



O.P. Jindal Global University
A Private University Promoting Public Service



**Jindal School of
Psychology & Counselling**
India's First Transdisciplinary Psychology School

Mental Health Across Histories and Cultural Context

(Cross-Listed Elective Course)

Course/ Subject Code: PCCU-02-BAP-MHHC2063

Spring Semester - 2026

Jindal School of Psychology and Counselling B.A. (Hons.)

O.P. Jindal Global University

(Institute of Eminence, Deemed to be University)

Sonipat, India - 131001

Course Information

Course Duration: 14 weeks

Credit Hours: 4 credit points

Meetings/ Class timings:

Location:

Prerequisites:

- Interest in issues surrounding mental health
- Keenness to understand the history of mental health
- Curiosity about how colonialism shaped mental health practices and institutions
- Interest in exploring how social structure of caste and socio-political events like Partition shape mental health policies and practices.

Equivalent Courses:

Exclusive Courses:

Instructor Information

Instructor 1: Dr Sarah Ghani

Biography: Dr. Sarah Ghani is currently an Associate Professor at Jindal School of Psychology & Counselling at O. P. Jindal Global University. She holds a Ph.D. in History of Psychiatry from the National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore. Her doctoral research, which was funded by the 'Wellcome Trust, United Kingdom', focused on tracing the History of Psychiatry in India pertaining to the Pre-Independence Era and understanding the underpinnings of a native-run hospital. It also focused on studying the impact of colonisation on the History of Psychiatry in India. Her research interests are diverse, such as the History of Psychiatry, History of Mental Health, Public Mental health, Community Psychiatry, Clinical psychology, Social psychology, Animal-assisted therapy, Psychoanalysis, Dream analysis, Emotional regulation

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Phone:

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Office Hours: By appointment

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Instructor 2: Dr. Arpita Gupta

Biography: Dr. Arpita Gupta is currently an Assistant Professor at Jindal School of Psychology & Counselling at O. P. Jindal Global University. She is a registered clinical psychologist and holds an MPhil in Clinical Psychology from Central Institute of Psychiatry, Ranchi. Her PhD in Psychology from the Indian Institute of Technology Kanpur focused on

understanding the phenomena of loss, grief, and recovery in severe mental illnesses at the intersection of social class and gender. Her work has been recognized internationally and won her the David B. Feinsilver Award by the International Society for Psychological and Social Approaches to Psychosis.

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Office Hours: By appointment

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1. Course Description

This course explores how culture and colonial histories shape understandings of mental health, with special emphasis on India and few other international colonies. It examines the evolution of concepts of insanity, the rise of asylums, and colonial psychiatry, as well as the psychological impact of caste, Partition, and migration. Students will also analyze ethnopsychology from a Global Perspective, highlighting parallels and differences with India. By tracing these histories and engaging with contemporary debates on decolonizing psychology, the course aims to build culturally sensitive perspectives for rethinking mental health.

2. Course Learning Objectives:

Course Intended Learning Outcomes	Teaching and Learning Activities	Assessments/ Activities
To trace the evolution of insanity and its treatments in India.	Lectures, classroom discussions, case studies	Assignment 1
To understand colonial mentality and its impact on the psyche.	Lectures, classroom discussions, reflective exercises	Assignment 1 and 2

To critically analyze caste, Partition, and collective trauma in shaping Indian psychology.	Lectures, seminars, group discussions, film/document analysis	Assignment 2
To study ethnopsychology in a global Context, migration, and gender perspectives on mental health.	Lectures, readings, classroom discussions	Assignment 1
To compare Indian and International experiences through a decolonial lens.	Lectures, debates, comparative analysis activities	Assignment 1
To design culturally informed responses to contemporary mental health challenges.	Group projects, workshops, classroom discussions	Assignment 1 (Group project)

3. Scheme of Evaluation and Grading

The course will adopt a continuous assessment procedure for evaluation. The breakdown of assessments is as follows:

Task	Marks
Class Participation	10%
Assignment 1: PowerPoint/Video assignment	30%
Assignment 2: Mid Sem Exam	30%
Assignment 3: Written In class Final Exam	30%
Total	100

Assessments Structure:

Assignment 1 (30%)

Title: *Stories of Madness and Healing: A Comparative Project*

Description

Student groups (3–4 members across both countries) will explore a chosen theme (e.g., asylum histories, caste vs. indigenous marginalization, Partition trauma vs. migration trauma, colonial mentality, decolonial healing). They will create a **creative, multimedia project** showing cross-cultural analysis and a culturally sensitive intervention.

Short Documentary / Video Presentation (8–10 minutes) – using interviews, narration, or dramatization.

Dramatized Skit / Role-play (recorded) – enactment of a historical or cultural scenario with interpretation.

Podcast Episode (10 minutes) – a dialogue between Indian & Mexican students analyzing their chosen issue.

(They must show both India and International perspectives and end with a proposed culturally sensitive intervention.)

Tentative Submission Date: TBD

Assignment 2: Mid Sem Exam (30%)

Portion: Week 1 to week 6

Tentative Submission Date: TBD

Attendance (10%)

Attendance and class participation will be decided at the end of the semester depending on individual performance in class.

Assignment 3: End semester exam (30%)

This will be an in-class, closed book written exam.

Students Responsibilities

Students are required to submit all the assignments on a particular date and time. Class participation will include but will not be limited to participating in class discussions based on the lecture slides and pre-reading material assigned to them, asking questions, doubts, and having healthy interaction with their fellow classmates.

Grade Definition

The percentages will be converted to grades and grade value by the examination office using the following breakdown:

Grade	Percentage of Marks	Grade Value	Grade Description
O	80% and above	8	Outstanding: Exceptional knowledge of the subject matter, thorough understanding of issues; ability to synthesize ideas, rules, and principles; and extraordinary critical and analytical ability.
A+	75 - 79.75%	7.5	Excellent: Sound knowledge of the subject matter, thorough understanding of issues; ability to synthesize ideas, rules, and principles; and critical and analytical ability.
A	70 - 74.75%	7	Very Good: Sound knowledge of the subject matter, organizational capacity; ability to synthesize ideas, rules, and principles; critically analyze existing material and originality in thinking.
A-	65 - 69.75%	6	Good: Good understanding of the subject matter, ability to identify issues and provide balanced solutions to problems; good critical and analytical skills.
B+	60 - 64.75%	5	Fair: Average understanding of the subject matter, limited ability to identify issues and provide solutions to problems; reasonable critical and analytical skills.
B	55 - 59.75%	4	Acceptable: Adequate knowledge of the subject matter to go to the next level of the study; passable critical and analytical skills.
B-	50 - 54.75%	3	Marginal: Limited knowledge of the subject matter and irrelevant use of materials; poor critical and analytical skills.
P1	45 - 49.75%	2	Pass 1: Pass with a passable understanding of the subject matter; lacking in critical and analytical skills.

P2	40 - 44.75%	1	Pass 2: Pass with a rudimentary understanding of the subject matter; lacking in critical and analytical skills.
F	Below 40%	0	Fail: Poor comprehension of the subject matter; poor critical and analytical skills; and marginal use of the relevant materials. Requires the student to repeat the course.
P/F	Pass / Fail		Pass or Fail: Pass is awarded a final grade of 40% or above. Fail reserved for the final grade below 40%. This option is only available for semesters taught online (covid).
I	Incomplete		Incomplete: Issued due to extenuating circumstances that prevent the student from completing internal or external marks. If an 'I' grade is assigned, the JSPC Academic Committee will suggest a schedule for the completion of work or a supplementary examination.

4. Academic Integrity

Punctuality and Conduct

JSPC conducts all classes on a foundation of professionalism. Students are expected to be present in class and seated within five minutes of the class start time. Students arriving after a ten-minute window from the designated start time will be refused entry/attendance. A classroom is a place for free expression and critical-thinking students must respect the opinions expressed and actively participate in classroom discussions.

Participation and Attendance Policy

Attending classes will help students understand and master the concepts and their applications. Thus, we encourage you to attend all classes and avoid missing them until and unless very necessary. Students with less than 75% attendance will not pass this course.

Phone Usage

Phones are not allowed during classroom hours. The use of phones by students may result in their removal by the course instructor. Repeated violations may result in an academic discipline.

Plagiarism

In line with JGU policy, JSPC operates a zero-tolerance approach to plagiarism. The unacknowledged use of material by others within your work is a violation of academic integrity, and all reported cases will be investigated for potential disciplinary action.

Disability Support

JGU endeavours to make all its courses accessible to students. The Disability Support Committee (DSC) has identified conditions that could hinder a student's overall well-being. These include physical and mobility-related difficulties, visual impairment, hearing impairment, mental health conditions, and intellectual/learning difficulties, e.g., dyslexia and dyscalculia. Students with any known disability needing academic and other support are required to register with the Disability Support Committee (DSC) by following the procedure specified at <https://jgu.edu.in/disability-support-committee/>

Students who need support may register any time during the semester up until a month before the end-semester exam begins. Those students who wish to continue receiving support from the previous semester must re-register within the first month of the semester. Last-minute registrations and support might not be possible as sufficient time is required to make the arrangements for support.

The DSC maintains strict confidentiality about the identity of the student and the nature of their disability, and the same is requested from faculty members and staff as well. The DSC takes a strong stance against in-class and out-of-class references made about a student's disability without their consent and disrespectful comments referring to a student's disability.

All general queries are to be addressed to disabilitysupportcommittee@jgu.edu.in

Mental Health Services


Sukoon is physically located on the JGU campus and provides confidential and professional support through qualified counsellors, therapists, and mental health professionals. Their services are integrated with cutting-edge technology, including individual counselling, early screening, crisis intervention, and specialised workshops focused on resilience building, managing academic stress, and mental health awareness.

The centre is open 24/7 and staffed by trained psychologists, backed by Sukoon's extensive network of inpatient psychiatric facilities and emergency services, ensuring seamless care for all members of JGU.

Sukoon's approach is holistic and trauma-informed, creating a safe, non-judgmental environment that prioritises emotional safety and confidentiality. Their evidence-based methods integrate psychotherapy, art therapy, recreational activities, and progress monitoring to support mental wellness comprehensively. Sukoon also offers a 24/7 helpline and virtual consultations, ensuring all members of JGU can access care on campus or remotely at any time.

24/7 Physical and Virtual Availability: Sukoon's mental health services will be operational 24 hours a day, 7 days a week, with a physical presence on campus as well as virtual consultations to ensure you have access to support whenever you need professional support.

Helpline Continuity: The 24/7 helpline you rely on will remain active and unchanged, now operated as the Sukoon Helpline.

 **24/7 Sukoon Helpline:** +91-8396907312

Safe Space and Respect for Diversity

This course may discuss issues that could result in distress or provoke emotional responses in students. To make sure that all students collectively benefit from the course, it is incumbent on everyone to maintain respect towards one another. All JSPC program faculty, staff, and students shall maintain respect for differences including, but not limited to, race, ethnicity, sexual orientation, age religion/spirituality, ability, socioeconomic status, and culture. Each person will be responsible and accountable for creating and maintaining a culture of respect at every level of the program. This does not mean that you must feel restrained about what you feel and say- rather it is about creating a safe space for everyone to speak and learn without inhibitions or fear.

5. Keyword Syllabus:

Insanity, Mental Health, History of Mental Health, Colonization, Caste System, Partition,
Global Perspective

6. Course Material

Books

- Ernst, W. (2013). *Colonialism and Transnational Psychiatry: The Development of an Indian Mental Hospital in British India, c. 1925–1940*. Anthem Press. Retrieved from <https://books.google.co.in/books?id=Jd6cAQAAQBAJ>
- Pandey, G. (2001). *Remembering Partition: violence, nationalism and history in India*. Cambridge-New York, Cambridge University Press.
- [Potter, Roy. Mind-Forg'd Manacles: A History of Madness in England from the Restoration to the Regency, Harvard University Press \(Cambridge, MA\), 1987](#)
- Scull, Andrew. *Madness in Civilization: A Cultural History of Insanity, from the Bible to Freud, from the Madhouse to Modern Medicine*. Princeton University Press, 2015. JSTOR, <https://doi.org/10.2307/j.ctvc77hvc>. Accessed 4 Oct. 2023.
- Yengde, S. (2019). *Caste matters*. Penguin Random House India Private Limited.

Journal articles

- Butalia, U. (1993). Community, State and Gender: On Women's Agency during Partition. *Economic and Political Weekly*, 28(17), WS12–WS24. <http://www.jstor.org/stable/4399641>
- Ernst, W. (1987). The rise of the European lunatic asylum in colonial India (1750–1858). *Bulletin of the Indian Institute of History of Medicine (Hyderabad)*, 17(2), 94–107.
- Jain, S. (2003). Psychiatry and Confinement in India. In D. Porter, Roy and Wright (Ed.), *The Confinement of the Insane International Perspectives, 1800–1965* (pp. 273–298).
- Jain, S., & Sarin, A. (2012). Partition and the mentally ill. *Economic and Political Weekly*, 47(29), 4-4.
- Jogdand, Y. (2024). Laying the ground for a critical psychology of caste. *CASTE: A Global Journal on Social Exclusion*, 5(2), 49-72.
- Komanapalli, V., & Rao, D. (2021). The mental health impact of caste and structural inequalities in higher education in India. *Transcultural psychiatry*, 58(3), 392-403.

- Mills, J. (2001). Indian into Asylums: Community use of the colonial medical institution in British India, 1857-1880. In M. Harrison (Ed.) (p. 165–187 BT–Health, medicine and empire: perspec).
- Mills, J. (2001). The history of modern psychiatry in India, 1858-1947. *History of Psychiatry*, 12(48 Pt 4), 431–458. <https://doi.org/10.1177/0957154X0101204803>
Cambridge: Cambridge University Press.
- Pandey, G. (1997). Community and Violence: Recalling Partition. *Economic and Political Weekly*, 32(32), 2037–2045. <http://www.jstor.org/stable/4405734>
- Sharma S. Psychiatry, colonialism and Indian civilization: A historical appraisal. *Indian J Psychiatry*. 2006 Apr;48(2):109-12. doi: 10.4103/0019-5545.31600. PMID: 20703396; PMCID: PMC2913558
- Wratch, M. K. (2023). Of Uprootedness, Madness and the Unclaimed Experiences of Trauma in Selected Partition Narratives. *Indian Literature*, 67(5 (338)), 171–184. <https://www.jstor.org/stable/27291988>

Additional Reading

- Foucault, M., & Howard, R. (1988). *Madness and Civilization: A History of Insanity in the Age of Reason*. Vintage Books. Retrieved from <https://books.google.co.in/books?id=U68zY4-nb1wC>
- Foucault, M., & Khalfa, J. (2006). *History of Madness*. Routledge. Retrieved from <https://books.google.co.in/books?id=B5Pyfip2P1gC>

Session Plan

Week	Module	Sub topics/ Explanation	Key Readings	Activities/Pedagogy
1	Introduction	Ethnopsychology, cultural psychiatry, decolonial & gender frameworks	Bhugra & Bhui (2007)	Icebreaker + group discussion: “What is madness in your culture?”
2	Colonialism & Mental Health	Colonialism, insanity, power, knowledge systems	Foucault (1961) Sharma (2006)	Lecture
3	Indigenous & Traditional Knowledge	Ayurveda, Unani, Indigenous Mexican practices	Díaz-Loving (2005); selected ethnomedical texts	
4	Evolution of Insanity in India	Ancient to colonial frameworks of mental health	Ernst (1987); Jain (2003)	Lecture + timeline creation of Indian psychiatry
5	Birth of Asylums & Treatments	Asylum rise, confinement, colonial medicalization	Scull (2015); Mills (2001)	Case study: Asylum archives (India)
6	Colonial Mentality & Psyche	Fanon, internalized inferiority, civilizing mission	Fanon, Ashish Nandy	Debate: “Colonial wounds—past or present?”
7	Caste & Mental Health	Caste hierarchies; Critical lens, Psychosocial impact	Jogdand (2024); Yengde (2019); Komanapalli & Rao (2021)	Think-Pair-Share: Reflect on Social Identity
8	Partition & Trauma (I)	Context, Violence, & Community	Pandey (2001); Pandey 1997	

9	Partition & Trauma (II)	Women, Madness, and Trauma	Butalia (1993); Wratich (2023); Jain & Sarin (2012)	
10	Global Ethnopsychology	Identity, indigenous psychology, self-concept	Díaz-Loving (2019); Hernández-Díaz (2025)	
11	Migration, Gender & Mental Health (Mexico, etc)	Cross-border migration, women's experiences	Díaz-Loving & Domínguez (2019)	
12	Comparative Dialogue	India & other international colonial legacies & cultural resilience	Lugones (2010); selected comparative readings	
13	Decolonizing Mental Health	Comparative synthesis; student projects	Hernández-Díaz (2025); Kloos et al. (2012)	
14	Final revision			