

Assessing the Causes of Sociocultural Mental Illness Stigma in Female Indian Elite Athletes

*Isha Patkar**

ABSTRACT

Mental illness, defined as a clinically significant disruption in one's cognitive, emotional, or behavioral health, affects 450 million people globally, leading to millions of related deaths. Despite the great magnitude of individuals affected by mental illness, rather than finding a solution to avoidable mental illnesses, society creates stigmas and discriminations which exist at high levels globally, contributing to lack of access to mental health services and resources, especially in a less-represented group: female high-level athletes. Kudva et. al. also emphasizes the role that discrimination plays in being a barrier to seeking help for these athletes, as prejudice and ignorance from society create a negative perception of mental illness. González-Sanguino, et al. identifies causes of mental illness stigma being directly linked to sociocultural factors, which lead to negative and oftentimes inaccurate "beliefs about the lack of ability... as well as judgements of dangerousness and unpredictability that generate negative reactions in the public" which manifests through shunning, belittling, and excluding. Due to the many discrepancies of sociocultural settings in various countries, the direct causes of this stigma in female high-level athletes differ based on sociocultural factors.

This study aims to identify the sociocultural factors leading to mental illness stigma in female Indian elite athletes through a mixed-method qualitative and quantitative approach followed by a thematic and statistical analysis. Academic prioritization, past gender roles, and media portrayal were found to be the great contributors to mental illness stigma with specific influence of athletic stereotypes found in the media. Future studies can take these findings and ascertain to what extent they apply to countries with similar sociocultural environments, while finding causes for similarities and discrepancies in causes.

Introduction

Sources were obtained through EBSCO and Galileo with the filter "peer-reviewed" selected. Key search words included: Mental Illness Stigma, Female Elite Athletes, Sociocultural, India.

Mental illnesses, while gaining attention and awareness in Western countries, continue to face almost unwavering stigmatization and taboos in non-Western countries, due to differing sociocultural norms and beliefs [1]. In a

*Senior Student, Fulton Science Academy.
Contact: ipatkar@fultonscienceacademy.org

study highlighting the Eastern and Western divide of prevalence of mental illness stigma, Krenzl and Pescosolido found that mental health “stigma was higher overall in Eastern countries” compared to Western nations due to the traditional perception of mental illness and consequent current manifestations [2]. For instance, as stated in *Mental Health: Culture, Race, and Ethnicity: A supplement to Mental Health: A Report of the Surgeon General*, mental illness stigma (MIS) is less prevalent in Western countries as “mental health care in the United States... [is] embedded in Western science and medicine, emphasize[ing] scientific inquiry and objective evidence” [3]. Moreover, in Western societies, the reasons for stigma are not as closely tied to the religious dimension of cultural norms. However, despite these explanations for MIS in Western cultures, non-White minorities in the United States were reported as less inclined to seek treatments for mental illness often due to cultural differences which can result in fears of retribution or internalized stigma. Furthermore, in a study investigating the use of mental health resources in college, Krenzl and Pescosolido found that individuals with a European ancestry were significantly more likely to utilize the resources over Asian students [2].

For instance, in a systematic review of studies in the Pacific Rim region highlighting cultural factors contributing to MIS, researchers concluded that specific commonalities in South Asian and East Asian culture and religion play a role in the stubborn negative perception of mental illness [4]. As communities in the Pacific Rim region, such as Japan, China, and India are characterized as cultures strongly rooted in Collectivist values that prioritize family and social status, any behavior which is seen as a danger to this construct is stigmatized. Additionally in Collectivist cultures, those with mental illness are often viewed as dangerous, unpredictable, and harmful as they are seen to threaten the harmonious relationships within a community [5]. This is attributed to the prevalent historical East and South Asian ascription of mental illness to supernatural entities [6]. As established by Ran et al., supernatural beliefs attributing mental illness to the consequence of evil actions in a past life or God’s way of punishing wrong-doers result in mental illness being associated with evil spirits and dead souls [4]. Consequently, instead of being given access to resources and professional help, individuals encounter intolerance and inequity. Specifically, in India, with 94% of the population identifying as Hindu, which has a Collectivist culture, the sociocultural causes of MIS identified in the Pacific Rim region also apply to India [7]. For instance, a study breaking down

stigma in South India showed negative responses including social restrictiveness stigma and authoritarianism stigma with 71.46% and 74.38% prevalence respectively [8].

In South Asia, female non-athletes were found to be more predisposed to stigma which can be attributed to lack of awareness coupled with sociocultural norms. For instance, in a study comparing prevalence of MIS in males and females in Pakistan, Khan, et al. found that higher levels of stigma were experienced by women which was similarly found by Venkatesh, et al in South India, with 80% stigma prevalence on average [8, 9]. Currently, there are little to no studies investigating sociocultural factors of MIS in female athletes in India; however, the literature which does exist specifically focuses on MIS in female non-athletes. This contributes to MIS in young females since a woman's role in society is often narrowly perceived as being centered around bearing children leading to the neglect and dismissal of their own mental struggles. Similarly, many females only worry about the future of the family reputation, or their capacity to secure a stable marriage, prioritizing the pride they bring to their family over their mental health, often deeming it as inconsequential. Lastly, social constructs in India lead to women being expected to stay at home and do household chores which correlates with women being perceived as being generally weaker than their husbands [10]. Thus, females, who are already seen as inferior to men, face the additional stigma of being viewed as weak, when dealing with mental illness, which may also extend to female athletes.

Recently, MIS has begun to be addressed and combatted, especially as significant individuals speak out and take action to mitigate stigmas. World-renowned athletes have begun to emphasize care of their mental health instead of powering through and concealing symptoms, as done in the past. In 2021, Simone Biles, an Olympic gold medalist, took the bold action of prioritizing her mental health over the possibility of an Olympic gold medal winning performance [11]. This sparked world-wide conversation about the validity of Biles's decision with both awe-inspiring comments as well as disapproving criticisms. This increased conversation surrounding Bile's withdrawal translated into a larger discussion of stigma in elite athletes as a whole. Taredlli et al. established that the prevalence of mental illnesses such as depression and anxiety is 34% greater in elite athletes than in the general population [11]. However, due to MIS surrounding elite athletes, the culture of elite sport "decrease[s] help-seeking behaviors and leads sports organizations to deprecate mental health issues as unwelcome

“weaknesses” not compatible with high-level sports” [12]. The causes of these stigmas can be attributed to “the belief that athletes are inherently mentally tough”, “overt comments and encouragement from [others] to play through disorder”, or “subtle suggestions that imply those who experience injury are weak” [13]. Furthermore, many elite athletes feel as though their mental illness will result in the loss of a contract or marketing deal, which is reinforced by coaches encouraging athletes to push through mental illness symptoms [14]. Moreover, in many cultures, female athletes fail to speak up about their mental illness due to stigma not only resulting from the identified elite athlete stigmas, but due to sociocultural factors disapproving of women in sports [14]. While scholarly research has not explicitly been conducted on the sociocultural beliefs contributing to views on Indian female elite athletes (IFEA), from the previously identified sociocultural factors presented by Venkatesh et al., Insan et al., and Ran et al., I posit that the societal expectations previously imposed on women in India will also contribute to Mental Illness Stigma (MIS) surrounding female athletes [1, 4, 8].

Gap in Literature

While previous literature addresses female non-athlete MIS in India and elite athlete MIS in Western countries, sociocultural causes of female elite athlete stigma have not been addressed in India. Furthermore, although the causes of stigma based on gender of the individuals may play a similar role in MIS that female non-athletes face, the discrepancies of age and societal role between the non-athletes and the athletes result in an infeasible comparison due to the numerous changing variables. Similarly, while high-level athletes stereotypes are shared globally, the differences in sociocultural history and setting make it infeasible to use the sociocultural causes for MIS in female athletes in Western countries for athletes in India. Moreover, the gap targeted by this study raises the question: What are the sociocultural-specific causes of Mental Illness Stigma in female athletes (IFEA)? My research will fill this gap by fulfilling two objectives: The connection of sociocultural causes of female non-athlete MIS in India to females in elite sport and the translation of the stereotype of high-level athletes into India.

I propose that mental health issues believed to be a sign of spiritual possession combined with disapproving attitudes about women in sports in India and the stereotype of athletes being immune to mental illness

Participants reside in India or have resided in India in the past 20 years.
Participants are in close relation with an IFEA who is training or has trained in India.
Participants are well-versed with the sociocultural climate of India and other countries in modern day and in the past.
Participants are above the age of 18.

Table 1: Participant Selection (Justifications in Appendix E)

contributes to a stigma that mental health issues in IFEA make them weak and unworthy of achieving high-level performance.

Methods

To assess this hypothesis, a double-pronged approach with both qualitative and quantitative aspects was utilized. More specifically, a semi-structured interview and numerical questionnaire were employed. A semi-structured interview model was chosen since it allows for added flexibility, elimination of numerous rounds of interviews, and interviewee-answer guided conversation as opposed to a rigid structured interview which may limit discussion and extension of viewpoints. In tandem, the numerical questionnaire supported interview data while minimizing gray zones and providing concrete numbers. Furthermore, this double-pronged approach was chosen over alternate investigation methods such as content analysis or meta-analysis to allow for novel data to be collected and paired with the associated questionnaire. The structure of this mixed method study will allow for both open-ended qualitative and fixed quantitative support for each individual participant's responses.

Participant Selection

Since this study evaluates the sociocultural causes of MIS in athletes, unconscious bias must be eliminated to ensure undistorted and more accurate conclusions [15]. Consequently, instead of directly consulting the IFEA themselves, individuals such as family members or family friends were chosen to provide a more holistic and unbiased set of responses. These individuals were selected by strict criteria to assure educated, knowledgeable, and fair data.

To identify potential participants meeting this criteria, 22 connections were reached out to. If the potential participant did not respond within 1 week, a follow-up email was sent. After 2 weeks, the participant pool was narrowed down to 10 individuals who matched all of the criteria, had access to stable technology, and were willing to speak with me. To present a broad variety of perspectives and eliminate bias, a combination of participants of various ages, locations in India, and sports affiliations were ultimately selected.

Semi-Structured Interview

To conduct interviews, a Zoom link was sent to the participant in accordance with Indian Standard Time and Eastern Standard Time. Regarding the semi-structured interview, questions were formulated in accordance with the Harvard Sociology Department's recommendations. The interview incorporated narrative aspects, opinions, speculations, direct questions, indirect questions, structuring statements, follow-up questions, specifying questions, and interpreting questions. These questions were designed to explore factors influencing societal stigma, to elicit narrative accounts providing supporting experiences of stigma or its absence, and to draw comparisons between the socio-cultural landscapes of India and other countries. For this specific purpose, direct questions, the only type necessitating a yes or no answer, were placed at the end of the interview to avoid unduly influencing the direction of the interview. The interview questions posed are listed in Appendix C; however, due to the structure of the interview, the discussion was guided by the participants' responses and simply used these questions for structure.

Numerical Questionnaire

To obtain numerical data, after completion of the interviews, participants were asked to complete a Google Form. This Google Form listed 7 statements and asked participants to rate the statements on a scale of 1 to 5 based on level of agreement.

Thematic Analysis

Following the conclusion of the semi-structured Zoom interviews, which were recorded with the full permission of participants, the responses were transcribed to allow for efficient analysis. Subsequently, the next phase of

the study was to thematically analyze the interviews; thematic analysis is a tool which sorts raw data into patterns to discern commonalities and significant themes across the set [16]. In this case, thematic analysis was used to identify recurring sociocultural factors which directly or indirectly lead to derogatory perceptions about mental health in Indian female athletes or stigma. These causes were presented in the forms of experiential data, observations, speculations, and narrative data surrounding one's interactions and inspection of the athlete and his or her life.

The transcribed interviews were read for similar notions between interviews which hinted at or explicitly stated negative connotations for mental illness in IFEA. For instance, these could have been recounts of experiences during which the athlete faced stigma, narrations of past conversations during which mental health in IFEA was discussed, or media which enforces MIS in India. Many responses also spoke on the awareness of mental health in IFEA or lack thereof which, since relevant to my study, were taken into consideration. However, many interviewees spoke explicitly on MIS in male athletes, which was not taken into account when identifying common ideas since this strays from the population target of study.

These ideas, experiences, recounts, and comparisons were then separated into overarching themes which encompassed all of the information given and discussed within that section. These themes ultimately allowed for conclusions to be made about specific sociocultural components of the landscape in India which contribute to MIS in IFEA.

This specific type of thematic analysis which involves first identifying similar experiences, opinions, and ideas then compiling them, was ideal for this case study since the participants were not directly asked the research question. It was not practical to directly compile responses into themes since the sociocultural causes of MIS in IFEA were not explicitly stated. First, the responses needed to be sorted into experiences, opinions, or speculations which centered around the same ideas. Furthermore, the main goal of this process was to identify commonalities in the various responses and frame them into an answer to the research question. After these similar responses were sorted, common themes (Appendix F) identified in the responses were able to concretely provide answers for the research question.

These common themes were then further analyzed in terms of how the sociocultural environment unique to India had cultivated and fostered these causes for stigmas in comparison to other countries and how they had contributed to the persistence of these stigmas for the past decade. These

themes were defined based on common phrases identified during the interviews to ensure each experience, idea, opinion, and speculation under this theme was covered by the definition. This technique ensures the most quality and knowledgeable answers could be provided for the initial research question without posing it directly. Instead, individuals were given the opportunity to indirectly address the question through first hand accounts, observations, speculations, and opinions. Themes were created from this content which connected both the content from the interviews and the initial question, further reinforcing the usage of this analysis technique.

Statistical Analysis

For the second part of the analysis, a quantitative statistical analysis was conducted of the questionnaire responses. The responses were inputted into an Excel spreadsheet to create a graph with the average rating from 1 to 5 for each statement. From this graph, the most plausible sociocultural factors leading to stigma were discerned to further support the findings from the qualitative analysis. Statistical analysis gave the ability to directly compare the uncertain areas of the interviews since as per the general guidelines of semi-structured interviews, the research question itself could not be directly asked but rather guided around by leading questions and follow-up questions. Thus, if the interviewee was not able to give a definitive answer on a specific question, this questionnaire would be able to gain a better consensus of where the populations of individuals stood.

Participant #	Significant Ideas Presented	Theme Present
1	Females are judged for pursuing sport since it is male-dominated and women are inferior to men in sport.	Past Gender Norms
	Many people are misinformed about mental health which leads to incorrect assumptions.	Lack of Education
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Participant #	Significant Ideas Presented	Theme Present
2	Videos and articles say female athletes are above the average person in terms of mental strength.	Media Portrayal
	Therapy is the same as talking with a close friend or family member except you have to pay for it.	Therapy Stigma
3	If female athletes were focused on school, they would not have these mental health issues since females are perceived to be weaker and more fragile to begin with.	Education Prioritization
	Most people do not understand mental health and dismiss it as mood swings or a rough patch in life.	Lack of Education
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Participant #	Significant Ideas Presented	Theme Present
4	People shame athletes with anxiety because they say the athlete would not have anxiety if they simply stuck with schoolwork. Female athletes particularly know they will eventually need to provide for a family so they should prepare through school.	Education Prioritization
	All of the powerful athletes on TV seem unstoppable and fierce like mental health will not affect them.	Media Portrayal
5	When seeking therapists, the athlete is told to keep it quiet because people will think she is unstable.	Therapy Stigma
	People say the athlete should stay in school like most girls her age so they can take care of the family later and let her husband pursue sports.	Education Prioritization
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Participant #	Significant Ideas Presented	Theme Present
6	Aunt of IFEA frowned upon athlete's mental illness symptoms as when female athletes started to face symptoms of depression, she said this was not typical of a girl.	Past Gender Norms
	People will not take time to learn about mental illness in athletes before making hurtful comments. They assume sport is inferior to education without knowing all the hard work that goes into sport.	Lack of Education
7	Mental illness is associated with therapy which many see as a waste of money.	Therapy Stigma
	People are used to girls staying in the home so now that they are in sport and may be experiencing mental illness, people think they are frail.	Past Gender Norms
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Participant #	Significant Ideas Presented	Theme Present
8	When people think of IFEA, they think of people who have overcome all odds and are unaffected by all because of the amazing stories seen on the news.	Media Portrayal
	Mental illnesses are just as detrimental as physical injuries but they cannot be seen so they are deemed a sign of weakness in athletes. This applies to female athletes specifically because they are already seen as weaker than men, so they feel like they need to prove themselves.	Lack of Education
9	People think girls should focus on school over sport so if they face mental illness, people see this as a reinforcing sign.	Education Prioritization
	Mental health is an excuse to take off from school or work even though everyone goes through stress.	Lack of Education
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Participant #	Significant Ideas Presented	Theme Present
10	Therapy is the last option because this means that the athlete is not stable enough to continue doing their sport which leads to stigma about mental illnesses.	Therapy Stigma
	Girls are seen as more gentle and fragile so when they engage in hard sports and face mental health consequences, people think they should not do sports anymore because it is more of a male position.	Past Gender Norms

Table 2: Themes Present in Interviews—A Summary

Findings

This table includes the main information gleaned from each interview with quotes or experiences reworded to be general statements from a third person perspective. Names, region of India, and relationship with female athletes were omitted due to confidentiality as noted in the consent form. Thus, the first row simply goes in order of first contact with the individual through email. The second row highlights the main experiences, ideas, opinions, or speculations the individual addressed in terms of the nuances of the sociocultural environment of India and MIS in female athletes. The third row connects the ideas in row two with a theme identified from the most common responses in the interviews.

Results

The analysis focused on the three most frequently occurring themes. The other two were acknowledged since they appeared in multiple interviews but require additional investigation to be confirmed as responses to my research question.

Past Gender Roles: Theme 1

The theme most frequently highlighted, as noted by 8 participants, was past gender roles of males and females being applied to males and females in athletes today, resulting in comparisons and preset expectations fostering stigma and an unsupportive environment. Participant 2 stated that members of society, especially older ones, are used to seeing females attend classes then stay in the home to assist with cooking or caring for the family. Consequently, when they learn about female athletes being affected by the psychological consequences of difficult coaching, toxic training environments, or performance in competition they assert such endeavors are unsuitable for young women. In their view, women should be inside the home and leave the sports to the men. As expressed by Participant 4, “the young athletes do not want to be seen as frail, weak little girls who cannot handle the demands of high-level sport so they keep to themselves and hide any symptoms of mental illness they are experiencing.” When fellow athletes see their teammates suppressing their symptoms and avoiding seeking help, they feel compelled to do the same, fearing being perceived as inferior to their teammates. As noted by Participant 1, this stigma created by past gender roles initiates a chain reaction among groups of athletes, where nobody wants to be the first to succumb to the perceived notion of weak and incapable of competing at high levels. No one is wishing to disturb the delicate balance that currently exists between the tentative acceptance of females in sport and associations of mental illness in females with weakness and fragility. This careful balance forces athletes to tread carefully and limit their expression of mental illness symptoms to even their parents and loved ones, as highlighted by Participant 5. As further pondered by Participant 5, “My daughter was told by my own sister that her mental illness symptoms were not tangible like a broken bone or sprained ankle so my daughter’s symptoms of depression may be a sign to drop out of sport since she is obviously not strong like the men who have previously dominated the sport. My daughter was crushed and has not spoken to me about her

feelings and symptoms since, which worries me.”

The athletes, obligated to conform to these predefined roles set by society’s traditional expectations of women, fosters an unhealthy comparison between males and females in sport. Participants 2, 6, and 7 all expressed that they believe past gender roles versus current gender roles play the most significant role in existing stigma today, especially since young athletes are hesitant to jeopardize their developing reputation. Participant 2 stated that her daughter was told that large sports federations and organizations will actively turn away from those that have spoken about mental illness because they perceive the individual as being unfit for professional due to their delicate and fragile demeanor. Therefore, the persistence of past gender roles in today’s society contributes to stigma and lack of access to professional help.

Academic Prioritization: Theme 2

Out of the total ten interviews, 5 of the participants either explicitly or implicitly cited this idea of academic prioritization over athletics contributing to the persistent stigma surrounding MIS females. This meant that in modern Indian culture, IFEA were not taken seriously when undergoing symptoms of mental illness because they were told this is expected as they chose to pursue sports over education. This was explained to be a consequence of the pressures to attain a stable job and income so later, the female can contribute to the family and establish a household. Thus, when an individual experiences symptoms of mental illness, they face dismissal compelling them to experience shame and embarrassment. For example, Participant 5 stated, “My daughter who recently joined the highest level tennis team offered at her program was not met with support from the community. Even my own parents scolded me for encouraging [name of daughter] to pursue tennis instead of focusing only on school. However, she can do both-I do not think she should be forced to pick one or the other. My parents did not react well when I shared about my daughters’ issues with anxiety.”

Similarly, Participant 4 shared insights on the reactions of public to news surrounding academic achievement versus athletic achievement. She noted most responses to her posts about her daughter’s success in sports seemed reserved and potentially judgemental. Both this participant and Participant 3 remarked that individuals appeared quick to comments the

athlete's performance in school without considering their achievements in sports. This fostered an environment where discussions about mental illness were avoided because athletes were reluctant to reinforce the notion that education is a superior path compared to sports. In reality, as the participant above highlighted, many felt as though they could successfully balance both. Participant 6 stated that "I do not know why society forces such young athletes to choose whether they want to pursue a sport or a science career so early in life. They should allow young people to explore many things and especially not make them feel belittled about mental illness." A similar statement was provided by Participant 9, with the overarching theme that stigma is created by the idea that when presented with the option of following one's educational careers or pursuing one's athletic endeavors, the "correct answer" is education. Furthermore, are deterred from discussing mental illness due to fear of criticism and judgment at not prioritizing academics. This dynamic creates and reinforces Mental Illness Stigma.

Media Portrayal: Theme 3

Five of the participants cited media portrayal of athletes to contribute to the current view of MIS in IFEA. The main type of portrayal represented through the media was athletic stereotypes of both men and women creating unhealthy comparisons and unrealistic expectations for athletes. Specifically for women, as explained by Participant 2, TV and news channels seem to only discuss the trail-blazing, powerful aspect of women's sports. While beneficial to display females in this position light, media of this nature gives the impression to real-life athletes that genuine, successful athletes cannot be influenced by mental illness. They may measure themselves against the athletes seen on TV who seem innumerable or unaffected by mental illness issues. Furthermore, Participant 5 stated how athletes may tell themselves that they must ignore and push past their mental illness symptoms if they want to be in the media like they see today. Similar rhetorics were contributed by Participants 7 and 2, stressing the role of unrealistic expectations leading to comparison among blossoming athletes. Moreover, Participant 2 followed up with specific athletic stereotypes they had seen reinforced by the media, "I see these athletes who appear to be all-powerful and greater than the average human. This creates the idea that being at such a high level in sport makes [one] invincible to internal issues and so

when I meet a IFEA who does have mental illness issues, this seems out of the norm when in fact, this is completely normal and expected.” Hence, stigma is generated by the selectively crafted portrayal of athletes on media in India which make female athletes with mental illness feel as though they have failed and cannot live up to the lofty expectations and precedents set by their predecessors.

Statistical Analysis

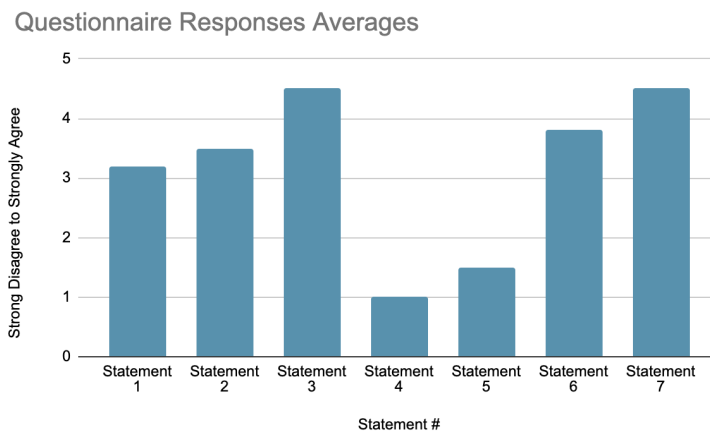


Figure 1: Questionnaire Responses Average

After taking the averages of the ratings to each statement (Appendix D) on the questionnaire, past gender roles, athletic stereotypes, and education prioritization were found to have a rating greater than 3, meaning the majority of the responses agreed with the statement and its implications. These findings were able to further support the main themes identified in the qualitative interviews and eliminate gray areas surrounding the main role of media portrayal, which was proved to be athletic stereotypes.

Discussion

As demonstrated through the analysis of the interviews and questionnaire results, the initial hypothesis was partially correct but needed to be amended. Instead of spirituality, gender roles, and athletic stereotypes being the main sociocultural causes of MIS in IFEA, academics prioritization over athletics,

past gender roles, and media portrayal of athletic stereotypes were the main contributors. In contrast to the initial hypothesis, rather than applying traditional religious beliefs and ideals to the current discussion surrounding stigma in modern IFEA, modern causes like media representation or conversations surrounding therapy play a more significant role. Furthermore, stigmas are reinforced not only on the smaller communal scale through rumors or backhanded comments but also on the larger scale of TV, news channels, or articles.

Moreover, this study was able to successfully fill the gap in aforementioned literature by addressing the overlap between causes of MIS in non-athletes in India, athletes in Western countries, females in Western countries, and females in the Pacific Rim region. By specifically focusing on the sociocultural causes of MIS of IFEA, assumptions and translations from papers discussing a different demographic will not need to be made but rather specific data from the target group can be accessed from this study.

Implications and Future Research

Additionally, the findings of my study can be applied on a communal, national, and global scale. Within communities, sports psychologists can collaborate with training facilities to provide targeted counseling and support addressing the specific sources of stigma identified in my study rather than focusing on general support not tailored to IFEA. For example, by raising awareness about the unrealistic expectations set by the portrayal of IFEA in the media and its contribution to fostering this detrimental stigma, communities could take steps to work directly with the media to alter norms. On a national level, high-level athletes could have increased access to workshops and seminars implemented by organizations with national oversight to specifically target stigma in females which will create communities among these athletes. This approach reinforces the idea of community and should not feel ashamed or embarrassed. On a global level, my findings can be applied in the scope of countries similar to India in terms of its sociocultural environment since although these results are specific to India, certain themes such as past gender roles could be found in other countries. Furthermore, the causes of stigma may not have the exact same origin but will lead to similar harmful effects on the athletes and the community. Therefore, in international competitions such as the Olympics or World Championships, athletes from India and countries with similar socio-cultural environments

will have access to specialized sources of therapy and professional help. Moreover, if these techniques are successfully implemented to target causes of stigma through dismantling stereotypes about high-level athletes and the role of women in society and progressively changing media portrayal of IFEA, the effect will radiate for younger generations as well. Generational stigma will be directly challenged as young females interested in sports will no longer experience the reinforced stigma that mental health is unimportant and should be dismissed. For future research, I suggest for this method to be implemented into different geographical regions in the Pacific Rim region, specifically in countries with Collectivist cultures. This is important so as to gauge the role of Collectivist culture characteristics in the MIS in female athletes. Furthermore, each individual theme identified in this study—past gender roles, athletic stereotypes, and media portrayal—should be analyzed through the perspective of the sociocultural environment of each geographical region.

Limitations

Although this study did contain many different perspectives and a diverse group of individuals being interviewed which contributed to the broad scope of the study, due to the nature and circumstances in which the methods were carried out, limitations are important to address. Firstly, by improving the relatively smaller sample size of this study, a more precise representation of the public in India could have been procured leading to more accurate results. Secondly, since one of my requirements was for the interviewed individuals to reside in India, I needed to utilize Zoom to connect with the individual since in-person contact was not feasible. This resulted in all of my interviews being with individuals who lived in urban areas of India since I was able to communicate through email and schedule Zoom calls as opposed to with people in rural areas. This may have skewed the results to be based on more progressive and modern causes since in general, those in urban areas have more access to media and technology which may influence their beliefs differently to those in rural areas. Furthermore, since about two-thirds of India's population resides in rural areas, my findings may not fully represent the whole of India [17]. Lastly, since the interviewees did reside in India, language barriers and geographical barriers were important to take into account. Since I needed to occasionally translate into Marathi or reword my questions to overcome the cultural gap, the emotional connection

may have been weakened, limiting the full extent of the response.

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Appendix

Appendix A: Initial Interest Email for Potential Participants

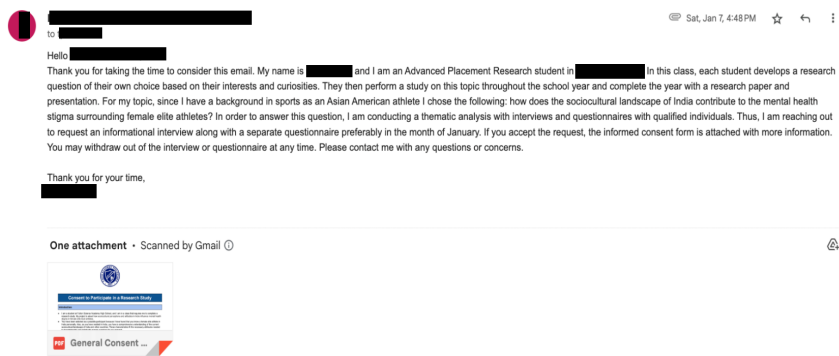


Figure 2: Interest Email

Note: I have colored out my name and email as well as the potential participant to retain anonymity.

Appendix B: Consent Form sent to All Potential Participants in Initial Interest Email

[REDACTED]

Informed Consent to Participate in Research

Study title: Identifying cultural and societal factors for mental health stigma in female elite athletes in India

Researcher[s]: [REDACTED]

I am inviting you to take a survey for research. This survey is completely voluntary. There are no negative consequences if you do not want to take it. If you start the survey, you can always change your mind and stop at any time.

What is the purpose of this study?

This study is meant to determine the cultural and societal key causes behind the increased stigma in mental health issues in elite female athletes in India and the connection behind causes of stigma in mental health in other groups in India and elite athletes in other countries. The information gleaned from this study can be used to identify these specific factors which result in this more conservative mindset in female athletes and work towards changing and dismantling these beliefs. Through this process, the future implications are beneficial for the younger generation and athletes all over the world.

What will I do?

Firstly, you will be asked to participate in a semi-structured interview lasting about 15-20 minutes. This interview will ask general questions about your experiences, observations, and opinions regarding my topic. Next, you will be asked to complete a questionnaire which will list various statements about the connections of culture, religion, societal expectations, and previously collected data to mental health stigma in elite

athletes. There will be a 1-10 scale to state the extent to which the subject agrees or disagrees with these statements.

Risks

There are no physical or emotional risks associated with this study or survey. All data will be kept anonymous and unpublished.

Agreement to Participate

Your participation is completely voluntary, and you can withdraw at any time. If you would like to take the survey, please continue.

Figure 3: Informed Consent Form

Appendix C: Sample Interview Questions Guiding Semi-Structured Interview

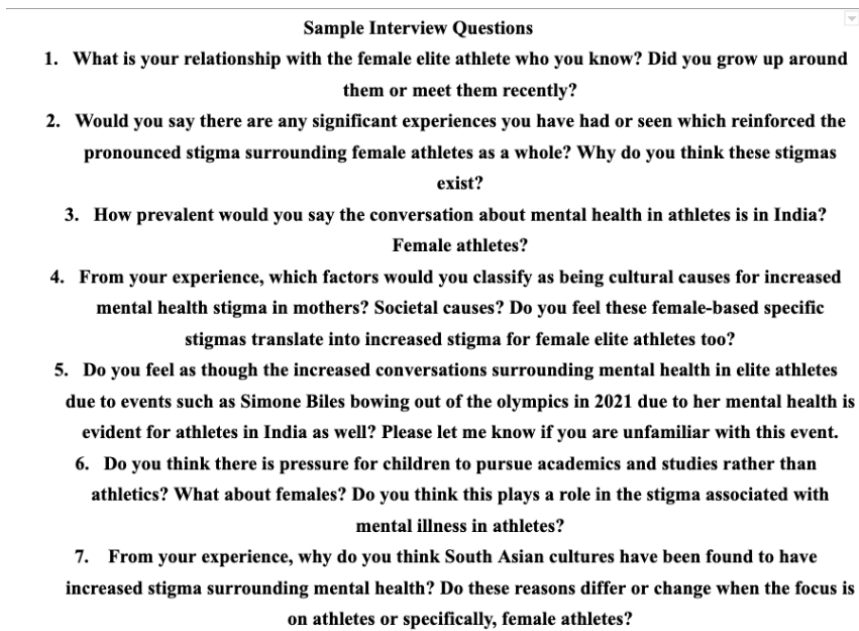


Figure 4: Sample Interview Questions

Appendix D: Questionnaire Distributed Post-Interview

AP Research Questionnaire: Sociocultural Causes of Mental Health Stigma in Indian Athletes

Please read the statements below and choose a number based on how much you agree with the statement. 1 is strongly agree and 5 is strongly agree.

1. **Female elite athletes face more pressure and increased mental health stigma in society over male elite athletes in India.** *

2. **Through my experience, female athletes are more prone to facing animosity when speaking out about mental health issues.** *

3. **There are parallels between mental health stigma in athletes due to the idea that athletes are viewed as indestructible and unaffected by physical or mental issues.** *

4. **India has a space for athletes to safely speak out about their mental health issues and not lose opportunities.** *

5. **Historical cultural factors results in stigma surrounding mental health stigma in Indian athletes. This includes past beliefs that mental illness is a result of karma or misdoings in a past life.** *

6. **Gender roles, which in the past have leaned towards women staying in the home or providing for the family, contribute to mental health stigma in female Indian athletes.** *

7. **Stigma is magnified in India due to the pressure that young adults "should" prioritize education over athletics.** *

Figure 5: Post-Interview Questionnaire

Appendix E: Participant Selection Criteria Rubric

Justification for Criteria
The participant was required to have resided or currently reside in India to ensure first-hand, proven experiences which they could use to support testimony of common beliefs, thought schools, and value systems in their area.
The participant was required to be in close relation with an IFEA who is currently training or has trained in India so as to have closely witnessed stigmatizing actions or experiences by the athlete and to speculate causes for these cases. In terms of measuring and determining what constitutes a close relation, each case was unique and reviewed individually as opposed to strict guidelines to adhere by. All of the participants ended up falling into the category of having grown up with the athlete, gone to university with them, or been the close friend of their guardian.
The participant was to be well-versed in the global changing sociocultural climate and aware of major events in India and other countries, such as the general upward trend of mental health awareness stigma in athletes after the 2021 Summer Olympic Games. To gauge awareness and understanding of such events and trends in sociocultural landscapes, potential participants were asked if they were aware of and felt familiar with recent, relevant events enough to speak on them.
The participant was required to be over the age of eighteen so as to speak to not only current times in terms of mental health awareness stigma but to also reflect on changes from the past when belief systems may have been different as opposed to now.

Table 3: Participant Selection Criteria

Appendix F: Theme Definitions

Theme	Definition
Academic Prioritization	Pressures to succeed academically and seek higher education over pursuing sports. Higher education guarantees a stable career; those with stable careers will be able to have a family.
Past Gender Norms	People still apply traditional norms for females to female athletes today including staying inside the home and caring for children. On the other hand, males seemed to be more physically able to pursue sports.
Therapy Stigma	Therapy is condemned and those who attend are seen as weak or unstable. Athletes face discrimination since they may have been seen to be strong and indestructible but are now seen as fragile and weak-minded.
Lack of Education	Scarce resources surrounding mental health are available in India. This leads to incorrect assumptions about mental illness from the general public such as the impression that they cannot be a functioning member of society and that they are to blame for their own mental health conditions.
Media Portrayal	Media portrayal of female athletes only highlights positives such as strength, perceived invincibility, perceived indestructiveness, and perceived immunity to mental health issues.

Table 4: Theme Definitions