

## EXCLUSIVE: A CONVERSATION WITH R. GORDON R. MCINALLY

### TRANSFORMING PAIN TO PURPOSE: CREATING HOPE FOR MENTAL HEALTH



Gordon remembers Ian in his address at the International Convention at Singapore in May 2024.



Gordon as 'best man' at his brother Ian's wedding in 1989

**R. Gordon R. McNally, Past Rotary International President, is phenomenal.** The finest leader I have met, warmhearted, compassionate, determined and humble. We owe it to Gordon McNally for opening up his personal story to the world, for making it safe to talk about suicide, for prioritizing the cause for creating hope for mental health in the Rotary ecosystem. As an Action Group on Mental Health, we are eternally indebted to him for his motivation, courage, conviction and his vision for bringing dignity to a stigmatized area of suffering humanity.

**-Rita Aggarwal**

This issue is dedicated to **R. Gordon R. McNally**

**Rita- How did you decide to bring your personal loss into the social arena?**

**Gordon-** One of the great privileges of being Rotary International President is the opportunity it affords to promote one's particular interests. As is now well known, I lost my only brother to suicide in 2014 and this, together with the recognized mental health issues in a post covid world, drove me to introduce the focus of Mental Health and Wellbeing to the Rotary world stage in a desire to breakdown the stigma associated with the subject which remains one of the biggest barriers to helping people. The decision to talk about my personal loss was not born out of a desire to receive sympathy, but rather to show that the issue can be faced by any of us, something that has been confirmed time and again as I have traveled around the Rotary world and had fellow members share similar life stories to my own.

**Rita- Was mentioning your personal story on the world stage difficult and did it help you in any way?**

**Gordon-** It was extremely difficult! When I first spoke about my brother, Ian, at the Rotary International Assembly in January 2023, it was the first time I had spoken publicly about what had happened. Having written, and re-written that speech on many occasions and practiced it numerous times, the morning I delivered it was the first time I did not break down as I did so.

**Rita- Did it help resolve and heal the grief to a large extent?**

**Gordon-** I am not sure it helped resolve and heal the grief to a large extent but it certainly helped to some extent. I would much rather have had Ian alive, and able to share in my journey as Rotary

International President, but to have seen and heard of the impact the Mental Health and Wellbeing focus has had begins to give some purpose to what happened back in 2014. I know for a fact that there are people who might have followed the same path as Ian who have not done so because of Rotary's involvement.

**Rita- By making it a social campaign/movement, what purpose did it serve?**

**Gordon-** I believe that, very quickly, the stigma surrounding mental health began to be broken down and that people talked more freely about it. That, in and of itself, has justified the introduction of Mental Health and Wellbeing as a presidential focus. But, beyond simply breaking down the stigma, we are seeing countless projects and initiatives all round the Rotary world addressing some of the most important aspects of the issue. So many of the world's ills can be traced back to poor mental health and wellbeing; my dearest hope is that Rotary's focus on the topic will continue way beyond my term of office and that we will become known as an organization that champions the cause.

**Rita- Did your family members support you in this campaign of yours?**

**Gordon-** Without reservation! We are a close family and have tried hard to support each other during the past ten years. When I first wanted to tell Ian's Story, to introduce the Mental Health and Wellbeing focus, the first people I spoke to were his immediate family - my sister in law, and my niece and nephew. They were extremely supportive of the idea, and, along with Heather and our daughters Sarah and Rebecca, and our son in law Greg, have drawn great comfort from its outcomes thus far.

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## EDITORIAL

### HEALING THE HURT: RE-AFFIRMING LIFE

Death of a loved one leaves behind a vacuum in the lives of the bereaved. Death by suicide of a loved one leaves behind a gaping black hole..... The emotionally devastated family struggles with the void all their lives, searching for answers and receiving a dead silence in return. Oh, the SILENCE!



**Psychologist David Kessler, an expert on grief, in his book 'Finding Meaning: The Sixth Stage of Grief'** says that 'looking for closure after a loss is to find meaning beyond the five stages of grief, most of us are familiar with- denial, anger, bargaining, depression and acceptance, that can transform grief into a more peaceful and hopeful experience'.

Finding that meaning and purpose is no ordinary task. It requires transcending the self by making an extraordinary effort. One such extraordinary person who could do that is **Past Rotary International President R. Gordon R. McNally** who motivated himself to take the leap of faith to champion the cause of mental health worldwide, in order to give meaning and purpose to his grief. What an incredible contribution!

**Kessler** further states that 'we should remember those who have died with more love than pain, in a way that honors our loved ones.'

**His Holiness the Dalai Lama, the highest spiritual leader of Tibetan Buddhism,** also says 'sadness and grief that comes from great loss is to use it as motivation and to generate a deeper sense of purpose. With the great sadness of the loss, one can live even a more meaningful life.'

Mental health professionals struggle to save lives through strategies for suicide prevention and postvention. Families use various informal methods to heal the wounds left by loved ones to rebuild their lives again, with love, determination, resilience and meaningful purpose.

"Any painful struggle is a journey of self discovery and personal growth."

*Rita*  
- Rita Aggarwal  
Editor

## EDITORIAL TEAM

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## KASHMIR: QUESTIONS AROUND SUICIDE

Over the past decade Kashmir has gained the distressing rank of having the highest number of attempted suicide cases in India, most recently reported by the National Crime Records Bureau (NCRB) in their 2022-23 data.

Our experience at Kashmir Lifeline & Health Centre mirrors this, with a high number of our clients talking to us about suicide attempts, suicidal behaviour and self-harm. The reasons are many, the majority relating to major episodes of depression and psychosis. Substance abuse has now joined these as a major driver of suicidal behaviour, particularly because of the recent surge in heroin use.

**As an illustration of this, in 2016 the main psychiatric hospital in Srinagar, IMHANS, reported 489 substance abuse patients. By 2021 this figure had increased to 23,069.**

'But what are you doing about the drug addicts?' is the usual reaction whenever members of our team try to talk to people here in Kashmir about the alarming increase in suicide amongst young men.

Their question is a frightened response to the headlines that, '52% of young men in Kashmir are taking drugs'. The media and indeed societal focus on the increase in drug use makes it hard to draw attention back to the anxiety, despair and depression that underlie what has been dubbed as a 'Kashmir's drug epidemic'. **Young men, and indeed many others, use drugs and other substances to numb these pervasive states, resulting in the heightened risks of suicidality.**

When it comes to supporting the suicidal despair of our clients, we use close therapeutic tracking, an SOS call option, careful family supervision, and supporting these families. **When it comes to talking to the wider public about suicide, we strive to help people to see substance abuse as a symptom of deeper issues, both for individuals and within the society.** Our challenge is nudging people's focus away from what they see as the social shame of substance abuse towards understanding the pain that so-called 'abusers' or 'addicts' are seeking to numb. This is a long game, and it **will** be a very long one.

- Dr Wiqar Bashir, Fairoz Malla, Nazia Ronga and Justine Hardy, Kashmir Lifeline and Health Centre. (A project of Healing Minds Foundation, funded by Mariwala Health Initiative)



PC: Kashmir Lifeline and Health Centre

## SUICIDE SURVIVORS: COPING WITH GRIEF

Suicide survivors are typically defined as individuals who have lost someone close to them due to suicide. This term emphasizes the unique and profound grief they experience, which often includes feelings of guilt, regret, confusion, and trauma. The term can also refer to individuals who have survived a suicide attempt themselves, though in most contexts, it is used to describe those left behind after a loved one's suicide.

For those left behind, the aftermath of suicide is a maelstrom of confusion, guilt, and profound grief. Survivors often find themselves grappling with an insatiable need for answers to the following questions.

### **Why didn't I see the signs?**

Torment themselves, wondering if they missed any indications of their loved one's distress or intentions.

### **Why didn't they reach out to me?**

Many struggle to grasp why their loved one didn't ask for help or confide in them before taking their life.

### **Why couldn't I prevent it?**

Survivors frequently wrestle with guilt, feeling that they could or should have done something to stop the suicide.

### **Why did they choose this path?**

Understanding the reasons behind the suicide-whether it was due to mental illness, a sudden crisis, or accumulated despair-can be a consuming and haunting process.

### **Why didn't I realize the depth of their pain?**

Many survivors are left questioning whether they underestimated or misunderstood the level of their loved one's suffering.

This method is called "psychological autopsy." While this process can provide some clarity, it also has the potential to deeply affect the survivor, sometimes bombarding them with painful truths and challenging their perceptions.

### **Questioning prior assumptions & perceptions**

"Suicide can shatter the things you take for granted about yourself, your relationships, and your world," says famous psychologist Dr. Jordan Peterson. Survivors of suicide often face significant impacts on their self-perception, relationships, and worldview. They may feel intense guilt and responsibility, questioning their actions and missed signs, leading to a painful reevaluation of their role. The realization that they couldn't save their loved one can shatter their self-worth, causing feelings of inadequacy and failure.

Learning new, sometimes disturbing, information about the deceased can erode trust in others who also missed warning signs. The intense focus on the autopsy can lead to communication breakdowns with family and friends, who may have different ways of coping with the suicide.

Suicide challenges fundamental beliefs about life, control, and predictability, leading survivors to question their worldview. Their sense of safety and predictability can be profoundly disrupted, causing feelings of vulnerability and uncertainty about the future.

### **Coping with the Aftermath**

For those grappling with the aftermath of a suicide, postvention care becomes crucial. Understanding and navigating the stages of grief can be crucial for finding healing and moving forward. Incorporating the Kübler-Ross model into bereavement counselling can provide valuable insights and support. Here's how the model can be applied in the context of suicide survivors.

**Denial:** Difficulty accepting the loss; feelings of numbness or disconnection.

**Anger:** Frustration and anger directed at the deceased, themselves, or others, often masking deeper emotions.

**Bargaining:** Attempting to make deals or find ways to reverse the loss.

**Depression:** Deep sadness and despair as the reality of the loss sets in.

**Acceptance:** Coming to terms with the loss and finding a way to move forward.

Cognitive Behaviour Therapy, Acceptance and Commitment Therapy, Trauma-Focused Therapy, and Grief & Bereavement Counseling are some simplified psychotherapeutic strategies to support survivors.

By seeking professional support, building a network of understanding peers, and practicing self-compassion, survivors can navigate the tumultuous process and find a way to heal. Ultimately, the goal is to reach a place of acceptance and peace, honouring their loved one's memory while moving forward with their own lives.

### How to Cope With Suicide Grief

- Seek professional help
- Find a support group
- Accept help from friends and family
- Take your time and grieve in your own way



PC: [www.verywellhealth.com](http://www.verywellhealth.com)

**The determinants of suicide** are complex and multifaceted, involving a combination of psychological, social, biological, and environmental factors:

**1. Biological Factors:** These include genetic predispositions, neurotransmitter imbalances, family history of mental illness, malnutrition, and micronutrient deficiencies, all of which can affect brain function and mood regulation. Mental health conditions such as major depression, bipolar disorder, and substance abuse are significant risk factors.

**2. Psychological Factors:** Anxiety, mood swings, low self-esteem, and adverse life events-such as trauma, abuse (physical, mental, emotional or sexual), failures. Significant life stressors like relationship conflicts, competitive pressures, and the loss of a loved one-can trigger suicidal thoughts. These factors are particularly dangerous when combined with persistent feelings of hopelessness, overwhelming sadness, emotional numbness, chronic stress and isolation.

**3. Social Factors:** Social isolation, discrimination, bullying, stigma surrounding mental health, and a lack of support networks can exacerbate suicidal risk. Economic instability, including financial hardship, economic losses and financial debts and unemployment, further contributes to mental distress and suicidal thoughts.

**4. Environmental Factors:** Poor living conditions, such as inadequate housing, overcrowding, and unsafe neighbourhoods, can increase stress and feelings of hopelessness. Additionally, natural calamities (drought, tsunami, landslides, floods), pandemics, war, migration, can contribute to these social stressors.

- Sripriya Shaji Ph.D  
Counselling Psychologist & Nutritionist, Kozhikode

**MUKTANGAN:  
ADDICTION AND  
SUICIDAL BEHAVIOUR**

Muktangan Rehabilitation Centre was started in 1986 in Pune, Maharashtra, India. It offers a month-long program for de-addiction to almost 30 inmates coming in every week.

People who are addicted face intense emotions like guilt, shame, and regret. And as per their maturity, understanding and personality they try to act out on self harm and suicide behaviour. **Substance addiction is a risk factor for suicidal thoughts and behaviour.** According to studies, over 50% of all suicides are associated with alcohol and drug dependence. The Centre for Disease Control (CDC) says, those with alcohol dependence are ten times more likely to take their own life while those with drug dependence are 14 times more likely to do so. 70% of adolescent suicides are associated with alcohol and drug dependence in UK and USA.

Vigilant care is hence taken. **Every ward has a trained assistant in basic nursing and basic counselling skills.** There are volunteers, recovered from addiction, who help around. Secondly, **as a policy all possible self harm tools e.g. blades, scissors, any sharp objects, all medicines, are kept away with the medical department.** Nurses personally give out these things and take them back.

Every patient has a **dedicated counsellor** who has sessions thrice weekly and who evaluates the emotional stability of the patient. We try to assign a **buddy patient** to him who is motivated and willing to help. Mostly, at night these patients get restless and start ruminating on suicidal thoughts. In Muktangan we have our staff, volunteers and Medical staff doing night duties throughout the week. There are 3 people in the night taking care of these patients. With all these policies and precautionary measures, we can see positive effects of this in 38 years of existence.

- *Sonali Kale,*  
*Coordinator and Counselor*  
*Muktangan Rehabilitation Centre*

**"Hope is being able to see that there is light despite all of the darkness."**

- Desmond Tutu



PC: Image by rawpixel.com on Freepik

**GATEKEEPER'S TRAINING  
FOR SUICIDE PREVENTION:  
NIMHANS CENTRE FOR  
WELL BEING, BENGALURU,  
INDIA**

A Gatekeeper is someone who believes that suicide can be prevented at the community level and is willing to give time and energy for this cause. Gatekeepers could be teachers, parents, hostel wardens, police or lay counselors. Empowering the Gatekeepers with required knowledge and skills is a very important step in suicide prevention.

It is very brief program (three hours), skills based, using participatory approach, applying multiple methods (lecture cum discussion, role plays and video show,) using standardized case vignettes and standardized scale (SIRI) for pre and post assessment, conducted by a multi-disciplinary team (Psychiatrist, Psychiatric Nurse & Psychiatric Social Worker).

The training program consists of three parts. Structured Pre and post assessments are done using the Suicide Intervention Response Inventory (SIRI). The training module empowers the Gatekeepers in identifying persons at risk for suicide, assessing suicidal risk, immediate intervention for suicidality and Signposting and resource mobilization in the community. It discusses the difficulties of the participants in suicide risk assessment and interventions when they do role plays. Thus, imparting hands-on skills.

More than **500** gatekeepers have been trained using the current methodology since February 2013. A network of gatekeepers has been formed at the national level. This method is replicated in different set-ups and it is adapted by the Indian Air Force (Defense) as a teaching module for the mentors. The gatekeepers can approach the team members for any case management related to suicide prevention. This program is conducted by a highly qualified and reputed Psychiatrist, a senior Psychiatric Nurse and a qualified Psychiatric Social Worker.

More details can be obtained at their website: <https://nimhans.ac.in/nimhans-centre-for-well-being/gatekeepers-training-for-suicide-prevention-nimhans-centre-for-well-being/>

*Summarized by*  
*Dr. Aabha Pimprikar,*  
*Co-Editor*

**DAGMHI India presents**  
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On 13th October 2024  
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**SURVEY ON  
SUICIDE SURVIVORS**

A small study was conducted to understand the experiences and needs of survivors, aiming to improve support and resources for those affected by death by suicide of a loved one. This report summarizes the key findings from the study.

**1. The impact on the survivors mind and behaviour:**

Social isolation was reported by 76.2%.  
Suffering depression - 71.4%.  
Sleepless nights / nightmares- 66.7%

**2. Coping with loss:**

Sought professional therapy - 76.2%  
Prayer and meditation - 61.9%  
Engaging in creative outlets - 52.4%  
Sought support from family - 42.9%.

**3. The treatment by society:**

Blamed for the death - 71.5%  
Kept away from social functions/gatherings - 61.9%  
Rejected, stigmatized and investigated for their role in the suicide - 57.1%.

**4. The impact on the emotions:**

Felt confused in 81%,  
Lonely in 71.4%,  
Fearful in 61.9% noted especially when it is the children who lost the parent. Substance abuse - 19%.  
Relief from an abusive person - 23.8% (includes spouse and children).

**5. The impact on changing perception of life:**

Lost trust in people - 52.4%.  
Lost faith in God - 38%  
God loving - 33.3%.  
**6. Moving forward in life:**  
Comfortable talking about it over a year - 47.6 %,  
Healed and leading normal life - 33%  
Still grieving and unable to move on more than year - 19%  
Still uncomfortable talking of it - 14.3% (especially when the deceased is their child).

While asked to share their specific experiences in the healing process, a brother mentioned the death by suicide of his sister because of Dowry issues. He further said that he has made it a social cause and formed an NGO to fight such social issues. Almost all insisted on professional therapy. Few said they could not separate happiness and sadness when the lost partner was abusive. Although every experience is unique, we tried to find some common points.

Please contact us if you are a Suicide Survivor and want to partake in the survey.

Do send us an email on  
[dagmhirid3030india@gmail.com](mailto:dagmhirid3030india@gmail.com)  
or WhatsApp on **+91 9922825999**.  
Your identity will not be revealed to anyone.

- *Team - Mind Matters*

## DENIAL: MISSING THE SIGNS

A few months ago, I was urgently contacted by a school management team about a young girl they feared was at risk. Her teacher was alarmed, insisting it was an emergency. The girl's parents, however, were adamant that their daughter was perfectly fine. They dismissed her suicide attempt as a prank and accused the school of overreacting. The father repeatedly scheduled appointments at inconvenient times, citing his work and the child's school as excuses, which clearly showed his reluctance and the low priority he placed on his daughter's mental health. After just three sessions—attended only under pressure from the school—they stopped coming altogether.

When I later met the teacher, she explained that the girl was performing well academically and had recently won a district-level sport competition. **The parents argued that someone who was "depressed" couldn't possibly achieve such success, even threatening to sue the teacher for raising concerns.** But what did this young girl do? She tried to slit her wrist with a sharp object, a clear cry for help that was tragically ignored. The warning signs were there—her friend had died by suicide just six months earlier.

**This situation highlights a widespread issue in India, where parental denial of mental health struggles can have devastating consequences.** Many parents dismiss suicide attempts as attention-seeking or stating how much they have provided the child to live happily, rather than acknowledging the serious underlying issues. They equate academic or extracurricular success with well-being, failing to see the complexity of mental health. This mindset prevents timely intervention, leaving the child to suffer in silence.

**Parental stubbornness in therapy scheduling, shifting blame to external factors, or threatening legal action against concerned teachers all create barriers to effective care.** Without prompt recognition and intervention, a child's condition can worsen, leading to chronic depression or, tragically, another suicide attempt. We must urgently raise awareness about this issue and encourage parents to listen, support, and seek help for their children.

- Sripriya Shaji Ph.D

Counselling Psychologist & Nutritionist, Kozhikode

## STARK REALITY OF FARMERS' SUICIDE

Death of a farmer by suicide is just not a personal loss. The crisis extends beyond statistics. While planning suicide prevention and postvention for farmers, we must develop a deeper understanding of various factors like environmental challenges, economic pressure and lack of awareness on different fronts. Apathy and neglect of a few concerned authorities escalates the issue. There is another side to the coin too. Getting to the heart of the issue will require involvement of all the stakeholders and few of them are already working on it.

Here are two movies that talk in details about Farmers' suicide.

### 1. GABHRICHA PAUS (THE DAMNED RAIN)

This 2009 Marathi movie talks about the plight of drought-scarred farmers and effects of suicide on the affected as well as neighboring families from Vidarbha area of Maharashtra in just 95 minutes.

### 2. PROJECT MARATHWADA

This 2016 Hindi/ Marathi (with Hindi Subtitles) movie narrates a struggle of a farmer who has lost his son to suicide.

Both the movies are available on Prime Video with English subtitles.

- Dr. Aabha Pimprikar,  
Co-Editor

## WEIGHT OF PARENTAL EXPECTATIONS

In my neighbourhood building, the Sharma's were known for their achievements and warmth. Rajeev and Anjali, both respected professionals, had one son, Aditya, who was the Sun of their small universe. A bright engineering student with a promising future, Aditya's life seemed perfect on the surface. But the pressures of academic excellence took a toll that no one in the family had foreseen.

One crisp November morning, Sharma's world came crashing down. Aditya, just 21 years of age, took his own life. All that left behind was the vacuum which had no answers. The tragedy sent shockwaves through the community, leaving everyone grappling with a sense of disbelief.

Months after the incident, I found the courage to sit down with Rajeev and Anjali Sharma in their now eerily quiet home. The walls, once filled with Aditya's laughter and achievements, echoed with deathlike silence. They were very gracious to share their story with me.

Me: "How have you both been coping since that day?"

Rajeev: [His voice cracks slightly as he speaks] "There's no coping with something like this. You just... exist. Every day feels like an eternity."

Anjali: [Wiping a tear] "We keep asking ourselves if there was something more we could have done. We were so focused on his success; we never saw his pain. How did we miss it?"

Me: "Have you sought any help or support groups to navigate through this grief?"

Anjali: "We tried therapy, but it's hard. Every session feels like reopening a wound. People say time heals, but the truth is, some wounds never heal."

Rajeev: "The support groups are full of people like us—parents, siblings, friends—all trying to make sense of the senseless. We go, but it doesn't change the fact that our son is gone."

Me: "What message would you like to share with other parents who might be putting pressure on their children without realizing it?"

Rajeev: "Listen to your children. Really listen. Not just to their words, but to what they're not saying. Academic success means nothing if your child is breaking under the weight of expectations."

Anjali: "Tell them it's okay to fail. To not be perfect. We told Aditya we loved him, but maybe we didn't say it enough, or in the right way. I'd give anything to have just one more chance to tell him that his worth wasn't tied to his grades."

- Shivangi Garg, Nagpur



PC: Times Of India

## LIVED EXPERIENCES

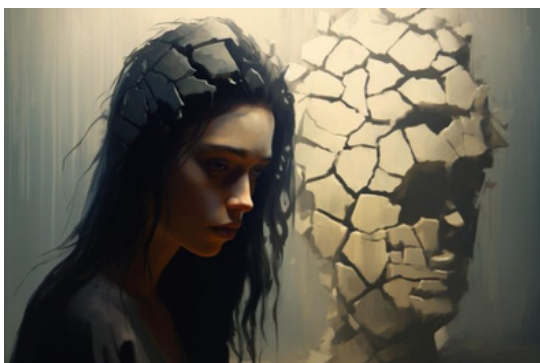
DEPRESSION  
TAKES A TOLL

I am suicide survivor. I lost the closest person in my life to depression and suicide. It was almost four years ago and yet, it remains etched in my mind like it happened yesterday, today and will again happen tomorrow. I have relived the agonizing moments of that day, hoping and praying that the day had ended differently in my life.

I do not know how she felt when she decided to die and 'succeeded' in taking herself out of my life. She was the strong one, the better half and extremely intelligent and resourceful. "Tough lady. Still wondering how and why she took such a cowardly decision?", people told me thinking that they were consoling me. Some wanted to know my role in it.

I will share three principal emotions which shook me to the core- (i) Anger, (ii) guilt and (iii) utter helplessness. I was very angry that she chose to end her life, because she did not trust me enough. There were unfinished responsibilities, unachieved successes and unrealized dreams that we had to do/achieve or enjoy together. I was almost 6 years older than her and responsible for her safety and wellbeing. In her successful suicide, I failed. There is a lingering sense of guilt of having let her down, by not lifting her out of the hell called depression. I have re-lived that horrible moment when I kept trying to shake her lifeless body, expecting her to magically just wake up and say that she was acting. The net result of our life together is positive, as some of the best things that happened to me were because of her. People keep judging her and it pains more than ever, as she is not around to say forget it, ignore them and move on.

- P. Neelakantan,  
TamilNadu, India



PC: scitechdaily.com

OVERCOMING  
PARENTAL LOSS

We (my sister 16 years and me 13 years then) were aware there is something going wrong between our parents for the past 1 year. Upon returning home, we saw our mother's death by suicide. There were policemen, relatives and neighbors all over the place. The truth was that my father had married another woman secretly, whom he was not ready to leave.

The grandparents from both sides kept cursing my father for troubling my mother. Society did not allow us to live in peace. They kept asking our stories, they added different imaginaries to our life. They kept threatening us about our future. My sister dreamed and worked hard to become a doctor. But our relatives wanted to marry her off.

We decided to kill ourselves the next day. However, none of us wanted the other to die. Next day, I went to the Teacher, who was very much concerned after our mother's death and shared our plans of suicide with her. This created another stir and the school authorities do not want us to be in school with such ideations.

Finally, we ended up in a mental hospital. We were introduced to a new world of support and care that we hadn't experienced before, though initially, the place felt strange and overwhelming. The mental hospital became a place where we started to heal, not just from the shock of losing our mother and dealing with our father's actions, but also from the pain and confusion that had built up over time.

We slowly started to pursue our dreams with their help. Today, my sister is in her final year of MBBS. I am doing my second year of engineering. We came out of that difficult period facing immense challenges and found the strength to move forward.

- Mohd. Khalid,  
TamilNadu, India



PC: Andre Roupp's Instagram Page

RECONNECTING  
WITH LIFE

I am an IT professional and have a 15-year-old daughter. My married life was not easy since my husband was an alcoholic though he was loving. I was the breadwinner of our family because he could not concentrate on work due to his habit. He used to spend my salary on his addiction. Years passed by and he fell ill. Even after surviving cardiac arrest, he continued to be alcoholic and got worse day by day. He had parents who were old and sick.

One fine day, after a quarrel with all of us he hanged himself. I was shocked and went into severe depression due to guilt and grief.

I was attached to him emotionally. I was not able to imagine a life without him. Apart from grief, I was guilty. That made me feel like dying along with him. I tried many times to kill myself. Finally I went to the psychologist for regular sessions.

While the grief is still there in me, professional counseling has enabled me to move forward, helping me to stay connected with my daughter's dreams and aspirations, along with living my life with purpose and peace.

- Anitha Prabhakar,  
Kerala, India

## SHADOWS TO HOPE

A home once shattered by cruel hands,  
mourned in silence, empty stands,  
The rage is gone, the fists are still  
A silent scream no tongue could tell.

He'd roar and drink, then lash the night,  
A child curled small, gripped tight in fright,  
The words he'd fling like sharpened knives—  
Promises dark, of ending lives.

"You'll miss me when I'm dead and gone,"  
His threats, they lingered, cold and drawn,  
A twisted game of fear and tears,  
Each breath she held was drowned in fear.

The day it came—no more a bluff,  
The bottle's fall, his end abrupt,  
Relief was laced with gnawing guilt—  
Freedom steeped in pain, still built.

A father lost, a tale of grief  
Yet from the pain, she found relief.  
In scattered ashes, strength was born,  
Her path transformed, a new day dawned.

The shadows linger, whispers fade,  
She rises strong, her future made.  
From pain's own fire, she forged her way,  
Creating hope with each new day.

With voices raised against the plight,  
She fights for lives and future's right.  
Where shadows once held tight embrace,  
She forged a path to hope and grace.

- Sripriya Shaji Ph.D

(This poem emerges from the healing journey of a girl who has faced years of trauma from an abusive and alcoholic father, who died by suicide when she was 14 years. I tried reflecting the raw emotions shared during counselling sessions, capturing the enduring pain and struggles of overcoming a haunting past.)

