CHAITANYA PSYCHOLOGY
STUDY CENTRE

Finding the HERO within;

संवादातून आशेकडे, आशेतून जगण्याकडे

"डोईचा पदर आला खांद्यावरी। सांगते मी गुपित या संसारी।
दुःख सांगावे जना। मन हलके होई मना॥" *(जनाबाई)*

CHAITANYA PSYCHOLOGY STUDY CENTRE: NASHIK

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Gov. Reg. No: MH-23-0000568 M: 9890614667

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Editor's Note: Rewriting the Narrative

From Despair to Hope, From Silence to Support, From Survival to Strength.

"When a story feels like it has reached its end, perhaps what is needed is not a full stop, but a comma—a pause, a breath, and the shared courage to write the next sentence together."

From the Classroom to the Front Lines: A Personal Genesis

My journey into suicide prevention began not in a clinical setting or crisis room, but behind an academic podium. Back in 2015–16, while teaching Psychopathology and Diagnostics, I shared a story with my class about Mr. Amitabh Bachchan's historic financial crisis and resilience. I quoted a line famously passed down to him by his father, Harivansh Rai Bachchan: "जब मन का हो तो अच्छा, न हो तो और भी अच्छा" ("If things happen according to your wish, that is good; but if they don't, that is even better—because it extracts your true potential").

A few days later, a student walked up to me to say thank you. Surprised, I asked her why. She confessed that she had been silently struggling with severe suicidal ideation for two weeks due to overwhelming family turmoil. She was on the verge of giving up, but that single shift in perspective gave her the pause she needed to choose life. That moment transformed suicide from a textbook diagnosis into a raw, human reality for me.

Years later, during the harrowing first wave of the COVID-19 pandemic, I received an afternoon call from an employee. The tone of his greeting immediately felt unusual. He was standing at a critical juncture, ready to end his life, and had called to say a final word. We spoke for nearly an hour, navigating his darkness until he agreed to step back from the edge.

Yet, despite these moments of intervention, I have also felt the crushing grief of loss—including losing my own best friend to suicide.

These experiences made one truth undeniably clear: academic theory is not enough. We urgently need widespread, compassionate awareness and active dialogue. It was this conviction that compelled me to invite students, academicians, and practitioners to come together and lend their voices to this deeply sensitive volume.

The Paradigm Shift

At the intersection of human vulnerability and psychological resilience lies the profound responsibility of how we speak about pain. For far too long, the discourse surrounding suicide and severe psychological distress has been shrouded in judgment, clinical detachment, or heavy silence. This collection of articles marks a deliberate, compassionate departure from those old

paradigms. Aligned with the global imperative—"Changing the Narrative on Suicide"—this series brings together diverse, insightful voices from clinicians, academic scholars, practitioners, and students to dismantle stigma, reframe suffering, and restore hope.

By weaving rigorous psychological frameworks with cultural narrative, literary analysis, cinematic critique, and personal reflection, this volume demonstrates that suicide prevention is not merely a reactive crisis intervention; it is a continuous, collective act of building environments where human life remains liveable, meaningful, and deeply connected.

An Acknowledgment of Our Contributors

We extend our profound gratitude to the authors whose intellectual rigor, clinical wisdom, and emotional honesty have given this series its depth, heart, and transformative power:

- ***Tanushree** Raskar (Psychology Student) provides a masterclass in shifting society's foundational questions—moving us from "Why were they weak?" to "What made life feel impossible to continue?" Her articulate integration of cognitive entrapment, the Integrated Motivational-Volitional (IMV) model, and interpersonal dynamics grounds the series in evidence-based empathy.*
- ***Anushka** Gupta contributes two pivotal perspectives: a poignant narrative exploring the journey from existential failure to purpose (Life: A question about purpose!), and an insightful commentary on positive psychology and classic literature (The Grass on the Opposite side!), drawing upon Viktor Frankl, Shakespeare's Hamlet, and Mary Shelley's Frankenstein to illustrate how resilience transforms momentary suffering into long-term meaning.*
- ***Mr. Saurabh** Chavan (Psychologist, Founder of Healing Hearts Counselling Services, and Assistant Professor at Pimpri Chinchwad University) bridges existential philosophy and modern clinical practice. His exploration of Viktor Frankl's logotherapy challenges us to look beyond symptom management to address the "existential vacuum" facing contemporary youth, offering concrete pathways through contribution, love, and stance.*
- ***Afreen** Ansari (BA Psychology) delivers a poignant call to action regarding the social double standard of empathy (Changing the Narrative: From Judgement to Understanding). Her work bravely addresses how society often dismisses living cries for help as "attention-seeking," reminding us that prevention must begin long before a crisis reaches its breaking point.*

- ***Ms. Mrunal** B. Sonawane offers a holistic synthesis by drawing parallels between ancient elemental balance (Naturopathy, Yoga, Ayurveda) and psychological health (From Fixing the Moment to Healing the Whole). She compellingly argues that true prevention restores a person's interconnected ecosystem—body, mind, community, and purpose.*
- ***Ms. Sakshi** Narendra Pujari (Asst. Prof., Dept. of Psychology, Bhonsala Military College) uses popular culture (Chhichhore) to unpack academic pressure, parental expectations, and the dangerous conflation of temporary failure with personal identity, demonstrating the protective power of community and shared vulnerability.*
- ***Mrs. Ruta** Pandit (Trainer-Facilitator-Author) provides a nuanced cultural and gender-based critique through the lens of the film Girl, Interrupted. Her analysis highlights how systemic expectations, historical diagnoses, and the quality of interpersonal bonds shape female distress, reinforcing the need for multi-layered understanding.*
- ***Ms. Radhika** Murkute (Student, Psychology & Sanskrit) brings poetic elegance to the volume (थांब जरा...), capturing the emotional weight of despair and offering a poetic plea for patience, self-compassion, and second chances.*
- ***Ms. Sanchita** Sodhe succinctly captures the essence of supportive intervention in her verse (A Comma, Not a Full Stop), reminding us that presence can turn an intended ending into a pause for renewal.*
- ***Ms. Khushboo** Pratap (Educator & Counsellor) offers a warm, accessible poetic dialogue (एक बातचीत की कहानी), illustrating how simple, non-judgmental listening and small acts of connection can pierce through isolation.*
- ***Ms. Yashashree** Raje Deshmukh (M.A. Psychology) deeply explores Thomas Joiner's Interpersonal Theory of Suicide (You Matter Here: Belongingness and Suicide Prevention), emphasizing that cultivating a genuine sense of belonging and mutual worth is our strongest protective barrier against despair.*
- ***Ms. Prajakta** B. Khandetod (Clinical Psychologist & Counsellor) reflects on the biographical film Chandu Champion, presenting a compelling case for how human connection and adaptive goal-setting allow individuals to reconstruct purpose after catastrophic life changes.*
- ***Ms. Shreya** V. Pardeshi (Clinical Psychologist & POSH Trainer) addresses the crucial role of*

emotional intelligence, warning signs, and social stigma, providing practical insights on how family systems and communities can look beneath surface behaviors to extend timely support.

- ***Ms. Prerna** Tiwari (Psychologist, UK)raise a fundamental question: "Did they ever actually feel safe enough to ask for help?" Her work shifts the responsibility from the individual carrying pain to the community tasked with creating unconditional psychological safety.*
- ***Ms. Nihareek** Khandekar, Psychology student, provides a masterclass on the internal trajectory of despair (When Hope Feels Lost: Understanding the Genesis of Suicide and the Architecture of Prevention). By examining Mark Williams' 'Cry of Pain' model, cognitive constriction, and Joiner's concepts of thwarted belongingness and perceived burdensomeness, Nihareeka deconstructs the illusion of "sudden" crisis. The work reveals how psychological erosion transforms defeat into entrapment, and offers a clear, multi-layered blueprint for intervention—from restricting lethal means to dismantling silence through direct, compassionate questioning.*
- ***We conclude this volume with a powerful, real-life account of recovery—a true story of a 21-year-old law student, Maya (name changed), whose journey from a crisis point to psychological self-reliance embodies the core mission of this publication.***

Maya's story serves as a vital reminder to every student and reader that an attempt to end one's life is not a desire to end existence, but a desperate cry to end unmanageable pain. When we combine professional guidance with self-reliance, micro-victories, and compassionate connection, the narrative fundamentally changes—reminding us all that when pain feels overwhelming, what we need is a comma, not a full stop.

The Editorial Imperative

To read this collection is to accept an invitation to act. Suicide prevention does not belong solely to clinical settings or crisis hotlines; it belongs to everyday conversations, family dinner tables, classrooms, workplaces, and artistic expressions.

When we change the language we use—moving from criminalized vocabulary to supportive care, from judgment to active listening, and from isolating pressure to shared

belonging—we do more than prevent loss. We create a world where human pain is met with grace, and where every individual is reminded that their story is far from over.

We extend our deepest respect to all the contributors, for lending their expertise, empathy, and voices to this critical volume.

I am especially thankful to Ms Prajakta and Ms Nihareeka for helping me in the DTP work.

Dr Tanmay L Joshi,

Founder, Chaitanya Psychology Study Centre,

M: 9890614667

Helpline & Support Resources

If you or someone you know is experiencing emotional distress or suicidal thoughts, please reach out to these free, confidential, 24/7 helplines:

- **Tele-MANAS: 14416 or 1800-891-4416**
- **KIRAN Helpline: 1800-599-0019**
- **Vandrevala Foundation: 1860-266-2345**
- **AASRA: +91 9820466726**
- **Connecting...: +91 9922001122**
- **COOJ Mental Health Foundation: +91 8322252525**
- **Sneha India: +91 4424640050**
- **Roshni Trust: +91 4066202000**

The Ultimate Follow-On:

Building Your Miracle When Life Pushes You to the Brink

- **Dr Tanmay Laxmikant Joshi**

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In March 2001, at Eden Gardens in Kolkata, the Indian cricket team faced a situation that felt entirely hopeless. Steve Waugh's dominant Australian side had won 16 consecutive Test matches and forced India to follow on after bowling them out for 171 in response to Australia's first-innings total of 445. The match was widely assumed to be over.

Yet, what unfolded over the next three days became one of the greatest comebacks in sporting history. Beyond tactical skill, India's turnaround offers a real-world masterclass in organizational psychologist Fred Luthans' concept of Psychological Capital (PsyCap)—represented by the acronym **HERO: Hope, Efficacy, Resilience, and Optimism**.

For students, this legendary match isn't just sports history; it is a blueprint for navigating personal crises.

What Does a "Follow-On" Look Like in Student Life?

In cricket, the follow-on is the ultimate symbol of being backed into a corner. You've batted once, you've fallen far short of the target, and instead of getting a fresh start or a clean slate, you are immediately sent right back out to face the exact same pressure, the exact same opponents, and overwhelming odds.

In student life, a follow-on happens when:

- An entrance exam result or semester grade shatters your expectations.
- A major project or competitive application you poured your heart into collapses.
- You feel like you failed once, and now life demands that you step right back out and face the immediate consequences without a breather.

When you are in the middle of a follow-on, the noise around you—and the doubt inside your head—can be deafening. But Rahul Dravid and V.V.S. Laxman didn't wipe out a massive 274-run deficit in a single ball or with reckless shortcuts. They rebuilt their psychological core using the HERO framework, step by step.

Rebuilding Your Core: The HERO Framework for Students

1. HOPE: Redirect Your Path When the First Plan Fails

- The Kolkata Miracle: Following on, the traditional strategy had failed. Captain Sourav Ganguly and management made a bold, flexible choice: they changed the batting order and promoted V.V.S. Laxman to No. 3 ahead of Rahul Dravid. Rather than

treating the situation as lost, they redirected their route to success.

- Your Daily Life: Hope isn't passive wishing; it is goal-directed determination paired with pathway flexibility. If a specific study schedule, preparation method, or career routine failed, don't abandon the goal—change the path. Adapting your routine, seeking a mentor, or trying a new learning style is the first active step of Hope.

2. EFFICACY: Focus Entirely on the Next Single Delivery

- The Kolkata Miracle: Facing Shane Warne, Glenn McGrath, and Jason Gillespie under immense pressure, Laxman (281) and Dravid (180) couldn't afford to obsess over the 274-run deficit. They broke the task down, playing ball-by-ball and hour-by-hour, ultimately batting through an entire day without losing a single wicket.
- Your Daily Life: Self-efficacy is the belief in your capability to execute specific tasks. Stop staring at the overwhelming mountain of your entire syllabus, career timeline, or past mistakes. Focus only on the single ball in front of you. Master one chapter today. Solve one set of questions this hour. Build self-efficacy through micro-victories.

3. RESILIENCE: Absorb the Pressure and Stay at the Crease

- The Kolkata Miracle: Both batsmen suffered severe physical exhaustion and emotional stress, having already failed in the first innings. Resilience meant refusing to let that initial failure dictate their second effort. They absorbed the pressure, stayed at the crease, and allowed momentum to shift.
- Your Daily Life: A temporary failure does not make *you* a failure. Resilience is about allowing yourself to acknowledge the disappointment without walking off the field. Bouncing back simply requires staying in the game long enough to give yourself a chance to recalibrate.

4. OPTIMISM: Frame Your Current Challenge as Temporary

- The Kolkata Miracle: Optimism is framing difficulties as temporary rather than permanent. On Day 5, India stepped onto the field expecting that victory was achievable. That positive framing transformed the team's energy, culminating in Harbhajan Singh's bowling performance to seal a 171-run win.
- Your Daily Life: A bad exam result or academic setback is a chapter, not the whole book. Frame your current struggle as a temporary condition that can be changed through sustained effort, keeping your future open to new possibilities.

The Takeaway: Your Comeback Begins Now!! No single examination, rejection letter, or temporary failure defines your intrinsic value or your future potential.

When life asks you to "follow on," don't look back at the first innings with regret. Take a deep breath, adjust your focus, trust in your capability to put in the effort, and step back up to the crease. As Eden Gardens 2001 proved, the story is never over until you decide to stop playing.

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"विपत्तीचा काळ आलिया सामोरा। धीर तो न सांडावा बरा।

तुका म्हणे जो सोशी धीराने। तोची पावे जय निश्चितपणे॥" *(तुकाराम गाथा)*

Focus: *Building internal resilience and refusing to bow to crisis.*

Meaning: When times of great calamity face you, do not surrender your patience (*dheer*). One who endures the storm with quiet courage is guaranteed to emerge victorious.

Relevance: Directly addresses moments of acute crisis, urging the individual to hold on until the wave of despair passes.

Changing the Narrative on Suicide:

From Blame and Silence to Understanding and Connection

- *Tanushree Raskar, Psychology student*

"When someone dies by suicide, what is the first question we ask?" Was the person weak? Why did they not think about their family? Why did they not open up? They had everything—what more could they have wanted?

But perhaps the more important question is not *"Why did they choose death?"* but *"What made life feel impossible to continue?"*

The difference between these questions is more than a difference in words; it is a difference in narrative. One can lead us towards blame, while the other invites us to understand psychological pain, hopelessness, isolation and the circumstances surrounding a person's life.

This lies at the heart of the 2026 World Suicide Prevention Day theme, "Changing the Narrative on Suicide," with the call to action "Start the Conversation." Changing the narrative does not mean normalising suicide or presenting it as an answer to suffering. It means changing how we understand and respond to suicidal distress—from judgment towards understanding, from silence towards conversation, and from individual blame towards collective responsibility.

The Narrative We Have Been Telling

Suicide is often explained through simple labels: *weakness, selfishness, failure, or an inability to cope.* But psychology tells us that suicidal behaviour is far more complex. It can emerge through an interaction of psychological, biological, interpersonal and social factors.

A person may be experiencing intense

psychological pain, hopelessness, isolation, trauma, relationship difficulties, perceived burdensomeness, or a profound sense of being trapped. Therefore, replacing *"They were weak"* with *"They were experiencing severe*

psychological distress" is not about excusing behaviour. It is about understanding it more accurately.

The question changes from *"What is wrong with this person?"* to *"What happened to this person?"*

And that shift matters because understanding is where prevention begins.

When the Mind Sees No Way Out

Sometimes, the most dangerous part of psychological pain is not only how much it hurts, but how little possibility the mind can see beyond it. A key psychological concept here is entrapment—the feeling of being trapped in an unbearable situation with no perceived way out. Under intense distress, cognitive narrowing can make present pain dominate attention while

alternatives and future possibilities become difficult to see.

The mind can gradually move from:

"I am suffering" → "I cannot bear this" → "Nothing will change" → "There is no way out."

This is where hopelessness becomes powerful. The present begins to feel permanent, and the future stops appearing as a space of possibilities.

This is why prevention cannot simply mean telling someone to *"think positively."* It means helping widen that psychological field through safety, professional support, relationships and time. Sometimes, the first step is not solving an entire life. It is helping the mind see that there can be another way forward.

The Story We Carry Within

Changing the narrative also means recognising the stories that may develop within the person.

Under severe distress, thoughts such as *"I am a failure," "I am a burden," "Nobody understands me,"* or *"My life will never change"* can begin to feel like unquestionable truths.

Psychological support does not require dismissing these thoughts. Instead, it can help a person examine them and recognise that a thought arising from intense pain does not have to define an entire future.

This is where psychological flexibility becomes important—the ability to experience painful thoughts and emotions without allowing them to completely determine one's actions or view of the future. The goal is not forced optimism. It is creating enough psychological space to ask: *"What if this moment is not the whole story?"*

From Silence to Connection

A healthier perspective is:

We often ask, *"Why didn't they open up?"*

Perhaps we should also ask, *"Did they feel safe enough to open up?"*

Stigma, shame and fear of judgment can make people hide their distress. When suffering remains hidden, opportunities for support can disappear with it.

Psychology highlights the importance of belongingness and social connection. The interpersonal-psychological perspective draws attention to experiences such as thwarted belongingness—feeling disconnected from others—and perceived burdensomeness—believing that one's existence is a burden.

These experiences can turn *"I am struggling"* into *"I am alone in my struggle."*

This is why "Start the Conversation" is more than a campaign message. A meaningful conversation does not begin with lectures, comparisons or quick solutions. It begins with listening.

Sometimes, *"I am here. Tell me what you're going through*" can create the opening through which help becomes possible. Connection does not replace professional care. But it can create the psychological safety needed to seek it.

From Comparison to Perspective

Another narrative that can intensify distress is comparison.

According to Social Comparison Theory, people naturally evaluate themselves partly by comparing their lives with those of others. In today's social-media environment, this comparison can become constant. We see other people's achievements and seemingly happy lives while remaining fully aware of our own struggles.

The result can be:

"Everyone is doing better than me."

But comparison is often based on incomplete information. We compare our behind-the-scenes with someone else's highlight reel.

Yet telling someone who is suffering to simply *"look at those who have it worse"* is not the answer either. That can turn perspective into invalidation.

"My suffering is real, but it is not the entirety of my life."

Perspective does not diminish pain. It prevents pain from becoming the only lens through which life is seen.

From "No Purpose" to Meaning

Perhaps the deepest question is not simply *"How do I survive?"* but *"What makes life worth continuing?"* When a person loses a sense of meaning, the future can feel empty. This is where psychology's understanding of meaning, hope, purpose and identity becomes important.

Viktor Frankl placed meaning at the centre of human existence, suggesting that meaning can emerge through relationships, responsibility, values, creativity and contribution.

For some people, meaningful relationships, learning, spirituality, caring for others or contributing to something larger than themselves can gradually create a sense of direction.

The narrative becomes:

"My life has no purpose."

"Perhaps there is still meaning I have not yet discovered." But meaning should never become another demand placed upon someone in distress. A person does not need to discover their entire purpose immediately.

Sometimes meaning begins much smaller—with the next conversation, the next morning, or simply the next step.

Rewriting the Narrative

So, what does it actually mean to change the narrative on suicide?

It means recognising that suicide is not simply a single decision occurring in isolation. It can develop through a complex psychological and social process involving experiences such as defeat, hopelessness, entrapment, isolation and loss of meaning.

The Integrated Motivational-Volitional (IMV) Model of Suicidal Behaviour, developed by Rory O'Connor and colleagues, is valuable because it understands suicidal behaviour as a process rather than a single event. It

highlights how experiences such as defeat and humiliation may contribute to feelings of entrapment, while social and psychological factors can influence how suicidal thinking It is: develops into suicidal behaviour.

This gives prevention an important direction: if distress develops through a process, there are multiple points at which support can intervene.

We can reduce stigma before a person hides their pain. We can listen before isolation deepens. We can provide support when hopelessness begins to take hold. We can help create alternatives when a person feels trapped.

Prevention, therefore, cannot rest entirely on the individual. Families can create emotionally safe spaces. Friends can learn to listen without judgment. Educational institutions can strengthen mental-health support. Communities can challenge stigma. Mental-health professionals can provide evidence-based care. Media can report suicide responsibly rather than sensationalising it. The responsibility is shared.

Conclusion: Changing the Story, Changing the Possibilities

Perhaps changing the narrative on suicide begins with changing the questions we ask. Instead of ***"Why were they weak?"***, we ask, ***"What pain were they carrying?"***

Instead of ***"Why didn't they speak?"***, we ask, ***"Did they have a safe person to speak to?"***

Instead of ***"Why didn't they see another way?"***, we ask, ***"What happened to their sense of possibility?"***

Psychology reminds us that a person's experience is shaped not only by what happens within the individual, but also by relationships, social environments, meaning and access to support. This means that prevention is not simply about asking someone to choose life. It is about helping create the conditions in which life becomes possible to choose again.

A person may need professional help, but they may also need someone who listens without judgment, a relationship in which they feel they belong, a future that does not seem permanently closed, and a reason however small to take the next step.

So perhaps the narrative we need to create is not: *"Be strong enough to survive on your own."*

"Your pain deserves to be heard. You do not have to face it alone. And this moment does not have to be the final chapter of your story."

Changing the narrative is therefore not merely about changing the way we talk about suicide. It is about changing *the way we listen, understand, connect, intervene and care*. And perhaps that is where a conversation becomes more than a conversation. It becomes a possibility.

Life: A question about purpose!

- Ms. Anushka Gupta

The morning rose above the horizon when I stretched my arms and saw the day begin its course. Another day, another chapter, another expectation and yet another reason for me to think that I am a failure. I ran downstairs to greet my parents but instead of a 'hello' or 'good morning' what I received was a question that my mom asked – "Did you complete your syllabus? You cannot fail your UPSC exam again Krisha! You need to score good for your own success." Blah blah blah and she just went on and on. I – I couldn't take it anymore so I just went back up and locked myself up.

Amongst these haunting voices the only relief of mine was also snatched away when my best friend, Rohan rejected me as he didn't share the same feelings of liking for me as I did for him. My life started to feel like a Jenga game where all the wooden logs are falling apart at the same time. I wish I could end all my miseries but that will mean that I need to end myself.

Just as this thought ran across my mind, I was troubled by my parents. They were calling me to have dinner with them. The same anxiety, weirdness and uneasiness is what I felt and in that moment of panic I drew out my defense knife and with sweaty palms drew it across my wrist. I few blood drops trickled down but the cut wasn't that deep so I just fainted.

Loud bustling and blasting of car horns awoke me the morning after. I rubbed my sore and teary eyes while the sun shone directly into my eyes. I jumped out of my bed to draw the curtains when suddenly I saw a monk down the street. He wore a pair of white clothes with a *tilak* on his forehead and a *mala* around his neck. He was smiling like the smile I may be used to have when I was a little child. All happy and content. It was a mystery to me that how can one be so happy. I tried to look closer and then I realized something strange and unique. He was distributing goodies to the poor people while he himself didn't look so rich either. It was odd for me to comprehend how can one give to another without having the whole of it for oneself.

When I looked at myself all I saw was loath and failure so how can I give love and success? I ran down the street to approach him and asked a question – "What makes you so happy?" and his simple answer changed my life forever.

But first he looked closer at me and asked – "What makes you so sad?" I

paused for a moment and then with a sigh I spoke about each and every of my sorrow. The monk listened very great attention and upon my completion he asked – "Is this your only purpose in life or is there something greater in your life too?"

I looked completely baffled for I had no answer to this. He again smiled at me but this time it was a wise one. He then started transforming my perspective of life – "You will come across numerous expectations, wishes and desires that you or others have from you but my child, those do not define you. If you fail once it does not mean that you are a failure because generalizing situational statements about yourself are more harming than anything else. You tried to hurt yourself but did that give you any joy? No, because ending doesn't solve anything but fighting through the sorrows does. Life might feel unfair or unjust but being fair and just towards yourself and others will make a difference. What others expect from you was never the purpose. You do your job with sincerity and leave the rest in the hands of fate and God and see the magic unfold!"

It was that day and moment of realization that shaped my future actions. I studied with sincerity while trying to understand the purpose of my life which is to serve others while being myself and without crushing myself.

The sole reason of why I stand today as an IAS officer and also a girl with a joyous heart lies in the fact that ending your life won't allow you to feel the extreme state of satisfaction that fighting through hard times will. A suicide might seem relieving but it literally means that hardships won and you lost.

So, the next time you get such a thought, make yourself realize the purpose of your life!

-Anushka Gupta.

Changing the Narrative on Suicide: What Viktor Frankl Can Teach Us About the Will to Live

By Mr. Saurabh Chavan

Psychologist, Founder, Healing Hearts Counselling Services; Assistant Professor, School of Sciences, Pimpri Chinchwad University, Pune

Every year on the 10th of September, the world pauses to talk about something most of us spend the rest of the year avoiding. The theme guiding World Suicide Prevention Day, **"Changing the Narrative on Suicide,"** carries a call to action that sounds almost too simple: *start the conversation.*

But a narrative is not just what we say. It is the story we quietly believe about why people suffer, and what suffering means. And if we want to change how India responds to suicide, we have to look honestly at the story we have been telling.

The story we usually tell

The dominant narrative treats suicide as the end point of an illness - something that happens to people with a diagnosis, best handled by a prescription and a professional. That story has done real good. It has reduced blame. It has brought treatment into the picture.

But it is incomplete, and its incompleteness costs lives.

Because many of the young people I sit with in my consulting room and on my campus are not describing textbook symptoms. They are describing something harder to name. They tell me they are doing everything right - the degree, the placement, the marriage timeline their family expects - and feeling nothing. They say they are tired in a way sleep does not fix. They ask, in one form or another, *what is the point of all of this?* That is not a question a prescription alone can answer.

The question underneath the pain

Viktor Frankl, the Viennese psychiatrist who survived three years in Nazi concentration camps and lost almost his entire family there, spent his life on exactly this question. He noticed something in the camps that has stayed with clinicians ever since: physical strength and youth were not the strongest predictors of who endured. What mattered, again and again, was whether a person still had a *reason* - something waiting to be completed, someone waiting to be met again.

Frankl carried Nietzsche's line with him: "He who has a why to live can bear almost any how."

From this he built **logotherapy** - a therapy centred on meaning. Its founding claim is that the deepest human motivation is not pleasure or power but the *will to meaning*. And when that will is blocked or unanswered, a person can fall into what Frankl called the **existential vacuum**: a state of inner emptiness, boredom and drift that is not, in itself, a mental illness,

but which becomes fertile ground for despair.

Frankl was blunt about the clinical stakes. He wrote about people who came to him not because their lives had become unbearable in the ordinary sense, but because their lives had become *empty of significance*. Their crisis was existential before it was psychiatric. Treating only the symptoms, he argued, was treating the smoke and ignoring the fire.

Look at what young Indians are actually carrying today: relentless academic competition, career paths chosen for them rather than by them, migration away from every familiar face, comparison delivered in an infinite scroll, achievement without belonging. This is an environment engineered to produce meaninglessness. We should not be surprised at what it produces.

Meaning is not found. It is discovered - in three places

The most practically useful part of Frankl's work is that he did not leave meaning as an abstraction. He mapped three concrete doorways through which any person, in any condition, can find it:

Through what we create or give. Work, study, art, service, caregiving - anything through which a person contributes something the world would not otherwise have. Note that this is about contribution, not achievement. A student who tutors a younger child has touched this. A ranking has not.

Through what we experience or whom we love. Beauty, nature, music, faith, and above all the encounter with another human being in their full uniqueness. To be genuinely known by even one person is a reason to stay.

Through the attitude we take toward unavoidable suffering. This is Frankl's most demanding and most liberating claim: when a situation cannot be changed, we are still called to change ourselves in relation to it. The last of the human freedoms, he insisted, is the freedom to choose one's stance toward what has happened. This is not toxic positivity. Frankl called it *tragic optimism* - saying yes to life in spite of pain, guilt and mortality, not in denial of them.

Notice what this reframing does to the conversation. Instead of asking a struggling person *what is wrong with you*, it asks *what is life still asking of you* - and treats them as someone with something to give, not merely something to be fixed.

What changing the narrative actually requires

Ask the real question. "How are you?" collects a lie. "What has been keeping you going lately?" and "What has felt pointless recently?" collect the truth. Ask directly about suicidal thoughts if you are worried - decades of evidence confirm that asking does not plant the idea. It relieves the isolation of carrying it alone.

Listen without repairing. The instinct to immediately advise, minimise or compare is the instinct that ends disclosure. Presence does more than persuasion.

Change the words. "Died by suicide," not "committed suicide" - a word borrowed from crime. Suicide has not been a criminal act under Indian law since the Mental Healthcare Act of 2017, which presumes severe stress in anyone who attempts it and mandates care rather than punishment. Our vocabulary should catch up with our law.

Build meaning into institutions. For those of us in universities: mentorship, purpose-oriented curricula, service learning and genuine belonging are not soft extras alongside counselling cells. They are structural suicide prevention.

Hold both truths. A meaning-centred approach complements clinical care; it does not replace it. Depression, bipolar disorder, substance use and acute crisis require proper assessment, evidence-based treatment and sometimes medication. The point is not to choose between the medical story and the existential one. It is to stop telling only half the story. *Self-compassion and recognizing that life's value isn't defined by worldly failure.*

About Healing Hearts

Healing Hearts Counselling Services, based in Pune, offers a safe, confidential and non-judgemental space for individuals navigating anxiety, depression, grief, relationship difficulties, life transitions and questions of meaning and identity. Alongside one-to-one counselling, Healing Hearts runs group healing workshops and Dance Movement Therapy sessions that help people reconnect with themselves through the body as well as through words.

Heal from the past. Balance the present. Grow towards a bright future. +91 8668280023
healbalancegrow@gmail.com
Instagram: @heal_balance_grow
Reaching out is not weakness. It is the will to live, still working.

If this article resonated with you, or with someone you are worried about - start the conversation. It may be the most important one you have this year.

"आपणासी आपण कृपाळू व्हावे। व्यर्थ दुःखात का आणावे।

जीवनाचे महत्त्व ओळखावे। मानवी जन्मा न अवहेलावे॥" *(एकनाथी भागवत)*

Focus: ***Self-compassion and recognizing that life's value isn't defined by worldly failure.***

Meaning: Be compassionate toward yourself. Why drown yourself in unnecessary grief? Recognize the true worth of your life and never disregard the gift of human existence.

Relevance: Reinforces self-compassion (*krpaalu*) and counters cognitive distortions of worthlessness.

The Grass on the Opposite side! – A newer approach towards Suicide

- **Anushka Gupta**

When we hear the word suicide, the instant thought that runs across our mind is that of unfulfillment. As humans we experience a variety of emotions through the course of our lives and sometimes the larger chunk is hampered by the negative shades of emotions. The more we try to come out of them the more we are entangled and sometimes the suffering reaches an extent where only liberation is the solution.

Psychology in its core studies how this negativity can be curbed through various therapies and treatments. However, this still focuses on the negative aspect and frames a stigma in our minds that psychology is all about negativity but that is not the case because in the year 1998 Martin Seligman in one of his speeches argued that for decades psychology has been working around the 'disease model'. Here's where positive psychology took a place and in modern studies Positive psychologists are using these concepts of gratitude and optimism to curb suicidal tendencies.

Even if we skim through Literature, we'll find human behavior as its core for literature is termed as the reflection of life. In the variety of dramas, novels, stories and poems we explore this theme of suicide like that in the popular Shakespearean play *Hamlet*. The protagonist, Hamlet is revealed as a mind that is constantly trying to escape reality and the real-life hardships in his life.

In his first soliloquy in Act 1 Scene 2, Hamlet strongly wishes that his physical form should dissolve that is, he establishes an ideation of suicide even before he learns about his father's death.

Another interesting example is of the famous novel Frankenstein by Mary Shelley. The monster, Frankenstein is depicted in great societal rejection and this enables his suicidal tendencies. All these works of literature showcase the various aspects that lead a person into this pit of self- loath may it be social, personal, psychological, or physical.

But committing suicide also reflects upon the stage of hedonic happiness. This urge to destroy one's physical form pushes one to the edge of such hedonic or temporary relief that the person is forced to believe that this momentary relief would guarantee permanent or eudaimonic happiness. Hedonic happiness revolves around the fact of instant solution and in the fraction of that second of mental despair the person believes that ending life would end this as well.

The reality is actually quite different from this because escaping from real-life hardships makes us weak deep

inside. The strength gained through fighting through these difficulties transforms and shapes our personality. When we study concepts like resilience, optimism and gratitude we actually understand how 'life above zero', when practiced in daily life, can cultivate harmony in our mindset and can prevent us from entering these states of total fall down.

A simple habit of taking care of ourselves in our routine, writing a gratitude journal, acts of service or slowing down can eventually save us from a situation of complete breakdown and can increase the chances of life above zero.

- **Anushka Gupta**

"आपल्या दुःखाचा करू नये डोंगर। जगामाजी पाहावे फिरून अंतर।

तुका म्हणे प्रत्येकासी आहे संघर्ष। धीर धरिता मिळे शेवटी आनंदर्ष॥" ***(तुकाराम गाथा)***

Focus: *Breaking out of cognitive constriction and isolation.*

Meaning: Do not build a giant mountain out of your individual suffering in your mind. Look around—everyone carries their own silent struggles. If you keep patience, peace and clarity will eventually return.

Relevance: Helps break the sense of hyper-isolation ("I am the only one suffering") and broadens perspective.

CHANGING THE NARRATIVE:
FROM JUDGEMENT TO UNDERSTANDING

The Problem with the Way We Talk

- By Afreen Ansari,
BA Psychology, First Year

As we all know, September is observed as Suicide Prevention Month, with World Suicide Prevention Day on 10th September. For decades, people have struggled with suicidal thoughts for many different reasons. However, sharing our problems, struggles, or trauma has often been seen as a stigma or taboo. Thankfully, this is slowly changing. Today, more people are opening up about their mental health and are becoming less ashamed of seeking therapy or professional help.

It matters a lot to recognize when someone is struggling and to support them before it is too late. In this article, I want to discuss how, when a person is alive and openly showing that they are not okay, people may judge them or call them an "attention seeker." Yet, after that person dies by suicide, the same people may express sympathy, regret, and empathy.

Why do we wait until someone is gone to take their pain seriously?

Why Listening Matters

When someone says they are not okay or talks about suicidal thoughts, people often respond with judgement. They may say, "think about your family," "others have it worse," "stop overreacting," or even call them "attention seekers." These responses usually come from a place of concern, not from a bad heart. But the impact can be very harmful.

Sometimes, what looks like attention-seeking is actually a person trying to communicate that they are struggling and need support. We should not automatically assume that someone who talks about suicide will never act on those thoughts or that they will simply "get over it."

We should take expressions of suicidal thoughts seriously.

Telling someone who is experiencing suicidal thoughts to "think about your family or friends" may come from concern, but it does not necessarily address the pain they are experiencing. Instead, it can make them feel guilty for feeling the way they do. Calling them an "attention seeker" or telling them to stop overreacting can make them feel even more alone and less willing to ask for help.

One of the simplest things we can do is listen. We can stay beside the person, listen without judgement,

acknowledge what they are feeling, and encourage them to seek professional help. We do not always need to have the perfect words or know exactly how to solve their problems.

Sometimes, being willing to listen and reminding someone that they do not have to face their struggles alone can make a difference.

Prevention Begins Before a Crisis

Suicide prevention also means looking at the problems in society that can contribute to emotional distress. Harassment, bullying, abuse, unrealistic pressure, and trauma can deeply affect a person's mental well-being. Instead of waiting for someone to reach a breaking point, we should work towards preventing these problems and teaching people how to respond when they occur.

For example, we can educate children from a young age about consent, sexual assault, bullying, emotional abuse, and seeking help. We should teach them that hurting or harassing someone is wrong, and that if they experience abuse or assault, it is not their fault and they should know where they can safely seek support.

Changing the Narrative

Changing the narrative does not simply mean talking more about suicide. It means changing how we talk about it.

It means replacing judgement with understanding, silence with conversation, and assumptions with genuine listening.

Most importantly, it means showing people that their pain deserves to be taken seriously while they are still here, not only after they are gone.

Let us strive to build a society where everyone feels safe to speak, and everyone knows that they matter.

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From Fixing the Moment to Healing the Whole

World Suicide Prevention Day — Theme: "Changing the Narrative of Suicide"

-Ms. Mrunal Sonawane

Healing is not a linear process. Neither is crisis.

We tend to speak of suicide as if it were a single event with a single cause: a thought, sharpened by pain, that turns into an action. Prevention, in this telling, becomes a matter of catching the thought before it becomes the act, stop the moment, and the problem is solved. But anyone who has sat with real distress knows this is too simple a story. A crisis rarely announces itself as one clear thought. It builds, the way an imbalance builds in a body, long before it is visible, and it resolves the same way - not in a single intervention, but through a slow return to balance.

Picture someone who used to reply to messages within minutes, and now takes days, if they reply at all. They still go to work or college. They still smile in photographs. They still say "I'm fine" when asked. There is no single obvious thing wrong, because it was never about one thing. It is weeks of bad sleep, a strained relationship, a job going nowhere, a slowly growing feeling of being invisible to everyone around them. None of it looks like an emergency until, one day, it is. This is closer to what crisis actually looks like from the inside: not one thought, but months of quiet disconnection that nobody, including the person living it, quite named.

An Old Lens for an Old Problem

Ancient Indian healing philosophies like, Naturopathy, yoga, and Ayurveda are built on a simple premise: the body, mind, and spirit exist in balance through five elements - earth, water, fire, air, and ether. and healthy living is what happens when these elements move in harmony with one another. Illness, in this view, is never really about one organ or one symptom. It is what disruption in that harmony looks like from the outside. And healing, correspondingly, is not about silencing a single symptom. It is about restoring the flow between the parts.

I find the same logic useful for thinking about suicide. An at-risk person is not simply a mind that has one dangerous thought. A person is body, mind, relationships, environment, and purpose, constantly in conversation with one another. When we treat a suicidal crisis as though it begins and ends with a thought, we are doing to a human being what a naturopath would never do to a patient - isolating one visible symptom and calling its removal a cure. Stopping an action is necessary. It is not, by itself, healing.

This is a lens for understanding, not a substitute for care. Medication, therapy, hospitalisation, and psychiatric treatment are not competing with healing, they are part of it, often the

element that makes everything else possible. Treatment matters. Healing matters too. The two are not in competition; one without the other is incomplete.

Beyond "Thought to Action"

There is a quiet unfairness in how we speak about people who have died by suicide, as though they acted out of weakness, selfishness, or a failure of will. But every human being is built, at the most basic level, to protect their own life. The instinct to survive does not vanish because of one difficult thought; it has to be worn down, layer by layer, until it can no longer hold. The path from thought to action is not a straight line. It passes through, and is shaped by everything that connects a person to life: their body, their relationships, their environment, and their sense of purpose. Suicide is better understood not as a failure of the individual, but as a sign that the connections sustaining a life have been eroded past what a person could bear alone.

Crisis as Disconnection

If we borrow again from the elemental view, suicidal crisis can be read as disruption across the domains where a life actually exists. These domains do not sit side by side, they feed each other, in a cycle that can turn against a person or, just as easily, turn back toward them. That disruption often shows up as disconnection from:

• **Self** – feeling of "I don't understand myself anymore."

• **Body** - exhaustion, dysregulation, chronic stress, a loss of bodily awareness.

• **Emotions** - suppression, shame, an inability to express pain.

• **Others** - loneliness, rejection, feeling misunderstood.

• **Community** - not feeling that one belongs anywhere.

• **Purpose** - "There is nothing left for me."

• **Future** - an inability to imagine that life can change.

Seen this way, suicide prevention is not only about removing suicidal thoughts. It is about restoring the connections that make life feel liveable again. And because these domains reinforce one another, healing does not require repairing all of them at once. Nobody needs to fix everything before they can begin to heal. A person or someone who cares about them can enter the cycle from whichever domain is closest or most reachable: a conversation, a full night's sleep, a small act of care, one honest word said out loud. The cycle that once turned toward disconnection can be turned, one accessible step at a time, back toward belonging as long as the intention is to keep going, not to stop at the first fix.

The Problem With Seeing a Person in Fragments

We have a habit of sorting people into departments: mental health goes to the psychologist, physical health to the physician, social difficulty to family or society, and meaning or spiritual

crisis to something we rarely name at all. But no one experiences their life in compartments. A person in deep distress may be carrying disturbed sleep and

exhaustion in the body, hopelessness and rumination in the mind, isolation or conflict in their relationships, pressure or exclusion in their social world, and a loss of identity or purpose all at once, each one feeding the others.

This is close to something doctors and psychologists increasingly agree on: the body, the mind, and a person's surroundings are not separate systems that happen to sit next to each other. They are one system, and they respond as one. But it may be worth pushing that a step further as it is not only the parts that matter, it is how they lean on each other. A sleepless body deepens hopelessness; hopelessness deepens isolation; isolation deepens the sense that nothing will change. If a person is a whole, prevention has to treat them as a whole too, not a set of separate problems handed to separate people to fix. The real question is not only "how do we stop this thought," but how do we help someone reconnect with their own life before things become unbearable.

Prevention Before the Edge

Changing the narrative means shifting suicide prevention from something that happens only in the moment of danger to something we build well before that moment ever arrives, at every level.

For the individual, this means help with noticing one's own feelings early, feeling safe enough to ask for help, learning ways to cope with hard emotions, getting proper psychological treatment, and just as important support that does not stop the day the danger seems to pass.

For the people around them, this means conversations without instant judgement, learning to ask directly and gently about someone's pain, listening rather than rushing to reassure, and staying close over time, not just in the bad week. In practice, it can be as simple and as hard as asking, "How are you, really?" and staying long enough to hear the answer. It is one small, reachable step into the cycle of healing: a person who feels heard even once has a reason to stay a little longer, and that is often where healing begins.

For communities, this means safer colleges and workplaces, mental healthcare people can actually afford and reach, peer support, less shame around asking for help, and clearer paths to crisis support when someone needs it fast.

Closing the Circle

Support is not a one-time rescue. It is staying present, checking in over time, and treating the whole person, not only the moment of crisis. Suicide prevention does not have to begin only when someone reaches the edge. It can begin much earlier, wherever connection is protected, wherever distress is allowed to be spoken aloud, and wherever a person is treated as more than the problem they are currently experiencing. Sometimes it begins with nothing more than someone choosing to stay present long enough for

another person to feel that they belong here and that life is still worth giving a chance.

Naturopathic healing does not chase a single symptom; it restores balance across the whole system, trusting that the body knows how to heal once harmony is returned. Suicide prevention, seen through the same lens, is not about eliminating a single dangerous thought. It is about restoring the connections to self, body, emotion, others, community, purpose, and future that make a life feel worth staying in.

The takeaway: Stopping someone from acting on a suicidal thought saves a life in that moment. Helping them reconnect to their body, their people, their sense of purpose is what makes that life feel worth living again. Suicide Prevention is not only about the crisis. It is about care, long before it and long after it.

If you or someone you know is struggling, help is available. In India, you can reach Tele-MANAS at 14416 or 1800- 891-4416, or the KIRAN helpline at 1800-599-0019 — both toll-free and available 24/7.

- **Ms Mrunal B. Sonawane**

"पाहतां नरदेहाची जोडी। सर्व सुखाची पडली मोडी।

म्हणूनि नरदेह हा अमोल। न म्हणावा कधी निष्फळ॥" ***(एकनाथी भागवत)***

Focus: *The rare opportunity of human life and compassionate support.*

Meaning: The human body (*Naradeha*) and human existence are invaluable gifts capable of achieving true peace and happiness. Never consider your life worthless or a failure.

Relevance: Reminds individuals of their inherent worth and purpose, reframing thoughts of worthlessness or burdensomeness.

From “Loser” to Life:

Changing the Narrative of Suicide through Chhichhore

- Asst. Prof. Ms. Sakshi Narendra Pujari,
Dept of Psychology, Bhonsala Military College,
Nashik

Beyond the Laughter- At first glance, Chhichhore appears to be a light-hearted film about college life, friendship, and youthful mischief. Through its nostalgic portrayal of hostel life and the unforgettable bond shared by a group of friends, the film brings laughter and warmth to the audience. Yet beneath its humour lies a powerful and thought-provoking reflection on academic pressure, failure, self-worth, emotional distress, and suicide prevention. The film is especially relevant to the theme “Changing the Narrative on Suicide.” It invites us to move away from narratives of judgment, shame, and silence and towards empathy, understanding, connection, and hope. More importantly, it challenges a belief that many young people may internalise: that failure in one area of life means failure as a person.

When Failure Becomes an Identity

The central story revolves around Raghav, a young student who experiences intense emotional distress after failing to secure admission to the college he desires. Overwhelmed by disappointment and the fear of having failed himself and his family, he attempts to end his life. His crisis raises a deeply important question: When did failing at something become the same as becoming a failure?

Raghav does not simply experience an academic setback. He begins to see that setback as a definition of his identity, his worth, and his future. His experience reflects a painful reality faced by many young people who may come to believe that a single examination, rejection, or disappointment has the power to determine the value of their entire life. However, failure is an experience; it is not an identity. A person can fail at something without being a failure.

The Weight of Expectations and the Pressure to Succeed

In today's highly competitive society, academic performance is often closely connected with social approval, career opportunities, family expectations, and self-worth. Students may feel pressured to obtain high marks, secure admission to prestigious institutions, and constantly prove their abilities. Success is often celebrated publicly, while failure may be treated as something shameful. Gradually, young people may begin to believe that their value depends entirely on their achievements. Chhichhore challenges this harmful narrative. It reminds us that marks may measure academic performance, but they cannot measure a person's worth. A

college admission may influence one path in life, but it does not determine every possible future. A setback can be painful and disappointing, but it does not erase a person's potential, relationships, or capacity to begin again.

Changing the Narrative: From Judgment to Understanding

One of the most important messages of suicide prevention is the need to understand the emotional pain behind a suicidal crisis rather than judging the person experiencing it. Suicide is often surrounded by blame, stigma, and misunderstanding. People may describe someone in crisis as "weak" or assume that they simply could not cope with life. Such judgments can increase shame and make it even more difficult for people to speak openly about their struggles or seek support. Chhichhore encourages us to look beyond the suicidal act and consider the hopelessness, disappointment, fear, and emotional pain that may have contributed to the crisis.

Changing the narrative means replacing the question:

"Why would someone do this?"

With more compassionate questions:

"What pain might they have been experiencing?"

"What made them feel so hopeless?"

"How can we support them?"

This shift—from judgment to understanding—is at the heart of a compassionate approach to suicide prevention.

The Power of Connection and Friendship

One of the most significant aspects of the film is the role played by Anni's old friends. When Raghav is hospitalised, his father's friends come together and share stories from their own lives. They do not present themselves as perfect individuals who always succeeded. Instead, they speak honestly about their failures, mistakes, disappointments, and unexpected journeys. The people once labelled "losers" have continued to live, grow, change, struggle, and create meaningful lives. Through these stories, Raghav is gradually offered a different perspective: life after failure exists. The film highlights the protective power of human connection during emotional crises. Sometimes, a person may not need immediate solutions or motivational lectures. They may first need someone who is willing to listen, remain present, understand their pain, and remind them that they are not alone. Connection cannot solve every problem, but feeling heard, valued, and supported can make it easier for a person to remain connected to hope.

Redefining Success and Failure

Chhichhore challenges the rigid labels of "winners" and "losers." Life cannot be measured through a single examination, job, relationship, or achievement. People may succeed in one area and struggle in another. They may experience rejection and later

discover unexpected opportunities. They may lose one dream and eventually find another path that gives their life meaning. The characters who were once considered "losers" demonstrate that life is unpredictable and constantly evolving. A setback at one stage does not determine the rest of a person's journey. This is an important message for young people: you are more than your marks, your career, your achievements, or your worst moment. When society defines success too narrowly, failure can feel permanent. When we broaden our understanding of what a meaningful life can look like, we create space for hope, resilience, growth, and new beginnings.

The Role of Parents, Teachers, and Society

The film also invites parents, teachers, and society to reflect upon the messages communicated to young people. Encouraging achievement and hard work is important. However, young people must also know that love, acceptance, and belonging are not rewards reserved for success. A student needs to feel that they can experience failure without losing the support of the people around them. Parents and teachers can help create emotionally safer environments by reassuring young people that a disappointing result is not the end of their journey. Instead of asking only, "Why did you fail?" we can ask, "How are you feeling?"

Instead of immediately discussing consequences, we can first create space for conversation.

Sometimes, a simple statement such as:

"This is difficult, but we will face it together."

Hope and the Possibility of another Beginning

One of the film's most powerful messages is about hope.

Hope does not mean believing that life will always be perfect or free from pain. Instead, hope means recognising that situations can change, emotions can change, and the future may contain possibilities that cannot be seen clearly during moments of intense distress.

Chhichhore reminds us that life can continue even when our plans do not work out. A person may experience rejection and later discover another opportunity. They may lose one dream and develop another. They may struggle through one phase of life and later discover new meaning, relationships, or possibilities.

During moments of overwhelming emotional pain, the future may feel closed. Yet a painful moment does not have to become the final chapter of a person's story.

Beyond Failure, Towards Life - Chhichhore is more than a nostalgic film about college life and friendship. It is a powerful reflection on how society understands success, failure, and human worth.

In relation to the theme "Changing the Narrative on Suicide," the film encourages us to move:

From silence to conversation.

From judgment to empathy.

From isolation to connection.

From shame to understanding.

From hopelessness to the possibility of recovery.

It reminds us that failure should never become the definition of a person's identity and that no examination, rejection, or setback is greater than a human life.

The most powerful message of the film is simple yet deeply meaningful: A person may experience failure, but they are not a failure. Their present circumstances may be painful, but their story is still unfinished. Changing the narrative on suicide begins when we listen without judgment, speak openly about emotional pain, create supportive environments, and encourage people experiencing overwhelming distress to seek help. It begins when we remind one another that a difficult chapter is not the entire story.

Our lives are bigger than our achievements, greater than our failures, and more valuable than our darkest moments.

Failure may be a part of the story—but it should never be the end of it.

"परी अगा कवणी एके वेळी। जीवे लागल्या अतीव जाळी।

तरी धीरु धरूनिया अंतराळी। सोसावे ते॥"*(ज्ञानेश्वरी)*

Focus: *Patience, inner resilience, and enduring difficult times.*

Meaning: When intense mental pain or adversity surrounds you like a blazing fire, keep patience in your heart and endure the moment. This phase will pass; do not lose your inner strength.

Relevance: Encourages emotional endurance and patience during acute distress rather than taking an impulsive, irreversible step.

Suicide, Mental Disorders, and the Inner Lives of Young Women

Girl, Interrupted (1999) Movie review

Ruta Pandit

MA. M.Phil., Trainer-Facilitator-Author

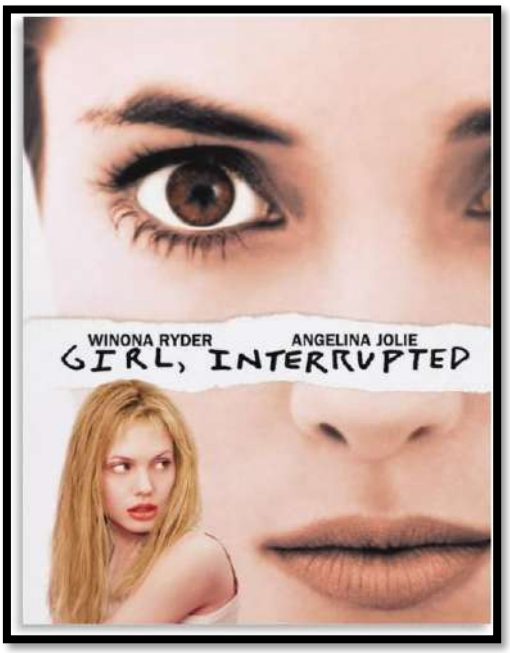
"But I know what it is like to wanna die….. how it hurts to smile…you try to fit in, but you can't…you try to hurt yourself outside, trying to kill the inside…" Susanna

Released in 1999 and directed by James Mangold, *Girl, Interrupted* is based on Susanna Kaysen's 1993 memoir of the same name, which recounts her eighteen months stay at McLean Hospital, a psychiatric institution outside Boston, in the late 1960s.

The film stars Winona Ryder as Susanna and Angelina Jolie as Lisa Rowe, a role that won Jolie the Academy Award for Best Supporting Actress. More than two decades later, even today the film remains a significant cultural touchstone for how it portrays suicide, self-harm, and psychiatric diagnosis in young women, not as isolated pathologies, but as responses shaped by gender, expectation, and the era's limited understanding of mental illness.

The Story, in Short

Eighteen-year-old Susanna Kaysen is admitted to Claymoore psychiatric hospital after a suicide attempt, an overdose of aspirin and vodka that she insists was not really an attempt to die at all. She is diagnosed with borderline personality disorder, a label that follows her uneasily through the film, never quite fitting the person she believes herself to be.



Inside Claymoore, Susanna is drawn towards magnetic and manipulative Lisa Rowe, who has escaped the hospital multiple times, and befriends a group of young women each carrying her own private wound; Daisy has an eating disorder and history of sexual abuse by her father. Daisy's behaviour is treated as minor quirks by the staff even as she spirals toward her death by suicide. Georgina, a compulsive liar seeking escape through fantasy and Janet who is struggling with anorexia. Over the course of her stay, Susanna moves between rebellion and self-understanding, ultimately choosing to engage willingly with her treatment and leave the institution. And Lisa,

unable or unwilling to change, remains trapped in the cycle that brought her there.

Suicide and Mental Illness Through the Lens of Young Womanhood

What makes *Girl, Interrupted* enduringly relevant is its insistence that suicide and mental illness in young women cannot be separated from the social context that surrounds them. Several threads run through the film which are worth examining:

Diagnosis as a mirror of its time. Susanna's Borderline Personality Disorder diagnosis is presented as genuinely painful, but also as a label applied to behavior. She is labelled as promiscuous, defiant, ambivalent about the future. The reason behind promiscuity is that she has had sexual relations with two men, one of her age and the other man who was much older. A question is raised whether the same diagnosis will be given to a young man of the same era. Would his behaviour might ever be pathologized in the same way? The film also raises questions which remain relevant, how much of a 'disorder' is illness? And how much it is relevant to a young woman's distress at being unable to conform to what is expected of her?

Suicide as ambiguous, not simple. Susanna's overdose is never framed as a clean, legible act with an obvious motive. She herself is unsure whether she meant to die. This ambiguity resists the impulse to reduce suicide to a single, tidy explanation, and instead reflects how suicidal crises in real life are often tangled with confusion, numbness, and a wish less to die than to stop hurting. Susanna wanted to stop hurting herself. She repeats again and again, she never meant to die.

The danger of being unseen. Daisy's death is the film's most devastating illustration of how suicide risk can be minimized or overlooked, especially in young women whose suffering is filtered through dismissive assumptions, "Oh…she's just being dramatic," "it's a phase…". Daisy's sexual abuse, her isolation, and her eating disorder are treated individually, in isolation rather than as an accumulating crisis, a pattern that mental health advocates still warn against today.

Female friendship as both; a refuge and a risk. The bonds Susanna forms inside Claymoore are a source of genuine understanding unavailable to her outside its walls, but the film is careful not to lose the reality of the ward. Lisa's charisma is shown to be genuinely destructive. She is the leader of the 'crazy' girl gang. The girls come together when the other is hurting or is given punishment. This solidarity among young women in crisis can sustain them. On the other side in the wrong configuration, deepen the very patterns that harm them. Lisa's comments on Daisy and her sexual abuse culminate in Daisy committing suicide.

Changing the Narrative of Suicide

Girl, Interrupted was released in 1999 in US. At that time suicide and mental illness in young women was not openly discussed. The public opinion about such sensitive issues was slowly beginning to shift. This film can be counted as the legacy which can be tied closely to that broader change. Several points capture how the narrative around suicide has moved, partly because of stories like this one:

From moral failing to medical and social reality. Older narratives treated suicide as weakness, selfishness, or moral failure. This film reframes suicide as the outcome of treatable illness, unbearable pain, and often inadequate support, a reality this film beautifully captures. The film refuses to villainize Susanna for her attempt. Susanna and head nurse Valerie's dialogues are heartfelt, bringing to surface Susanna's hurt and deeply painful experiences.

From silence to language. For decades, suicide was something families and institutions did not discuss openly. Films such as Girl Interrupted, memoirs, and public health campaigns have helped normalize speaking about suicidal thoughts as something to disclose safely rather than hide in shame or bear in silence.

From 'attention-seeking' to 'help-seeking.' Behavior once dismissed as manipulative or dramatic, especially in young women, is increasingly understood as a signal of genuine distress and a cry for connection or intervention, not a 'performance' to be dismissed.

From individual pathology to systemic context. Rather than treating suicidal crisis as arising purely from within a 'broken' individual, current approaches to prevention emphasize the surrounding systems, family, school, medical care, gender expectations that shape whether a young woman's distress is noticed, believed, and addressed.

From institutionalization to community and continuity of care. The film shows a custodial, sometimes punitive model of psychiatric care. Patients were often isolated from ordinary life. Today's approach is different, at least in principle. Care now emphasizes outpatient support and therapy. It also focuses on building long-term relationships with care providers. In practice, though, this shift is not always fully realized.

From single-story explanations to complexity. Modern suicide prevention messaging avoids naming one single cause for a death. It avoids saying "s/he was bullied" or "s/he failed a class." These simple explanations can hide other risk factors. They can also unintentionally encourage others to identify with the story. This is not just a theoretical concern. Real cases of children who were bullied, asked for help, and did not get the support they needed show exactly why these guidelines matter. *Girl, Interrupted* follows this same principle in its own way. It never explains Susanna's or

Daisy's pain in one sentence. Instead, it invites the viewer to think about suicide more carefully, and less reductively.

Conclusion

More than twenty-five years after its release, *Girl, Interrupted* endures not because it offers easy answers about suicide or mental illness, but because it refuses to. Its portrait of young women navigating diagnosis, institutionalization, friendship, and survival, remains a useful lens for understanding how far the conversation around suicide has moved. From silence and shame toward openness, nuance, and the recognition that behind every statistic is a specific, complicated, troubled young life.

In the end of the movie as Susanna leaves Claymoore after 18 months stay, she reminisces, ***"when you don't wanna feel, death can seem like a dream. But seeing death…really seeing it makes dreaming about it f*cking ridiculous…."***

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Article by

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"नरदेह हा लभ्य झाला मोठा। नको करू याचा दुःखात शेवटोटा॥

प्रयत्ने साध्य होई सर्व काही। निराशेसी ठाव मनात नाही॥"- *(एकनाथी भागवत)*

Focus: *Recognizing the uniqueness and irreplaceable value of human existence.*

Meaning: Obtaining this human life is a rare and profound opportunity; do not let it end in unaddressed grief. With effort and support, everything can be worked through—do not give despair a permanent home in your mind.

Relevance: Directly reframes suicidal ideation by countering the feeling of "hopelessness" with constructive effort and self-compassion.

आत्महत्येबाबतची कथा बदलूया

कु राधिका जामदार, समुपदेशक

दरवर्षी १० सप्टेंबर हा जागतिक आत्महत्या प्रतिबंध दिन म्हणून पाळला जातो. हा दिवस केवळ आत्महत्येची आकडेवारी किंवा कारणे सांगण्यासाठी नसून, आत्महत्येकडे पाहण्याचा आपला दृष्टिकोन बदलण्यासाठी, मानसिक आरोग्याबाबत खुलेपणाने संवाद साधण्यासाठी आणि संकटात असलेल्या व्यक्तीला आधार देण्यासाठी महत्त्वाचा आहे.

"आत्महत्येबाबतची कथा बदलूया" हा संदेश आपल्याला एक महत्त्वाची जाणीव करून देतो– आत्महत्येबद्दलची चर्चा भीती, कलंक आणि दोषारोप याभोवती न ठेवता ती समजूतदारपणा, सहानुभूती, संवाद आणि आशा याभोवती केंद्रित करण्याची गरज आहे.

मौन नव्हे, संवाद आवश्यक

मानसिक त्रासातून जाणारी व्यक्ती अनेकदा आपल्या भावना व्यक्त करू शकत नाही. "लोक काय म्हणतील?", "माझी चेष्टा होईल का?", "माझ्यावर दोष ठेवला जाईल का?" अशा भीतीमुळे ती व्यक्ती स्वतःच्या वेदना मनातच ठेवते.

म्हणूनच आपल्या घरात, शाळेत, महाविद्यालयात आणि कार्यस्थळी मानसिक आरोग्याविषयी बोलणे सहज आणि स्वीकारार्ह झाले पाहिजे. एखादी व्यक्ती दुःखी, निराश किंवा एकटी वाटत असल्याचे जाणवले तर तिच्याकडे दुर्लक्ष न करता प्रेमाने विचारणे, "तुला काय वाटत आहे? मी तुझं ऐकण्यासाठी आहे," एवढे सांगणेही महत्त्वाचे ठरू शकते.

आत्महत्येच्या विचारांकडे गांभीर्याने पाहूया

आत्महत्येचे विचार हे दुर्बलतेचे लक्षण नाहीत. अनेकदा तीव्र मानसिक वेदना, नैराश्य, चिंता, नातेसंबंधातील अडचणी, आर्थिक किंवा सामाजिक ताण, एकटेपणा अथवा इतर संकटांमुळे व्यक्तीला परिस्थितीतून बाहेर पडण्याचा मार्ग दिसेनासा होऊ शकतो.

अशा वेळी “विचार करू नकोस”, “सगळं ठीक होईल”, “तू इतका कमकुवत कसा?” अशा प्रतिक्रिया देण्याऐवजी शांतपणे ऐकणे आणि मदत मिळवून देणे अधिक उपयुक्त ठरते. व्यक्तीच्या भावनांना कमी लेखण्याऐवजी तिच्या अनुभवाला महत्त्व देणे आवश्यक आहे.

मानसिक आजार आणि आत्महत्येबाबत समाजात आजही अनेक गैरसमज आहेत. मानसिक त्रास म्हणजे कमजोरी, उपचार घेणे म्हणजे वेडेपणा किंवा आत्महत्येबद्दल बोलल्याने समाजात बदनामी होईल–अशा समजुती मदत घेण्याच्या मार्गात अडथळा निर्माण करतात.

आपल्याला ही कथा बदलायची आहे. मानसिक आरोग्याची काळजी घेणे हे शारीरिक आरोग्याची काळजी घेण्याइतकेच स्वाभाविक आहे. जसे ताप आला तर डॉक्टरांचा सल्ला घेतो, तसेच मानसिक त्रास जाणवत असल्यास मानसिक आरोग्य तज्ज्ञांची मदत घेणेही योग्य आणि आवश्यक आहे.

आत्महत्या प्रतिबंध ही केवळ डॉक्टर, मानसोपचारतज्ज्ञ किंवा एखाद्या संस्थेची जबाबदारी नाही. कुटुंब, मित्र, शिक्षक, सहकारी, समाज आणि प्रत्येक नागरिक यात महत्त्वाची भूमिका बजावू शकतो.

आपण काही साध्या गोष्टी करू शकतो:

एखादी व्यक्ती अडचणीत असल्याचे जाणवल्यास तिच्याशी संवाद साधूया.

तिचे बोलणे मध्येच न तोडता आणि दोष न देता ऐकूया.

गरज भासल्यास तिला मानसिक आरोग्य तज्ज्ञांची मदत घेण्यास प्रोत्साहित करूया.

आत्महत्येबाबत विनोद, टोमणे किंवा कलंक निर्माण करणारी भाषा टाळूया.

सोशल मीडियावर आत्महत्येशी संबंधित संवेदनशील माहिती जबाबदारीने हाताळूया.

मुलांमध्ये आणि तरुणांमध्ये भावनिक साक्षरता व मानसिक आरोग्याविषयी जागरूकता वाढवूया.

आशेची कथा लिहूया

“आत्महत्येबाबतची कथा बदलणे” म्हणजे आत्महत्येचे गांभीर्य कमी करणे नव्हे. उलट, जीवनातील संकटांना गांभीर्याने घेत असतानाच मदत, उपचार आणि आशेचे मार्ग उपलब्ध आहेत, हा संदेश समाजापर्यंत पोहोचवणे होय.

कधी कधी एखाद्या व्यक्तीला मोठ्या उपायाची नव्हे, तर कोणीतरी तिचे मनापासून ऐकावे, समजून घ्यावे आणि तिच्या सोबत उभे राहावे, याची गरज असते. या जागतिक आत्महत्या प्रतिबंध दिनानिमित्त आपण एक संकल्प करूया–

मौनाऐवजी संवाद निवडूया.

कलंकाऐवजी सहानुभूती निवडूया.

दोषारोपाऐवजी आधार देऊया.
निराशेऐवजी आशेची दारे उघडूया.

कारण आत्महत्या प्रतिबंधाची सुरुवात कदाचित एखाद्या मोठ्या मोहिमेतून नव्हे, तर एका साध्या प्रश्नातून होऊ शकते– "तू ठीक आहेस का? मी तुझ्यासोबत आहे."

चला, आत्महत्येबाबतची कथा बदलूया– मौनातून संवादाकडे आणि निराशेतून आशेकडे वाटचाल करूया.

"आम्हा घरी आणीक नाही काही। तुझा भरवसा आणि धीर पाही॥

सकळ दुःखाचा होईल अंत। मन स्थिर ठेवी रे शांत॥"- (तुकाराम गाथा)

Focus: Viewing struggles as a forge for inner growth.

Meaning: We possess nothing greater than patience and steady trust. Every sorrow has an inevitable end; keep your mind quiet, steady, and peaceful until the storm passes.

Relevance: Reminds those in deep distress that emotional storms are finite and that mental stillness acts as a protective shield.

थांब जरा...

कु राधिका मुरकुटे,
विद्यार्थिनी (मानसशास्त्र - संस्कृत)

मनात तुझ्या दुःखाचे
दाटून आले मेघ,
सगळं संपवावंसं वाटतं
आणि हरवतो जीवनवेध.

थांब जरा, विचार कर
हा शेवट नाही रे,
आज जरी अंधार असल
उद्याची पहाट दूर नाही रे.

मनातलं दुःख बोलून टाक
डोळ्यांतलं पाणी वाहू दे,
आपल्या माणसाच्या खांद्यावर
मनाला थोडं विसावू दे.

आई-वडिलांना सांगून बघ
मित्राशी मन मोकळं कर,
समुपदेशकाची मदत घेऊन
मनातला हा भार उतरव.

एक अपयश म्हणजे जीवन नाही
एक दुःख म्हणजे अंत नाही,
आजची परिस्थिती बदलेल
आशेची वाट कधीच संपत नाही.

तू आहेस म्हणून जग सुंदर
तुझ्या हास्यात कुणाचं सुख आहे,
तुझ्या जाण्याने संपणार नाही दुःख
पण कुणाचं जगणं नक्कीच दुःखी आहे.

म्हणून थांब... स्वतःला सावर
जखमेला थोडा वेळ दे,
जीवनाला एक संधी दे
आणि स्वतःलाही एक संधी दे.

काळोख कितीही दाटला
पहाट त्याच्या पलीकडे आहे,
जीवन संपवू नकोस कधी
कारण जगण्याची संधी अजून बाकी आहे.

A Comma, Not a Full Stop

-Sanchita Sodhe

Sometimes,

a smile hides a storm,

and "I'm fine"

hides a thousand words.

We ask,

"Why did they give up?"

when perhaps we should ask, "What made living hurt so much?"

Let's change the narrative

from judgment to understanding,

from silence to conversation,

from shame to compassion.

Because, a life is more than its darkest moment.

And when someone thinks their story has reached its end,

maybe all they need is someone to sit beside them

and offer a comma

Not a full stop.

Not yet.

एक बातचीत की कहानी

- खुशबू प्रताप; अध्यापक एवं कॉऊन्सेलर

एक बातचीत की कहानी

कभी कोई कहे,
“मैं बहुत थक गया हूँ...”
तो तुरंत यूँ मत कहना–
“मज़बूत बनो।”

शायद उन कुछ शब्दों के पीछे
छुपती है, एक लंबी कहानी,
शायद आँखों में छिपी हुई
कोई अनकही परेशानी हो।

बस थोड़ा रुकना,
उसके पास बैठना,
बिना फैसला सुनाए
उसकी बात सुनना,
और समझना।

उसके दर्द को किसी और के दर्द से
मत तौलना।
इस इंसान की लड़ाई अकेली है,
हर मन का बोझ अलग है।

कभी परिवार का साथ
एक सहारा बन जाता है,
कभी दोस्त की छोटी-सी बात
अँधेरे में उजाला कर जाती है।
कभी काउंसलर की बात
हमें राह दिखाती है,
और कभी मदद माँगने की हिम्मत
जीने की उम्मीद जगाती है।

आशा हमेशा शोर नहीं करती,
कभी वह बहुत धीरे आती है–
एक फोन कॉल बनकर,
एक मुस्कुराहट बनकर,
एक छोटी-सी बातचीत बनकर!

आओ कहानी बदलें–
चुप्पी नहीं, संवाद हो,
शर्म नहीं, समय हो,
दूरी नहीं, साथ हो,
और निराशा के बीच
एक आशा की बात हो।

क्योंकि शायद
हमारे पास हर समस्या का उत्तर न हो,
लेकिन हम किसी को यह ज़रूर कह
सकते हैं– “तुम अकेले नहीं हो,
चलो... साथ मिलकर मदद ढूँढते हैं।”

YOU MATTER HERE

Belongingness and Suicide Prevention

-Yashashree Raje Deshmukh, M.A. Psychology

A student perspective on the role of belonging, connection and compassionate conversation in suicide prevention.

I chose to write about belongingness because suicide prevention is often discussed mainly in terms of crisis intervention. While professional intervention is essential, I believe prevention also involves creating environments where people feel connected, valued and safe enough to ask for help. Through this article, I explore how our everyday relationships and sense of belonging can contribute to a more compassionate understanding of suicide prevention.

You Matter Here: Belongingness and Suicide Prevention

Introduction

When we hear the word suicide, our first reaction is often to think about death. We may ask what happened, why the person did it, or what could have been done differently. Sometimes people also respond with judgement: “They should have been stronger,” “They had everything,” or “Why didn't they ask for help?”

But suicide is much more complex than these questions suggest. There is rarely one single reason why a person develops suicidal thoughts or behaviour. Psychological difficulties, relationships, social circumstances, trauma, loss, discrimination, loneliness and many other factors can interact in different ways (WHO, 2025).

This is why the theme “Changing the Narrative of Suicide” is important. Perhaps changing the narrative means looking beyond the final act and trying to understand the emotional and social experiences that a person may have been going through.

One concept that deserves more attention is belongingness. We all have a need to feel that we belong somewhere. We want to feel accepted by our family, friends, classmates, colleagues and communities. More importantly, we want to feel that our presence matters to someone.

What Does It Mean to Belong?

Belonging is more than simply being surrounded by people. A person can have many friends and still feel lonely. Someone can sit in a classroom full of students and feel completely disconnected. Someone can have hundreds of followers on social media and still feel that there is nobody they can genuinely talk to.

This tells us something important: being around people and feeling connected to people are not necessarily the same thing. Belongingness involves feeling accepted, understood, valued and connected.

A person experiencing suicidal distress may not always be physically isolated. They may have people around them but still feel emotionally alone.

Psychologist Thomas Joiner proposed the Interpersonal Theory of Suicide, which suggests that two important interpersonal experiences associated with suicidal desire are thwarted belongingness and perceived burdensomeness (Joiner, 2005; Van Orden et al., 2010). Thwarted belongingness refers to feeling that one does not have meaningful and reciprocal relationships. Perceived burdensomeness involves feeling like one's existence is a burden to others.

These concepts help us understand why a person might experience intense psychological pain even when their life appears fine from the outside. However, loneliness or disconnection does not mean that a person will become suicidal. Suicide is multifaceted, and belongingness is only one part of a larger picture (Chu et al., 2017).

When a Person Starts Feeling Disconnected Disconnection can happen in many ways. A student may feel excluded by classmates. Someone may lose an important friendship or relationship. A person who moves to a new place may struggle to find people they can connect with. Someone may experience bullying or discrimination. Another person may feel they are disappointing their family because they are struggling academically, financially or professionally.

Sometimes these experiences may seem small to other people. But psychological pain is personal. What seems like "just a friendship problem" to one person may feel like the loss of an extremely important relationship to another.

This is why we should be careful about judging distress based only on what we can see. A person may still attend college, go to work, meet friends and post normally on social media while privately struggling.

The WHO distinguishes social isolation, an objective lack of sufficient relationships, from loneliness, the subjective distress that comes from a gap between the connections a person has and those they want or need. Loneliness and social isolation are also recognised as concerns relevant to suicide prevention (WHO, 2025).

So perhaps instead of asking only, "How many people does this person have?" we should also ask,"Does this person feel that they have someone?

The Power of Feeling That We Matter

Belonging can provide something that everyone needs: the feeling that we matter. Supportive relationships can give people someone to talk to, emotional support, encouragement and practical help. Sometimes, simply knowing that someone is willing to listen can make a difficult situation feel less lonely.

A friend who notices that someone has become unusually quiet may provide an opportunity for that person to talk. A teacher who asks a student if everything is okay may open a door. A family member who listens without

immediately judging may make it easier to ask for help.

These actions do not magically solve psychological distress, and they are not substitutes for professional mental-health care. But they can create something very important: connection.

Community-level prevention also matters. The WHO (2019) highlights the role of communities in reducing stigma, strengthening social connectedness and supporting people who may be vulnerable.

This means suicide prevention is not only the responsibility of mental-health professionals. Families, educational institutions, workplaces and communities also contribute to the environment in which people either feel safe seeking help or feel that they have to suffer silently.

Changing the Question

One important change we can make is in the questions we ask.

"Why didn't they tell anyone?"

Perhaps a better question is: "Did they feel safe enough to tell anyone?"

"Why didn't they ask for help?"

Perhaps we should also ask: "Did they believe that asking for help would make them a burden?"

"They had so many people around them."

But we should remember: "Being surrounded by people does not necessarily mean feeling connected to them."

These changes represent a deeper shift in how we understand suicide. Instead of blaming the individual, we begin to look at the person's experiences, relationships and circumstances. Instead of asking why someone failed to cope, we can ask whether they had enough support while they were trying to cope.

Creating Belonging in Everyday Life

Suicide prevention is often imagined as something that happens when someone is already in crisis. Crisis intervention and professional support are extremely important, but prevention can also happen much earlier—in everyday interactions.

We can include someone who is regularly left out. We can notice when a friend who is usually talkative becomes distant. We can listen without immediately saying,"Don't think like that" or "Everything will be fine." We can make classrooms and workplaces more accepting places where people do not feel ashamed of discussing difficulties. We can take bullying and social exclusion seriously. We can encourage people to seek professional help without making them feel weak for doing so.

And sometimes, we can simply ask: "How are you really doing?" The important part is not just asking the question. It is being willing to listen to the answer.

We do not have to become someone's therapist. If someone is experiencing suicidal thoughts or is in immediate danger, encouraging them to connect with a qualified mental-health

professional or emergency support is essential. WHO guidance also encourages talking openly, connecting people with health professionals and maintaining contact with someone who may be at risk (WHO, 2026).

Belonging Is Not About Having a "Perfect Life"

Telling someone, "You have so much to be grateful for," does not necessarily make them feel better.

A person can have a loving family, friends, education, a career or other positive things in their life and still experience severe psychological distress. From the outside, their life may look completely different from what they are experiencing internally.

This is why suicide prevention should not be based on comparing someone's suffering with the difficulties of others.

Instead of saying, "Other people have it worse," we can say, "I may not completely understand what you are experiencing, but I am willing to listen." That difference can matter.

Changing the Narrative

The theme of Suicide Prevention Day encourages us to change not only what we say about suicide, but also how we think about it.

- ✓ *From "Why did they do it?" to "What were they going through?"*
- ✓ *From "They should have been stronger." to "What support did they have while they were struggling?"*
- ✓ *From "They had so many people around them." to "Did they feel connected to those people?"*
- ✓ *From "Why didn't they ask for help?" to "How can we make asking for help easier and safer?"*

This change in perspective does not mean ignoring professional intervention. Rather, it allows us to approach suicide with greater compassion and a better understanding of its complexity.

Conclusion: You Belong Here

Belongingness alone cannot prevent every suicide, and loneliness is not a single explanation for suicidal behaviour. Suicide prevention requires a broader approach involving mental-health care, early intervention, social support, responsible communication, community action and efforts to reduce stigma. But belonging still matters.

Feeling that someone would notice our absence, that someone would listen without judgement, and that there is a place where we are accepted can be deeply meaningful.

Perhaps suicide prevention begins much earlier than we think. It can begin when we invite someone to sit with us. It can begin when we notice that someone has become unusually quiet. It can begin when we stop judging people for struggling. It can begin when we make asking for help feel normal.

And sometimes, it can begin with a simple message:

"I may not have all the answers, but I am here to listen."

We cannot always know what another person is carrying inside. But we can create families, classrooms, workplaces and communities where people do not feel that they have to carry everything alone.

Because sometimes, prevention begins with helping someone experience something very simple, yet very powerful:

You are seen.

You are valued.

You matter.

You belong here.

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When Life Feels Like It Has Ended, There Can Still Be a Next Chapter

Ms Prajakta B Khandetod
Masters in Clinical Psychology, Counsellor

What Chandu Champion teaches us about despair, connection and the courage to begin again.

There are moments when life can feel as though it has ended long before it actually does.

A dream that collapses. A career that falls apart. A relationship that ends. A failure that feels impossible to recover from. Or circumstances that change us so deeply that we no longer recognise the person we once were.

In such moments, tomorrow can become impossible to imagine.

This is where *Chandu Champion* offers a powerful perspective on suicide prevention.

Inspired by the extraordinary life of Murlikant Petkar, the film takes us through a period when a life-altering injury leaves him overwhelmed by despair. The future he had imagined no longer seems possible, and for a moment, his circumstances become bigger than his sense of self.

But his story does not end there.

What begins to change is not his past, nor the reality of what happened to him. What changes is his ability to imagine a future beyond it. And that transformation begins with **connection**—with someone reaching out, believing in him and helping him discover a new sense of purpose.

Perhaps that is one of the most important lessons we can take from his journey.

When someone is experiencing suicidal thoughts, they may not necessarily want their life to end; they may desperately want the pain they are experiencing to end. In that moment, hope can become difficult to see.

And sometimes, another person has to hold that hope for them until they can see it again.

That is why the conversation matters.

On World Suicide Prevention Day, the call to **"Start the Conversation"** is not about finding perfect words. It is about being willing to ask:

"Are you really okay?"

And then staying long enough to hear the answer.

It is about listening without judgement, taking someone's pain seriously, and helping them reach professional support when they need it.

We often mistake silence for strength. We tell people to be positive, to move on, to be strong.

But strength does not always mean carrying everything alone.

Sometimes strength is saying, "I am not okay." And sometimes it is being the person who says, "You don't have to go through this alone."

Murlikant Petkar's story eventually became one of extraordinary achievement. But the deeper lesson is not simply that he overcame adversity and became a champion.

It is that **the worst chapter of a life does not have to become its final chapter.**

So, this World Suicide Prevention Day, let us change the narrative.

Let us notice the people who have gone quiet.

Let us ask the difficult questions.

Let us listen without judgement.

Let us replace *"Why can't you be stronger?"* with *"How can I stand beside you?"* Because we may not be able to solve someone's entire life.

But we can sit beside them through one difficult moment We can help them reach tomorrow. And sometimes, **tomorrow is where a new story begins.**

Start the conversation. Listen. Stay. Seek help.

Because every life deserves the chance to discover what comes next.

"मना श्रेष्ठ धारिष्ट जीवी धरावे। मना बोलणे सर्वही सहन करावे।
मना सर्वथा धीर सोडूं नये। मनी मानसी दुःख मानूं नये॥"(मनाचे श्लोक)

Focus: Mental strength, hope, and active self-belief.

Meaning: O Mind, hold immense courage within your heart. Learn to bear the harsh words and situations of the world. Never lose your patience, and do not let grief permanently overpower your mind.

Relevance: Directly addresses the mind (Man) to cultivate mental courage (dharishta) and maintain patience (dheer) during crises.

Changing the Narrative of Suicide

Ms Shreya V. Pardeshi,
Masters in Clinical Psychology,
POSH Triner.

I have wondered many times why people commit suicide without thinking about the consequences that the people left behind have to face. They do what they feel is necessary to end their pain, but what about the people who are left behind? I have always had this question in my mind.

I understand that they must be suffering immensely, but is suicide really the solution? There are many ways to cope with emotional distress, so why are some people unable to handle what they are going through?

I often hear people say things like, "I will kill myself if this does not happen the way I want," especially during family disputes or difficult situations. I did not understand why someone would say such a thing.

A close relative of mine died by suicide when I was in the 5th standard because of family issues. Her son was in the 4th standard at that time, and he witnessed everything very closely. Even years later, we wondered why she had taken such a step and why she had not thought about her son before doing it.

I did not truly understand it until I began learning about mental health and psychology.

Suicide is not something that necessarily happens all of a sudden. A person's behaviour can be influenced by several environmental, psychological, and biological factors. When someone is experiencing extreme emotional distress, their ability to think clearly and consider alternatives can become severely impaired. At that moment, they may feel overwhelmed by the pain and unable to see any way out of it.

The thought may become, "If I end my life, I will finally be free from this pain." This is one of the reasons mental health awareness is so important.

Often, after a person dies by suicide, relatives say, "We did not notice any behavioural changes. He or she seemed completely normal until now." But sometimes, what appears to be normal behaviour can actually hide significant emotional distress. The people around them may notice certain changes or cues but may not recognise them as warning signs because they do not know what to look for.

Recently, there have also been reports of young NEET aspirants dying by suicide in the context of intense academic pressure and distress surrounding issues such as examination-related controversies and uncertainty. I had the opportunity to interact

with the family members of one such aspirant. A family member told me that he had been experiencing difficulty sleeping and was taking medication for

it. He also used to stay in his room for most of the day.

There were signs that something was not right, but the family did not recognise them as possible indicators of psychological distress. They thought that he might simply be studying, feeling tired, or needing some time alone. They did not realise that he might need professional help.

This made me think about how important mental health awareness really is.

Many people still do not consider mental health problems to be as real or serious as physical health problems. When someone talks about their emotional difficulties, people may ignore them, tell them to “be strong", or assume that they are simply overthinking.

Stigma also prevents many people from asking for help. They may think, ‘‘What if someone finds out that I am mentally disturbed or unstable? What will people say about me? What if they make fun of me?”

Because of this fear of judgement, people may hide their struggles instead of seeking support. Over time, unaddressed emotional distress can become more severe and may contribute to suicidal thoughts or other serious consequences.

This is why I believe mental health awareness should not be limited to professionals. Families, teachers, friends, colleagues, and society as a whole need to understand the basic signs of psychological distress and learn how to respond to them.

The Role of Emotional Intelligence

Recently, I attended a workshop on emotional intelligence conducted by relationship coach Vikas Choudhary. One of the ideas discussed during the workshop made me think deeply about how our feelings, emotions, and perceptions influence our behaviour.

It is important to remember that **a feeling is not always a fact**. Sometimes, what we feel is based on incomplete information, assumptions, past experiences, or what someone else has told us. We cannot always control our first emotional reaction, but we can learn to pause, question our assumptions, understand our emotions, and decide how we want to respond.

This understanding is also important when we interact with someone experiencing emotional distress. If someone is withdrawing from others, we may assume they are

rude or uninterested. If someone is sleeping excessively, we may call them lazy. If someone becomes irritable, we may say they have changed. If someone says they cannot handle things anymore, we may tell them to simply be strong.

But what if we paused and asked the following:

“What might be happening beneath this behaviour?”

Understanding our emotions and questioning our perceptions can help us respond to others with greater empathy rather than judgement. Emotional

intelligence can therefore help us recognise distress, communicate more effectively, and encourage people to seek help when they need it.

Mental health awareness and emotional intelligence are not just psychological concepts. They are essential life skills that can help us understand ourselves, recognise distress in others, reduce stigma, and encourage people to seek support.

Sometimes, the person who appears completely normal may be fighting a battle that we cannot see. And sometimes, simply recognising that someone is struggling and giving them a safe space to talk can make a difference.

Changing the narrative of suicide means moving away from blame and judgement and towards understanding, empathy, awareness, and support. It means asking not only **"Why did they do this?"** but also **"What were they going through, and how could we have supported them?"**

The first step towards getting help is to ask for it. And asking for help is itself the first step towards healing and acceptance.

"मनी धरिता चिंता ती द्विगुणित होते। मुखे सांगता दुःख हलके होते।

म्हणूनि खिन्नता दूर सारावी। संवादे नवी वाट शोधावी॥"(मनाचे श्लोक)

Focus: The healing power of spoken dialogue and active engagement.

Meaning: When you lock anxiety within your mind, it multiplies. When you express your pain through words, the weight lightens. Therefore, push despondency aside and find a new path through dialogue.

Relevance: Directly emphasizes the psychological importance of talking to someone—unburdening the mind to find a new perspective.

Can we all agree that Prevention, perhaps begins with feeling safe?

Ms Prerna Tiwari, Psychologist, UK

The concept of suicide is often talked about as if it is a simple answer to a simple question: why did they just not ask for help? But I think the tougher question that actually makes you wonder is: did they ever actually feel safe enough to ask for it?

I have lost people to suicide and as a psychologist one question that always stayed with me was not simply about why did they die? But rather it was always about why did they feel like they were obliged to carry their pain or suffering all alone?

We are often too quick to describe individuals who commit suicide as selfish, weak or unwilling to live and fight with whatever they are going through but suicide is rarely that simple isn't it? Suicide can be a result of overwhelming psychological pain, isolation, fear, shame, hopeless, the belief that there is no other way out for the suffering to completely stop and many more.

Perhaps this is where psychology plays an important role-

Not simply because psychology has all the answers but because understanding human beings and our nature can often be complicated. Our experiences, thoughts, feelings, emotions, the relation that we have with self and others and our sense of hope plays a very significant role in shaping our perspective of self and the world around us. And in order to understand suicide, we have to be willing to understand the person behind the label.

And this wondering leads me to think whether:

Suicide prevention can really began before someone actually reaches a crisis.

If it can start with an ordinary conservation with us as non-judgemental individuals make it safe to say, "I am not okay"

If we can listen without giving an immediate reaction, fixing or judgement and simply respond with empathy.

If we can create a space where someone can admit that they are struggling without feeling ashamed about it.

Sometimes, people who are going through a tough time do not also need someone to have perfect word or answers, but someone who has the time to stay long enough to listen to the words they are scared to say out loud.

Sometimes people get so good at hiding their pain that it get very difficult see what they carry in isolation. Hence prevention can't always start with looking for obvious signs. It can also mean learning to create relationships, families, workplaces and communities where vulnerability is accepted unconditionally and not punished with judgement.

So instead of just asking “Why didn’t they tell us?”

Perhaps we should start asking:

“What can we do to make it safer for someone to tell us next time?”

Because I believe that prevention starts with something really simple:

Letting others know that their suffering, their pain and anything and everything that they are going through can be spoken about and that they do not have to go through it all alone.

"काही केल्या धीर सोडू नये मना। एकाएकी कोणा यश नाही॥

तुका म्हणे कष्ट सोसूनिया राही। तुजवीण नाही तुझा सखा॥"(तुकाराम गाथा)

Focus: *Understanding that life’s value is built over time, not destroyed by a single bad phase.*

Meaning: *Do not lose heart under any circumstances; success and clarity never happen all at once. Endure the tough phase patiently, for you are your own greatest ally and savior.*

Relevance: *Counters impulsive actions driven by sudden failure, encouraging self-reliance and patience.*

कदाचित मुक्काम उशिरा मिळेल... पण प्रवास थांबवायचा नाही

- डॉ तन्मय लक्ष्मीकांत जोशी

टीप: हा लेख पूर्णपणे काल्पनिक आहे

आत्महत्येच्या प्रतिबंधाबाबत जागरूकता निर्माण करणे आणि संकटाच्या काळात व्यक्त होणे, संवाद साधणे व मदत मागणे यांचे महत्त्व अधोरेखित करणे हा या लेखाचा एकमेव उद्देश आहे.

मी खरं सांगू?? माझं ना चुकलंच..त्या दिवशी निव्वळ भावनिक होऊन मी ते पाऊल उचलायला जात होतो.. त्या आधी कित्येक दिवस असं वाटत होतं कि कधी एकदाच सगळं संपवून टाकावं..कायमचं.. म्हणजे कोणालाच काहीही त्रास होणार नाही. मी हि सुटेन आणि बाकीचेही सुटतील. म्हणजे मी सांगायचा प्रयत्न केला..व्यक्त होण्याचाहि प्रयत्न केला पण मलाच जाणवलं कि मला नेमकं काय वाटतंय हे स्पष्टपणे कुणापर्यंत पोहोचवलंच नव्हतं...म्हणून माझ्या आजूबाजूच्या माणसांना माझ्या मनात काय चाललंय, याचा अंदाजच आला नाही..

आज मी त्यांना "माझी माणसं" म्हणतोय, कारण मला जाणवतंय की ती खरंच माझी माणसं आहेत. मी त्यांच्यासाठी आहे. आणि त्यांच्या आयुष्यात माझंही एक स्थान आहे. माझ्या एका क्षणिक, आततायी निर्णयामुळे ही नाती कायमची दुखावली जाऊ शकतात, हा विचार मनाला स्पर्शून गेला. माझ्या आयुष्यातील नाती आणि माणसांची किंमत मला जाणवली आणि मी थांबलो..

जाणवतंय कि- लगेच नाही पण कदाचित मला एखादा आशेचा किरण दिसू शकेल.. एखाद्या नात्याला वेगळ्या भूमिकेतून अनुभवायला मिळेल.. फार फार तर अपयश आलंय इतकंच ना.. होऊन होऊन अजून काय वेगळं होईल..आणि कोण चुकत नाही?? कोणाला अपयश येत नाही?? कायम कोणाच्या मनासारखंच होत असतं?? अर्थातच कुणाचंच नाही..

मला आठवतंय, भाजी बाजारात तो भाजी विक्रेता (ज्याचं हातावर पोट - भाजी विकली गेली तर संध्याकाळी भाकरी खायला मिळेल अशी परिस्थिती),

त्याचा एक हात निकामी आहे तरीही तो struggle करतोय कि!! रोजंदारीवर काम करणारा कामगार - ना कुठला बीमा ना कुठले shares त्याच्याकडे, पण तरीही पत्र्याच्या झोपडीत त्याच्या बायकोसोबत हसत - खेळत चहा पितो!! त्या स्पर्धा परीक्षांसाठी अहोरात्र मेहनत करणारे विद्यार्थी, अगदी एक-दोन मार्काने मेरिट गेलें म्हणून जरूर रडतात पण दोन दिवसात पुस्तक उघडून पुन्हा तोच अभ्यास करायला घेतात!! कित्येक मोठमोठ्या हॉस्पिटल्स मध्ये पाच -पाच वर्षांच्या मुलांना कॅन्सर होतो; ते किमो काय - रेडिएशन काय - केवढं ते सहन करत असतात!! अगणित माणसं आहेत कि ज्यांना मान नाही मिळत - हेटाळणी केली जाते त्यांची, अगदी तिरस्कार होतो त्यांचा.. ती देखील तर माझ्यासारखीच माणसं ना.. मग ते कशासाठी तग धरून आहेत??.. असं का?? अपमानाचे , निंदेचे, अपयशाचे, आर्थिक विवंचनेचे, जीवनाच्या अनिश्चिततेचे कडवट घोट घेत असतांना ... कदाचित त्यांनी त्यांच्या एखाद्या नात्यातून आंनद शोधला असेल.. किंवा भलेही समाजमान्य आर्थिक निकष जरी साध्य होत नसले तरी त्यांना त्यांच्या कामातून निदान त्यांच्यापुरता आनंद आणि समाधान त्यांना मिळाले असेल.. किंवा अजूनही त्यांनी आशा सोडली नाही म्हणून ते तग धरून आहेत.. मी खरंच हे शिकायला हवं त्यांच्याकडून..

क्षणिक भावनेच्या आहारी न जाता माझ्या प्रत्येक कृतीचा काय परिणाम होईल ह्याचा विचार मी जरूर करेन.. जीवनात अडथळे नक्की येतील..ऊन लागेल..अवेळी काळोखून येईल..विचित्र पाऊस पडेल..पण कुठे जायचंय आणि का जायचंय हे मला ठाऊक असेल त्यामुळे कदाचित प्रवास लांबेल खरा पण थांबणार नाही किंवा मी तो सोडून देणार नाही.. कारण जाणवतंय..पटतंय कि मुक्कामापेक्षा "प्रवासच" खरा आनंद देतोय..

माझ्याच आतून एक आवाज आला कि सोडून नको देऊ, अर्ध्यावर डाव टाकून नको जाऊ. मनातलं ओझं एकट्याने नको वाहू.. नाती टिकवायला हवी आणि ती जपायला सुद्धा हवी. आणि मी स्वतःवर देखील तितकेच प्रेम करायला हवं. असतीलही माझ्यात काही दोष, काही उणिवा.. पण फक्त दोषच आहे असं नाही. काही नाती..अगदी महत्वाची नाती नीट नाही जपली गेली..पण म्हणून बाकीची असलेली नाती मी का म्हणून दुर्लक्षित करू?? असलेल्या नात्यांमधून मी आनंद नक्कीच घेऊ शकतो...ते

माझ्यासाठी आणि मी त्यांच्यासाठी महत्वाचा आहेच कि..

मी कोणाकडेतरी व्यक्त व्हायला हवं!!

"संपवून देऊ"* च्या ऐवजी "कदाचित मुक्काम उशिरा मिळेल पण प्रवास थांबवायचा नाही" हे माझं ब्रीदवाक्य असेल आता!!

मलाच माझ्याच विचारांचं समाधान वाटलं आणि जे चुकीचं, टोकाचं पाऊल उचलणार होतो तिथून मी मागे वळलो. फक्त मागे वळलो असं नाही तर आता, मी आहे त्यात आनंद शोधायला लागलोय. अर्थ गवसतोय असं वाटतंय.. विचार बदलल्यास कृती बदलू शकते.

त्यामुळे आत्महत्येचा विचार आला म्हणजे जीवन संपलेलं नसतं; कधी कधी विचार बदलण्यासाठी, व्यक्त होण्यासाठी आणि मदत मागण्यासाठी फक्त एक सुरक्षित संवाद आवश्यक असतो."

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"आपणासी आपण कृपाळू व्हावे। व्यर्थ दुःखात का आणावे।

जीवनाचे महत्त्व ओळखावे। मानवी जन्मा न अवहेलावे॥" (एकनाथी भागवत)

Focus: ***Self-compassion and recognizing that life's value isn't defined by worldly failure.***

Meaning: Be compassionate toward yourself. Why drown yourself in unnecessary grief? Recognize the true worth of your life and never disregard the gift of human existence.

Relevance: Reinforces self-compassion (*krpaalu*) and counters cognitive distortions of worthlessness.

From Broken Connections to Self-Reliance:

A true story; success of Counselling

A 21-Year-Old's Journey to Rewriting Her Story

- Dr Tanmay Laxmikant Joshi

"Changing the narrative on suicide is not about pretending the darkness doesn't exist; it is about choosing to write the next sentence when the current chapter feels unendurable."

When 21-year-old law student Maya (name changed) first stepped into the counselling room, brought in by a deeply concerned friend, she was carrying a weight no young person should bear alone. Locked in severe depression and recovering from a recent suicide attempt, her world had narrowed to a single, overwhelming conviction: that she had lost control over her life, her relationships, and her future.

Like many young adults, Maya's distress was not a sudden explosion, but a quiet, cumulative erosion. Struggling with family tension, emotional strain, and the overwhelming pressure to perform, she felt trapped. But what began as a crisis intervention slowly evolved into a profound masterclass in self-reliance, emotional healing, and personal rebirth.

Step 1: Taking Back the Steering Wheel.

The initial turning point in counselling did not come from external advice, but from Maya making a firm, independent decision for herself: ending a toxic relationship to preserve her own self-respect and clear space for her academic goals.

In counselling, we often discuss building internal strength rather than creating lifelong dependence on therapy. Maya's decision to prioritize her self-respect was a pivotal moment of agency. Counselling isn't about telling someone how to live; it's about restoring their belief that *they* hold the steering wheel. By taking ownership of her choices, Maya moved from feeling like a passive victim of her circumstances to becoming the active architect of her own life.

Step 2: Channelling Energy into Growth and Ambition.

With the noise of a unhealthy relationship behind her, Maya redirected her energy back to her core passion: her education. Currently completing her LL.B., she has locked her focus onto her studies and practical training. While comfortable reading in English, she recognized a gap in her Marathi literary reading and proactively started reading local newspapers and novels to sharpen her command of the language. Her vision for the future is clear and ambitious: securing admission to a top-tier institution in Pune, such as ILS Law College, and eventually integrating her legal background with Journalism.

Having a concrete vision provides an anchor when emotional storms hit. By focusing on her academic career, Maya transformed her daily routine from a space of rumination into a launchpad for her aspirations.

Step 3: Rebuilding Internal Bridges—Starting at Home.

Depression thrives in isolation, often creating invisible walls between individuals and those closest to them. During her sessions, Maya reflected on her home life and realized she barely communicated with her mother.

Rebuilding a support system doesn't require grand, overwhelming gestures. It begins with small, intentional steps. Maya was encouraged to bridge the gap with her mother through simple everyday connections—complimenting the food her mother cooked or asking how a particular dish was prepared. These small micro-interactions break down emotional silence, creating a safe harbor at home and reminding us that we don't have to carry our burdens in solitude.

Step 4: The Power of Giving Time to Yourself.

Today, Maya's mental landscape has shifted dramatically. Feeling fresh, grounded, and positive, she no longer feels drawn toward temporary escape mechanisms like smoking or drinking.

The counselling given to Maya is one every young student needs to hear: give yourself time. Dedicating the next 6 months to a year entirely to your personal growth, career, and core interests is not selfish—it is essential maintenance for your psychological core.

A Note to Every Student Reading This

Maya's story proves that an attempt to end one's life is rarely a desire to end existence itself; it is a desperate cry to end unmanageable pain. But as Maya discovered, when you receive the right support, build self-reliance, and give yourself permission to heal, the narrative changes.

If you are currently facing a period of academic stress, personal heartbreak, or silent struggle:

1. **Reclaim Your Agency:** You have the power to make decisions for your own self-respect and peace of mind.
2. **Focus on Micro-Victories:** Break your big career goals down into small, daily habits.
3. **Reach Out Small:** Start with one honest conversation or small gesture with family or a trusted friend.
4. **Choose a Comma, Not a Full Stop:** Give yourself the time and space to heal. Your story is far from over.

"डोईचा पदर आला खांद्यावरी। सांगते मी गुपित या संसारी।

दुःख सांगावे जना। मन हलके होई मना॥" ***(जनाबाईंचे अभंग)***

Focus: *Relief through expression and knowing you are never truly alone.*

Meaning: Speak out your pain to others; unburdening your heart lightens the heavy mind. Sharing your secret struggles brings the strength to carry on.

Relevance: Encourages reaching out, breaking silence, and seeking emotional support during times of deep burden.