

# Psychosomatic Health and Shimla

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## Abstract:

Psychosomatic health, characterized by the interaction between psychological and physiological factors, is a critical aspect of overall well-being. The influence of environmental factors on psychosomatic health has gained significant attention in recent years. This study aims to investigate the impact of Shimla, Himachal Pradesh, a scenic hill station in India, on psychosomatic health. Using a cross-sectional design, data were collected from a sample of residents and tourists visiting Shimla. Measures were taken to assess psychological factors such as stress, anxiety, and depression, and physiological indicators including blood pressure, heart rate variability, and cortisol levels. Environmental factors, including air quality, temperature, and green spaces, were also evaluated. Preliminary findings suggest that the unique environment of Shimla has a positive influence on psychosomatic health. Participants reported lower levels of stress, anxiety, and depression compared to urban counterparts. The presence of natural landscapes and green spaces within the city contributed to a greater sense of well-being and relaxation. Additionally, favorable air quality and moderate temperature were associated with improved physiological indicators, including reduced blood pressure and enhanced heart rate variability. Further research should explore longitudinal studies, examining the long-term effects of Shimla's environment on psychosomatic health. Additionally, investigating specific mechanisms underlying the observed associations, such as the impact of nature exposure and stress reduction, would provide valuable insights for interventions and therapeutic approaches.

**Keywords:** psychosomatic health, Shimla, environmental factors, psychological factors, physiological indicators, natural environments, well-being, stress, anxiety, depression.

## INTRODUCTION

Research on work-related stress has always focused on males and neglected gender as a variable. Often, results from studies of men are wrongly generalized to women. The failure to "build womenin" to theoretical models has impaired understanding of both work and family role stressors.

### 1.1 Psychosomatic disorders

*"Any defect of psyche or soma is the occasion of the greatest discord anddisproportion in the other"* Plato.

Psychosomatic disorders are in which the relationship between psychosocial disturbance and the occurrence of illness is particularly clear.

Physical symptoms in the absence of an identifiable organic correlation are common in medical practice (Shepherd *et al.*, 1966; Von Korff *et al.*, 1988; Kroenke & Magelsdorff, 1989; Mayou, 1991). Many complaints of chronic pain, dyspepsia, headache, dyspnoea, joint pain, chest pain, palpitations and fatigue fall into this category. The medical profession finds these conditions difficult to describe with a satisfactory answer. Those that have been used included non-specific, non-organic, functional, dysfunctional and idiopathic somatic symptoms. These "diagnostic puzzles" are difficult to treat. They are usually accompanied by over-investigation and consume considerable medical resources to little benefit.

The growth of western medicine has revealed the internal mysteries of the human body when first human anatomy was allowed to be taught through human dissection<sup>1</sup> it resulted in identifying the abnormalities in the human body. The discovery of viruses, bacteria and other pathogens further helped in the growth of medicine. When the technology advanced with modern day gadgets and diagnostic equipment it further helped in establishing facts about the ill-health and its causes.

However with everyday advancement still the modern-day biomedical world has not been able to understand the psychosomatic glitch (Bullington, 2013).

## 1.2 Simla

In the lower Himalayan Range is a town which derives its name Simla from a local deity *Shyamla*. With over a lakh and half population, Simla has been a seat of power for over a century. Earlier it was the “Summer Capital” of British who called it “Queen of Hills” today is the state capital of Himachal Pradesh. Simla has hosted a number of peacemaking events in the past like tripartite conference in which British, Chinese and Tibetans participated in 1913-14 resulting in the formation of “*McMohan Line*”. In 1945, Simla was once again a host for the conference which became famous as “*Simla Conference*” where the boundaries between India and Pakistan were finally drawn (Attri, 2012).

Simla has grown over the years but majorly in last two decades after the country opened its doors to the foreign investors and liberalised its policies. With ushering in the Neo-Liberal policies post-1991 and subsequent notification of special package of incentives for the state, flow of investment increased manifold (Balokhra, 2014).

Education was given importance and Himachal started to rise to the top on development index in the country. Emphasis on female education and empowerment were given by various governments that ruled the state. Since there were very little options for private jobs in the state people had no option but to get into the government job and Simla being the capital had all the major offices. With time, Simla also grew and people from different parts of the state started to migrate in search of work to Simla.

## 1.3 History of *Ellerslie* or present day Secretariat

The *Ellerslie* house or the Secretariat of Himachal Pradesh is known for its architecture. Initially, this place was used by Military Department of Punjab Government which was dismantled and present day structure was built. This building was designed by Lt. Col. H.S Abbot for government in 1886. The building is constructed from stones which were brought from Barnes Court now known as Raj Bhawan and Sanjauli. Himachal Pradesh Government took over this building in July 1967. One of the most prominent historic event, that took place in the building were meetings between India-Pakistan before signing of Simla Agreement in 1972.

Fig 1.1 Old photograph of *Ellerslie* or present day Secretariat



## 1.4 A walk through the Secretariat

Secretariat has two blocks, *Ellerslie* which is more than a century old and *Armsdale* which was built to fulfil the growing need for space. Entry in these buildings is allowed only through a pass which is issued at the reception. Pass issued for *Ellerslie* is not valid for entry in *Armsdale* and vice versa.

*Ellerslie* is the one where Chief Minister and other members of the cabinet have their office. Chief Secretary also sits in the same building. It is a three-story building showcasing the engineering expertise of British architects. It has huge corridors and wide staircases connecting each floor. For someone who is not familiar with the place, is bound to get lost. All the doors and floors are similar, so much so that it gets confusing after a point of time. It has wooden flooring but with time in some places, wood has replaced concrete. Walls are built of stones while doors and windows are made of *Deodar* wood. This place unlike its counterparts in the country is not highly guarded and entry is quite easy. This building has a canteen in the basement. There is no lift in this building. There is a lift for Chief Minister which opens in his cabin. All other ministers enter from the main gate where everytime three to four home guard personnel sit and check entry passes. There is a conference hall in the building where initial rounds of talks between India-Pakistan diplomats happened before signing of 1972 Indo-Pak agreement or better known as Simla agreement.

On hillside across the *Sanjauli-Chota Simla* road is *Armsdale* building which was built in 1992 as a solution to growing pressure on *Ellerslie*. These two buildings are connected by a bridge. Outsiders are not allowed to cross the bridge. They have to enter through the designated gates (gate number 3 and gate number 4). *Armsdale* building can more appropriately be called bureaucratic centre because all the principal secretaries and secretaries sit in this building. It is a six storey building with three banks and a canteen on the ground floor. There are two gates number 3 and 4 for entry. This building has all the administrative sections of the government like home, health, education and tourism to name few. There is a state of the art library on the first floor. This is one of the best libraries in the state with close next to Himachal Pradesh Institute of Public Administration (HIPA) library. Membership to the Secretariat library is limited to the secretariat employees. There is a state of the art conference hall on the sixth floor with all modern day facilities available.

Rooms in the secretariat are compact and every inch of space has been used. There is no parking facility for the employees but recently a three storey parking over the road leading to public relation office has been built. Secretariat is well connected through public transport system. There are special buses for its employees in the morning rush hours starting from places like *Annadale* and *Lalpani*. While people residing in areas like *Kasumpti*, *Panthaghati* and *Sanjauli* usually walk or take regular buses.

## 1.5 My experience leading to this study

A government job is till date considered as the only viable source of employment in the town. 91.3% women in Shimla district are educated (Census, 2011) this helped women to contribute to the economic development of the state. Women today are part of the labour force and are proving themselves to be better managers and workers. They are holding numerous positions of power and authority. Along with this, they are taking care of their families. In the recent years' female education has been given priority. Although 100% education is still far from reality but the number of females attaining education is increasing slowly.

While working in the hospital and during the course of my study in Medical College, I came across cases where women had physical complaints but diagnostics revealed nothing. Women were experiencing these problems but the medical world treats only those illnesses which are supported and verified by diagnostic tests like CT scan, ECG and MRI. This intrigued me to find about the reasons behind such problems that are being faced by women.

Over a period of time, I realized that these regular complaints have something more than just physical reasons. My mother after undergoing a number of tests was diagnosed of *dyspnoea* (breathlessness). That was something that took me by surprise as I noticed a pattern in her breathlessness: I realized that she had the problem only when there was a tense and emotionally charged situation.

Women have to deal with issues like harassment and discrimination despite being hard-workers and laborious in the work, they are assigned to. This leads to occupational stress causing poor relation with colleagues,

bosses, job insecurity and workload. Occupational stress has been linked with musculoskeletal disorders, cardiovascular diseases and burnout (Zarra-Nezhad, 2010).

Recent education level shows that the number of educated, women have increased since independence. This shows the reason why women have moved from the traditional methods of employment to the services and industry sector. Although women have entered the labour force and have started contributing towards national growth, recent trends have shown a decline in the female workforce. (table 1.1) (Bhalla, 2011, ILO, 2013).

Table 1.1. Percentage of population in the labour-force (in %, ages 15-59)

	1983	1993/94	1999/00	2004/05	2007/08
<b>All India</b>	68.3	71.2	62.8	62.5	58.7
Females	40	46.5	38.9	38.6	32[2]
Males	90.5	90.2	85.6	85.5	84.6
<b>Rural India</b>	70.5	75.5	66.3	65.9	61.7
Females	45.1	53.1	45.2	44.7	37.6
Males	91.1	92	87	86.9	85.6
<b>Urban India</b>	61.8	54.3	54.2	55	52.2
Females	23	23	22.5	24.3	19.7
Males	88.6	82.4	82.4	82.7	82.5

The factors attributing to these changes may be different types of challenges. Neo-liberal policies, demographic, socio-economic and the most significant gender discrimination factors lead to *psychosomatic health issues* which influence women to leave their job. (Sharan, 2000).

## 1.6 Himachal at a glance

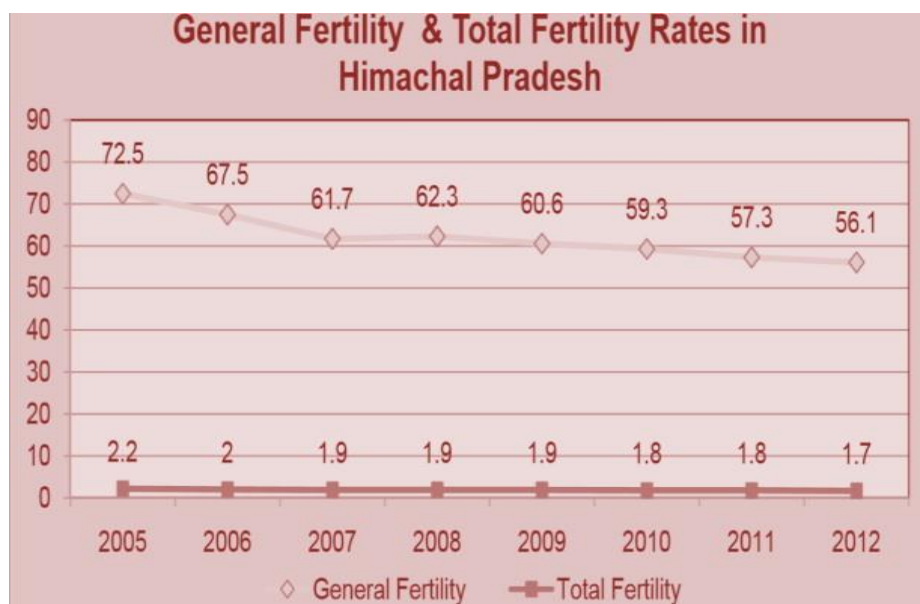
**Sex ratio**<sup>2</sup> the growth of female population (2.10%) was slightly higher than that of the male population (2.06%) during the decade 1981-1991. But over the decade viz.1991-2001, the female population growth rate was 1.17 percent slightly lower as compared to the 1.80 percent growth rate of the male population during the decade 2001-2011 the female population growth rate of male population (fig 1.2).

**Fertility rate**<sup>2</sup> with greater awareness about the family planning increased the availability of the family planning methods and more freedom in its use, the age-specific fertility rates have shown improvement over years in all age-groups. In 2012, there were about 56.1 per cent live births per 1000 women in the age group 15-49 years (General Fertility Rate) as compared to about 57.3 live births per 1000 women in the same age group in 2011. The average number of children that a woman is expected to give birth to (Total Fertility Rate), during the entire childbearing age group, if she experiences the current fertility pattern throughout, has been decreasing over the years. The total fertility rate for 2012 was 1.7 (fig 1.3).

Fig.1.2 Sex ratio in comparison to national avg. and the northern states of India

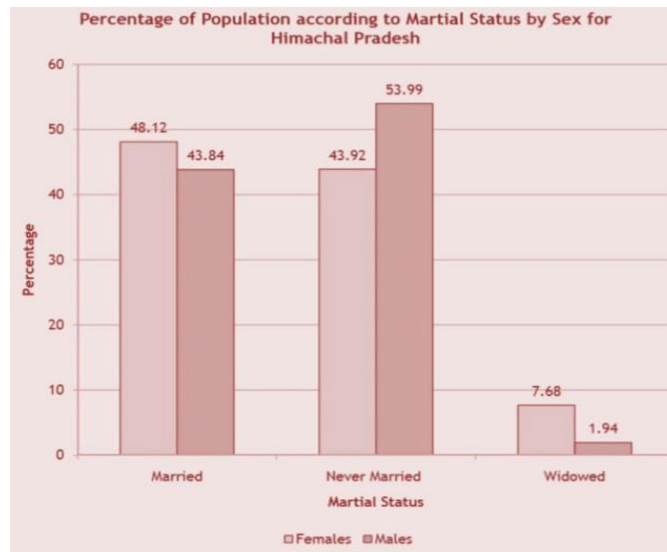


Fig 1.3. General fertility rate and total fertility rate in H.P



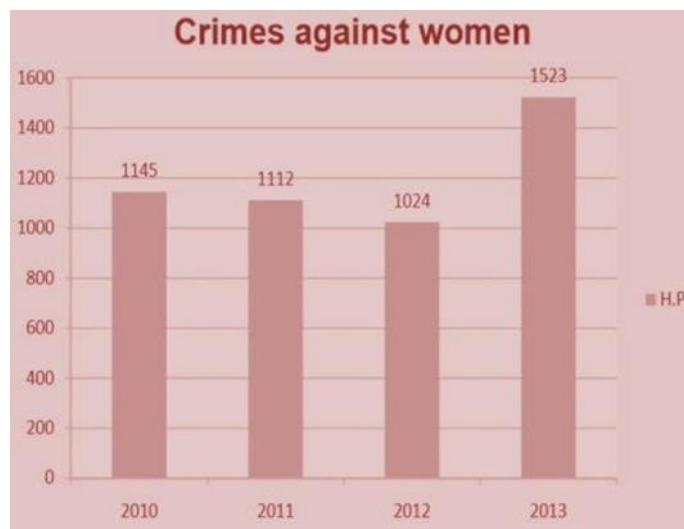
**Marital status<sup>2</sup>** an interesting comparison highlighting gender differences in the Himachal Pradesh can be observed by looking at the distribution of the male and female population according to marital status. According to 2001 census, 48.12 percent female were married as compared to 43.84 percent of males and 43.92 percent of female were never married as compared to 53.99 percent of males. Moreover, 7.68 percent of females were widows as compared to 1.94 percent of males and 0.28 percent female are either divorced/separated as compared to only 0.23 percent males (fig.1.4).

Fig 1.4. Percentage of population according to marital status by sex in H.P



**Crimes against women<sup>2</sup>** Crimes against women is a universal phenomenon prevalent in every society irrespective of the social or economic class to which the women belong crime. Violence committed against women in the society are prime obstacle for women to go forward and achieve the goal of success in her life. Gender violence is the greatest manifestation of gender bias and gender inequality. It is difficult to acquire accurate data on violence against women because of the social, cultural and legal barriers, lack of evidence and amount of secrecy and sensitivity involved. Crime against women for the year 2012-13 is 1523 in Himachal Pradesh (fig. 1.5)

Fig.1.5. Crimes against women in H.P



### 1.7 Supernatural beliefs

Himachal has more than six thousand big and small temples; this figure does not include small shrines that exist in every village (Chaudhry, 2006). There are a number of festivals and fairs in Himachal prominent being *Kullu Dusshera* and *Mandi Shivratri*. *Shivratri* is one of the most prominent festivals, which is celebrated all across the state with same enthusiasm (Singh, 2010). Himachal is a land which has not been explored much. The life of people in hill state is still influenced by “*devi- devta*”. When hospitals are unable to answer the reasons for illnesses, people seek help from traditional healers. Every local deity is considered

to have some healing powers by the natives for whom they approach them regularly.

When the medical world is unable to answer the reasons for the pain which are due to stress and psychological reasons women tend to go to the local deities. Going to local deities gives them assurance that they would be relieved of the pain. This being a place where women are able to express what they feel helps them vent and this, in turn, brings the stress level down. This results in the disappearance of pain within no time. Although this is another area which needs to be explored in future, in this study focus has been laid on understanding the links between stress and psychosomatic health of wage-earning women working in the secretariat.

## 1.8 Analysis

I am not looking at the socio-economic aspect of the wage-earning women working in the secretariat because the job is well paid with good facilities and benefits. They are self-reliant and competent females. Going by the demographic aspect people would imagine that stress among women in Himachal is better than other states in India. While crimes against women, fertility rate and sex ratio are better than other states in the country but discrimination towards women is high. Therefore, they would experience high stress. During my training days in medical college, women came with pain in their body. This question of stress haunted me.

### Conclusion:

In conclusion, this paper has provided an introduction to the critical issue of psychosomatic health among wage-earning women. The unique challenges faced by women in the workforce, including multiple roles and responsibilities, gender discrimination, and work-life balance issues, have significant implications for their mental and physical well-being. Psychosomatic health refers to the interplay between psychological factors, such as stress, anxiety, and depression, and physiological manifestations, such as headaches, gastrointestinal issues, and cardiovascular problems. The complex relationship between these factors underscores the need for a comprehensive understanding of the psychosomatic health issues faced by wage-earning women. Research indicates that women in the workforce often experience higher levels of stress and psychological distress compared to their male counterparts. This is attributed to various factors, including gender-based discrimination, unequal pay, limited career advancement opportunities, and the burden of balancing work and family responsibilities. Such chronic stressors can contribute to the development of psychosomatic symptoms and disorders, further affecting women's overall well-being and productivity. Addressing psychosomatic health issues among wage-earning women requires a multi-faceted approach. It is crucial to raise awareness about the unique challenges faced by women in the workplace and advocate for gender equality and supportive policies. Employers should prioritize the implementation of measures that promote work-life balance, such as flexible working arrangements, parental leave policies, and access to affordable childcare. Furthermore, providing adequate support systems, such as employee assistance programs and mental health resources, can help women cope with work-related stress and improve their psychosomatic health. Collaboration between employers, healthcare providers, and policymakers is essential to develop comprehensive strategies that address the specific needs of wage-earning women and promote a healthier work environment. Future research should focus on exploring the specific mechanisms linking work-related stress to psychosomatic health issues among women. Additionally, investigating the effectiveness of interventions, such as stress management programs and workplace policies, in mitigating psychosomatic symptoms and promoting overall well-being is crucial. By recognizing and addressing psychosomatic health issues among wage-earning women, we can create healthier and more inclusive work environments that promote the overall well-being and productivity of women in the workforce. Ultimately, achieving gender equity in the workplace is not only a matter of social justice but also a crucial step towards building a healthier and more sustainable society.

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