

Widows in a South India Society: Depression as an Appropriate Response to Cultural Factors¹

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Data gathered over a 23-year period from a village in South India form the basis of this description of the Havik Brahmin widow. The following hypotheses are examined: religious beliefs as the basis for her treatment, her sexuality as a threat to the society, and depression as an appropriate response for the widow who was regarded as responsible for her husband's death. The author argues that cultural factors predispose a widow to depressions, which meet the Diagnostic and Statistical Manual of Mental Disorders—III—Revised criteria. Beck's triad, pathognomonic for depression (negative self-image, negative view of the future, and negative interpretation of life events), is integral to the life of a widow. As women have gained increased control over their lives during the past 23 years, the situation of the widow has improved. Increased educational opportunities and age of marriage are factors associated with a decrease in the belief of a wife's devotion as a life-preserver. Women have been instrumental in decreasing a widow's stigmata and in instigating improvements in the widow's situation. Accompanying these changes has been decreased depression among women in general and widows in particular.

Hengasru ki:Lu ja:ti² ("Women are a low caste")
Statement by an elderly Havik Brahmin women

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²A capital letter indicates a retroflex phoneme, a colon represents vowel length, and *sh* represents a palatal sibilant in Kannada transliteration.

Nothing illustrates this quote better than the situation of the widow among Havik Brahmins. Yet the low status of a woman is not restricted to the lot of a widow. Throughout her life a woman is constantly reminded of her inferior position in religious ritual and in her monthly period of untouchability. Being born a woman is attributed to misdeeds in a previous incarnation. As a result, a woman is socialized into believing she merits her low status. Expected to accept her position in life, she was best adapted to this role when she went along with this cultural assignment and expressed no bitterness over the treatment of members of her sex. Prudence required that she not call attention to her opinions, which might force men to realize her intelligence. Moreover, when she expressed her opinions, they were ignored. Even today women state a man does not acknowledge that he might be wrong and that a woman may actually have a valuable suggestion.

In this paper I propose to describe the widow's position among Havik Brahmins, an othoprax cast in South India. Stein (1978) discusses many of the concepts presented in this paper from an historical perspective. I regard her approach as representing a pan-Indian Great Tradition and my approach as representing the Little Tradition, or the execution of the Great Tradition by village people. My hypotheses are as follows:

A wife has life-giving or life-preserving qualities with which she is expected to endow her husband. Given this cultural assumption, the marriage of a young girl to an old man is rational. A widow's role of permanent penance for her husband's death is societal punishment for her failure and for her implicit contradiction of the cultural value that a devoted wife predeceases her husband. Her depression at her treatment, as well as for the loss of a beloved husband, is natural. Her depressed state does not represent a thinking disorder. [The psychiatrist, Aaron Beck, regards depression as a cognitive disorder: "We have collected a considerable amount of evidence that indicates that there is a thinking disorder in depression. . ." (Beck & Burns, 1978, pp. 201-202).] The factors Beck considers pathognomonic for depression [negative self-image, negative interpretation of life's experiences, negative view of the future (Beck, 1971)] are inherent in the situation of Havik Brahmin widows. As the cultural norm for widows, these factors are a given for widows and depression a predictable response to the low status into which widows are plunged. Those women who do not manifest depression and do not show a changed mien and lifestyle after widowhood are rare.

I shall also discuss changes in the role of a widow as women have gained more control over their lives. With these changes there has been a decrease in this belief of woman as life-preserver. The changes that have occurred during the last 23 years have the support of women. Yet the changes are so recent that with each new widow, other women express the fear that she may be subjected to the old belief system and the life of a traditional widow. As

such, she would be a constant reminder to all women of their low status and powerlessness in persuading others of the irrationality of the traditional belief system. Daughters and daughters-in-law unite against their brothers and husbands to prevent their enforcing the traditional role of a widow on their mother (mother-in-law) at the time of her husband's death. Accompanying this change is a decrease in depression and other psychiatric illnesses among widows. Further, I regard improvements in the situation of the widow as possibly leading to less depression among all Havik Brahmin women.

The site of this research is a village in northwestern Karnataka State. This area, known as the Malnad, is a plateau on the eastern side of the Western Ghats. The pseudonym for the village, Totagadde, refers to the two major crops of the area — areca nut (betel nut) and rice. Seven of the nine castes residing in Totagadde are involved in agriculture. The remaining two, the barber and potter castes, provide services. The nine castes fall into three categories — the Havik Brahmins (priestly caste), the Sudras (peasant castes), and the untouchables. This division is represented by residential areas. The Havik Brahmins occupy three hamlets in the center of town — a site symbolic of their economic, ritual, and political dominance. Four Sudra castes reside in three hamlets located in the northern part of town. Of these four castes, the Vokkaligas and Divarus were formerly tenant farmers, but they now cultivate their own land. The potters and barbers continue to follow their traditional occupations. The castes located in the southern part of Totagadde are lowest in social rank. They are the Hoslurus of tribal origin and the Holerus, untouchables. In addition to these low-ranking castes, each of which has its own separate hamlet, there are two hamlets in which migrant workers have settled as permanent residents of Totagadde.

The Havik Brahmins as the priests serve the religious needs of the community. As the traditional landowners, they are the primary employers of members of other castes. Areca (betel) nut cultivation is the traditional cash crop and the basis of Havik Brahmin wealth. Although Havik Brahmins as a caste in Karnataka State are considered wealthy, few in Totagadde are wealthy. Areca landholdings ranged from $\frac{1}{2}$ to $4\frac{1}{2}$ acres; annual income (1984) ranges from 10,000 to 150,000 rupees. In the past poorer Havik Brahmin families were reduced to begging for food. Brahmins, as well as non-Brahmins, mention these families and comment that such poverty belongs to the past.

Over the 23-year period that I have conducted research in Totagadde, I have made five field trips. My first two trips, which were ten years apart, were for linguistic research. However, I gathered data on ritual, women, folktales, and illnesses. I collected data on the widow on all of my visits. On my last three field trips — for six weeks in 1984, three months in 1985, and slightly over a year in 1986–1987 — I concentrated on depression among wom-

en. As my residence has always been with one particular Havik Brahmin family, I have had an opportunity for close interactions and observations of Havik Brahmins.

Over the years I have interviewed more than 95 Havik Brahmin women who are of this village or related to this village. Seventeen of these were or have become widows. My primary approach has been the usual methods of anthropological interviewing—open-ended questions and participant observation. In addition, during my last three field trips I administered a questionnaire adapted from three psychiatric instruments—The Schedule for Affective Disorders and Schizophrenia (Spitzer & Endicott, 1978), the Indian Psychiatric Survey Schedule (Carstairs & Kapur, 1976, pp. 147–158), and the Social Functioning Questionnaire (Carstairs & Kapur, 1976, pp. 170–172).

HAVIK BRAHMIN WIDOWS

According to *The Laws of Manu* (Muller, 1967),

148 In childhood a female must be subject to her father, in youth to her husband, when her lord is dead to her sons; a woman must never be independent.

149 She must not seek to separate herself from her father, husband, or sons; by leaving them she would make both (her own and her husband's) families contemptible.

All Totagadde widows in this study acknowledge the principles set forth in the *The Laws of Manu*. One widow left her family for a number of years to return in old age. Only two widows—one following traditional and the other more modern practices of widowhood—are the most powerful members of their households. Both of these women are deeply religious and agree with *The Laws of Manu* in principle, if not in practice. I will discuss the cultural background in which women have so few rights, the fear of widowhood, the widow's place in Havik society, and practices and treatment of the widow 20 years ago and now.

In a patrilineal, patrilocal, patriarchal society where joint families are the ideal, a woman has little power. Her contribution to the lineage is in bearing children. A pregnant wife has the highest ritual status. The ritual honor bestowed is symbolic of the value placed on a woman's childbearing function. As widow remarriage is prohibited (a man may remarry 14 days after the death of his wife); her contribution is terminated at the death of her husband.

Married women live in constant fear that they will become widows. A husband who returns later than expected from town or from the fields is a source of worry. Numerous rituals serve to assure a married woman that she is acting to prolong her husband's life. These include rising before her husband in the morning and touching his feet in worship, and taboos against

saying her husband's name, demanding anything of him, or using the imperative verbal form. At night she sleeps without a blouse, as a husband's accidentally touching his wife's blouse while sleeping was believed to shorten his life. (In this society a married couple has the privacy of their own room. This is unlike other parts of India where husband and wife sleep in separate quarters.) Occasionally a visitor will come who has the same name as her husband. Upon asking his wife who has come to visit, she answers, "he, plural of respect" (*avaru*). The husband then becomes angry, as he does not know who has come. The wife will then explain, "he, son of X whose residence is located in Y hamlet." At this point the husband realizes that the purpose of his wife's circumlocution is to avoid uttering his name. When a husband needs to be summoned, for example, to a meal, children are sent with the message, "you have been summoned to come" (*barakkaDa*). Other rules of etiquette include a wife's always sitting with her head lower than her husband's, never contradicting him, always walking several paces behind him, and eating after him from his plate. These and myriad other ways of showing respect were believed to increase a husband's life span. Mythology further illustrates how wifely devotion can persuade gods to prolong her husband's life. The Mangalagowri Vow and the Gowri Vow are two vows that women may take to ensure their husband's long life. Devotion, ritual—indeed every aspect of a married woman's life—emphasizes her desire to avoid widowhood.

Statements such as a truly devoted wife either dies before her husband or within a 10-day period after her husband emphasize a woman's total identity in terms of her husband. Furthermore, they indicate that a woman has no role in the society without her husband. Upon the death of her husband, a woman loses her formal position in the household. Linguistic terms of referral represent this change: from female head of household (*yejma:nti*) to animal (*pra:Ni*). Others refer to her children as orphans (*parade:shi*). Although caring for them is regarded as a duty of the patrilineage, the interest that a father has for his own children or a husband for his wife are not expected to be extended to a brother's children or wife. In some cases a widow and her children had been cast out of her husband's household. If her father or brothers did not take her back, she survived by begging or doing day labor.

Among Totagadde Haviks all the power of the household theoretically resides in the eldest male, known as the *yejma:nru*. A woman's *yejma:nru* is her husband. The symbolic power that the eldest man has over his household is equated with the symbolic power of a husband over his wife. The death of a household *yejma:nru* alters the power relationships within a family. The oldest male in the household, generally a younger brother or son, becomes the household *yejma:nru*. His wife becomes the dominant female

within the house (*yejma:nti*). Assuming that the eldest male is a son, then a mother theoretically becomes subject to her son's and daughter-in-law's bidding. Should she wish to visit relatives, she needs to ask them before going. One widow who went to visit relatives and traveled without her son's knowledge was labeled crazy (*hucchi*). Since her son had control over finances, she had to travel without money. Should a widow disagree with the way her daughter-in-law runs the household, prudence dictates that she remain silent. At this stage her greatest sphere of influence is in demanding appropriate ritual observances so she can carry out her role of worship. If the daughter-in-law is not inclined to maintain a ritually orthoprax household, the mother-in-law cooks for herself.

Younger women who are not yet grandmothers are greater objects of pity than older women. In an evaluation of life events, "death of husband" was ranked as the most difficult life event. Most men ranked "death of wife" as a somewhat difficult life event. One man distinguished between the death of a young wife as a most difficult event and the death of an older wife as somewhat upsetting. Rather than appearing callous, this ranking reflects a cultural difference in the death of a man vs. a woman. Consideration of the difficulties of widowhood in old age was an important element in this man's ranking. Women, on the other hand, consider widowhood difficult at any age, and state that the death of a wife before her husband is preferable.

The two women who have developed powerful positions as widows are both known to be religious. In addition, both were in a nuclear family situation when they become widows. Hence these women filled a power vacuum in the household. Their religious beliefs and overt acceptance of cultural values may show their political wisdom is not threatening the system. The elder of the two was widowed with young children at a time when widows had no formal rights. She was cheated by elders who, while helping her with land management, helped themselves. Her use of the role of the traditional religious widow was a way of gaining attention, preserving her household, and coping with victimization. By virtue of her understanding and teaching skills she earned the respect and love of her prepubertal daughter-in-law. This widow had a dominant position in her household, which she has maintained for the more than 30-year period in which her daughter-in-law has resided there. The younger widow, also respected by her daughters-in-law, runs the household through her wisdom. Her assistance in helping with grandchildren and in teaching her daughters-in-law, as well as her obvious pride in them, have contributed to the maintenance of her power position. In both cases titular authority resides in the eldest son and his wife; however, in these cases the daughter-in-law defers to her mother-in-law.

At the cremation of her husband, her son takes the widow's marriage necklace (*mangalasu:tra*) and other jewelry. She breaks her glass bangles on

the funeral pyre. Should she die before the tenth day, she is not regarded as a widow. Informants stated that a widow has her head shaved on the tenth day after her husband's death. Then she has a choice of donning either a plain white or a maroon sari for the rest of her life. After her hair is shaved, a priest teaches her the appropriate mantras for worship and the many ritual rules that she must follow for the remainder of her life. (Married women are generally prohibited from meditating with mantras.) Some of the mantras taught widows are known to men; however, men do not regularly use those mantras in their meditation. The numerous ritual rules and practices include a bath on rising in the morning followed by a second bath before her one rice meal³ a day, which is eaten in a state of ritual purity, specific fast days including new moon and full moon days, and a prohibition from eating onions and garlic on Mondays. A widow is expected to spend much of her day in meditation and in worshipping god, including the worship of the tulasi plant. These rituals are essential for widows with shaved heads. Orthoprax people will not eat the cooking of a widow unless she has a shaved head. Only a traditional widow can participate in the annual death ceremony (*tithi*) of her husband or for that matter in any other religious ceremony. In addition, a widow is expected to live a life of virtue and not engage in lies (*tagaLu*), gossip (*ca:Di*), dishonesty, or sexual intercourse.

Two ways in which the society implies that a woman is responsible for her husband's death are socialization that a devoted wife will extend her husband's life and penance required of a widow for the expiation of her husband's death. Socialization may take the form of myths such as the Mangalagawri Tale, which provide case histories showing how wifely devotion saved a husband's life and even resurrected a husband after his death (Robinson, 1985; Stein, 1978; Ullrich, 1975a). Other types of socialization include special vows to ensure a husband's long life as well as the etiquette already described. If one assumes that the life-giving qualities of a woman extend from her children to her husband and part of a woman's role is to provide her husband with the same life-giving qualities she supplied her children, then her husband's death shows the woman's failure. Only at her death would her power cease. This failure may be either because she was lacking

³Rice is considered essential to a meal. Religious fasting in this society involves the exclusion of rice and rice products such as rice flour from a meal, but not the exclusion of any other food. Wheat products then are considered appropriate food for a "fasting" person. The decrease in rice meals for a widow may symbolize the widow as noncontributory to a household and therefore not deserving of food. This idea was suggested by Sandra P. Robinson, who also mentioned that in Bengal a widow was expected to eat only once a day (personal communication). In Totagadde, elderly men who feel their authority eroded will complain that their daughter-in-law does not feed them well. There is a positive correlation between perceived respect, actual respect, and quantity of food served by the women of a household.

as a woman or because she deliberately withheld these gifts. A woman who did not die within ten days of her husband was required to expiate her failure by a life of ascetism and ritual.

Immolation on her husband's funeral pyre (*sati*) is the only self-inflicted death that is not categorized as an "inauspicious death" (*durmaraNa*). [In 1987 the priest classified *sati* as an "inauspicious death" (*durmaraNa*). He also stated that a widow who died on her husband's death anniversary (*tithi*) gained religious merit.] Although immolation on a husband's funeral pyre is illegal and widows are closely watched so that they do not commit suicide or *sati*, men can be heard speaking respectfully of women in the past who committed *sati* and of women who die within ten days of their husbands. Villagers emphatically deny that suicide was involved⁴ in the two case histories of women dying the same day as their husbands. One such death per generation certainly could be chance.

Religious women deeply in love with their husbands believed they would predecease their husbands. If this did not occur, they were puzzled as to how their devotion was lacking. Skeptics among women regard the marriage of a woman to a man more than ten years older a crime guaranteeing widowhood. They blamed men (fathers and husbands) for arranging marriages to much older men. In the past when some prepubertal daughters did protest the age difference, their fathers paid no attention and the marriages took place. The daughters remained bitter toward their fathers. Most women married before puberty were too young to realize what marriage involved. (Women unanimously argue for the current minimum marriage age of 18 because a woman has a sense of appropriateness and knows how to care for herself. The focus was on a woman's being able to withstand the slings of life, mother-in-law, and husband. Examples were given of younger brides who did not know how to act with propriety. One five-year-old bride on the way to her bath appeared naked before others and her husband. She did not know this was inappropriate wifely behavior. Although this incident occurred two generations ago, it is remembered and given as an example of how little prepubertal girls know. Note the focus away from widowhood and on the bride's inappropriate behavior due to ignorance. Few people mentioned increased age at marriage as decreasing the chance of widowhood. However, if the five-year-old's husband died when she was six, she would have been a widow and unable to remarry. There are several reasons the focus on prepubertal marriage does not center around widowhood. Women do not like to view the culture as dooming them to widowhood. Moreover, the idea that a devoted

⁴Unless a death by suicide is blatantly obvious, attention would not be called to the death. An example of this occurred in 1985 when a suspicion of a male suicide was not investigated. A widow suicide as a culturally, although not legally, approved death would receive even less comment.

Table I. Age Difference Between Spouses

	Number	Range	Mean	Median	Mode	No. > 10 years difference
Women ^a > 50	N = 17	5-30	14	10	None	9
Women between 40 and 50	N = 10	1-28	9	6	4	3
Women < 40	N = 29	2-10	5	5	6	0

^aWomen are subdivided into three categories: all of the women over 50 were married before puberty, half of those between 40 and 50 were married before puberty, and none of the women under 40 were married before puberty.

father may have condemned her to widowhood is too terrible a thought for a daughter.)

Blame is a component of strains in the father-daughter and husband-wife relationships. Table I shows that the age differential between husband and wife has decreased from women more than 50 (all married before puberty) to women between 40 and 50 (half married before puberty) to women less than 40 (all married after puberty). As women have an increased say in whom they will marry, when they will marry, and are married after a high school education, the age differential between spouses has decreased.

There are some women who seriously consider suicide before their husbands die to avoid becoming widows. Such deaths might be regarded as *pre-sati* deaths.⁵ Although these women regard themselves as devoted wives, they do not believe their devotion will prolong their husbands' lives or result in their predecreasing much older husbands. As they do not wish a life without their husbands and know their children would prevent their suicide after their husband's death, *pre-sati* is an obvious option and implies both that wives view themselves in terms of their husbands and the life of a widow as devastating. The culture provides these women with the rationale of an auspicious death, i.e., death before husband, so they can avoid failure and societal guilt. Indeed, family members of a man who died in 1985 had expected his deeply religious wife to predecease her husband despite a 26-year age difference and his physical decline. They regarded her hypertension, depression, anxiety, and poor health as life threatening. Suicide as a cause of death for this woman would not have occurred to family members who admire her. Expecting her death first might be an expression of their regard for her—she was such a good woman, she deserved to die first. *Pre-sati* remains a hypothesis to be examined in future research.

This past year one woman's mother died the same day as her father. Neither had a history of illness. Others commented on the auspiciousness of her mother's death. The adult daughter indicated *she* did not regard her

⁵I owe this terminology and the concept of a *pre-sati* death to Sandra P. Robinson.

mother's death as auspicious. Instead, she was bitter at having to grieve for both of her parents at the same time. Her mother's presence would have provided valuable support for dealing with her father's death. This may reflect the contrasting views of society, those of children in the society, and the change that is occurring toward the widow.

The many discriminations against a widow suggest an underlying fear of a widow and a cultural attitude that a widow is dangerous. Indeed, if a widow is regarded as a woman who has withheld life and is responsible for her husband's death, she is dangerous. Moreover, a young widow no longer has an appropriate outlet for her sexuality, which poses a threat for society. Discrimination ranges from a widow's being suspected of ritual poisoning to being a bad luck symbol. By projecting societal guilt on the injured party, the injury and injustice are compounded. This serves the purposes of isolating these superfluous members of society by required religious practices, by making them wear special dress that removes their physical attractiveness, and of denying any personal responsibility in the treatment of these people. Women in 1964 felt the injustice and feared being relegated to the position of widow, but they did not perceive that they had the power to change the life of a widow. By 1985 this perception had changed.

Widows are believed to be practitioners of *maddu*, a form of ritual poisoning. Those under greatest suspicion of *maddu* are widows without male children and barren women. The symbolism of childless women as ritual poisoners and the nine months required for a person to die from *maddu* suggest a metaphorical pregnancy. Ritual poisoning (*maddu*) assures male children in the next incarnation. In 1964, when I discussed this with widows, they bitterly stated every widow was suspect and resented the implied false accusations. In 1985, membership in the widow or barren category was no longer a prerequisite⁶ for practicing *maddu*. The belief system had changed from widows as practitioners to members within a family—from mothers to daughters and possibly to daughters-in-law without consideration of whether they have sons. Widows were the only women named as ritual poisoners in 1965. By 1987, this accusation had been extended to assertive married women, all of whom have sons. Once a woman starts ritual poisoning she has to continue and is regarded as always being a *maddu* practitioner. Moreover, a practitioner needs to poison a certain number of people per year (quantity not known to informants) and to teach others the tradition.

Ritual poisoning (*maddu*) involves adding the droppings of a decayed lizard, the *godu naga*, to food or coffee. A person suspicious of *maddu* in his coffee may wait for the coffee to cool. Confirmatory evidence is sup-

⁶The change in category of women accused may reflect a change from fear of women to an expression of jealousy. The women alleged to perpetuate *maddu* are members of prosperous families.

plied by the coffee turning green or yellow. Food so contaminated is believed to cause hair balls to grow in the stomach until the person dies nine months later. Antidotes include making and eating three balls of rice and salt before taking tainted food or eating cardamom immediately after taking tainted food. However, if the person applying the ritual poison (*maddu*) changes her sari or puts her sari on upside down at the time the poisoned food is eaten or when treatment is first started, no antidote or treatment will be effective. Considering there is a mechanism to render a cure impossible, the recovery from ritual poisoning is surprising. At present, although the belief in *maddu* has abated, visitors to households where ritual poisoning is believed to be practiced are cautious. Medical explanations are now sought for symptoms associated with *maddu*, which include indigestion, stomach ache, not savoring rice, weight loss, lack of appetite, loss of interest in food, dysphagia, excessive burping, body spotted with white dots, body aches, inability to sleep, weakness, fever, and decreased blood. In 1985, as in 1964, the first thought on the presentation of any of the above symptoms is ritual poisoning. Diagnostic tests for *maddu* coexist with visits to allopathic physicians. As the status of the widow improves, the belief in ritual poisoning and the fear of these women caused by guilt for their ill treatment is decreasing.

Widows' sexuality⁷ presents a threat that is reflected symbolically by terms of denigration and factually by the existence of a separate caste for their illegitimate children (the Maleru caste). Terms of denigration such as "sons of a shaven head" (*boli maga*), a common epithet of anger, is one example of a number of terms referring to widows and their lack of morality. Only widows who were caught with the evidence of a birth more than nine months after the death of their husbands were ostracized. (One widow who left the area to live with a man of another caste was accepted when she returned because there was no proof of her affair, i.e., she had no offspring.) The penalty was the observation of the death ceremony, after which no Brahmin could eat food she had prepared. The only cases of outcasting (*bahiska:ra*) known to me are widows with illegitimate children. The sexuality of young widows obviously presented a problem to the society. No matter how chaste women appear, there is the belief that they have sexual needs. The shaved head, the bare forehead, and the special sari reminds all that widows are sexually taboo. Moreover, their special attire mark them so their movements are more easily monitored. The drastic widow stigmata may correlate positively with the perceived threat of widow sexuality and efforts to make them into sexless objects.

The previous exclusion of widows from auspicious events signified their marginality to the society. They were prohibited from even attending their

⁷I am indebted to Virginia Dominguez for raising the question of widow sexuality.

own children's weddings. Moreover, if a widow were seen by a person who had set out for an auspicious event, that person was expected to return home and start again. Seeing a widow was interpreted as indicating a disastrous result for a hopefully auspicious event. This, of course, serves as a rationalization for excluding widows from events that might remind them of the more somber turn life events might take.

Twenty-three years ago when I first visited Totagadde, all the widows had their hair shaved, wore no jewelry, and wore a maroon or white sari. They were prohibited from wearing *kumkum*, a red dot placed on the forehead, which indicates a woman is in an auspicious state. Widows were subject to their adult sons' wishes. Those whose sons had not reached adulthood relied on male kinsmen or respected elders in the village for the management of their land.

Between 1964 and 1987, many changes have occurred in the life of a widow. The change in appearance may be the most important, as a widow is no longer a marked person. No longer do they have the stigmata of a shaved head or special sari. They may wear jewelry, and one woman wears a black dot in place of the auspicious red dot (*kumkum*). Other widows support the idea of wearing a red mark on their forehead (not *kumkum*), but no widow in Totagadde has yet worn a red mark on her forehead. Widows without stigmata do not enter a life of penance, for religious beliefs dictate that a shaved head and special sari are prerequisites to the life of penance. With the change in appearance, a widow remains integrated in the society rather than set apart as inauspicious. Indeed, there have been occasions when Totagadde women have forgotten that a visiting woman is a widow and offered her *kumkum*. (Etiquette requires that all nonwidows be given this red powder worn as a red dot before they leave a house they are visiting.) This suggests that the attitudes toward the widow have changed so radically that no longer is it important to know that a woman is a widow.

At the same time that the widow is remaining integrated in the society, at the death of a husband there is a residual fear that a widow's family may request her to shave her hair on the tenth day after her husband's death. The fear is such that some women find viewing a recently widowed woman difficult. Newly widowed women tend to withdraw from society for several months. Although the first woman to remain unshaven credits her children with her ability to challenge custom, she boasts about her being the first to initiate more humane treatment of widows. No woman after her has adopted the stigmata. The important role children have in this change helps a widow avoid the idea that a failure to adopt widow stigmata indicates her lack of devotion to her husband and supports the value inherent in the woman. Just before this change occurred, widows did not listen to their children as they wished to prove their devotion to their husbands. These same widows state

that if they had realized the cultural values were changing, they would not have adopted widow stigmata.

BECK'S HYPOTHESIS

Aaron Beck has proposed the following triad: hopelessness for the future, negative self-image, and negative interpretation of life events as pathognomonic for depression (1971). In his 1973 book, *The Diagnosis and Management of Depression*, he writes the following.

1. Is depression an exaggeration of a mood experience by the normal, or is it qualitatively as well as quantitatively different from a normal mood?
2. Is depression a well-defined clinical entity with a specific etiology and a predictable onset, course, and outcome, or is it a "wastebasket" category of diverse disorders?
3. Is depression a type of reaction (Mayerian concept; see Mayer, 1908), or is it a disease (Kraepelinian concept; see Kraepelin, 1913)?
4. Is depression caused by psychological stress or conflict, or is it related primarily to a biological derangement? (pp. 3-4)

All of these queries have relevance to this paper. In this paper I argue that depression among widows is an appropriate mood experience by normal women plunged into a humiliating, hopeless situation. However, in cases of a widow who becomes psychotic, she has gone beyond an exaggeration of a mood experience and is experiencing something qualitatively and quantitatively different. One reason members of this society regard widowhood as traumatic is the symbolism of widow stigmata, which implies that a widow should not resolve her grief. Statements such as "A widow is such a tragic figure nobody likes to look at one" and "Viewing a widow as repulsive" reinforce the hopelessness and a negative view of the future. Since the most valued aspects of a woman's appearance were traditionally denied the widow, the retention of a positive self-image was contrary to cultural standards and characteristic only of women with a strong self-image. Such a strong self-image was antithetical to the Havik Brahmin patriarchal system. Depression was both a reaction to a situation and a disease when it included psychotic features. Grief in this society at the death of a husband is twofold: a woman must grieve for her lost status as well as for her lifelong companion, who may have been her strongest emotional support. Other women still mourn the widow's fate more than her husband's death. Obviously depression, which may occur at this loss, is a result of psychological stress; among some such psychological stress may produce a biological derangement. Since the hopelessness, negative self-image, and negative interpretation of life events are imposed by the culture, a widow who does not endorse Beck's triad may be deviant. With the change from requiring widow stigmata, some families now try to help widows defy these cultural expectations.

The etiology, onset, course, and outcome are known to all. The cultural valuelessness of a woman after her husband's death is a powerful etiology for depression. Even the slightest hint of a husband's illness can result in a depressed mood and activation of thoughts of widowhood, a woman's greatest worry. The course of a widow's existence was continued isolation from others with prescribed meditation designed to continue the mourning of his loss. The situation was resolved by her death.

In this section I will consider depression among widows. For my definition of depression I will use the criteria designating a major depressive episode as set forth in the *Diagnostic and Statistical Manual of Mental Disorders, Third Edition-Revised* (DSM-III-R; 1987). The first number following an item in the criteria represents the number of widows who manifest that symptom; the second, the number of traditional widows with that symptom; the third, those without the traditional grab and shaved head with that symptom. Following the presentation of the criteria I will discuss the widows who meet the criteria for major depressive episode.

Diagnostic Criteria for Major Depressive Episode

- A. At least five of the following symptoms have been present during the same two-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood, or (2) loss of interest or pleasure. (Do not include symptoms that are clearly due to a physical condition, mood-incongruent delusion or hallucinations, incoherence, or marked loosening of associations.)
- (1) depressed mood . . . most of the day, nearly every day, as indicated either by subjective account or observation of others [13:8:5]
 - (2) markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated either by subjective account or observation by others of apathy most of the time) [11:7:4]
 - (3) significant weight loss or weight gain when not dieting (e.g., more than 5% of body weight in a month), or a decrease or increase in appetite nearly every day [8:8:0]
 - (4) insomnia or hypersomnia nearly every day [6:3:3]
 - (5) psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down) [5:4:11]
 - (6) fatigue or loss of energy nearly every day [6:3:3]
 - (7) feelings of worthlessness or excessive or inappropriate guilt⁸ (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick) [6:6:0]
 - (8) diminished ability to think or concentrate, or indecisiveness,⁹ nearly every day (either subjective account or as observed by others) [7:5:2]

⁸Given the cultural values, guilt would not be excessive or inappropriate. No one had delusional guilt. Feelings of worthlessness are also culturally appropriate.

⁹Women complained about this item, stating that decisiveness was not a quality valued among women. Men were the ones who should make all the decisions. Women described indecisiveness as *huccu haritu* ("runs crazy") at the same time that they said this was appropriate behavior for women. In my observations some women used this as a rationalization for avoiding a commitment or of changing their minds—as well as an indication of subjugation of women to men. No decision was made by widows without consulting sons—even though clearly some widows resented this.

- (9) recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide [9:5¹⁰:4¹¹]
- B. (1) It cannot be established that an organic factor initiated and maintained the disturbance.
- (2) The disturbance is not a normal reaction to the death of a loved one (Uncomplicated Bereavement¹²).
- NOTE: Morbid preoccupation with worthlessness [3:3:0], suicidal ideation¹³ [4:4:0], marked functional impairment or psychomotor retardation [9:7:2], or prolonged duration [8:7:1] (more than two years) suggest bereavement complicated by Major Depression.
- C. At no time during the disturbance have there been delusions or hallucinations for as long as two weeks in the absence of prominent mood symptoms (i.e., before the mood symptoms have developed or after they have remitted).
- D. Not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder NOS. (pp. 222–223)

In addition to these criteria, somatization is often present in depression. By somatization I mean an exaggeration of physical complaints. Six widows are somatizers. Three of these women have the widow stigmata; three do not. Although all state they have hypertension that controls their lives and provides a reason for constant allopathic consultation, three of the women did not have an elevated blood pressure when I took it. In addition to hypertension, most somatizers also complain of backaches, fever, arthritis, and indigestion, which are alleviated by periodic visits to a physician. Somatization provides attention and may be another expression of depression. Several of these women met DSM-III-R criteria for depression; several did not.

Of the total widow population of 17,¹⁴ over a 23-year period, 10 meet the diagnostic criteria for major depressive episode. I have insufficient data for two, one of whom attempted suicide.¹⁵ Of the 17 widows, only three women definitely do not have a history of depression. As these are all recently widowed women in Totagadde, an argument may be presented that the changes in the treatment of the widow account for their lack of depression. Unlike other widows, these three women have not decreased their visiting with others after the death of their husbands.

¹⁰One woman died by refusing food. This was more than 50 years after her husband's death. The family did not interpret this as suicide, but as an indication that an elderly person was ready to die. However, the family did consider that she wanted to die.

¹¹One woman died after incurring burns. Although there was no indication that the burns were intentionally incurred, I cannot rule out suicide as this widow met the criteria for a major depressive episode. Villagers perceive this death as an accident.

¹²With the exception of psychosis, nobody characterized grief reactions as abnormal responses to bereavement. A marked depressive reaction for an extended period is interpreted as an indication that the wife was devoted to her husband.

¹³Suicidal ideation is a predictable response for a widow immediately on the death of her husband. Informants gave this as a reason for providing the newly widowed woman with constant company and social support. Those listed here as having suicidal ideation manifested this more than a year after their husband's death.

¹⁴In 1984, I interviewed 10 widows, 8 of whom had a history of depression (Ullrich, 1987). The data in this article differs because more widows were interviewed.

¹⁵If one considers somatization as a criterion for depression, 2 more widows would meet the criteria for a major depression episode, bringing the total to 12.

Some of the criteria for depression such as weight loss (3), psychomotor agitation or retardation (5), feelings of worthlessness (7), and diminished ability to think or concentrate or indecisiveness (8) are criteria that most frequently characterize the traditional widow. All of these criteria are congruent with a previous value system. The association of value with food, worthlessness with decreased food, the view that a widow should not be seen, and the characteristic garb making a widow identifiable as well as the cultural value that women — let alone widows — should not make decisions are aspects reflecting the cultural situation as well as depression.

Since so many widows manifest depressive symptoms and meet the criteria for depression according to the DSM-III-R, one might question whether the Havik Brahmin widows' depression is truly a psychiatric disorder. Indeed, her depression symptoms may represent a cultural acknowledgment of her liminal status. The first widow not to have her hair shaved was careful to wear plain clothes. She states that after the death of her husband, she stopped all social visits to other households — a statement verified by observation. As widows have increasingly maintained their prior position, they have gradually begun to wear the same type of clothing as before their husbands died. The four most recent widows never changed their clothing style. However, one woman who was too stylish and too sociable provided a source of gossip because she "did not act like a widow." At one stage she served as an example of a widow who did not show the approved depressed mien at the death of her husband; now she is an example of the way widows should maintain their previous lifestyle. I argue here that the changed perspective of appropriate behavior for the widow illustrates that the previous treatment of the widow increased the likelihood of a major depressive episode which was regarded as appropriate behavior and not pathological.

Over the past 23 years I have known six people considered psychotic by Totagadde residents. They were all women and five were widows. Their behavior was regarded as pathological. Being out of touch with reality is one definition of psychosis. The indications of psychosis were both delusions and hallucinations of unfair treatment, delusions that the funeral ceremony had not been properly conducted, a delusional anger against everybody so that ordinarily polite women spoke in indiscriminate fury. All five psychotic widows experienced their depressed state in terms of mood-congruent delusions or hallucinations and anger about their state. One widow delayed the widow stigmata because she had a nursing child. On having her hair shaved, she became suicidal, angry at all to such an extent that her words did not make sense. The timing of her psychotic episode implies a relationship to the stigmata rather than to the actual death of a husband.

The treatment of these women by their families varied from a son's beating his mother to make her obey then locking her up, to benign neglect, to seeking psychiatric treatment. Some of those provided benign neglect reco-

vered. In some cases benign neglect really involved a caring supportive family situation. None of those locked up and beaten recovered. Those who were provided psychiatric treatment found a resolution to their anger and recovered, never to return to psychosis. Psychosis has functioned for all of the widows as a means of expressing anger. These widows were the only ones to express their anger openly; other widows either discussed their anger and unfair treatment with confidantes or did not express their anger.

Uncontrollable anger at their situation and the need to express this anger may have precipitated psychosis among widows. As the expression of anger does not fit into the concept of widow (or into the concept of women), such behavior when meek behavior is prescribed may be interpreted as mental illness. The cultural sanctions against the expression of anger for women may be so strong that a traditional woman can express her anger only in a psychotic state. Descriptions of the psychotic behavior of these women include breaking other cultural rules such as refusing to bathe, bathing naked in public places, running away, smoking and eating cigarette butts, talking angrily to the deceased, and carrying on conversations with the deceased. Of the women in the psychotic category, one received psychiatric treatment, two received treatment from religious healers, and two received no treatment. Confounding factors include the small population, age differential (three of these widows died at an elderly age; two are still alive but over 70 years of age), and a history of mental illness before becoming a widow (two widows have a reported history of psychosis at the death of a child). My acquaintance with these women was after they had become widows. A further confounding factor is the effect of the perception of the role of a widow on the mental health of nonwidows.

CONCLUSIONS

In this society the plight of the widow is pitiable. Since 1964, there have been marked changes. Women now assume responsibility for making sure that a widow does not have her hair shaved or wear a maroon sari—what I call widow stigmata. The assumption is made that a woman in grief for her husband is especially vulnerable to adapting traditional ways. Daughters and daughters-in-law, in particular, try to protect their mothers and mothers-in-law against demands to follow a traditional widowhood. Widows still have their bangles broken on the funeral pyre and have their marriage necklace removed at the cremation. They neither wear the red dot of auspiciousness (*kumkum*) nor flowers in their hair. However, with the cessation of shaving the hair of a widow, she may now wear nice clothing and jewelry, and does not enter a life of ritual. Some women support the wearing of a

red (not *kumkum*) or black dot on their foreheads. Increasingly, the widow is remaining integrated within the society.

With the change in appearance, there are deeper changes both in the person and in cultural beliefs. Twenty-three years ago high self-esteem was considered wrong for a woman; now self-esteem and assertiveness are both acceptable and appropriate. Accompanying these newly valued attributes is an increase in education and marriage age. Independence and professional achievements are now culturally rewarded for women. The marriage age has increased, as has the ideal differential between husband and wife. More than a ten-year difference would now be an indication of a love marriage, as fathers no longer arrange the marriage of a daughter to a man so much older. No longer do people believe a wife will prolong her husband's life; instead, marriage to an older man is described as a "crime" and a guarantee of widowhood.

Widows are no longer shunned or isolated. They may attend auspicious ceremonies and at times some people even forget a woman's widow status. Such forgetting would not have been possible in the past. The change, however, is expressed in a traditional idiom, i.e., the widow claims to follow her son's instructions according to *The Laws of Manu*. Her son is the one who will not allow her to follow a traditional widowhood. Crediting their sons in this fashion provides a legitimacy and a rationale difficult to oppose. The sons' respect and authority is also enhanced in the competition for modernization (Ullrich, 1975b). At the same time with the change in their physical appearance, widows participate more fully in daily life, are more critical about their religion's injustice to women, show less depressive symptomatology, and show less mental illness.

In Beck's (1973, pp. 129–130) description of his basic theory:

In brief, the theory postulates that the depressed or the depression-prone individual has certain idiosyncratic cognitive patterns (schemas) which may become activated by specific stresses impinging on specific vulnerabilities, or by overwhelming non-specific stresses.

The widespread acceptance of depression among widows without even noticing or regarding depression as out of the ordinary attests to a shared rather than an idiosyncratic cognitive pattern.

Depression does remain common to both groups of women. In "A Study of Change and Depression among Havik Brahmin Women in a South India Village" (1987) I relate the high rate of depression among women in general and widows in particular to the hopelessness of a woman's future. According to DSM-III-R criteria, 10 of 17 widows have experienced major depressive episodes. Six of these 10 are traditional widows; the remainder, nontraditional. Since depression is not regarded as pathological for these women, special attention and concern regarding depressive symptomatology is restricted to the early mourning period when the purpose is to prevent an auspicious suicide. With the increased options for women and the change

in a widow's lot, depression appears both to be decreasing and to be acknowledged by Haviks who now attribute depression to the inhumane treatment of widows. A prospective study in progress will show whether depression is indeed on the decrease among widows.

With the change in the treatment of widows the term for widows, "animal" (*pra:Ni*), is no longer in common usage—perhaps because the low status implied by the term is now culturally inappropriate. Widows list the avoidance of rituals as the major benefit of not having their hair shaved; other women regard the physical changes as more important.

The horror of widowhood, however, remains among women with husbands still alive. For some religious women who identify Beck's triad with the lot of the widow, there is consideration of pre-*sati*, suicide before their husbands die. These are women who view their identity in terms of their husbands but do not believe their devotion will prolong their husbands' life. One may speculate that pre-*sati* is a phenomenon of the changing system and will pass out of thought with the increased value of a woman's personal identity.

Widows with shaven heads are more concerned with ritual, their own debasement, and their dead husbands. They also are more ambivalent about their husbands and more likely to portray their husbands' faults along with their virtues. In a situation from which they cannot recover, for them, Beck's triad is a fact of life, a way society views them and a way they are forced to view themselves. They are more likely to view everybody's future—their own, their children's, and grandchildren's—negatively. *The Laws of Manu* remains an organizing principle for these women. A widow who has not changed her lifestyle and who does not manifest some signs of depression is still atypical. The three women who have not shown major depressive symptoms have support from their families for life beyond their husbands' deaths. The awareness of alternatives has led to community support for improved life conditions for widows. Some new widows espouse independence, earn money, and argue the value of economic independence. Mothers give these as reasons for daughters to be professional. A career daughter will have an identity separate from her husband's. Should she become a widow, she will not be at the mercy of her husband's patrilineage. She will be able to move to an environment where she is not an object of pity.

REFERENCES

- American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*, 3rd ed., rev. Washington, DC: Author, 1987.
- Beck, A. T. Cognition, affect, and psychopathology. *Archives of General Psychiatry*, 1971, 1, 495-500.
- Beck, A. T. *The diagnosis and management of depression*. Philadelphia: University of Pennsylvania Press, 1973.

- Beck, A. T., & Burns, D. Cognitive therapy of depressed suicidal outpatients. In J. O. Cole, A. F. Schatzberg, & S. H. Frazier (Eds.), *Depression: Biology, psychodynamics and treatment*. New York: Plenum, 1978.
- Carstairs, G. M., & Kapur, R. L. *The great universe of Kota*. London: The Hogarth Press, 1976.
- Muller, M. *The Laws of Manu* (trans. G. Buhler). Delhi: Motilal Banarsidass, 1967.
- Robinson, S. P. Hindu paradigms of women: Images and values. In Y. Y. Haddad & E. B. Findley (Eds.), *Women, religion and social change*. Albany: State University of New York, 1985.
- Spitzer, R. L., & Endicott, J. *Schedule for affective disorders and schizophrenia (SADS)*. New York, NY: State Psychiatric Institute, Biometric Research, 1978.
- Stein, D. K. Women to burn: Suttee as a normative institution. *Signs: Journal of Women in Culture and Society*, 1978, 4, 253-268.
- Ullrich, H. E. Women in selected Kannada folktales. In G. G. Gupta (Ed.), *Main currents in Indian sociology, Vol. II: Family and social change in India*. New Delhi: Vikas Publishing House, 1975. (a)
- Ullrich, H. E. Competition and modernization in a South Indian village. In H. E. Ullrich (Ed.), *Competition and modernization in South Asia*. New Delhi: Abhinav Publications, 1975. (b)
- Ullrich, H. E. A study of change and depression among Havik Brahmin women in a South India village. *Culture, Medicine and Psychiatry*, 1987, 11, 261-287.

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