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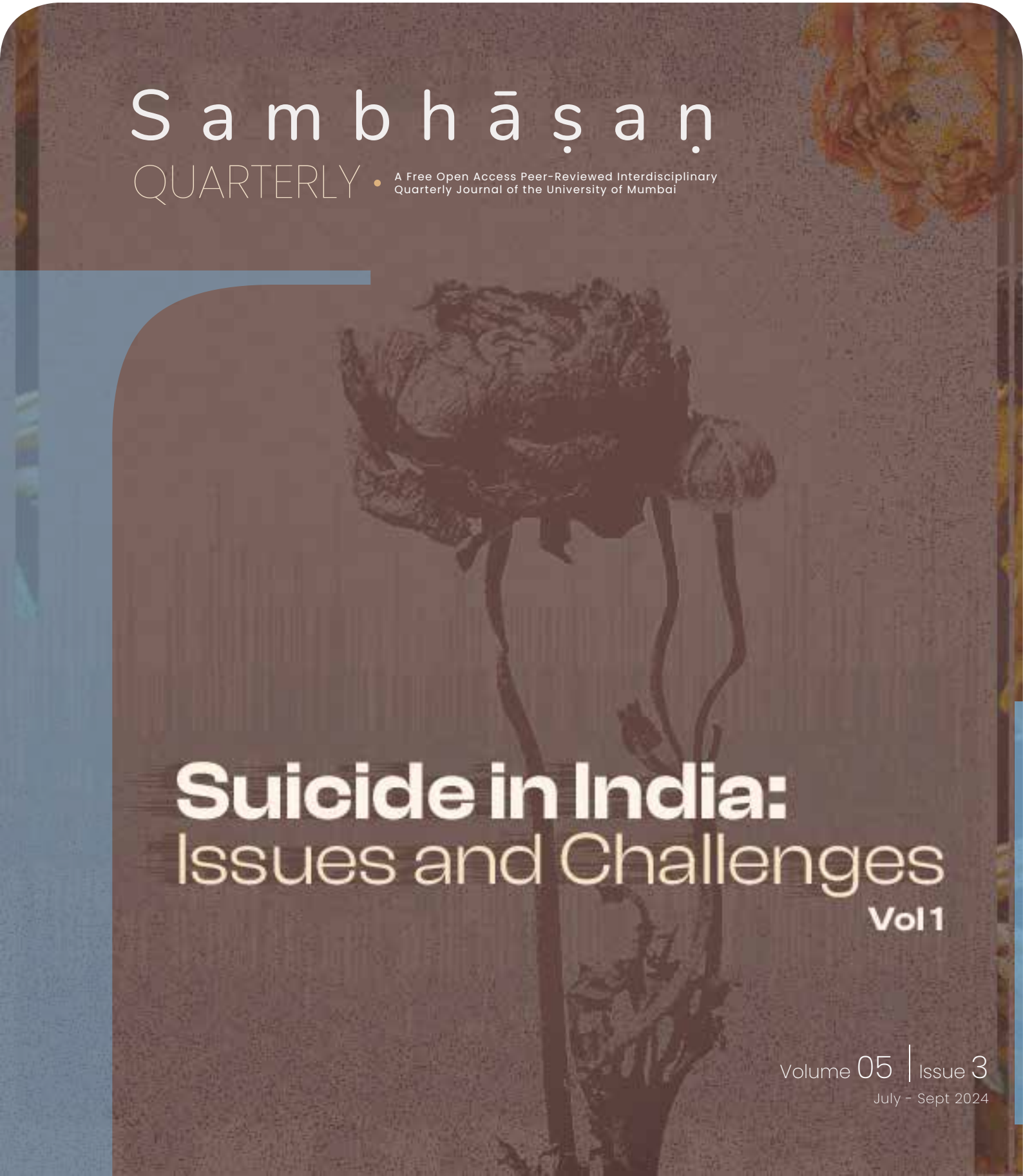
QUARTERLY • A Free Open Access Peer-Reviewed Interdisciplinary Quarterly Journal of the University of Mumbai



Suicide in India: Issues and Challenges

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S a m b h ā ṣ a ṇ

A Free Open Access Peer-Reviewed Interdisciplinary Quarterly Journal

Sambhāṣaṇ, a free open access online journal was launched on the occasion of Dr. Babasaheb Ambedkar's 129th birth anniversary on 14th April 2020 by Dr Rajesh Kharat the Office of the Dean, Faculty of Humanities, University of Mumbai. This interdisciplinary journal carries the vision of bringing diverse disciplines in dialogue with each other through critical reflections on contemporary themes. Since it's inception, the journal has been responding to contemporary issues, the first year focussing on myriad of discourses around the pandemic and it's reshaping of the world into a new order. It also carried a special issue on Gandhi's philosophy and relevance in contemporary times. Subsequently, the journal carried volumes on the theme of syncretic traditions of India, special issues on John Rawls, volumes on the theme of environment and sustainability, mental health, art, technology and Indian society and disability and Indian society. In it's initial phase there were guest lectures organised too. The journal continues to evolve in content and bring to conversations new themes of contemporary relevance.

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illustration provided

Sambhāṣaṇ or conversation as an art of dialogue has been crucial to the development of both national and world philosophies. Thinkers such as Mohandas Karamchand Gandhi, Rabindranath Tagore, Sarojini Naidu, David Bohm, Hans Georg Gadamer, Anthony Appiah and Martha Nussbaum have projected shared dialogue as a way of understanding the relationship between the individual and society. While Jyotiba Phule, Savitribai Phule, Bhimrao Ramji Ambedkar, Pandita Ramabai, Jürgen Habermas, Paul Ricoeur, Patricia Hill Collins and Judith Butler, to name a few, have started out a new through ruptures in conversations. The inevitability of conversation in academic life emerges from its centrality to human development and ecology. Conversations are not restricted to any single territory, but are enacted between global and the local topographies. This online English Journal aims at continuing and renewing plural conversations across cultures that have sustained and invigorated academic activities.

In this spirit, Sambhāṣaṇ an open access interdisciplinary peer-reviewed online quarterly journal endeavours to:

- be an open platform, where scholars can freely enter into a discussion to speak, be heard and listen. In this spirit, this journal aims at generating open conversations between diverse disciplines in social sciences, humanities and law.
- preserve and cultivate pluralism as a normative ideal. Hence, it attempts to articulate a plurality of points of view for any theme, wherein there is both a need to listen and to speak, while engaging with another's perspective.
- act as a springboard for briefly expressing points of view on a relevant subject with originality, evidence, argument, experience, imagination and the power of texts. It hopes that these points of view can be shaped towards full-fledged research papers and projects in the future.

Framework

- This journal is open to contributions from established academics, young teachers, research students and writers from diverse institutional and geographical locations.
- Papers can be empirical, analytical or hermeneutic following the scholarly culture of critique and creativity, while adhering to academic norms.
- Commentaries and reviews can also be submitted. Submissions will be peer-reviewed anonymously.
- Some of the issues will publish invited papers and reviews, though there will be a call for papers for most issues.
- There would be an occasional thematic focus.

Guidelines for Submission

- Original, scholarly, creative and critical papers with adequate references.
- All references to the author should be removed from the submission to enable the anonymous review process.
- There can be a limit of approximately 3500-4000 words (for papers) and 1500-2000 words (for commentaries) and 1000-1200 words (for reviews).
- Essays should follow the Times New Roman font in size 12 with double space, submitted in MS Word format.
- All contributions should follow the author-date referencing system detailed in chapter 15 of The Chicago Manual of Style (17th Edition). The style guidelines in this journal can be consulted for quick reference.
- Authors should submit a statement that their contribution is original without any plagiarism. They can also, in addition, submit a plagiarism check certificate.
- The publication of research papers, commentaries and book reviews is subject to timely positive feedback from anonymous referees.

Publisher

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This journal accepts original essays that critically address contemporary issues related to social sciences, humanities and law from an interdisciplinary perspective.

"In an ideal society there should be many interests consciously communicated and shared... In other words there must be social endosmosis."

Dr. B.R. Ambedkar

Editorial Note

SUICIDES IN INDIA: ISSUES AND CHALLENGES

"When you get into a tight place and everything goes against you, till it seems as though you could not hang on a minute longer, never give up then, for that is just the place and time that the tide will turn."

– Harriet Beecher Stowe (2002)

The quote by Harriet Beecher Stowe, a nineteenth-century American writer, explains the situation of being in a tight mental corner where a person has lost all hope and wishes to lose all possessions, fame, relationships, and lastly, one's own life. The writer further pleads that one must hold onto faith in such situations, as this moment of hopelessness is also just the time and space from where hope and life start. One can relate to this, as in our personal lives, we too may have encountered situations where we felt helpless and hopeless, but we built inner strength and resilience to restore hope and faith.

The alarming rise in suicide rates in India is more than just numerical statistical information; it reflects a complex issue with many interconnected layers. These layers include mental health struggles, socio-economic pressures, cultural stigma, and inadequate support systems. Each life lost is not only a personal tragedy but also a collective failure to address the deeper causes of despair that drive individuals to the brink. This issue of Sambhashan aims to explore the multifaceted aspects of suicide in India, emphasizing the urgent need for systemic changes, increased awareness, and compassion in addressing this heartbreaking epidemic.

The National Crime Records Bureau (NCRB) defines suicide as the "act of killing oneself intentionally" (National Crime Records Bureau, 2023, p. 293). In India, suicide has emerged as a significant public health challenge, ranking among the top ten causes of death in the latest census in 2019. The state of Maharashtra, in particular, has consistently reported the highest number of suicides over the past decade, with suicide ranking within the top five causes of death in the state (Ministry of Health and Family Welfare, 2024).

The national suicide rate has risen over the years, with figures increasing from 9.9 per lakh population in 2017 to 12.4 per lakh population in 2022. Between 2021 and 2022, the number of suicides in India rose from 1,64,033 to 1,70,924 (National Crime Records Bureau, 2023). This alarming increase highlights the urgency of addressing suicide as a multifaceted societal crisis.

Urban areas report suicide rates significantly higher than the national average. Domestic issues, marital problems, and illness were the leading causes of suicide, together accounting for the majority of suicide cases in 2022. These numbers emphasize the need to move beyond the view of suicide as merely an individual issue. Often seen as a personal failure or tragedy, this narrow perspective overlooks the complex external factors such as

societal, familial, and institutional pressures that contribute to suicidal behavior.

It is important to highlight the role of cognitive distortions in suicidal ideation. Many individuals who consider suicide experience a form of "tunnel vision," where they perceive their problems as insurmountable and believe that there are no alternative solutions. Cognitive Behavioral Therapy (CBT) has been shown to be an effective intervention in helping individuals reframe their thoughts and recognize that their distress is temporary. Implementing structured psychological interventions alongside societal reforms can provide a more comprehensive approach to suicide prevention.

One of the most concerning trends today is the alarming rate of youth suicides, which is double the global average. Whether it's the tragic case of 34-year-old Atul Subhash or the increasing number of student suicides in cities like Kota—known for its intense coaching culture—these instances serve as stark reminders of the profound impact that institutional pressures can have on individuals. Such pressures often lead to feelings of hopelessness and despair, which can ultimately drive individuals to consider suicide. The growing media reports and public outrage over this issue occasionally prompt authorities to take action. However, many of the intervention or remedial measures have been superficial, such as the installation of spring-loaded anti-suicide ceiling fans in hostels, while failing to address the more significant root causes, such as the academic pressure that causes distress among students in the first place.

Additionally, the concept of "perceived burdensomeness" plays a crucial role in youth suicides. Many young individuals feel that they are a burden on their families or that their failure diminishes their self-worth. Psychological interventions that address self-perception, emotional regulation, and stress management should

be integrated into school and college mental health programs to create a more supportive environment.

Socio-cultural factors, such as dowry pressures and domestic abuse, claim an alarmingly high number of lives each year, despite existing legal provisions intended to prevent these practices (Rani & Verma, 2022). Conversely, there is also a rising number of suicides linked to the exploitation that stems from the misuse of these laws (Pandey, 2024). Additionally, economic factors such as unemployment also increase one's vulnerability to suicide. The long-thriving diamond markets of Surat saw an unprecedented slowdown, resulting in factory closures and job losses for several diamond workers. While some are surviving doing odd jobs, many others have been pushed into deep despair. In just 18 months, 71 diamond workers tragically took their own lives, underscoring the urgent need for effective suicide prevention measures. The 1,600 distress calls received by the suicide helpline established by the Diamond Workers Union Gujarat highlight the immense emotional toll this crisis has taken on the community. This alarming trend calls for an immediate, coordinated response to address the psychological needs of affected workers and to create stronger, more accessible support systems to prevent further loss of life (Chitnis, 2024).

Suicide, which was historically regarded as a criminal act in India, was decriminalized under the Mental Health Care Act of 2017 (MHCA, 2017). Nonetheless, the absence of a comprehensive strategy for suicide prevention has posed significant challenges in addressing this issue. In response to this gap, India initiated the National Suicide Prevention Strategy (NSPS) in 2022, marking a progressive step toward mitigating the increasing rates of suicide mortality in the country. This strategy aims to reduce suicide-related deaths by 10 percent relative to the figures recorded in 2020 by the year 2030. However, accurately assessing the effectiveness of this initiative is complicated by the underreporting

and occasional misreporting of suicide cases in official data. This challenge is further exacerbated by the stigma associated with suicide within the Indian social context, which prevents individuals from reporting suicides accurately. The accuracy of suicide data, in turn, is vital to improving the effectiveness of suicide prevention measures. Accurate data about the occurrence of suicide can not only help identify vulnerable populations but also aid in designing effective action plans to prevent suicides.

In India, discussions on suicide are deeply stigmatized, making it challenging for people to engage in open discussions about it. Cultural taboos and societal expectations frequently suppress conversations regarding mental health and suicide, resulting in feelings of shame and isolation among those impacted. This hesitance to address the issue not only hinders at-risk individuals from seeking assistance but also forces survivors and their families to endure their grief in silence. This and the following issue of Sambhashan aim to open up academic conversations about suicide in the Indian context, hoping to pave the way for effective interventions, policy changes, and a more supportive environment for those affected. By fostering open discussions, we strive to challenge the stigma surrounding suicide, raise awareness about mental health, and encourage a more compassionate and proactive approach to prevention and care.

This issue of Sambhashan is divided into three sections.

The first section comprises nine articles. Naik opens with a comprehensive examination of archival data from the National Crime Records Bureau, highlighting the alarming rise in student suicides, particularly those linked to examination failures, with a focus on Maharashtra. Sharma follows with an analysis of Amrita Patil's novel Kari, exploring the intersection of queer identity and suicide. Sri Kumaran and Nagalakshmi examine the impact of childhood trauma on mental health, specifically how loneliness

mediates the relationship between trauma and suicidal ideation in young adults. Shah and Das address systemic injustices faced by students from marginalized communities, identifying key factors contributing to student suicides and advocating for urgent interventions to improve their well-being. Menezes offers a sociological, psychological, and literary analysis of R.K. Narayan's short fiction, examining suicide and individuality in material and metaphysical contexts. Vishwanathan and Nayar assess the impact of Fun Club, an inclusive recreational space in Mumbai, on the mental health and well-being of children with disabilities, underscoring the importance of community-driven, child-centered leisure initiatives. Sibal investigates suicide-related mortality among individuals aged sixty and above, shedding light on underlying causes and risk factors. Khanna, Deshmukh, and Das explore emotional and cognitive contributors to suicide through the lens of temporal decision-making, examining both deliberative and impulsive pathways and proposing clinical interventions for effective prevention. Concluding this section, Arpita De further examines the role of temporal decision-making in suicide, advocating for a multidimensional approach to prevention and long-term well-being.

The second section features *When, I'm Gone*, a play by educationist and playwright Omkar Bhatkar, creatively exploring the complex dilemmas surrounding suicide.

The third section consists of review articles. Teixeira and Debnath provide a critical review of Shoojit Sircar's recent film *I Want to Talk*. This is followed by a series of book reviews by Aishe Debnath, Aazka K. P., and Nivedita Gogia. Lastly, Aloknanda Rudra offers a critical analysis of *India's National Suicide Prevention Strategy*.

Recognizing the sensitive nature of suicide discussions, this issue also includes a compilation of resources for individuals struggling with suicidal thoughts.

ACKNOWLEDGEMENT

We extend our sincere gratitude to all the authors whose contributions have made this issue of Sambhashan possible. We are deeply appreciative of our reviewers for their expertise and timely feedback. Our heartfelt thanks to the University of Mumbai authorities for their continued encouragement in fostering this journal as a space for intellectual engagement.

We also wish to acknowledge our dedicated editorial team for their meticulous copyediting and valuable suggestions. Special thanks to Sanket Sawant from the Department of Information and Communication Technology, University of Mumbai, and its Director for ensuring the journal's accessibility to scholars worldwide. Lastly, we are grateful to Ms. Prajakti Pai for her contributions to the journal's design and layout.

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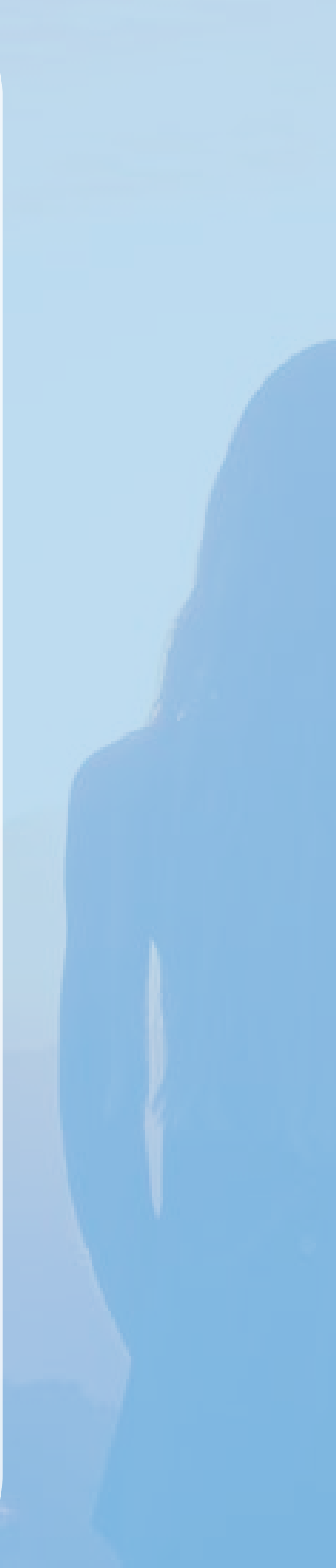
We are gratefully acknowledge the constant support from
the Vice Chancellor and the Pro-Vice– Chancellor, University of Mumbai
in Publishing this journal.

Dedicated to Survivors of Suicide Loss



SECTION I: PAPERS & ARTICLES

SECTION III: REVIEWS- MOVIE REVIEWS, BOOK REVIEWS AND NATIONAL SUICIDE PREVENTION STRATEGY REVIEW

SECTION I

PAPERS & ARTICLES

From Grades to Grief: An Inquiry into student suicides and suicides attributed to failure in examination in Maharashtra

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Abstract

Over the past decade, the number of student suicides in India has almost doubled. A majority of these have been reported in the state of Maharashtra, as per the National Crime Records Bureau (NCRB). Alarmingly, Maharashtra has witnessed a 91.5% increase in student suicides from 2012 to 2022. The data indicates that suicides by male students in the state have more than doubled in the period examined. While the specific causes underlying suicides by students have not been reported, the current study uses archival data maintained by the NCRB to examine the trend in suicides attributed to failure in examination in the state of Maharashtra. Within Maharashtra, the NCRB reports cause-wise data for six cities, with Mumbai and Pune reporting higher instances of suicides attributed to failure in examination over the last ten years. Of particular concern is the significant number of suicides among individuals below 18 years of age, owing to examination failure. The paper acknowledges and critically discusses the limitations inherent in the NCRB data, emphasizing the need for cautious interpretation. The paper also looks at current government initiatives to prevent student suicides. The research concludes by suggesting avenues for future investigations, underscoring the importance of addressing the root causes of student suicides and proposing targeted interventions to safeguard the mental well-being of students in Maharashtra.

Keywords:

suicide, failure, students, examination failure, Maharashtra suicide

This paper was awarded the 'Best Paper in PhD research scholar category' at the International Conference on 'Applying Psychology for Suicide Prevention' organized by the Maharaja Sayajirao University of Baroda, Vadodara on 23rd and 24th February, 2024. The research was conducted under the guidance of Dr. Satishchandra Kumar.

The prevalence of student suicides has witnessed a concerning twofold increase over the past decade, prompting a closer examination of the underlying causes. Notably, failure in examinations has emerged as a significant contributor, with over 25 thousand suicides in the nation attributed to this academic stressor in the last ten years (NCRB, 2022). This alarming trend raises critical questions about the multifaceted nature of suicide, extending beyond singular circumstances to encompass intricate interplays of personal and social factors (Department of School Education & Literacy, 2023).

Every instance of suicide, though universal, elicits profound shock and grief, compelling reflection on the intricate motives that drive individuals to such drastic actions. The motives vary widely, encompassing complex psychological factors, and at times, impulsive responses triggered by immediate stressors. Each case underscores compromised mental well-being at the individual level and highlights the inefficacy of existing preventive and well-being-promoting mechanisms in the individual's surroundings (Department of School Education & Literacy, 2023).

In India, the National Crime Records Bureau (NCRB) serves as a crucial source of information, collating data on suicides and accidental deaths. Their annual report titled 'Accidental Deaths and Suicides in India provides insights into the diverse causes, including dowry disputes, divorces, illness, family issues, unemployment, and more. The detailed report encompasses information on suicides related to various social and economic factors, presenting a comprehensive picture that includes details about victims' professional, educational, and social backgrounds. Over the years, the NCRB has refined its definition of suicide, acknowledging its complexity and emphasizing the deliberate and intentional act of ending one's life (NCRB, 2012; NCRB, 2021).

Prior research has drawn attention to the heightened risk of suicidal behaviour among adolescents achieving lower academic grades (Björkenstam et al., 2010). Educational psychologists, in this context, distinguish between mastery-based and performance-based academic achievement goals. A mastery orientation values curiosity, skill development, and the understanding of new material, attributing success and failure to effort and viewing mistakes as integral to the

learning process. Conversely, a performance orientation aims to boost self-worth, attributing success and failure to inherent ability and evaluating competence through social comparisons. This orientation includes both performance-approach and performance-avoidance goals, the latter associated with reduced intrinsic motivation, learned helplessness, and heightened anxiety (Neff et al., 2005). Understanding these psychological dynamics is crucial for developing effective interventions to address the rising trend of student suicides.

The current study aims to identify and highlight the trends and patterns observed in suicides by students and suicides due to failure in examination in the state of Maharashtra using archival data maintained by the NCRB.

Methodology

Materials and Methods

The primary data source for this archival research is online record maintained by the National Crime Records Bureau (NCRB). The NCRB publishes an annual report titled 'Accidental Deaths & Suicides in India (ADSI)' which includes data on mortalities due to accidents and suicides in India. The latest edition of the report was released for the year 2022. The research covers a specified period, typically ranging from 2012 to 2022, capturing trends and patterns in student suicides over the selected duration. Suicide data spanning multiple years was assessed, focusing on the demographic details, causes, and classifications available in the reports.

Data Analysis

Quantitative analysis is conducted to examine trends and patterns in student suicides. Descriptive statistics, including frequencies and percentages, are employed to present an overview of demographic characteristics and suicide causes among students.

Results

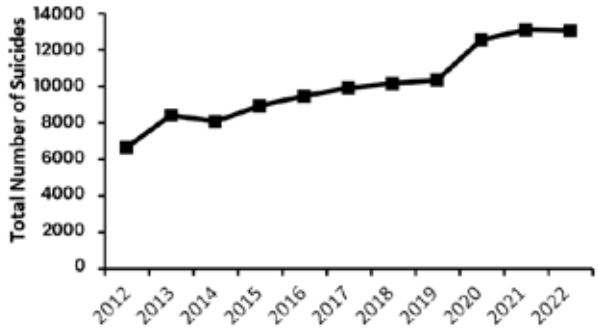
Suicides by students

A total of 1,10,615 student suicides were recorded in the period from 2012 to 2022. Of these, 53.61% of the suicide victims were males while 46.33% were females. The state of Maharashtra accounted for 13.96% of the total suicides by students in India during the period examined. Out of the 15,451 student suicides in Maharashtra, 8293 (53.61%) were committed by males and 7156 were by females (46.25%).

A total of three student suicide victims have been reported as transgender in the ten years examined, amounting to 0.003% of the total victims. The data shows three entries in the transgender category for student suicides in the years 2016, 2019, and 2022. Of these, two cases were reported in Maharashtra in 2016 and 2019.

The total number of suicides by students in the country has increased by 96.03% from 2012 to 2022. In 2012, the total number of student suicide victims was 6654. In 2022, the number increased to 13,044. The cases of student suicide dipped the most in 2012 with a 13.54% decrease in cases compared to 2011. Interestingly, the cases spiked by a drastic 26.59% in the consequent year. This spike is the highest increase in student suicide cases in the decade under examination. Another major spike in cases came in 2020 when the cases rose by 21.2%. In 2022, there is again a slight dip in the cases, when the cases have reduced by 0.34%.

Figure 1

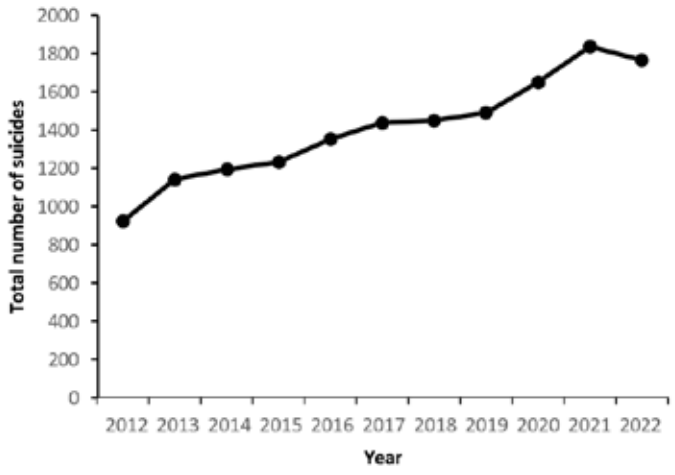


Total number of suicides in India from 2012 to 2022

Note. This figure demonstrates the rise in the total number of suicides in India over the decade. Data sourced from the report on Accidental Deaths & Suicides in India published by the National Crime Records Bureau.

Maharashtra witnessed a 91.53% rise in student suicides in ten years. In 2012, 921 students within the state succumbed to suicide, a figure that surged to 1764 in 2022, comprising 1017 male victims and 747 females. As seen in Figure 2, the number of suicides by students in Maharashtra has gradually increased till 2021 and dipped slightly in 2022. The number increased drastically by 23.89% from 2012 to 2013. In the following years, the numbers rose slowly. However, in 2020 and 2021, the state witnessed a spike in student suicides by 10.83% and 11.29% respectively. Remarkably, the number has dipped for the first time after 2012 in 2022. In 2012, the number had dipped by 6.78% compared to 2011 and it dipped by 3.82% in 2022.

Figure 2



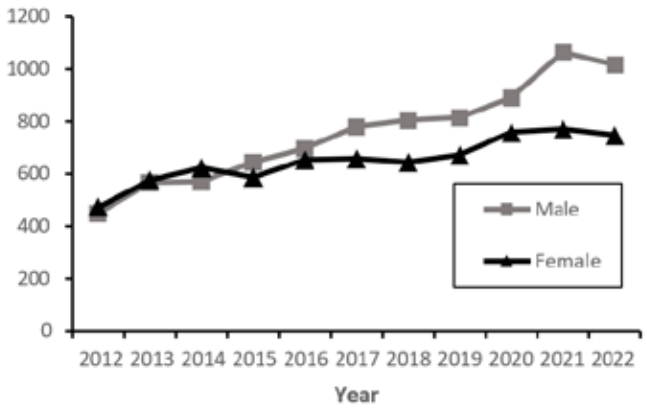
Total number of suicides by students in Maharashtra (2012-2022)

Note. Data sourced from the report on Accidental Deaths & Suicides in India from 2012 to 2022 published by the National Crime Records Bureau (NCRB).

A nationwide analysis reveals a persistent trend of higher incidences of male student suicides compared to their female counterparts. In the state of Maharashtra, the period spanning from 2012 to 2014 witnessed a consistent pattern where suicides among female students surpassed those among their male counterparts. However, a notable shift occurred after 2014, with male student suicides consistently exceeding those of their female counterparts.

Figure 3

Gender-wise Comparison Suicides by Students in Maharashtra (2012-2022)



Note. The figure includes a comparison of suicides by male and female students in the state of Maharashtra. Data sourced from the report on Accidental Deaths & Suicides in India published by the National Crime Records Bureau.

[a] The data for transgender students is not available from 2012 and is thus excluded from this figure.

The NCRB reports data for six mega-cities in Maharashtra, viz. Aurangabad, Mumbai, Nagpur, Nashik, Pune, and Vasai Virar. However, city-wise data for different professions is available only for four years in the period under study from 2012 to 2015. Within Maharashtra, the city of Mumbai has consistently witnessed a higher number of student suicides compared to other cities in the state, followed by Pune and Nagpur. The lowest numbers in the state have been reported in Vasai Virar. Notably, in the cities of Mumbai and Nashik, suicides by female students have been consistently higher than their male counterparts in the data available from 2012 to 2015. In Aurangabad, the incidence of student suicides by males has consistently been higher than by females. In 2012, with the exception of Aurangabad and Pune, all other mega-cities in Maharashtra reported a higher incidence of female student suicides compared to male students.

Table 1

			Year		
City	2012	2013	2014	2015	Grand Total
Aurangabad					
Total (annual)	8	23	15	13	59
Male	6	16	10	8	40

Female	2	7	5	5	19
Transgender	-	-	0	0	0
Mumbai					
Total (annual)	137	181	111	142	571
Male	53	77	39	70	239
Female	84	104	72	72	332
Transgender	-	-	0	0	0
Nagpur					
Total (annual)	66	49	57	56	228
Male	23	21	29	29	102
Female	43	28	28	27	126
Transgender	-	-	0	0	0
Nashik					
Total (annual)	23	32	29	31	115
Male	11	15	14	13	53
Female	12	17	15	18	62

City-wise distribution of student suicides in Maharashtra

Table 1

			Year		
City	2012	2013	2014	2015	Grand Total
Pune					
Total (annual)	46	71	101	100	318
Male	23	30	54	59	166
Female	23	41	47	41	152
Transgender	-	-	0	0	0
Vasai Virar					
Total (annual)	9	4	10	11	34
Male	3	2	2	7	14
Female	6	2	8	4	20
Transgender	-	-	0	0	0

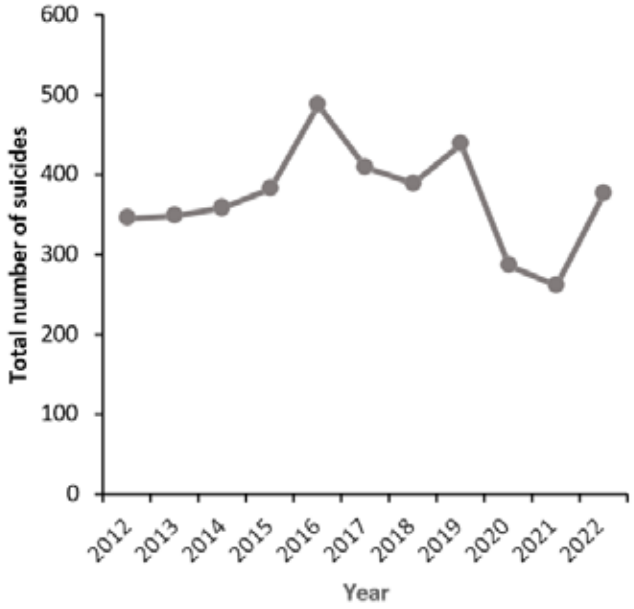
City-wise distribution of student suicides in Maharashtra (continued)

Note. Data sourced from the report on Accidental Deaths & Suicides in India from 2012 to 2022 published by the National Crime Records Bureau.

Suicides attributed to failure in examination

Over the ten years studied, a total of 25,931 deaths in the nation have been attributed to failures in examinations, with a higher incidence among males (n=14,444) compared to females (n=11,487). Remarkably, no instances of suicides under this specific cause have been reported within the transgender category in the nationwide data in the decade. The data depicted in Figure 4 reveals a fluctuating pattern in the number of suicides attributed to examination failure, exhibiting both increases and decreases in consecutive years from 2012 to 2017. Subsequently, the following two years experienced a modest rise in cases, followed by a pronounced decline in 2020 and 2021, with 2020 marking the most substantial decrease in the past decade. In the following year, 2022, there was a 25.22% increase in cases, representing the most significant rise in the decade.

Figure 4



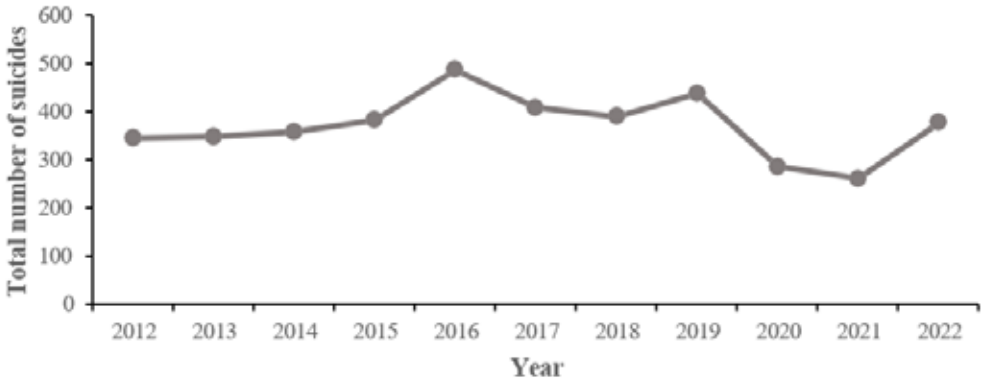
Total number of suicides in India attributed to 'Failure in Examination' (2012-2022)

Note. Data sourced from the report on Accidental Deaths & Suicides in India published by the National Crime Records Bureau.

During the said period, the state of Maharashtra has seen a loss of 4091 lives owing to failure in examination. The total number of suicides due to this cause has been higher among males than females in the state. Only in the years 2012 and 2020, the number of suicides by females has been higher than males under this cause. The pattern of higher incidence of suicides by males under this cause

is also consistently observed in the ten-year data for the six mega-cities of Maharashtra. It is important to note that the suicides among both males and females have increased in 2022 after decreasing for two years. However, the number of suicides among males has increased by an alarming 72.18%, claiming 229 lives in 2022.

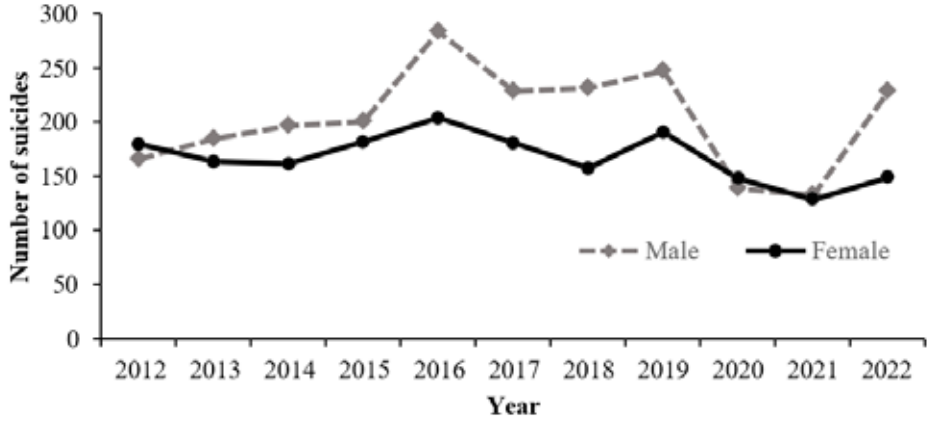
Figure 5



Total number of suicides in Maharashtra attributed to 'Failure in Examination' (2012-2022)

Note. Data sourced from the report on Accidental Deaths & Suicides in India published by the National Crime Records Bureau.

Figure 6



Gender-wise comparison of suicides attributed to failure in examination in Maharashtra from 2012 to 2022

Note. Data sourced from the report on Accidental Deaths & Suicides in India published by the National Crime Records Bureau.

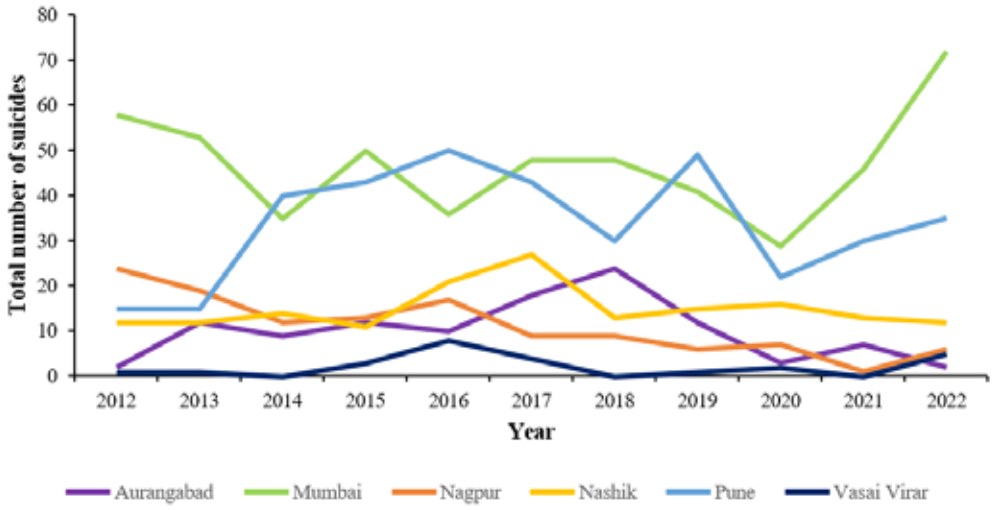
[a] The data for transgender students is not available from 2012 and is thus excluded from this figure.

The most significant increases in the cases have occurred in the years 2016, 2019, and 2022. The number of cases has seen a gradual increase from 2012 to 2016, followed by a marked decrease in 2017 and further in 2018. Similar to the trend observed in the national data, the cases drastically decreased by 34.62% in 2020 and further by 8.71% in 2021, followed by a sharp rise of 44.27% in 2022.

Across the nation, a majority of suicides due to this cause have occurred among individuals below the age of 18 years. In a span of four years, 4,693 individuals under 18 years of age have ended their lives because of examination failure. The next age group with the highest incidence of suicides under this cause is between 18-30 years with 3,581 cases reported since 2019. In the years 2020 and 2022, females have a slightly higher incidence of suicides in the age group below 18 years. In all other age groups and across the four years reported, male suicides have been higher than their female counterparts. Notably, the NCRB report also indicates 4 cases of suicide due to failure in examination in the age group of 60 years and above whereby 3 males and 1 female have committed suicide.

A look at the suicides due to failure in examination across the mega-cities in Maharashtra (see Figure 7) shows that the numbers have been particularly high in Mumbai and Pune over the years. The lowest numbers are seen in the Vasai-Virar region, followed by Aurangabad. Aurangabad exhibited fluctuations over the years, with a notable peak in 2017 and a subsequent decrease in the following years. Nagpur has witnessed a fluctuating pattern, reaching a minimum in 2021, followed by an increase in 2022. The city of Nashik shows variability, with peaks in 2016 and 2017, followed by a decline in subsequent years. Pune demonstrates variability, with a considerable increase in 2014 and fluctuations in the following years. Vasai Virar region exhibits sporadic cases, with notable increases in 2016 and 2022.

Figure 7



Total number of suicides attributed to failure in examination in six cities of Maharashtra from 2012 to 2022

Note. Data sourced from the report on Accidental Deaths & Suicides in India from 2012 to 2022 published by the National Crime Records Bureau.

Discussion

Highlighting the vulnerability of individuals below 18 years to the stress associated with examination failure, it is evident that a majority of suicides occur within this age group. Additionally, the 18-30 age group exhibits a significant number of cases, aligning with previous studies emphasising high suicide incidences among individuals aged 15-29 years (Gururaj & Isaac, 2001).

Despite the prevalence of suicides, the NCRB report does not provide details about the type of examinations associated with these cases. This absence of specificity makes it challenging to determine whether these suicides are linked to school-level exams or other competitive tests. Notably, studies based on media reports suggest a connection between student suicides and the National Eligibility Cum Entrance Test (NEET), a highly competitive examination for medical school admission in India (Kar et al., 2020). There exists significant stress among these students to excel in exams. The struggle to cope with performance expectations, live up to parental expectations, and realise personal aspirations might lead to

psychological strain and, in more severe cases, result in suicidal tendencies (Kar et al., 2020).

Various risk factors contributing to student suicides have been identified in the literature. Psychological distress emerges as a crucial contributor, with studies underlining its significance (Jaisoorya et al., 2017). Additionally, a strong correlation between depression and completed suicide has been established (Björkenstam et al., 2010). Low self-esteem and frequent bullying also correlate with suicide ideation and actions among students (Bhar et al., 2008; Richardson et al., 2005; Mahawan & Arboiz, 2022). Understanding the predictors of suicide within these units can aid in identifying those at risk and implementing appropriate interventions (Allebeck et al., 1988).

Addressing the escalating mental health concerns, the government has implemented initiatives such as the National Mental Health Programme (NMHP) and the District Mental Health Programme (DMHP). These programs endeavour to deliver a range of services, including suicide prevention, life skills training, and counselling in educational institutions such as schools and colleges. Additionally, it seeks to offer mental health services encompassing prevention, promotion, and long-term continuing care at various levels within the district healthcare delivery system. The program also aims to foster community awareness and participation in the effective delivery of mental healthcare services (Ministry of Home Affairs, 2022). A comprehensive National Suicide Prevention Strategy unveiled in 2022 outlines a target of achieving a 10% reduction in suicide mortality rates across India by 2030 (Ministry of Health and Family Welfare, 2023).

To tackle the rising issue of self-harm and suicide among students, the Ministry of Education introduced the UMMEED guidelines. The primary focus of these guidelines is to enhance sensitivity, comprehension, and assistance in instances of distress. A key recommendation involves the formation of a School Wellness Team tasked with identifying students in vulnerable situations, promptly addressing their needs, and offering the necessary support. The guidelines endorse the eradication of detrimental notions, including the comparison of students with their peers, viewing failure as permanent, and exclusively associating success with academic achievements. Additionally, the guidelines

propose tangible measures such as securing vacant classrooms, enhancing lighting in dimly lit corridors, and maintaining well-groomed gardens and outdoor spaces (Department of School Education & Literacy, 2023).

Research underscores the role of self-compassion in helping students cope with academic failure adaptively. It enables individuals to perceive instances of failure objectively, preventing the distortion of perspective caused by excessive self-criticism and isolation (Neff et al., 2005).

While the NCRB data provides several valuable insights regarding student suicides and suicides due to failure in examination, it is crucial to acknowledge the limitations of the available data.

Initially, the NCRB reported data only for males and females. The transgender category has been included in the reports from the year 2014. However, it is possible that the number of suicides by transgender students is either underreported or misclassified as per their biological sex, considering the near-zero entries in the category over ten years. This may lead to an incomplete understanding of the true prevalence of suicides within the transgender population. Unlike the US Center for Disease Control and Prevention (CDC), the NCRB does not provide data on suicidal ideation or attempted suicide currently. The lack of such essential data pieces may hamper a thorough examination of suicide-related trends and patterns across different demographic groups.

Furthermore, an operational definition of a student is not available in the report by NCRB. The reports published after 2015 do not include a profession-wise classification for the mega-cities. Hence, it is difficult to examine the prevalence of suicide cases among students in different cities. This poses a limitation in interpreting and comparing data related to the student population.

Additionally, the NCRB does not provide a categorisation of student suicides based on specific causes. This poses a serious hindrance to understanding what are the factors contributing to the rise in student suicides. It also makes it difficult to design effective interventions to prevent student suicides since there is a lack of clarity about the underlying reasons for the same.

The current archival data by NCRB provides data only for mega-cities in the Indian states. The data for rural areas is not available.

Since the current study relies solely on the data available on the NCRB portal, the limitations of the NCRB data listed above are also applicable to the study. Future research can explore the topic further by using multiple sources of data, including, media reports, or primary data collected from local police records or surveys. A comparative analysis of the prevalence of suicide among students and suicides due to educational failure in different states of India and other countries can also aid in enhancing the collective understanding of this problem. Research can also compare the strategies implemented by different countries to prevent students from committing suicide.

Conclusion

The rising number of student suicides in the country is a topic of grave concern. While a few studies have attempted to capture different aspects of this issue, the numbers emerging in the state of Maharashtra require more attention. The current study is a modest attempt at highlighting the severity of the issue by depicting the alarming speed at which the incidence of suicides has been increasing in the state. The study also tries to highlight the importance of equipping students with the ability to cope with failure so that such preventable tragedies as students ending their lives due to failure in an examination can be reduced.

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Understanding Queer Identity and Issues of Suicide in Amruta Patil's *Kari*

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Abstract

Kari a moving story of survival in the face of adversity explores the intertwining themes of queer identity mental health and social marginalization by Amruta Patil. The graphic novel examines *Kari*'s psychological issues such as her internalized homophobia experiences of rejection and the ongoing pressures of heteronormative social norms. *Kari*'s struggle with suicide thoughts is representative of the larger crisis LGBTQIA+ people face worldwide where feelings of loneliness and worthlessness are made worse by stigmatization emotional neglect and restricted access to resources for affirming mental health. By using symbolic elements like water and darkness which stand for suffocation loneliness and the overwhelming weight of depression, Patil uses the visual medium to evoke *Kari*'s inner turmoil. Moments of color and light represent ephemeral hope and connection while the textured and fractured art style reflects *Kari*'s shattered emotional state. These creative decisions deepen the story's emotional resonance by empathizing with readers Kari's experiences and emphasizing the psychological costs of social exclusion and invisibility. Kari contains moments of self-awareness intimacy and resiliency despite its somber tone implying that survival and recovery are possible. *Kari* reclaims her story via artistic expression employing creativity as a form of healing and resistance. In the end, the book goes beyond its personal story to offer a more comprehensive analysis of the mental health issues that marginalized queer people face. Intimately exploring identity and evocatively criticizing social norms Patil's work provides a nuanced portrayal of the relationship between surviving mental illness and queerness.

Keywords:

Graphic Novel, Queer Identity, Social Exclusion, Mental Health, Suicide

Introduction

Kari (2008) is a groundbreaking work of Indian graphic literature by Amruta Patil who occupies a special position in India's literary and graphic arts landscape. *Kari* one of the first Indian graphic novels to concentrate on LGBTQIA+ issues, representing a substantial shift from popular narratives that frequently downplay or ignore queer identities. Patil's approach combines the craft of graphic novels with in-depth literary analysis exploring intricate emotional and psychological terrain with striking illustrations and moving narratives. A crucial text for comprehending how these themes intersect in modern Indian society is her creation of *Kari* a young woman negotiating the maze of queer identity social rejection mental health issues and the terrible threat of suicide (Patil 2008). Even though comic books and graphic novels are well-known throughout the world *Kari* occupies a unique place in India where it questions the limitations of conventional Indian storytelling as well as the idea that graphic novels are primarily limited to fantasy or lighter subjects. In a country where societal and familial pressures frequently impose a strict framework for personal and sexual identity Patil offers a visceral examination of queer life in India through her art and storytelling. By doing this *Kari* adds to the larger discussion about mental health sexual identity and the effects of social rejection.

Kari's path involves more than just accepting her sexual identity it also entails realizing how closely identity and mental health are related. The concept of queer identity in a conformist society is one of *Kari*'s main themes. *Kari*'s identity is shaped and reshaped by her relationships how she views herself and her interactions with the outside world both as a woman and as a queer person. The work offers a distinctive perspective on the intricacies of queer people's lives especially in the Indian context. The novel addresses more general concerns of queer identity and mental health by emphasizing *Kari*'s internal conflicts and the social familial and personal factors that influence her experiences. It emphasizes how people who experience social rejection and marginalization are more likely to experience psychological distress and suicidal thoughts (Budge et al. 2013). Specifically, *Kari* offers an important story for comprehending how people with queer identities deal with their own struggles against a society that does not acknowledge or validate their existence in addition to navigating their own experiences of love

desire and self-expression. This research article will explore how *Kari* addresse's themes of depression the need for connection and the eventual hopelessness that many LGBTQIA+ people experience when they are faced with the constant internalized stigma and lack of social acceptance.

The novel's analysis of suicide looks at how wider social pressures can push marginalized people to the edge in addition to how personal suffering contributes to suicide (Gaur et al. 2022). *Kari* is an important text for this journal because of its critical importance in relation to Queer Theory and mental health. Insight into the intersections of mental health issues social marginalization and queer identity is offered by the book.

Theoretical Framework

Eve Kosofsky Sedgwick's Queer Theory from the book *Epistemology of the Closet* (1990) offers a critical framework for comprehending the fluidity of sexuality identity and the social structures that influence them. A key contributor to the growth of Queer Theory Sedgwick highlights the diversity and complexity of human desire and identity challenging dogmatic conceptions of gender and sexuality. Through her work heteronormative presumptions are dismantled and a queer lens that defies the limitations of binary oppositions like male/female hetero/homo and normal/abnormal is presented. The way that Amruta Patil's *Kari* addresses issues of queer identity social rejection mental health and suicide is examined using Queer Theory in this theoretical framework. Sedgwick's book *Epistemology of the Closet* (1990) which examines the profound implications of sexual identity categories and the closet as a site of repression encapsulates her seminal work in Queer Theory. Sedgwick argues that the concept of the closet is a social and cultural construct that imposes conformity to normative sexual behaviors and identities rather than merely being a private place for hiding one's sexual identity (Sedgwick 1990).

This theory is extremely pertinent to the analysis of *Kari* as the main character *Kari* negotiates her queer identity in a society that penalizes deviation from social norms and demands conformity. Her inability to publicly express her sexuality is closely linked to *Kari*'s emotional and psychological distress mirroring the

ways queer people are frequently confined to a literal and figurative closet. Among Sedgwick's most important contributions to Queer Theory is the notion of performative identities which questions the fixed character of sexuality and gender. She contends that identities are created through repeated performances of gender and sexuality rather than being biologically determined or intrinsically stable (Butler 1990). This fits with Kari's journey in which the protagonist's identity is constantly changing due to her internal conflicts and interactions with others. Both desire and resistance—desire for love intimacy and connection as well as resistance to the limitations placed on her by a society that aims to label and repress her queerness—define *Kari*'s changing identity throughout the book. Because it is both shaped and reshaped by these social and emotional interactions *Kari*'s identity is performative highlighting the fragility and precariousness of sexual identity in the face of social rejection.

The significance of recognizing the inbetweenness of sexual identities—those that are neither fixed nor readily classified—is another point Sedgwick makes in his work (Sedgwick 1990). In Kari the protagonists experience of gender and sexuality is presented as fluid and multifaceted defying binary classifications so this idea strikes a deep chord. Conventional definitions of sexual identity do not adequately capture *Kari*'s queerness. She is portrayed in the book as an active albeit frequently conflicted agent in creating her identity rather than as a passive victim of her circumstances. According to Queer Theory, this active construction of identity highlights the conflict between social imposition and self-definition and challenges conventional binaries. In addition, Sedgwick criticizes the power dynamics that result from the imposition of labels like heterosexual and homosexual contending that these classifications uphold social norms and hierarchies. When examining the connection between Kari's queer identity and mental health issues this criticism is especially pertinent. Social rejection that aims to impose *Kari* into a heteronormative framework that prevents her from exploring her desires and establishing meaningful connections exacerbates her internal struggles. She traverses a society that labels her as other exposing the negative consequences of these imposed labels such as depression and suicidal thoughts.

The relationship between *Kari*'s queer identity and suicide illustrates the wider social pressures queer people experience when they are unable to fit in with heteronormative norms. The policing of identity and social rejection can cause severe emotional and psychological suffering especially when people internalize their marginalization as Sedgwick's Queer Theory explains. *Kari*'s battles with her own mental health serve as an example of how queer identity when not recognized or accepted can result in feelings of loneliness and hopelessness throughout the book. *Kari* can be examined through the lens of Eve Kosofsky Sedgwick's Queer Theory. In order to reveal the many facets of *Kari*'s identity and her battles with mental illness and suicide Queer Theory emphasizes the performativity of identity the rejection of binary classifications and the emotional fallout from social norms. Sedgwick's work critically examines and challenges the larger cultural forces at work which are reflected in the novels depiction of queer identity which goes beyond a personal journey.

Queer Identity in *Kari*

Amruta Patil's graphic novels title character *Kari* is a young queer woman who struggles with the complexities of her identity in a society that expects conformity. She is in her early twenties a time that is frequently associated with introspection confusion and the pursuit of meaning in life. The ambiguity of *Kari*'s past in many respects reflects the fluidity of her experiences and character. As a city dweller she must balance the conflicting demands of a seemingly modern and cosmopolitan environment while also adhering to strict traditional family and social norms. *Kari*'s internal conflict is apparent right from the start of the story. Her needs for self-expression her desires and the social norms that maintain heterosexuality as the only acceptable form of sexuality are all at odds with one another. Her internal conflict is emphasized by the ambiguity surrounding her background including her sexual orientation and family. Early on in *Kari*'s development she is portrayed as someone who feels socially and emotionally alone. She is always looking for a sense of belonging which drives her to delve deeper into her queer identity. She struggles with internalized shame faces social rejection and comes to terms with her queerness throughout the course of the book.

The novels examination of queer identity revolves around Kari's quest for self-awareness. In contrast to stories that show a straight line toward self-acceptance *Kari* depicts a more complicated and nuanced path that alternates between periods of self-rejection and epiphanies. *Kari*'s journey of self-discovery is portrayed as a sequence of emotional upheavals psychological challenges and personal revelations rather than a straightforward process. These swings are a reflection of the larger emotional and social struggles that many queer people encounter particularly in a place like India where being queer is still frowned upon and frequently suppressed or misinterpreted. investigating the topics of queer identity. The novel deftly captures *Kari*'s desires relationships and experiences as a queer woman in a heteronormative society where her sexuality is fundamental to who she is. She explores same-sex relationships and the emotional bonds she makes with women which are central to her story because they give her a sense of closeness understanding and love that she rarely experiences with men. The social norms that dictate heterosexuality as the only acceptable expression of desire however make this connection to women tense. *Kari*'s sexual experiences with women particularly with her lover a figure who stands for both pain and freedom reveal her inability to balance her desires with the norms of her society. Kari's internalized queerness and the increasing conflict between her sexual identity and social acceptance are also highlighted in the book. The shame and guilt that result from both internalized homophobia and cultural repression serve as a backdrop for her desire to connect with other women.

The closet as stated by Sedgwick (1990) in her work *Epistemology of the Closet* is not only a private place of concealment but also a potent social structure that imposes expectations and norms making it challenging for people to publicly declare who they are. Being other in a culture that stigmatizes these kinds of relationships shapes *Kari*'s experience of queer identity. Two types of social and familial rejection are experienced by Kari. Because *Kari*'s parents uphold traditional values that see queerness as immoral or abnormal the pressure from her family is especially strong. The wider social unease with non-normative sexual identities is reflected in her family's unwillingness to accept her sexuality. *Kari*'s emotional distress stems from this rejection which shows up as internalized homophobia self-doubt and alienation. A strong desire for familial acceptance which she knows is improbable given the dominant social norms intensifies

her internalized conflict. In a heteronormative society the complexities of queer identity are also demonstrated by *Kari*'s romantic relationships. Her relationships are about finding emotional comfort in a society that rejects her desires as well as sexual exploration. *Kari* experiences intense loneliness as well as intimate moments with other women. These connections are in a way her acts of defiance her way of claiming her queerness in a society that demands she keep quiet. But they also serve as painful reminders of how little social space her identity is granted.

As she realizes that their love exists in seclusion away from the public eye *Kari*'s internal monologue in one moving scene highlights the intense loneliness that endures even in her lover's presence. One aspect of her experience that stands out is the conflict between shame and desire. Self-rejection and internalized homophobia. Kari's internalized homophobia and self-rejection due to social norms are among the most significant elements of her journey. Kari's internalized views about her queerness and rejection from others are both contributing factors to her self-doubt. Her feelings of shame regarding her sexual orientation are a direct result of the heteronormative culture which perpetuates the notion that being queer is abnormal incorrect or abnormal. It is clear from *Kari*'s interactions with her own body and emotions that she struggles with self-acceptance. She frequently displays discomfort with her desires as a result of internalizing the shame and guilt that come with being in a culture that considers her sexual identity to be abnormal. At one pivotal point in the story Kari is shown to be unable to balance her sense of self-worth with her sexual desires. Despite her embarrassment she is unable to control her attraction to women. Her fear of rejection from her friend's family and society at large exacerbates this internal conflict. In the book internalized homophobia appears in both covert and overt forms. The sense of alienation that results from not being accepted is reinforced by *Kari*'s frequent physical and emotional isolation from other people. Her psychological and emotional seclusion is a reflection of the larger effects of social norms that force queer people into invisible and shameful roles. The psychological suffering that many queer people go through especially in cultures

that stigmatize their sexual identity is reflected in *Kari*'s agonizing self-rejection (Budge et al. 2013).

India, a nation where religious customs and cultural norms have a significant impact on how people view sexuality provides the social context for *Kari*. India is still a heteronormative society where being queer is frequently linked to immorality sin or illness. Due to the deep-rootedness of these norms in society family dynamics and public life queer people are marginalized and silenced. A significant step forward for queer rights in India was the decriminalization of Section 377 of the Indian Penal Code in 2018 although societal attitudes still firmly hold that being queer is abnormal or unnatural (Pande 2019). This heteronormative social context makes *Kari*'s inner conflicts worse. In addition to battling her queer identity she also has to deal with the more significant forces of social rejection. Her family's reaction to her queerness which was either avoidance silence or outright condemnation reflects the rejection of queer people in society at large. The pressure to fit in with society's expectations causes emotional isolation as *Kari* travels through her self-discovery journey which results in dejection and feelings of alienation. The social and familial rejection she experiences as a queer woman in India is a direct cause of her loneliness in addition to her internal conflicts. Social norms restrict personal freedom and expression particularly for marginalized identities as the broader social context in *Kari* illustrates. A society that does not accept *Kari*'s sexual identity consistently blocks her attempts to fit in. A significant portion of her journey in the book is characterized by a profound sense of displacement brought on by her emotional isolation and social rejection.

Gender Stress Theory

The 2008 graphic novel *Kari* by Amruta Patil offers an engaging examination of gender nonconformity queer identity and mental health in an urban Indian setting. In a society where gendered expectations and heteronormativity impose heavy psychological burdens the protagonist *Kari* navigates life as a queer woman. Using the Gender Stress Theory (Pearlin et al. 2005) and Minority Stress Theory (Frost et al. 2016) this analysis looks at how *Kari*'s identity mental health and social alienation are impacted by systemic marginalization and societal norms. Social expectations about gender roles and behaviors are the source of stress according to the gender stress theory. These pressures are especially

strong for people who defy social norms. *Kari* is positioned as an outsider due to her rejection of heteronormative relationships and her androgynous appearance which both defy conventional notions of femininity. She is not entirely integrating into the patriarchal framework that determines appropriate gender performance nor is she living up to the expectations placed on women. The inability of *Kari*'s family and society to accept her queerness adds to her sense of loneliness. The novel quietly criticizes the ways in which gendered norms produce stressors that affect people's psychological well-being. *Kari*'s internalization of social rejection and hesitancy to fully express her desires support Pearlin's (2005) contention that social policing causes stress because nonconformity breeds it. This is clear from the way she moves through urban areas that don't accept her identity and from the way she interacts with both men and women. Because of social exclusion stigma and discrimination marginalized groups endure chronic stress as explained by minority stress theory. This framework allows one to read *Kari*'s struggles with loneliness mental health and a sense of displacement.

Frost and the others (2016) emphasizes how minority people face stressors like expectations of discrimination internalized homophobia rejection and prejudice all of which are present in *Kari*'s journey. *Kari* is subjected to overt and covert forms of discrimination. Her personal relationships and professional life both reflect her estrangement from the majority. She feels excluded and rejected because the heteronormative structures in her environment do not accept her queerness. *Kari*'s internal conflict shows up as depression and self-doubt in addition to outside difficulties. The novels use of disjointed narration and gloomy moody imagery highlights her internalized distress which is a defining feature of minority stress. Her struggle to find a community and sporadic suicidal thoughts highlight the psychological costs of living in a culture that marginalizes queer identities. Despite these obstacles *Kari* makes an effort to establish a niche for herself. She manages to bear the stress of being a queer woman in a strongly gendered society through her friendship's artistic endeavors and reflective disposition. These tactics however highlight the structural aspect of minority stress and do not completely alleviate the systemic pressures she encounters.

By applying the theories of gender stress and minority stress to *Kari* one can gain a better understanding of the protagonists emotional and psychological

challenges. Patil's story examines the larger social structures that cause and maintain *Kari*'s distress rather than just showing her personal struggles. The experiences of queer people navigating environments that do not accept their identities are highlighted by *Kari*'s resilience mental health issues and alienation. Thus, the book functions as a social critique as well as a profoundly personal tale highlighting the significance of addressing minority and gendered stress in conversations about identity and wellbeing.

Suicide as a Queer Crisis

A major theme in Amruta Patil's *Kari* is suicide which is entwined with the protagonists' emotional struggles. Intense psychological despair is a result of *Kari*'s internal conflict which is exacerbated by her queer identity and the rejection she experiences from society. The book depicts the severity of *Kari*'s emotional collapses including her struggles with suicidal thoughts and the nuanced interrelationships between identity pain and survival. Patil deftly handles the contrasts between these gloomy hopeless moments and the sporadic flashes of hope that offer momentary respite throughout the graphic novel.

The link between queer identity and suicide is a worldwide crisis especially in underprivileged groups where the stigma associated with being queer exacerbates feelings of worthlessness rejection and loneliness. Research has repeatedly demonstrated that in comparison to their heterosexual counterparts LGBTQIA+ people experience higher rates of mental health issues such as anxiety depression and suicidal thoughts (Budge et al. 2013). Due to social pressures queer people are frequently ostracized and compelled to conceal their true identities which worsens their mental health issues.

In addition to the stresses of living in a heteronormative society these people are also coping with a dearth of mental health services that are cognizant of their unique circumstances. She experiences suicidal thoughts which are made worse by her family's and society's lack of acceptance. Because queer people often face prejudice emotional neglect and outright hostility their mental health issues are frequently stigmatized disregarded or minimized. *Kari*'s struggle to find acceptance and affirmation for her queer identity coupled with the constant

pressures of heteronormativity in society highlights the psychological challenges that many members of the queer community face. Queer lives psychological complexity. *Kari* examines the complex emotional landscape of being queer in a society that is repressive highlighting the psychological effects that invisibility and societal erasure can have on queer people.

The marginalization of *Kari*'s identity, which is consistently denied by both her immediate social circle and the larger social structures in which she lives, is closely linked to her emotional complexity. The story reveals that her suicidal thoughts are the result of years of emotional neglect self-rejection and internalization of society's heteronormative expectations rather than isolated incidents. The broader societal dynamics at work are reflected in *Kari*'s internalized homophobia intense self-doubt and feelings of inadequacy which go beyond her personal struggles. Patil's depiction of *Kari*'s hardships offers a perceptive analysis of the negative consequences of societal conventions that uphold feelings of guilt and shame.

But as the storyline of the book makes clear these depressing thoughts are regularly broken up by brief epiphanies and moments of self-awareness offering a ray of hope in the midst of the gloom. The readers comprehension of the protagonist's mental anguish and suicidal thoughts is improved by the visual symbolism added by *Kari*'s graphic novel format. Water appears frequently throughout the book making it one of the most moving symbols. A metaphor that encapsulates the sensation of being overwhelmed by hopelessness and powerlessness water is frequently used to represent the overwhelming sensation of drowning in one's emotions. Darkness is another important visual theme in the book. Particularly striking is the use of shadow and subdued dark tones in scenes of emotional breakdown.

Kari uses darkness to represent the loneliness and despair that come with her mental health issues the lack of light is a metaphor for the lack of hope during suicidal thoughts. The scenes showing *Kari*'s moments of hope and connection contrast sharply with the darker settings she lives in highlighting the psychological changes that take place between hopelessness and recovery. By adding to *Kari*'s psychological complexity Patil's artwork enables readers to feel

the protagonist's emotional turmoil on a visceral level. The graphic novel format uses visual metaphors to convey the intangible nature of suicidal thoughts which are frequently hard to express in words alone. Through the interaction of image and narrative readers are able to comprehend *Kari*'s fierce psychological struggle in addition to sympathizing with her suffering. The artworks bleakness heightens the sense of emotional loneliness but the sporadic use of light and color offers a positive counterpoint by symbolizing the possibility of recovery and transformation.

The relationship between suicide and queer identity is poignantly explored by Amruta Patil in *Kari* which also depicts the protagonists' emotional struggles in a society that marginalizes her. The book explores the psychological nuances of being queer in a society that is repressive demonstrating how internalized homophobia social rejection and a lack of mental health resources all play a part in the high prevalence of suicidal thoughts among queer people. The narratives examination of suicide as a queer crisis is strengthened by Patil's symbolic use of darkness water and solitude to visually depict *Kari*'s terrible emotional toll. In the end *Kari* provides a complex and incredibly sympathetic depiction of the emotional and psychological complexities of being queer in a heteronormative society acting as both a personal narrative and a larger commentary on the mental health issues encountered by marginalized queer people.

Artistic Representation of Suicide and Mental Health

The visual and textual elements of the graphic novel work together to enhance comprehension of the protagonist's mental condition. It would be challenging to convey feelings and mental states in prose but Patil uses the visual medium to do so. For instance, *Kari*'s internal monologue and stark visual elements, dark spaces surreal depictions and fragmented layouts, both convey her feelings of loneliness depression and suicidal thoughts in a more direct and immediate manner. In order to convey psychological distress in traditional narrative forms, especially those that heavily rely on text, often require the use of introspection and verbal explanations.

However, in *Kari* the pictures themselves play a crucial role in illustrating the protagonist's battles with mental illness. A far more direct and concrete depiction

of Kari's emotional state is produced by the use of rough fragmented and sketchy art styles which mirror her jumbled thoughts and mental turmoil.

The particular visual techniques used by Patil in *Kari* make the graphic novel form especially effective in portraying the protagonist's psychological state. Readers are given a clear glimpse into the emotional and psychological complexity of Patil's characters through the use of color hazy art styles and disjointed layouts. Every one of these methods helps to depict mental anguish mirroring the internal turmoil and chaos *Kari* goes through. *Kari*'s color scheme is crucial to conveying the protagonists' emotional states. Dark blues grays and blacks dominate the panels and the colors are subdued or monochromatic during times of emotional collapse hopelessness or suicidal thoughts. These hues mirror *Kari*'s inner world as she battles with her queerness social rejection and feelings of worthlessness they stand for the emotional numbness and suffocating weight of depression. Her mental distress is visually represented by the artworks darkness which evokes a feeling of emotional suffocation that words cannot express.

Patil's artworks use of shaky incomplete lines mirrors *Kari*'s psychological state which is unstable and fragmented. *Kari*'s mental landscape is continuously shifting unstable and unformed as evidenced by these ragged lines and asymmetrical shapes that heighten the feeling of emotional chaos. Her shattered sense of self is reflected in this art form as she struggles with her queer identity social rejection and the weight of her emotions all the time. The story's main psychological tension is increased by the rough art which also heightens the feeling of uneasiness and discomfort.

In addition to these aesthetic decisions Patil conveys *Kari*'s mental anguish through visual metaphors. Water is one of the novels most important visual metaphors. The crushing weight of the protagonist's emotions is frequently represented by water in *Kari* which is frequently portrayed as an overwhelming and suffocating force. Throughout the book, *Kari* is portrayed to be submerged in water at different points which symbolize that her sense of being consumed by her own misery. This drowning picture is a potent metaphor for the feelings of loneliness suffocation and emotional overload associated with suicidal thoughts. In one scene, *Kari*'s entire face completely vanishes into the waves as she is

swallowed by the dark water. The feeling of being engulfed by one's mental health issues as if there is no way out of the emotional abyss is exquisitely captured by this imagery.

When the artwork in *Kari* emphasizes the seriousness of the protagonist's mental health issues the emotional impact of visual storytelling is particularly noticeable. By utilizing color layout and visual metaphor Patil enhances the narratives emotional resonance and gives the reader a more immersive experience of *Kari*'s inner world than might be possible with traditional text-based storytelling. The scene where *Kari* considers committing suicide during one of her darkest moments, is the one which perfectly captures the emotional impact. The composition is stark, because *Kari* is surrounded by vast stretches of empty space and little background. Her vulnerability is also heightened by the emptiness surrounding her and the lack of specific background emphasizes her emotional isolation. This scenes use of shadows heightens the feeling of emptiness and hopelessness by implying that *Kari* is lost in a huge emotional void. These scenes lack of color heightens the feeling of numbness and despair by implying that her emotional landscape has grown lifeless and arid.

For instance, warmer tones that contrast sharply with the darker more oppressive colors associated with her depression and suicidal thoughts are interspersed throughout the artwork during her brief periods of reflection on a positive memory or her intimate moments with a lover. Even in her darkest hours *Kari*'s hope is never completely dashed according to this use of color. In the midst of her emotional worlds gloom these flashes of color symbolize the fading of possible life and connection. Patil emphasizes the intricacy of Kari's emotional experience by employing color contrasts in this manner.

Hope and Survival

In *Kari*, the protagonists experience revolves around the representation of mental health issues specifically depression and suicidal thoughts. But even in the direst situations there are glimmers of hope and survival interwoven throughout the gloom of these emotional struggles. Despite the crippling weight of internalized homophobia social rejection and self-doubt Kari occasionally experiences

fleeting moments of emotional intimacy clarity and connection that suggest she may be able to survive and recover. Not only are these emotional breaks plot devices but they also act as vital counterpoints to the narratives prevailing despair implying that despite its challenges survival is achievable.

Kari has moments of hope despite her continuous mental health issues mostly brought on by relationships with other people and the brief recognition of her own value. *Kari* has experienced rejection and loneliness throughout her life especially from her family and society at large but she does have some sources of comfort. Her emotional closeness and queer desire are among the most important of these sources. Though frequently accompanied by their own challenges Kari's romantic and sexual relationships provide her with chances for self-expression and healing as Patil demonstrates. Even though they are occasionally fleeting these relationships give *Kari* the fleeting but essential sense of being seen and understood which is essential to her survival. For instance, she has brief but meaningful moments of emotional intimacy and connection with her lover in the book.

Kari (and the reader) is reminded that surviving is not just about bearing suffering but also about finding love connection and understanding by these examples which imply that queer desire and affection can be powerful sources of empowerment and healing even in a society that is repressive. Small private moments that gradually add up to give *Kari* emotional clarity are what these flashes of light are—not large gestures. She has minor epiphanies via her relationships that contradict her internalized rejection of herself. In these passages the story suggests that finding beauty and meaning in fleeting moments of emotional clarity is more important for survival than having constant happiness or certainty. Making art and expressing oneself is how people survive.

Another essential component of *Kari*'s survival is her artistic expression. She processes and articulates the emotional and psychological challenges she encounters throughout the book by using her art as a means of self-expression. For Kari creating serves as a form of resistance in addition to being a cathartic release. As she negotiates the challenging landscape of being a queer woman in a hostile heteronormative society her art turns into a means of taking back

control of her narrative. *Kari* expresses her suffering her desires and her challenges through her drawings in a way that words cannot. In order to maintain her identity, communicate her feelings and make sense of the world around her Kari turns to art as a means of survival. Since the act of creating the novel reflects Kari's own path to self-awareness and recovery it can be viewed as a kind of catharsis.

As a graphic novel *Kari* serves as a collective narrative of survival for other queer people who might be able to identify with her struggles much like how she uses art to process her feelings. Despite being extremely personal the story speaks to a wider queer experience and gives readers a chance to identify with the protagonist's journey. This cathartic process highlights the possibility of surviving through artistic expression which can be used as a means of expressing pain and a means of fending off forces that aim to marginalize or silence the queer experience for both Kari and the readers.

It is not *Kari* who sets out on her survival quest by herself. The significance of discovering a queer community is delicately discussed throughout the book even though the main focus is on her inner conflicts. *Kari*'s lack of support networks makes her feel even more alone she is cut off from both her family and society at large and she frequently feels alienated. Nonetheless the novel implies that visibility understanding and love are the keys to survival through the fleeting moments in which she connects with others. *Kari* believes that despite social pressure to keep quiet or be invisible her ability to open up to others offers her the chance to heal. Even though her queer community isn't always represented directly her relationships with other marginalized people, especially during emotional moments, provide hints of support and solidarity. These scenes while not the main focus of the narrative imply that the healing process can be facilitated by the empathy and support of those who have gone through similar rejection and alienation. The significance of the queer community in *Kari* reflects the larger social need for places that are accepting of people who identify as queer and provide them with support and understanding. It implies that fostering environments in which queer people can be recognized understood and loved for who they really are is just as important to survival as developing personal

resiliency. By depicting these fleeting moments of connection Patil offers hope for a time when queer people won't have to endure their suffering in silence and suggests that healing may be possible through visibility and solidarity.

Conclusion

A complex representation of queer identity mental health and the relationship between social rejection and suicidal thoughts is provided by *Kari*'s examination of her emotional challenges. The novel emphasizes the harsh realities that queer people must contend with in a heteronormative society such as internalized homophobia family rejection and the erasure of queer identities. But it also highlights that even in the most dire circumstances survival is achievable. *Kari* is able to persevere through her psychological challenges and give hope to those who might be experiencing similar things because of her artistic endeavors' moments of emotional connection and the potential to find a queer community. Finding meaning connection and healing via love understanding and artistic expression are all themes in the story which goes beyond simple survival in the face of hardship.

By highlighting the emotional and psychological challenges queer people face in a hostile society *Kari* makes a substantial contribution to the discussion on queer mental health. It is a narrative of survival that is both personal and collective providing insights into how queer people deal with mental health issues social rejection and internalized shame. The novel challenges readers to address the frequently disregarded problem of queer mental health and its relationship to societal perceptions of queerness by presenting the protagonists emotional turmoil with such rawness and vulnerability. *Kari* says that although surviving is difficult healing is achievable with the help of a queer community emotional closeness and self-expression.

Kari also emphasizes the need for queer mental health to be more widely recognized accepted and supported. In cultures which often marginalize LGBTQIA+ people, access to queer-affirming mental health care is necessary for the community. Given the novel's depiction of the characters' psychological struggles, queer-affirming settings and mental health resources that can help

people overcome these challenges are needed more and more. It should be made possible for the queer community to not just survive but also flourish in the world, by promoting acceptance and understanding. *Kari* is a call to action for meaningful dialogue on suicide prevention mental health and the value of queer-affirming spaces. Through its portrayal of the challenges and potential for survival the book gives queer people who still face hardship in an often-inhospitable world hope. By doing this *Kari* contributes significantly to the development of a more sympathetic accepting and encouraging future for queer communities around the globe.

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Impact of Childhood Trauma on Suicidal Ideation: The Mediating Role of Loneliness among Young Adults

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Abstract

Childhood trauma is a profound determinant of mental health, often leaving indelible marks on emotional well-being and predisposing individuals to challenges such as suicidal ideation. This study investigates how loneliness mediates the relationship between childhood trauma and suicidal thoughts in young adults. Data were collected from 167 young adults (80 males and 87 females) in the Cuddalore district using the Childhood Trauma Questionnaire (CTQ), UCLA Loneliness Scale, and Suicidal Ideation Scale (SIS). Results revealed significant positive correlations between childhood trauma, loneliness, and suicidal ideation, with loneliness partially mediating the association between trauma and suicidal ideation. Mediation analysis indicated that loneliness accounted for 35.9% of the total effect of childhood trauma on suicidal ideation, emphasizing its role as a crucial psychological pathway. These findings underscore the need for interventions that address both the residual effects of trauma and the isolating experiences of loneliness to mitigate suicide risks among young adults.

Keywords:

Childhood trauma, Suicidal ideation, loneliness and young adults.

Introduction

Childhood is a time of growth, discovery, and emotional development, yet for many, it is also a period marked by profound adversities. Experiences of childhood trauma, such as abuse, neglect, or the loss of a caregiver, leave indelible marks on an individual's psychological well-being, influencing their thoughts, emotions, and behaviours well into adulthood. Research has consistently shown that childhood trauma significantly increases the risk of mental health issues, with suicidal ideation emerging as one of the most concerning outcomes. Suicidal ideation which comprises thoughts of self-harm and ending one's life, is a complex phenomenon often rooted in the unresolved pain of past experiences. Young adulthood is a transformative stage characterised by the search for identity, independence, and purpose. It is particularly vulnerable to the effects of unresolved trauma. Many young adults find themselves grappling with the weight of their past while navigating the uncertainties of their present, which can exacerbate feelings of isolation, despair, and hopelessness. Among these factors, loneliness- defined as a subjective feeling of social disconnection—stands out as a powerful and insidious mediator. Loneliness often amplifies the emotional void left by trauma, fostering a sense of abandonment and alienation that deepens the risk of suicidal ideation.

The interplay between childhood trauma, loneliness, and suicidal ideation warrants significant attention, particularly in regions where cultural norms and social expectations shape how individuals perceive and respond to mental health challenges. In collectivist societies, such as those found in India, familial and community relationships are crucial to an individual's sense of belonging and support. However, for many young adults who have experienced trauma, these connections may be strained or absent, intensifying feelings of loneliness and further compounding psychological distress. Despite growing awareness of mental health issues in India, the specific mechanisms linking childhood trauma to suicidal ideation through loneliness remain underexplored. Research within the Indian context, particularly among young adults, is essential for understanding how cultural, social, and personal factors intersect to shape mental health outcomes. By delving into these dynamics, we can gain deeper insights into the ways trauma and loneliness converge to influence suicidal ideation and

identify opportunities for targeted intervention. This study seeks to fill this gap by investigating the mediating role of loneliness in the relationship between childhood trauma and suicidal ideation among young adults. By focusing on this population, the research attempts to draw attention to the silent struggles faced by many and provide a foundation for culturally sensitive interventions. The findings will enhance academic understanding and have practical implications for mental health professionals, caregivers, and policymakers seeking to address the root causes of distress and promote resilience among young adults.

According to the report based on the National Crime Records Bureau (NCRB); suicides among the students were reported to be increasing in the year 2024 (National Crime Records Bureau [NCRB], 2024). Overall suicide numbers increased by 2% annually, and student suicide by 4%. In 2022, the reports revealed that male students engaged in 53% of student suicide. While between 2021 & 2022 (National Crime Records Bureau [NCRB], 2021 & 2022) male students back rooted by 6% and female student rates rose by 7%. On the basis of supporting and monitoring the schools and providing guidance to volunteer-based organizations, IC3 was developed.

Parental domains included parental support, conflicts, separation, authoritative parents and parental addictions to alcohol or any other substance were prone to suicidal ideation and behaviour. Earlier qualitative research studies carried out through interview methods reported that children who had faced conflicts, unpleasant family environments, parental dominance on decisions, and criticism from their parents, perceived themselves as victim and engaged in suicidal ideation.

Erik Erikson's psychosocial stages (Erikson, E. H. (1950)

Childhood Trauma, Developmental challenges, Suicidal Ideation and Mental Health domains are interconnected in understanding the concept of psychosocial theory by Erik Erikson. Early developmental stages are the basic foundational medium for psychological Development (i) Infancy (Trust vs Mistrust): The Child's relationship with caregivers and parents is the primary influence of Psychological Health. Experiences like trauma, neglect or abuse during this stage will cause a

crisis and develop a sense of security and independence. (ii) Adolescence (Identity Formation vs Role Confusion): Individuals who have experienced trauma might struggle to have a cohesive sense of self. In order to those traumatic experiences, a sense of shame, guilt or worthlessness may arise. Unresolved conflicts lead to feelings of Isolation and hopelessness that further tend to develop suicidal Ideations. (iii) Young Adulthood (Intimacy vs Isolation): Young adults face challenges in forming and maintaining a meaningful relationship and emotional connections. The unresolved conflicts and trauma from the earlier stages would have an impact on the intimate relationship's maintenance. Disturbance in forming and balancing connections would lead to the development of feelings of alienation, and loneliness which are highly prone risk factors for suicidal thoughts and behaviours.

Indian Cultural Context - Childhood Trauma & Suicidal Ideation

Childhood trauma and suicidal ideation are the interplaying concepts that originate as a result of unusual parent-child relationships. Based on the theoretical concepts, culture plays a vital role.

1. Attachment Theory: According to Bowlby (1969), attachment theory binds the importance of secure emotional bonds between parents and children during early development. In Indian Culture, parenting style might reflect a mixture of emotional warmth and fair discipline. Insecure attachment may develop when emotional responsiveness tends to decrease. This emotional neglect, excessive criticisms or Authoritarian Parenting leads to the development of feelings like rejection or inadequacy uplifting long-term psychological distress

2. Ecological System Theory: The ecological system theory highlights how an individual's development is influenced by interactions within the environment (Bronfenberner, 1979). Microsystem: The Individual's parent-teacher relationships are primarily influenced by Family dynamics, cultural practices and caregiving styles. Exosystem: External environment and pressures such as Societal Norms, Academic Expectations and performances impact the children through Parental Behaviours. Macrosystem: Family Hierarchy, Gender roles, stigmas and cultural

belief influences the parent-child dynamic and the development of a child's coping mechanisms. Based on this theoretical framework in Indian Culture; Indian society might demotivate open discussions regarding Mental Health, and reinforcement of suppressed emotions and trauma within the family or parent-child relationship.

Literature Review

McElroy et al. (2015) conducted a study to investigate the mediating role of loneliness in the relationship between childhood trauma and adult psychopathology. Utilizing a cross-sectional study design, the data were analysed from the Adult Psychiatric Morbidity Survey (APMS) in England, which included a sample of 7,403 adults aged 16 and older. Childhood trauma was assessed by examining aspects of sexual and physical abuse using the Child Abuse Scale, while loneliness was measured with the Social Functioning Questionnaire. Additionally, a structured interview was employed to diagnose various psychiatric disorders. The results indicated that childhood abuse was a significant predictor of both loneliness and various psychiatric disorders in adulthood.

Kealy et al. (2021) conducted a study examining social anxiety and suicidality among men, with an emphasis on the effects of loneliness and childhood trauma. The study utilized a nationally representative sample of 530 Canadian males. The results revealed that loneliness served as a significant mediator between social anxiety and suicidality. Furthermore, the findings indicated that exposure to several types of childhood trauma moderated the relationship between social anxiety and loneliness.

Snowber et al. (2022) carried out a path analysis study to investigate the association between childhood maltreatment and suicidal ideation, focusing on whether hopelessness and dissociative symptoms mediated this relationship. The study recruited 215 adult psychiatric inpatients, and data were collected using the Childhood Trauma Questionnaire, the Beck Hopelessness Scale, the Dissociative Experiences Scale, and the Columbia-Suicide Severity Rating Scale. The results indicated that sexual abuse had a direct impact on suicidal thoughts,

while emotional abuse and neglect influenced suicidal ideation indirectly through factors such as dissociation and hopelessness.

Pan et al. (2024) conducted a study that examined the relationship between abuse in childhood and suicidal ideation among Chinese college students, with a focus on the mediating roles of core self-evaluation and negative emotions. The study involved a sample of 3,103 college students from eleven universities. Data were collected using the Childhood Trauma Questionnaire, the Core Self-Evaluation Scale, the Affect Scale, and the Beck Suicidal Ideation Scale. The findings indicated that higher levels of childhood trauma were associated with suicidal ideation and that low core self-evaluation scores, coupled with higher levels of negative emotions, mediated this relationship.

Childhood trauma is a significant predictor of suicidal ideation, with numerous studies establishing its long-term psychological consequences. For instance, early experiences of abuse or neglect are associated with greater vulnerability to mental health disorders, such as depression, anxiety, and suicidal behaviours (Carr et al., 2020). Research suggests that traumatic childhood experiences disrupt emotional regulation and coping mechanisms, contributing to feelings of helplessness and despair that elevate the risk of suicidal ideation (van Harmelen et al., 2016). Furthermore, Systematic reviews highlight that individuals who have experienced childhood trauma show a greater likelihood of experiencing persistent suicidal thoughts and attempts than those who have not had such experiences (Angelakis et al., 2019).

Loneliness, characterized by a perceived lack of meaningful social connections, is increasingly recognized as a mediating factor in the relationship between childhood trauma and adverse mental health outcomes. Qualitative and quantitative studies demonstrate that individuals with a history of trauma often experience difficulties forming and maintaining relationships, which heightens feelings of isolation (Spinhoven et al., 2018). Loneliness, in turn, exacerbates psychological distress and fosters suicidal ideation, creating a vicious cycle of emotional pain and social withdrawal (Leigh-Hunt et al., 2017). Moreover, longitudinal studies suggest that loneliness not only co-occurs with trauma but

also plays a critical role in translating early adverse experiences into chronic mental health challenges (Mund et al., 2020).

Young adults are particularly vulnerable to suicidal ideation due to the transitional nature of this developmental stage. The challenges of forming an independent identity, coupled with societal pressures and unresolved trauma, significantly increase psychological distress during this period (Arnett, 2000). Studies have found that young adults who have experienced trauma in childhood are more prone to experience loneliness and suicidal thoughts, indicating the need for targeted interventions in this demographic (Fitzpatrick et al., 2022).

COVID-19 and Suicidal Ideation

Nan et al. (2023) reported that medical students during the COVID-19 pandemic experienced a heightened level of suicidal ideation. The study also found that emotional neglect, physical neglect, emotional abuse, and physical abuse significantly impacted high-risk medical students, contributing to their mental health challenges.

Farooq et al. (2021) identified primary risk factors for suicidal ideation, including poor social support, higher levels of physical and mental exhaustion, and poor physical health among medical workers. The study also highlighted sleep disturbances, quarantine, loneliness, and other mental health difficulties as significant contributors. The findings reported that suicidal ideation was notably higher during the COVID-19 pandemic within the general population.

Danzo et al. (2024) highlighted the increasing rates of anxiety and depression among youth before the coronavirus outbreak. The study further emphasized that the pandemic adversely impacted adolescent mental health. The findings underscored the importance of ongoing monitoring of mental health among youth who experienced pandemic-related stressors.

Methodology

Using a simple random sampling method data from a sample of 167 were collected in and around Cuddalore district. The collected young adults were shown self-interest and willingness to the study with informed consent. Among the total sample, 80 were males and 87 were females. The Suicidal Ideation Scale (Rudd,1989) was employed to identify the ideation of suicide and the UCLA Loneliness scale (Russell, 1978) was used to measure the level of loneliness along with the usage of the Childhood Trauma Questionnaire (Bernstein, 1998) to discover the aspect in which the individual had neglect or abuse during their childhood. Further, the Data analysis was run through SPSS of version 23

Results and Discussions

Table 1

Pearson correlation between Childhood trauma, Loneliness, and Suicidal ideation

Variables	Childhood Trauma	Loneliness	Suicidal Ideation
Childhood Trauma	1.00	0.52**	0.60**
Loneliness	0.52**	1.00	0.70**
Suicidal Ideation	0.60**	0.70**	1.00
Note. p< .01.			

In Table 1, the Correlational analysis showed the relationship between childhood trauma, loneliness and suicidal Ideation. From the analysis, it is interpreted that childhood trauma is positively correlated with loneliness ($r=0.52$, $p<0.01$) revealing that individuals with higher levels of trauma reported higher levels of loneliness. Further, childhood trauma is positively correlated with Suicidal Ideation ($r=0.60$, $p<0.01$) which indicated that experiencing higher trauma is associated with increased suicidal ideations. Loneliness is also positively correlated with suicidal Ideation ($r=0.70$, $p<0.01$) implying that feelings of Loneliness are linked to a greater risk of suicidal ideation. These findings align with earlier research findings (Liu et al., 2020 & Harmelen et al., 2010).

Table 2

Mediation analysis results for Childhood Trauma, Loneliness and Suicidal Ideation

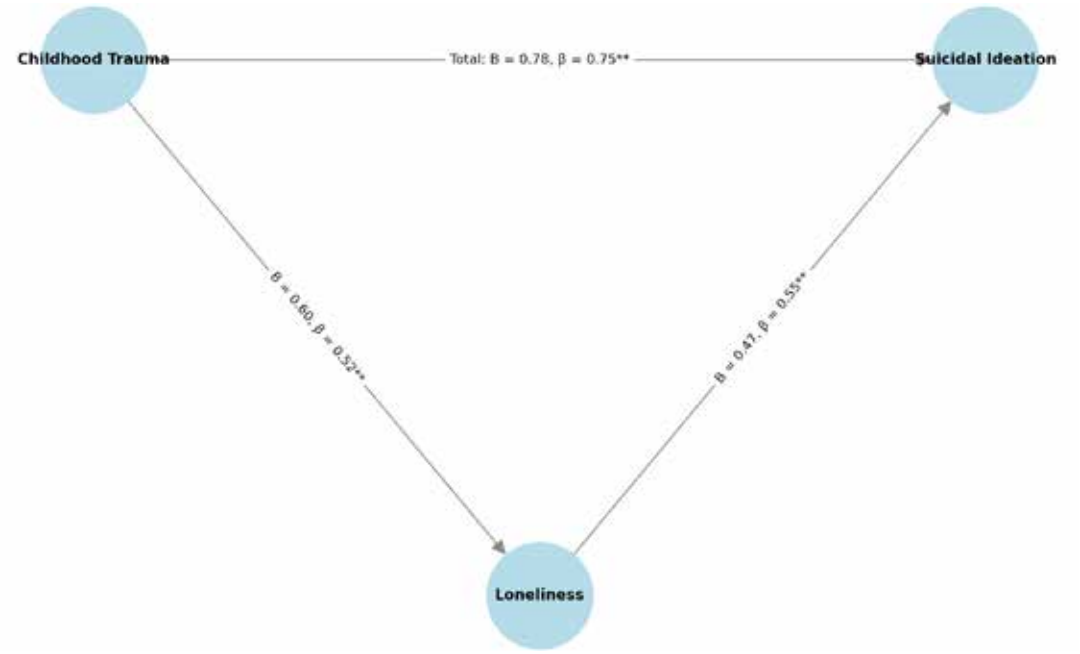
Path	Unstandardized Coefficient (B)	Standardized Coefficient (β)	Standard Error (SE)	p-value
Direct Effect (Childhood Trauma → Suicidal Ideation)	0.5	0.48	0.08	< 0.001
Indirect Effect (Childhood Trauma → Loneliness → Suicidal Ideation)	0.28	0.27	0.05	< 0.001
Total Effect (Childhood Trauma → Suicidal Ideation)	0.78	0.75	0.07	< 0.001
Childhood Trauma → Loneliness (Path a)	0.6	0.52	0.06	< 0.001
Loneliness → Suicidal Ideation (Path b)	0.47	0.55	0.07	< 0.001

In Table 2, mediation analysis was used to examine whether Loneliness mediates and predicts the relationship between childhood Trauma and Suicidal Ideation in Young Adults. The results revealed that Childhood Trauma significantly predicted loneliness B=0.60; beta =0.52; SE = 0.06 ($p<0.001$). In relation to that, Loneliness had been significantly predicted Suicidal Ideation B=0.47; beta =0.55; SE = 0.07 ($p<0.001$). The direct effect of Childhood Trauma on Suicidal Ideation remained significant after mediation as B=0.50; beta =0.48; SE = 0.08 ($p<0.001$). The total effect of Childhood Trauma on Suicidal Ideation was significant B=0.78; beta =0.75; SE = 0.07 ($p<0.001$). In turn, the indirect effect through Loneliness was significant B=0.28; beta =0.27; SE = 0.05($p<0.001$).

Loneliness serves as a significant mediator, accounting for approximately 35.9% of the total effect of childhood trauma on suicidal ideation (calculated as the indirect effect divided by the total effect: 0.28 / 0.78). Despite this mediation, the direct effect remains significant, indicating that other unmeasured factors may also contribute to mediating the relationship between childhood trauma and suicidal ideation.

This flowchart illustrates the relationships between Childhood Trauma, Loneliness, and Suicidal Ideation, as per the results of the mediation analysis. The analysis

shows both direct and indirect effects of childhood trauma on suicidal ideation, with loneliness serving as a mediator.



Conclusion

This study examined the intricate relationship between childhood trauma, loneliness, and suicidal ideation among young adults, with a focus on understanding the mediating role of loneliness. The findings highlight the adverse impact that childhood trauma has on mental health outcomes, particularly its strong association with both increased feelings of loneliness and heightened suicidal ideation.

Our results demonstrate that loneliness significantly mediates the relationship between childhood trauma and suicidal ideation. Specifically, childhood trauma was found to be a strong predictor of loneliness, which in turn was a substantial predictor of suicidal ideation. This suggests that loneliness plays a crucial role in the emotional distress experienced by individuals with a history of trauma, exacerbating their vulnerability to suicidal thoughts and behaviours.

Furthermore, while the direct impact that childhood trauma exerts on suicidal ideation remains significant, the indirect effect through loneliness suggests that interventions targeting loneliness may help mitigate the risk of suicidal ideation in individuals with childhood trauma histories. These findings underline the

importance of addressing both the emotional and social aspects of mental health in therapeutic settings, particularly for young adults who are at an increased risk of experiencing these adverse outcomes.

Discussion

The present study suggests a direct and indirect pathway in which childhood trauma influences suicidal ideation through loneliness. This mediation reveals that Childhood Trauma has a profound impact on Psychological well-being, challenging the feelings of Loneliness. Early studies recognized Loneliness as a mediator in relationship to childhood Trauma and Depressive symptoms (Liu et. al., 2020). The findings of the present study have evidence that loneliness also mediates the pathway towards suicidal Ideation. Another relevant study found that Childhood Trauma significantly predicted emotional dysregulation that indirectly had an impact on Suicidal behaviours with Loneliness and Hopelessness (Shevlin et. al., 2015). The present findings explored the parallel mechanisms by indicating the vitality of loneliness as a mediator. Based on the cultural context; Indian cultural factors such as family structure, and social norms might influence the pathway. In relation to the Microsystems, macrosystem, mesosystem disruption at any level leads to the development of childhood trauma; diminished sense of belonging and increased loneliness (Bronfenbrenner,1978) has been proposed in the theory Ecological Systems Theory supporting the present finding.

Limitations and Recommendations for future studies

The present study focused on young adults in and around the Cuddalore district, with basic demographic data such as age, gender, and place of residence collected. A sample of 167 participants (80 males and 87 females) was randomly selected based on their willingness to participate. However, several limitations were noted. The study's geographic focus was narrow, and the sample size could be expanded in future research. Additionally, broader populations at risk for suicidal ideation could be included to improve the generalizability of the findings. Further studies should consider incorporating a larger and more diverse sample size and include wider geographical areas. Elevated demographic factors, such as family income, marital status, birth order, and schooling mode, could also

be relevant to consider, depending on the population. Further exploration of various mental health factors, including resilience and self-esteem, may provide valuable insights. Finally, researchers might contribute to the development of coping mechanism models or interventions for childhood trauma and suicidal ideation in future studies.

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Intersection of Caste and Student Suicide in India: A Scoping Review

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Abstract

The rate of student suicides in India has steadily increased over the years, with a 57% increase in the year 2022 compared to the previous decade. Student suicides in 2022 contributed to 7.6% of total suicides recorded in that year. The aim of the review is to examine the structural injustice faced by students from marginalized communities and the pertinent factors that led to student suicides in the community. This review utilises the Joanna Briggs Institute protocol to conduct a scoping review. A total of 17 articles were selected, which consisted of various qualitative studies, official government documents and reports published between 2014 and 2024. A thorough thematic analysis revealed the factors involved in the interplay between student suicides and caste to be the role of social and parental factors, academic pressure, financial pressure, institutional factors and caste based discrimination in institutes. The findings highlight the interconnectedness of the contributing factors calling for implementation of interventions that address each of the contributors. Interventions include policy reforms, grievance redressal mechanisms, and mental health support programs. By highlighting the profundity of the rate of student suicides, this review aims to prompt swift action for the betterment of students from all backgrounds in India.

Keywords

student suicides, India, caste, caste-based discrimination.

Introduction

India had a population of 1,407,563,842 individuals in 2021, which was expected to increase in the following years[1]. According to the National Crime Records Bureau

1 "India," Place Explorer - Data Commons, accessed November 27, 2024, https://datacommons.org/place/country/IND?utm_medium=explore&mprop=count&popt=Person&hl=en.

(NCRB), the rate of student suicides in India in the year 2022, was 12.8% [2]. This is a 2.2% increase compared to the rate of suicides in 2018.

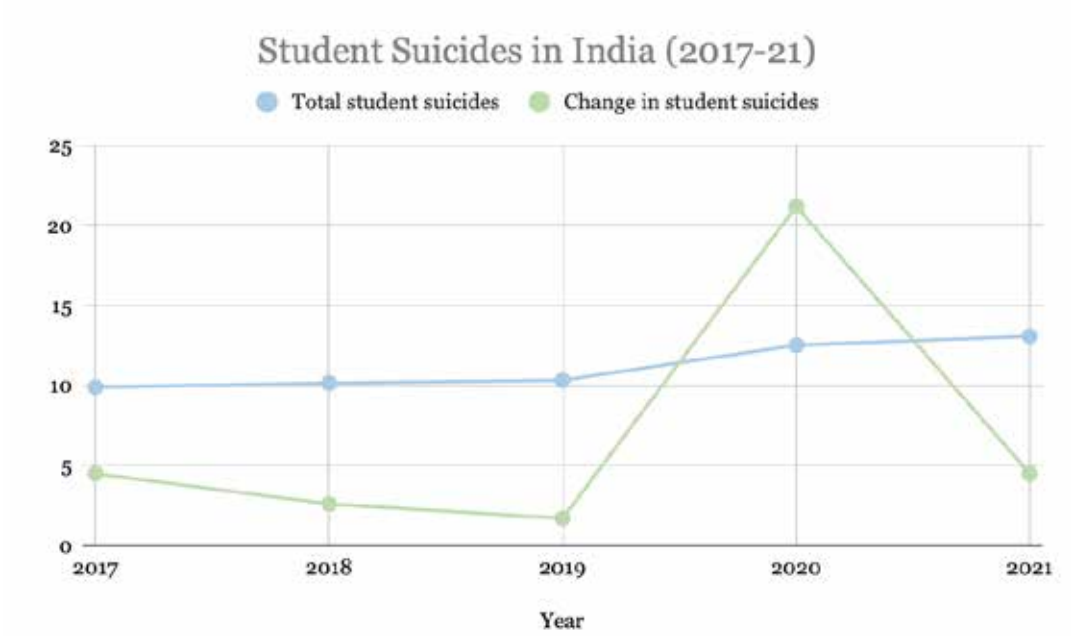

Figure 1. Student suicides in India (2017-21)

Further, a report submitted by the IC3 Institute, a non profit organisation focused on providing guidance to students, showed that there was a 57% increase in student suicides compared to the prior decade (2002-11)[3]. These statistics were based on the records collected and published by the NCRB. The data reported by the NCRB is based on the recorded FIRs by police personnel only. The number of recorded student suicides in 2022 was 13,089, which means there were around 35 to 36 suicides reported every single day. Student suicides contributed to 7.6% of the total number of suicides reported in India. These staggering numbers call for the attention of the masses and for a change to be brought.

2 NCRB, 2022, https://www.ncrb.gov.in/uploads/nationalcrimerecordsbureau/custom/1701607577CrimeinIndia2022Book1.pdf.

3 Ic3institute, September 2024, https://ic3institute.org/wp-content/uploads/2020/09/2020-IC3-Institute-Student-Quest-Survey-Report.pdf.

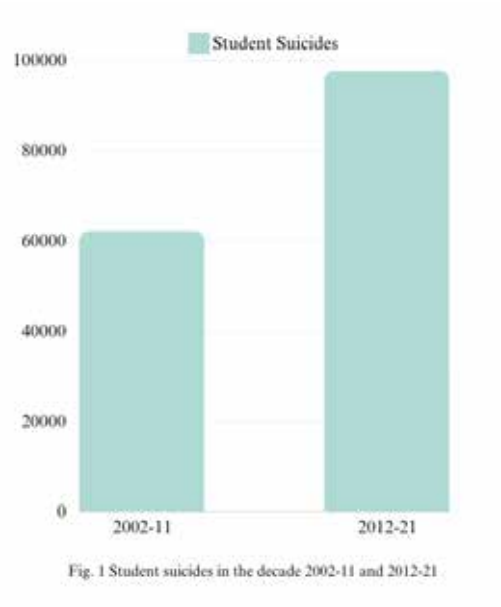

Fig. 1 Student suicides in the decade 2002-11 and 2012-21

Figure 2. Student suicides in India in the decade 2002-11 compared to 2012-21

The Indian caste system was inspired by the Manusmriti scripture which divided the population into 4 distinct castes- Brahmins, Kshatriyas, Vaishyas and Shudras.[4] Outside of this caste system are the 'untouchable' caste, the Dalits, also referred to as Scheduled Caste. Since the establishment of the system, the scheduled caste community has faced continuous discrimination. A Humans Right Watch report highlighted the difficulties faced by the community in India while drawing parallels to other marginalised communities across the globe[5]. The report sheds light on the very deep social hierarchy of the caste system in India and the violent discrimination from which members of the scheduled caste, rather infamously known as "untouchables," suffer. The discrimination faced by this community is evident in every domain of their lives, from occupation to education. As per reports and the Union Education Minister, over 122 students reportedly died by suicide at the most prestigious organisations in India, such as IIT and IIM in a span of 7 years[6]. From this number, more than 55% belonged to

4 "What Is India's Caste System?," BBC News, June 19, 2019, https://www.bbc.com/news/world-asia-india-35650616#:~:text=The%20caste%20system%20divides%20Hindus,the%20Hindu%20God%20of%20creation.

5 "IV. Background," CASTE DISCRIMINATION:, accessed November 27, 2024, https://www.hrw.org/reports/2001/globalcaste/caste0801-03.htm.

6 Shadab Moizee, "Why Are Dalit Students Dying by Suicide at India's Prestigious Universities?," TheQuint, March 10, 2023, https://www.thequint.com/videos/news-videos/why-are-dalit-students-dying-by-suicide-at-iit-iim-nit-central-universities#read-more.

reserved categories. Furthermore, the number of students from Scheduled Caste (SC), Scheduled Tribe (ST) and Other Backward Classes (OBC) who dropped out from universities across India between 2018 and 2023 was above 19,000[7].

Students face taunts and casteist slurs from their classmates on a daily basis, but it does not stop at that. The discrimination faced by students is not only from the other students, but even the faculty present, who resort to unfair grading methods for selected students. Marginalised students are subjected to derogatory labels, negative stereotypes, lack of support from management and face discrimination even when it comes to hostel segregation. The overwhelming experiences make it extremely hard for students to pursue higher education even if they have earned their place rightfully in the institutions. As per a study conducted on undergraduate students in Gujarat, exposure to caste based discrimination, caste related conflict and communal unrest put students at a higher risk for suicidal ideation as well[8].

The Indian education system is extremely taxing. The constant pressure that is put on students to excel and be better than the rest of their batchmates often can overwhelm them. In addition to this, the competitive examinations in India, such as the JEE and NEET entrance examinations have been noted to significantly impact student wellbeing[9]. The everlasting rat race to be the best is ingrained in students right from the time they are enrolled in schools and institutions. In Indian society, marks and academic achievements are linked directly to competence and the assurance of having a successful life ahead. In a society where the stress and pressure is so high that the educational system is likened to be a 'pressure cooker' by media outlets, the strain of simply surviving the educational journey

7 Prema Sridevi, "Unveiling the Tragic Link: Caste Discrimination and Suicides in Higher Education," TheProbe, July 28, 2023, https://theprobe.in/stories/unveiling-the-tragic-link-caste-discrimination-and-suicides-in-higher-education/.

8 Yogini Nath et al., "Prevalence and Social Determinants of Suicidal Behaviours among College Youth in India," International Journal of Social Psychiatry, June 1, 2011, https://www.researchgate.net/publication/328039672_httpjournalssagepubcomdoiabs1011770887302X07303626.

9 Sigy George, "The Dark Side of India's Education System: The Silent Suffering of Its Youth - Information Matters," Information Matters - Information Matters, October 23, 2023, https://informationmatters.org/2023/10/the-dark-side-of-indias-education-system-the-silent-suffering-of-its-youth/.

plays a significant toll on mental health[10]. A study found that self expectations related to academics, perceived burden and a thwarted sense of belongingness significantly impacted suicidal ideation in Indian students[11].

The research problem that this review aims to investigate is how does caste and student suicide intersect in terms of the Indian population. The distressing rates of student suicides and the growing discriminatory practices against marginalised students calls for the implementation and creation of strategies to foster a safer environment for the mental and physical well being of students. By utilising a scoping review methodology, existing studies on student suicides and caste have been analysed to determine common themes. The use of these themes can prove to be extremely valuable for the formation of policies and guidelines that can be enforced to address the rising rate of scheduled caste student suicides. The identified themes aid in the identification of relevant factors that need to be considered to develop a holistic and effective plan of action. Drawing upon the literature and existing data for a sensitive topic such as the one chosen allows for in depth exploration into the topic to identify areas that need more focus and to consolidate available information. This review draws upon published material to identify the factors contributing towards student suicides due to caste related factors and attempts to provide solutions to resolve the underlying contributory factors.

Method

Taxonomy

For the purpose of this study, suicide is defined as per the definition provided by the National Institute of Mental Health, i.e. death caused by self-directed injurious behavior with intent to die as a result of the behavior[12]. Caste refers to the social

10 Frontline Bureau, "India's Pressure-Cooker Education System," Frontline, July 29, 2024, https://frontline.thehindu.com/the-nation/education/india-pressure-cooker-education-system-the-dark-side-of-coaching-centres-student-suicides/article67314505.ece.

11 Ortiz, Shelby, Pankhuri Aggarwal, Anjali Jain, Nikhil Singh, Tony S. George, April Smith, and Vaishali V. Raval. 2022. "Examining the Relationship between Academic Expectations and Suicidal Ideation among College Students in India Using the Interpersonal Theory of Suicide." Archives of Suicide Research 27 (4): 1163–79. doi:10.1080/13811118.2022.2110026.

12 "Suicide," National Institute of Mental Health, accessed November 24, 2024, https://www.nimh.nih.gov/health/statistics/suicide.

class that the individual belongs to in the Indian class system. In this review, the terms student suicide and youth suicide have been used interchangeably even though youth refers to a much larger demographic group.

Search Strategy

In this scoping review, the Joanna Briggs Institute protocol for scoping reviews was followed[13]. A scoping review of published materials was conducted in order to map the existing literature related to caste and student suicides in India. The studies analyzed were expected to include diverse populations encompassed under different caste subgroups. A meta analysis or systematic review has not been used to enable the researcher to observe genuine differences in the effects and due to lack of substantial quantitative data for the research topic[14].

To identify peer reviewed publications, online databases (Google Scholar, PubMed, JSTOR and ScienceDirect) were used. These databases cover literature in fields of psychology and health sciences. The search terms included 'student suicide', 'caste' AND 'India'. To identify relevant gray literature, Google was used. Publications published in the last 10 years were only considered, i.e. from 1st January 2014 to 24th November 2024. Relevant studies were identified based on an initial screening of the title and abstract. The identified studies were compiled in a reference list which was screened to identify studies meeting the inclusion criteria. The Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) guidelines have been followed[15]. Gray literature from sources such as government reports, NGO reports, conference proceedings, media reports, and technical reports were also eligible to be included.

13 JBI, March 27, 2024, https://jbi-global-wiki.refined.site/space/MANUAL/355862497/10.+Scoping+reviews.

14 "Cochrane Handbook for Systematic Reviews of Interventions," Cochrane Handbook for Systematic Reviews of Interventions | Cochrane Training, accessed November 24, 2024, https://training.cochrane.org/handbook/current.

15 "Scoping," PRISMA statement, 2018, https://www.prisma-statement.org/scoping.

Inclusion and Exclusion Criteria

Papers publications published from 1st January 2014 were considered. Studies published within the last 10 years, till 24th November 2024, have been considered to ensure that recent literature is covered and outdated information is excluded to prevent inaccuracies in reporting. Qualitative and quantitative studies were both considered to be eligible to be included. Studies were included if they were examined to include student suicides, caste based suicides, and suicides in the context of Indian populations. Only papers published in English, or formally translated in English, were considered. The reason for choosing papers available in English was to ensure that the content was thoroughly understandable by the researchers. Peer reviewed articles were chosen to ensure that the authenticity and integrity of the research and analysis is maintained. In the initial screening of publications, articles related to suicidal attempts and deaths due to suicides were both included; in the later screening stages, the full text of these articles were examined to identify whether the data examined suicide attempts or suicide deaths. Those articles examining only suicide deaths were included in the final screening stages. For studies that only examined one variable of interest i.e. caste or student suicides, relevant information from the studies was extracted and the study was included.

In this review, gray literature refers to newspaper articles and reports from the government bodies that have been considered. These materials allow for a deeper understanding of the topic and provide details regarding caste and student suicides in India that is not available elsewhere. The government report entails statistics from all over the country and draws upon these to report findings making it the best available source for statistics that are not readily available elsewhere. Newspaper articles were included to highlight verbatim statements from relevant government figures and first person perspectives of scheduled caste students which is not available in academic papers. Although gray literature does not undergo a meticulous process of peer-review that academic publications do, the insights provided by these reports are not available in formal research. This holds to be especially true when considering the nature of the topic which requires in depth insight into marginalised communities that have not yet been well-represented in academic literature. The drawbacks of the gray

literature, such as likely underreporting of cases and biases, were considered. In order to address these limitations, the gray literature sources were critically appraised and findings were triangulated with available data sources. The transparent approach aimed to mitigate the drawbacks of the data sources and attempted to incorporate a more holistic range of experiences, perspectives, and more concrete data related to the topic.

Results

The PRISMA study selection flowchart is provided in Figure 1. A total of 1,735 studies were retrieved from the database searches with 5 results from PubMed, 70 results from ScienceDirect, 470 results from Google Scholar, and 1,190 results from Google. In order to identify relevant sources, filters such as the year and advanced search tools such as language and terms appearing were used. The records after duplicates were removed were briefly evaluated based on the titles. From these, 33 records were further screened wherein the abstract was analysed to identify those pertinent to the topic of this review. Records that assessed suicidal attempts or ideation, but not recorded cases of suicide were excluded (10), and so were those that assessed suicidal risk only (2). Further, literature not relevant to the chosen population of scheduled caste students were also excluded (3). After the screening process, the eligible full text articles were analysed thoroughly. One material was excluded after this stage as the full length text was not available any longer. The included material underwent the process of thematic analysis. Relevant themes, methodology, findings, and recommendations from the chosen literature were noted.

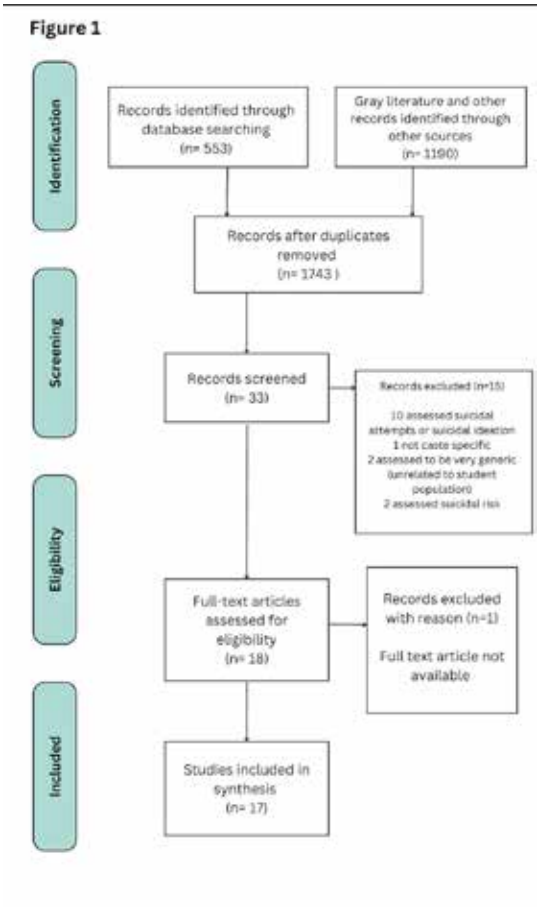

Figure 3. PRISMA flow diagram of selected studies

Author	Methodology	Findings
Maji et al. (2019-2023) - Student Suicide in India: An Analysis of Newspaper Articles	Analysis of newspaper reports published between 2019 and 2023	Academic dissatisfaction, bullying, mental health issues, and financial crises are major reasons for student suicides.
Komanapalli & Rao (2020) - The Mental Health Impact of Caste and Structural Inequalities	Close readings of Dalit biographies and ethnographic research	Dalit students face personal problems and depression, leading to institutional neglect regarding caste discrimination.
Pandey (2017) - Students Suicides in Institutions of Higher Education in India	Scoping review analyzing risk factors and interventions	Highlights caste dynamics, academic pressures, and the need for psychological support to mitigate suicide risks.
Mittal (2023) - Stress, Dropouts, Suicides: Unravelling IIT's Casteism Problem	Investigative journalism collecting narratives from students	Caste-based discrimination significantly affects mental health, contributing to dropouts and suicides among marginalized students.
The Telegraph - Beyond Labels: Editorial on Suicides of Students from Marginalised Community	Opinion-based analysis using secondary sources	Emphasizes the need for systemic change in institutions to address caste-based discrimination and improve mental health support.
Singh (2023) - Incidents of Suicide by Students from Marginalized Communities	Narrative-based approach based on a public speech	Identifies caste-based segregation and institutional gaps contributing to suicides among marginalized students.
Gupta & Basera (2021) - Youth Suicide in India: A Critical Review	Literature search in PubMed and Google Scholar	Youth suicide is a public health issue influenced by complex factors; early identification and intervention are crucial.
Sarkar (2023) - Caste Discrimination Against SC/ST Students in Higher Education	Rajya Sabha report based on interviews	Reports multiple suicide cases linked to academic stress and mental health issues among SC/ST students.
IC3 Institute (2024) - Student Suicides: An Epidemic Sweeping India	Quantitative report	Over 13,000 student suicides annually; significant data discrepancies exist; mental health support is critically needed.
Poongodhai & Nagaraj (2016) - A Study on the Crucial Suicides of Dalit Scholars	Review paper	Highlights the plight of Dalit scholars facing caste discrimination, impacting their mental health and academic success.
Mondal, D. (2021) - Is the Education System of India Forcing Students to Die?	Review paper analyzing existing literature on student suicides in India.	Academic stress is a primary cause of mental health issues, exacerbated by caste discrimination. Approximately 1 student attempts suicide every hour in India.

Kewlani, J. (2023) - Exploring the Epidemiology of Suicide in Youth	Review paper using exploratory research and analysis of current data on youth suicides.	Identifies lack of job opportunities, pressure from entrance exams, financial burdens, and social conflicts as key factors contributing to youth suicides.
Kalyani, S. (2017) - Dalit Students Suicide in India: Discrimination, Exclusion and Denial of Equality	Review paper documenting case studies of discrimination faced by Dalit students in educational institutions.	Highlights severe discrimination faced by Dalit students, leading to increased suicide rates; calls for government action to prevent such occurrences.
Bandewar, S. (2021) - Ending Caste-Based Oppression of Students	Commentary paper discussing caste discrimination within educational institutions and its implications.	Emphasizes the need for recognizing caste-based discrimination as a violation of constitutional rights; advocates for reforms in educational policies.
Poongavanam, S. (2022) - Casteism in Higher Education	Review paper analyzing the impact of casteism on students in higher education contexts.	Discusses how caste discrimination leads to mental health issues among students; highlights cases of suicides linked to caste-based violence and academic pressure.
Dutta, C. (2020) - What Leads to the Ultimate Decision?	Secondary analysis examining sociological factors influencing children's suicides using Durkheimian theory.	Identifies academic failure and family problems as significant triggers for suicides; suggests decriminalization of suicide may improve mental health practices.
Singh, V. (2022) - Caste Discrimination and Its Effect on Mental Health	Thematic analysis reviewing literature, interviews, and surveys related to caste discrimination in education.	Finds that caste discrimination significantly impacts lower-caste students' mental health, leading to anxiety and depression; emphasizes need for supportive policies.

Figure 4. Summary of the selected materials

Study Characteristics

A total of 17 articles and papers have been chosen for the purpose of this review. The research papers largely utilise a qualitative methodology. One paper took a mixed methodology approach to emphasis on the need for stringent anti-ragging laws to be put in place and for mental health support for students

impacted[16]. The rest of the selected materials are primarily review papers or commentaries that have been published in journals. These papers utilise scoping review tools, thematic analysis, and secondary resources such as case reports of recorded suicides, papers, articles, interviews, and surveys. The selected papers have all been published between September 2016 and 8th October 2024. All the selected papers and reports look at the sample of Indian students. The resources primarily make use of available data from the NCRB and government statistics. These statistics do not account for suicides that are not reported to the police personnel due to several sociocultural reasons such as the stigma attached. In order to gain a deeper insight into the lived experiences, one paper took up an anthropological methodology wherein ethnographic research was reviewed along with biographies of scheduled caste members and online documentaries on experiences[17].

From the 17 chosen materials, 3 are newspaper articles that draw upon primary sources, such as first person accounts, and secondary sources such as public records, official reports and studies. One news article focuses on a qualitative wherein narratives of affected students and experts have been analysed along with references to secondary sources[18]. Another news article is from an editorial perspective, critically analysing empirical evidence from news reports and incidents[19]. This article provides an analysis of caste based discrimination in institutes on a macro level. In addition to these, the third news report covers the speech given by the Chief Justice of India through an analytical lens, referencing to public cases of suicides[20]. One of the reports included is the official report that was published by the Rajya Sabha in conversation with the Minister of State in the

16 Vinita Pandey, "Students Suicides in Institutions of Higher Education in India," International Journal of Social Work and Human Services Practice, March 2017, https://www.researchgate.net/publication/346216240_Students_Suicides_in_Institutions_of_Higher_Education_in_India_Risk_Factors_and_Interventions.

17 Vignapana Komanapalli and Deepa Rao, "The Mental Health Impact of Caste and Structural Inequalities in Higher Education in India," Transcultural Psychiatry 58, no. 3 (November 2, 2020): 392–403, https://doi.org/10.1177/1363461520963862.

18 Sumedha Mittal, "Stress, Dropouts, Suicides: Unravelling IIT's Casteism Problem," NewsLaundry, March 28, 2023.

19 "Beyond Labels: Editorial on Suicide of Students from Marginalised Community," The Telegraph , March 1, 2023, https://www.telegraphindia.com/opinion/beyond-labels-editorial-on-suicides-of-students-from-marginalised-community/cid/1919613.

20 Subhas Sarkar (2023), https://sansad.in/getFile/annex/259/AU3240.pdf?source=pqars.

Ministry of Education[21]. One paper is an analysis of newspaper articles published in the years 2019 to 2023[22]. A report by IC3 based solely on student suicides in India which also discusses caste related factors and predicators has been included.

Reasons for suicide

Academic reasons

Academic pressure is recorded to be a significant factor that contributes to the rate of student suicides in India. Maji et al., (2024) noted that the high levels of academic dissatisfaction, failure to perform as per a fixed standard, and the academic stress is reported to be prevalent as per the analysis of media reports. Perceived academic failure, wherein students think they have not done as well as is expected of them, is a significant suicide trigger[23]. This pressure increases tenfold when it comes to competitive environments such as Kota, where coaching institutes for competitive exams like JEE and NEET are present in abundance. These environments have witnessed a high rate of suicides especially among students between the ages of 16 to 21 years. Further, the education system places a lot of emphasis on examinations. The expectations and burdens placed on students from parents and rest of the society members are often unrealistic but do lead to high levels of anxiety and depression in the students. The paper by Komanapalli and Rao (2020) elaborates on the effect of academic pressure on students and explains how caste dynamics intersect with this pressure. It is noted that students from marginalized backgrounds experience even more stress and have less social support due to the alienation and discrimination they face in the educational institutions[24]. This combination can prove to be extremely toxic for their mental health, resulting in adverse outcomes. In addition, the lack of employment opportunities intensifies academic stress. The paper by Kewlani

21 Subhas Sarkar (2023), https://sansad.in/getFile/annex/259/AU3240.pdf?source=pqars.

22 Sucharita Maji et al., "Student Suicide in India: An Analysis of Newspaper Articles (2019-2023)," Early intervention in psychiatry, October 8, 2024, https://pubmed.ncbi.nlm.nih.gov/39380363.

23 Chandrabali Dutta, "What Leads to the Ultimate Decision? A Sociological Analysis of Escalating Rates of Suicides among Children in India," International Journal of Humanities and Social Science Invention (IJHSSI), 1, 9, no. 9 (September 2020), https://www.ijhssi.org/papers/vol9(9)/Ser-1/F0909013842.pdf.

24 Vignapana Komanapalli and Deepa Rao, "The Mental Health Impact of Caste and Structural Inequalities in Higher Education in India," Transcultural Psychiatry 58, no. 3 (November 2, 2020): 392–403, https://doi.org/10.1177/1363461520963862.

emphasizes the lack of job opportunities available for students in the present job market. This adds on to the pressure of trying to excel in academic settings in order to be in the top percentage of the class to secure a job in the future considering how competitive placements can become.

Financial pressure

Another contributory factor recorded was financial constraints. These constraints were reported to significantly impact students' mental health and were also noted to contribute to suicidal tendencies and suicides. The report by the Rajya Sabha noted that several students coming from the SC, ST, and OBC backgrounds face a lot of hardship owing to economic situations. These factors limit their ability to avail educational resources and materials. Furthermore, it can also pose a limiting factor when it comes to building support systems. The financial pressure leads to added stress and feelings of hopelessness, making students more vulnerable to mental health issues. In Komanapalli and Rao's paper, they also discuss how due to the financial pressures, students feel compelled to make certain choices in terms of their careers which do not align with their aims and interests. This can then worsen their emotional state by adding to their distress. The analysis of newspaper articles also supported the fact that financial crises is often reported to be a prominent reason behind student suicides. The paper by Pandey goes on to explain how students face financial pressure to not only support their families but to also fund their education.

Role of Parents

Pandey (2017) talks about the emotional neglect students feel. In a period where they are confused about their identities and often feel isolated, certain signs of suicide get overlooked by parents. This can add on to the emotional turmoil, making them feel neglected and consequently lead to suicidal ideation and tendencies. The role played by parents in mitigating and helping students during these periods is often not delved into[25]. Parents lack the awareness of the state of their child's mental health and also of the tools that can be utilised to help

25 Dipendu Mondal, "IS THE EDUCATION SYSTEM OF INDIA FORCING STUDENTS TO DIE ?," International Journal of Creative Research Thoughts 9, no. 5 (May 2021), https://ijcrt.org/papers/IJCRT2105134.pdf.

them navigate through these stressful times. To add on, there is also evidence to suggest that conflicts in a child's social environment and homes can act as a contributory factor leading to suicide[26]. The paper by Dutta (2020) also discusses the impact of family problems on a child's mental health which can add on to the stress they face in academic settings resulting in the child being overwhelmed and feeling isolated.

Caste-based discrimination

One of the recorded reasons for ragging is claimed to be the perception that students from scheduled castes are allowed admissions to the institute simply due to the reservations, and not due to their own merit[27]. Scheduled caste students have repeatedly reported facing casteist slurs and taunts from classmates simply due to their caste. In terms of academic institutions, scheduled caste students face discrimination in the form of not only verbal abuse, but also humiliation in front of other students and classmates, and obvious segregation[28]. Authorities at these institutions often outright deny any discrimination happening and attribute the mental and physical health issues to personal factors. They do not take on any accountability which contributes to the maintenance of systematic discrimination. Due to the constant picking upon and relentless ragging, students often develop mental health issues like depression and anxiety, and a tendency to devalue themselves; this may present in the form of hampered communication skills and reportedly low levels of self esteem. The impact on communication skills can be seen in the reported anxiousness and fear that students feel when it comes to interacting with peers who belong to upper castes. The discriminatory practices are more evident in higher education institutes due to the number of public suicide cases of students from those institutes, but reports have found

26 Jasleen Kewlani, "Exploring the Epidemiology of Suicide in Youth and the Potential of Higher Education Institutions," Journal for Re Attach Therapy and Developmental Diversities, September 2023, https://jrtdd.com/index.php/journal/article/download/2531/1793/3720.

27 S. Poongavanam, "CASTEISM IN HIGHER EDUCATION," International Journal of Early Childhood Special Education (INT-JECSE) 14, no. 01 (2022), https://doi.org/10.9756/INT-JECSE/V14I1.298.

28 Vaishnavi Raj Lakshmi Singh10.46609/IJSSER.2022.v07i08.010, "CASTE DISCRIMINATION AND ITS EFFECT ON THE MENTAL HEALTH OF LOWER CASTE STUDENTS IN INDIA," International Journal of Social Science and Economic Research 07, no. 08 (August 30, 2022), https://doi.org/10.46609/IJSSER.2022.v07i08.010.

that the practices are prevalent even in schools and colleges[29]. Some reported ways in which they are discriminated against include being marginalized and segregated when it comes to classroom allocation, scholarships awarded are delayed or not allocated, and students are intentionally held back by teachers despite good academic performance.

In 2019, 26 year old medical student Payal Tadvi, who belonged to the Tadvi-Bhil caste, committed suicide in Mumbai[30]. In her three page suicide note, she wrote 'I step into this college hoping I will get to learn under such good institute. But people started showing their colours. Initially me and Snehal didn't come forward and said anything to anyone. The torture continued to the level that I could not bear. I complain against them but it showed no result.' The note further goes on to describe how she was not allowed the opportunity to work in the medical departments in the hospital and was forced to do clerical work instead. Despite being a bright student and putting in hard work, she was denied the opportunity to truly learn only due to her caste.

Institutional policies

Caste based discrimination is currently considered under the broad term of ragging[31]. The legal definition of ragging was amended to include discrimination only in 2016. Despite the change brought in the definition 8 years ago, there is no implementation of any intervention in any of the institutes. This is attributed to the lack of requirements of representations on committees which allows institutions to get away with not following any given guideline to reduce discrimination. The unwillingness of legal authorities to recognise discriminatory practices in higher education institutes (HEI) highlights the failure to design interventions that can

29 S. Kalyani, "DALIT STUDENTS SUICIDE IN INDIA: DISCRIMINATION, EXCLUSION AND DENIAL OF EQUALITY IN ACCESS TO EDUCATION," INTERNATIONAL JOURNAL OF LAW, EDUCATION, SOCIAL AND SPORTS STUDIES (IJLESS) 4, no. 2 (2017), http://ijless.kypublications.com/4.2.17/125-129%20Dr.S.KALYANI.pdf.

30 Charul Shah, "'The Torture Continued': Mumbai Doctor's Chilling Suicide Note Released," Hindustan Times, July 26, 2019, https://www.hindustantimes.com/india-news/mumbai-doctor-s-chilling-suicide-note-released/story-F6FeUlRGlOCIr6G56GZgCO.html.

31 SUNITA BANDEWAR, "Ending Caste-Based Oppression of Students in Educational Institutions: An Unfinished Agenda," Indian Journal of Medical Ethics 6, no. 1 (2021), https://ijme.in/wp-content/uploads/2021/01/Ending-caste-based_Sunita6-9.pdf.

be executed at operational levels. This also brings the exclusionary environment at HEIs into the foreground.

Certain professors at the highly ranked institutes in India such as Indian Institutes of Technology (IITs) and Indian Institutes of Management (IIM) show clear discrimination in the lectures they hold. In April of 2021, a video had gone viral on the internet where a professor from IIT Kharagpur was openly making casteist comments in an online lecture of over 100 students[32]. The professor openly claimed that nothing would happen to her even if the students complained about her verbal harassment to higher authorities.

Discussion

There is clearly an urgency for putting into place proposed measures against suicide among students. The urgency cannot be overstated, given the rising trends among marginalized groups in India. The unattended loss of young lives necessitates urgent action from policymakers and educationists and community stakeholders to create supportive environments to mental well-being. The relationship between student suicides and caste discrimination in the Indian context is applicable on a much wider scale. The risk of mental health crises is higher for members of marginalised groups over the world as evidenced by studies conducted. The Indigenous populations in Australia, specifically members of the Aboriginal tribes and Torres Strait islander people, were shown to have negative mental and physical health outcomes which were related to racism they faced[33]. In the United States, Black students (between the ages of 10 and 19) had a suicide rate that was 54% higher than that recorded for them in 2018, with a 144% increase in the 13 years between 2007 and 2020.[34] Further, the issue is also reflective of broader parallels concerning the marginalisation faced by

32 Priyanka Sahoo, "IIT Suspends Professor for Remarks on SC, St Students," Hindustan Times, May 13, 2021, https://www.hindustantimes.com/india-news/iit-suspends-professor-for-remarks-on-sc-st-students-101620866328960.html.

33 Camila A. Kairuz et al., "Impact of Racism and Discrimination on Physical and Mental Health among Aboriginal and Torres Strait Islander Peoples Living in Australia: A Systematic Scoping Review," BMC Public Health 21, no. 1 (July 3, 2021), https://doi.org/10.1186/s12889-021-11363-x.

34 Farzana Akkas and Allison Corr, "Black Adolescent Suicide Rate Reveals Urgent Need to Address Mental Health Care Barriers," The Pew Charitable Trusts, April 22, 2024, https://www.pewtrusts.org/en/research-and-analysis/articles/2024/04/22/black-adolescent-suicide-rate-reveals-urgent-need-to-address-mental-health-care-barriers#:~:text=New%20federal%20data%20shows%20that,other%20racial%20and%20ethnic%20groups.

members of the LGBTQ+ community worldwide. With young adults who identify as LGBTQ members, the risk for suicide attempts has been researched to be 4 times more when compared to their peers[35]. Reasons for the increased suicidal ideation in these populations include factors such as lack of social support, academic pressure and barriers to help seeking.

Based on the findings from the review, the need for a policy reform is eminent. Each of the papers selected call for a comprehensive policy that is focused on addressing the issue of the systematic caste based discrimination ingrained in educational institutes. Based on all the factors mentioned above, the need of the hour is to explore possible reforms that can improve the physical and mental wellbeing of students in educational settings. This includes dealing with caste discrimination along with academic and financial pressures due to the interconnected nature of these issues. It is high time for the establishment of wellbeing centers and enforcement of guidelines to navigate through the issue of student suicides.The intersectionality of these systemic issues creates a need for a collective, global approach to produce advocacy policies that are relevant to different local contexts and use evidence from interventions that have been successful worldwide. Engaging with international research on marginalized communities enhances the understanding of what effective suicide prevention and mental health support entails. Some of the interventions proposed by the authors of the previously cited papers include mental health support programs and grievance redressal mechanisms.

Establishment of mental health programs in educational institutions is pertinent for both access and relevance, as these programs are meant to be embraced by students, marginalized or not. Some of the mental health program activities for students include counseling, peer support groups, health workshops on mental wellness, among others. Providing such safe spaces makes it easier for institutions to reduce stigmatization of people with mental health problems and encourage students to seek assistance when required. Implementing specific, culturally appropriate, outreach strategies can help in creating a more appropriate academic environment. Hiring teachers and staff from a range of backgrounds

35 "Facts about Suicide among LGBTQ+ Young People," The Trevor Project, November 11, 2024, https://www.thetrevorproject.org/resources/article/facts-about-lgbtq-youth-suicide/.

and ensuring they are trained to be competent in dealing with students from different backgrounds can help students build a network for social support.

Presently, students do not have a space to safely report caste based discrimination, and there is no systematic procedure to address the same as well. Implementing grievance redressal mechanisms include the creation of clear channels of access and openness to students. This should be utilized in setting up confidential mechanisms to complain against any and all forms of discrimination without the risk of retribution. Training faculty and other institutional staff members to identify and respond to caste discrimination would also be necessary to attain an inclusive environment. Several training workshops may give staff the skills to handle complaints sensitively and effectively, thus ensuring both concern and support for students. This can be complemented by the establishment of wellbeing centers in higher education institutes. At these centers, the professional employees must be mandated to undergo training to develop cultural competence. This will ensure that those employed there are well equipped and knowledgeable to be able to navigate sensitive subjects with utmost professionalism and care.

Future research studies, at this point, should aim at longitudinal studies that seek to determine the effectiveness of anti-discrimination policies in schools. These studies would yield critical information on sustained interventions and their influence on mental health over time by students, especially for those belonging to SC/ST categories, who face compounded issues. Furthermore, exploring how technology brings mental health resources-like mobile apps with counseling services and peer support networks-could be pivotal in answering the call for the present crisis. Prioritizing this research informs our evidence-based practices and policies to ensure timely but deep responses to the complicated levels of caste discrimination and student suicides in India.

Conclusion

In a country with millions of students, the alarming rates of student suicide and the effect of caste based discrimination on students cannot be ignored. The interconnectedness of factors such as caste, academic stress, financial

stress, and social influence indicates a problem at the grassroot level which needs to be resolved urgently. The role of any educational system is to foster growth in an individual, be it in terms of knowledge or life skills. Creating a supportive and safe educational environment that is inclusive is necessary to ensure the wellbeing of all students in the country. Implementing mental health support systems, grievance redressal mechanisms and increasing awareness in teachers and students is a small step towards fostering the creation of an inclusive environment. However, due to the nature of the issues considered, and how deeply ingrained the discrimination in educational setting currently is, the involvement and support of government bodies is necessary. The reinforcement of policies that have been created to ensure a fair and just environment for all students, irrespective of their backgrounds, must be done. There needs to be stricter guidelines and regulations in place. These regulations must be rigidly enforced and heavy fines and penalties must be imposed if any policy is found to not be followed. Recognising the depth of the problems and the severe toll it is taking on students is crucial and calls for educational leaders to take immediate actions.

In India, the government plays an extremely significant role in the process of addressing the issue of student suicides due to caste discrimination. There are provisions created in the constitution to theoretically abolish caste discrimination, but these have not translated to yield any effective results in real life. The Thorat Committee Report in 2007 brought to light the discrimination faced by marginalised students, post which the Indian government implemented policies such as the reservation of 15% seats for SC/ST students[36]. However, the actual rate of admission falls largely short of the intended target with marginalised students being admitted at the rate of 9.07% in institutes like IIT and IIM[37]. Despite further such initiatives, including fee reductions, scholarships and even claiming to enact a 'Vemula Act' triggered by the death of the Dalit student Rohith Vemula in 2016, the increasingly alarming statistics evidence there is a serious lack of commitment to enforcing the acts effectively and erasing caste based

36 Sukhadeo Thorat, Shyamprasad K. M., and Srivastava R. K., rep., REPORT OF THE COMMITTEE TO ENQUIRE INTO THE ALLEGATION OF DIFFERENTIAL TREATMENT OF SC/ST STUDENTS IN (Delhi, Delhi, 2007), https://www.nlhmb.in/Reports%20AIIMS.pdf.

37 Drishti IAS, "Falling Numbers of SC & St Students in Iits," Drishti IAS, February 15, 2021, https://www.drishtiias.com/daily-news-analysis/falling-numbers-of-sc-st-students-in-iits.

discrimination in educational institutes[38]. There is now an increased urgency calling for the government to not only create legislations to aid the students, but to effectively enforce the same and better the life of every student in India.

By taking steps at this point in time, not only will the benefits to students be remarkable, but the carry over effect on the entire academic community in India will be visible. Any and all meaningful steps taken to address these factors and the critical issue of student suicides due to caste based discrimination will pave the way to build an egalitarian future- a future where each and every student is given the chance to flourish and reach their full potential.

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38 "Committed to Secularism, Will Enact 'rohith Vemula Act' If Voted: Congress," Business Standard, February 26, 2023, https://www.business-standard.com/article/current-affairs/committed-to-secularism-will-enact-rohith-vemula-act-if-voted-congress-123022600892_1.html.

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Suicide and the Paradox of Individuality in Select Short Stories of R.K. Narayan

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Abstract

This paper aims to analyze in a literary context the paradoxical tensions between individuality, expressed in terms of personality, aspiration and agency, and suicide, the state of terminating one's individuality, examining these fraught dynamics across a selection of short stories penned by R.K. Narayan. A celebrated chronicler of the idiosyncrasies, superstitions and pressures of small-town Indian life, particularly within his constructed setting of Malgudi, Narayan's fiction traces in social realist fashion the ways in which the psychologies of his characters are shaped by their environments, circumstances and cultures, organically tracing the sum of these drives and pressures to conclusions as likely to enlighten the reader about life as they are to issue an engaging note of ambiguity. As such, his tales serve as a productive system in which to study the elements of suicide in an Indian context, insofar as they depict a host of real-world pressures that are known to induce suicidal ideation and attempts in Indian subjects, while also employing suicide in a more symbolic fashion to address deeper questions about the meaning of life, god and the purpose of the individual within society. To that end, this paper shall draw upon sociological theories of suicide, psychological findings about suicidal patterns in Indian contexts, and works of literary criticism that explore the figurative and expressive dimensions of suicide in order to interpret and contextualize the materialist and metaphysical treatment of suicide and individuality in R.K. Narayan's short fiction.

Key Words

Suicide, Individuality, Personality, Indian literature, R.K. Narayan

Introduction: The 'I' in Suicide

In an essay that critiques the traditional condemnation of suicide prevalent in both the religious and legal doctrines of Western societies at the time, the

pessimist philosopher Arthur Schopenhauer states: “they make the nonsensical remark that suicide is wrong; when it is quite obvious that there is nothing in the world to which every man has a more unassailable title than to his own life and person.” ([1851] 2005, 22). This argument, which issues from the standpoint of an individualism that positions personal choices and the intimately felt reasons behind them morally above the proscriptions of cultural authorities, hits upon a paradox that is at the heart (or lack thereof) of the ethical debate around suicide. Does individualism and the validity of decisions pertaining to oneself extend even unto the act of absolute self-negation? Is suicide the logical endpoint and emotional pinnacle of individuality, insofar as it holds the moral choice made by a self above the body of all thought and experience, extending the will (a term with implications both spiritual and legal) of a person even past their death? Or is it, as the dogmas opposed by Schopenhauer maintain, a tragic and sinful practice with calamitous consequences for wider society if left unpunished?

The capacity of the sciences to answer such questions is, naturally, limited by the silence of the grave, but artists may rush in where analysts fear to tread, for the realm of literature is one where the myriad paradoxes, contradictions and hypocrisies of society are viewed not as mere obstacles to be overcome on the path to truth, but rather as spaces ripe for exploration in and of themselves. Schopenhauer himself was one among many 19th century scholars in an age of Orientalism whose “interest in India was often a result of an alienation from traditional Christianity.” (Hösle 2013, 452), hoping to discover in foreign lands with rich philosophical histories a new answer to ancient dilemmas. However, many an Indian was as tormented as any European by those same questions of individuality against community, duty against desire, and the purpose of life in the face of disappointment and failure in ruthlessly practical societies. To examine the paradox of suicide in a modern Indian context, we shall turn therefore to the short fiction of one of its most celebrated chroniclers- R.K. Narayan and his 1943 collection, *Malgudi Days*.

Described in M.K. Naik’s influential history of Indian English literature as an artist who “consistently creates a credible universe observed with an unerring but uniformly tolerant sense of human incongruity” (1982, 166), Narayan’s social realism enables him to present the organic movements of influence and reaction

in the lives of rural Indians, crafting characters that are at once deeply attuned to the material realities of windfall or catastrophe while also perceiving the world through spiritualist lenses as they question their place within it- a paradoxical tension that reaches its greatest proportions when Narayan discusses suicidal ideation, a situation where the subject is at once deeply imbricated in layers of social pressure and is driven by this very involvement toward a desperate escape, individuated unto self-destruction. This paper aims to explore Narayan's depiction of the philosophical and sociocultural issues raised by suicide via an analysis of two stories from *Malgudi Days*, namely "Iswaran", and "Such Perfection", which have been selected for their focus on suicide as a reaction to material circumstances and as an aspect of artistic passion respectively. This thematic range shall facilitate an exploration of the subject matter from perspectives diametrically opposed, enabling a broader understanding of the myriad elements involved in the artistic portrayal of suicide, which shall be contextualized through the lenses of sociological theories and psychological findings as elaborated below.

Review of Literature: Notes from Nowhere

Discussions on the problem of suicide significantly predate the existence of academia, but are nonetheless descriptive of the social structures that contemporary scientific analyses of the issue must contend with, and often reveal in their employment of lenses religious, legal and moral the ways in which suicide is seen in a culture- a view that shall then go to shape a suicidal subject's view of themselves and their approach to the future. In the case of India, we find in a Dharmasūtra attributed to the Vedic sage Vasiṣṭha the classification of suicide as an impurity-generating sin for which the family of the defiler must perform an act of penance: "A man who commits suicide becomes a heinous sinner […] relatives of his belonging to the same ancestry […] desist from performing funeral rites for him." (Olivelle 1999, 312), as well as a prescription of repentance for suicide attempts and ideation: "It is said: 'A man who survives an attempt at suicide should perform an arduous penance for twelve days; fast for three days; and, always wearing clothes smeared with ghee and controlling his breath, recite three times the Aghamarṣaṇa hymn.'" (Olivelle 312, 1999). In this treatment, we see the applications of ritual integration and excommunication alternated, insofar

as a subject who has not yet been cast into the profane category of a 'suicide' is bound to reincorporate themselves into a religio-cultural framework, which embodies the abstract metaphysical process of cleansing in a series of clear and ordered ritual practices that may be intended to ground the subject into the frameworks of the social order they have attempted to escape; conversely, if the subject is entirely lost, then a clean break is prescribed from the abject object of the suicidal body, barring it from entry into even the symbolic rite of life-passage represented by the funeral rite that is meant to overcome the trauma of death by incorporating into a social practice of mourning. While this Dharmasūtra was naturally written millennia before the work of modern Indian novelists and only represents a small segment of the vast scope of Indian religious, philosophical and legal discussions about life and death, its duality of incorporation and ejection from a sociocultural order is an element of great thematic relevance to the literary interpretation of Narayan's texts that shall follow, as is its intertwining of material and spiritual concerns along the same trajectory an approach that Narayan shall also employ in his portrayal of an Indian subject's psychology.

A more immediately and theoretically relevant work on suicide is the sociologist Émile Durkheim's *Suicide*: *A Study in Sociology*, a foundational text in the field that analyses suicide as a pattern of social behaviour, driven and defined by the individual's environment even when the two seem to be acting in opposition, a finding that leads Durkheim to conclude: "So true is it that even the feelings apparently most associated with the individual's personal temperament depend on causes greater than himself! Our very egoism is in large part a product of society." ([1897] 2002, 327). Despite the study's comparative age and numerous iterators, Tomasi notes: "One may reasonably suggest that, although later theoretical and statistical studies have helped to extend the range of Durkheim's analysis, and to clarify the more obscure aspects of its interpretation of suicide, they have not diminished the validity of the work itself" (2000, 19), hence this paper's employment of his classification of suicide into various types and focus on levels of integration as a means to analyze the suicidal behaviours of central characters in the selected stories. This theoretical framework shall be integrated with practical findings from a number of studies on suicide undertaken in India so as to position Narayan's social realism in the appropriate context, with selected studies covering a variety of fields ranging from general "historical,

epidemiological and demographic factors of suicide in India" (Radhakrishnan and Andrade 2012, 304) to more specific issues such as youth suicide in India, which is "a distinct phenomenon with various bio psycho-social determinants" (Gupta and Basera 2023, 245)- an attempt to highlight the archetypes Narayan portrays against their respective demographic and symptomatic counterparts.

Lastly, we must keep in mind that suicide in literature is by no means always a perfectly documentary portrayal of an actual event or practice, but can indeed be far more, operating on the level of a metaphor, allegory, symbol, exaggeration or any permutation of these at once, an idea that necessarily eclipses and outstretches the referents of its specificity, which is at once a tendency of all signifiers and a particularly salient feature of self-destruction, insofar as the act of destruction spreads past the self and transforms into a creative force in its own right- a tool in the artist's arsenal. To that end, it is pertinent to draw upon some works that discuss suicide from an aesthetic and literary perspective, illuminating its symbolic and expressive qualities as they manifest in art- as Alvarez remarks about the portrayal of suicide in the twentieth century: "Once suicide was accepted as a common fact of society—not as a noble Roman alternative, nor as the mortal sin it had been in the Middle Ages, nor as a special cause to be pleaded or warned against—but simply as something people did, often and without much hesitation, like committing adultery, then it automatically became a common property of art." (1972, 207). In this light, perhaps, the task of the realist writer of suicide is to make common the unthinkable, and not drive life to death, but bring death into life, presenting the ways in which individuality is both defined and dissolved by the negation of connections. If, as Brown observes in a study of suicide's depictions across history, "The picture which unfolds of the art of suicide is one of a constant overshadowing or a series of adumbrations of meaning, each casting its shadow and in turn being overshadowed." (2001, 18), then the object of this paper is to trace the thematic and structural methods by which Narayan constructs the collision of light and life to produce a zone of darkness, describing it not as a space of hollowness, but a flux of specific ideas, forces and influences amplifying and cancelling each other in dynamics that serve to form a character- both of individuals and, by extension, of the environments that directed their individuality.

Pre-Mortem: Examining the Examinee

The first narrative we shall analyze is the tragic tale of Iswaran, which masquerades at the outset as a comic portrait of an unfortunate young man whose manhood has surpassed his youth, but not the passing grade for graduation- "He had earned the reputation of having aged in the Intermediate Class." (Narayan 1943, 54). His seemingly carefree and defiant attitude to these reversals of fortune is swiftly revealed to be a front, and in the face of his latest failure, Iswaran drowns himself in the Sarayu river. Constructed with a simplicity that is chilling in its sheer forwardness, presenting the journey from hope to despair with an objectivity that marches toward the deterministic, "Iswaran" may be viewed as a portrayal of what Durkheim's theory would term an egoistic suicide- "If we agree to call this state egoism, in which the individual ego asserts itself to excess in the face of the social ego and at its expense, we may call egoistic the special type of suicide springing from excessive individualism." (Durkheim [1897] 2002, 168). Narayan maps the dominant forces and drives in this narrative onto three locations within the town- the theatre, the university house, and the river, each corresponding to the respective social phenomena of integration, individuation, and oblivion, a triangle that might also be seen as the tension between the id, superego, and ego (unto the death thereof). This spatial division enables the writer, in social realist fashion, to highlight various archetypes and lifestyles within the town that functions as a microcosm of society, moving the protagonist through institutions in a journey as philosophical as it is physical, reflecting Narayan's balancing of material and spiritual aspects of a subject's psychology, even as he traces the volatile mixtures they produce in the heart of a man who finds himself first figuratively and then disfiguringly adrift.

The film theatre is where Iswaran first embarks on what is to be his final day, and while one may interpret the cinema in an early 20th century Indian context as a symbol of modernity, it bears mentioning that the tradition of Indian theatre itself far predates the arrival of cinema in the country, and moreover that the earliest era of Indian film production was dominated by the mythological genre (Mehta 2020, 33)- a spectacle of divinity, grace and supernatural forms drawn from the ancient texts and given life for a brief scintillating dose of escapism: "He soon lost himself in the politics and struggles of gods and goddesses; he sat

rapt in the vision of a heavenly world which some film director had chosen to present." (Narayan 1943, 55). In both the consumption of a popular artform and the process of participation in a public event, Iswaran attempts to generate a sense of integration, to forget for a period his unique troubles and enter a state of shared experience whereby he feels the joys and sorrows of others, and is thus spared from the accountability of his own. Indeed, Iswaran himself is presented to the reader as a kind of actor, who must project a persona of unruffled confidence in order to shield against the hail of mockery he receives for his repeated failures, but "behaving like a desperado" (54) is in and of itself a dangerous role to play, the guise of a devil-may-care individualism that strands him outside any hope of social acceptance, and serves only to add a minor dimension of agency to his alienation- a maladjustment that shall prove ominous in the pages to come.

In sharp contrast to this room of fantasies is the Senate House, where the results of long-dreaded exams are laid out in unambiguous specificity, an absolute value that sharply divides the victorious from the defeated, a river and a canyon: "All the students of the town were near the Senate House, waiting for their results. Iswaran felt very unhappy to be the only student in the whole theatre. Somehow fate seemed to have isolated him from his fellow-beings in every respect." (55). It is the House, which records the results and numbers of every student in Albert Mission College and sorts them yearly into first, second and third class, assigning an objective social value to a proportion of their lifetimes and therefore their futures, that serves as the true symbol of modernity in this narrative, the superego that contrasts the sublime and primal joys of the theatre's glittering spectacle. At its best, this arithmetic segregation of merits represents an aspirational goal, the dream of being among the educated who are entitled not only to better jobs than the average labourer, but also then to a lifestyle of luxury and opulence, an imitative form of which Iswaran sees in the act of moviegoing, an attempt to manifest success when he is not actively ignoring its price: "He was often told by his parents, 'Why don't you discontinue your studies and try to do something useful?' […] He clung to university education with a ferocious devotion." (53). In a twist of tragic irony, his desire for individuation, for the status of someone special, is precisely what drives Iswaran's alienation, cementing his reputation as a pathological failure, a static figure entirely out of sync with the rhythms of society, neither a provider and nor a scholar, but a layabout who cannot grow up

and perform his duties- a grim realization that ultimately punctures his capacity for fantasy, as if his body too has given up on the desperate reaching of his mind: "He rose, silently edged towards the exit and was out of the theatre in a moment. He felt a loathing for himself after seeing those successful boys. 'I am not fit to live. A fellow who cannot pass an examination . . .'" (57).

Radhakrishnan and Andrade remark that, within an Indian context, "Young adults are a particularly vulnerable group and currently show the highest rates of suicide the world over." (2012, 306) and also note that a lack of educational attainment and the associated pressures are linked to increased risk of suicide (2012, 310), with Gupta and Besera's work also highlighting the impact of drifting away from support systems and social networks at school on suicidal correlation (2023, 253). Moreover, Matthew and Lukose make the argument that "aspirational mobilities become especially crystallised in and through educational projects." (2020, 692), reflecting how the institution of education serves to furnish an open and objective dream of upward mobility, but might also then catastrophically rupture it at the earliest stages should a student prove unable to meet their criteria for success, as in the case of Iswaran and his absolute abandonment of hope for any kind of success, even in sectors common across Malgudi that do not require a university education. To him, there remains no ambiguity whatsoever regarding his worth as a person, for he has seen it converted into numbers and found it sorely lacking, an unwanted individuality from which an escape into the gentle anonymity of society is no longer feasible, for it is precisely the rejection of this integrative selflessness on which he has founded his entire identity- a paradox of selfhood that is made manifest and resolved only in suicide.

While the path charted to Iswaran's death is dispassionate, the actual depiction of it is anything but, as Narayan shapes his narrative into a thematic spiral by returning to the symbol of the dramatic imaginary, but on a level elevated (and simultaneously submerged) beyond the realism of the story's opening. Driven by his active imagination to pursue the dream of higher education and then by the same imaginative fervour to deny the consequences of his failures, it is only fitting that Iswaran's demise be framed in the fantastic mode as well, uniting the twin spaces earlier explored into a surreal carnival as he moves toward the third and final zone. In a vision that may be interpreted as a manner of dying dream,

Iswaran sees himself walking into the Senate House to find his name in the exalted list of those that have passed, a classification both double-meaning and meaningless, which drives him to enact the role of a great conquering hero from the mythological films he so adores: "He thumped his chest and addressed the notice-board: 'Know who I am?' He stroked an imaginary moustache arrogantly, laughed to himself and asked, 'Is the horse ready, groom?' He threw a supercilious side glance at the notice-board and strutted out like a king." (59). At the height of his fantasies, Iswaran is not merely integrated back into a society that has left him behind, but rather mounted far above it, an egoistic vision of kingship and absolute control, perfectly blending one of the highest positions of traditional authority in India's mythology with the aspirational force granted by the prospect of graduating a class. His demise has aspects of the pathetic insofar as it is the logical conclusion of a delusive mentality, but also emanates a measure of true tragic power insofar as we see the powers of his mind at their greatest capacity, a stark contrast to the image of an incurious dullard that his fate in examinations has saddled him with.

Mediating upon the unique abilities of literature to discuss suicide, Bennett states: "the imaginative space of literature allows for the possibility of thinking the impossible, of admitting the inadmissible– of imagining the unimaginable but inevitable possibility of a world in which I am no longer present, and that I might bring that world about." (2017, 20). Viewed in this vein, Iswaran's suicide is an act as creative as it is destructive, and perhaps the only way in which he can allow himself to imagine a world in which he is valued and loved on his own terms, even and especially if this world is no world at all, and must end, just as it begins, with him. As such, the tale ends with a note found in his coat, the only piece of writing that he does in this story that is not tailored to the demands of an exam or a persona, but speaks from the heart: 'My dear father: By the time you see this letter I shall be at the bottom of Sarayu. I don't want to live. Don't worry about me. You have other sons who are not such dunces as I am—'" (60). Older by far than both the theatres and the universities, and yet infinitely kinetic through its natural rhythms, the Sarayu river serves as a potent chronotope to bridge this tale of Malgudi from the particular to the universal, symbolically bearing the alienated figure of Iswaran down the currents of history and society to render him an archetype of egoistic suicides among Indian students who

quail before the life-changing pressures of examinations yearly, tying their self-worth to success in these limited capacities. Through the deceptively simple tale of "Iswaran", Narayan thus advances a critique of individualisms that junction identity to narrow parameters and cultivate brittle and jagged selfhoods that collapse under their own weight.

Swan Songs: Suicide and the Artist

In sharp contrast to the social realism of the previous tale and the majority of Narayan's oeuvre, the next subject of our analysis, "Such Perfection", is a narrative that employs multiple dense layers of allegory and symbolism to present a meditation on the intersections of art and divinity, the tension between which defines the raptures and torments of the artist. The conflict of Soma, the central figure of this tale, is not a dearth of perfection, but an excess of it, having achieved in his sculpture of Nataraja a degree of likeness to the divine figure that paradoxically threatens to destabilize society entirely, blurring the line between idol and god to integrate the material and spiritual worlds to the point where the idyllic and ritualized flows of village life are subsumed into the cataclysmic developments of mythology- as the temple priest foresees: "'This perfection, this God, is not for mortal eyes. He will blind us. At the first chant of prayer before him, he will dance . . . and we shall be wiped out . . .'" (62). When the priest's counsel to "Take your chisel and break a little toe or some other part of the image, and it will be safe..." (62) is understandably refused by an artist incensed at the prospect of marring his masterpiece, his predictions prove to be far more than superstition, and become indeed the stuff of a miracle from a nightmare: "In the flame of the circling camphor Nataraja's eyes lit up. His limbs moved, his anklets jingled. [...] Women and children shrieked and wailed. The fires descended with a tremendous hiss as a mighty rain came down. It rained as it had never rained before." (63).

Narayan's apocalyptic spectacle may be interpreted as an inversion of the dynamics of ambiguity that surround religion, making manifest in overpowering reality the abstract cultural and philosophical principles that a religious society is oriented upon. In another striking use of paradox, this literalization of godly

power is not a jubilant validation for the pious, but rather the end of faith insofar as it becomes an intractable fact- to phrase this in terms of the theories of integration and alienation that we have used to classify suicides, it may be said that religion becoming "real" represents a level of social integration so profound that it crushes the agency of individuals and makes them powerless before the will and whims of the gods. Speculating on the implications of idol worship as a simulacrum of divinity, wherein the constructed artistic image of a socioculturally revered figure is treated not only as a synecdoche of the authentic metaphysical entity, but its very incarnation into the material world as an immanentized force, the philosopher Jean Baudrillard asks, "But what becomes of the divinity when it reveals itself in icons, when it is multiplied in simulacra? [...] does it volatilize itself in the simulacra that, alone, deploy their power and pomp of fascination-the visible machinery of icons substituted for the pure and intelligible Idea of God?" ([1981] 1994, 4). While Baudrillard relates idolatry and icon-worship to fractures in faith, insofar as they reveal the constructed nature of divinity by giving the creators of images explicit power over the definition of god and also then over its destruction via the desceration of idols ([1981] 1994, 5), Narayan utilizes the imaginative capacities of literature to advance the same argument from a diametrically opposed direction.

In allowing the artist to literally create god, an act of will that creates the engine of the ultimate cosmic willpower that shapes reality, Narayan presents a philosophical suicide, insofar as a person *chooses* to believe in the very force that *demands* belief, devoting the resources of the self to a power that overrides all selfhood, and reversing the narrative of the divine creation of humanity at the beginning of time by letting man create god and so engineer the end of time- "The God pressed one foot on earth and raised the other in dance. He destroyed the universe under his heel, and smeared the ashes over his body, and the same God rattled the drum in his hand and by its rhythm set life in motion again" (63). Nataraja is a divine figure of particular pertinence of the question of art and divinity, insofar as his *tandava* is a dance that propels the world toward destruction, an artistic and choreographed act that subsumes all life, agency and thought into a singular rhythm, a monologic action overpowering the polyphony of the world, and a work of art that transcends the ambiguity of mortal artists to create an objective, absolute and indisputable meaning and effect upon the

world- a sublime totality eloquently described in Ananda Coomaraswamy's essay on the topic as "universal in its appeal to the philosopher, the lover, and the artist of all ages and all countries. How supremely great in power and grace this dancing image must appear to all those who have striven in plastic forms to give expression to their intuition of Life!" ([1918] 2013, 62). While divinity may be afforded the privilege of such creation, especially in a capacity that is either aetiological (we were all created by this act) or prophesied (we shall all be destroyed by this act), it can neither be allowed to be fully human nor fully contemporary, since it defeats the very purpose of art in general and especially art like Narayan's, which thrives on portraying the uncertainty, ambiguity and charming imperfections of human life with all its hopeful jostling characters.

As such, Soma's dilemma may be interpreted as the frustration of an artist who has been cursed by his magnum opus, a work so perfect that it leaves nothing at all to be improved upon, and so represents the destruction of his world- a cataclysmic artform that is then paralleled in Nataraja's apocalyptic *tandava*. The results of his creation trap him in a double-bind, since he is at once confronted with the prospect that what he has created is not a masterpiece, but a thing of blasphemy, while also facing the disturbing and unconventional idea that the destruction of a work that he initially considered to be perfect would be more pious than its preservation. An overview of perfectionism as an amplifier of suicide risk by Flett, Hewitt and Heisel notes that: "the feeling of living an inauthentic life contributes to a negative self-view and sense of despair and imposterism while also reminding the self-presenter on a continuing basis that he or she is far from perfect." (2014, 163)- an observation that is reflected in Narayan's portrayal of Soma's reaction to the dilemma of artistic paralysis: "Nataraja! I cannot mutilate your figure, but I can offer myself as a sacrifice if it will be any use . . .' He shut his eyes and decided to jump into the lake." (64). Suicide in the service of the divine seems a better option to Soma than a gesture of inauthenticity and dilution, and while there is an egoistic element in his valuation of personal principles and private passions over the norms of society, reflecting Antonin Artaud's assertion that "If I commit suicide, it will not be to destroy myself but to put myself back together again. Suicide will be for me only one means of violently reconquering myself, of brutally invading my being, of anticipating the unpredictable approaches of God." ([1924-37] 1965, 56), the use of the term 'sacrifice' by Soma to characterize

his drive toward death places this attempt firmly in the category of an altruistic suicide, defined by Durkheim as a state "where the ego is not its own property, where it is blended with something not itself, where the goal of conduct is exterior to itself, that is, in one of the groups in which it participates." ([1897] 2002, 180), with the further addition that on occasion, "the individual kills himself purely for the joy of sacrifice, because, even with no particular reason, renunciation in itself is considered praiseworthy. India is the classic soil for this sort of suicide." ([1897] 2002, 182).

Driven by an intense integration into society, altruistic suicide simultaneously negates the individual self while glorifying it through a resonance with the collective, making humanity divine in a paradox that may be compared to the metamorphosis of a person from an agent into a signifier, a symbol of devotion sewn into the tapestry of faith, and indeed perhaps an idol in their own right, both unliving and immortal. While Narayan discusses the problems raised by individualism to the point of alienation in the previous story, he is also opposed to the practice of a ritualistic suicide in service of society, not least because it casts a god who would demand such a thing of its worshippers in a macabre light. As such, the tale ends without Soma needing to throw away his life after the tumbling of a storm-tossed tree on his house leaves the sculpture "unhurt except for a little toe which was found a couple of yards off, severed by a falling splinter." (64)- *a deus ex machina* in a tale where the touch of the divine was hardly subtle, but leans in its final sign towards the side of life in all its contradictions and imperfections, letting the image of god fulfil its intended function precisely because it is not a perfect replica of the "real" referent, but rather an artistic statement that fosters the human capacity for interpretation, paying creativity back unto creativity to create a network of imaginative connections, which is a force far more appropriate in its collective multiplicity to represent the nature of the divine. In celebrating the unfinalizability and open-endedness of art, "Such Perfection" thus also exalts the enchanting unpredictability of life, with the final sentences being the literary equivalent of the sculpture's missing toe in their ambiguity: "The image was installed with due ceremonies at the temple on the next full moon. Wealth and honours were showered on Soma. He lived to be ninety-five, but he never touched his mallet and chisel again." (65). While the social realist in Narayan is dedicated to portraying the vagaries of fortune and circumstance

that drive people to despair and self-destruction, we may appreciate in this tale a touch of the allegorist in him as well, applying his trademark gentle irony to the broader question of life and asserting in his own quiet way that it is always beautiful enough to be worth living.

Conclusion: The Vertigo of Freedom

In a famous essay discussing the nature of Indian philosophy in both tradition and daily life, the poet A.K. Ramanujan classifies India as a society that constructs reality and identity through context-sensitive systems which organize all aspects of life into specific categories and protocols, such as rituals, life-stages, castes, sects and so forth, but adds to this the observation that: "In 'traditional' cultures like India, where context-sensitivity rules and binds, the dream is to be free of context. So *rasa* in aesthetics, *mokṣa* in the 'aims of life', sannyāsa in the life-stages, *sphoṭa* in semantics, and *bhakti* in religion define themselves against a background of inexorable contextuality." (1989, 54). In the stories examined, we may see how R. K. Narayan, too, addresses the same paradox, portraying characters who must navigate complex and shifting systems of value, merit and worth, striving to embody desirable categories through dedicated modes of action and yet finding themselves all too often tarred with the brush of impurity and failure, stranded by the very paths that they thought would lead them to ascendancy. Faced with an identity crisis, they begin to question the bedrock on which their individuality was founded, and are confronted with the prospect that their selfhood is synonymous with alienation, defined only in the negative, either in terms of exile or sacrifice, ritual or anathema. To these characters, suspended on the edges of societies that themselves seem to churn with flux, the only way out is through, the only way in entirely without. In contemplating the implications of these stories, we may thus obtain broader perspectives on suicide and its representation in art, not because Narayan offers us sweeping answers to life's deepest questions, but because he so compellingly dramatizes the process of searching for them, of being befuddled, and of trying to put words to these paradoxical feelings, bringing them ever-so-closer to the light at the end of our tunnels.

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First-Person Accounts of the Impact of Leisure Spaces on the Mental Health and Well-being of Children with Disabilities in India.

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Abstract:

Internationally, child development practitioners are seeking to co-create meaningful leisure experiences that support the mental health of children with disabilities. However, in the Indian context, there is a dearth of research regarding this issue. The current study sought to understand the impact of Fun Club, an inclusive leisure space run by Ummeed Child Development Center, Mumbai, on the mental health and well-being of children with disabilities from the perspective of the children themselves. Twelve participants aged 8–12 years who had attended Fun Club were recruited for semi-structured interviews. Thematic analysis of data revealed three themes: *A Space to be Myself*, reflected participants' experience of feeling accepted in being themselves; *Opportunities to Explore and Learn* highlighted access to resources and new experiences that instilled a sense of confidence; and *Being in a Community* revealed how participants valued 'not feeling alone' in the community leisure experience. The study revealed the importance of creating leisure opportunities for children with disabilities in India that are child-centred and contribute to positive mental health. More broadly, the findings contribute to understandings from first-person accounts of children with disabilities regarding what makes leisure experiences meaningful and how it contributes to mental health and well-being.

Keywords:

leisure, mental health, well-being, children with disabilities.

Introduction

Ummeed Child Development Center is a not-for-profit located in Mumbai, India that provides multi-disciplinary clinical services to children with disabilities. After recognizing a lack of inclusive leisure spaces for children with disabilities,

in 2017, the organization started a leisure group for children with developmental disabilities called the 'Fun Club'.

Fun Club was informed by disability leisure (Aitchison, 2003), and sought to center voices of children to co-create leisure spaces; moving away from locating the problem of leisure participation in children's bodies and functioning, to critically engaging in thinking about inclusion, accessibility, and community. Research recognizes the importance of leisure opportunities and its impact on mental health and well-being of children with disabilities (Shikako-Thomas et al., 2012); however, leisure opportunities for children with disabilities that have primarily focused on keeping up with developmental goals and developing adaptable skills, negatively impacted their quality of life, brought in a sense of failure, and generated a non-inclusive environment (Kanagasabai et al., 2017). It is only in the recent 10 years that researchers have sought to explore what makes leisure meaningful for children with disabilities (Powrie, 2019).

In India, and other developing countries, leisure spaces are often unorganized for children with disabilities (Mehrotra, 2016). Further, in India, where the right to leisure for children with disabilities and its impact on their mental health has not yet been fully recognized, there is a marked absence of research that documents first-person accounts of what leisure means for children with disabilities. Hence, the current study interviewed children to answer the question, 'What is the impact of inclusive leisure spaces on the mental health of children with disabilities?'.

Frameworks that Guide Leisure Spaces

Researchers have conceptualized leisure in many ways but commonly acknowledge leisure as a 'subjective experience', a fundamental right. Majnemer et al. (2008, pp. 751-758) defined leisure as 'activities that individuals freely choose to participate in during their spare time because they find such activities enjoyable'. For children, leisure is viewed as activities or spaces accessible to them that are essential in developing cognitive skills, social competencies, and generate enjoyment, and relaxation (Simpkins et al., 2005).

The benefits of leisure and its contribution to health has been supported by the World Health Organization's International Classification of Disability which emphasizes the importance of the environment as enabling child's involvement in leisure opportunities. Despite disability leisure studies critically examining the environment, the problem gets located within the child as needing to build skills that enable them to be a part leisure spaces (Imms et al., 2008). More recently, researchers have focussed on 'disability-leisure', exploring environmental factors such as accessibility, accommodations, and availability that impact disability-leisure (Aitchison, 2003).

Hodge et al. (2013) offered the lens of 'internalized ableism', rooted in the notion that typical abilities are superior. They highlighted that leisure spaces structured from able-bodied frameworks negatively impact participation of children with disabilities and children view themselves as failures in their inability to participate. White (2002) referred to 'personal failure' as the failure of the systems around normativity that children with disabilities often internalize as personal failure and consider themselves responsible for being excluded from leisure activities. It is important for disability research to consider environmental factors that facilitate or challenge leisure and the impact of such leisure access on children's mental health and well-being.

Centering Voices of Children with Disabilities

Research around disability and leisure has increasingly recognized the importance of centering children as experts to define what leisure means to them (Melboe et al., 2017) which includes positive experiences of fun, being challenged and achieving, and sense of independence. Powrie et al. (2019, pp. 5) noted that children with physical disabilities experienced leisure as 'a sense of escape and relaxation – where worries were laid aside and children were free to be themselves without demands from others'.

The project, 'Hello! Are you listening?' revealed that for service providers, leisure is an opportunity to develop 'life skills', whereas for children and teenagers with disabilities it is less about 'getting it right' and more about having a good time (Murray, 2002). There is a dearth of literature around disability leisure in the Indian

context. In a large-scale study by Dada et al. (2020) to understand participation of children with intellectual disabilities in India and South Africa, children and caregivers were interviewed and significant differences in enjoyment were reported between the two. Dada et al. (2020) further noted that children with disabilities in India have access to leisure opportunities with immediate family/ relatives but accessing community leisure happened less frequently. There is no known research that bring in voices of children with disabilities to understand their meaning-making of leisure. Hence, the current research sought to gather first-person accounts of children with disabilities to understand what leisure means to them and its impact on their mental health and well-being.

Methods

Ethical approval was granted from the institutional review board of Kasturba Hospital Research Society, Mumbai, India, September 2022 (IRB/07/2022). Once study intent was shared with participants and their questions answered, written informed consent was taken from families of the children and assent from the children (Neill, 2005) prior to the interview to participate and have interviews be digitally audio-recorded and transcribed. All data were anonymised to ensure privacy and stored on a password protected hard-disk.

Recruitment

Children aged 8-12 years who had attended Fun Club were invited to participate. Recruitment was through purposive sampling of children who had a diagnosis of one or more developmental disability and had attended at least 5 (online and/or offline) Fun Club sessions. Any child in direct contact with the researcher was excluded from participating to avoid bias. Flyers in Hindi and English were circulated among families of children who had been part of Fun Club. In total, 12 participants were recruited (see Table 1).

Table 1: Participant Demographics

	Gender	Diagnosis	Language of Interview
P1	Male	Autism Spectrum	Hindi
P2	Female	Cerebral Palsy	Hindi

P3	Female	Learning Disability	Hindi
P4	Female	Autism Spectrum and Intellectual Disability	Marathi
P5	Male	Intellectual Disability	Hindi
P6	Female	Autism Spectrum	Marathi
P7	Female	Attention Deficit Hyperactivity Disorder and Learning Disability	English
P8	Male	Intellectual Disability	Marathi
P9	Male	Attention Deficit Hyperactivity Disorder and Speech Disorder	Marathi
P10	Male	Attention Deficit Hyperactivity Disorder	Hindi
P11	Male	Attention Deficit Hyperactivity Disorder and Oppositional Defiant Disorder	Hindi
P12	Male	Autism Spectrum	Hindi

Data Collection and Analysis

Interviews were conducted in Hindi (n=7), Marathi (n=4), and English (n=1) via Zoom. A semi-structured interview was guided by a pre-determined list of questions designed to be scaffolded and simplified to suit the need of the child; for example, 'Do you remember your favourite moment in the Fun Club and why was it your favourite moment?' or 'Could you share about times when you didn't like anything about Fun Club?'. Interviews lasted between 20 and 40 minutes.

Following the interview, recordings were transcribed verbatim and the transcribed interviews in Hindi (n=7) and Marathi (n=4) were translated to English by a professional translator and back translated by the first author. The back-translation process was an opportunity to engage with and become familiar with the data (Bird, 2005). Data analysis was completed in English and followed the 6 steps of thematic analysis (Braun & Clarke, 2006): familiarization with the data, generation of initial codes, searching for themes, reviewing potential themes, defining and naming themes, writing theme descriptions. Thematic analysis is a widely used qualitative analysis method applied in research where little is known about the phenomenon being studied (Bradshaw et al., 2017).

The transcripts were read line-by-line and each transcribed line and identified codes were documented on a coding template alongside researcher interpretations of the codes. An example of the coding process can be seen in Table 2.

Table 2: Coding Process

Transcript	Codes	Categories	Themes and subthemes
I: You said it's nice at the Fun Club because you can be yourself. Can you tell me in what ways can you be yourself in the Fun Club? What does that look like?	can be yourself	Being my weird self	A Space to be Myself
P7: You can really be yourself in Fun Club and don't need to worry about people judging you. You can do any weird thing you want to. You can do anything you want.	no worry about being judged	No worry of being judged	Exploring Activities in Preferred ways
	can do any weird thing	Freedom to do anything	
	can do what you want		
The best activity from fun club was t-shirt painting, I did it for the first time. The art I drew in that t-shirt was a big achievement for me. I feel like I can do t-shirt painting again.	did t-shirt painting for the first time	Explored a new experience	Opportunities to Explore and Learn Engage in Newer Leisure Experience
	Felt like a big achievement	Felt like it was a big achievement	
	Can do t-shirt painting again	Confidence to do the same	

Further analysis revealed that some categories could be merged; for instance, sub-themes Engaging with New Leisure Experiences and Access to Resources were combined to form the theme Opportunities to Explore and Learn. Through the data analysis process, three final themes were generated.

Trustworthiness

Trustworthiness was achieved by ensuring the confirmability, transferability, and rigor of the study methodology (Amankwaa, 2016). Provisional findings were shared with Fun Club facilitators who agreed that the results were reflective of

their observations of children's participation. By providing a thorough explanation of the study context and participants' demographics, transferability has been enhanced. Undertaking translation and back-translation of interviews in Hindi and Marathi retained the meaning of experience provided by participants; thus enhancing study rigor.

Results

> 'I would attend Fun Club everyday if I could. My world would look full of fun and I won't feel depressed or anxious, would never lose my confidence. I will enjoy in such a world' (P7).

Fun Club supports mental health and well-being of children with disabilities by offering '*A Space to be Myself*', a non-judgemental environment wherein they could access *Opportunities to Explore and Learn* leisure skills in ways that were preferred for them, while *Being in a Community* with other children with disabilities. P1 commented '*If everyone can be part of Fun Club, they can live a life of fun. And when people can have fun, they are able to live long, like even 200 years*'. Fun Club offered participants a space to explore collective leisure in their preferred ways where they could be themselves. Doing so, fostered a sense of safety, agency, and mental well-being.

A Space to be Myself

This first theme encapsulates participants' experiences of being able to be themselves, feel safe in their explorations, and not be judged for their preferred ways of engaging with the Fun Club space. For all participants, *A Space to be Myself* meant accessing a space away from normative, able-bodied understandings of how they should perform leisure activities. This was illustrated through participants taking their time to finish an activity, adaptations made to activities and Fun Club being facilitated as per participants' needs.

> *In Fun Club, when I am drawing, they let me continue what I'm doing and don't ask too many questions. At home and school, they tell me,*

> *'How can you only like to draw? Don't you like doing something else?' I don't like it. I love to draw all the time. (P5)*

Participants mentioned not feeling judged; instead, they felt respected, heard, and seen for their individual disabled selves in the Fun Club space. For participants, this space to be themselves facilitated a non-competitive, stress-free environment that fostered a sense of relaxation and confidence to be able to unmask and redefine leisure for themselves. '*You can be yourself in fun club and don't need to worry about people judging you. You can do any weird thing you want to. You can do anything you want*' (P7). *A Space to be Myself* facilitated for participants two subthemes: the ability to *Explore Activities in Preferred Ways* and have the agency and *Choice to Socialize*.

Explore Activities in Preferred Ways

This subtheme captures how Fun Club allowed for participants to explore activities in ways that were accommodating of their disability. '*My favourite moment is to doodle/scribble on a whiteboard outside of the fun club room. There are lesser kids around and it is quieter. It is good because I like the quiet. And I can do whatever I want*' (P8). This invitation to rethink their version of leisure for themselves, made participants feel a sense of agency, think creatively, and advocate for their needs; as opposed to subscribing to able-bodied understandings of how leisure should be performed.

P3: Haha, she always does funny drawings.
P2: Yes, I draw blue fruits or green sky.
I: That's so amazing, I've never thought of them this way! What made you think about fruits and sky so creatively?
P2: Just like that.

In the Fun Club, participants were trusted as experts and were given agency and freedom by the facilitators to explore activities in ways that were meaningful for them. Further, participants valued that they were not pushed, their pace was respected, and they could create their own versions of the leisure activities. P4 commented, '*liked doing the dinosaur puzzle alone and that's the only thing I do.*

I like that no one stops me or forces me to do some other activity because I only like puzzles.'

Choice to Socialize

The subtheme Choice to Socialize captures participants' choice to make friends with other Fun Club members or not, and still be able to participate in the collective leisure experience. For children with disabilities, being able to assert the choice to socialize and make friends rejects the notion that one must develop social skills and understand social rules to access the Fun Club.

I: What was it like making friends at Fun Club?
P4: I did not make friends in Fun Club.
I: Is that something that you chose or was it difficult to make friends in Fun Club?
P4: No, I did not want any friends. Playing with others was really fun but I didn't want to make friends.

Some participants pointed out initial apprehensions around developing social skills as a requisite to be a part of Fun Club. Over time, participants felt a sense of relief, were able to be themselves and know that they did to have to interact or exhibit social skills to be accepted as part of leisure experiences.

> *You can make friends in Fun Club if you want to. I am a shy person but wanted to make friends and Prachi didi helped me make friends. I thought it makes me weird that sometimes I want to play alone and other times I want to make friends. But I did make friends. I haven't met my Fun Club friends for many days and I miss them. (P9)*

Having the choice to socialize was important to many neurodivergent participants who had been part of other leisure and expressed how they felt pressurized to make friends, pick up social cues, and mask because of not feeling safe in social situations. One participant particularly referred to the feeling of relief at being able to unmask in the Fun Club space; that is, not concealing or suppressing their neurodivergent traits to fit into able-bodied norms. Instead, Fun Club enabled a sense of agency to redefine interactions and friendships. '*I made friends in*

Fun Club. One of them is P, I would miss him when he didn't come in any of the sessions. I missed him because I felt okay around him. We took turns to play our favourite games' (P12).

Opportunities to Explore and Learn

The second theme *Opportunities to Explore and Learn* captures participants' experiences around looking forward to the varied, novel opportunities that were available in the Fun Club. P12 commented, '*There was so much to do. Every Saturday, there would be a different activity. I would look forward to knowing what topic in a particular week is*'. Fun Club consisted of 5 leisure corners which gave participants access to art and craft, books, games, movies, a 'chill' or do-nothing corner.

> I: What are these corners at Fun Club? Could you tell me more about them?
> P11: Like art corner, books corner, board-games corner or nap corner.
> I: Do you have a favourite of them all?
> P11: I like the bean-bag corner! We would sometimes free-fall on the bean-bag or blue mat.

Thus, Fun Club meant a break from competitive environments or goal-directed intervention and an opportunity for participants to engage in their favourite hobbies, explore a new activity, or learn a skill that felt easier to access. '*The moments that were special to me was when I would make something new that I had never done before. Like crafts or t-shirt painting. I liked looking at the pictures in the books too*' (P2). Participants exuded a sense of joy, confidence and excitement in anticipation of variety of opportunities and looked forward to more such experiences.

Access to Resources

The subtheme *Access to Resources* captures participants' experiences of accessing disability-inclusive resources such as toys, art-kits, books and movies that are otherwise not available for children with disabilities in their everyday

lives. Disability-inclusive resources are designed, modified, or adapted to accommodate the motor, cognitive, social needs of children with disabilities.

> *There was like one activity in offline Fun Club that we had to make something out of wool. And I was like I've never done anything out of wool so I didn't know much of it. So, in the start I was pretty much shy, while doing it and then I started doing it and then it was like, oh my god I'll make more of these! Then in the next Fun Club, I brought more wool from Fun Club didis (facilitators) just to make them. I still have some remaining from them. (P7)*

Participants mentioned that *Access to Resources* became limited during the online Fun Club sessions, contributing to a sense of boredom, frustration, and disengagement with online Fun Clubs. Since the Fun Club space is accessed by many children with disabilities who belong to low socio-economic status, *Access to Resources* brought in joy, engagement, and initiation to explore leisure skills.

Participants further mentioned that they were able to take the resources with them and explore leisure skills at home and in other settings, which helped them continue to engage with their interests from the Fun Club. P5 commented, '*I would draw a lot but started colouring after Fun Club. I started because I liked colouring a lot. These colours we got from Fun Club are really nice*'.

Engaging with New Leisure Experiences

In *Engaging with New Leisure Experiences* participants had opportunities to explore new leisure skills and experiences that offered excitement, built confidence, and made it possible for them to look forward to trying more unfamiliar experiences. In participants' exploration of newer leisure experiences, despite their initial apprehension, they were able to ease into the experience with encouragement from facilitators and peers and through breaking the activity down into simpler, accessible steps; thus, enabling a sense of confidence and achievement.

> *Even if they show us a new game, I know I will feel confident and do it very nicely. In the beginning, I am usually shy but once I know how to*

> *play, I'll feel quite confident on doing it again. My friends, didis also help in overcoming the shyness and encourage to try something new. (P9)*

Engaging with New Leisure Experiences such as collective book reading, t-shirt painting, no-gas cooking, participants experienced a sense of achievement, as P6 shared, '*The best activity from Fun Club was t-shirt painting, I did it for the first time. The art I drew in that t-shirt was a big achievement for me because it was the first time I did something so amazing*'.

Being in a Community

This third theme highlights the importance of a community leisure experience that Fun Club established for the participants. *Being in a Community* alongside their fellow peers with disabilities was important for the children to experience a sense 'not being alone', which is important for positive mental health and well-being. P8 shared, 'I like stepping out of house only for Fun Club. … Because there are other special children like me in Fun Club. And I can meet them'. Participants associated the Fun Club space with doing varied activities and performing leisure in the company of fellow children with disabilities. '*Fun Club is a place to play, draw, eat special foods, chat a lot with each other, watch movies together, doing things together' (P3)*.

Being able to experience leisure activities together, meet and 'shake hands', generated a sense of looking forward to seeing each other, experiencing collective joy and witnessing each other's journey of leisure in the Fun Club space. Many participants appreciated not feeling 'alone': '*I like being around my friends in Fun Club. They make me feel like I am not alone' (P12). 'I do not like playing alone so it was good to play with others' (P6). Being in a Community* captures two subthemes – *Need for a Physical Contact* and *Doing Things Together*.

Need for Physical Contact

Initially, Fun Club was offered as a physical, in-person space in the premises of Ummeed Child Development Center. This physical space had to be temporarily discontinued owing to COVID-19 restrictions and the Fun Club leisure space

was reconfigured to be offered through an online medium. While participants appreciated having continued access to Fun Club, they waited to get back to the physical space, meet each other and 'shake hands' — '*I had more fun attending offline Fun Club. Going to Ummeed (for Fun Club) was good because I could meet everyone, shake hands with my friends' (P1)*. The online medium and internet glitches meant that some participants missed being able to connect with their friends and peers, felt isolated and caused irritability and frustration.

I have attended both online and offline Fun Clubs and I like offline Fun Clubs better. I remember during online Fun Clubs, it was only about sitting at one place and playing the activity online. There was no way to talk to other Fun Club people and I would often log off early because of not being able to interact with anyone. (P10)

With Fun Club resuming in the physical space post COVID-19, participants looked forward to meeting their friends from Fun Club and being in their company.

Doing Things Together

Doing Things Together emerged as something that the participants looked forward to; a collective experience. While many participants appreciated that Fun Club was accommodating of their individual needs, they also viewed Fun Club as a space that helped them navigate isolation and brought them together through varied leisure experiences – laughing, eating, watching movies or dancing together. Being able to do things together did not necessarily mean interacting with each other but it was important to participants that they were in the company of each other, which contributed to their sense of wellbeing in their leisure experience.

> *I: Do you talk to other people at Fun Club or not really?*
> *P11: I don't talk much to other people at Fun Club. But I don't mind doing art with them. I quite like it.*

In addition, doing activities together helped many participants feel comfortable in an experience they otherwise would not have felt comfort in.

When I see my brother dance or everyone dance, I dance and I have fun. I don't like doing it alone or with friends I don't feel comfortable with. That's also a little something that helps me feel more comfortable being a part of Fun Club. (P10)

Thus, collective experiences in the Fun Club space contributed to participants' sense of comfort and safety, encouraged ways of expressing themselves, and enhanced their mental health and well-being.

Discussion

The current study sought to uncover the ways in which Fun Club supports the mental health and well-being of children with developmental disabilities. Fun Club is an open space that invites children to engage in fun and leisure activities at their own pace with the support and encouragement of adult facilitators. Access to opportunities and resources is particularly important to address in a low-middle income country like India, where only 24% of children with disabilities are reported to participate in leisure (Hannah, 2023). Reasons associated with low rates of participation include inaccessible environments and inadequate support. The findings from the current study add to the understandings around disability leisure through children's first-person accounts in the Indian context and how leisure supports their mental health and well-being.

Children appreciated *A Space to be Myself* in the Fun Club space that contributed to them not feeling judged, while engaged in leisure activities in preferred ways. A Space to be Myself echoes disability leisure defined by Aitchison (2003) and demonstrated by Hodge (2013) who have argued that leisure spaces that require children with disabilities to pass as 'normal enough' to gain access, negatively impacts their well-being. In contrast, children shared that at Fun Club, they could feel free, be their 'weird' selves and not worry about being judged; suggesting that children could be themselves and feel accepted for who they are. In the Indian context, Dutta et al. (2020) theorized that inclusive leisure spaces for children with disabilities is dependent on external factors such as support-people and choices. The current study revealed that the Fun Club facilitators were instrumental in creating a space for children to be themselves and have freedom to make choices; thus, redefining the leisure space.

Meaningful leisure opportunities have been shown to be important for children with disabilities (Longo et al., 2020). *Opportunities to Explore and Learn* encompassed children's experience of accessing new leisure experiences and resources that enabled a sense of confidence to pursue leisure skills both in Fun Club and at home. In the current study, participants reflected that the novel opportunities to leisure and access to resources that were otherwise not available in their everyday lives, along with support from facilitators, enabled them to explore, initiate, and practice leisure. Hynes (2012) called this a positive leisure experience wherein children feel supported by adaptations to resources, space, motivation and encouragement from peers and adults to try new activities. In the Indian context, a recent study by Heister (2023) noted an urgent need for leisure opportunities in the community that are adapted to enable access without barriers; lack of the same has led to children with disabilities feeling incompetent to pursue leisure. In Fun Club, having access to resources to pursue leisure, looking forward to new experiences, and being encouraged by peers and facilitators, contributed to children's mental health and well-being.

Children from Fun Club shared that *Being in a Community* alongside their peers with disabilities and friends was meaningful while pursuing leisure activities and made them feel 'not alone'. A recent study by Movahed (2023) found that in the context of the COVID-19 pandemic, which prevented children with disabilities from participating in in-person activities, web-based programs offered a safe, accessible option. While study by Movahed et al. (2023) established that online access to leisure was important to address children's in-access to in-person activities, the same was not seen for Fun Club online sessions. Instead, Powrie et al. (2019) contended that leisure was most valuable when undertaken in the company of other children and there was a sense of togetherness, a finding that supports why children in the current study explicitly mentioned preferring offline over online Fun Club sessions which failed to bring a feeling of community and, instead, left them feeling isolated and frustrated at not having contact with each other.

Adsul (2011), in their observation of community leisure spaces for children with disabilities in India, highlighted a lack of inclusive leisure spaces resulting in children with disabilities having confined social relationships, not feeling

welcome. Children who attend Fun Club reported feelings of isolation in their everyday lives in being part of systems that promoted cure, rehabilitation in their disability experience and in keeping up with their non-disabled counterparts. The collective Fun Club leisure space thus, enabled access to a community of other peers with disabilities, enabled stress-free environment to be in their individual selves.

The first-person accounts by children with disabilities from the Fun Club space demonstrate how a space to be themselves, access to opportunities that facilitate exploration and learning, and being part of a community leisure experience contribute to inclusive leisure spaces and support their mental health and well-being.

Study Limitations

The participants were all children with disabilities who are verbal; no non-verbal children with disabilities accessing the Fun Club space were recruited to the study. While Fun Club extends the leisure space for younger children from ages 4 to 8 years, these children were not included in the current study. Further, participants did not report any negative experiences. The researcher is also a professional at Ummeed and the dual role may have hindered children sharing freely and interfered with safety to express difficult experiences attending Fun Club.

Recommendations and Implications

The present study is set in urban India where access to resources, spaces are relatively easier compared to rural India; exploring leisure experience for children with disabilities in rural India could further illuminate perspectives around structural barriers, meaningful leisure for children with disabilities. Other demographic factors that may influence participation in leisure experiences, including socio-economic conditions of child's family, caste, region, gender, motor disabilities or chronic illnesses would be worthy of exploration.

Drawing from the social model of disability, professionals can promote the importance of leisure participation for children with disabilities by modifying

supports and barriers in the environment to enable participation (Espin-Tello & Colver, 2017). This may include improving the quality of accommodations - infrastructure, resources, support and consulting children with disabilities to understand how leisure can be meaningful for them (Asbjornslett & Hemmingsson, 2008). The collaborative process could enable children to advocate for their needs and feel confident in their explorations.

Working with family systems, therapy or school systems, neighbourhoods to include leisure as an integral component in everyday life of children with disabilities is necessary. Supporting school systems to evaluate priorities and build awareness on the importance of leisure to support mental health and well-being of children with disabilities, may result in change of attitudes and institutional processes to support inclusive leisure.

Summary

Creating inclusive spaces have been shown to improve the mental health and well-being of children with disabilities (Imms et al., 2016). The current study contributes to co-building leisure spaces for children with disabilities in the Indian context by centering the importance of a safe space for children to be themselves, offering opportunities to explore and learn, and a sense of community to positively impact their mental health and well-being. There is a growing need to include children with disabilities in creating leisure spaces and for disability professionals to attune themselves to meanings children with disabilities can bring to shape leisure experiences.

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Elderly Suicide: An Etiological Overview

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Abstract

In today's society, older individuals face an array of challenges throughout their lives. One critical issue is the phenomenon of suicidal behavior among the elderly. This article delves into the characteristics and explores the underlying causes of suicide-related mortality among the participants who are sixty years and above. Data for this research was obtained from news articles published in various Indian newspapers, magazines, and online news platforms and it was analysed. The researcher compiled 60 instances of suicides among the elderly, focusing on reports from north Indian states between March and June of 2022. Findings from the study reveal a significant increase in suicides among older adults, largely attributed to their precarious circumstances in later life. Furthermore, several contributing factors to this troubling trend have been identified, including familial abuse, chronic illnesses, depression, economic hardship, and social isolation, all of which exacerbate suicidal tendencies among older individuals.

Keywords:

older people, suicide, vulnerability, India, analysis.

Introduction

The global population of elderly individuals has seen a consistent rise over the final years of the last century. At the dawn of the 21st century, there were 673 million people aged 60 and above worldwide, a figure projected to surge to 2 billion by 2050 (Shettar, 2013; Kumar and Rathour, 2019). In more developed nations, nearly 20% of the population is aged over 60, in contrast to just 8% in developing regions (Shettar, 2013; Kumar and Rathour, 2019). Similarly, India is experiencing a noticeable growth in its elderly demographic (Rajan et al., 2003;

Kalavar et al., 2013; Shettar, 2013). Over the past five decades, while India's overall population has almost tripled, the segment aged 60 and older has increased more than fourfold. The elderly population in India is anticipated to rise from 100 million in 2011 to 179 million by 2031, and further to 315 million by 2050—an enormous jump from the 2011 figure (Rajan et al., 2003; Kalavar et al., 2013). As the socio-economic and demographic landscape of the nation continues to evolve, significant transformations are being witnessed in the living conditions of older adults across the country (Raju, 2011). The number of elderly individuals in the country is not only on the rise, but their life expectancy is also experiencing remarkable annual growth, thanks to advancements in medical technology, improvements in living standards, and overall national progress (Rajan et al., 2003; Raju, 2011). As the elderly population continues to grow, so does the array of challenges they face, with suicide emerging as a significant concern among this demographic. The incidence of suicides among older adults is increasingly alarming throughout various Indian states today (Rana, 2020). Currently, many older individuals in Indian society are resorting to taking their own lives due to the precarious circumstances they encounter in their later years. Historically, suicide among the elderly has not been a pressing issue in India, largely due to its supportive social environment and family-oriented values. However, it has been noted that the foundations of this nurturing social fabric and value-driven family structure are rapidly deteriorating due to shifting socioeconomic factors such as industrialization, urbanization, and globalization (Jamuna, 2000; Khan, 2004; Raju, 2011).

Émile Durkheim's exploration of the relationship between suicide and various social and natural phenomena is extensive and multifaceted, making it impossible to cover every aspect comprehensively from religion to marriage, family, rituals. Despite the breadth of his analysis, it is possible to summarize a central theme that permeates Durkheim’s study of suicide. He argues that while suicide may seem like a purely individual phenomenon, its causes can actually be traced back to the underlying social structures and their intricate functions. Durkheim diligently critiques theories that attribute suicide to external, individual factors, such as mental illness, racial traits, hereditary influences, and climatic conditions. Through a process of elimination, he discards these extra-social explanations, asserting that only social factors are relevant to understanding suicide. This

line of reasoning supports his assertion that the suicide rate functions as a phenomenon in its own right; it is a distinct entity that warrants its own analysis. Emile Durkheim argued that individual cases of suicide alone cannot fully explain broader patterns; rather, the suicide rate is a distinctive phenomenon that must be examined in the context of societal conditions. He links variations in suicide rates to social influences, positioning individual instances within a wider framework of understanding.

Among the classifications of suicide, Durkheim highlights 'egoistic suicide,' which stems from a person's estrangement from societal ties. He suggests that as societal forces diminish individuals' reliance on communal support, suicide rates in those communities increase. The rising number of elderly people is intensified by the disintegration of traditional family values, alongside the growing effects of socio-economic changes and modern lifestyles. Caring for senior citizens has become a crucial concern in India (Jain, 2008; Shettar, 2013). In light of these changes, many elderly individuals, who have spent the majority of their lives within extended families, now face isolation, alienation, despair, and depression as they age (Khan, 2004). When they require the strongest support from their family and community, they often find themselves living alone and feeling overlooked. In certain cases, older adults may even experience abuse within their families or society at large. The ability of seniors to cope, particularly through interpersonal relationships, is increasingly challenged by various circumstances, leading to feelings of disconnection and perceived burdensomeness. As a result, the issue of suicide among older adults has emerged as a significant social concern within Indian society.

As the population continues to age over the next few decades, the rate of suicide among older adults is expected to rise significantly (Bharati, 2021). The World Health Organization (1992) states that older individuals are particularly susceptible to suicidal thoughts. Their behaviour pattern due to isolation and the perception of being a burden, places them at a greater risk than younger age groups. Suicide ranks among the top ten leading causes of death in the elderly population (Blazer et al., 1986; Bharati, 2021). The prevalence of suicide among older adults can be attributed to a myriad of challenges they face, including physical ailments, psychological struggles, social isolation, and economic

difficulties, all of which heighten their vulnerability (Behera et al., 2007; Bharati, 2021). In 2019, statistics revealed that globally, 14.25% of individuals aged 50 to 69 per 100,000 committed suicide, while the rate surged to 24.53% for those aged 70 and older (Ritchie et al., 2019).

In India, the National Crime Record Bureau (NCRB) (2020) reported a staggering total of 1,358,704 suicides from 2011 to 2020. Their annual survey indicated that, in a single year, there were 153,052 reported cases of suicide, averaging approximately 418 daily. Furthermore, the NCRB noted an increase in the suicide rate from 10.4 per 100,000 people in 2019 to 11.3 in 2020. Alarmingly, around 13,126 older adults per 100,000 were reported to have taken their own lives in India.

The factors contributing to these high suicide rates among the elderly in India include abuse, alcohol dependency, chronic health conditions, familial conflicts, feelings of isolation, financial difficulties, mental health disorders, and various other influences, as highlighted by the NCRB (2020). In recent years, the issue of suicide among the elderly has garnered the attention of social scientists across various regions in the country. Numerous investigations (Tanuj et al., 2009; Shah and Escudero, 2017; Gover et al., 2020; Padmaja and Bharadwaj, 2020; Rana, 2020; Bharati, 2021; De Sousa, 2021; Sourabh et al., 2021) have been conducted and are ongoing in India, focusing on this critical concern. These studies have rigorously examined the characteristics, causes, and consequences of suicide, highlighting it as a significant issue facing older adults in India. The findings indicate that suicide among the elderly is a profound concern in modern Indian society, representing one of the most tragic forms of death.

While many investigations have sought to explore suicide among older adults from various angles to comprehend the factors contributing to suicidal tendencies, there remains a gap in approaching this issue through the lens of vulnerability. Against this backdrop, the present article aims to analyze the factors influencing suicide among the elderly using a vulnerability framework. It seeks to assess the nature and extent of suicide among older individuals in India and to gain insight into the subjective meanings associated with the social phenomenon of suicide in this demographic.

Examining the Vulnerability Perspective on Suicide in the Elderly

Vulnerability refers to the reduced ability of an individual who perceives themselves as lacking the social and physical resources necessary to safeguard against various challenges, whether personal, familial, or societal (Hale, 1996; Vandeviver, 2011). Four primary groups that commonly experience heightened vulnerability include the elderly, women, individuals living in poverty, and ethnic minorities. These groups often face increased challenges stemming from their vulnerable status (Powell and Wahidin, 2007; On Fung et al., 2009). The vulnerability framework sheds light on the precarious situations of older adults, who, due to frailty or weakness, are susceptible to a range of issues, including the tragic risk of suicide (Sarvimaki and Hult, 2014).

Vulnerability resulting from frailty or weakness encompasses a specific type of susceptibility experienced by older adults, which is often linked to both social and physical challenges (Sarvimaki and Hult, 2014). The concept of vulnerability in older individuals aims to highlight the negative perceptions arising from various factors, including social and physical issues in later life that can contribute to suicidal thoughts and behaviors (Bharati, 2021). On one side, the social vulnerability of older adults addresses the lack of social networks—such as emotional support, engagement, commitment, and shared beliefs—that can diminish their sense of belonging within families. Conversely, physical vulnerability points to the struggles they face, such as health problems, inadequate care, and unmet basic needs, which can be seen as burdensome by their family members. Both a diminished sense of belonging and the feeling of being a burden are closely intertwined with an individual's interpersonal relationships and can significantly influence suicidal tendencies (Joiner, 2005). Patel and Mishra (2018) highlighted that older adults often perceive themselves as socially vulnerable. As they age, they tend to become less engaged in social activities, leading to feelings of isolation. Many express concerns that others are too busy for them and lament the absence of a sense of community that was more prevalent in the past. These emotions can foster a sense of loneliness and alienation among seniors. Furthermore, the rise of a materialistic lifestyle has significantly altered social structures, exacerbating the social and psychological challenges faced by the elderly.

The rise of nuclear families, dual-income households, and shifts in community dynamics have led to the neglect and isolation of older adults. As a result, the social support systems that once aided the elderly have diminished. Many seniors find themselves frail, vulnerable, and unable to care for themselves. These circumstances often lead to heightened feelings of loneliness and a weakened bond with their families (Ghosh, 2021) Tragically, this emotional distress can culminate in suicidal thoughts and actions.

Research by Patel and Mishra (2015) highlights the prevalence of various physical ailments among the elderly, including chronic illnesses and unmet basic needs. Such health challenges hinder their ability to engage in physical activities, leaving them dependent on family members for assistance. This reliance can foster a sense of burden among older individuals, causing them to feel like a weight on their loved ones. As they grapple with this perception, some may conclude that their death might relieve their families of this burden, leading to the heartbreaking decision to end their lives, as discussed by Joiner (2005). Consequently, the incidence of suicide appears to rise with age.

Method for Analysing Documents

The researcher employed the document analysis method, which serves as a form of content analysis, to explore the issue of suicide among elderly individuals in India. The primary objective of this document analysis was to examine and interpret various issues presented in both printed and electronic formats, including books, newspaper articles, and magazines (Bowen, 2009). According to Corbin and Strauss (2008) and Bowen (2009), document analysis requires a thorough investigation and interpretation of information to extract meaning, deepen understanding, and advance scientific knowledge. In essence, a document analysis study allows researchers to apply both quantitative and qualitative methods to uncover diverse words and concepts within a text, analysing their meanings and interconnections to derive insightful conclusions (Sahoo and Patel, 2021).

For this particular research, predominantly utilized secondary data sourced from various print and digital newspapers and magazines in India. Data pertaining to

suicide among the elderly were gathered from well-known daily publications in both Hindi and English, including Amar Ujala -14 cases, Dainik Bhaskar- 8 cases , Dainik Jagran -10 cases, Hindustan- 9 cases, Nav Bharat- 6 cases, Naidunia -4 cases, The Indian Express -4 cases, and The Times of India - 5 cases. Additionally, the researcher collected information on cases of elderly suicide from news platforms such as ETV Bharat, TV9, News 18, and NDTV. This data collection occurred from March 2022 to June 2022. The information regarding elderly suicide rates has been sourced from the northern regions of India, including states like Bihar, Delhi, Haryana, Madhya Pradesh, Rajasthan, Uttar Pradesh, and Uttarakhand. This is particularly relevant given that local newspapers and various news outlets frequently report and highlight incidents of suicide among older adults in these areas.

For this study, the researcher manually collected data by reviewing every newspaper article related to suicide. In doing so, the researcher identified common keywords employed by Indian journalists in their reports on this sensitive subject. These keywords, such as 'suicide, suicidal tendencies, self-harm, self-inflicted death, chronic health issues, depression, mental wellness, and despair,' were then used to enhance web searches for further information on the issue of suicide in India. Consequently, the researcher has opted to investigate the phenomenon of suicide among the elderly in these specific states. To conduct this study, the author compiled approximately 100 newspaper articles focusing on issues related to aging, utilizing document analysis as the primary method. Out of these 100 articles, 60 were selected for their relevance to the topic of elder suicide. The study's sample cases were meticulously gathered by reviewing each article that reported on suicides among older adults.

The majority of the 60 documented cases involved individuals aged between 60 and over 80 years. Each reported case of elder suicide has been categorized into several themes, including gender (male and female), the underlying causes of suicide in older adults (such as chronic illness, depression, abuse, poverty, and social isolation), and the nature of the suicide (whether it stemmed from personal issues, family problems, or societal challenges). In this way, the researcher has amassed data on elderly suicides from both print and digital sources, employing

document analysis to thoroughly outline the characteristics and contributing factors associated with elder suicide in India.

The issue of suicide in India is a highly sensitive topic, often surrounded by stigma. As a result, families of those who have died by suicide are typically unwilling to discuss the reasons behind such tragic events. This cultural barrier poses significant challenges for researchers attempting to carry out primary surveys on suicide.

Additionally, the data compiled by the National Crime Records Bureau (NCRB) does not differentiate between rural and urban areas in its suicide reports. Furthermore, the NCRB does not provide specific information regarding the causes of suicides among the elderly, which hampers a comprehensive understanding of this particular demographic's struggles. Consequently, researchers studying elderly suicide lack access to crucial data on rural-urban disparities, as well as the underlying causes and characteristics associated with these incidents.

In contrast, when researchers seek information from newspapers, they can easily obtain relevant data for their analyses. Thus, this approach has emerged as the most effective method for collecting timely information on elderly suicide. By meticulously gathering reports from various Indian newspapers and news portals, the researcher can compile a comprehensive overview of this pressing issue. By employing observation, a scientific perspective, and thorough fact-checking, the researcher has carefully examined instances from two or three newspapers, along with additional sources (Sahoo and Patel, 2021). This approach has reinforced the credibility of the findings related to elderly suicide and ensured the dependability of the collected data.

The location of the suicide incidents indicates that there have been 37 cases of elderly suicides (age 74 and above)in urban environments, accounting for 61.67% of the total, whereas rural areas have reported only 23 cases, making up 38.33%. The higher suicide rate in urban settings is frequently attributed to various stressors associated with city life, including overcrowding and feelings of social isolation (Radhakrishnan and Andrade, 2012).

Analysis of the sex and gender of victims indicates that 34 elderly men (56.67%) and 26 elderly women (43.33%) have taken their own lives. This data highlights a significant disparity in suicide rates between genders. According to the National Crime Record Bureau (NCRB) in 2020, there were 3,300 suicide deaths among elderly women, whereas elderly men accounted for a substantially higher number, with 9,826, representing 74.85% of the total. Research suggests that men often experience mental health issues more privately than women. The impact of societal stigma appears to play a crucial role in the increased incidence of suicide among men (Ghosh, 2021). The reasons behind suicide reveal that the leading factor contributing to this tragic outcome is chronic illness, accounting for 28.33% of cases. Other significant contributors include depression, which affects 21.67% of individuals, familial abuse at 18.33%, poverty impacting 16.67%, and social rejection, which plays a role in 15.00% of suicides.

Research into the nature of suicide among older adults has revealed that their vulnerability often manifests in three key types of suicide: those driven by personal issues, familial conflicts, and social challenges. The findings indicate that the majority of suicides—about 50%—are linked to personal problems, followed by familial issues at 35%, and social problems at 15%. Personal problems, often described as personal anomie, refer to the emotional and psychological turmoil that individuals experience in the face of rapid social changes and unfavorable circumstances.

When individuals struggle to cope with the challenges posed by side effects from various issues, some may tragically resort to suicide. This study investigates the factors contributing to suicide among the elderly, focusing on personal motivations. The research reveals that personal issues were the primary catalyst for suicide in 50% of the cases examined. Through analysis of news reports, it was discovered that older adults who took their own lives often faced significant challenges such as chronic illness (28.33%) and depression (21.67%). For instance, two notable cases in Dainik Jagran and Naidunia highlighted in the news involve elderly individuals who ended their lives due to the burdens of chronic disease and severe depression.

Additionally, familial issues emerge as another critical factor influencing suicide. Familial problems can be characterized by any form of dysfunction within a family, often exacerbated by rapid changes and unrelated events. In these contexts, individuals may feel they are failing to meet their family's expectations, resulting in an unstable home environment. When there seems to be no escape from these familial difficulties, some may feel driven to end their lives. The study indicates that familial problems were a contributing factor in approximately 35% of older adult suicides. It was found that many of these individuals experienced abuse from family members (18.33%) and lived in poverty (16.67%). For example, news reports reveal two significant instances wherein elderly individuals took their lives as a direct consequence of familial abuse and financial hardship.

The Interconnected Cycle: A Structural Perspective

The intricate relationship among personal, familial, and social elements creates a daunting cycle of vulnerability. Personal challenges, such as depression or chronic illness, frequently result in social withdrawal, isolating individuals not only from their families but also from wider social circles. This isolation can exacerbate family dysfunction, particularly for elderly individuals who may lack the emotional and physical support they require. Moreover, shifts in society can erode social connections, limiting opportunities for older adults to participate in community activities and intensifying their feelings of alienation.

For instance, an elderly individual coping with a chronic illness might initially face depression and emotional turmoil (personal challenges). This struggle may lead to withdrawal from social interactions, which can, unfortunately, lead to neglect or even abuse from family members (familial challenges). As the individual grapples with a sense of rejection or unworthiness, societal changes that render them socially invisible may amplify their vulnerability and elevate the risk of suicide.

This structural examination of personal, familial, and social influences underscores the complex nature of suicide among the elderly. Effective suicide prevention necessitates a comprehensive strategy that addresses not only the individual's mental health but also the broader familial and societal structures

that exacerbate their distress. Interventions should focus on reinforcing family support networks, promoting social inclusion, and ensuring adequate healthcare to tackle the personal challenges that older adults face.

Policy initiatives must prioritize enhancing the quality of life for elderly individuals through expanded social services, increased community involvement, and family support systems. By cultivating an environment where elderly individuals feel valued and supported on both personal and social fronts, we can significantly mitigate the risk of suicide

Discussion and analyses

There is a widespread consensus that aging brings about heightened vulnerability (Joseph and Cloutier-Fischer, 2005; Grundy, 2006; Schroder-Butterfill and Marianti, 2006; Crooks, 2009; Wiersma and Koster, 2013). This perception associates old age with increasing susceptibility to health issues and a growing reliance on healthcare services as individuals age (Joseph and Cloutier-Fischer, 2005; Wiersma and Koster, 2013). Moreover, aging often coincides with various social and economic transformations, including job loss, diminished income, and, for many, the experience of widowhood (Arber et al., 2003; Crooks, 2009). These multiple age-related challenges contribute to a widespread view of old age as a time fraught with risks and uncertainties. However, it is important to note that older adults exhibit significant variation in their biological, physiological, psychological, and social conditions (Crooks, 2009), which serves as a basis for examining the nuances of vulnerability in this demographic. In most studies focusing on vulnerability, older individuals are frequently characterized as high-risk populations. Vulnerability reflects the limited capacity of older people to safeguard their well-being in later life, leading to the perception of them as at-risk (Crooks, 2009). As a result, older adults as a vulnerable cohort encounter numerous socio-psychological challenges that contribute to feelings of low belonging and perceived burdensomeness. These factors are significant risk elements, including the potential for suicide among older individuals.

The swift socio-economic transformations brought about by industrialization, urbanization, and globalization have influenced individuals and communities in

both beneficial and detrimental ways. On the positive side, these changes have enhanced the quality of life for many within society.

Conversely, the adverse effects of these socio-economic transformations have eroded the interpersonal bonds among family members, particularly impacting older adults who find themselves in increasingly vulnerable situations. This vulnerability has been linked to a troubling rise in suicide rates among elderly individuals. In contemporary Indian society, many of the suicides among older people can be attributed, either directly or indirectly, to their precarious circumstances in later life. Research indicates that older adults often resort to self-harm due to both social and physical vulnerabilities.

Furthermore, the COVID-19 pandemic exacerbated these issues, leading to a noticeable withdrawal from older family members and their communities due to fears of virus transmission (Surjit, 2022). This distancing severely deteriorated the quality of life for many elderly individuals. Reports have emerged highlighting instances of those living under the same roof being treated with neglect during this time, effectively isolating them emotionally from their families and society at large. Tragically, many elderly people faced emotional and physical abuse at the hands of their own children throughout the pandemic (Helpage India, 2021).

Various studies have identified that the elderly who take their own lives often grapple with personal challenges such as chronic illness and depression, as well as familial issues including abuse and poverty, and broader social problems like social rejection. These multifaceted challenges significantly undermine their social connections, thereby increasing their vulnerability, both socially and physically.

The research emphasizes that rapid socio-economic changes have led to a decline in social integration and regulation, which in turn fosters feelings of alienation and a perceived sense of being a burden within families and society. These feelings contribute to a cycle of isolation, loneliness, hopelessness, and depression, ultimately culminating in suicides among the elderly. This phenomenon can be categorized into three distinct triggers for suicide: personal issues, family-related challenges, and social adversities.

Conclusion and recapitulation

Suicide among older adults represents a significant social concern in today's world, driven by various factors. These may be social vulnerabilities, such as familial abuse, poverty, and social ostracism, alongside physical vulnerabilities like chronic illness and depression. Such issues contribute to feelings of low belonging and perceived burdensomeness among the elderly. The research in hand deals with analysis of select Hindi and English newspapers from India, specifically examining certain states, including Bihar, Delhi, Haryana, Madhya Pradesh, Maharashtra, Rajasthan, Uttar Pradesh, and Uttarakhand. However, this limited sample does not provide a comprehensive overview of suicide rates among the elderly across the entire country.

Data gathered between March and June 2022 indicates that a substantial majority of suicide cases were among older men, making up 56.67% of the total. Furthermore, the study highlights a troubling trend: the traditional respect, honor, and authority that older individuals once enjoyed in Indian society are gradually diminishing. The interaction of personal, family, and social factors establishes a troubling cycle of vulnerability among older adults. Individual challenges such as depression or chronic health conditions can lead to social withdrawal, which may intensify conflicts or neglect within families. The deterioration of familial support systems further fosters a profound sense of isolation and hopelessness, plunging the individual deeper into emotional turmoil. As the effects of social rejection and family dysfunction exacerbate one another, older adults may increasingly feel trapped, with suicidal thoughts appearing as the only escape. In essence, personal, familial, and social elements are not isolated; rather, they are intricately connected, each affecting and amplifying the others. Recognizing these relationships can inform the development of more comprehensive suicide prevention strategies that tackle the complex challenges faced by older adults. In the context of these swift societal changes, older adults face numerous social and psychological challenges, including loneliness, alienation, helplessness, and despair. These emotional struggles negatively affect their overall well-being and play a significant role in the rising incidence of suicidal behavior within this demographic. In conclusion, it is essential to recognize that our parents and elders resemble trees in our lives; they offer shelter and support much like the

shade of a tree in a garden. Their wisdom and blessings guide us, enabling us to navigate the journey of life with greater ease. We are deeply indebted to these guiding figures who have influenced our character, shaped our outlook on life, and instilled in us the resilience to carry on after they are gone. It is not only our emotional duty but also our moral obligation to create a nurturing environment for our parents and other seniors, allowing them to savour their later years in tranquillity.

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Impulsive and Planned Suicide Behaviour Through the Lens of Temporal Decision Making

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Abstract

Suicide is known to be a leading cause of death around the world, with over 700,000 deaths by suicide being reported annually. This study uses secondary research to examine the emotional and cognitive factors that contribute to suicide from the perspective of temporal decision-making.

Temporal discounting refers to the tendency to underestimate future benefits in an attempt to seek immediate relief from distress. This emerges as a critical phenomenon to understand the difference between impulsive and planned suicides. Acts of impulsive suicide are strongly driven by a heightened state of emotional distress and dysfunction in the prefrontal cortex and amygdala. Planned suicides, on the other hand represent prolonged psychological distress and a sense of deliberation to reduce the perceived burdensomeness on others.

Joiner's Interpersonal Theory of Suicide and temporal decision making draws focus towards factors like impulsivity, social disconnect and cognitive biases- which may have an impact on suicidal ideation and behaviour.

Culture, demographic and biological factors further impact the decision making processes. Interventions like narrative therapy and motivational interviewing are actively being explored to promote future orientedness, reduce impulsivity and build greater resilience in individuals.

This paper thus aims to bring attention towards exploring a multidimensional framework for prevention strategies and apt clinical interventions which aim to foster long term well being in individuals.

Keywords:

Suicide, Temporal decision making, Impulsivity, Deliberation, Resilience.

Introduction

Over 700,000 lives are lost annually, accounting for 1 in every 100 deaths due to suicide. It is among the leading causes of death, particularly in the age group of 15-29, underscoring its profound societal and psychological implications (World Health Organization: WHO, 2021). Reducing suicide rates has been a pressing concern in some regions that have shown an incline in suicide rates. Because of its intricate etiology, preventative and intervention strategies must take an interdisciplinary approach. The most commonly reported risk factors were mental health problems (54.28%), negative or traumatic familiar issues (34.28%), academic stress (22.85%), social/lifestyle factors (20%), violence (22.85%), economic distresses (8.75%), relationship factor (8.75%) (Senapati et al., 2024).

Joiner's interpersonal theory of suicide adds to the existing understanding of the dyanmics behind suicide ideation. This theory adds three key components to suicidal ideation. A feeling of being a burden to others, which has been described as perceived burdensomeness (Joiner et al., 2009). Thwarted belongingness, which refers to a lack of social connection, exacerbating suicidal thoughts. Lastly, the capability for suicide, which involves the individual's capability for self harm (Joiner et al., 2009). The interplay of Joiner's theory along with the cognitive processes of decision making provide us with deeper insight into suicidal ideation and behaviour.

Suicidal behavior can be understood through the lens of temporal decision making which sheds light on the interplay between cognition, emotion, and time perception in shaping life-and-death decisions. Suicidal behaviour occur accross a spectrum, ranging from impulsive, emotionally driven actions to fastidious planning. Understanding this dichotomy in depth is essential to identify effective interventions and risk patterns.

Temporal discounting, in this context, is the propensity to undervalue future rewards in comparison to immediate ones. Emotional distress and cognitive biases can lead to a shift in an individual's perception of the future, intensifying the instant relief over long term consequences. This approach provides practical

insights for clinical interventions in addition to bridging the gap between behavioral outcomes and psychological theories.

This paper explores the interplay of cognitive and emotional determinants that can influence the timing of suicidal patterns. It sheds light on the manifesting behavior that "at-risk" individuals have towards temporal discounting. The study seeks to build a foundation for developing effective prevention strategies that address both deliberative and impulsive pathways to suicide.

Temporal Decision Making and Suicide

Temporal decision making refers to the cognitive processes involved in choice evaluation, which may have consequences at varying points in time. It requires individuals to balance immediate rewards with delayed outcomes, which is also known as delay discounting (Luhmann, 2009). This is a phenomenon where people opt for smaller, immediate rewards in comparison to larger, delayed ones, showing a lean towards instant gratification. The strength of this phenomenon often compels individuals to let go of delayed rewards in favour of the immediate ones even if the delayed ones hold greater value. Research has shown that this often leads to suboptimal levels of decision making, which may have implications for the individual. The context in which a decision is made significantly influences temporal choices (Cemre Baykan & Shi, 2022). In the context of suicide ideation, individuals might prioritise immediate emotional relief instead of long-term stability during a crisis, which is a result of heightened delay discounting (Bryan & Bryan, 2021).

Research shows that during cases of impulsive suicide, the subjective value of the immediate perceived relief in the form of self-harm or suicide can overshadow any benefits of enduring the temporary crisis for future wellbeing. Delay discounting, thus may increase the risk for suicide attempts in individuals who may be at risk, in moments where the emotional pain becomes too unbearable for them (Bryan & Bryan, 2021).

Temporal decision making may be influenced by various emotional states. Individuals dealing with suicidal thoughts often experience an overwhelming

influx of negative emotions which may be a factor in altering their perception towards time and reward value. Seeking immediate escape from these emotions may be a more appealing gain than the uncertainty that lies in the future benefit of enduring the pain or seeking help for it (Luhmann, 2009).

At a cognitive level, neuroscientific research has shown that decision making processes are controlled by the insular cortex, and are also associated with various sensory, cognitive and emotional processes including impulse control (Luhmann, 2009). Thus, when in a state of crisis, dysregulation in this region may contribute to impulsive decision making in an attempt to prioritize short term relief (Luhmann, 2009).

Impulsivity in suicidal decision making

Impulsive suicide attempts usually entail little forethought and are defined by their abrupt onset, which is often brought on by emotional crises or extreme stress. In case of such emotional distress, the individual resorts to accessible means such as overdosing or jumping, thus highlighting the importance of environmental factors in impulsive acts of self-harm (Wrege et al., 2014). Age, emotional instability, and a lack of coping mechanisms have also been identified as factors that increase the likelihood of impulsive suicidal behavior, particularly in younger populations (Palamarchuk & Vaillancourt, 2021).

Neurocognitively, impulsivity arises from dysregulation in the prefrontal cortex and the amygdala. The prefrontal cortex, which controls impulse control and decision-making, frequently shows decreased activity in those who are prone to impulsive conduct, which hinders their capacity to anticipate the effects of their choices. At the same time, amygdala activation increases emotional sensitivity and causes hasty decisions while under stress (Krause-Utz et al., 2016). According to numerous studies, mental health conditions like anxiety, depression, and low self-esteem were the main causes of suicide. Individuals susceptible to substance abuse or people with Borderline Personality Disorder (BPD) have complicated neurobiological dynamics. Studies have found heightened impulsivity in individuals with BPD, subsequently linked to their difficulty in regulating emotions, thereby increasing the suicide risk (Crowell et al., 2009).

Smith et al. (2010) examine the idea of the acquired capability for suicide, which offers an advanced perspective on impulsive suicides. The study emphasizes how people who have previously experienced painful or distressing events frequently display increased fearlessness and insensitivity to pain. This acquired skill sets attempts apart from ideators and implies that a key factor in bridging the gap between ideation and action is a decrease in fear and pain sensitivity. It's interesting to note that cognitive self-perceptions emerged as a crucial component, even while psychophysiological reactions, including aversion to stimuli connected to suicide, did not change significantly.

Long Term Planning in Decision Making

In contrast to impulsive suicides, planned suicide conduct is characterized by a significant degree of thought, contemplation, and planning. One important feature that sets it apart from impulsive suicide is the length of time it takes to create a plan—usually more than three hours. Increased psychological distress, including struggles with mental health conditions like Major Depressive Disorder or Substance Abuse Disorders, is frequently experienced by those who commit planned suicides. The distress is accompanied by strong, ongoing suicidal thoughts and a deep sense of helplessness. Additionally, these individuals are more likely to be intent on carrying out the act, and they frequently select more deadly techniques that require extensive medical care in the event that the attempt is stopped (Kim et al., 2015; Chaudhury et al., 2016).

Planned suicides are also significantly influenced by social and demographic factors. According to research, elderly individuals are more prone to attempt deliberate suicide, especially if they have gone through a divorce, lost a spouse, or have coexisting medical conditions. The severity of their acts is usually higher, even if they may have had fewer prior suicide attempts. Their belief that their death will relieve others of a burden can be reinforced by social experiences of perceived burdensomeness and a lack of belongingness (Kim et al., 2015; Chaudhury et al., 2016). Furthermore, those who believe that suicide is the only practical way to end their suffering frequently exhibit cognitive patterns in planned suicide conduct that reflect a sense of being stuck in inevitable situations (Kim et al., 2015).

Psychological and Environmental Triggers

Understanding psychological and environmental triggers that act as a catalyst to long term suicide ideation is vital to be able to form and implement effective intervention strategies.

Suicidal ideation and behaviour arise from a range of risk factors that build up over a period in one's lifetime. Mental health concerns at an individual level significantly impacts suicide rates. Disorders like Depression, Bipolar Disorder, Schizophrenia, Substance use Disorders and Traumatic Brain Injury are at a greater risk for suicide by atleast 3 times (Harmer et al., 2024).

Accessibility to lethal means in a significant facilitator of impulsive suicides. According to research, limiting access to hazardous chemicals, weaponry, or high-risk situations can greatly lessen the lethality of impulsive attempts. The concept of "mean safety" aligns with this ideology. It emphasizes on limiting the access to lethal environmental means in order to mitigate suicide risk (Jin et al., 2016).

The stress-diathesis model is the most common to understand the triggers for suicidal behaviours. Diathesis refers to an individual's intrinsic factors that may contribute to suicidal behaviour. This includes the likes of genetics, biological predispositions or psychological factors which includes history with mental illnesses, specific personality traits or past history with trauma. As per this model, when an individual with such a predisposition faces a stressful life event that is beyond their ability to cope, the feelings are expressed in the form of suicidal ideation or behaviour (Harmer et al., 2024).

Temporal Discounting and Suicide

The concept of temporal discounting becomes particularly relevant in understanding suicidal behavior. People in acute psychological distress may value instant relief—even through self-harm—over the possibility of future improvement, this idea becomes particularly relevant when analyzing suicide conduct. Temporal discounting is a crucial framework for examining the dynamics

of suicide because of the cognitive bias that affects decision-making in those who are at risk of analyzing suicide conduct. Temporal discounting is a crucial framework for examining the dynamics of suicide because of the cognitive bias that affects decision-making in those who are at risk.

Temporal discounting has a tangible influence on how individuals perceive and respond to emotional pain. People who have strong temporal discounting tendencies could find it difficult to appreciate the benefits of potential advancements or chances in the future, preferring to concentrate on the instant relief of their present pain, especially people abusing substances (Liu et al., 2012). Research has shown that people who are contemplating suicide frequently exhibit high levels of temporal discounting, which is associated with a reduced capacity to think about long-term benefits or repercussions (Dombrovski & Hallquist, 2017). This mental tendency is particularly noticeable in impulsive suicides, as the need for instant relief takes precedence over any consideration of what might happen in the future.

The connection between temporal discounting and suicidal behavior has been the subject of more and more research, which has provided important new information about how people who are "at risk" for suicide make decisions. In contrast to other groups, high-lethality suicide attempters showed less consistent reward valuation, according to a study involving 622 adults. This suggests that impulsive decisions may be caused by inconsistent reward valuation rather than a simple preference for instant gratification (Amlung et al., 2016). Furthermore, those who attempted low-lethality actions showed a greater desire for instant gratification, suggesting that people who attempt less dangerous activities may put immediate gratification ahead of long-term repercussions (Dombrovski et al., 2013). The importance of consistent decision-making in suicidal behavior was further highlighted by another study that showed that better-planned suicide attempts were linked to a higher willingness to postpone future benefits (Liu et al., 2012). Together, these results imply that cognitive distortions in estimating future results greatly increase the likelihood of suicide, especially in times of crisis when people seek out immediate assistance (Story et al., 2014; (Dombrovski & Hallquist, 2017).

Suicidal decision-making time preferences are greatly influenced by cultural views as well as demographic characteristics like age and gender. According to research, younger people frequently display higher rates of temporal discounting than older adults, who might be more likely to take long-term effects into account because of their life experience (Zhang & Ji, 2024). Another factor is gender; research indicates that men are typically more likely to make snap decisions, which can result in a larger number of fatal suicide attempts (Bryan & Bryan, 2021). Furthermore, cultural perspectives on suicide and mental health might influence how people view and react to suffering, which in turn can influence their temporal preferences. For instance, societies that stigmatize mental health conditions can encourage people to find quick fixes rather than get treatment, which would make suicide decision-making even more difficult.

Temporal Perspective in Therapeutic Interventions

Building a temporal perspective in therapy enables individuals to introspect on how they perceive their past, present and future which in turn has an impact on their mental health and decision making. A balanced temporal perspective helps one develop a stronger future oriented thinking, reduce the impulsive nature of their actions and build greater resilience (Mirzania et al., 2022).

Narrative therapy is a constructivist approach to therapeutic change that builds on the interpretation of one's experience of the world. These experiential stories are molded as narrative structures to give a frame of reference to make the experiences understandable (Etchison & Kleist, 2000). This goal directed therapeutic approach encourages clients to relook at their narratives with an emphasis on their positive experiences and future possibilities. Looking at past successes and positive outcomes to future scenarios will enable them to shift focus towards a hopeful narrative (Etchison & Kleist, 2000).

Motivational interviewing is an evolved version of Rogers' client centered approach, which focuses on helping individuals embrace change by navigating and overcoming the uncertainty they may be experiencing (Hettema et al., 2005). Analysing the pros and cons of their current behaviours with respect to the desired future outcomes helps one understand their motivations for change

and enhance their future goal planning abilities. Therapy can help individuals set specific, achievable and timed goals with a clearly defined pathway of getting there in the future (Hettema et al., 2005).

Acceptance and commitment therapy (ACT) is a relatively recent mindfulness based behavioural therapy which has been found to be effective with a wide range of clinical mental health conditions. It lays emphasis on accepting present circumstances and working towards inculcating practices for the future that align with personal values. Such an approach encourages individuals to effectively deal with unhelpful thoughts about the past and focus on a meaningful future (Hayes et al., 2006). This form of therapy enables clients to explore their core values which can help guide future decision making. Aligning actions with values ultimately helps individuals engage in behaviours that yield them long term well being (Hayes et al., 2006).

Bringing a temporal perspective in therapy is ultimately beneficial in fostering a future oriented thinking pattern in individuals through goal directed interventions while building resilience and promoting emotional growth. The larger aim is to reduce impulsive behaviour and improve decision making capabilities, fostering a sense of hope within them for the future.

Conclusion

Suicide is a escalating to becoming a profound global concern which requires a nuanced understanding of its cognitive, emotional, and temporal dimensions. Temporal decision-making is crucial to examine the differences between impulsive and planned suicidal behaviors, with an emphasis on how individuals measure immediate relief against long-term consequences.

Impulsive suicides are often driven by emotional dysregulation and impaired decision-making. Biologically, this is a result of neurobiological imbalance in areas like the prefrontal cortex and amygdala. Such instances may occur under acute stress, where individuals might prioritize immediate escape from the distress over long-term recovery. Accessibility to lethal means is found to further exacerbate the risk, highlighting the importance of environmental interventions.

Mental health conditions such as Depression, Borderline Personality Disorder and Substance Abuse amplify impulsivity, creating a fluctuating scenario for at-risk individuals.

In contrast, planned suicides involve deliberate contemplation and are characterized by deep psychological distress and greater intent. Factors like hopelessness, perceived burdensomeness, and specific demographic traits such as age and marital status, influence these decisions. Understanding the links between intrinsic vulnerabilities and external stressors is essential for targeted interventions.

A prominent cognitive bias in suicide ideation, especially in impulsive behaviors, is temporal discounting, which values immediate relief over long-term gains. In order to promote future-focused thinking and emotional resilience, therapeutic modalities like Acceptance and Commitment Therapy (ACT), motivational interviewing, and Narrative Therapy seek to alter temporal perspectives.

Strategies for preventing suicide can be improved by addressing the emotional, cognitive, and temporal aspects of the problem. Reducing suicide rates and helping people in crisis require interventions that foster optimism and encourage balanced decision-making. In the end, developing resilience and forward-thinking viewpoints offers a technique to lessen this intricate and terrible worldwide problem.

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Intersectionality of Marginalizations, Despair and Suicidal Thoughts, a Nuanced Search of 'A Glimpse of Light': An Autobiographical Account of a Collaborative Journey by A Narrative Practitioner

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Abstract:

This is an autobiographical write-up of a narrative practitioner who is, reflecting on a collaborative journey with a 20-year-old young adult who perceived herself to be inadequate and insufficient in the world she was living in. She visited the therapist with the intention of coming out of intense thoughts of committing suicide; a sense of inability to become 'like others' which she expressed in her experience near language as "**Red Phobia**" and "**Fog**"! Her stories explored in the chamber often show nuances of judgmental rules of society which are sometimes subtle and sometimes overt in nature. These norms force her towards vulnerability, towards the margin. But the intersection of different marginalities was not all – never fixed. Those conversations also showed how she was continuously responding to find cracks for an alternative storyline of her preferred & intentional identity. During the conversations, they (the therapist and the young person) also witnessed how the **red phobia** and **fog** were changing forms and getting diluted to give her a feeling of '**it's okay not to be okay!**' The writeup also papers how the experience of Despair is sometimes a testimony of lacking provision for all in society and it calls for Justice, Resistance and Hope.

Keywords

Narrative Practice, Ableism, Marginalization, Intersectionality, Alternative stories

Introduction

Post-structuralist and post-modernist approach to therapy calls for a non-hierarchical and non-objectifying role of the therapist in the therapy process. In Narrative practice, with a decentered and influential role, therapists try to collaborate with the consultee to make meaning and deconstruct the problem story in the local and larger cultural context. Situating the problem story in the

context, with a tool of deconstruction, exploration goes on for an alternative story. As a narrative practitioner, I must situate myself as the author of this paper.

Throughout my life, I have consistently viewed the world through a feminist lens since my early childhood. After gaining experience in various fields, I transitioned to Psychology due to some unresolved search in my life. My primary aim was to enhance my understanding of working in the mental health field. Initially, as a therapist, I worked eclectically, seeking additional pathways that would align me with my worldview. Narrative practice provided me with a domain that suited my epistemological and ontological perspectives. As a researcher, my worldview is centred around multiple subjective truths and multiple realities, using inductive logic, instead of being value-free a value-laden researcher, working with the belief that events can only be understood when they are viewed in situated context, power and politics are embedded in the situations, interactive process only can unveil the reality.

The objective and detached role of a therapist was always contrary to my beliefs. The feminist lens blurred the lines between personal, professional, and political for me. In my lived experience I have also felt that the strength of people goes unnoticed in the dominant culture which constantly seeks to normalize any deviation from the taken-for-granted ways of describing life and human action. “Poststructuralist thought provides a direct challenge to many of the ‘facts’ of this culture that are expressed in the taken-for-granted ways of describing life and human action” (White, 1997). Michael White's reference to Western culture is also strongly relevant to Bengali culture as I am trying to document in this paper.

There are various feminist lenses worldwide, such as radical, liberal, phenomenological, socialist, black feminism and many more. I was unaware of these terms when forming my perspective through personal experiences. Now, I understand them better. I see feminism as a worldview that examines subordination and discrimination rooted in power dynamics. Gender and sexuality are at the forefront, followed by religion, race, colour, deviations from 'normality', and economic status. There is intersectionality and overlap.

I've always aimed to advocate for equality, diversity, and plurality. I have done this by speaking up in my immediate environment and making decisions aligned with these values in both my personal and professional life. My journey with my son (who identifies himself as a neuro-diverse person) intensified this realization, prompting me to seek more alignment in my work as well.

Narrative practices recognize the beauty in small mundane things hidden in our lived experience. It can be a sparkling moment of unnoticed strength of a person or their resistance to the embedded inherent inhibiting norm demanding them to conform and surrender. In case of serious mental health issues too, the voice of the person must be heard which is the gateway to the alternative storyline. I always felt that people are constantly showing resistance to the inequality embedded in the structure. Deconstruction unveils those stories of the margin.

This paper presents a reflection on a two-year collaborative journey with a 20-year-old individual who perceived herself as inadequate and insufficient in her environment. She sought to overcome intense suicidal ideation and a sense of inability to conform to societal expectations. As an author, I aim to document how the principles of Narrative Practices help in a therapy process to figure out an alternative storyline even in case of a serious mental illness.

More about Narrative Therapy as the method

Narrative therapy was developed by Michael White (1948–2008), an Australian social worker and David Epston (born 1944), a New Zealander therapist.

Stories of everyday life play a pioneering role in this practice. In the epilogue of the book Narrative Practice: Continuing the Conversation written by Michael White Cheril White writes,

> Michael drew on two separate sources for ideas. Firstly, he drew on his extensive practice. He always spoke of how the development of narrative therapy was a result of co-research with the families with whom he consulted. Secondly, he drew on writers from outside the

field (e.g., Bateson, Bruner, Myerhoff, Vygotsky, Foucault, Derrida and Deleuze (White, 2011).

Taking ideas from different thinkers Michael has provided us with some maps to assist therapists to be aware of the diversity of avenues available to reach the preferred destinations. He is telling us to keep in mind that these maps are not a 'true' and 'correct' guide to narrative practice, and they are not necessary at all. They can only assist us in seeing the neglected territories of people's identities. They can only shape the therapeutic inquiry and contribute to the rich story development of therapists' stories about their work (White, 2007, p.9). My meaning-making of Michael's words takes me to the caution of getting caught in a tight structure of maps, constantly becoming reflexive and maintaining friendly curiosity for rich story development. I found this amazing, and it helped me to witness my stories too.

Apparently, it looks like how these drawings of ideas from Western thinkers are relevant to our context. Cheril White mentioned the context where they were working was a time of profound feminist challenges like mother blaming, gender roles in the families, male-centered languages, politics of representation etc. (White, 2009). This context is familiar to us in the middle-class Bengali culture where I work. This paper will unveil the position of the person, the intersectionality of different marginalization (which are absent but implicit in the situation) where she was standing with her problem story and how she is figuring out her alternative story amid all. How our collaborative journey with her values, hopes, dreams and resistance coming out from the nuances of her everyday life helped her to move forward in her own way.

Michael has supported us with maps like 'Externalizing Conversations', 'Re-Authoring Conversations', 'Re-Membering Conversations', 'Definitional Ceremonies', 'Conversations That Highlight Unique Outcomes', 'Scaffolding Conversations', 'Absent but Implicit'.

I have indicated which map was used during this conversational journey, although I was unaware of which map I used. Sometimes, I am unsure if a map was used at all, but I like to document my intention, which was focused on rich

story development. I have also tried to include some of the questions asked in smaller boxes which are placed within the text on the right side.

I also tried to maintain a decentered and influential position as a therapist. Now what is a decentred position? A position where the client is in the centre, not the therapist. In this position, the therapist is not the author of people's positions on the problems and predicaments of their lives. This position provides an opportunity for a person to define their role in relation to the problem story and voice out their position. Hence it is also influential (White, 2007, p.40). So, endeavouring privilege to people to author their stories is about being decentred.

It is difficult to achieve. I do not know whether I achieved it but only tried to keep some beliefs or key ideas of narrative practices.

- The person is not the problem.
- People are experts of their own lives. They are in the therapy room to re-author their own stories.
- People are meaning-makers. The therapist does not attribute meaning to the client's problem. Meaning can be different for different people in the same situation.
- Meaning-making is influenced by the broader culture; situating the problem in the context is important.
- It is a collaborative journey with a non-hierarchical position of the therapist. Here, the Therapist with a friendly curiosity collaborates with the client to open new spaces for possibilities with deconstruction.
- Influencing is a two-way process in a Narrative Therapist's chamber.
- Checking and rechecking the conversation from the clients are important.

My worldview as a human being kept me aligned with the above-mentioned beliefs and Narrative practices. I tried to be spontaneous with the consultee.

THE BEGINNING

A Vagabond
It is dark all round
Don't know where to go
I am feeling scared
And trembling badly
Don't know where to go
Only I know I have walked too little
And I have to go too far
But don't know where to go

A glimpse of light is coming
But don't know where to go
Whenever I try to catch it
It goes further and further
Don't know where to go

Although this is my journey
Don't know where to go
Don't know how to go
----S. P. 29/6/20

Background of the poem *Vagabond*

It was the morning of 17th June 2020. I received a phone call from Kamalika. She felt it to be urgent to talk about Saba, her student, who is having suicidal thoughts. Kamalika was posted as an English professor in a college, in a small district town around 100 km away from Kolkata. I heard a very concerned and worried voice saying,

'she is depressed and thinks that she would commit suicide at any time'; 'the situation is very bad'; 'I think she needs some professional help'; 'she feels that her family will not accept any treatment of that kind'; 'people suffer from taboo regarding treatment of any such kind'; 'she thinks that her family will blame her, will not listen to her'; 'I really don't know what to do!'; 'can't we do anything?'; 'I

will send you a poem she has written, its full of helplessness'; 'she is also not in a position to pay'; 'even I am thinking of making payment for the service on behalf of her'; 'Can you provide any information of helpline?' Kamalika was saying.

It was during lockdown! The media was full of sensational news about the incidence of suicide of a popular young actor Sushant Singh Rajput. I tried to provide Kamalika with the required information about National Suicide Prevention Services, doctors' phone numbers who are giving online consultations, telephonic services offered by different organizations etc.

It was about Saba (name changed). She is a young adult originally from a village in West Bengal from a very conservative joint family as she told me later. She belonged to a minority religious community. Saba studied till class VIII in the village school and shifted to the district town to the house of her grandmother for further education. She was then doing a bachelor's degree (BA) in English where Kamalika was her teacher. Her father at that time was working in the Middle East and was struggling for livelihood. Her mother and her only brother also moved into her grandma's house. She had lost her grandpa in the last December and grandma in the month of August. She was very fond of them. Other family members were her maternal uncles, aunts and three cousins.

On the 29th of June, I came to know that Kamalika had convinced Saba's mother of an intervention process and had consulted a psychiatrist who referred her to me for counselling. Kamalika shared this poem written by Saba before our first session. I became increasingly curious about the line '*A glimpse of light is coming*'.

MY EXPERIENCE WITH SUICIDAL DEATHS

I remember two incidents of suicide from my childhood. Both incidents were from my school days. The first incident I remember happened when I was in sixth grade. It was the death of a young person whose name I cannot recall. At the time, we lived in a colony designated for the workers of the Forest Department. The young man who passed away was a resident of one of the quarters in that colony. I am not entirely sure about his name, but I do remember his face. It was striking, especially when our whole colony felt like a playground! As children, we

loved to play hide and seek, but that incident changed everything for us. Everyone became very scared of his ghost and started avoiding the path next to his house. I didn't fully understand how Hindu religious norms viewed suicide as a sin, but I felt deep sadness for that person, which occupied my curious mind. Various reactions emerged, but the most common one was that people labelled him a coward. There were widespread rumours that he had hanged himself because he loved someone from a different caste. They could not get married due to that. One day, I overheard a conversation between my parents. My father criticized him for his cowardice, while my mother simply stated, "All the world loves a lover."

The second incident involved a lady in her late twenties who was a pathologist and very close to my mother. She frequently visited our house to improve her knitting skills, exploring various designs and techniques with my mother. They seemed to enjoy beautiful moments together over chai and homemade snacks. I found out about her suicide while I was in my first year at college in Kolkata. It was shocking news for me, and whispers were circulating about it in the air. She loved someone and could not marry him because of the non-permissibility of the family and so on. Another hearsay was pointing towards the family as there were 'Pagols' in the family.

The interpretation of 'suicide' differs greatly from person to person. Using deconstruction can help identify the dominant discourses underlying those interpretations. The dominant view of suicide often focuses excessively on individual traits and psychological qualities, neglecting the historical, contextual, political, and structural factors that contribute to vulnerability, hopelessness, and distress. (White & Morris, 2019).

Glimpse of light & Saba's stories

> '*Ableism is believing I need to be fixed. Ableism is you refusing to fix what's really broken'* (Nario-Redmond, 2019, p.2)

The first session began with some questions from Saba. '*Does counselling really work?*'; '*What is the process?*' I tried to tell her about narrative therapy and how

people get answers to their questions in conversations when they explore their stories and experiences in a collaborative journey with the therapist.

She started asking me desperately '*Will I be okay?*'; '*Will I be like others?*'; '*Why am I so different from the other cousins of the family?*'; *'Why can't I become smart like them?*'; '*They are capable of doing so many things; why can't I?*'; *'How can they enjoy life despite being in so many problems? They don't think too much like me! Why can't I?'; 'I also want to stop thinking but why can't I stop it'?*

A stream of questions came out from the young person whom I could only see on the screen of my tabloid! I was witnessing a face with eyes half closed; desperation in her voice; helplessness and pain in her tone. I sensed that she was very upset.

The feeling of inadequacy and incapability; reminded me of the word 'ableism'. I asked her to describe the thought in detail; how it looked like; when it came first; how it was/is affecting her and her environment etc.

One important focus of Narrative Practice is to understand how individuals make meaning from their experiences and interpret the events and stories of their lives.

Tell me in detail.

When these thoughts visit you?

Do they visit you very often?

When did it come first?

What is it bringing in you and in your environment?

She started talking about it. 'It started coming when I shifted from my village to grandma's house and before my exam'.

We were travelling down Saba's memory lane.

'It was my fear! If I lose! It comes before the exam! It is the fear of being defeated in anything; in any dam thing; in an indoor game with my younger cousins; in exams; in outdoor games; I feel it always; it is so burdening! I feel I will commit suicide'

Eventually, she named the feeling '**RED PHOBIA!**' There was a red bulb in her bedroom. She could not stand it. She was fearful about it. Although she never tried suicide but always felt that she could do it any time!

THE MEANING-MAKING OF DISTRESSES

> '*Externalizing conversations can provide an antidote to these internal understandings by objectifying the problem. They employ practices of objectification of the problem against cultural practices of objectification of people. This makes it possible for people to experience an identity that is separate from the problem; the problem becomes the problem, not the person.* (White, 2007, p.9)'

By naming the problem, we began externalizing the conversation to view the problem from a distance. As Michael White mentioned, this serves as an antidote to internalizing the problem within ourselves.

'*It's all about the matter of winning or losing*!'! - a voice exclaimed! I found her crying.

'*It's there before the exam, it's there in the exam room; it tells me 'You won't be able to write!'; my hands shake; I get a chocking sensation in my throat; throbbing chest; I can't explain it; it's horrible!*'

How the red phobia looks like?
Tell me more about winning and losing
What does it tell you?
How does it affect you?
Tell me more about winning and losing from the point of view of the society.

She started discussing her higher secondary examination. She mentioned that she secured 93% marks but was uncertain if it was considered good or bad. She experienced sleepless nights over it; everything felt like a matter of winning or losing.

Narrative Therapy believes that the meaning-making, and interpretation people give of their experiences of life are drawn from the interpretive resources available

in their contexts. Sometimes it can be discourse, sometimes from unwritten inhibiting norms and patriarchal constructs.

'It is neither a configuration, nor a form, but a group of rules that are immanent in a practice and define it in its specificity' (Foucault, 1972).

I thought that this thought and feeling from the thought had become the single story of her life and that 'No single story of life can be free of ambiguity and contradiction' (White, 1989).

We started deconstructing stories of winning & losing, examinations, competition and the perspective of a judgmental society! Starting from the problem story of red phobia, we reached the competitive culture of society! The culture of comparison was very prevalent in society! We were exploring and deconstructing the broader contexts, trying to situate her problem in the political, cultural and socio-economic context.

> Tell me more about winning and losing from the point of view of the examination. What about examinations and competition?

I heard her say '*Number can never judge the merit of a student*'; '*Society can never understand it; even the parents sometimes too!*'; *'My mother also complains about myself; why I am so weak; so emotional and foolish!*'

Sensitive reflections were coming out of our conversations; how tears can be the subtle reaction against these unjust norms of judgmental society!

The absent but implicit meaning of a text must be heard with 'double listening'. Michael has provided us with the 'absent but implicit' concept. It is an application of Derrida's work.

> I understand you.
> Silence
> Can these tears be the reaction against the unjust norms of the society?

'The notion of "the absent but implicit" is based on Derrida's ideas about how we make sense of things, about how we "read" texts and how the meanings that we derive from texts depend on the distinctions we make between what is presented

to us (privileged meaning) and what is "left out" (subjugated meaning)' (Carey et al., 2009).

POSSIBILITIES FROM RE-MEMBERING

> 'Re-membering conversations are shaped by the conception that identity is founded upon an 'association of life' rather than a core self' (White, 2007, p.129)

Once, in a session, I expressed my curiosity about her poem and asked her permission to talk about the poem!

Saba started talking about '*glimpse of light*'; it is about some people conversing with whom she gets comfort! It was her ma'am Kamalika and some of her friends! Whenever she starts conversing with them, she feels it should never be finished!

I checked about her willingness to explore the stories involving her teacher, Kamalika. She happily agreed to explore!

'*Being human is important!*'- my ma'am says.

When she began talking about Kamalika, I was witnessing the light in Saba's eyes. She was smiling! She was talking about the first day she met Kamalika! At the time of college admission, Saba was suffering from fear and anger! It was about her confusion regarding choosing a subject for the future! She was describing the first day she met Kamalika! She was describing every tidbit in detail; it was about how her ma'am looked at her face after hearing her name (the original name of Saba is very unique and has a beautiful meaning too); it was about the day and the dresses they were wearing; it was about the first phone call she received from Kamalika about some scheduled class which made her cry (Saba expressed it as the tear of happiness); it was about an event of medical camp (blood-test)

Can you tell me more about your teacher?
Can you introduce her to me?
Can you tell me about the first day you met?
How was the day?
Which season it was?
What was her dress? What about you?
Please tell me about more similar events
how did she influence you?

where Kamalika helped her to take part as she was fearful of injection needle! She was talking!

She was saying, ' *How can a person who is not in a blood relation care so much about you?'; 'It brings faith in life!'; 'It's about the way to love!'; 'I have learnt; it's about helping others';' there are good people in this world too!*'

I received this write-up from her after the session. It was about Kamalika; her teacher! Saba wrote it three months earlier.

MY IDEAL TEACHER

I never thought that she would come to my life, and everything is changed within some moment and my life will be my "DEAR ZINDAGI". Yes, this is true. Before she came to my life, I thought that it would happen only in films like "TAARE ZAMEEN PAR". But trust me, teachers like Nikumbh Sir is present in this world. She is the first one who kept her hand on my head and said to me, "You can do everything, nothing is impossible for you". I am always confused about my goals and purpose in life. Sometimes I feel so depressed, as I cannot see what the right thing in my life is. But from that day, something has changed in my life. Now whenever I feel uneasy, my heart says, "Relax! You are not the only person who suffers in this world. It was she, who took me with her to show me that in spite of several difficulties how people enjoyed in their lives. She teaches me how to be happy all the time. She teaches me how to deal with problems. As the young Captain in "THE SECRET SHARER" had become a more confident man in the influence of Leggatt, I also become a more confident personality when I came in contact with her. It was she, who teaches me to have faith on myself. Some years ago I did not know her, but now she will be remembered by me till my last breath. I have no blood relationship with her, but still, there is a very special connection between us. We have those type of relationship which is one of the oldest-----the relationship between a

> *teacher and a student. As Nelson Mandela says, "TEACHER: A Friend, A Philosopher, A Guide", I can realize that she is the Teacher, who is my Friend, who is a philosopher and who is my Guide.*

Narrative Therapy emphasizes re-membering conversation to re-engage a person with the history of one's relationship with loved ones. This post-structuralist therapy conceptualizes the multi-voiced identities of a person. It opens possibilities to witness the preferred associations of life. The relationship with the valued significant others, an authentic association with life. 'This definition of re-membering evokes the image of a person's life and identity as an association or a club' (White, 2007, p.136).

> Values and purpose were coming out from the conversations gradually.

> *'Number can never judge the merit of a student'; 'Society can never understand it;*
> *'I have learnt; it's about helping others'; 'There are good people in this world too!'*

IN BETWEEN THE TO AND FRO MOVEMENTS OF 'RED PHOBIA' AND 'FOG' CLUB OF LIFE WAS BECOMING MORE VISIBLE

> Western culture have displaced the intentional understandings that are so important in challenging negative conclusions people have formed about their lives, in redefining people's identity, and in rich story development. When human action is assumed to be a manifestation of some element or essence of a self that is determined by human nature, or by a distortion of human nature, it is rare for people to be invited to reflect on their lives in a way that allows them to determine what certain events might say about what is important to them (White, 2007, p.53).

In the next session, she conveyed that the result of the semester exam had come out. She secured 75 % marks, and she stood first in her college. She was in distress; She was saying '*everyone is saying 'it's a good result"; 'I do not have any feeling'; 'I do not have any feeling of satisfaction'; 'I do not understand whether it is good or bad'; 'when people are praising me I feel like they are doing this just to encourage me!'; 'I do not deserve any praise!'; 'I found myself angry sometimes*!'

> She was expressing her distress saying 'I do not know anything! I do not know anything!'
> The gap between what is known and familiar and what might be possible for people to know about their lives can be considered a zone of proximal development…This zone can be traversed using conversational partnerships that provide the scaffolding vital to achieving this—that is, the sort of scaffolding that provides the opportunity for people to proceed across this zone in manageable steps (White, 2007, p.263).

We began discussing the issue, and she referred to it as "FOG." This was her way of describing the problem. The fog could be white and solid in some places, grey in others, or even contain transparent droplets. These droplets provided her with a glimpse of what lay beneath, suggesting a sense of transparency. Additionally, there were other emotions involved, such as anger, sadness, and self-hatred.

'When did it come first?'

It had been (fog) coming into her life from her high school days; whenever the results of any exam came out people started praising her!

When people like her family members praise her, she feels like they are doing it to show her as an example of getting good marks! They are emphasizing the value fixed by society!

They always say I am weak! I am not smart! They compare me with other cousins! Cousins are so expert at doing everything; I am not! I am weak! I am emotional!

I cry when I read a novel! 'I cry when I watch a movie! 'I do not like it when people speak in a harsh way; in an abusive tone!
She is not regarded as an autonomous being (Beauvoir, 1953).

Many ideas came from our conversation which she felt were missing in her surroundings. I felt she started to author her own story.

Being sensitive to others, self-respect and mutual respect, accepting someone beyond the role defined by society! Her values were clearly visible, and I too resonated with them.

RE-MEMBERING AN AUTHOR INTO THE CLUB OF LIFE AND VOICING HER OWN VALUES

> 'Unique outcomes provide people with the opportunity to give voice to intentions for their own lives and to develop a stronger familiarity with what they accord value to in life' (White, 2007, p.220).

She was discussing a novel she was reading at the time, titled 'Funny Boy', written by Canadian author Shyam Selvadurai. She talked about how the novel was based on the author's own life experiences as he came to understand his homosexuality and navigated the racism prevalent in the society where he lived.

I am becoming curious about the book... I want to read it too...
Tell me more about the author.
How did he influence you in your life.

We realized that sometimes tear drops contain the language of resistance against conforming to norms, against the oppression of society! She was voicing her values. 'Where there is power, there is resistance, and yet, or rather consequently, this resistance is never in a position' (Foucault, 1978)

'It is not valid to judge a person';
'Accept a person as he/she is';
'Beauty is not visible from outside';
'All people are equal'.

I was witnessing a feeling of being amazed within myself! I told Saba that probably she was talking about going beyond marginalization. She became curious about the term marginalization! I tried to share my view and check whether it made sense to her! We were exploring! I was sharing my experience also. In my childhood I also felt subtly abused based on gender, I have witnessed my son being bullied in school for being different, and I have witnessed how many people marginalize a person with mental illness. They call them 'PAGOL'!

> Have you even witnessed any person to be treated as if they are not important?
> Have you ever felt being left out in a situation or in a group?

The term Diversity was also being explored. 'We all should know that diversity makes for a rich tapestry, and we must understand that all the threads of the tapestry are equal in value no matter what their colour.' (Angelou, 2014)

I witnessed a feeling of connectedness even though we were in the virtual world; 100 km apart from each other when she said at the end of the session 'I am happy to know about it!'

MORE RE-AUTHORING WITH HER VALUES AND PURPOSES AFTER VOICING WHAT IS ABSENT BUT IMPLICIT IN SOCIETY

> 'Intentional understandings of life and about what is accorded value in life can provide the point of entry to re-authoring conversations that contribute to rich story development' (White, 2007, p.268).

Once she was voicing her distress loudly against the frequent visitors like red phobia and fog

I feel suffocated! I get pain in my head! Always I feel like this! I find them when I am inside my home; I always think 'What will happen?' I am scared! It is not an incident of the current situation! I have always felt it! Like a prisoner! Is it a Jail?'

'But I want freedom!'

She emphasized the word, Freedom! 'THE freedom!'

It was a unique outcome, as it was called in narrative practices. A rich characterization of freedom was important, a rich development of this subordinate storyline.

When I asked her what 'Freedom' looks like, she talked about an image! A girl is spreading her arms in the sky and her hair is flying in the wind!

She said, *'It is the best moment of life! It's about a feeling of relief! About peacefulness! When I feel sad if I stand under the open sky, I find my problems too trivial! The open sky! It's so mysterious! I feel like I am talking to the person who created me!'*

Spreading her arms in the sky, her hair flying in the wind- there were so many nuanced small little things - Connection with the sky; and sea; she lives very near to the Bay of Bengal! And, a connection with the person who created her- she told.

Freedom can be one's purpose and value, too. We were exploring ways to create space for these purposes and values to become more richly known to her, and it was important to develop action plans that were in harmony with these purposes and values.

She started talking about the Sky and the Sea!

She was exploring the meaningful connection she had with Nature. She shared the story of discovering the Sea for the first time!

THE CHARACTERIZATION OF THE MOON IN A POEM AS THE JUDGMENTAL SOCIETY

Ohh ! Moon

Oh! Moon, you are wonderful,

You are praised by a lot of people,

You have so sweet light,

They keep the darkness away from night,

Oh! You have a beautiful face,
There are patches on your surface,
You show pride,
But in reality, you conceal your dark side.
You borrow light from the sun,
It is not your own.
Do not show me your fake pride,
I know the darkness which you hide.
Although I am dark,
I have light in my heart.
Listen, I am far better than you,
At least I do not pretend like you!
S. P. 3/7/2020

Our conversation took some new turns! She talked about her poem 'The Moon'! She expressed that the moon here is a judgmental society. It is fixing the norms for good/bad; ugly/beautiful; white skin/black etc. But those can be faulty like the light of the moon! Moon has no light of its own! These norms can spoil relationships too! It can create distance between two people!

'It's about saying 'You have to do better than your sister!'; it's about how to be a 'good girl'; a good girl must be smart, and obedient; who arranges the house because she must become a good bride; she has to learn to cook for the same reason; a girl who is presentable to society!'

'I feel a lack of bonding with my mother! My cousins have beautiful bonds with their mothers! I miss it! You know I really pray for a bad fever! My fever perhaps will bring my mother towards me; she will put her hand on my forehead! I find her to be so concerned about my brother! I love my brother too! Sometimes I feel "Am I jealous?" I have found the mothers of my friends are so close to their daughters! I miss it!'

In a system of modern power, social control is established through the construction of norms about life and identity and by inciting people to engage in operations on

their own and each others' lives to bring their actions and thoughts into harmony with these norms (White, 2007, p.129)

Saba was discussing how her mother had been marginalized within her in-law's family when she was newly married. They lived in a conservative joint family in the village, and her mother faced significant oppression and mental anguish. Saba is also concerned about her mother's current state, as her mother feels frustrated staying at her father's house. They are under the shelter of her grandfather! Saba was concerned about how her father was also struggling in the Middle East! All this led us to talk about patriarchal norms; gender roles; and how girls are in the position of second-class citizens! She said that her mother always talks about equal rights for boys and girls but she herself discriminates between them!

We were exploring how we all bear the patriarchal norms in us; we internalize those norms without knowing! These conceptions of gender roles are embedded in us!

Towards the end of the session, Saba expressed that when people struggle a lot against these norms, they also suffer from frustration and fail to show love for their dear ones! They also expect love from others but cannot express it because of these norms! She mentioned that her brother is scolded for showing emotions, as society views emotional expression as a weakness.

If the oppressor were aware of the demands of his own freedom, he himself should have to denounce oppression. He is dishonest; in the name of the serious or of his passions, of his will for power all of his appetites, he refuses to give up his privileges. (Beauvoir, 1948, 96)

RE-AUTHORING HER OWN STORIES & WITNESSING RICH STORIES FROM THE PAST, PLANNING FOR THE FUTURE

> This zigzagging movement through time is characteristic of reauthoring conversations. In the context of this movement, subordinate storylines become deeply rooted in history and are thickened (White, 2007, p.98)

'I want to give my family a suitable future; I want to take them out of this environment and make a house of our own; we have purchased the land where we can build a house in future'.

Saba loved to explore stories from her childhood; with her father; her travelling with her father on a bus. She was excited to share that her father loved writing poems! There were more remembered conversations involving her father and her grandmother.

We also explored how to find peace and happiness under an open sky; through writing poems; and talking with friends! She expressed a desire for her father to write poems again!

The problem definition was changing as we had more and more conversations. From red phobia to a transparent fog and ultimately a cyclone named Zyre which has a quiet point where one can stand even when the cyclone is blowing. She stands there with the help of her poems; characters from books she has read; and sometimes with the sky; we also found that it was a response to the problem when She talked to herself in front of a mirror; a coping strategy.

They were all expressed in poems, images & metaphors of life and identity, which in turn, expressed possibility. Michael borrowed the idea from Jerome Bruner and Geertz. This approach helps to go towards a thick description or alternative storyline from often unhelpful thin descriptions which suppresses alternative story. (Brown & Augusta-Scott, 2007)

'The narrative metaphor conveys the idea that stories organize, structure, and give meaning to events in our lives and help us make sense of our experiences (Brown & Augusta-Scott, 2007)'

Eventually, I found her starting a YouTube channel to teach basic English as English was her subject and we were figuring out her skills -Responding to poems; writing; having a thoughtful mind who understands others, and having technical skills to organize things of her choice. Many rich stories along her timeline on

each skill were coming out. Her unique knowledge about herself; society and skills gradually became more and more relevant to her.

> Rich story development provides a foundation for people to proceed with their lives, as a range of options for actions that would be coherent with these themes becomes more visible and available (White, 2007, p.259).

In one session, she expressed her dream of becoming a teacher. She expressed her hope to become a gardener teacher who waters all rows, not only the first row as she values Equality Respect and Love for all.

She did exceptionally well in her graduation; she stood first at their college and went to university. She was always a very good student, but she very often failed to recognize that fact when fog interfered.

We started our conversation in July 2020. During the period of 2020-23, she became the prey of **Red phobia, Fog and Zyre** many times. The intensity and affective outcome of those problem stories were reduced, and the doctor also decreased the dosages of the prescribed medicines. But this is worth mentioning that she stopped the medicine abruptly two times without consulting the doctor. She did that just to conform to the stigma and other inhibiting norms of the family and society. The outcome was severe distress. She had to face sentences continuously like **'You are not like others', 'You are not smart', 'You are a problem', 'Do not forget that You are a girl', 'How will we arrange Your marriage???', 'You are visiting a psychiatrist', 'You are asking for help', 'You are weak'.** She told me that the blaming, shaming and stigma thrown towards her in her everyday life, made her feel like 'she is bad, it is her problem'. It was like a to & fro movement from hopelessness to hope. It was a continuous negotiation between macro meso and micro level of inhibitory norms.

There were marginalizations from several domains - Gender, Religion, Economic Condition, Situated Position in a joint family, Geographical location, skin colour etc.

But still, there was a glimpse of light.

IN SEARCH OF SOLIDARITY AND RE-MEMBERING MR. BEAN

> Definitional ceremonies provide people with the option of telling or performing the stories of their lives before an audience of carefully chosen outsider witnesses. These outsider witnesses respond to these stories with retellings that are shaped by a specific tradition of acknowledgement. (White, 2007, p.165)

We did a joint session with two outsider witnesses who also shared stories of their distresses and the meaning-making of their experiences. Saba told me that it gave her some sense of solidarity; a feeling that 'I am not alone'.

One day she told me that she felt lighter as she was drawing a picture of Mr. Bean; it was like a feeling of relief from suffocation, a feeling of lightness. She felt he talked about social farce in his funny way. She remembers many episodes of Mr. Bean; like people singing in a church; only the first line; go aligns with the lip movement in the other lines; Mr. Bean uses Humor to get adjusted to the societal norm; it's his own way; Saba was talking about humour as a coping strategy.

'There is a double standard in a society; be vocal in your own way.'

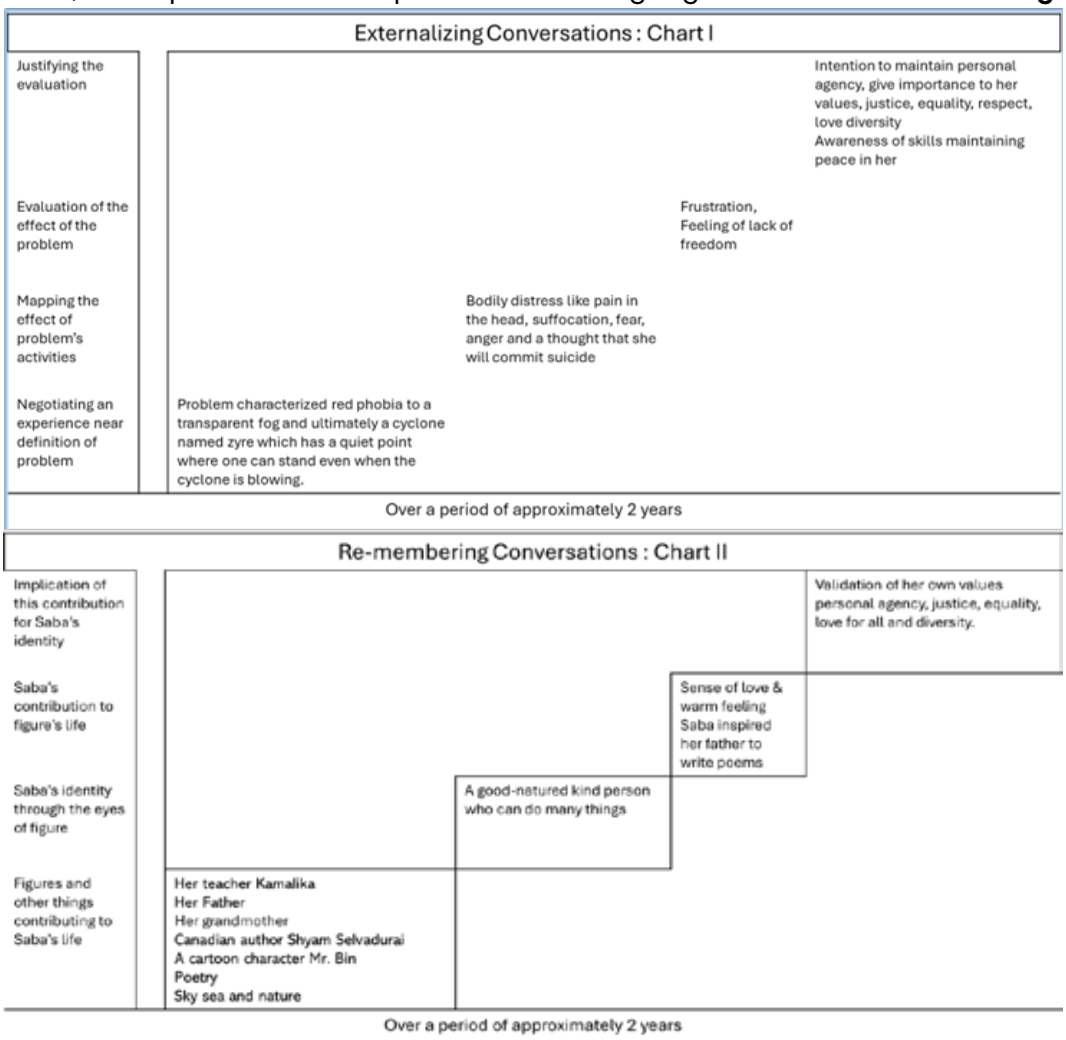
She reminisced about her childhood memories spent in Dadi's house, where she would watch Mr. Bean with other children. Mr. Bean, despite feeling lonely, always tries to find happiness in his own unique way. He receives unconditional support from his teddy bear. She saw similarities between herself and Mr. Bean, and these reflections reminded her of her values: equality, respect, and love for all.

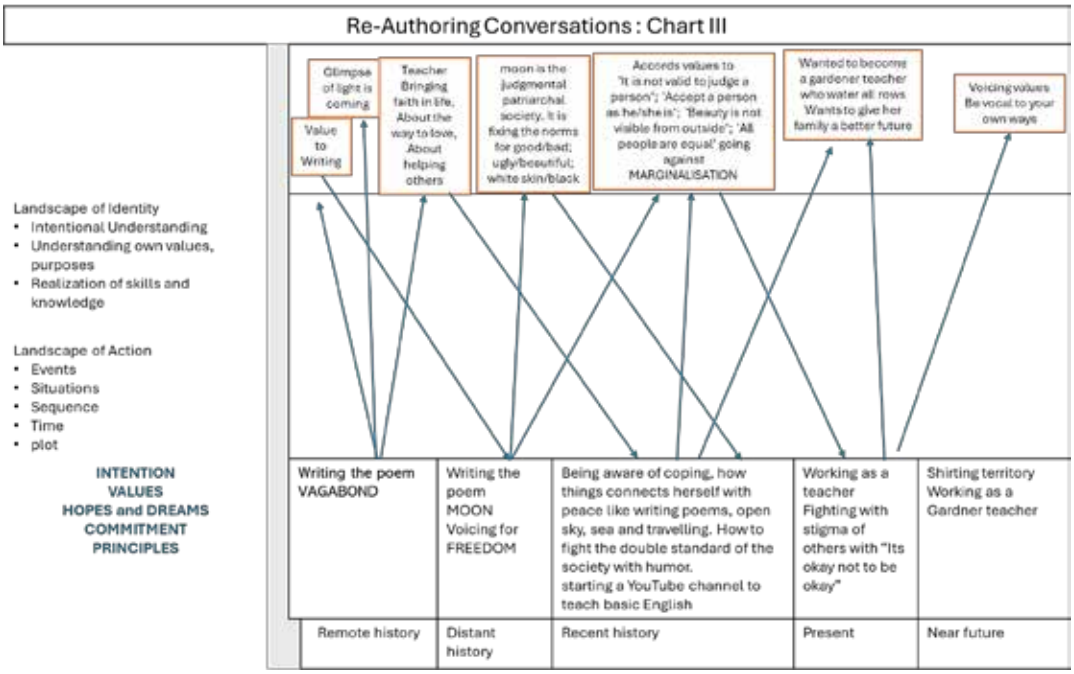
She has now completed her master's degree in English and has secured a job at a school. The last time she visited me was in my Kolkata office, which was our only face-to-face meeting. We spent that day discussing the idea that ***'it is okay not to be okay'.***

Discussion

Conversations during a therapy session are often non-linear regarding the map used. Frequently, I am unsure which map I am using. My intention as a therapist was to be with her to develop an alternative story of her own choice. I have tried to chart some maps as explored in the conversational collaborative journey which are given below.

The charts drawn below showed a sketch of the ways our conversation moved towards an alternative storyline. Stories are not fixed; a person's life is crisscrossed by numerous invisible storylines, and they constantly negotiate and re-negotiate with them. The Externalizing chart has documented how the definition of the problem story in Saba's experience near language was changed during this period of two years. She came with the intention of coming out of intense thoughts of committing suicide; a sense of incapability to become 'like others. The distress faced, she expressed in her experience near language as "**Red Phobia**" and "**Fog**"





and "**Zyre**"! Her stories explored in the chamber initially showed her as a victim of ableism. She was burdened with the thought that she could not do anything; she was not smart like others and so on. In the session when her poem the 'Vagabond' was explored together, showed her distress and feeling of hopelessness. But at the same time, there were some glimpses of light. Narrative practice documents how hidden stories in a person's life can have enormous power in shaping life and getting them connected with their intentions, skills, values, dreams and visions of a person.

After she characterised "**red Phobia**", the subtle and nuanced rules of judgmental society stood out as important factors for her. The subjugating norms often forced her towards vulnerability, towards the margin. The unveiling which was going on in the broader context was an intersection of different marginalities. But that was not all – never fixed. Those conversations also discovered how she was continuously responding to find cracks for an alternative storyline of her preferred and intentional identity. 'A glimpse of light is coming'; 'I want the freedom'; 'Connection with SEA and SKY' and 'GOD'; 'Talking to herself in front of a mirror' etc. were cracks to figure out her intentional identity. During the conversations, we (the therapist and the young person) also witnessed how the **red phobia** and **fog** were changing forms and getting diluted to give her a feeling of '**it's okay not to be okay!'**. Conversations also unveiled how the experience of Despair was sometimes a testimony of lacking provision for all in society and

it calls for Justice, Resistance and Hope. It was an application of an absent but implicit map.

The application of maps is never chronological.

The re-membering chart documents her precious associations with people whom she valued. It was also unveiling sparkling moments and hidden stories of her life. In our lived experience we all have small, little things which bring us peace, comfort and resistance too. Unpacking how authors influenced her to voice her opinions was a sparkling moment for me as a therapist. Her connection with nature, the small details, and her relationship with her own writings were worth mentioning. The poems “Vagabond” and “Moon” helped her understand her intentional being and preferred identity.

I have also tried to chart the re-authoring conversation in the landscape of identity and landscape of action.

I tried to be there as a therapist to accompany Saba towards a rich story development of Saba’s choice. The to-and-fro movement of red phobia and fog was too distressing for Saba. It was the deeply ingrained internalization of ‘self’ and identity as fixed. I also mentioned how her environment is full of stigma associated with psychiatrists and psychologists. Most of the time a simple mention of some small, little sparkling moments from the lived experience of Saba, helped us to figure out the alternative storyline; her intentional identity like “to become a gardener teacher”.

As a therapist, I found it most challenging to be de-centered but influential. I used to check which questions she liked and which she did not. Maintaining transparency and becoming reflexive was my priority. There were many sessions and many other unique outcomes; beautiful metaphors with the opening of possibilities that could not be mentioned in this paper. Saba is in regular contact with me, and she advocates for people who are facing problems. Very recently, after joining her new employment as a schoolteacher I texted her how her hope of becoming a gardener teacher resonated with me in a session.

She answered, “Di, I am trying my best”.

In a study 'Why young people attempt suicide in India: A qualitative study of vulnerability to action' (Balaji, et al, 2023), the authors explored 200 young people from a 750-bedded public hospital, (between 15–29 years) who attempted a suicide and were presented at the emergency department. In the study interpersonal stressors were revealed to be the primary confers of suicide risk. Interpersonal factors involve partners or family members (where parents were dominant). They also mentioned that the broader socio-cultural context holds those stressors. Especially for female participants, abuse or control by partners or families and communities was prevalent. Stressors like **interpersonal** (financial, legal, social disapproval etc.) along with **intrapersonal factors** (gender, physical health, sexual orientation etc.) and **socio-cultural norms** (Gender norms, Familism etc.) induce psychological stresses like Anxiety, Anger, Sadness, Hurt, Shame, Loneliness, Guilt and those, in turn, increase rumination, entrapment, burdensomeness, defeat and hopelessness. Suicidal ideation and Suicide attempts come in the next stage.

Conclusion

The identity of a person is never fixed. In Narrative therapy, there is no notion of true self. The notion of true self which comes from the Modernist and Structuralist ideas always tried to compare a person with relation to this 'true self'. These normalizing ideas put a burden on people. In a therapy room, in the case of serious mental illness too, the categorization of people with respect to some lists of symptoms works in the same way and it ignores the person's rich experiences. How people see their situation and exploration of their relationship with the problem is very important. Many times, due to the stigma inherent with the name of mental illness works as a label for a person. This paper documents how the consultee faced discriminating comments from her close ones too. This idea automatically calls for a decentered and influential role of a therapist. The collaborative journey considers the context, the immediate and broader too. The power dynamics of relationships naturally get unpacked along with the knowledge of life skills of their lived experience. These are otherwise not visible.

The current time is full of intricate transformations. It is full of complex, complicated, and rapid changes happening in technology, environment, political scenario, and

economic conditions. Relationship problems are never linear. With increased uncertainty and confrontation, people are more vulnerable now. It calls for a post-structural understanding in the therapy room. Narrative Therapy is to be explored more to make policies like suicide prevention work and intervention.

'There are always "sparkling events" (White, 1991) that contradict problem-saturated narratives.....we can invite people to take such events and transform them into stories that they can live – and in the living know themselves in preferred, satisfying ways' (Freedman & Combs, 1996).

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SECTION II

PLAY

When, I'm Gone

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Nothing is more seductive for a human than their freedom of conscience, but nothing is a greater cause of suffering.

Characters:

Pratyush, Renita, Devesh, Heisha, Aarhan

Scene I

Pratyush: (calls) Hi, Are you free?

Renita: (picks up the call) Something important

Pratyush: Can we please meet?

Renita: Yeah, you want me to come home or meet outside?

Pratyush: You decide,

Pratyush: I don't know.

(*Lights Fade out*)

Scene II

Pratyush: I never spoke to you about Alvin, also I never felt it was important to say anything about him, but this friend, lives in Bangalore. I had not seen him for the last few months, I don't know how long but I didn't even get time to think about that, I just couldn't contain myself and I called you, I messaged him last night as I remembered him and it's been some time, I heard from him. I got a reply after a long time, saying that Alvin is no more and he died about two months ago.

I asked how, and the person, on the other hand, responded that he is his elder brother.

The world froze for me at that moment, I just dint know what to do. I couldn't believe that he was no more. I had a chat with him a few months ago. ..... He seemed fine. I mean there was something always strange about him

Renita: Strange, in what sense.....

Pratyush: There was always some mystery about him. I don't know about him. He never said anything much about his family.

Renita: There are mysteries, secret zones in each individual.

(*silence*)

Pratyush: I had a chat with him a few months ago.... Let me check when....

(*While he is checking his phone*)

Renita: When did you last speak to him?

Pratyush: That was when I met him, but I also don't remember when!

(*Continuing checking his phone*)

Pratyush: I will have to check .....

Renita: Did you ask how did he die?

Pratyush: His brother responded that he gulped down sleeping pills and he fell in the arms of eternal sleep.

Renita: He committed suicide.

Pratyush: Yeah

Renita: You know the reason.

Pratyush: I didn't have the heart to ask, Renita.....

(*Pratyush breaks down*)

Pratyush: I feel like going to Bangalore and meeting his family, maybe his brother.

Renita: But you don't know them

Pratyush: I don't know him, either. He was a mystery, ...but I know he loved me.

Renita: What.....

Pratyush: Yeah, he did. He always said that.....

Pratyush: and you?

(*silence*)

Renita: Are you sure about going?

Pratyush: I think so…….

Renita: and your film shooting,

Pratyush: I've already called it off for now.

Renita: Then you know, you are going. Don't think then, just go and see.

Pratyush: Yeah,

Renita: Do you want me to come.

Pratyush: No, I shall work this out….. I have to.

Renita: There is no way that you're the reason, right? I mean not in the sense that you did anything. But you not returning his love or something like that……

Pratyush: I don't know. And I will never know until I go……. But I never promised him anything of that sort. I didn't do anything that could hurt him. He loved me from a distance.

Renita: And You?

(*Silence*)

Renita: Did you love him?

Pratyush: I don't know

(*Silence*)

(*Lights fade out*)

Scene III

(*Arhaan is typing and working on the script as follows*)

Arhaan: It was another night but the same loneliness. My computer screen was on, a new Word document, actually old now. Every night I thought I would write something new but all I did was stare at that blank page in the deceiving hope that I would fill it with words, feelings, pain, lies, half-truths, brokenness, caged flight, countless fights, a periscope of the soul. But in the end, it was only a blank page.

In my flat, the lights were left on but there was terrible darkness outside. The city had finally gone to sleep. Unable to fall asleep I poured myself a glass of wine and sat at the window. I was wondering looking outside how could everyone be sleeping in the building, opposite to mine? Probably everyone was snoring in their darkness except the flat on the first floor. She was sitting like me at the window looking outside. An empty narrow street down, covered with yellow spring flowers was an inviting carpet. The yellow light of the street lamps lit the street with a yellow loneliness. I again looked at her and she was looking in my direction. I wanted to smile but I didn't. My lips wouldn't stretch to my cheeks as if they were stitched and couldn't move. Seeing my paralytic face, she smiled. the moment she smiled, the stitches on my lips were loosened and I smiled back. I looked at the narrow yellow street down, she too looked down, I looked at her, she looked at me and we both looked again at the yellow carpet down.

(*Arhaan walks down captivated by the girl with blue eyes*)

Arhaan: Guess, you aren't feeling sleepy today.

Heisha: Most of the nights I don't.

Arhaan: Then you sleep in the day?

Heisha: No, I don't sleep even then. I guess it's my insomnia.

Arhaan: (smiles) Been there for many years?

Heisha: Recently, and you? What about your insomnia?

Arhaan: It's on and off. There are nights I sleep well and then there are nights such as these when my eyelids won't drop.

(*Both of them walk together*)

Heisha: Do you write?

Arhaan: How do you know?

Heisha: Just, guessed it!

Arhaan: Just like that.

Heisha: That's why it's guessing, it's just like that – without any reason.

Arhaan: (smiles) Yeah, I write but have not been able to write anything for quite some time now.

Heisha: lacking inspiration?

Arhaan: I do have thoughts in my mind but all of them are scattered.

Arhaan: If it were not for these horrible sleepless nights, I would never write at all. But they always recall me to my dark solitude.

Heisha: Did you know, who said it?

Arhaan: Franz Kafka

Hesiha: (smiles) Nothing was sorted in Kafka's head; he couldn't even complete a novel.

Heisha: But you're not Kafka, so you can at least sort them out.

Arhaan: That's the problem, I can't sort them out. They are all scattered, some dancing to frenzied trance some floating on clouds of despair, and some trying hard to fly away, even when they know they can't as they weigh heavier than even me

Heisha: (smiles) You don't seem that heavy

Arhaan: That's because of my height, it hides my weight.

Heisha: Probably.

(*Smiling Silence*)

Heisha: So, what do you usually write about?

Arhaan: Everything that concerns life.

Heisha: and what concerns life?

Arhaan: Everything, like choices, dreams, habits, ideas, hope, love.

Heisha: Isn't writing a lonely job?

Arhaan: It is a lonely place, even a little frightening. During the actual work of creation, I often cut off from all others and confront the subject alone. Often it's like moving into a realm where I have never been before — perhaps where no one has ever been

Heisha: Are you in love?

(*While walking, he stops, beat, looks at her*)

Arhaan: I don't know

Heisha: I don't know, that means you're unsure

Arhaan: Maybe. I don't know. Whether I'm in love or I was in love or is it even love?

Heisha: You're taking in the past and present tense at the same time. So, you know that there is no present without the past, and an unsure present is an unfigured past.

Arhaan: I don't know, I don't think about it.

Heisha: So you know that you don't want to think. If you're so unsure about your current situation, then there is certainly a lot of unsorted pasts.

(*silence*)

Heisha: Are you stuck in a cage of the past, dreaming about a future but caught in the present; a cage made from the past. Probably, that's why you can't even write!

Arhaan: Are you here to make poetry out of my existence?

(*Smiling silence*)

Arhaan : I can't write and then I feel suffocated as if I'm almost dying of life.

Hesiha : The writer dies the day when he can't write anymore, his pen is his breath.

Arhaan: And that's why I feel so suffocated. And I feel it more in the darkness of the night.

Arhaan : Because it is then, that the noise of the outside world has died down and all that remains is your own silence trying to speak to you in muffled voices.

Arhaan: There are times when I don't want to hear those muffled voices, often they are deafening.

Heisha: Are you scared of these voices?

Arhaan: I don't know.

(*Lights fade out*)

Scene IV

(*Devesh and Pratyush are sitting in a Café*)

Pratyush: There were voices when you typed 'that he took sleeping pills and slept eternally', those voices don't let me sleep.

Devesh: Is that why you came here?

Pratyush: I didn't know him; I came here to know him.

Devesh: How did he love you, if you didn't know him?

Pratyush: How do you know, he loved me?

Devesh: It was a suicide, it had to be investigated. We had to go through his phone.

Pratyush: I'm sorry.

Devesh: You couldn't love him, why should you be sorry?

Pratyush: I never knew that something like this could happen.

Devesh: None, of us knew. He was a mystery, a brother – whom I knew so little about, he never troubled us, even though he suffered so much. Mom couldn't see his suffering, but she also despised him.

Pratyush: But why? Why was he suffering?

Devesh: Didn't you know?

Pratyush: I don't know.....

Devesh: You can't be so ignorant that you don't know.

Pratyush: I'm sorry, I don't know.

Devesh: Didn't you know he was suffering from?

Pratyush: He had mentioned something of that sort, but never said how complicated was it.

Devesh: He suffered for about nine years, before finally giving up.

Pratyush: He didn't tell me this exactly.

Devesh: What did he tell you?

(*Silence*)

Devesh: Didn't he tell you he had two surgeries?

Pratyush: He did, but later. And he didn't explain to me the gravitas of the surgery?

Devesh: Someone's body is ripped, someone's brain is opened up, don't you think that's serious?

Pratyush: I'm sorry, I didn't know. When he went through the surgeries, he never explained what they were for. Also, he said to me about it, after years.....

Devesh: That, I'm aware.

Pratyush: How!

Devesh: Because, for three years after that stroke, he couldn't text properly. He didn't remember much. He couldn't call. I saw your chat, he got in touch with you three years after the surgery. But I'm surprised that you didn't speak on the phone to him about it. I always thought that he must have spoken to you on phone, and the chat may be blank....

Pratyush: He never said anything,

Devesh: He wouldn't, probably he didn't want to bother you. Or probably he was scared of again going down the spiral.

Pratyush: I wish he spoke.

Devesh: He did, you didn't listen...

Pratyush: I'm sorry.

Devesh: He loved you, it's a surprise to me that you didn't even know him. I understand he kept some secrets about his family, which anyone in his place would. He was scared and more than that he was miserably hurt and his condition was pitiable for his mother. Mother could never come to terms with anything. She was happy that her son was a lawyer, living the perfect life that every mom dreams of in a big city like Bombay. He was just four months old in the city when he had that stroke. Mom wished that he never went to Bombay because if he

didn't then he would have never met that man who ruined his life, all of ours..... I lost Vikram, we lost him.

Pratyush: He mentioned to me about the boy he loved, though I don't remember his name.....

Devesh: We don't take his name; we have forgotten him.

Pratyush: Vikram spoke only once to me about him, when he met me for the second time.

Devesh: He met you the second time, after seven years.

Pratyush: Yeah, that was the time, he was in Bombay for some work purpose and he said that he would like to meet and spend the night together.

Devesh: Didn't you see the difference?

Pratyush: I was surprised, he looked like a different man.

Devesh: He was a different man. He was a man who had spent three years in bed, not knowing if he would wake up the next day. You, met the man who saw death every day sleeping next to him, not knowing which night the angel of death would embrace him.

Pratyush: I don't know anything about those three years. He never mentioned them.

Devesh: How would he? He has to remember them; he was barely alive to know anything. We loved him dearly and yet he wrote to you

(*reading a chat from the phone*)

"A few days back, I felt as if I didn't have a home, members of my family didn't know me. Now I realize that no one knows anyone, not even themselves. Aren't we all lonely?'

Devesh: He has only met you once and he wrote this to you when he began chatting with you.

Devesh: It's bewildering to me that five long years after you first met, he wrote a text to you and you responded with cordiality. The only difference was that you were someone.....

Pratyush: I was with Alvin then.....

Devesh: That part, I don't know.

Scene V

(*The both talk while walking*)

Heisha: Most of your answers are concealed in your 'don't know'

Arhaan: The voices are deceptive.

Heisha: Is it?

Arhaan: Most often I feel they are my imagination; they don't even exist.

Heisha: Imaginary voices are good.

Arhaan: How so?

Heisha: Imagination makes us feel beautiful about life, it takes care of our needs, and it provides us where reality fails. It helps us float on clouds and takes us to destinations only seen in dreams.

Arhaan: Exactly, that's why I run away from them.

Heisha: But running away from them, they won't stop.

Arhaan: Yes, they keep on chasing me, most often when I'm all alone when it's night when everyone is asleep, I stare outside at the resting world from my unwearied eyes.

Heisha: and then?

Arhaan: And then I think about it all. All that's over, all that's gone by. I look at my past from these unwearied eyes and my hand tries to touch those fainting memories filled with colours and the moment I do touch them; the colours fade away and I end up in uncontrollable tears.

Heisha: What is it that you want to touch?

(*Silence*)

Heisha: What is it that you've lost?

Arhaan: I don't know, I don't know if I've lost him. I don't know if he was ever mine. I don't know if it was love. I really don't know and that's what hurts, the inability to know.

Heisha: Where is he now?

Arhaan: He is around.

Heisha: That's a good thing that he is around, that he isn't gone.

Arhaan: Sometimes, I wish he was gone. It all would have been over then.

Heisha: Just because someone moves out of your sight, it doesn't mean you won't remember anything at all. Our souls are strange, we often don't know what they seek.

Arhaan: That's exactly what it is, I don't know what my soul seeks.

Heisha: Most often we know, we just realize it until we lose what we had.

Arhaan: I want to to outlive myself. Eat, sleep, sleep, eat. Exist slowly, softly, like these trees, like this car, no not this car, like this lamp pole, that won't move .....

Heisha: Don't wish for something that you don't know of. So many people can't experience the life they wish to but are glued to their beds.

Arhaan: Physical pain isn't everything.

There is the pain that resides in the being, a nauseating pain gobbling the individual and one day the individual can become nothing else but pain I prefer to be a bench in a garden or a lamp pole instead of the pain of being human.

Heisha: You don't know the pain of being in a vegetative state.

Arhaan: Who do you know in a vegetative state? Whom have you lost?

Heisha: We all lose someone close to us, the only difference is some of us fill our lives with so much weight that we don't realise the emptiness of what we have lost. But when the weight is lifted there is not emptiness but an invincible void. Some of us get these weights from our work, our wanderlust, social charities and zealous sex.

Arhaan: I fill it with work and weed.

Heisha: Weed and work both are weights and heavy ones.

(*Silence*)

Arhaan: What was your heaviness?

Heisha: I wanted to die. What held me back was the idea that no one, absolutely no one, would be moved by my death, that I would be even more alone in death than in life.

Arhaan: I thought you had the answers to life.

Heisha: No one has all the answers, Albert Camus said 'the meaning of life is whatever you're doing that prevents you from committing suicide'.

Arhaan: So you have some answers, and some unanswered questions I believe.

Heisha: Because the questions keep changing. It's a cycle, the moment you think, you've found the answer, a new question springs up.

Arhaan: As long as one is happy, the questions shouldn't bother.

Heisha: But they do because happiness is a temporary state and it comes in a quota. It comes with a quantity, kind and expiry date. Happiness exists as long as there is meaning in what you do. Once the meaninglessness begins then it's downhill, a quest for happiness. And there is no meaning that's not perpetually remodelling itself. As long as you're looking for an indissoluble answer in a changing world, you're doomed to eternity.

Arhaan: So, what are you trying to say, that I should stop thinking and go on with life?

Heisha: Are you even sure if you're thinking? You don't even know if you've lost him? You don't even know if you loved him? But you wish that he was gone.

Arhaan: Yes, I wish that he was gone because he broke my heart. I didn't know that I loved him until I saw him with someone else.

Heisha: Did you know this someone else?

Arhaan: No, and I don't want to know. I was hurt.

Heisha: Didn't you ask him, why?

Arhaan: I couldn't ask him.

Heisha: why, didn't you ask him?

Arhaan: Because I didn't know I love him.

Heisha: What?

Arhaan: Yes, I didn't know I loved him. I don't even know now. Only, when I saw him with someone, something changed within me as if he didn't love me.

Heisha: Did he ever tell you he loved you?

(*Silence*)

Arhaan: No

Heisha: Did you ever tell him, you loved him?

Arhaan: He was with Alvin, then.

Heish : But did tell him, you love him?

Heisha: Why

Arhaan: I don't know.

(*Lights fade out*)

Scene VI

Pratyush: Yeah, I never mentioned the name to him but I said to him on the chat that I'm seeing someone. He was happy for me but he did say that he loved me. And he has never met anyone like me after that.

Devesh: But you didn't believe him?

(*Silence*)

Devesh: Because you thought, he was a sex maniac.

Pratyush: I'm sorry, I never said that.

Devesh: But didn't you imply that?

(*silence*)

Devesh: Just because he vividly described both of your first nights together which was graphically illustrated in his mind. You thought of him as a sex freak.

Pratyush: I'm sorry, I didn't mean.....

Devesh: For three years his brain was paralyzed, then it took him two more years to gain some sense of life. We didn't let him go anywhere alone. Also, he was incapable of going anywhere. His brain had erased many parts of his memory. It surprised me that he remembered every detail of the night he spent with you. He describes that he never had a night like that ever before.... And you stupefied him because he equated it to a spiritual experience. I know that my brother kept going back to that one night and you always stopped him from talking about it because that was probably the last time, he had sex before he had the stroke. Three days before that stroke, his so-called lover said to him 'beg on someone else's door and that there is no love between them and even if he dies, he doesn't care but stop reaching out to him'. He met you then, had the sexual rendezvous, and two days later fell into a stroke. Of course, it was nothing to do with you. He couldn't bear to believe that the man whom he loved, his first love in the big Bombay, never loved him and only wanted to use him, his feelings.

Pratyush: He came to our house with my flatmate Nikhil, both of them were working on some case till late at night. I saw him in the kitchen, Nikhil introduced him briefly, and after completing my chores, I went to my bedroom. He was handsome, in the kitchen he was in his singlet which made him look more attractive. After some moments, when Nikhil was asleep, I went to the kitchen to fill my water bottle in the dim kitchen light. It was a full moon light; the September sky was blue and the radiant light of the moon was filling the kitchen. I filled the bottle to the brim and closed the tap, the momentary sound of water gave up to the echoing silence of the kitchen night and when I turned around, he was standing there. His eyes glowed like a Greek God and I gave myself to his arms. We sometimes encounter people, even perfect strangers, who begin to interest us at first sight, somehow suddenly, all at once, before a word has been spoken.

Devesh: You describe the same night poetically,

Pratyush: But it was purely sexual

Devesh: He calls it divine

Pratyush: I know, I never understood his obsession with that..... I expressed that in my messages to him, whenever he spoke about the night.

Devesh: Two days after that night, he had a stroke, and our daily hospital trips began. Initially, the doctor said it was highly difficult for him to emerge from it. His brain had a tumor.....

Pratyush: He never messaged me after that night, I knew it was all about one night.

Devesh: And five years later, he messaged you describing this night and how much he loved you.

Pratyush: He only mentioned he had an accident and that he lost my number in transit.

Devesh: But that he loves you and he never spent a night like that…

Pratyush: It irked me; he spoke often wanting to sleep again.

Devesh: And you kept driving him away.

Pratyush: I was just out of an unbearable relationship with Alvin. He loved me intensely but he also wanted to possess me, his love was becoming an obsession and he became a fanatic. I loved him, and he loved me a lot but also, he was becoming tormenting. when he didn't get what he wanted from me, his behaviour turned excessive and violent. One day, in anger he raised his hand on me. No one had ever done that before, I didn't know what to do, so I went hiding under a table. He cried, he tried to get me out, from under the table. I was terribly hurt, probably scared, and I never came out of the table until he left or I asked him to go, now I don't remember.

When he raised his hand to me, that was when I decided to put an end to our story. It wasn't that easy for him to leave me or either way, eventually we split and it was during that time Vikram messaged me. I wasn't ready for anything. I had no love, nor sex, everything was drained and over.

I can't lie to you but Vikram scared me too, he seemed possessive and I didn't want to land into something like what I had with Alvin, ever again. It was messy. I feared Vikram is possessive.

Devesh: But did you love him?

Pratyush: I don't know!

(*Lights fade out*)

Scene VII

Heisha: Can you poke your I don't know a bit and ask, why didn't you tell him that you love him?

Arhaan: No,

Arhaan: I didn't because I didn't know what I felt for him until I saw him with someone and till then I had decided to walk away from his life, I didn't want my heart to bleed.

Heisha: What if you had made a choice and said you loved him?

Arhaan: I didn't know what it was, I still don't know.

Heisha: What if you know and you don't want to recognize that what you felt was love?

Arhaan: I don't know

Heisha: Concealed in your 'don't know', is what you don't wish to know. Life is after all a consequence of choices that we make and often there is no 'U Turn'. Words once said can never be taken back and mistakes once committed need enormous strength to be corrected.

Arhaan: I've anyway come too far for a U-turn and there is no U-turn for me.

Heisha: Truth is always found when we have come too far. Unfortunately, we understand life, when things have become past and gone away when they are there in front of us we are too inexperienced to react to them fruitfully.

Arhaan: So then, the Present only makes sense when understood in context to the past.

Heisha: Maybe that's why, you want him gone, because he is your past as well as your present.

Heisha: it's enough of him, I can't take it anymore.

Arhaan: That's probably, because you like the state of 'don't know', so there is nothing to think about and nothing to know or answer. But in that silent state, you find beauty. The beauty of the loss. The loss that provides you with the strength to live once again. To love is to suffer and there can be no love otherwise. The loss that makes you believe in no one but yourself. But in the end, you are lonely.

Arhaan: I may be lonely, but I'm fine.

Heisha: Some of us spend our whole life trying to be just fine.

Arhaan: Aren't you too doing the same, trying to be fine?

Heisha: More than often I had to think about others being fine. While taking care of everyone else, I almost forgot what I wanted from life.

Arhaan: Do you regret that?

Heisha: Do you regret your state of mind? How it lets you suffer!

Arhaan: I don't suffer and I don't regret. There is nothing left to regret, it's all over now, especially when I did tell him 'It's over'.

Heisha: What do you mean you said to him it's over? You both never even discussed what you felt for each other.

Arhaan: After I walked from his life on the pretext of work pressure at the office, he didn't really understand that I was moving away from him. He was so busy then that I had moved away and he didn't even realize. He was really in love with him, I thought so and tried my best to immerse myself in work as you say I was filling my life with weight.

Arhaan: A year later he called me to meet him over coffee, I didn't go but he had a brief conversation on the phone and he said if in any way he had hurt me he was sorry for that.

Heisha: But how did he know he had hurt you, because you had never confronted anything to him?

Arhaan: I don't know, he did that. I don't know why he did it. I really don't know

(*Lights fade out*)

Scene VIII

Pratyush: He met me for the second time when he came for some work.

Devesh: He didn't have any work… He made an excuse that he had some work. He was doing better then. We thought it was fine for him to go alone. It was the first time in six years that he was traveling so far on his own. He was incapable of working. Probably, he was embarrassed by that. 35-year-old him, dependent on his family financially. He couldn't afford to go to a regular job, work 8 hours, deal with people, commute, and come back. His brain wasn't able to take that toll. There was no work but he made some reason of work to come to meet you.

Pratyush: He hugged me the moment he saw me, a deep embrace on the streets and he didn't care about anyone looking. He almost lifted me with his hug.

Devesh: He was happy to finally see you, He always wanted you to know that getting to be around you was the best thing that ever happened to him.

Pratyush: Yeah, he said that often. We dined, talked for a long, and made love. While making love, that night he held me tight as if I would run away if he loosened his grip. But he didn't speak about his condition, he briefly spoke about it, however no details. He spoke about the present, then the past. He asked me for my birth details, he said he would send me my life details after charting a horoscope. I said to him that I don't believe in all this. It was a different Vikram, this Vikram's hair was different. His thick-rimmed square spectacles were gone. The muscles of the Greek God had a different shape, he also had a tikka on his forehead. As morning came, he was gone.

Devesh : Over the years, he changed. He was able to move which he never imagined. He thought he would die on the bed. But with Mom wrecking God's kingdom, she must have put God at stake to bring him to his senses. Vikram became better, that's how he met you six years later when he felt good. He had come to believe in God, Durga Ma to be precise. He developed an uncanny devotion to her.

Pratyush: yeah, he mentioned that. I found it strange.

Devesh: To a postmodernist you, this was unacceptable.

Pratyush: It was strange, he was a devout religious man. When I met him for the first time, he was almost an atheist. And this man talks about Durga ma and wants to make my horoscope chart.

Devesh: Probably, his Durga ma had granted him a new life which he didn't conceive of, even if it gave him limited liberties, he was able to move and do things. Mom was happy, she only hoped now that he never become involved with a man. She kept strict vigil to keep him away from anything of that sort. Of course, he didn't do anything. But for my mom, his sexuality came to be associated with deceitful unnatural order. She blamed his sexual choice for ruining his life, she didn't realise that this all could have happened in Bangalore too. She never

accepted his sexuality, she cursed it, and it ruined her son's life. That's why I didn't ask you to come home, you shouldn't meet her.

Pratyush: I understand, but does she know about me?

Devesh: No, she doesn't.

Devesh: Your messages with Vikram were sincere, there was nothing about them because of which he went to sleep forever. "The mystery of human existence lies not in just staying alive, but in finding something to live for." Only he knew what that suffering felt like, and when he lost finally what kept him alive, it compelled him to sleep for eternity.

Devesh: Your messages were investigated but there was no material of any kind which could lead to any cues. It's been nine years since the first time he went to Bombay and what remained shocking was that, after everything, he only contacted you. He had no other friend other than you in Bombay. He remembers everything he did with you. Though it was a one-night affair, he couldn't forget you and wrote to you after five years. Surprisingly, you remember your first encounter with him in poetic detail. Maybe you loved him too.....

Pratyush: I loved him after making love that night. I waited for his message, but he didn't connect. I felt if he had a beautiful night, why wasn't he connecting? I waited for next few days, hoping to receive a message. I loved him then, He had the qualities that I could love. I always loved his thick-rimmed glasses and his white shirt tucked neatly in his grey pants.

Devesh: I remember that you mentioned it several times in your messages.

Pratyush: When he didn't respond. I realized it was just about one night, a lustful affair. I loved him then, even if it began with sex but his message never arrived.....

Devesh: because two days later, he had a brain stroke. And it took him five years to connect to you, not knowing how would you respond. Your response was amiable. He was happy. He also made your horoscope after meeting you the second time, but when he sent you that.....there was no chat for several months after that.

Pratyush: So, you don't know after that.

Devesh: There was no chat for about six months, what happened?

Pratyush: I don't know

(*Lights fade out*)

Scene IX

Heisha: Because he loved you and when he realized that there was something between you both, he did make a point to connect to you again. Maybe even he didn't know it was love, and when you left him, it was then, he must have understood that there was something more in your friendship.

Arhaan: Till then it was too late.

Heisha: Why didn't you just go for coffee with him?

Arhaan: I was with Neha by then and I was very happy. Finally, she was.....

Heisha: able to fill the emptiness that he left.

Arhaan: Not really, maybe yes.

Heisha: maybe, yes?

Arhaan: We were together for a few months and even we separated.

(*Silence*)

Heisha: What if you had gone that evening with him for coffee, even if you were in love with Neha?

Arhaan: I don't know

Heisha: Would you have gone for coffee with him if you were not with Neha?

Arhaan: I don't know.

Heisha: Sometimes you really 'don't know'

(*Lights fade out*)

Scene X

Pratyush: He sent me the Horoscope and we spoke on a call. He wanted to convey some things. He said a lot of things, but I didn't find them true. I discredit his horoscope chart as thrash. What he had to say were strong statements about my life which I found to be maligning and untrue. I called it thrash. He was hurt that he made it with effort and didn't believe anything about it. He accused me of living in denial. I hung up the phone. We never spoke.

Devesh: Until six months later, when you messaged him.

Pratyush: Wasn't it him?

Pratyush: I don't remember who did, but I realised I shouldn't speak about anything to do with religion or astrology to avoid what happened last time. Once he said 'Sometimes the nights are darker and therefore the stars are brighter, When the grief is deeper, the closer is Durga ma, She talks to me'. He was devoutly religious and was taking some classes in astrology.

Devesh: Being at home all day killed him. He never thought that life would be a daily suffering. I think he took up astrology because probably he could earn some money with consultation, I'm sure he felt financially imbecile at home. He wanted to do something. His new life gave him Durga ma. The realm of superstitions, fortune-telling, presentiments, intuition, dreams, and all this inner life of a human being excited him. He was a new Vikram with a newer interest. The brother that I knew while growing up wasn't there. But we were happy for him to be there with

us, what more could we ask for? But inside, he was wallowing by seeing pity for him in the reflection of his eyes.

Pratyush: It's such a pity that I was looking for the Lawyer I met on a fateful September night in Bombay. And I kept searching for him, little did I know that the man who emerged from the storm was a different man. I kept asking him to wear those spectacles and dress like that and I even asked him why couldn't go back to his job as a lawyer but he never said to me that he could not go back to that life.

Devesh: You loved him when he was coming out of a painful relationship. He loved you when you were coming out of a torturous relationship. Such a pity that you couldn't love each other at different time and not at the same time

Pratyush: Yeah, when he met me for the third time and the last time. It was about nine months ago when he said he was coming to meet his doctors. This time he spoke truthfully and he was clearer, he was dressed almost like a hippie when I met him last, now I know why, He knew he was going to die soon. He didn't need to go back to the life of economics, law, politics, and societal norms. And I was searching for the man in a crisp white shirt tucked in grey trousers, with black thick-rimmed glasses. The man I fell in love with was no more there.

Devesh: But probably this man loved you more and you said to him that you can only meet him if there is no sex involved. He was heartbroken. Sex with you was like a spiritual experience to him. You denied him that spirituality. He came to meet you……

Pratyush: We both held each other that night, spoke for long hours until the night turned into dawn, and went to sleep in each other's arms. We didn't make love in the way people make love but we know we loved each other.

Devesh: You said to him 'Love is not something that happens between the legs, that's simply biological need. Love is far away from it, deep beyond the skin of the soul embedded in the layers of life. You added, You wanted a relationship with a man with whom you don't make love.

Pratyush: He couldn't understand that……

Devesh: Nor do I understand…..

Devesh: He was so full of healing wounds; he couldn't take any more disappointments. He was dying. Love makes living possible else life becomes oblivion. What if you had loved him?

Devesh: I loved him, I loved him, only that when he is no more, I realized what he meant to me,

Devesh: One must love life before loving its meaning … yes, and when the love of life disappears, no meaning can console us. You, both met only thrice in nine years ….He called those 3 nights the '3 Holy Nights of his Life'. Until one day he slept in arms of such a night, from which he never woke up……

(*Lights fade out*)

Scene XI

(*Eventually they stop while walking and talk*)

Arhaan: Yes, I don't know

Heisha: But you do know that the emptiness left from him and her…….. which you're filling it up with the weight of work and weed.

Arhaan: Yes, I'm filling my emptiness with work and weed, so what?

Heisha: Life is simple and the man continues to complicate it by " waving the still water " What is it that you're stuck with?

Heisha: If you ask yourself, what is that you're stuck with probably you will be able to see the vacuum before it turns to void.

Arhaan: It's your life more than mine that needs to be fixed, looks like you're more broken than me.

Heisha: Not everything that is broken can be fixed, sometimes we just have to carry the shattered pieces and move with it.

(*The below sub-scene can be directed poetically, where it may be a pre-recorded voice-over or blending the scene with Arhaan back at his typewriter narrating/typing the incident on the same paper*)

Arhaan: The sky had turned pink by then, and the city was slowly waking to the new sunrise. She wanted to pick some yellow blossoms before the sweepers could sweep the road. She crossed the street to the other side as those were freshly fallen blossoms. For a moment, I was ecstatic looking at her, she was a wounded angel stopping down and gathering those yellow blossoms like pieces of her broken heart, there was something peculiar about her, probably the grace in which she was gathering those blossoms, a grey milk van stopped in between to unload some milk bottles, I walked few steps to continue seeing here and she wasn't there.

Devesh: Stars, creation, and destruction are always syncopating, seasons change, and everything does. People come and people go, each one of them leaves its mark in its unique ways and life is no longer the same. Every loss makes us understand what we didn't know about ourselves, a side of us we never reckon existed, or possibly a side we thought we didn't have. Every loss reveals what we are made of…….

(*Pratyush is in Devesh's arms crying and gradually Lights fade out*)

CURTAIN

"Human beings are works in progress that mistakenly think they're finished."

'When I'm Gone' is an attempt to look into the existential crisis of what's lost and cannot be retrieved, be it people, moments or even spaces. Most often we live life in scattered pieces of a picture that are in a *making*. These pieces remain an enigma until the moment is gone. Often from the present we try to look into the past and only then does the picture start making sense but until then it's too late. The picture of the past is the picture of the *present in making* on the verge of completing but never finishing. An unfinished present is a collection of lost moments and lost people. The play grapples with the philosophy of losing. The only possibility to save us from the regrets of an unlived life is a path of compassion and love. *When I'm Gone* is a play about the tenderness of life and loss of life

MOVIE REVIEW

MOVIE REVIEW

I Want to Talk by Shoojit Sircar

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Shoojit Sircar's I Want to Talk is a powerful exploration of mental health, personal loss, and the quiet resilience needed to move forward in the face of overwhelming adversity. The film, featuring Abhishek Bachchan in an unflinchingly raw performance, addresses complex psychological themes, including the emotional toll of a terminal illness, the breakdown of relationships, and the emotional weight carried by caretakers. Drawing from the tradition of parallel cinema, Sircar crafts a narrative that eschews commercial gloss in favor of an unvarnished portrayal of human struggles, offering an introspective lens into the fragility and strength of the human spirit. The director's approach is both subtle and poignant, inviting the audience to reflect deeply on life, grief, and survival. In particular, the film delves into suicidal ideation, portraying it with sensitivity and depth, shedding light on its prevalence among terminally ill patients, particularly in oncology, as supported by recent psychological research. With a runtime of 2 hours and 10 minutes, this film is not just a narrative of pain—it is a meditation on the difficulty and importance of continuing to move through life when it feels impossible.

The protagonist, played by Bachchan, is a man consumed by a medical condition that affects both his physical and mental well-being. His life has been upended—once a man who could conquer everything, he is now forced to confront the very essence of his existence. The film presents his dual existence: one as a highly driven professional, and the other as a man who is grappling with his vulnerability and fears. Early in the film, his denial of the gravity of his

illness is palpable—he clings to the norms, statistics, and debates that define his existence, perhaps to shield himself from the crushing reality. Yet, when his pain becomes undeniable and a second opinion confirms the severity of his condition, he spirals further, culminating in a breakdown. His divorce, a result of the emotional strain and inability to cope, leaves him facing the impact on his young daughter, compounding his isolation and grief.

In the heart of the story, the relationship between the father and his daughter becomes a focal point. Bachchan's portrayal highlights the deep emotional struggle as the father tries to connect with his daughter while enduring his own suffering. There is no instant resolution here, and the movie doesn't offer the kind of polished emotional arcs we often see in films. Instead, it delves into the messiness of life—capturing the frustration, bitterness, and resignation that can accompany an illness, and juxtaposes it with the brief, flickering moments of connection between a father and his child. These moments underscore the significance of small steps forward—one after another—even when the destination seems out of reach.

The film also sheds light on the experience of caretakers—those who, like the nurse who tends to the protagonist, are often overlooked in discussions of mental health and illness. The nurse's role is quietly monumental; she embodies the struggles faced by caretakers, from maintaining emotional distance to dealing with the complex psychological impact of caring for someone in terminal decline. Her own emotional burden becomes evident when she confronts the protagonist, slapping him as a means to snap him out of his self-destructive path. This interaction underscores a crucial psychological theme: the need for mutual empathy in the care process and the toll that caretakers experience.

In a poignant twist, the nurse's later suicide—sparked by her own loneliness and depression—reveals the deep interconnections between oncology and suicidal ideation. Research shows that cancer patients, particularly those with terminal conditions, are at heightened risk for depression and suicidal ideation (Alkechi et al., 2001). The nurse's tragic death mirrors the struggles of those she cares for, highlighting the emotional labor of caregiving and the profound isolation experienced by both patients and their caregivers. This narrative thread

underscores the complexities of mental health—especially in the context of terminal illness—where the psychological weight extends beyond the patient to those who serve them. As the protagonist reflects on her suicide, he recognizes the grim irony: "She was just like me."

Psychological research supports the depiction of how terminal illnesses can amplify feelings of hopelessness, with studies noting that depression and suicidal thoughts are prevalent among cancer patients (Sauer et al., 2022). In addition to this, the caretakers who experience chronic stress and emotional exhaustion are also at increased risk for depression (Schulz & Sherwood, 2008). The film's sensitive handling of these issues makes it a valuable text for understanding the emotional complexities that surround life-threatening illness and the people who endure its effects.

From a psychological perspective, the film encapsulates the nuances of grief—not just the grief of the patient, but that of the family members, friends, and caretakers who are affected by the illness. Elisabeth Kübler-Ross's stages of grief, while often used to describe the patient's journey, are also applicable to those around them, particularly in terms of denial, anger, and depression. The protagonist's journey through these stages is mirrored in the experiences of those who love him, particularly his daughter and the nurse.

Additionally, the movie reflects the intersection of mental health, wellness, and death. It presents the father's journey not as a triumphant battle against the odds, but as a fragile, messy attempt to find meaning in the face of impending death. I Want to Talk does not suggest that healing is possible through sheer willpower or external advice. Instead, it simply asks for small steps—an acknowledgment of pain, an acceptance of vulnerability, and, crucially, a reminder to keep moving forward, even if that means stumbling along the way.

Bachchan's performance, aided by Sircar's direction, is a masterpiece of vulnerability. His portrayal of a man who has been cutthroat in his work and personal life, only to discover the importance of gratitude, is a quiet but powerful commentary on the emotional transformation that illness can catalyze. The protagonist's realization that he must confront his inner demons and express

gratitude to those around him—especially the nurse—offers a critical reflection on the human condition. His later interaction with her—where he expresses deep remorse—becomes a turning point, suggesting that even in the face of loss, connections can still be made.

For those working with individuals with special needs, this film serves as a poignant reminder of the parallels between physical and psychological disabilities. Just as children with special needs often face struggles that are invisible to the world, the protagonist's journey reveals how emotional pain can remain hidden beneath the surface, even as it profoundly impacts daily life. The protagonist's journey to rebuild relationships, particularly with his daughter, is akin to the constant, often invisible struggles faced by individuals with disabilities, whose progress is often measured by society's standards, rather than their own.

In conclusion, I Want to Talk is a critical psychological exploration of grief, mental health, and resilience. It offers no easy solutions but instead presents a raw, unvarnished portrayal of how people cope with loss and illness. By examining the emotional struggles of both the patient and the caregiver, Sircar's film provides a crucial commentary on the often-overlooked psychological toll of terminal illness, making it a must-watch for anyone seeking a deeper understanding of mental health in the context of life-threatening conditions.

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BOOK REVIEW

BOOK REVIEW

Finding Order In Disorder: A Bipolar Memoir by Ishaa Vinod Chopra,

Om Books International India 2024, 172 pp.

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In *Finding Order in Disorder: A Bipolar Memoir*, Ishaa Vinod Chopra takes readers on a deeply reflective journey, blending philosophical exploration with personal experience. The memoir opens with an evocative inquiry: "*Am I the observer, or the bird that takes flight into the horizon? Am I a follower seated amongst the crowd, or am I a leader who takes a step forward and sets herself free?*" This foundational question sets the tone for a narrative that is both a psychological and philosophical exploration of identity, resilience, and the quest for meaning in a tumultuous existence. Chopra's exploration of bipolar disorder is not just a recounting of mental illness but a profound dialogue between self and society, drawing on the delicate balance between chaos and order, despair and hope. The title, *Finding Order in Disorder*, offers more than a personal reflection on mental illness—it encapsulates a broader inquiry into how individuals navigate a world that often feels unbalanced, yet simultaneously strive to create coherence in their experiences.

The memoir's opening chapter, *Early Years*: *The Distant Rumbling of Thunder,* offers a poignant depiction of Ishaa's childhood marked by emotional turbulence. While the seeds of bipolar disorder are present, they remain undiagnosed and misunderstood. This stage of Ishaa's life mirrors Erikson's psychosocial development theory, particularly the conflict between identity and role confusion, where her early emotional struggles reflect a fundamental quest for self-definition amidst the turmoil of undiagnosed mood dysregulation (Erikson, 1968).

In the chapter *Teenage Years*: *The Cracks Begin to Show*, Ishaa describes the intensification of her emotional turmoil, which remains largely unnoticed or misinterpreted. Her experiences resonate with Marsha Linehan's framework in Dialectical Behavior Therapy (DBT), which emphasizes emotional dysregulation as a core element of mental health struggles (Linehan, 1993). Ishaa's mood swings and emotional intensity during this time reflect the uncontrollable chaos described in DBT, a chaos that is invisible to those around her, particularly when the external support systems fail to address the underlying causes of her suffering.

One of the most striking moments in the memoir occurs in the chapter *Marriage, Domestic Violence, Divorce*: *Chaos Opens Its Ugly Mouth*. Here, Ishaa explores the complex intersection of bipolar disorder and domestic abuse. The emotional and physical abuse she endures exacerbates her mental health condition, creating a fertile ground for psychological fragmentation. Judith Herman's work on trauma offers a lens through which to understand Ishaa's experience. Herman (1992) explores how trauma, especially from intimate violence, disrupts the sense of self, often leading to dissociation and identity fragmentation—a theme that permeates Ishaa's narrative during this tumultuous period.

In contrast, *A New Dawn*: *Fresh Beginnings* marks Ishaa's decision to leave her toxic marriage and begin the arduous process of self-healing. This chapter resonates with Maslow's hierarchy of needs, particularly the drive for self-actualization, where autonomy becomes a critical step toward reclaiming one's identity (Maslow, 1943). By leaving the relationship, Ishaa takes a bold step toward self-discovery and autonomy, demonstrating how personal growth is not only shaped by external circumstances but by an internal resolve to change.

The Many Meanings of Dance: *Therapy, Coping Mechanism, Life* is another powerful chapter in which Ishaa turns to dance as a form of therapy and self-expression. Here, the concept of embodied cognition, which posits that the mind and body are interconnected in meaningful ways, is particularly relevant (Varela, Thompson, & Rosch, 1991). Dance allows Ishaa to channel the emotional chaos of her mind into a controlled, expressive form, demonstrating how physical movement can impact mental well-being.

Ishaa's exploration of relationships in *Hello Rejection: A Return to the Dating Scene* delves into the psychological complexities of relational rejection. Drawing from Carl Rogers' person-centered therapy, which emphasizes unconditional positive regard, Ishaa struggles with self-acceptance amidst external rejection. This highlights the tension between self-worth and societal validation, a dynamic central to many individuals' mental health struggles (Rogers, 1961).

Negotiating Family: The Good, The Bad, and The Ugly explores Ishaa's complex familial relationships, calling to mind Murray Bowen's family systems theory. Bowen (1978) suggests that individuals cannot be fully understood in isolation from the family dynamics that shape them. Ishaa's portrayal of her familial relationships as a mix of love, dysfunction, and enmeshment illustrates the profound impact family systems have on mental health outcomes.

Mise en Scene: The Madhouse offers a critical look at the psychiatric institutions Ishaa encounters in India. Here, Michel Foucault's (1961) critique of psychiatric institutions in *Madness and Civilization* provides a useful framework. Foucault argued that psychiatric hospitals are not just spaces of care but sites of control and exclusion, where the mentally ill are marginalized and dehumanized. Ishaa's narrative reflects the contradictions inherent in these institutions, where necessary medical care is often accompanied by feelings of isolation and alienation.

By the time we reach *To My Own Rescue: Let Ishaa Help Ishaa*, Ishaa begins to turn inward, exploring the process of self-healing. This chapter reflects Viktor Frankl's logotherapy, which suggests that finding meaning in suffering is essential for overcoming it (Frankl, 1946). Ishaa's journey towards self-rescue raises critical questions about the nature of healing—can one truly recover in isolation, or is communal support necessary for healing?

In *Accept, Grow, Learn: Lessons for a Lifetime*, Ishaa reflects on her hard-won wisdom, a journey that aligns with the concept of post-traumatic growth as described by Tedeschi and Calhoun (2004). Their work suggests that trauma, while deeply painful, also offers the potential for personal growth and transformation—a theme that permeates Ishaa's memoir. This raises an important philosophical

question: Is suffering necessary for growth, or can wisdom be found in the absence of pain?

Finding a Voice: Notes to Myself marks a pivotal moment in the memoir where Ishaa reclaims her voice and agency. Drawing on narrative psychology, which posits that the stories we tell ourselves shape our identities, Ishaa's writing becomes an act of empowerment, reclaiming control over her narrative (McAdams, 2001).

The memoir concludes with *Living with Gratitude: Holding On and Letting Go,* where Ishaa reflects on the importance of gratitude in her healing process. This resonates with the work of Martin Seligman (2002), who found that gratitude practices can significantly improve mental well-being. Ishaa's emphasis on gratitude provides a poignant message that even in the face of suffering, there are always elements worth appreciating.

Finding Order in Disorder is a compelling narrative that weaves together personal testimony with broader psychological, sociological, and philosophical reflections on mental illness, particularly bipolar disorder. By utilizing her lived experiences, Chopra offers a critical exploration of the complexities surrounding mental health, emphasizing how it intersects with societal expectations, personal identity, and institutional frameworks. The memoir highlights the nuanced struggles faced by individuals with bipolar disorder, and in doing so, contributes significantly to the ongoing discourse about mental health awareness in contemporary society.

In the current global context, Ishaa Chopra's memoir resonates profoundly as mental health receives increasing attention in both personal and professional settings. The narrative serves as a mirror to the challenges that individuals with bipolar disorder face in environments that prioritize emotional stability and productivity—two often contradictory ideals within the modern workplace ((Kuo et al., 2021; Monteiro, & Joseph, 2016). Chopra's story invites critical reflection on the societal values of order, success, and emotional control, questioning the inherent stigma surrounding mental illness. This raises pertinent questions: What does it mean to have a "disorder" in a society that values uniformity and achievement? How does one reconcile emotional vulnerability with a culture that often views it as a weakness (Goffman, 1963)? These interrogations deepen the reader's

understanding of the ways mental health challenges are often misinterpreted and marginalized within society.

Moreover, the memoir addresses the role of privilege and socioeconomic status in accessing mental health care. The disparity in resources and opportunities for healing between different socioeconomic groups is a critical lens through which the narrative is examined. As studies have shown, individuals from lower socioeconomic backgrounds often encounter significant barriers to mental health care, such as financial constraints and lack of access to quality services (Yu & Williams, 1991). This raises the question: Could someone from a different socioeconomic background have had the same opportunities for healing and self-understanding? Chopra's reflection on this issue underscores the intersectionality between mental health, social class, and access to care, highlighting a systemic challenge that continues to persist across various contexts (Williams & Mohammed, 2009).

The memoir's relevance is further accentuated within the framework of contemporary mental health awareness. Scholars such as Marsha Linehan, who has worked extensively on dialectical behavior therapy for individuals with borderline personality disorder, and Erving Goffman's seminal work on stigma, provide theoretical underpinnings that help contextualize Chopra's narrative within broader psychological and sociological discourses (Linehan, 1993; Goffman, 1963). By drawing on these frameworks, Ishaa's memoir contributes to the growing body of literature on the stigmatization of mental health, calling for a shift in how society perceives individuals living with mental illness.

A critical aspect of the memoir is the genre in which it is situated. The term "memoir" traditionally refers to personal reflections written by individuals who have experienced significant life events, typically after those events have passed (Couser, 2011). However, Chopra's relatively young age raises the question: Is it premature for her to reflect on her experiences in the form of a memoir, or does this challenge our conventional understanding of the genre? As Couser (2011) notes, memoirs can be written at any stage of life, especially when the purpose is not merely to recount events but to process and make meaning of one's experiences. This distinction invites readers to reconsider the limitations of the

memoir form and expand its definition to include personal narratives that are ongoing, rather than completed.

In conclusion, Ishaa Chopra's memoir not only offers an intimate and deeply personal account of living with bipolar disorder but also serves as a critical cultural and social text that challenges contemporary understandings of mental illness. By linking individual experience with broader social structures, Chopra invites readers to consider the implications of mental health in today's society. The memoir contributes to ongoing conversations about the stigmatization of mental illness, the role of privilege in accessing care, and the importance of empathy and understanding in both personal and professional settings. In doing so, it provides a poignant reflection on how mental health intersects with societal expectations and raises important questions about identity, disorder, and the potential for healing.

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BOOK REVIEW

If Tomorrow Doesn't Come by Jen St. Jude (2023), Bloomsbury, pp 397

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Jen St. Jude's first book *If Tomorrow Doesn't Come* was published on 9 May 2023. The book falls under the Young Adult (YA) Apocalyptic Romance genre which combines speculative fiction LGBTQIA+ themes contemporary fiction and conversations about mental health. Avery Byrne, a queer adolescent battling undiagnosed clinical depression and an unspoken love for her best friend Cass is the protagonist of the story. On the day that Avery intends to take her own life, it is announced that an unstoppable asteroid will strike Earth in nine days. Avery fights for her life facing her secrets and looking for hope in the face of impending disaster determined to spare her loved ones more suffering. The book has 30 chapters/ The book has received accolades for its moving examination of depression queerness and the state of humanity at the end of the world. This book is an important contribution to modern young adult literature because it delivers a gripping story that combines themes of love mental health and existential urgency.

Jen St. Jude explores love loss and the quest for identity in depth in her poignant and emotionally charged book *If Tomorrow Doesn't Come* especially as it relates to the LGBTQIA+ community. The book explores tough topics like mental health suicidal thoughts and the difficulties queer people face in a society that frequently doesn't understand them through the eyes of its young adult protagonist. The book explores what it means to feel unheard and invisible, in all its rawness. And how the weight of these feelings can often influence choices that can potentially

change one's life. There are secrets about Avery Byrne. She has undiagnosed clinical depression, is queer, and is in love with her closest friend, Cass. However, the world learns that there are just nine days left until an asteroid is destined for Earth and that no one can stop it on the morning when Avery intends to jump into the river next to her college campus. Avery tries to survive for only nine more days in order to save Cass and her family more suffering. Avery would stop at nothing to save the people she cares about as time runs out and secrets gradually surface. Above all, though, she learns how to save herself, by telling the truth and getting her the help she requires. Rekindle hope in the remaining tomorrows.

Avery struggles with whether she should stay in a world that feels so isolating all the time as the weight of internalized shame and social rejection pushes her to the limit. A central theme in *If Tomorrow Doesn't Come* is the quest for self-acceptance in a society that is not always accepting of queer people; the novel does a remarkable job of capturing the emotional complexity of coming out of the closet. Anyone who has struggled to balance their personal identity with external expectations can identify with Avery's struggles. Fundamentally, *If Tomorrow Doesn't Come* is about the transformational potential of love and connection. Even though Avery's emotional journey is full of hardship and hopelessness there are times when a human connection gives her otherwise gloomy world a glimmer of hope. Her relationships both romantic and platonic serve as a reminder that love can be the driving force behind our existence and that others can offer us understanding and healing. Even though Avery's relationships, her friends, her love interest and her quest to comprehend her family, are complex, they are, ultimately, sources of strength. These exchanges demonstrate how even in the most trying times connecting with people and reaching out to them can provide a lifeline even if it initially appears flimsy or far away.

Jen St. Jude writes in an approachable and emotionally impactful style. The steady pacing alternates between introspective self-doubting moments and frantic fast-paced scenes that illustrate Avery’s sense of pressure to make decisions regarding her future. The structure of the book also effectively illustrates Avery’s internal development. Avery’s emotional state is gradually revealed to the reader as the story progresses allowing them to fully comprehend the extent of her distress. The story is able to portray Avery's internal conflicts such as her

battle with depression suicidal thoughts and the difficulties of navigating her queer identity because of this close-knit viewpoint and a fragmented process of thought. Avery frequently uses jumbled fragmented sentences to reflect on her life throughout the book reflecting her internal conflict and emotional instability. When she thinks about her queerness or her loneliness this is particularly clear. For example, Avery may experience sudden swings between feeling briefly optimistic about a relationship and giving in to her intense sadness over her lack of acceptance. Her mental health issues are highlighted by this fractured thought pattern which also captures the erratic nature of depression and self-doubt.

It illustrates how Avery's feelings of rejection and bewilderment are unavoidable combining her pain from the past and present into a continuous battle with no apparent end in sight. A few sight, without moments of clarity and reflection. Avery's epiphanies in which she momentarily experiences empathy or understanding are frequently framed by a change in tone in the story. The language becomes more thoughtful and grounded when Avery confides in a friend or starts opening up to a new romantic interest. Her capacity for recovery and personal development is demonstrated by these epiphanies which stand in stark contrast to the novels darker moments. For instance, following an emotional, connection Avery may briefly feels hopeful again and the story slows down and uses more coherent and descriptive language to represent her capacity to regain emotional and mental control.

Occasionally, Avery may address the reader directly sharing her anxieties about the future or candidly describing her emotional state. The narrative's contemplative frequently disjointed style reflects Avery's mental state her thoughts are occasionally disorganized alternating between hopeful and depressing moments which is consistent with the books examination of mental health. The narrative is a characteristic piece of stream of consciousnes, and considering the theme, the disconnected confusing narrative style of the novel is in sync with the disorientation caused by mental illness, which the book effectively portrays. Her journey toward self-acceptance and healing feels urgent and personal because of Avery's unvarnished unadulterated voice which allows readers to share in her loneliness and confusion. The novel's themes of emotional upheaval, the need for connection and the potential for change are

all expertly complemented by the narrative style and reflective moments. This strategy highlights the intricate non-linear process of navigating identity and mental health issues, while also encouraging empathy for Avery's character.

If Tomorrow Doesn't Come is an essential and relevant addition to the current queer literary canon. This book serves both a warning and a ray of hope in a world where the suicide rates among LGBTQIA+ community are still startlingly high. Many readers, especially the queer readers, can relate to Avery's journey because of her struggles with her mental health and suicidal inclinations. The book also imparts an important lesson: even when it seems like tomorrow will never come, that love, hope, and healing are all possible. The book's most essential part is its acceptance of the problem but at the same time showing its readers, practically, tat love, hope and healing are 100% attainable even if at the time at may not seem like it. Therefore, the book's strength lies in its capacity to confront the problem head front and ultimately saying that, even though there isn't a spelled out solution, because every individual's problem is different, healing is certainly possible and attainable. This book is a recommended reading for anyone who wants to explore the complexities of queer identity and mental health. It is not only a comprehension aid but also a source of consolation and validation for readers who may be facing similar issues. *If Tomorrow Doesn't Come* is an important work in the conversation of queer mental health and suicide as St. Jude's book sensitively and honestly portrays mental health difficulties.

BOOK REVIEW

Profiles in Mental Health Courage by Patrick J. Kennedy and Stephen Fried (2024) Dutton Penguin Random House. Pp. 320, INR 1150 (Hardcover), INR 180 (Kindle).

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Patrick J. Kennedy's Profiles in Mental Health Courage is a deeply moving and inspirational book that sheds light on one of the most misunderstood and under-discussed aspects of human life - mental health. The book presents a series of 12 stories that celebrate resilience, courage, and the unbreakable human spirit. For Indian readers, this book offers valuable lessons on empathy, understanding, and the urgent need to address mental health challenges in our own cultural context.

Patrick J. Kennedy is a former U.S. Congressman and a member of the renowned Kennedy family. His personal struggles with bipolar disorder and addiction including witnessing some of his family members undergoing their own challenges, prompted him to work to bring mental health issues to the forefront and remove stigma surrounding it.

Stephen Fried, an award-winning journalist and bestselling author, co-wrote Profiles in Mental Health Courage with Kennedy. They collaborated previously on the book 'A Common Struggle', published in October 2015 by Penguin. Fried's compelling narratives and deep investigative reporting on topics related to health, medicine, and society have been invaluable in making this book relatable across cultures.

Patrick J. Kennedy's journey into the world of mental health advocacy is not just professional but profoundly personal. As a member of the Kennedy family—a dynasty often in the public eye—he has openly shared his struggles with bipolar disorder, addiction, and depression. His honesty about his own battles sets the tone for the book, making it a heartfelt and authentic read. For Indian readers, where conversations about mental health are often cloaked in stigma, Kennedy's vulnerability feels both refreshing and necessary.

He emphasizes repeatedly that his motive to write this book on mental illnesses is not to shame nor judge people but to bring to light the struggles that people with mental illnesses face day in and day out, which are no less than the wars that have happened so far. He believes that mental health is one of those things that everybody experiences but nobody talks about.

The author touches on a lot of sensitive issues including suicidal ideations and how they are far too common amongst those who have experienced relationship trauma or abuse of any sort, especially when they were powerless children. This is evidenced by the myriad stories narrated in the book.

It emphasizes how having an insight into what is happening is not enough and the need for professional therapeutic help is essential. This is especially true for those who publicly advocate for mental health but are undergoing pain.

The book's core strength lies in its storytelling. Kennedy introduces readers to a diverse array of individuals who have faced mental health challenges head-on and emerged stronger. These profiles include people from various walks of life like veterans coping with post-traumatic stress disorder (PTSD), parents advocating for their children with special needs, and even public figures who have used their platforms to destigmatize mental health issues.

While the book is primarily set in the United States and provides those statistics, the themes it explores—stigma, resilience, and the power of community—are universal. Indian readers will find parallels in their own society, where mental health is often taboo, and seeking therapy is seen as a last resort. Kennedy's

emphasis on breaking the silence around mental health feels especially relevant in a country grappling with rising rates of anxiety, depression, and suicide.

One particularly poignant story features a mother advocating for better mental health care for her child. Her journey—marked by frustration with a broken system but also incredible perseverance—mirrors the struggles of many Indian families navigating the country's overburdened mental health infrastructure. This narrative serves as a call to action, urging readers to push for systemic change while also offering hope that individual efforts can make a difference.

Each story is a testament to resilience and the importance of seeking help. For instance, the chapter about a teacher who overcame depression to create a support network for her students is particularly inspiring. In an Indian context, where teachers often play a pivotal role in shaping young minds, this story underscores the need for educators to prioritize their own mental well-being.

India faces a daunting mental health crisis. According to the National Mental Health Survey (NMHS) conducted in 2015-16, nearly 14% of India's population requires active mental health interventions, yet the treatment gap—the proportion of people needing care but not receiving it—is as high as 83%. This gap is a stark reminder of the systemic challenges that hinder access to mental health services in India (Mental Health in India – A Growing Concern, Care Me Health).

Suicide rates in India are alarmingly high. The National Crime Records Bureau (NCRB) reported over 1,64,000 suicides in 2021 alone, with a significant number of cases involving young people aged 18-30 (India Mental Health Observatory, IMHO). Contributing factors include academic pressure, unemployment, and family conflicts, exacerbated by the stigma surrounding mental health.

Adding to the problem is the acute shortage of mental health professionals. India has fewer than 9,000 psychiatrists and around 2,000 clinical psychologists to serve a population of over 1.4 billion. This translates to approximately 0.75 psychiatrists per 100,000 people, far below the recommended ratio of 3 per 100,000 by the World Health Organization (Mental Health Workers Data by Country, WHO).

Access to mental health services is further hindered in rural areas, where the availability of specialized care is almost non-existent.

The Mental Healthcare Act (MHCA) of 2017 is a landmark piece of legislation in India, designed to protect the rights of individuals with mental illnesses and ensure access to care. The Act decriminalized suicide, recognizing that those attempting it require care and support rather than punishment. It also guarantees the right to affordable mental health services and aims to reduce stigma by promoting awareness.

Despite its ambitious goals, the implementation of the MHCA faces significant challenges. Budgetary allocations for mental health remain low, constituting less than 1% of the total healthcare budget. Furthermore, a lack of trained professionals and infrastructure continues to hinder the Act's effectiveness.

For Indian readers, the book's message is clear that mental health is not a luxury, it is a necessity. Kennedy's stories highlight the importance of early intervention, the role of community support, and the transformative power of sharing one's struggles. These lessons are particularly important in a country where mental health resources are scarce and societal pressures often discourage open dialogue.

The book also challenges stereotypes about who can be affected by mental health issues. By featuring stories of soldiers, teachers, parents, and celebrities, Kennedy underscores that mental illness does not discriminate. This is a vital reminder for Indian society, where mental health problems are often dismissed as a "western" issue or a sign of personal weakness.

Kennedy's writing is simple, direct, and deeply empathetic. He avoids clinical jargon, making the book accessible to a broad audience. The tone is conversational, almost as if he is sitting across from you, sharing these stories over a cup of chai. This approach makes the book particularly appealing for Indian readers, who may be new to discussions about mental health but are eager to learn.

Moreover, the book's structure—short, standalone chapters—makes it easy to read in small doses.

One of the book's most inspiring aspects is its focus on advocacy. Kennedy not only shares stories of individual courage but also highlights the importance of systemic change. From advocating for better healthcare policies to creating more inclusive workplaces, the book offers practical steps that individuals and communities can take to support mental health.

For Indian readers, this emphasis on advocacy is particularly timely. With its growing population and unique cultural challenges, India cannot afford to ignore the mental health crisis any longer. The Mental Healthcare Act of 2017 was a significant step forward, but there is still much work to be done in terms of implementation and awareness. Kennedy's stories can serve as a blueprint for grassroots activism, inspiring readers to become agents of change in their own communities.

Critique and Limitations

While the book is undeniably powerful, it does have its limitations. The focus on American stories and systems may feel somewhat distant for Indian readers. The book also skips on multiple techniques and therapies that can provide a more targeted help, but focuses more on traditional therapies. Additionally, readers looking for a more in-depth analysis of mental health conditions may find the book lacking in technical details.

Each of the stories feel like a mini biography that provide us with a holistic view of the person's life. However, it does feel heavy to read and can only be read slowly.

Final Thoughts

The book is inspiring and leaves one feeling heard, seen and understood, the holy trifecta of emotional healing. It provides a lot of hope and courage to its readers. More importantly, it has the potential to reduce the stigma surrounding mental illnesses.

Kennedy's book is evidence that healing happens where stories are told . We can add to that that healing happens where stories are told and received with care and empathy.

So go ahead and pick up this book meant not only for those undergoing mental health challenges, but also their care givers, family members, mental health professionals who seek to understand the "lived experience" of their patients, and anyone who is interested to learn more about what it is like to live with mental health issues.

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NATIONAL SUICIDE PREVENTION STRATEGY REVIEW

India's National Suicide Prevention Strategy 3: A Step Forward or Mere Paper Progress?

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In the face of an escalating mental health crisis and alarming suicide rates, India's National Suicide Prevention Strategy (NSPS) stands as a beacon of hope—or at least, it's meant to be. For years, mental health issues in India have been relegated to the margins of public discourse, overshadowed by deep-rooted stigma, lack of infrastructure, and a profound disconnect between policy and practice. With the introduction of the NSPS, the Indian government has set ambitious goals for suicide prevention, aiming to reduce suicide rates by 10% by 2030. But while this strategy is undeniably a step in the right direction, questions remain: Is the strategy robust enough to make a meaningful difference in a country of over 1.4 billion people? And will it actually lead to tangible improvements in the lives of those at risk?

A Country in Crisis: The Need for Action

India's suicide statistics are deeply disturbing. India is one of the leading contributors towards suicides in the word with 36.6% for women in 2016 and 24.3% among men. Statistics show that the suicide rates have subsequently increased since 2020 from 10.2 to 11.3 per 100,000 population. The highest suicide rates are seen among youth, particularly in the age group of 15-29, with pressure from academic performance, job insecurity, and societal expectations playing a significant role. Suicide rates are disproportionately high in rural areas, where access to mental health care is scarce and cultural taboos surrounding mental

illness are more pronounced. Vulnerable groups, such as those belonging to financially weak sections of the society and individuals without access to education and higher professional degrees, LGBTQ+ individuals, and those suffering from chronic illnesses, are at particular risk.

This crisis, however, goes beyond numbers. Every suicide represents a deep, underlying failure—be it in social structures, healthcare systems, or in how we perceive and handle mental health. The World Health Organisation has highlighted suicide as a serious public health concern in India and has called for a comprehensive suicide prevention strategy tailored to India's sociocultural, economic, and health context. The guidance from World Health Organization lays down directives for individuals from different sectors of society- individuals, grassroot awareness, early identification and intervention, healthcare and community workers and government leaders- to join forces to tackle the root cause of Suicide.

The NSPS arrives at a moment of desperate need, as India's mental health system is underfunded and understaffed, and its societal response to suicide remains largely reactive rather than preventive. For a diverse country like India, it is imperative to understand the cultural undertones, untangle societal taboos and address the root cause of mental distress. For a strategy of this magnitude to succeed, all sectors of society has to work together to improve accessibility to support services, and foster a culture of understanding rather than judgment.

The Strategy: Key Pillars of Suicide Prevention

The NSPS is built around a few core themes: mental health promotion, capacity building for professionals, expanding access to mental health services, and increasing suicide surveillance. The action framework outlines the tasks for each sector with a timeline. Its targets are laudable, but its execution will determine whether these aspirations translate into real change. Let's take a closer look at the various pillars of the strategy.

1. Reinforce leadership and partnerships to drive advocacy for suicide prevention

One of the cornerstones of the NSPS is its emphasis on mental health awareness drives. There's a clear recognition that mental health, particularly in the context of suicide prevention, is a public health issue. A proactive approach to mental health literacy is key to de-stigmatizing the conversation about suicide and encouraging individuals to seek help before reaching crisis points. The emphasis is on advocacy to prevent suicides. The strategy envisions integrating mental health awareness into school curricula, launching public awareness campaigns, and training community and government leaders to identify early signs of distress.

However, while the intent is sound, India's deeply ingrained cultural and social norms present a significant barrier. The stigma surrounding mental health—especially suicide—is pervasive, and societal reluctance to discuss it can prevent people from accessing help when they need it most. Mental health awareness campaigns, while necessary, must be sensitive to the cultural fabric of different regions. A one-size-fits-all approach might not be effective. For example, rural populations, who are particularly vulnerable, might require community-based initiatives that resonate with their unique social structures and traditional beliefs.

Moreover, public awareness campaigns need to be far-reaching and continuous, not just isolated, short-term efforts. The success of these campaigns will depend on their ability to normalize mental health care as part of the larger conversation on health and wellness, rather than relegating it to a fringe issue.

2. Capacity Building for Professionals

The second major pillar of the NSPS is the capacity building of mental health professionals. It's no secret that India faces a severe shortage of trained mental health professionals who have received standardised training. There is a dearth of psychologists, counsellors, and social workers trained specifically in suicide prevention in India. The NSPS acknowledges this gap and proposes increased investment in training professionals at the grassroots level.

While training programs for health workers and community leaders are undoubtedly critical, the real challenge lies in ensuring that these newly trained professionals are supported and equipped with adequate resources to function effectively. This will require significant investments in infrastructure, ongoing professional development, and ensuring that those working in rural and underserved areas have access to support and supervision.

Furthermore, the strategy should not only focus on clinicians. Suicide prevention is inherently interdisciplinary, requiring input from teachers, police officers, social workers, and even family members. Thus, comprehensive, multi-level training for all relevant sectors is essential to create a network of support that can intervene early, de-escalate crises, and guide individuals toward the help they need.

3. Expanding Access to Mental Health Services

A critical shortcoming in India's mental health system is access. Even though urban centers may have a relatively better availability of mental health resources, rural areas—home to about majority of the population—often suffer from an acute shortage of facilities and professionals. The NSPS proposes increasing the availability of mental health services at both the primary and secondary levels of healthcare, particularly in underserved areas.

In addition to expanding mental health infrastructure, the strategy highlights the importance of integrating mental health care into primary healthcare settings—a model known as task-sharing. This is particularly important in rural and remote areas where access to specialized care is limited. By training general practitioners, family doctors, and nurses to recognize and address mental health issues, the government hopes to create a more sustainable and accessible system for mental health care.

However, integration into primary care alone may not be enough. Telemedicine and digital mental health interventions could be pivotal in reaching remote populations, especially when physical access to care remains a barrier. Expanding digital mental health services, especially through mobile apps, hotlines, and telepsychiatry, could play a vital role in bridging the gap. This would

be particularly valuable in reaching youth who are tech-savvy but may not feel comfortable seeking help in person.

4. Suicide Surveillance and Research

Another significant component of the NSPS 2 is improving the collection of data and suicide surveillance. Accurate data on suicide rates, risk factors, and demographic trends is essential to crafting effective interventions. Without comprehensive data, it's impossible to pinpoint where interventions are needed most, which populations are most vulnerable, or how effective policies have been over time.

The strategy proposes setting up a national suicide registry to track suicide statistics in real time, a crucial step in developing evidence-based policies. However, to be truly effective, this registry must not only capture the numbers but also provide in-depth insights into the social determinants of suicide, such as unemployment, relationship issues, and societal pressures, which often go unnoticed in traditional data collection methods.

Research into the effectiveness of various suicide prevention strategies will also be critical. While international evidence can guide India's efforts, local context matters. Adaptations may be necessary based on regional factors such as literacy rates, gender norms, and local health systems. The strategy's focus on research and data-driven decision-making will be pivotal in ensuring that interventions evolve based on real-time insights.

Challenges and Criticisms: The Gap Between Policy and Reality

Despite its strengths, the NSPS has faced criticism for its ambitious scope and the lack of a clear implementation plan. In a country as diverse and complex as India, the gap between policy and execution is often vast. Skepticism, remains regarding the strategy's feasibility, especially considering the lack of adequate funding, manpower, and political will to address mental health systematically. For the strategy to be truly effective, it must overcome several hurdles:

1. Financial Constraints: The Indian healthcare system is already underfunded, and mental health, in particular, has often been an afterthought. The success of the NSPS depends on robust financial backing, especially at the state and district levels.

2. Cultural and Social Barriers: While public awareness campaigns are crucial, the deeply ingrained social stigma around suicide and mental illness cannot be overcome overnight. The government must ensure that these campaigns are culturally sensitive and tailored to local contexts.

3. Sustainability: The strategy must not be a one-time effort or a government initiative that fades into obscurity. It needs long-term commitment, adequate resource allocation, and ongoing monitoring to ensure sustainability. Although the framework lays out clear directives for stakeholders, it must be ensured that every stakeholder carries out their duties effectively.

Conclusion: A Hopeful but Challenging Path Ahead

India's National Suicide Prevention Strategy represents a critical turning point in the country's approach to mental health and suicide prevention. With a clear focus on prevention, awareness, and capacity building, it lays the groundwork for a more compassionate, systematic response to an ever-growing crisis. However, its success will ultimately depend on the government's commitment to overcoming the chronic underfunding of mental health services, addressing the deep-rooted stigma, and ensuring effective implementation across the country.

The journey ahead is long and fraught with challenges, but if executed with care, sensitivity, and sustained effort, the NSPS has the potential to save countless lives and transform India's approach to mental health.

SUICIDE PREVENTION MENTAL HEALTH HELPLINE NUMBERS

State Wise List of Mental Health and Suicide Prevention Helpline Numbers:

Compiled by Arpita Naik.

Andaman & Nicobar

1. Maitreyi: 0413-2339999
2. TeleMANAS: 1-800-891-4416/14416 (24x7)

Andhra Pradesh

1. Health Helpline: 104
2. TeleMANAS: 1-800-891-4416/14416 (24x7)

Arunachal Pradesh

1. TeleMANAS: 1-800-891-4416/14416

Assam

1. TeleMANAS: 1-800-891-4416/14416

Bihar

1. Arogya Seva: 104
2. TeleMANAS: 1-800-891-4416/14416 (24x7)

Chandigarh

1. Asha Helpline: +91-172-2735436, +91-172-2735446
Timing: Mon-Sat (8 AM-7 PM)
2. Suicide Helpline: 0172-2660078, 0172-2661078

Chhattisgarh

1. Chikitsa Salah: 104
2. TeleMANAS: 1-800-891-4416/14416 (24x7)
3. Jeevan Suicide Prevention: 0657-6453841, 0657-6555555, 9297777499, 9297777500
Timing: Daily (10 AM-6 PM)

Delhi

1. Sumaitri: 011-23389090, 011-46018404, 9315767849
Timing: Mon-Fri (2 PM-10 PM), Sat-Sun (10 AM-10 PM)
2. Sanjeevani: 011-26862222, 011-26864488, 011-40769002
Timing: Mon-Sat (10 AM-5:30 PM)
3. Snehi: 011-65978181
Timing: Daily (2 PM-6 PM)
4. Fortis Stress Helpline: +91-8376804102 (24x7)

Goa

1. COOJ Mental Health Foundation: +91-832-2252525, +91-98225-62522
Timing: Mon-Fri (3 PM-7 PM)
2. TeleMANAS: 1-800-891-4416/14416

Gujarat

1. Jeevan Aastha Helpline: 1800-233-3330 (24x7)
2. TeleMANAS: 1-800-891-4416/14416

Haryana

1. TeleMANAS: 1-800-891-4416 / 14416

Himachal Pradesh

1. TeleMANAS: 1-800-891-4416 / 14416
2. 104: Timing: 8 AM-8 PM

Jammu & Kashmir

1. TeleMANAS: 1-800-891-4416 / 14416
2. 104: (24x7)

Jharkhand

1. TeleMANAS: 1-800-891-4416 / 14416

Karnataka

1. SAHAI: 080-25497777, +91-9886444075
Timing: Mon-Sat (10 AM-8 PM)
2. Mitram Foundation: 080-25722573, +91-9019708133
Timing: Daily (10 AM-4 PM)
3. NIMHANS Centre for Well-Being: 080-26685948, +91-9480829670
4. Arogya Sahayavani: 104 (24x7)

Kerala

1. Thanal Suicide Prevention Centre: 0495-2760000, +91-9495714262
Timing: Daily (10 AM-6 PM)
2. Maithri Kochi: 0484-2540530
Timing: Daily (10 AM-7 PM)
3. DISHA: 1056 / 104 (24x7)

Ladakh

1. TeleMANAS: 1-800-891-4416 / 14416

Madhya Pradesh

1. Sanjivani: 1253, 0761-2626622
2. TeleMANAS: 1-800-891-4416 / 14416

Maharashtra

1. The Samaritans Mumbai: +91-84229-84528, +91-84229-84529, +91-84229-84530
Timing: Daily (3 PM-9 PM)
2. Vandrevala Foundation: 1860-266-2345, 1800-233-3330 (24x7)
3. BMC Mental Health Helpline: 022-24131212 (24x7)
4. AASRA: 9820466726 (24 x 7)
5. Snehi: 9582208181 (10am – 10pm, all days)
6. Fortis Mental Health: 8376804102 (24 x 7)
7. iCALL TISS Helpline: 9152987821, 022-25521111 (Monday to Saturday, 8 AM to 10 PM)

Madurai

1. SPEAK2us: 9375493754

Manipur

1. TeleMANAS: 1-800-891-4416 / 14416

Meghalaya

1.TeleMANAS: 1-800-891-4416 / 14416

Mizoram

1. TeleMANAS: 1-800-891-4416 / 14416

Odisha

1. TeleMANAS: 1-800-891-4416 / 14416
2. Life: +91-78930-78930

Punjab

1. Medical Advice Helpline: 104 (24x7)
2. TeleMANAS: 1-800-891-4416 / 14416

Rajasthan

1. Hope Helpline for Students: 0744-2333666, 0744-2414141 (24x7)
2. TeleMANAS: 1-800-891-4416 / 14416

Sikkim

1. TeleMANAS: 1-800-891-4416 / 14416

Tamil Nadu

1. Sneha India Foundation: 044-24640050, 044-24640060

Timing: Mon-Sun (8 AM-10 PM)

Telangana

1. TeleMANAS: 1-800-891-4416 / 14416

Tripura

1. Suicide Prevention: +91-98631-00639
2. TeleMANAS: 1-800-891-4416/14416

Uttarakhand

1.Medical Consultation Helpline: 104 (24x7)

2.TeleMANAS: 1-800-891-4416 / 14416

Uttar Pradesh

1.TeleMANAS: 1-800-891-4416 / 14416

West Bengal

1.Lifeline Foundation: 033-24637401, 033-24637432

Timing: Mon-Sun (10 AM-6 PM)

CONTRIBUTORS' BIONOTES

Contributors

Omkar Bhatkar has been teaching and involved in theatre making, poetry, and cinema for a decade now and hopes to die painting. He writes and directs plays and makes independent feature films and documentaries. His works largely focus on Poetry in Motion, Existentialist Themes, and Contemporary French Plays in Translation. He has written and directed more than twenty plays, several of which have been performed at Art and Theatre Festivals. In collaboration with *Alliance Française de Bombay*, he has directed several Contemporary French Plays in English. Dr. Bhatkar's play '*Blue Storm*' and '*Raindrops on my Window*' was selected at the World Asia Playwrights Theatre Festival held in South Korea in 2021 and 2024 respectively. He is the artistic director of Metamorphosis Theatre and Films and was curator at St. Andrew's Centre for Philosophy and Performing Arts for six long years.

Moitrayee Das is an Assistant Professor of Psychology at FLAME University, Pune. She received her Ph.D & M.Phil in Management and Labour Studies from Tata Institute of Social Sciences (TISS), Mumbai. She has also completed an Executive Post Graduate Diploma in Analytics from TISS Mumbai. She holds an M.A. Degree in Applied Psychology with a specialization in Industrial Psychology and a Bachelor's degree in Psychology from the University of Mumbai. She currently teaches Industrial Psychology and Cross-Cultural Psychology. Her work has been featured in *The Hindu, Outlook India, Deccan Herald, Livewire, Feminsim in India, Telangana Today, HR Katha, Business Manager, The Sentinel and The Northeast Now, among* many others.

Arpita De is a practicing narrative therapist, consultant psychologist and a researcher in the field of mental health. She completed her MSc in economics from the University of Calcutta in the year 1988. in the first 20 years of her working life, she gathered experiences on a variety of jobs. She has submitted a PhD thesis on Marginalization and stigma relating mental illness from the Psychology Department of the University of Calcutta. She is the co-founder of Bandhu Narrative Allies which is a platform for exploring and training

in Narrative Practices with groups and communities. Inspired by the line 'personal is professional'; She has published books in Bengali and written articles on feminism & other issues relating mental health from her lived experience.

Aishe Debnath is an educator and Ph.D. scholar, currently serving as an Assistant Professor at the Department of Applied Psychology, University of Mumbai. With a Bachelor's degree in Psychology and Anthropology from St. Xavier's College, Mumbai, and a Master's degree specializing in Industrial-Organizational Psychology, she brings a wealth of academic and practical expertise to her role. Aishe is deeply committed to advancing psychological well-being and fostering a culture of growth and learning. Her academic journey is enriched by prestigious certifications, including the Science of Well-Being from Yale University, Appreciative Inquiry, and Psychological First Aid from Johns Hopkins University. Additionally, she has completed an Introductory course on Positive Psychology with Martin Seligman at the University of Pennsylvania and Foundations of Mindfulness at Rice University.

Ishita Deshmukh is an undergraduate student majoring in Psychology and minoring in Human Resource Management at FLAME University.. Ishita is deeply passionate about exploring workplace culture, productivity, and employee well-being, with a keen interest in understanding the motivations and aspirations that drive human behaviour in a societal context.

Nivedita Gogia is a health psychologist and an alumnus of Mumbai University and University of Central Lancashire, Preston, United Kingdom. She specializes in promoting emotional well-being through nervous system regulation practices, somatic work, and Emotional Freedom Technique (EFT). Her primary focus is working with people who grew up with relationship trauma and its effect on their health, adult relationships, and career. She is committed to empowering individuals to navigate their healing journeys through calm, sustainable, and intentional approaches.

Prisha Khanna is currently a undergraduate student at FLAME University, Pune. She is pursuing a major in Psychology with a minor in Digital Marketing and Communications. She is interested very much in research and works with her professors on research projects.

Xavier Menezes is a Junior Research Fellow at the Department of English, University of Mumbai, Santa Cruz (East), Mumbai- 400098. He is an alumnus of St. Xavier's College (Autonomous), Mumbai, and has completed his Masters from the Department of English, University of Mumbai. His fields of interest include the art produced by authors in marginal spaces and identities, the intersections of revolutionary ideas and literary genres, and the ways in which artists texture contemporaneity and experience into their chosen media. In addition to research, he has written articles in newspapers. His creative pursuits include writing short stories and composing poetry.

K. Nagalakshmi, is an Associate Professor at Annamalai University in the Department of Psychology, has extensive experience in teaching and research. She acted as a Principal Investigator in the TANSCHE-funded project. With wider teaching and research experience, she has guided numerous students in their academic pursuits and also published articles in reputed journals. She has also been awarded the best teacher award by the vice chancellor of Annamalai University. Further, she achieved a best research paper award.

Arpita Naik is a UGC Senior Research Fellow and PhD scholar in the Department of Applied Psychology and Counselling Centre at the University of Mumbai. She is also working as an Assistant Editor for the journal Sambhashan. She holds a master's degree in Applied Psychology.

Shobha Nayar is an Aotearoa New Zealand trained and registered occupational therapist who has worked in various roles in the field of mental health. She holds a PhD in occupational science, and she has held various roles in academic institutions in New Zealand, the United Kingdom, and India. Shobha is currently based in Chennai, India. She has a private practice as a therapist; and works as an independent academic, offering consultation services to academic institutions and postgraduate students in the area of qualitative research. She is currently senior associate editor for the international Journal of Occupational Science.

Aazka K. P. is an Assistant Professor of English at B. K. Birla College of Arts, Science and Commerce in Mumbai. She is a writer and editor as well, who has some published works to her name. She has presented papers in National and International conferences. She is interested in Queer Literature, Marginalised Literature, Tribal Literature and Film Studies.

Alokananda Rudra is a neurodevelopmental researcher with a special interest in autism. She has over ten years of working experience in the field of Developmental Psychology alongside reputed autism researchers, the autism community, autism advocates and charities, in India, the United Kingdom (UK) and Israel. Rudra was awarded the felix fellowship to do a Ph.D at the university of reading, (5 students chosen from India in a year), the Daphne Jackson fellowship for Postdoctoral research at Durham University, UK (awarded to only 2 applicants in a year from Durham University) and an Autistica early career leadership training award in 2021 in the UK (16 participants chosen from 100 applicants). Presently she is a Senior Research Analyst at Ummeed Child development Centre in Mumbai, India.

Muskan Shah is an aspiring clinical psychologist. She is currently pursuing her Master of Science in Clinical Psychology from Christ University, Bangalore. She holds a Bachelor of Arts degree in Psychology from FLAME University, Pune. She is very inquisitive in nature and has written articles for papers such as Telangana Today and The Sentinel. She has published a chapter on the impact of online shopping on cognitive processes in the book titled Human Cognition: In the Digital Era. She has presented a paper on Eco-Anxiety in students. She has also delivered a Student TedEd Talk on introducing art and music therapy in schools, available on the official YouTube page.

Arushi Sharma is an Assistant Professor of English at Gujarat National Law University, Silvassa Campus, DNHDD. She is a trainer for functional proficiency and professional proficiency courses. She has presented papers at National and International Conferences and has many publications in University Grant Commission (UGC) approved and UGC care listed journals and chapters in edited books. She has three co-edited books of poetry to her credit. She is a content writer for Institute of Distance and Open Learning, University of Mumbai (IDOL) for various courses in Business Communication and American Literature and for Jagat Guru Nanak Dev Punjab State Open University, Patiala.

Vatika Sibal is an associate Professor and Head, Department of Sociology, St. Andrew's College Graduate and Post graduate in Sociology from Pune University, Graduate in Law from Pune University. NET in Sociology and Doctorate from University of Mumbai. Her areas of interest lies in Gerontology- Sociology of Aging, Geriatric Care, Women, Cinema and Food culture and identity. She has thirty plus articles to her credit published in national and international journals and book chapters.

S. Srikumaran is a passionate research scholar at Annamalai University in the Department of Psychology. His work in the field of psychological research primarily focuses on exploring gratitude interventions among married couples in order to contribute valuable insights to the academic community. He also worked as a project fellow in the TANSCHE-funded project and completed the Research Methodology Course for M. Phil/PhD/PDF research scholars in social sciences sponsored by ICSSR.

Branca Teixeira is a passionate educator serving as a Learning Coach and Learning Support Coordinator for K-5 at the American School of Bombay. With a Bachelor's degree in Special Education, specializing in Intellectual Disabilities and Autism, she brings deep expertise to her role. Branca is dedicated to creating inclusive learning environments that support and empower diverse learners to reach their full potential. Her work focuses on fostering a culture of inclusion, collaboration, and accessibility, ensuring every student feels valued and supported. She works closely with teachers, students, and families to implement strategies and practices that promote engagement and growth. Through her commitment and expertise, Branca plays a vital role in shaping a learning community where every student thrives.

Yashna Vishwanathan is a disability support professional, trainer and supervisor presently working with Ummeed Child Development Center, Mumbai. In her over eight years of practice as a therapist, she works with disabled, neurodivergent children and young people at the intersections of various identity locations such as gender, sexuality and caste. Her therapy practices are disability, neurodivergence and queer affirmative and are informed by anti-caste principles. Yashna has been involved in several projects like 'Jugaad' – a little book of know-hows about mental health by young people, Fun Club – a leisure space for disabled young children, Pyaar Plus – Point of View and the Alternative Identity Project in collaboration with The Mind Clan.

Style Guide

Citation Style: Author-Date Referencing System of *The Chicago Manual of Style* (Chapter 15, 17th edition)

Authors should adopt the in-text parenthetical Author-Date citation system from Chapter 15 of the *Chicago Manual of Style* (17th edition).

Some examples are listed below

1) BOOKS

REFERENCE LIST ENTRY:

Book references should be listed at the end of the paper as "Works Cited" in alphabetical order.

Single Author

Carson, Rachel. 2002. *Silent Spring*. New York: HMH Books.

Dual Authors

Adorno, Theodor, and Max Horkheimer. 1997. *Dialectic of Enlightenment*. London: Verso.

Multiple Authors

Berkman, Alexander, Henry Bauer, and Carl Nold. 2011. *Prison Blossoms: Anarchist Voices from the American Past*. Cambridge: Harvard University Press.

Anthologies

Petra Ramet, Sabrina, ed. 1993. *Religious Policy in the Soviet Union*. New York: Cambridge University Press

IN-TEXT CITATION:

References to the specific pages of the books should be made in parenthesis within the text as follows:

(Carson 2002, 15)
(Adorno and Horkheimer 1997, 23)
(Berkman, Bauer, and Nold 2011, 100-102)
(Sabrina 1993, 122-135)

Please refer to 15.40–45 of *The Chicago Manual of Style* for further details.

2) CHAPTERS FROM ANTHOLOGIES

REFERENCE LIST ENTRY:

Chapters should be listed in "Works Cited" in alphabetical order as follows:

Single Author

Dunstan, John. 1993. "Soviet schools, atheism and religion." In *Religious Policy in the Soviet Union*, edited by Sabrina Petra Ramet, 158–86. New York: Cambridge University Press

Multiple Authors

Kinlger, Samual A., and Paul H. De Vries. 1993. "The Ten Commandments as values in Soviet people's consciousness." In *Religious Policy in the Soviet Union*, edited by Sabrina Petra Ramet, 187–205. New York: Cambridge University Press

IN-TEXT CITATION:

(Dunstan 1993, 158–86)

(Kingler and De Vries 1993, 190)

Please see 15.36 and 15.42 of *The Chicago Manual of Style* for further details.

3) E-BOOK

REFERENCE LIST ENTRY:

List should follow alphabetical order. The URL or the name of the database should be included in the reference list. Titles of chapters can be used instead of page numbers.

Borel, Brooke. 2016. *The Chicago Guide to Fact-Checking*. Chicago: University of Chicago Press. ProQuest Ebrary.
Hodgkin, Thomas. 1897. *Theodoric the Goth: The Barbarian Champion of Civilisation*. New York: Knickerbocker Press. Project Gutenberg. http://www.gutenberg.org/files/20063/20063-h/20063-h.htm
Maalouf, Amin. 1991. *The Gardens of Light*. Hachette Digital. Kindle.

IN-TEXT CITATION:

(Borel 2016, 92)
(Hodgkin 1897, chap. 7)
(Maalouf 1991, chap. 3)

4) JOURNAL ARTICLE

REFERENCE LIST ENTRY:

List should follow alphabetical order and mention the page range of the published article. The URL or name of the database should be included for online articles referenced.

Anheier, Helmut K., Jurgen Gerhards, and Frank P. Romo. 1995. "Forms of Capital and Social Structure in Cultural Fields: Examining Bourdieu's Social Topography." *American Journal of Sociology* 100, no. 4 (January): 859–903.

Ayers, Lewis. 2000. "John Caputo and the 'Faith' of Soft-Postmodernism." *Irish Theological Quarterly* 65, no. 1 (March): 13–31. https://doi.org/10.1177/002114000006500102

Dawson, Doyne. 2002. "The Marriage of Marx and Darwin?" *History and Theory* 41, no. 1 (February): 43–59.

IN-TEXT CITATION:

Specific page numbers must be included for the parenthetical references within texts

(Anheier, Gerhards, and Romo 1995, 864)

(Ayers 2000, 25-31)

(Dawson 2002, 47-57)

For further details please see 15.46–49 of *The Chicago Manual of Style*.

5) NEWS OR MAGAZINE ARTICLE

REFERENCE LIST ENTRY:

List should follow alphabetical order and need not mention the page numbers or range. The URL or name of the database should be included for online articles referenced.

Hitchens, Christopher. 1996. "Steal This Article." *Vanity Fair*, May 13, 1996 https://www.vanityfair.com/culture/1996/05/christopher-htichens-plagiarism-musings

Khan, Saeed. 2020. "1918 Spanish Flu cure ordered by doctors was contraindicated in Gandhiji's Principles". *Times of India*, April 14, 2020. http://timesofindia.indiatimes.com/articleshow/75130706.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

Klein, Ezra. 2020. "Elizabeth Warren has a plan for this too." *Vox*, April 6, 2020. https://www.vox.com/policy-and-politics/2020/4/6/21207338/elizabeth-warren-coronavirus-covid-19-recession-depression-presidency-trump.

IN-TEXT CITATION:

(Hitchens 1996)

(Khan 2020)
(Klein 2020)

See 15.49 (newspapers and magazines) and 15.51 (blogs) in *The Chicago Manual of Style* for further details

6) BOOK REVIEW

REFERENCE LIST ENTRY:

Methven, Steven. 2019. "Parricide: On Irad Kimhi's Thinking and Being." Review of *Thinking and Being*, by Irad Kimhi. *The Point Magazine*, October 8, 2019

IN-TEXT CITATION:

(Methven 2019)

7) INTERVIEW

REFERENCE LIST ENTRY:

West, Cornel. 2019. "Cornel West on Bernie, Trump, and Racism." Interview by Mehdi Hassan. *Deconstructed*, The Intercept, March 7, 2019. https://theintercept.com/2019/03/07/cornel-west-on-bernie-trump-and-racism/

IN-TEXT CITATION:

(West 2019)

8) THESIS AND DISSERTATION

REFERENCE LIST ENTRY:

Rustom, Mohammed. 2009. "Quranic Exegesis in Later Islamic Philosophy: Mulla Sadra's *Tafsir Surat al-Fatiha*." PhD diss., University of Toronto.

IN-TEXT CITATION:

(Rustom 2009, 68-85)

9) WEBSITE CONTENT

REFERENCE LIST ENTRY:

Website content can be restricted to in-text citation as follows: "As of May 1, 2017, Yale's home page listed . . .". But it can also be listed in the reference list alphabetically as follows. The date of access can be mentioned if the date of publication is not available.

Anthony Appiah, Kwame. 2014. "Is Religion Good or Bad?" Filmed May 2014 at TEDSalon, New York. https://www.ted.com/talks/kwame_anthony_appiah_is_religion_good_or_bad_this_is_a_trick_question

Yale University. n.d. "About Yale: Yale Facts." Accessed May 1, 2017. https://www.yale.edu/about-yale/yale-facts.

IN-TEXT CITATION:

(Anthony Appiah 2014)
(Yale University, n.d.)

For more examples, see 15.50–52 in *The Chicago Manual of Style*. For multimedia, including live performances, see 15.57.

9) SOCIAL MEDIA CONTENT

REFERENCE LIST ENTRY:

Social media content can be restricted to in-text citation without being mentioned in the reference list as follows:

Conan O'Brien's tweet was characteristically deadpan: "In honor of Earth Day, I'm recycling my tweets" (@ConanOBrien, April 22, 2015).

It could also be cited formally by being included in the reference list as follows:

Chicago Manual of Style. 2015. "Is the world ready for singular they? We thought so back in 1993." Facebook, April 17, 2015. https://www.facebook.com/ChicagoManual/posts/10152906193679151.

Souza, Pete (@petesouza). 2016. "President Obama bids farewell to President Xi of China at the conclusion of the Nuclear Security Summit." Instagram photo, April 1, 2016. https://www.instagram.com/p/BDrmfXTtNCt/.

IN-TEXT CITATION:

(Chicago Manual of Style 2015)
(Souza 2016)

9) PERSONAL COMMUNICATION

REFERENCE LIST ENTRY:

The expression "personal communication" covers email, phone text messages and social media (such as Facebook and WhatsApp) messages. These are typically cited in parenthetical in-text citation and are not mentioned in the reference list.

IN-TEXT CITATION:

(Sam Gomez, Facebook message to author, August 1, 2017)

Notes should preferably be listed as endnotes, followed by a works cited/references column.

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https://mu.ac.in/sambhashan

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