



Loneliness in India

Recognizing the role of
history, technology, & culture

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Table of Contents

Foreword	2
Executive Summary	4
Introduction	8
Section 1: History and Tradition	11
Section 2: Access and Equity	17
Conclusion	21
References	23

Foreword

Loneliness signals the need for human connection. At the center of our exploration is how we come to understand the mechanisms that drive loneliness and its prevalence, and the potential impact technology may have on the experience. The goal continues to be learning more about how this emotion is defined, experienced, measured, and navigated through conducting empirical research, building communities of practice, and hearing lived-experiences.

In an effort to expand our learning, we turned our attention to understanding the experience of loneliness in India. With its political and spiritual histories, dozens of languages and dialects, varying economic conditions, specific public infrastructures, and many identities, India illustrates the role context plays in shaping the experience of loneliness.

Coming together, the Ananta Centre, Aspen Digital, and Meta, are dedicated to addressing how we may better connect with one another and ourselves.

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We hope this effort continues to expand our shared understanding and catalyzes additional action in helping us all navigate our social connections.

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Executive Summary

যদি তোর ডাক শুনে কেউ না আসে তবে একলা চলো রে

- Ekla Chalo Re, "Walk Alone"

Loneliness is a common shared emotion that all people experience to some degree, from moments of feeling alone to, in certain cases, depressive illness. It is shaped by many factors. On the personal level, there are the individual (e.g., mental and physical health) and social aspects (such as quality and quantity of interactions). But there are also situational (like life transitions) and structural influences (for instance, socio cultural norms).

In our pursuit to understand what loneliness is and who it may affect, we have uncovered an abundance of knowledge to suggest that loneliness is universally felt yet uniquely experienced. Specifically, we have found, through both research and discussion with experts, that environmental structures influence the experience of loneliness for certain communities. These include socioeconomic stressors, such as low educational attainment, to built structures that might create barriers to equitable social connection, such as social media networks or public health systems. As we shared in our previous work, [Lesson in Loneliness](#), the critical question is whose loneliness matters.

While most studies reporting on the burden of loneliness center on industrialized nations, such as the U.S. and the UK, this report offers insights into the similarities and differences driving feelings of loneliness in an emerging and developing country, India. In 2004, India reported that 4.91 million people in the country both lived alone and felt lonely ([Bubna](#), 2020). More recently, the Centre for the Study of Developing Societies (CSDS) released findings that 12 per-

cent of Indian youth reported feeling depressed often, and 8 percent reported feeling lonely quite frequently ([CSDS et al., 2017](#)).

As with our earlier examination, the following text focuses on the intersection of loneliness, technology, and social connection. In this discussion, we pay even greater attention to the cultural and historical contexts that may shape how loneliness is approached in different regions. This report is informed by discussions with practitioners, scholars, academics, researchers, technologists, and Kamalnayan Bajaj Fellows from across India hosted in November and December 2020 in partnership with the Ananta Centre. It reflects emerging themes that address a range of issues, including how loneliness and mental health is recognized and mitigated throughout the country, as well as the role technology currently plays in enabling access and/or exacerbating harmful effects of loneliness. Surprisingly, despite several differentiating factors, such as political and cultural norms, the question of *whose loneliness matters* echoed loudly once again.

This report has two main sections. The first, *History and Tradition*, touches on India's unique history with mental health and the politics that have shaped its current approach. Moreover, it brings forth a brief discussion of the influence of religion and spirituality in shaping notions of loneliness and solitude. Embedded in this, we also find the role language plays in the recognition and acceptance of loneliness throughout the country. The second section, *Access and Equity*, illuminates the role of technology, specifically social media, in India. The discussion reflects a wide range of perspectives on both the potential positive and negative trade-offs to the rise of technology use in the country. Moreover, the section includes a discussion on the socioeconomic barriers that underscore the need to determine whose loneliness matters.

We recognize that there are a multitude of factors that may impact how loneliness is identified, experienced, and mitigated throughout

India. This report is not conclusionary or comprehensive. For example, we only lightly touch on issues such as a lack of research around loneliness and or the intersectionality of loneliness with identity, as these concerns warrant much further detail. Instead, the goal of this report is to provide a sense of emerging themes, specific to the Indian context, to prompt further exploration in the future. In addition, we hope that, in sharing these insights publicly, we find common paths towards more equitable mental health and social connection resources.

Emerging Themes

Political History and Traditions. From ancient Ayurvedic manuscripts to the 2016 Mental Health Care Bill, India's political climate and spiritual traditions influence today's conceptualization of loneliness, particularly as it relates to public perception and public aid. Throughout the country's history India has exhibited a tension between normalizing and stigmatizing loneliness.

Language and Expression. A translation for the term "loneliness" does not exist across the many languages and dialects spoken in India, including Hindi, the official government language. Participants suggest that the absence of such terminology is a double-edged sword. For some, it prevents an accurate articulation of the emotion, thus limiting the development of appropriate interventions. For others, the lack of terminology reflects a long spiritual tradition that emphasizes "time alone" as an essential part of the human experience that leads to liberation. This phenomenon is shared among various philosophers around the world (from Jiddu Krishnamurthy to Sakyamuni). Therefore, technology is often seen as a tool to help individuals navigate mental health issues—not solve for them.

Access and Equity. Given socioeconomic conditions, political realities, and technology advancements, access and equity are critical to helping people navigate loneliness and mental health disparities

across India. Experts from India are optimistic for the role technology can play in this process, more so than was exhibited in the sessions with U.S and UK representatives. Technology, as some participants from India noted, is a necessary component to bridging the aspirations of India's National Mental Health Policy with its realities of limited resources and capacity to serve its population. In other words, it plays a critical role in facilitating access and equity. However, the tech sector must be careful that its products do not further amplify social and economic inequalities.

Introduction

Loneliness signals the need for human connection. It is often defined as a “distressing feeling that accompanies the perception that one’s social needs are not being met by the quantity or especially the quality of one’s social relationships” ([Cacioppo and Cacioppo, 2018](#)). The experience of loneliness is an innate response that can be sometimes paired with feelings of anxiety, fear, depression, and shame ([Campaign, 2020](#)). Scholars have also argued that an individual may appear to be very social and outgoing but can nevertheless feel lonely in the presence of others ([Hawkley and Cacioppo, 2010](#)). It is a complex concept and feeling that is mirrored in the many different disciplines and lenses applied to its understanding.

It is worth noting that, at the end of 2020, there was still no strong evidence that indicated mean-levels of loneliness had increased or decreased globally during the COVID-19 pandemic; though certain groups (e.g. vulnerable populations) are more likely to experience loneliness than others ([Killam, 2020](#)). Why? Some researchers posit a “sense of solidarity” and our innate urge to connect with others to have mitigated some of the effects of being unable to come together physically ([Silberner, 2020](#)). Other potential reasons may include the ways in which people have created moments of interaction (e.g. virtual happy hours and birthday parties); a shift in populations reporting being newly lonely; and/or likely discrepancies in the methodologies used (e.g. timeframes, location).

What we know of loneliness continues to evolve. Research over the past decade has highlighted numerous corollaries associated with specific population groups, socio-economic conditions, interpersonal relationships, and physical and mental comorbidities. As we have written previously, loneliness does not discriminate and can affect people of different ages, conditions, professions, and places.

While there may not be one single cause that influences loneliness, our recent analysis suggests that a greater focus is needed towards uncovering the structural factors that perpetuate systematic discrimination for communities that are more likely to experience loneliness. The question of “*whose loneliness matters*” insists that we come to understand if and how our systems, digital or not, prioritize access to tools that could help individuals navigate the experience successfully.

In the context of India, recent demographic (e.g., young people between 18 and 25) and socio-economic transitions (e.g., rapid industrialization and deterioration in social capital) have affected the overall wellbeing and sense of loneliness among several segments of the Indian population ([Tiwari, 2013](#)). A meta-analysis on studies concerning the prevalence and correlates of loneliness in India found that the burden of loneliness was higher among the elderly compared to younger generations ([Anil et al., 2016](#); [Grover et al., 2018](#); [Hossain et al., 2020](#)), as is also the case in Western cultures. Researchers also found factors associated with loneliness to include aging, family structure, marital status, religious practices, and more ([Hossain et al., 2020](#)). Studies also reported that pre-existing non-communicable diseases, such as diabetes and anxiety, were associated with loneliness ([Grover et al., 2018](#)). While chronic loneliness is often treated as a symptom of mental health problems, the evolving conditions listed above call for a re-evaluation of loneliness “not just as a situation or a symptom of a disease or [a mere] social concept but as a disease in itself” ([Tiwari, 2013](#)).

We begin with a brief history of mental health in India and the various policies that have shaped its public mental health system. Additionally, we bring attention to traditions of the region, as manifested in its religion and language. This is necessary in order to situate the current stigmatization and cultural norms around mental health issues, in general, and the seeming absence of the concept of “loneliness” more specifically. As Mishra and others note ([2018](#)),

“knowing the history of psychiatry with an Indian perspective becomes pertinent in conceptualizing major issues in phenomenology and management specific to the Indian context.”

Section 1: History and Tradition

Descriptions of various emotions can be found in ancient Indian texts such as Vedas and related Vedic scriptures. For example, Atharva Veda describes in detail willpower, inspiration, and consciousness ([Mishra et al., 2018](#)). Upanishads, the philosophical-religious texts of Hinduism, detail various states of mind, theories of perception, thought, and memory. Moreover, Charak Samhita and Sushrut Samhita, two classics of Ayurveda, outline mental disorders and 14 causative factors, which include immoral behavior, a weak mind, stress, anxiety, and more ([Mishra et al., 2018](#)). These ancient Vedic texts also present some of the first examples of diagnosis, crisis intervention psychotherapy, and early herbal medicinal treatments.

With the rise of the Mughal dynasty, Unani medicine, which states that disease is a natural process and is presupposed by the presence of four *akhlaat* (humours) in the body ([WHO, 2010](#)), gained prominence. By 1222 AD, Najabuddin Unhammad, an Indian physician and Umani practitioner, described seven types of mental disorders and states of mind: Sauda-a-Tabee (schizophrenia); Muree-Sauda (depression); Ishk (delusion of love); Nisyan (Organic mental disorder); Haziyan (paranoia); and Malikholia-a-maraki (delirium) ([Nizamie et al., 2010](#)). The citations above illustrate the depth of which issues of psychology and mental health are part of India's history and culture.

However, as Mishra and others point out, it is not until the British empire colonized India that we find remnants of a "modern psychiatric state" in the region. Specifically, the western conceptualization of segregating mentally ill patients into asylums began to take shape in the mid-18th and 19th centuries. These institutions catered mostly to European soldiers and were "more custodial and less cu-

rative” in function ([Nizamie et al., 2010](#)). In 1858, the Lunacy Act was first introduced, which offered guidelines for the management of psychiatric hospitals and emphasized the segregation of mentally ill patients from the general population as a protective order. During this time, drug treatments for psychiatric conditions were also introduced to India and were largely used to control patient behavior ([Nizamie et al., 2010](#)).

By 1914, World War I had significantly altered the new world order. The following years saw a gradual movement towards a more community-oriented rehabilitation approach in India with the creation of the Central Institute of Psychiatry in 1922. Alongside this, efforts to reduce stigma were enacted by renaming “asylums” to “mental hospitals” and shifting core treatment approaches to include occupational therapy and rehabilitation ([Mishra et al., 2018](#)).

After India’s independence in 1947, a new phase of psychiatry emerged, which focused on improving the conditions of existing mental hospitals and the creation of psychiatric units in general hospitals. By 1987, the Mental Health Act was introduced, and it “stressed the role of treatment and necessity to safeguard the interests of the mentally ill” ([Mishra et al., 2018](#)). However, it was not until 2013 that the government of India sought to ensure access to affordable and quality mental healthcare for all of its citizens and prioritize the rights of people who are mentally ill. In October 2014, a task force released a National Mental Health Policy, titled “New Pathways, New Hope.”

According to Sarin and Jain ([2017](#)):

“The new policy document is the identification of cross-cutting themes and an acknowledgement of the nexus between poverty, social deprivation, homelessness and mental illness. This recognition of the social determinants of mental health and the undeniable role that these play may lead to what remains the ultimate goal of policy: making a change in the lives of people.”

Yet, despite these policy-level actions, approximately 150 million Indians remain in dire need of mental health intervention ([Vivek N.D., 2019](#)). In other words, “nearly 70%-92% of persons with mental illness who require care either do not have access to services, or – if receiving services – cannot access quality care that is affordable, easily available, and satisfactory” ([Mariwala Foundation, 2019](#)). Described by Jain, Sarin, Ginneken, et. al ([2017](#)), “This mixture of an unresponsive government health system, an unregulated and frequently inaccessible private sector, and a few patchy NGO-led efforts means that most people with mental illnesses continue to be denied access to any form of treatment and poses a daunting challenge to contemporary Indian psychiatry.”

Why does this history matter?

We bring attention to the history and cultural lineage of psychiatric care in India as it provides critical context for the country’s current challenges. Specifically, decades of discriminatory policies have reinforced a generational stigma against mental health issues, leading to marginalization and neglect. Critiques of the “institutionalization” and western-centric, bio-medical model approach signify a lack of cultural and social specificity that takes into account the heterogeneity of states across India, a country that is extremely diverse in

terms of culture, language, and more. Now, as the government commits to a more inclusive approach, scholars look to shift the current structures and systems to be more comprehensive and centered on social care needs ([Mariwali](#), 2019). The narrative is thus again changing, exposing tensions between traditional and more modern value priorities.

Tied to this, history also serves to shed light on the influence of religion in early conceptualizations of mental health while also determining current customs of daily life. For example, the Bhagawad Gita acknowledges that time spent alone is an “essential part of the human experience” and necessary for liberation ([Kala](#), 2018). Therefore, as several experts hypothesized, the concept and language of “loneliness” is emergent. The Indian tradition positions “free time” or “being alone” as a luxury of the human state. “People have always been lonely, and they will always be lonely. It just manifests itself in different ways,” shared Ramakant Vempati, Founder of Wysa. “Now, it is fashionable to talk about mental health, using medicalized terms. When in Hindi, there is no approximation for certain conditions, like ‘depression.’” This, in several ways, harkens back to observations we have made in previous research on the difference between solitude and loneliness. Vivek Benegal, Professor of Psychiatry of the Centre for Addiction Medicine at the National Institute of Mental Health and Neuro Sciences, offered the following distinction:

“You can be lonely and that is very different from the concept of being alone. Being lonely is some sort of suffering. It leads to a lot of problems. Whereas being alone is something which is redemptive, which leads to regeneration. It's a strength.”

Kavita Arora, co-founder of the Children First Mental Health Institute, underscores this point in her example of the Bengali song,

Ekla Cholo Re, which encourages one to walk alone if you have a mission. “We have so many such inspirational songs and texts across India where the value of walking-alone, even if it makes you alone, has been lauded for generations. So what value is placed on being alone is very important to understand culturally because there’s a huge movement which advocates it,” she noted.

This begs the question: Is navigating loneliness about gaining the skills to cope with solitude? For some scholars, the answer is in cultivating resiliency and other abilities. For others, the answer is deeply intertwined with an individual’s identity and the various intersections that constitute it (e.g., gender, age, caste, religion). Again Benegal offers an acute observation:

“The existential schools of therapy, describe this well. They suggest that some people who have not yet developed a sense of self—often referred to as ‘hollow people’—are more exquisitely sensitive to loneliness. While people who have developed a more comfortable relationship with their self along the way, people whose real selves are more congruent with their ideal selves, are better able to use that aloneness for redemptive learning about themselves.”

This is particularly vexing for youth in India on a number of dimensions. For example, with increased digital access, young people are “exposed to the world and have the privilege to know their identities earlier,” commented Nikhil Taneja, Co-Founder and CEO of Yuva. “But, they still live in a traditional society and in conservative households. Kids may know more than their parents, earlier; but, they lack the lived experience that usually comes with that knowledge.” The internet and social media thus offers an outlet for

youth to not just express their “sense of self” but also explore new language around mental health and illness. On the flip side, access and expression online may also lead to performative displays of the self. Research on social comparison and the fear of missing out suggest that both relate to the link between passive social media use, depressive symptoms, and self-perceptions ([Burnell et al., 2019](#)), though it remains unclear what might be driving such behaviors. The challenge then is to develop technologies that enable individuals to reflect deeply on their own identities and to safely share their experiences with others. More on this in the next section.

Adding another layer, one of the most pervasive themes of Indian life is social interdependence. These social ties manifest in every activity central to Indian life, including family, kinship, the caste system, economics, and theologically ([Jacobson, 2004](#)). But, as several participants highlighted, the rapid urbanization and shift towards a more individualistic society is challenging these long held traditions. Moreover, as Amit Malik, Co-Founder and CEO of Innerhour, notes: “There are so many determinants of loneliness that are expanding [in India] whether that is family structure, age, marital status, financial well-being all independently contribute to loneliness. And, as we enhance our socio-economic indicators, loneliness will also continue to expand.”

Regardless of life stage, these observations underscore a unique Indian perspective wherein solitude and loneliness exist in a continuum, and both are critical to the human experience. Thus, loneliness is not to be cured or solved for as the narrative of the “loneliness epidemic” would suggest. Instead, the key is in providing the right tools and skills for navigating the experience. Naturally, this brings us to the second half of our study. We now pivot to unpack if and how technology ameliorates and/or exacerbates one’s ability to maneuver this continuum.

Section 2: Access and Equity

India is one of the largest and fastest-growing markets for digital consumers, with approximately 700 million internet users across the country in 2020 and a projected growth to over 974 million users by 2025 ([Keelery, 2020](#)). Of those online, the majority connect using mobile devices and mobile internet, accounting for 73 percent of India's total web traffic ([Keelery, 2020](#)). This rapid proliferation of digital access is helping to close the digital divide, with the potential for full connectivity by 2025 ([MGI-Digital, 2019](#)). Moreover, it is reported that, in 2019, 294 million Indians engaged in social media, with the average user spending approximately 17 hours on the platforms each week, which is more time than users in China and the U.S. spend ([MGI-Digital, 2019](#)).

These stats are nothing short of astounding. With a country as digitally connected as India, it is reasonable to question the role of technology in helping individuals navigate issues such as loneliness and mental illness. By the numbers, India's mobile penetration "effectively [is] an already paid for and developed health communications technology infrastructure through which a substantial proportion of India's future mental health services may be delivered" ([Yellowlees and Chan, 2014](#)). This includes the use of telemedicine and stand-alone mobile health applications for meditation, medical management, and interventions. For instance, Snapchat, in collaboration with the Mariwala Health Initiative and non-profit Manas Foundation, recently launched the "Here for You" campaign to provide resources to its users in India who are experiencing feelings of stress and anxiety during the pandemic ([Gulfnews, 2020](#)). As another example, in October 2020, Meta launched Emotional Health, a resource center focused on delivering access to knowledge on baseline mental health conditions as well as crisis hotlines for suicide and other mental health conditions. In February

2021, the company will launch an updated set of content specifically for India in partnership with It's OK to Talk; Live, Love, Laugh Foundation; and iCALL / Tata Institute of Social Sciences. Despite an increase in the number of people connecting to the internet, access remains one of the largest hurdles to care. According to reports from 2018, for every one million people in India, there were only three psychiatrists, and even fewer psychologists, available for treatment or counseling ([Vivek N.D., 2019](#)).

It comes as no surprise then that the discourse around the role technology plays is in its ability to connect and bridge the gap, particularly among rural communities, which comprise approximately 66 percent of the country's total population ([World Bank, 2019](#)) and where mental health resources are limited. Experts consider the proliferation of digital technologies as one avenue to realize the aspirations of India's National Health Policy, which aims to attain the highest possible level of health and well-being for all at all ages and universal access to good quality health care services at little to no cost ([Singh, 2017](#)). Yet, the challenge is not just in connecting the next one billion users, but guiding the design of technology and its potential influence on an individual's mental and psychological state. This includes, as experts highlighted, the ability of technology to facilitate deeper meaningful connections with others, as well as provide a space for self-actualization.

Experts from India were also quick to delineate the differences between social media and tech in general, suggesting that research not conflate the two. As Sairee Chahal, Founder and CEO of She-roles, points out, "Currently, the whole therapy ecosystem is segmented and only available to certain pockets of society. Tech makes this easier, more available, and simpler." Sugata Srinivasaraju, a bilingual journalist, author, and columnist, highlighted that social media, on the other hand, "creates a binary world made of one-dimensional choices and assumptions about your life. It creates 'approval gangs,' not actual communities." While these critiques re-

iterate previous discussions, it remains unclear whether there is a causal link between the effects of technology, particularly social media, on feelings of loneliness. Specific to India, a 2017 study on patterns of Facebook use in post-graduate students in the southern part of the country found that loneliness correlated with the severity of problematic use of Facebook ([Shettar](#), et al., 2017). While studies such as this are necessary to understanding effects of technology on loneliness, there is a clear imperative for further study, investment, and collaboration between industry and researchers. However, in contrast to our discussions with experts from the U.S. and UK, the tone during these dialogues in India leaned more toward optimism, especially for the role technology can play in facilitating access to mental health resources and aid. Neha Kirpal, co-founder of Innerhour, points out, “To be able to own and talk about things, to find communities both online and offline, is a function of both vocabulary and connection but also about safety. Why can’t we explore those spaces on a tech-platform? And if so, then what are the opportunities.”

In addition to access, concerns around equity and inclusion were again key discussion points. As several experts commented, the priority for most Indians is to address basic needs, such as putting food on the table, not the individual issues of mental health. Noted above, loneliness remains less socially accepted in India and is interpreted by some to be a concern only of the elite. “The pandemic has taught us that the people who suffer most are those who suffer from social inequity. In tech and in social media, there is a huge amount of people for whom the problem is not loneliness, not that there isn’t enough connectedness. The problem is with social inequity,” emphasized Alok Sarin, Psychiatrist at Sitaram Bhartiya Hospital. Again, we invoke the question, whose loneliness matters—only this time, we apply it to the systematic and discriminatory structures within India.

Shrinidhi Deshmukh, Program Associate of Disability & Mental Health at the Raintree Foundation, summarized it best:

“Is loneliness a product of the systems around us, which can be exclusionary to so many people? And if loneliness is also about skills, for example understanding how to deal with concerns around mental health and how to cope, then are these skills also built as a part of or as a result of access to the privileges that we have?”

Access to the technology, services, resources, and experts is only part of the equation. To truly serve those in need, lifting the burden of systematic discrimination is critical and requires further attention by a variety of stakeholders, including private industry, government, civil society, practitioners, etc. The experience of loneliness may not be clearly defined or even fully recognized throughout India, but efforts to connect its prevalence, associated risk factors, and potential psychiatric comorbidities should be pursued in earnest. Most importantly, this pursuit must be centered on the most vulnerable populations to develop equitable and inclusive interventions.

Conclusion

We began this exploration with the recognition and hypothesis that loneliness is experienced differently in India than it is in the U.S. and UK. In some ways, our premise was right. From the country's political history and religious tradition, to its many languages and dialects, to its urban and rural divide, India's heterogeneity delivered numerous conceptualizations of loneliness within (and, in some cases, its absence from) the culture. More acutely, the understanding of loneliness as both a normal part of the human condition, which is manageable with the right skills, sits opposite to its western narrative. The goal is not to cure loneliness. Instead, it is to help one navigate the experience. This position is reaffirmed, for better or worse, in cultural norms that position time alone as a luxury of the elite.

But for all of the accounted differences, the similarities are just as formative. For example, the critiques of social media and its correlations with problematic use and depression and anxiety were once again key points of concern. (Though, as with the U.S. and UK, there lacks empirical evidence on the impact of social media on loneliness in India.) Likewise, there is a shared sense that engaging multiple stakeholders, increasing investment, and facilitating multidisciplinary collaboration are all necessary to helping people navigate loneliness. Finally, and most pertinent, is a shared concern about access and equity to digital tools and interventions. India may be one of the most digitally connected populations (by total number) in the world, but technology has its limitations, particularly in the mental health realm. The key is to safeguard against building a digital environment that exacerbates barriers to access, information, and equitable social connection.

Ajay Nair, CEO of Swasth and Kamalnayan Bajaj Fellow, summarizes the tension best:

“There are two Indias. The first is one experiencing a step-change, in terms of how people perceive the stigma of mental health and loneliness. And then, there’s this whole other India which still exists where the rest of the world was 60, 100-years ago where people still get locked up. There is a lack of therapists and mental health resources. So, how do you address this for the India that doesn’t get served by the tech innovation of the day? Our tech innovation solves for the first 200 million people but then there’s 1.2 billion people left.”

The intent of this exploration was to uncover and better understand the cultural context of loneliness, technology, and social connection in India. Thanks to these discussions, we came to better understand India as a country with a rich history and set of traditions around mental health, a diverse and growing population, and an unparalleled digital infrastructure, as well as the home of an emergent set of leaders willing to reimagine the mental health care gap. The tide is starting to shift. And, while we identify and speak to many of the challenges of situating loneliness within India and its culture, it is clear that technology can and will play an integral role in increasing access to care and other services. Accessibility, approachability, and affordability, can and will be key to realizing this. At the end, we are most struck by the idea that, in many ways, India is uniquely positioned to steer the course on a larger scale for what an inclusive and equitable social connection approach may look like for future generations. Our hope is that research and discussions such as this will contribute to its ascension as leaders in this space.

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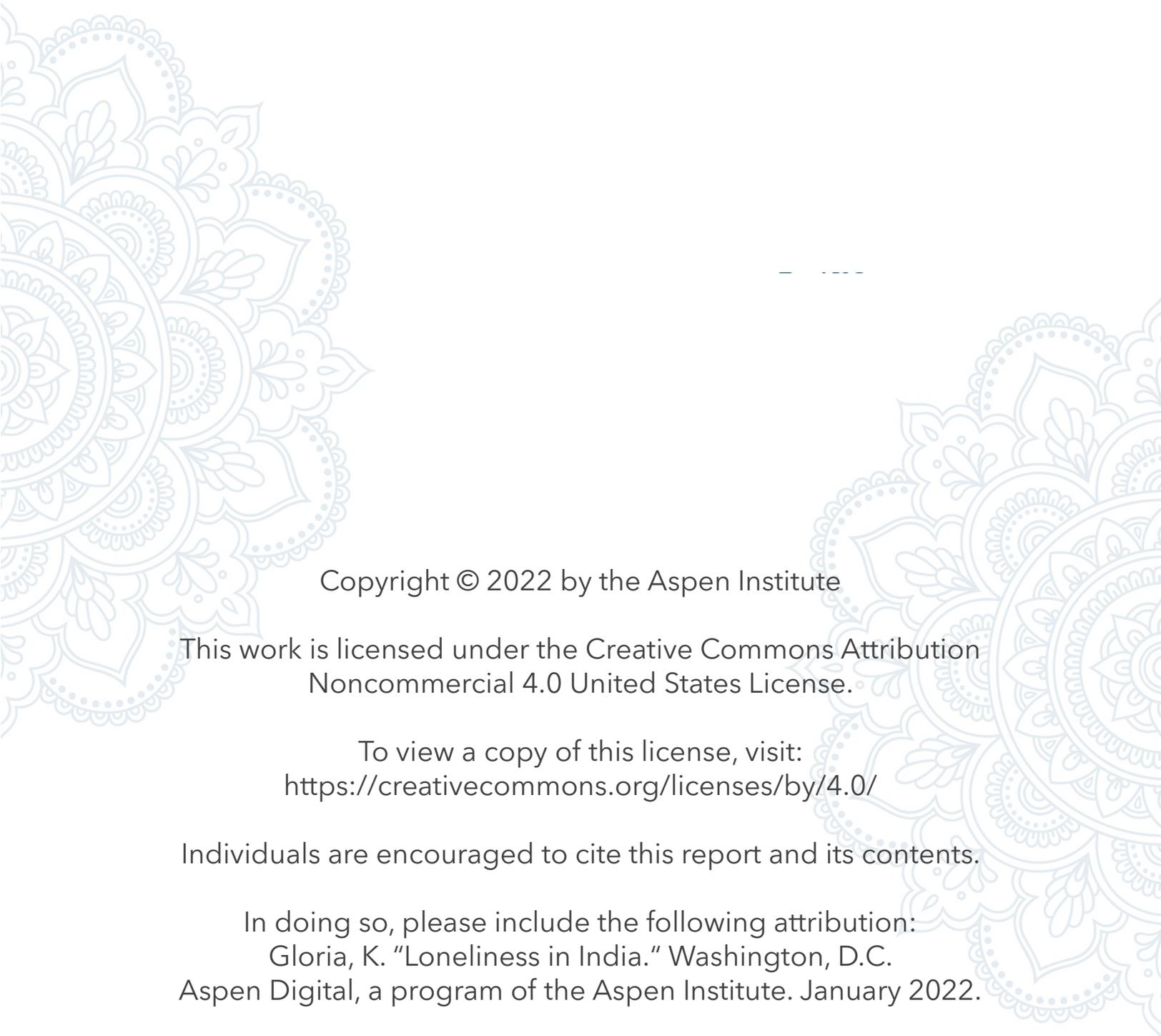
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