim. To understand how a task-shared intervention like Khushee Mamta works, we have to follow care in practice. Doing so makes female subjectivity more visible. And once female subjectivity comes into view, so do the relations of power, inequality, and moral responsibility through which suffering is produced and care becomes possible.

At its core, the thesis makes four related arguments.

First, vulnerable female subjectivity in Sri Ganganagar cannot be understood within the narrow

frame of marriage, childbirth, or perinatal depression alone. In Chapters 3 through 6, I developed a critical ethnographic account of women's suffering through the analytic of paraya, showing how estrangement, haunting, and ontological insecurity extend far beyond the immediate transition into marriage or motherhood. Women's distress was tied not only to childbirth or the postpartum period, but to longer histories of coercion, abandonment, widowhood, labor, sexuality, caste hierarchy, and precarious belonging.

Second, in Khushee Mamta, counseling became a form of care in the realm of ordinary ethics. The manualized content was one part of what proved therapeutic, but the presence, accompaniment, and relational labor of counselors who listened, stayed, improvised, and helped women endure moments of acute vulnerability were equally important. In practice, care exceeded protocol.

Third, non-specialist counselors served as delivery agents, epistemic agents, and moral actors within task-sharing. Counselors translated, adapted, judged, and generated knowledge in real time as they moved through women's lives. Yet this labor remained largely invisible within the dominant evidentiary frameworks of global mental health. The burden placed on counselors was also profound. They were exposed to suicidality, violence, grief, and structural injustice while working with limited institutional support. Task-sharing, as I have shown, is therefore never only a technical model of service delivery. It is an ethical arrangement that redistributes responsibility.

Fourth, critical ethnography embedded within intervention has particular value for global mental health. It allows us to see what outcome metrics, trial designs, and implementation frameworks cannot fully hold: the forms of suffering that fall outside diagnostic categories, the relational work through which care becomes meaningful, the epistemic labor of counselors, and the moral tensions generated by scale. Critical ethnography shows what becomes knowable through intervention itself.

Taken together, these arguments complicate both global mental health and its critiques. My findings affirm many of the concerns raised by critics: task-shared interventions can individualize distress, understate structural violence, and rely on epistemic models shaped far from the lives they seek to address. But the ethnography also complicates critique by showing that intervention, when adapted and inhabited locally, can become a site of care, solidarity, and survival. The problem, then, is not exhausted by asking whether global mental health is good or bad, imperial

or emancipatory. The more difficult question is what kinds of care it enables, what it obscures, and what it asks of those made responsible for enacting it.

Intervention as Inquiry

Unlike a more detached ethnographic project, this research unfolded through direct involvement in Khushee Mamta itself. I was not only observing care; I was implicated in trying to make it possible. That position made visible the limits of implementation science in a way that distance would not have allowed. Public health evaluation might ask whether the intervention improved depression scores, adhered to protocol, or achieved acceptable outcomes. Those were not unimportant questions. But they were not enough. What I learned through Khushee Mamta was that interventions do more than work or fail: they generate new relations, uncertainties, and ethical demands while exposing aspects of care that standard evaluation misses.

What looked on paper like a bounded psychosocial intervention became, in practice, inseparable from the social worlds through which it moved. Counselors bent protocol, improvised responses, and navigated violence, food insecurity, grief, substance abuse, and fragile kin relations—not because they misunderstood the intervention, but because those realities were what care had to move through. This is what dominant implementation frames miss: the intervention as practiced is never identical to the intervention as designed.

The Ethical Tension of Task-Sharing

The central ethical tension running through this thesis is the tension between scalability and the high stakes of care. Global mental health seeks to expand access by training non-specialists to deliver evidence-based interventions in settings where formal services are scarce. Khushee Mamta showed the value of that ambition. Without task-sharing, many women in Ramjas and surrounding villages would have received no psychosocial support at all. But Khushee Mamta also showed what that model depends upon: women counselors carrying forms of moral and epistemic responsibility that exceed the language of delivery, fidelity, and scale.

As Chapter 7 showed most clearly, the work of care often placed counselors in situations of profound uncertainty: suicide risk, severe neglect, coercive marriages, food insecurity, and the possibility of patient harm or death. In such moments, the intervention's protocols did not

disappear, but neither were they enough. Care depended on judgment, intuition, accompaniment, and sometimes the bending of rules. That labor was transformative in some respects. It widened counselors' worlds, altered their self-understandings, and made them into important moral and epistemic actors within the intervention. But transformation alone is not an ethical defense. To ask women in precarious positions to absorb such burdens without adequate supervision, protection, recognition, or support risks sliding from care into extraction.

Task-sharing, then, cannot be ethically defended on the basis of access alone. It must also be judged by the conditions under which care is delivered and by the burdens it places on those who provide it. This means recognizing counselors as more than instruments of scale; it means building in supervision, debriefing, meaningful referral pathways, and forms of institutional support that take seriously the moral cost of caregiving.

A Way Forward

Khushee Mamta does not suggest that global mental health should be abandoned. It suggests that it must be judged more honestly from the ground of care itself. Questions of scale must be joined by questions about the social worlds interventions enter, the labor they rely on, and what becomes visible in practice.

A more adequate approach to maternal mental health in settings like Sri Ganganagar would have to start from that recognition. It would take women's subjectivity seriously without reducing it to symptoms. It would treat counselors as co-producers of care and knowledge rather than as low-cost extensions of a mental health apparatus. And it would expand the field of concern beyond the mother-child dyad alone. Men—especially husbands—would have to be taken seriously as part of the social mechanism through which women suffer, and therefore as part of any meaningful psychosocial response. Substance abuse, gender-based violence, economic precarity, and the emotional vulnerabilities of men cannot remain external to maternal mental health intervention.

Critical ethnography, in this context, is a way of listening closely enough for intervention to become answerable to the lives it claims to serve. That, finally, is the value of this thesis. It has tried to show that care makes subjectivity visible, subjectivity makes power visible, and ethnography makes care visible. Once those relations come into view, global mental health can

no longer be approached as a neutral technology of scale. It becomes a deeply moral and political practice whose promise depends on how seriously it takes the lives, burdens, and forms of knowledge of the women at its center.

Appendix A: Research Ethics, Approvals, and Overlapping Research Activities

The ethnographic research presented in this thesis was conducted within and alongside the development and implementation of the Khushee Mamta program. As described in the Introduction, this produced a research setting in which ethnographic fieldwork, program implementation, clinical care, and several related research activities overlapped. These activities were subject to distinct but related processes of ethical review. This appendix clarifies the relationship among them and summarizes the principal procedures governing consent, confidentiality, secondary data, and participant safety.

Ethical Review of the DPhil Ethnography

The DPhil ethnographic research was reviewed in two phases by the University of Oxford's School of Anthropology and Museum Ethnography Research Ethics Committee (SAME REC), under the University's Central University Research Ethics Committee (CUREC) procedures. Phase 1, *Inequality, vulnerability, and perinatal mental disorders in rural Rajasthan, India (Phase 1 – observation phase)* (SAME_C1A_18_094), was approved on 6 November 2018. It was deliberately limited to direct observation and fieldnotes and was intended in part to develop a deeper understanding of the field setting and identify ethical issues requiring closer consideration in the more directly engaged second phase of the research. The approved period was subsequently extended through minor amendments, ultimately to 15 August 2019.

Phase 2, *Inequality, vulnerability, and perinatal mental disorders in rural Rajasthan, India (Phase 2 – ethnographic phase)* (SAME_C1A_19_058), was approved on 29 July 2019 and subsequently extended through 26 April 2020. Phase 2 expanded the research to include open-ended interviews, participant observation and direct observation, analysis of existing records, audio recording, and photography. The protocol included eight populations of interest, including Khushee Mamta counselors and current or former patients, other Mata Jai Kaur patients and community residents, health care providers, traditional or spiritual healers, and government officials.

Because some participants were current or former Khushee Mamta patients, including women who had experienced depression or suicidality, the Phase 2 protocol incorporated CUREC

Approved Procedures governing clinical interviews and research involving individuals with elevated vulnerability to psychological distress. Procedures were established for clinical referral, limits to confidentiality where a participant or another person was judged to be at immediate risk of serious harm, and the recording and reporting of serious incidents. Women who had recovered from severe depression were eligible for recruitment only where clinical assessment indicated that participation presented minimal risk.

Both phases explicitly addressed the implications of my overlapping positions as researcher, program implementer, supervisor, and NGO director. Phase 1 was used partly to identify and work through the conflicts of interest and asymmetries created by these roles before the more direct engagement planned for Phase 2. The Phase 2 protocol distinguished participation in the DPhil research from participation in Mata Jai Kaur or Khushee Mamta: declining or withdrawing from the research was not to affect clinical care, program participation, or, in the case of counselors, employment. Participants could decline particular questions and withdraw during subsequent encounters.

For current and former Khushee Mamta patients, the Phase 2 participant information process also specifically addressed the relationship between the ethnography and the intervention. With a participant's permission, I could discuss her case with her counselor. Participants were informed that information used in writing or presentation would have identifying details, including names and village or ward information, removed, and that clinical confidentiality could be limited where immediate safety or medical care required disclosure.

Khushee Mamta and Associated Research

Khushee Mamta itself developed through several overlapping programmatic and research activities that had ethical approvals separate from the Oxford DPhil.

An initial adaptation study, *Bridging the human resource gap: developing a lay-counsellor workforce to address perinatal mental health in rural Rajasthan, India*, examined the adaptation of the Thinking Healthy Programme and the development of the lay-counselor workforce. This study was supported through the Shastri Indo-Canadian Institute and received ethical approval from the George Institute for Global Health India on 11 July 2018 (010/2018) and from York University's Human Participants Review Sub-Committee on 20 June 2018 (2018-159).

The subsequent *Mata Jai Kaur Khushee Mamta Program Implementation Study* was a mixed-methods implementation study funded by Grand Challenges Canada. It was designed to monitor and evaluate implementation of Khushee Mamta, including intervention reach and functioning, counselor development and performance, participant outcomes, and the social, cultural, and economic conditions affecting implementation. Its approved methods included semi-structured interviews, surveys, fieldnotes, and clinical and program-derived data.

The Implementation Study was reviewed and approved by the Sangath Institutional Review Board on 30 October 2018 (AB_2018_50), with me as Principal Investigator. The study commenced on 1 November 2018 and underwent subsequent ethical review through annual reporting to the Sangath IRB. Subsequent approvals covered its continuation during the period relevant to the DPhil research. Local administrative permission to implement and evaluate the program had also been obtained from the Chief Medical and Health Officer of Sri Ganganagar district.

Women enrolling in Khushee Mamta underwent a program consent process covering their participation in counseling and the collection and storage of program and clinical records. The consent materials specified that records, notes, and audio files would be kept confidential and permitted participants separately to agree or decline to allow information generated through participation in Khushee Mamta to be used in future research after personally identifying information had been removed.

Because the DPhil ethnography was embedded within Khushee Mamta, it drew selectively on this programmatic and implementation-research material as secondary data. This relationship was anticipated explicitly in the Oxford Phase 2 protocol. The protocol identified analysis of existing records as an approved method and stated that programmatic and research material from the associated Khushee Mamta studies could be used in the DPhil where participants had consented to future use of anonymized or aggregate data. Mata Jai Kaur separately granted institutional permission for such use where Oxford judged it scientifically and ethically appropriate.

Counselor case notes were among these overlapping sources. The Oxford protocol specifically anticipated counselors discussing patient cases and stated that information from consenting patients would be anonymized through de-identification of "case notes and observations" or aggregation of survey data. The Phase 2 participant information sheet likewise informed current

and former Khushee Mamta patients that, with their permission, I might discuss their case with their counselor. In the thesis, counselor notes were interpreted alongside counselor interviews, supervision discussions, field observations, and other ethnographic material rather than treated as an independent clinical dataset.

Men Against Violence

The frequency with which gender-based violence emerged through Khushee Mamta also led to a separate research project, Men against violence: A pilot implementation study of a male-led community program to address gender-based violence in rural Rajasthan, India (MAV). The study was undertaken collaboratively by Mata Jai Kaur and Sangath, with funding from the Harvard Medical School Center for Global Health Delivery–Dubai. Dr. Abhijit Nadkarni served as Principal Investigator, while I served as the local lead investigator at Mata Jai Kaur. The study was reviewed and approved by the Sangath Institutional Review Board on 18 May 2019 (AN_2019_54); its end-of-study report was subsequently approved on 4 September 2020. MAV was designed initially as formative qualitative research to inform the development of a culturally appropriate, male-led intervention addressing gender-based violence, followed by a proposed implementation phase examining its acceptability, feasibility, safety, and potential impact. The formative component included semi-structured interviews and focus-group discussions with young married women and men, community health workers, government representatives, and other local stakeholders.

Because research concerning gender-based violence could itself expose participants to psychological distress, retaliation, or further violence, the protocol included specific safeguards. These included written informed consent, attention to the privacy and location of interviews, interviewer training, procedures for terminating or modifying encounters where safety was threatened, and referral to appropriate services where participants required further assistance. Participants were informed that participation was voluntary and could be discontinued without consequences for present or future care.

MAV was analytically adjacent to, but distinct from, the DPhil ethnography. No MAV participant is presented directly as an ethnographic case in this thesis. Rather, material generated through the study contributed contextual and interpretive knowledge concerning gender-based violence, masculinity, sexuality, and male vulnerability that informed my interpretation of

ethnographic material, particularly in Chapters 5 and 6. Participants were informed that study findings and interview quotations could be disseminated provided identifying information was removed, and consent procedures specifically addressed the use of anonymized quotations.

Consent, Confidentiality, and Participant Safety

Consent procedures therefore differed according to the activity in which an individual participated. Participation in the DPhil ethnography, Khushee Mamta program and associated research, and MAV was governed by the relevant consent procedures described above. In each case, participants were informed that participation in research was voluntary and that declining or withdrawing would not jeopardize access to clinical or program services.

Within Khushee Mamta, counselors were trained in confidentiality and informed consent in both care and research settings. Patient information was treated as confidential during counseling, training, and supervision. Confidentiality was necessarily limited where information had to be shared to facilitate clinical referral or respond to immediate risks of serious harm, including suicide. The program incorporated a formal referral pathway, including consultation with program managers and psychiatric referral for participants requiring care beyond the scope of lay counseling.

These procedures were especially important because my roles gave me access to forms of information that would not ordinarily be available to an independent ethnographer. During the Khushee Mamta pilot I had access, as Principal Investigator and through my program management responsibilities, to identifiable clinical and program data necessary for supervision and care. The DPhil ethics protocol, in turn, distinguished between access arising from my organizational and programmatic responsibilities and the use of material for research, for which the consent, de-identification, and secondary-data provisions described above applied. The ethical and epistemological consequences of these overlapping roles—particularly the inequalities and obligations they created—are treated substantively in the Introduction and Chapter 1 rather than resolved by procedural approval alone.

Confidentiality and Representation in the Thesis

Unless otherwise indicated, names of research participants and certain identifying details have

been changed to protect confidentiality. Ramjas, the principal ethnographic field site, is a pseudonym, while Mata Jai Kaur Maternal and Child Health Centre is identified by its actual name, as explained in the Note on Style. Geographic and other identifying details have also been withheld or generalized in some cases where this was necessary to reduce unnecessary identification.

Pseudonymization cannot, however, guarantee complete anonymity in a small and socially interconnected field setting. Individuals who already know participants or events may sometimes be able to infer identities from combinations of relationships and circumstances despite the alteration of names and other identifying information. Pseudonymization in this thesis is therefore intended to reduce unnecessary identification and disclosure rather than to imply that every ethnographic subject is unidentifiable under all circumstances.

Formal ethical approval likewise does not exhaust the ethical questions raised by this research. Long-term ethnographic relationships, the intervention's institutional setting, and my overlapping positions within Mata Jai Kaur created continuing questions concerning power, representation, care, obligation, and responsibility. These questions form part of the substantive argument of the thesis and are addressed through the discussions of positionality and co-production in the Introduction and Chapter 1 and through the analysis of the ethical burdens of task-sharing developed in Chapter 7.

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