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Mental Health in the Guru Granth Sahib: Disparities between Theology and Society

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Abstract

The purpose of this work is to address the approach to mental health within Sikh theology found in the Guru Granth Sahib and contrast it to the concurrent practices in societal India. Mental health is both acknowledged and validated through the Guru Granth Sahib, but given the scientific development and clinical understanding of mental health at the time the Guru Granth Sahib came to be, the concept of clinical treatment for mental health is not found within. However a variety of non-medicinal ways of moving through mental health issues are discussed in the Guru Granth Sahib and, given the direct relationship between strengthening religiosity and improved mental health demonstrated in several studies, these non-clinical pathways must be considered. When faced with two solutions which stem from two sides of one's identity, is there a right choice? Religion plays a key role in the mental health of a religious individual, as does social climate and clinical care accessibility; this becomes a valuable question to explore as attempted in this article.

Keywords: Mental health; Sikh identity; depression; healthcare policy

Introduction

Mental health has consistently been a prominent issue and conversation for humanity. In recent years, the conversation has become increasingly vocal and in many countries across the world, governmental action has begun. Mental health includes many illnesses and conditions, however for the purposes of this article the focus will be on depression specifically. Depression is a growingly reported mental illness affecting millions of individuals worldwide, in which relapses are unfortunately rather common. Even in patients receiving the highest recommended treatment of combination therapy, 25% are expected to experience a relapse within two years. Furthermore, the average individual with depression is expected to experience four depressive episodes in their lifetime (Cruwys, et al., 2014). These are just a few of the pressing statistics presented in the ongoing conversation on the need for mental healthcare. For those countries that have not begun to approach it governmentally, the diverse populations advocating for mental health awareness create additional challenges. When one looks into these varying populations, their beliefs, and personal statistics relating to mental health, we find a large variety of responses, which often times have difficulty meshing with one another.

Religiosity in particular often plays a large role in, or is the foundation for the responses of these differing groups. Members of the tradition known as Sikhism represent a population with a unique view of mentality and mental healthcare. Mental health issues are addressed within the Sikh theology, however these theological ideals do not coincide well with the current societal atmosphere of the birthplace and home to the majority of Sikhs, India. The main source of theology for this group aside from the oral traditions, is the holy book known as the Guru Granth Sahib. Otherwise referred to as the living Guru, this holy text is the eternal teacher for the faith, and is respected as a religious figure of leadership. It is within the Guru Granth Sahib that a majority of the theological research for this work is based. Throughout this piece, the theological explanations, sources, and alleviation's for mental illnesses in Sikhism will be explored, and compared to the modern-day climate, legislation, and practices relating to this issue in India.

There has been extensive research conducted exploring religious events and interventions, and their relationship with depression. For the purpose of this paper, the reference point will be a summation which draws from 444 studies globally, of varying intensity. These studies investigate the relationship from the perspectives of overall religiosity, religious intervention, attendance to religious institutions, and suicide and religiosity. 119 out of 178, or 67% of studies surrounding religiosity found that religiosity and depression have an inverse relationship. In those studies specifically centered on suicide, 106 out of 141, or 75% found an inverse relationship between suicide attempts/successes and religiosity (Bonelli et al., 2012). In research based on effects of religious intervention, 61% of studies show a decrease in depressive symptoms and a faster relapse recovery time after religious intervention, while only 6% found opposing results. High risk participants (individuals with parental depression and/or higher ratio of NLEs-negative life events) showed a 76% decrease in likelihood for major depression, and a 69% decrease in likelihood for mood disorders in general with an increase in attendance to religious institutions (Bonelli et al., 2012). These statistics show an alarmingly clear correlation for those who identify with a religion between their faith and their mental well being. It is evident that generally speaking, as one who aligns with a religious system strengthens their personal connection to their beliefs, the task of coping with depression is eased. This link provides foundation for the overarching argument that religion's role in a person's mental health is equally important to that of clinical access, appropriate care and social acceptance.

Religion and Social Identity Impact on Mental Health

The concept and stability of mental well-being is tightly related to the concept of identity for anyone, including the Sikhs of India. Generally speaking, the concept of identity is an intricate weaving of societal constructs and perceptions which form a unique mold pattern for each individual. We attempt to form our molds as closely to those around us as possible, and use these molds as our tickets into and out of situations. Social identity plays into our everyday interactions and influences, and thus interacts with and influences our mental health. The relationship between social identity and mental health, more specifically depression, is interestingly close.

According to a collection of controlled sample studies, social identification was found to predict life satisfaction as well as general well-being. Those within these samples which had high social identification, specifically with a socially valued group, generally showed less depressive symptoms (Cruwys et al., 2014). In a separate study, a group of individuals without any previous relationship, met weekly in gendered groups for social activities. When compared to the baseline after 12 weeks, an inverse relationship between social identification and depression symptoms was identified (Cruwys et al., 2014). Each of these research samples indicate that social identity interacts directly with our mental condition. Interestingly, those among these studies who identified strongly with a mental health awareness group plateaued. While the social connectedness of identity decreased depressive symptoms, strong connection to a stigmatized group tended to cause lower self-esteem (Cruwys et al., 2014).

The correlation between identity and mental health leads us to a unique series of questions. How does the Sikh identity relate to these studies? Is stronger socialization something which should be considered in treatment of depression? Where does religious affiliation fall in these identification studies and statistics? Many people in our lives will label and identify us as they see fit. Sometimes, these provided identifications are fitting and logical. Other times, they are random or born out of stereotypes. This leads to the view of identity at its core being a personal and independent journey. Our identities are multifaceted with layers of external factors and layers of internal decisions which are of varying importance to us. It's here that the person in question hopes to find the answer they are hunting for. If theology is of high importance to the individual, if their faith is more critical than any other piece of who they are, finding strength and guidance through spirituality as best as physically possible within the realm of accepted practical application is a natural

path to follow. If religion is but a portion of who they are, and their sense of cultural strength and pride is much greater, then trusting one's well-being to the Indian healthcare system, or following the general social trends may be the logical answer for the individual. For the person who finds equal strength in both of these, the question then becomes, how can these two worlds come together?

Guru Granth Sahib Analysis

The Guru Granth Sahib contains 26852 lines of text filled with the teachings of the Sikh gurus, and other scholarly scriptural writing. This collection of text is used as a basis for guidance in how to live, conduct oneself, handle conflicts, and to survive the human existence with *Vahiguru* (the name with which the Divine is most often referred to in the Sikh tradition) at heart. This is best summarized by the following: "… the essence of Sikh teachings is to love God, desire a union with Him, and be of service to Humankind." (Morjaria-Keval & Keval, 2015). At a glance, this is a variety of vague pillars, however through analysis one can find how much they truly encompass; incredible detail and guidance, all of which still leaving opportunity for personal interpretation.

The Guru Granth Sahib states that everything which happens in one's life is as per the will of Vahiguru, including the balance of karma (Kalra et al., 2013). Karma is a concept with three main connotations: 1. An Act or deed, 2. Predetermined fate as a result of an act or deed, and 3. Divine grace or clemency (Gujral 2009, para. 6-10). In the Sikh tradition, karma is generally viewed in reference to the third ideal. The living gurus accepted karma as a part of life, however unlike most traditions karma is a part of, the Sikh belief system does not view it as immutable. It is rather seen as a natural system which like any other, can be subject to Divine grace (*Nadar*) and Divine order (*Hukam*). Simply put, karma is a force of nature which impacts all forms of life, most critically impacting human life. Karma itself can be changed, or even ended by Vahiguru. Guru Nanak was once quoted saying "All forms, beings… are subject to the indescribable hukam and there is nothing outside the real, of Hukam." (Gujral, 2009, para. 6-10).

Human life is the most critical opportunity within the karmic cycle as it is a rare chance for the soul to ascend from the cycle. If one lives a humble and karmically good life of service and submission to *Hukam*, *Nadar* will free them from the process of rebirth; they will achieve liberation. In order to achieve such, it is said that one should not practice rituals or non-action, but should rather live a householder's life of activity and responsibility. One should live with service and

devotion, and an understanding and agreement with divine will and divine law (Gujral, 2009, para. 6-10). The essence of the doctrine of karma can be summed up in the following sentence: There are 8.4 million different forms of life, each of which coexist with one another, and each is an opportunity to restart or learn from one's mistakes (Kalra et al., 2013).

The pressure of living with the concept that free will is not free can be simultaneously stressful and comforting for many minds. This is a concept which we must remember when analyzing the specific content of the Guru Granth Sahib in relation to mental health. The physical body is an object, interpreted as a sort of cloak that absorbs and reacts to karmic effects (Kalra et al., 2013). This view of the human body produces a rather structured, non-empathetic approach to illness in general, which takes into consideration one's environment and one's circumstances. However, the brain, or rather the mind, is seen in a much different light. This is ones true being, as one's consciousness is what allows them to accept Vahiguru, it is seen as the person themselves. This ideal is likely why the Sikh scripture accepts the existence of mental illness (specifically depression), discusses its potential sources, and how to move through it with Vahiguru.

There are two translated quotes from the *Shabad Guru* (the written text of the Guru Granth Sahib) which display the Sikh theology in terms of depression quite clearly: "It is said that total knowledge of God and Ecstasy is an antidote to Depression" and "Go deeply inside, touch your soul and vibrate at the frequency of the Divine. There you will find your victory and satisfaction-your self-mastery" (Khalsa, 2019, para. 1-10). In the first, one sees the concept of depression mentioned directly, and addressed through the strength of one's knowledge of the Divine. In the second quote, one finds something a bit more abstract. It is suggesting the individual focuses on all questions in life through themselves and through the divine, rather than searching the world for answers. This is a reminder that oneself is the missing piece to all of their own puzzles, and they mustn't forget that Vahiguru's will encompasses them.

The concept of depression when discussed in the context of the Sikh faith, will be referred to using the term *dukh*. *Dukh* directly translates to pain, but in several excerpts from the Guru Granth Sahib, it has been interpreted to mean pain of the mind. (Kalra et al., 2012). The concept of mental illness as we know and understand it today is vastly different than that same concept during the time period in which the Guru Granth Sahib was written. Taking this into consideration, many take this interpretation of pain to equate to mental illness, including depression. It is said that

when one forgets the Lord, even for a moment, their mind can be afflicted with terrible diseases. In the same token, when one remembers Vahiguru, happiness is immediately returned to them. This dynamic is where the idea of a comforting stress comes into play. *Dukh* is sometimes seen as a gift of the Divine, as it brings a lost soul home to the Lord. However, this idea when reversed, can lead to the view of *dukh* being a curse of Vahiguru, a view which tends to lead people to not seek professional help for themselves (Kalra et al., 2013).

If we are able to recognize something as a medical condition, then precedent sets that we must recognize that treatment, either in means of alleviation or cure, is the rational next step (Malla et al., 2015). The Guru Granth Sahib indicates that diagnosis and treatment of illnesses is important to taking care of oneself, and as one must be well taken care of to fulfill the pillars of Sikhism, this becomes a distinct point (Morjaria-Keval & Keval, 2015). Yet, the opposing idea which frames *dukh* as a curse of the Lord rather than a gift, is also logically found in analysis of the teachings. This contradiction in the theology may cause confusion, uncertainty and a sense of falling astray in a Sikh struggling with depression.

The acknowledgment of depression and its role theologically develops largely in the idea of its source. The roots of *dukh* according to the Guru Granth Sahib can be separated into three categories: materialistic things, such as sexual desire and egotism, external factors such as loss of wealth, death of a loved one, and madness (attributed to alcohol), and emotional responses, such as taunts, hypocrisy, and anger (Kalra et al., 2013). These events and issues are all still relevant causes of and stressors for depression to this day, whose identification in centuries old scripture is remarkable. This serves as a reminder that in its core, Sikhism is a belief system which is aware of humanity, and the reality of the human existence. This particular mention of *dukh* not only acknowledges its presence, but it also acknowledges a variety of human faults, an important ability for a theology built on the idea of love for all.

Being able to point to a cause of one's pain is often considered the answer in terms of physical pains, as it allows the proper treatment to be aligned and can cause a wave of relief. In the specific context of Sikh theology, medication for mental illness is not addressed, likely due to the limited concept of these conditions as well as limited medicinal knowledge on such during that time period. However, it is said that medications in general are nothing more than ashes, which one can infer leads to a preference for spiritual and personal recovery, within the realms of rationality (Kalra et al., 2013). While any sort of clinical relation to *dukh* is not made,

suggestions for approaching and working through such personal experiences are provided in the teachings. For immediate relief/clarity, it is said that one should meditate and pray, both in the name of the Lord. This connects the idea of remembering Vahiguru to avoid *dukh*, with the theory that finding a moment of tranquility can reset the mind. With the goal of long-term improvement, the Guru Granth Sahib says to stay in the Lord's sanctuary and praise him, turning to the Lord for guidance, assurance, and karmic relief (Kalra et al., 2013).

Depression can lead to frustration, and often causes one to want to point fingers, whether it be at those around them, or themselves. This too is addressed theologically, by the consistent placement of the locus of control on external things, but never individuals. In fact, the Guru Granth Sahib directly clarifies such by explaining that blaming others for one's pain benefits no one, and that one should rather blame their own karma (Kalra et al., 2013). Following this train of thought, and relating it to the concepts of karmic forgiveness *Hukam* and *Nadar*, the individual can begin to find peace and improvement through their faith. The following quote was written in reference to addiction, another mental illness with many symptoms similar to that of depression: "People use their Sikh identities,… to locate themselves psychologically, emotionally, socially, and biographically. The use of spiritual frameworks then become a powerful structure of relevance, such that the use of faith in the service of recovery remolds Sikh identity as the engagement with *Amrit* {baptism} takes hold. To be on the path to spiritual enlightenment… also involves a range of re-engagements with personal identities." (Morjaria-Keval & Keval, 2015). Through Sikhism, the individual may take a journey to find themselves and realign their values.

Societal India's Approach

Depression is a condition that for those it affects becomes a daily struggle, a battle which many attempt to overcome through their faith. Sikh leaders and other contributing authors of the Guru Granth Sahib understood this human journey, and paved the way ideologically for future Sikhs to find their way through the fog by holding tight to their beliefs. The theological teachings are founded in religious care and admiration for the human life, but theology must be re-evaluated and interpreted as the world changes, and is a separate entity from sociology. This divide may be frustrating and confusing for a person within the bounds of both a theological faith and a continuously changing society.

Generally speaking, many ideals that make perfect sense in discussion fail in translation to practice due to social norms and climate. Sikh society in India is no different. India is the home to people of all faith backgrounds; however it contains the holy lands and serves as the birth place of several traditions. The Indian population is made up of significant numbers of the following faiths: Hinduism, Islam, Buddhism, Jainism, and Sikhism. This combination of coexisting traditions and their complex history with one another creates a dynamic atmosphere. Within this complicated grouping which is the Indian public, a general, governmentally influenced, set of social norms has come into existence. These norms and implications, while they follow general international trends, vary greatly from those of the religious groups which make up the population. The variants between theory and practice can be observed when we compare the interpretations of mental health and mental healthcare found within Sikhism to the application of mental health awareness and care in India.

When discussing the status of one's mental state in a social context, there are three separate terms which most commonly may be involved: mindfulness, well-being, and mental health. Each describes ones state of mind, but to varying degrees and with differing connotations. Mindfulness refers to one's recognition of personal mentality and emotional processes, and is often brought into conversation alongside topics such as meditation (Crane, 2017). In its general form, positive mindfulness entails being able to acknowledge, accept, and move forward from emotional thoughts and responses (Teper & Inzlicht, 2012).

Well-being is the most vague of these terms. This commonplace term generally refers to a big picture view of mental health. If there is cause for concern over one's mental well-being, it does not insinuate a medical issue (Singh & Mastana, 2015). Every person at one point or another experiences a lowered sense of well-being, be it from stress, loss, etc. This concept is general and all encompassing, and thus has become a buzz word in the modern world. Mentality, similarly to many other subjects of medical diagnosis, has been at the forefront of conversation and at many points, been a controversial one in governments worldwide. In this, the term well-being became a softer substitution to discuss one's mental state.

The term mental health, unlike the other two is a more descriptive and clinical concept (World Health Organization, 2017). The following definition comes from the World Health Organization (WHO) a leading figure in the development of mental health awareness and care worldwide: " [Mental Health] refers to the broad array of activities directly or indirectly related to the mental well-being, prevention

of mental disorders and treatment and rehabilitation of people affected by mental disorders." (World Health Organization, 2015). These three terms and definitions are the most commonly used internationally. For the following paragraphs dictating the approach to one's mentality in societal India, the term *mental health* and its previously stated definition will be used.

Prior to discussing the modern practices and approach, it is important to touch on the historical foundations these built upon. At the beginnings of independent India in 1947, there was a bare bones structure for mental healthcare (Murthy, 2011). It is important to note that at this point in history around the world, the family of a mentally ill person was considered a negative influence and was to be separated from the treatment process entirely. In the following few decades, the goal was simply to physically expand the space and ability to treat individuals. Perhaps the most important development in mental healthcare to come out of early independent India is the involvement of the families of the ill. It was India who first identified that the presence of a consistent support system, which one's family generally creates, could benefit the mentally ill (Murthy, 2011). Over the years leading up to the 2000s, India continued to expand the physical capability of treatment, and to bring increasing humility to the practices.

With today's international statistics at approximately 800,00 deaths from suicide each year, and depression being the number one cause of disability, depression is at the forefront of every legislative body's radar (World Health Organization, 2017). A large indicator of a country's approach to mental health is their treatment gap statistics. The treatment gap refers to the population amount which require care, and those who actually receive such. Across India, the treatment gap is as high as 83%, with 1% of the population considered high suicide risk and the age adjusted suicide rate 21.1 per 100,000 people (Singh 2018). Upwards of 83% of individuals in need of care going without it is indicative of a major issue, and the leading authorities are beginning to act on such.

The IHO (Indian Health Organization) released a statement saying that mental health promotion has been included into the federal Sustainable Development Goals, giving it a higher focus (Singh 2018). One of the biggest governmental motivators in this issue is the question of the treatment gap's impact on the country's economic standings. In 2010 the WHO estimated that between 2012 and 2030 India's economy will lose approximately 1.3 trillion dollars due to mental illness (WHO. 2015). This sizable estimation comes from present statistics on the population unable to preform adequately in their employment, those taking leave

from work, economic affects of addictions formed as coping mechanisms, and places it in perspective of the treatment opportunity and accessibility, as well as presence of importance/promotion for mental healthcare. This estimation breaks down to a loss of 7.2 billion dollars per year. With a loss of 7.2 billion dollars and 21.1 people per 100,000 every year, the question is no longer whether or not mental healthcare requires the country's attention, but rather how can further damage be prevented, and the current issues improved?

In May of 2018, a new legislation regarding mental healthcare came into effect. India's Mental Healthcare Act of 2017 makes access to mental healthcare and treatment a legally protected right for all 1.3 billion Indian citizens (Duffy & Kelly, 2019). This act requires that care be offered for free to those under the poverty line and the homeless, and at minimal, affordable costs for the rest of the country. The regulated services include treatment, rehabilitation, prevention, and promotion. Additionally, the act institutes basic mental health emergency training for all public health officials, and decriminalizes suicide (*de facto*) (Duffy & Kelly, 2019). There are some issues with this legislation, such as a risk of lowered standards of care, and some gaps left unfilled such as treatment and rights protection between periods of direct, required care. Problems aside, this legislation is an important stride for mental healthcare in India.

Another step governments often take is instituting long term improvement plans. The Indian government did just that, in effort to even out the distribution of mental health professionals to those needing care. The current distribution of psychiatrists to the general Indian population ranges from 0.05-1.2 per 100,000. With the additional knowledge that 30% of the population going to general medical facilities are suffering from an untreated CMD (Common Mental Disorder) this unbalanced distribution has been identified as problematic. In an effort to rectify this, the Medical Council of India has instituted a new federal curriculum for medical programs which is competency based, and places heavy weight on psychiatry through interdisciplinary integration of the subject in all other base courses (Singh, 2018). This curriculum will be largely beneficial in the effort to increase access to mental care, however this is a slowly progressing reward. This must be paired with consistent upholding of the Mental Healthcare Act of 2017, as well as development and expansion off of such to ensure progression in the protection of rights and care of the Indian population. If these legislations fall to the wayside, the instituted curriculum alone will not impact the treacherous statistics stacking up against the general public of India for quite some time.

To gain a wide perspective of the climate in India surrounding mental health, the social perceptions must be taken into consideration. While social trends and acceptance are difficult to quantify, the passing of mental healthcare legislation in recent years has brought potentially damaging societal opinions and probable causes of such into conversation. A large contributor to social opinion is awareness of and knowledge about mental health. The following quote from a recent article detailing mental health care policies and their impacts, highlights such: "… In India, the lack of awareness about mental disorders such as depression, anxiety, suicidal risk, and emotional stress reinforces the stigma of getting mental health treatment, and are major impediments to demand for mental healthcare." (Mirza and Singh, 2019). Without awareness, understanding and acceptance are difficult to find, leading many to not seek out the medical care they require. The stigma surrounding mental health and mental healthcare extends beyond the demand for and obtaining of care, to increased homelessness, imprisonment, social exclusion, and other non-clinical rights issues (Kelly 2016). The inclusion of rights to promotional and preventative care in the Mental Healthcare Act of 2017 is a start to working past these issues, however the overall lasting impacts of this will have to be evaluated in the years to come to determine clinical effectiveness, outreach, and changes in social climate.

India is a growing nation with complex relations and a complicated mix of people making up its population. Sikhs dealing with a mental illness, as one of the subgroups within this population are generally placed in a difficult scenario. On the one hand, the social population has shown an expanding, but still fairly limited rate of advocacy and acceptance. What is in place socially, is in a rather clinical and often generalized manner (Ng, 1997). On the other hand is the theological direction provided by the Guru Granth Sahib which approaches mental health from a much more spiritual and humanized manner. One side is the common practice, which can present additional difficulties, but does recognize mental health as a medical concern. The other is an ideal scenario not common to the public, who's treatment process is within one's self and one's commitment to Vahiguru. While this is not a medical approach, it is available to anyone at any point.

How does one who identifies as Indian and identifies as Sikh, fighting with mental illness, approach their struggles? It is this person, with hundreds of others in the same conflicting situation that causes a need for analysis and evaluation of the relationship between sociology and theology. Sikhism falls into a minority category of belief systems as it places less emphasis on the illness, it's negative existence,

and more importance on staying true to one's faith during any struggle, and finding strength through belief.

It should be noted that the concept of mental health being in the Lord's control can have negative impacts on anyone suffering from a mental health issue. Maintaining control and focus are crucial in overcoming these sorts of struggles, and the idea that the situation is controlled by an entity who's will is absolute, is likely to cause internal conflict. However, the overall tone of the Guru Granth Sahib is straightforward and unbiased towards *dukhi* (those experiencing *dukh*). It then must be considered, does one stay strong in their faith and trust Vahiguru's will, or does one take their well being into their own hands? Both scenarios are a very possible reality for these individuals. Just as mental health is the cross roads between clinical and spiritual, Indian Sikhs are presented with a cross roads between acknowledgement and spiritual guidance, and risking the gamble against statistics for the chance of professional medical care. It is difficult to translate any holy text to direct practice as culture and society are drastically different from when the text was written. This growth causes a sort of rift between what could be, what is thought of as what should be, and what is. Here is the home of the cross roads which has been discussed, the core of the debate, the question of what one is to do. What is the correct answer? Is there one? One always hopes to live by the lessons of their faith, but one is also conditioned to respond to societal cues and norms.

Conclusion

Sikhism, born in 1469 CE, is one of the youngest, modern belief systems currently in practice. The holy text was, throughout its creation, a sort of living document, as it is comprised of a variety of teachings accumulated from the living leaders of the faith, as well as other holy men and scholars throughout that time. The Sikh faith stems from the talk of one man, the first Guru, Nanak, who believed that all humans deserve love, and that one's social standing meant nothing of who they truly are. It is a holistic, human approach to existence, which also understands that negativity exists in the world and that society cannot proclaim it as evil in hopes it will disappear, but rather must identify it, and work to overcome without losing ones sense of self. This sentiment, as the document was shaped throughout time, was built upon, expanded and interpreted to apply to nearly every aspect of life, including mental health.

The Sikh theological descriptions of depression are hauntingly accurate to this day: "In front of me, I see the jungle burning; behind me, I see green plant sprouting."

(Cruwys et al., 2014). This translated quote from the Guru Granth Sahib is one of many that describe the feeling of struggling with an obstacle such as *dukh*. Concepts such as possible causes and ways to work through these obstacles, warnings of what happens to those who forget the Lord, reminders of the absolute authority that is Vahiguru's will and what karma can bring, can be found within the text. All of this is contained within the holy text and teachings, awaiting personal interpretation and application to life. Here, one can uncover and interpret strategic, stressful comfort and a form of guidance.

India as a free and independent country is relatively young, similar to the Sikh tradition. At just 73 years old and containing 1/6 of the world population within its borders, India is an important model on an international scale (Duffy & Kelly, 2019). Indian society as a whole does not place a large weight on mental health. Mental healthcare however has recently taken large strides in legislation representation and protection. Given the youth of the policies such as the Mental Healthcare Act of 2017, the world is watching and waiting to interpret the success rate of the governmental action, and how it impacts India's death rates, treatment gap, and economic projections. Although these very recent changes are arguably overdue, there is something to be said about the progress being made.

Legislation is not the only aspect of society which can impact those suffering from mental illness. Awareness and understanding across a population can drastically impress on the number of individuals seeking help. Normalization of mental healthcare from a governmental perspective is a crucial step in increasing social acceptance and reducing stigma. Unfortunately, the concept of mental health has, as it does in many countries, a stigma about it which often negates the clinical side of the issue (Ng, 1997). The notion that if one is mentally ill they aren't suffering from a medical condition, but are rather lesser or wrong-doing individuals has become commonplace internationally. Due to this stigma, people around the world do not speak up about their issues or seek the help they require. It is these social blocks which have propelled calls for change in all aspects of society, for recognition and humane understanding and support for those with mental illness. This stigmatization of an entire group of medical conditions is a large contributor to tragic statistics such as the 83% treatment gap.

It is easy to say that something needs to change, but thousands of years of mixing religions, social precedents, and stigmatic responses makes it incredibly difficult to do so. The beginnings of progress have sprung into action on the part of India's governing body, and we now must watch and hope these legislations are upheld

and serve as a foundation for building an active, appropriate and supportive network of care for individuals with mental illness. Sikhism is unique in the sense that the holy book acknowledges the concepts of mindfulness and mental health, and their presence in humanity. However, between the progress in medical care and clinical knowledge at the time of the Guru Granth Sahib's creation, and the power of commitment to and faith in Vahiguru, the concept of medicinal care for one mental state is not directly seen.

One must interpret what is present on the related topics such as *dukh*, and infer their beliefs of how Sikh practices and clinical mental healthcare intertwine. Socially speaking, acknowledgement, validation, and care for mental health has yet to be fully developed. However, if one is able to push beyond the blind eye, medical care is available. The newly enacted legislation provides hope that this blind eye is dissipating and being replaced with an accessible network of treatment, promotion and prevention opportunities. With all of this in mind, the question is no longer if there is a difference between the way Indian society and Sikh theology handle mental well-being and mental healthcare. The question is now where the bounds between these two intersect, and where does the individual lie between these worlds.

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