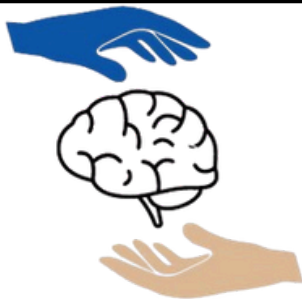




EKLAVYA
FOUNDATION FOR
MENTAL HEALTH



MENTAL HEALTH

SUPPORT GROUP GUIDELINES

Anil Vartak

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I see and I forget.

I hear and I remember.

I do and I understand.

We do things

to get well.

We don't wait to get well

to do things.

Warmly dedicated to...

*All those shubhankars (caregivers)
and Shubharthis (Persons with mental disorders)
who desire
but are yet to discover
the joy of self help
and
the power of support groups*

Acknowledgement

This book represents a summary of the thinking of many leading experts on self-help support groups and collaborative activism in mental health care.

We are indebted to them all. It would therefore be inappropriate to single out names of individuals or institutions for special mention.

Hello Shubharthis and Shubhankars,

We are very happy to release this book for the benefit of Shubhankars and Shubharthis. The Eklavya Self-Help Group has been working since 1997. Initially, the meetings did not have any specific pattern or method as such.

We all came together as persons with recovery, lived experiences, family members or lay volunteers with a strong desire to help other Shubharthis and Shubhankars. We had a strong belief that Shubharthis and Shubhankars require social support and a proper social atmosphere in the form of a self-help group, which would complement the treatment they are receiving from professionals.

With this belief, we started the group but soon we realized that meetings of individuals without any specific method, agenda, or protocol may not take us forward. Very often, people discussed their problems or complained about others, and the meetings slowly turned into complaint groups. We realized that there had to be a pattern and a method in which sharing would be positive and useful, helping members move towards peace, balance, and order.

With this realization, we understood that certain protocols, rules, and regulations needed to be established, and we began implementing them. This book is an attempt to provide the same.

Initially, we thought of presenting the content in the form of steps or bullet points, but then we realized that a dialogue format is also helpful. People can relate the issues they have in mind to the issues presented in this book.

The dialogue format helps common people, lay persons, Shubhankars, and Shubharthis by allowing them to ask questions, while the facilitator or Saathi responds and provides guidance.

Originally, this booklet was written by Anil Vartak, Nishreen Poonawalla, and Gurudatt Kundapurkar for the World Fellowship for Schizophrenia and Allied Disorders (WFSAD) Conference, which was held in Chennai in 2004. This booklet was distributed to all national and international participants and a one-day workshop was also conducted based on it.

I thank Khushi Jain-first year post-graduate student from Tata Institute of Social Sciences, Mumbai (TISS) for providing necessary support, Bhagyashri Hood for designing the cover page illustration and to Riya Khandelwal for her valuable assistance in finalizing the draft.

I sincerely thank Gurudatt Kundapurkar and Nishreen Poonawalla for their valuable contributions. We are confident that this book will definitely help Shubhankars and Shubharthis, as well as those who wish to start similar groups in different parts of the city and across India.

We thank you for giving your time and showing interest in reading this book.

Thanking you,

Anil Vartak
(Founder & President)
Eklavya Foundation For Mental Health, Pune

June 2026
Pune, India

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Eklavya in brief...

Our Self-Help Support Groups are named as Ekalavya.

The Eklavya Foundation for Mental Health is registered as Public Charitable Trust Regi. No.- F- 57978 / Pune and Society Maha/1246/2021, Pune.

Three major areas of focus :

- ◇ Creating public awareness about mental disorders
- ◇ Empowering afflicted families and persons with mental illness through training & SHSG

- ◇ Helping to recover and cope with stigma around mental illness

- ◇ Networking with other similar NGOs

Managing Committee consists of shubharthis(patients), shubhankars (caregivers) and Saathis(volunteers).

Has approx. 400 Shubharthis, 2000 Shubhankars and 30 Saathis in Eklavya family.

Helped forming SHSGs at Ahilyanagar, Nashik, Amravati, Kolhapur and Nagpur in Maharashtra state, India.

Our SHSGs are facilitated by non-professional, trained and experienced volunteers.

Believes in active liaison with the professionals.

By it's role in mental health care, Eklavya has attracted

- ◇ Growing nos. of shubharthis, shubhankars & lay volunteers
- ◇ Medical and media fraternity,
- ◇ Mental health care organizations and
- ◇ Donors from India and abroad.

Eklavya Guidelines

Eklavya is a volunteer-run, self-help support group, not a therapy group. We do not provide any medical services. While we support and learn from each other, we are not a substitute for professional medical care.

Ekalavya self-help support group is facilitated by trained volunteers.

We encourage shubharthis and shubhankars to take up responsibility which they can cope with.

Professionals are invited to talk on topics of interest to shubhankars.

The advisory team consists of psychiatrists and psychologists along with Shubhankars, Shubharthis and lay volunteers.

Our strong belief is, 'In unity lies multiplied strength.' So we network with the other organizations wedded to the same cause.

Shubharthi (Persons with mental disorders)

Shubhankar (Caregivers)

A - Shubhankars(Family members having a PWLE)

At one of the public awareness meeting venues YOU meet

Saathi, an experienced volunteer. Queries flood your mind about self-help support groups, which are just waiting to be addressed to the warm and enthusiastic Saathi. And the outcome is.....

You: Can you briefly describe what is meant by a group, a support group?/What is the specific meaning of the word 'support' in this context?

Saathi: I appreciate your analytical mind! Members of a support group are those who have common problems or issues. In our context, it is a mental health challenge arising from a family member. It can be a self-help group in the true sense of the term when it is a group of persons, for the persons and by the persons with an identified common problem. You also want to know what kind of support members derive, right? Through sharing information and experiences shubhankars lend moral support to each other. Being interactive yet non-judgemental, these groups help members to overcome feelings of blame and shame, isolation and the pain of stigma. Apart from moral support, members could also render material support to each other, especially in times of distress or emergencies. Even a word of solace or encouragement means a lot at such times. Mostly, a caring response is spontaneous for needy persons.

YOU: Can you tell me the significance of the phrase 'self-help'? What does it really mean? In a support group do we not help each other? Then, why is it called 'self-help'?

Saathi: I am not at all surprised by an intelligent question from you! Generally, persons who face challenges in life muster strength and courage to fight back. At times the trauma saps the will and energy of a person to such an extent that he starts expecting help from others without himself putting any effort. What is more, he may succumb to self-pity. Every individual has a right to assistance in times of need. But he also has the first and foremost duty of self-help, helping himself through his own effort. Then only can he expect to rise above the challenge encountered by him.

Self-help is most relevant in the case of shubhankar as the challenges he faces are of long duration. Which means, unless and until he takes care of his own mental and physical well being, obviously through his own initiative/self-help, he will not be able to help another needy family member, i.e. the shubharthi. Those who take initiatives in meeting, their challenges mostly attract attention and assistance from those around them.

You: And what do you have to say about the latter part of my question?

Saathi: Coming to the second part of your question: helping each other in a support group, the idea is like this when a person who helps himself and is stronger, always has an inner urge to help others who face challenges similar to his own. So, mutual help is an offshoot of self-help. Do you understand? I find that many of the questions you asked me were not exactly for your situations but you asked them on behalf of other shubhankars, as it were. This is a good example of outgrowing self-help!

YOU: What exactly is meant by shubhankars of persons with mental disorders? Is it the same as parents of shubharthis? Is it also the same as caregiver?

Saathi: You are perhaps aware that biochemical imbalance in the brain affects a person's thoughts, perception and behavior. This makes him dependent on others for his day-to-day functioning. If family members are ignorant of his health problem, they will be unable to understand his strange and inconsistent behavior. But if any one of them comes to know the real cause through a doctor's diagnosis, he will change his attitude. Compassion and concern will impel a close family member to take the role of a shubhankar of the patient. Soon he will realize that faith and patience in ample measures also are needed because this condition, which at the most treatable and controllable, is not necessarily curable. Who shoulders the responsibilities as a shubhankar depends on the family situation. Yes, mostly they fall on parents. Expressions like shubhankars(caregivers) and caretaker mean the same.

YOU: Who can become members of shubhankars' support group? Do you have any eligibility criteria for this and what are they?

Saathi: Any member of the affected family and volunteers are welcomed to join this support group. Those with compassion for the suffering persons and a genuine desire to serve them generally continue with the support group. Others don't.

I must clarify to you one important point in this. Actually a shubhankar need not necessarily be a family member though mostly it is so. Head of the family, the earning member, mostly happens to be the guardian or shubhankar of an affected person. But it could literally be anyone, say, a compassionate neighbour, a friend or a dedicated volunteer, not necessarily related to the patient at all. In other words, one enrolls as a member of a support group based purely of his own choice.

YOU: Do you have examples of successful support groups?

Saathi: Oh, yes, there are quite a few well-known ones in India and abroad. AA, Alcoholics Anonymous, Al-Anon, Recovery Inc., for persons with mental and nervous symptoms, Zenkaren for persons with mental disorders are some of the most successful and oldest ones. There are numerous support groups for divorcees, persons with vitiligo, drug addiction, alzheimer's, juvenile diabetes, autism, parents of adopted children, lesbians, etc. Eklavya self-help support groups are being conducted both for shubharthis and separately for their shubhankars. The group for shubharthis uses the Recovery method and the one for shubhankars follows a flexible but defined system.

YOU: I am curious to know what exactly do you do at the shubhankars' support group meetings. Is there any planned agenda or structure designed for these meetings?

Saathi: Your question is one of the most important ones. Answer to this may help a shubhankar decide whether to join a support group and after having joined one, whether to continue with the group.

Our shubhankars and shubhartis meet once a fortnight,(by joining separate meeting links) that is, on the 2nd and 4th Thursday of every month. The time is 6:00pm to 7:00pm. 1st and 3rd Saturdays are comined meetings for shubhankars and shubhartis.

If there are any first-timers, self-introduction by them is followed by a brief narration of their situation at home. A lot of informal exchange of ideas, suggestions, one's own experiments and experiences by shubhankars, articles or books read, one's hobbies, topics like marriage, medication, self-employment etc.

form the content of discussions are then shared.



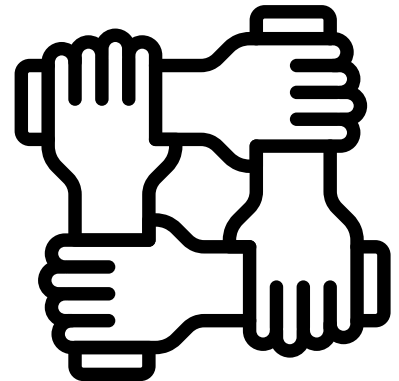
One or two experienced facilitators ensure that

- Everyone present gets a chance to speak.
- No controversial or irrelevant topic is discussed, e.g. religion, godmen, astrology, politics, etc.
- No one in the group takes up any advisory or critic's role.
- Unity and team spirit are encouraged and nurtured.

Mostly on the 3rd Saturdays, talks of experts or professionals are arranged. The topics are very wide-ranging e.g. communication skills, problem-solving techniques, self-care for shubhankars, relaxation methods, diet, medication and its side-effects, marriage prospects, investment and tax planning, trusteeship or guardianship arrangement, meditation and light physical exercises, vocational skills and self-employment opportunities, etc.

Thus, you will find a holistic approach to shubhankars' needs.

This ensures their regular participation in the support group activities. I hope you are now better able to decide on joining a support group in your area.



Topics of discussion in shubhankar's group.

1. Things to be done while dealing with shubharthi.
2. Things to avoid while dealing with shubharthi.
3. Promoting compliance of medication: learning from experience.
4. Taking care of siblings of shubharthi.
5. Sharing of individual success experiences followed by discussion
6. Inviting people with/working for other disabilities to share their experiences.
7. Promoting socialization of shubharthi and other family members.
8. Sharing of difficult situations involving shubharthi and others' comments on them.
9. Ways of encouraging shubharthi for self-help and greater self-reliance.
10. Marriage and shubharthi - the pros, cons and probable solutions.
11. Shubhankars' need for self-care, both physical and emotional health.
12. Effective communication - avoiding contradictory verbal and non-verbal behavior.
13. Ways of showing support to shubharthis.
14. Sharing responsibilities in the household work.
15. How Recovery method and tools help shubharthis.
16. Shubhankars' old age and financial self-reliance of shubharthi.
17. Role of shubharthi in household chores.
18. Role of exercises, yoga, relaxation and pursuit of hobbies.
19. Understanding stigma and how to cope with it.
20. How to take help from other members in the family.

YOU: You have a few years' experience in forming and running shubhankars' support groups in Maharashtra state in India. Would you please explain what specific ways shubhankars, who joined these groups, have been benefited? It will be interesting to know what really makes them attend and participate in the group activities.

Saathi: Well, there are several reasons why shubhankars continue with our groups. Each shubhankar finds that at least some of his needs are met by the group activity. I will narrate some of the important ones only.

In a non-judgemental atmosphere he gains more factual information and is able to shed a lot of misconceptions about mental disorders. This leads to a journey of hope from an earlier position of hopelessness and frustration. He starts encouraging his ward also to join the support group meant for shubharthis.

By now the process of breaking away from isolation and back to socialization begins. There is an attitudinal change, attitudinal healing of the family members. This results in developing fellowship, a desire and an ability to improve relationship with persons around. Willingly undergoing training meant for shubhankars, he is able to overcome stigma, a sense of shame and blame. He realizes he has acquired communication and problem-solving skills. Coping techniques also give him the confidence to handle ups and downs. Reading literature available from the library and participating in experts' talks and workshops change his entire outlook about life. In a way, one benefit leads to another and that is why a shubhankar looks forward to the fortnightly meetings.

YOU: I agree one can't discuss everything and anything in a support group. If I am right, what are the topics or issues you don't encourage discussing in a support group? And what are the reasons for doing this? Does this not amount to imposing restrictions on the support group activity?

Saathi: What an interesting question! I like you being frank enough to ask such questions. It really takes a lot of planning and effort to make the support group activity beneficial to its members. So, if after their having taken the trouble of coming for the meeting, spending time, money and energy, they find they are not benefited, they will be demotivated and may stop participating in the group. Therefore, we have to bear in mind that nothing that is done or discussed creates controversy and confusion.

In matters like politics, religion, occult practices, unproven therapies etc. each person has his own likes and dislikes. So debating on them will be a waste of time.

Observing such self-imposed restrictions or discipline is also a part of self-help and every member of the group respects it in the overall interest of the group. So, let us call such practices a sign of maturity rather than a curb on one's freedom. I am sure you agree fully on this!

You: What happens to shubhankars who can't follow English or local language but want to join a support group? Discussions, experts' talks and literature on mental healthcare could be in a language shubhankars don't follow. Yet you want shubhankars to benefit from these. Then, how do you cope with such an unavoidable and difficult situation?

Saathi: I appreciate your concern over this. Apparently it seems to be a barrier for understanding each other in a group. But, you know what, we find there is a strange bond amongst the group members despite such differences. Sailing in the same unsteady boat, I think, they understand each other better. Body language, that is, the way one sits, moves or holds one's hands, walks, one's facial expressions convey a lot to others, sometimes better than words can do.

Mutual empathy, observation, key words spoken by others that are understood and body language lend tremendous moral support to the group members. So, we find such shubhankars, despite limitations of language, continue to attend the group regularly. Further, at any point of discussion, if ever a shubhankar conveys difficulty in understanding or being understood, others in the group spontaneously come up with explanation and assurance in the language he and others understand best. There seems to be an urge to go where one feels there is no criticism, no advice, where one is listened to and understood, where one gains knowledge and confidence to cope with life. Caring and team spirit are high in a support group. I hope you are satisfied with my explanation on this unavoidable situation of a mixed group.

YOU: Some of us, shubhankars, may be semi-literate or even illiterate. Would we find ourselves isolated or embarrassed in such groups? Would these support group meetings then be of any use to us?

Saathi: Yours is a genius doubt. Not being able to read and write, a shubhankar no doubt may find some difficulties. Yet, that should not and does not prevent him from joining a support group. In fact, a shubhankar with such limitation must all the more become a member. This is because he will be able to overcome feeling of isolation, pain of stigma,



and misconceptions about mental disorder. Gaining some knowledge from others' experience, he will feel better equipped to deal with his day-to-day problems. He is more likely to seek help from the right sources if he is part of a support group than otherwise. Thus a member shubhankar - whether literate or illiterate - will be better able to tackle embarrassment or isolation generally experienced by him. It is good you asked me this question because it helped to clear my own thoughts!

YOU: Saathi, I heard there are some support groups led by doctors or psychologists. In other words, by professionals.

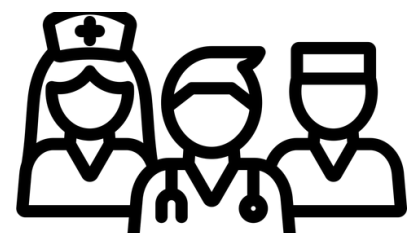
Whereas, you talked of groups started and managed by lay shubhankars themselves.

Could you tell me the difference so that I know which one, if at all, is better than the other.

Saathi: There is no difference in the purpose of both kinds of support groups. In some groups they may like to draw upon the expertise of the professionals more often. For lack of initiative from family members, it is possible that the support groups were started by enlightened professionals. In other groups, professionals may like the members themselves to take lot more of initiatives in matters concerning them, yet make their expertise available whenever required by the members. That is why, as I said earlier, third Saturdays, we generally organize interaction with professionals. In the second type, more self-help and more self-reliance get nurtured. Shubhankars, used to being independent, feel motivated to network with other similar support groups and even boldly lobby for their rights and privileges. In a way, that is an advantage of a support group formed by shubhankars on their own initiative.

YOU: Saathi, I better check with you on something that is bothering me as a shubhankar. Are we shubhankars, as lay persons, not likely to get stuck for lack of any expertise in trying to cope with a major health problem? Is it not necessary to have support and guidance of the professionals in running a mental health care support group?

Saathi: I understand your concern. Mental health care is certainly an important issue affecting shubhankars. And the part played by the professionals in this is also very important. But support group activity of shubhankars though important, is not a substitute but complementary to what the professionals do.



So, one may say, shubhankars' group activities go parallel to medical treatment of shubharthis by the professionals. If and when there are any topics or problems for which expert opinion or advice of professionals is needed, it must be sought during talks or personal visits.

Guidelines for Support Group Facilitator

1. Maintain smooth flow, keep the group on track and focused on the task/topic.
2. Lead the discussion but make sure all group members have a chance to voice their opinions.
3. The facilitator remains neutral and never takes sides.
4. Group facilitator facilitates and does not interrupt the group discussion.
5. Facilitator remains focused on the process and not on the final outcome of any discussion.
6. Make sure all group members understand language/s used for discussion.
7. It is important to acknowledge other person's feelings, especially on those few occasions when controversial issues would have come up.
8. Non-judgemental attitude in a support group is a must. Thus the facilitator never comments on how and what members have said.
9. Ensure interaction is amongst members and not with the facilitator.
10. Refrain from imposing personal opinions on other members.

11. Ensure members feel free to interact with others.
12. Nurture a positive outlook in the group.
13. Develop ways to promote fellowship within the group.
14. Allow time for some one-to-one interaction before or after the group meeting for sharing such matters beyond the scope of formal discussions.
15. Occasionally invite professionals to hold discussions on medication and other major issues.
16. Keep finding new ways to make members feel time and money spent for meetings are worthwhile indeed. So beware of onset of boredom.
17. Remember it requires time and sincere effort to build trust and earn loyalty of the group members.
18. Neither hesitate to talk about nor hanker after donations.
Let them be voluntary.
19. Voluntary work has its own share of thankless moments!
So, remember inner satisfaction of serving a good cause itself is the best reward.

YOU: You had said earlier that sometimes professionals like psychiatrists, psychologists, counselors etc. are invited to your group meetings. How does inviting them serve the cause of support groups? Hope saathi, you don't mind my asking you such questions!

Saathi: Not at all. Professionals are not present at every support group meeting. Mostly the shubhankars themselves exchange ideas, share their experience and information. This in itself has been found to be very informative, motivating and therefore very valuable. However, occasionally experts are invited to address the group members. They may talk on topics like medication, marriage, etc. suggested by shubhankars. Or, the professionals may share information on new developments in medication, therapies etc. These occasions also give you shubhankars a chance to get many of your doubts cleared. Don't you agree? Possibly, shubhankars find discussions with the professionals stimulating and inspiring.

Yet, I suggest, shubhankars better avoid being overly dependent on these extremely busy professionals for routine functioning of the support group. This helps to focus on one's own initiatives, self-help for greater self-reliance. You will agree with me, greater self-reliance in turn provides greater self-esteem and confidence.

Don't you think this is what the shubhankars need so badly? Time-starved professionals too are delighted to find shubhankars and shubharthis become more and more self-reliant.

YOU: I had heard support groups for shubhankars exist in the western developed countries. Are such support groups really required in the Indian conditions? Or, is it simply a fad from the west? Saathi, please don't think I am against anything that originates from those countries. I want to be convinced first, you see!

Saathi: Your attitude is right. As long as what we use is for the relief of affected families, it should not bother us from where it originated, whether from the West or East. In developed countries means of communication are better, so awareness about mental disorders and their management is greater. So, it is not surprising that concepts like support groups travel from them to less urbanized societies. Traditionally, India has had a joint family system. In such a setup, the affected person had multiple shubhankar family members.

Because of education and employment this is changing, especially in urban areas. As a result, the entire burden of looking after the shubharthi lies with the head of the family. For such stressed-out shubhankars support groups are very beneficial. This is not what I am saying but the shubhankars themselves, with specific reasons.

YOU: Why is it only recently that we find so much being talked about shubhankar support groups? Is it because mental disorders are on the rise? I am curious to know whether this is simply another wave that will be short-lived?

Saathi: Statistics all over the world indicate that the percentage of population affected by mental disorders is not different now. That is, there is no rise in incidence. Why we get an impression that it is on the increase could be for a different reason. Because of improvement in literacy and tremendous progress in the means of communication, there is greater awareness about mental disorders and so many misconceptions are removed. This has resulted in more families coming out openly to seek medical help and support group assistance. When those who benefited share their positive experience, others also get motivated to take similar steps. Organizations like EFMH try to fulfill the increased demand for support groups in more places. That perhaps gives an impression as if the incidence of mental disorders has increased. You will thus agree, there is no temporary surge or popularity wave of support groups but a continual demand. There is a lot that needs to be done by shubhankars themselves.

YOU: I remember your saying, what EFMH is doing is a part of self-help movement. My question is, why do you call it a movement?

Saathi: Way back in 1997 when some shubhankars and shubharthis came together, the purpose was very limited. That was to find ways and means for relief from suffering. Getting organized then was tough, as we didn't know anything more than sharing our problems. How long could this go on? So members' attendance started dwindling. Only later on when we planned some group activity, did more persons begin participating in the meetings. A separate support group for shubharthis was started based on the Recovery method of Dr. Abraham Low. This helped them to better cope with day-to-day problems.

Gradually public awareness programmes were conducted and they drew large crowds. Further, formal short-term training was offered to shubhankars. That was appreciated as it gave the shubhankars both knowledge and skills to cope with their life situation.

YOU: So what else did you do for the self-help movement to sustain?

Saathi: We found our efforts yielding results in terms of spreading awareness, coping with stigma and other issues of mental health management. Newspaper articles, radio interviews, orientation programmes for college students and the general medical practitioners, book and magazine publication, website, presentations at seminars and conferences, movie production, starting support groups at more cities etc. had started an all-encompassing impact on the society. That is why we consider what EFMH has been doing is a movement in restoration of hope and health in mental care. Of course, there is a lot more to be done. We also find many other similar organizations doing a wonderful job for this very cause. So it is the cumulative and continuing effort that deserves the description as movement.

Are you with me? Remember that, you too, as a volunteer shubhankar are an important part of this universal movement!

YOU: Saathi, I think there is a great need for shubhankars' support groups all over. How can one find out if there is any such group in one's own town or city? And, if I find there is none in my place, what do I do?

Saathi: The best way is to contact any mental health professional known to you or in your town as he is mostly aware of such support group activity there. Alternatively, you could check with a known support group of a neighbouring city who may be networking with a support group of your town.

YOU: Yes, I realize the need to have such support groups. Why don't you tell me how to go about starting a group? What are the steps to be taken? I hope this will not be an additional burden, which I can't afford to take as a shubhankar.

Saathi: I feel happy that you are a self-motivated shubhankar who certainly can organize a support group in your city. Once you are determined, no initial hurdles can stop you from achieving your goal. One of the ways of bringing shubhankars together is to seek help of your psychiatrist, psychologist or counselor and also go through publicity in the media (or online). He in turn would ask shubhankars known to him to contact you, perhaps on the phone initially. In case of media, they will browse your website and then contact you. If enough enthusiasm has been generated, you few could decide to meet at some place, which can accommodate up to, say, 50 persons. You can insert an ad in the local newspapers under column such as "Today's Engagements" which is normally

free for a cause like yours, where no commercial activity is involved.

On the day shubhankars turn up for such a meeting, some of you can decide to do self introduction briefly. This can be followed by asking each one, what they expect from the support group for shubhankars. You must not miss this opportunity to note down names and contact phone/addresses of the shubhankars who came for the meeting and also form their whatsapp groups if they are willing. This will be the database for future contact and activity. Before departing, it is necessary to decide when, where and what time you all will meet next.

You can, of course, count on EFMH to sometimes depute one of its representatives to share experience in group formation and conducting activities.

YOU: To organize and run a support group one perhaps needs some funds. What is the source for such funds needed? Would that not be an additional expenditure for the family, which has to spend on prolonged medication etc.?

Saathi: Oh yes, paying donations means additional expense for the family. That is why it is voluntary. A shubhankar donates what he can, if and when he can. They are very responsible members of the support group and realize the need for its continuance. So they consider donation too as another form of self-help and self-reliance.

YOU: Does it cost anything to become a member and participate in caregivers support group activity? Is contribution or subscription compulsory or voluntary? I thought I should know this in the beginning itself.

Saathi: Of course, it is better one is clear about the role of funds. There is no compulsion to donate or pay subscription. But then a group requires a place to meet, a place to operate from, some stationery, make phone calls, give ads or announcements in the newspapers, to spend on local conveyance etc. All these are required to be paid for. So voluntary collection of subscription helps support group to function more effectively. Experience of most shubhankars is: this payment of voluntary donations or contributions is cost effective. That is, benefits both tangible and intangible outweigh cost incurred in participating at these support group meetings.

So, generally contributions from members and donations from well-wishers are spontaneous. There is no compulsion. There is in fact a spirit of cooperation.

YOU: Umm... I think, for the moment, I don't have any more questions to ask. Perhaps, I tested your patience, sharing so many of my doubts with you! But now I know which direction to move for self-help support group.

Thanks a lot for sparing so much of your time for me. I am motivated enough and you can count on me to work for the cause in my own way.

Saathi: You are welcome, anytime. I am glad your spontaneous offer is one more sturdy link in EFMH's mission of 'Each One Reach One.'

For more information on our Recovery-based support group meetings, you may ask your shubharthi to visit our office. Or, if necessary, I will meet him first elsewhere to have a chat. But it is essential he attends a few of our weekly meetings and then decides about future course of action. Bye, till we meet again!

B. Shubharthis (PWLE)

YOU, a shubharthi, who had attended a public awareness programme along with family members, decide to meet and personally find out about the Recovery SHSG method from saathi, a volunteer from the group. The dialogue that follows is...

YOU: What is the Recovery method?

Saathi: The Recovery method is a compilation of many simple yet practical coping techniques. To gain inner peace, shubharthis learn to change the way they react to people and situations over which they have no control. They also learn how to identify and manage negative thoughts, feelings, beliefs, and behavior that can lead to emotional distress and stress-related physical symptoms. This self-help technique is learned through studying the Recovery literature, regular attendance at the weekly meetings, and, above all, daily practice.

YOU: Who founded the recovery method?

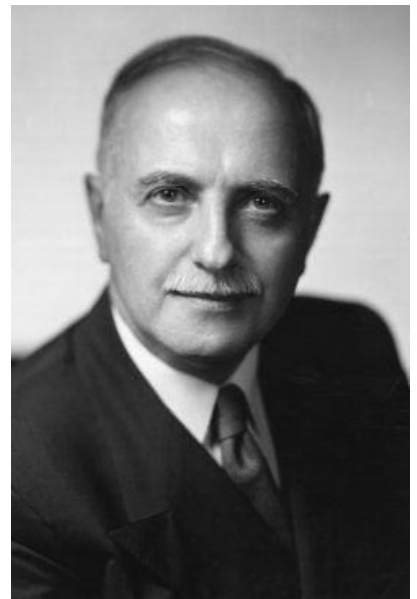
Saathi: The Recovery Method was given by **Dr. Abraham Low**. He was a psychiatrist who developed it in the 1930s for people with mental illness, focusing on self-help, self-control, and practical coping tools.

YOU: Can the Recovery method be described as a therapy? And what is the difference between self help and therapy?

Saathi: Let me answer the second part of your question first, as that would clarify the former automatically. In therapy there is a therapist-client relationship and usually the therapist plays a directive role in helping the client. In self-help, on the other hand, there is no such one-to-one relationship. The person needing help is trained in some technique, say,

Recovery method, and he learns to practise and master it by himself, on his own initiative. In a self-help group there is no dependence except on the method.

Thus, Recovery is not a therapy administered by a professional. Changes in the shubharthi after consistent use of this method may lead one to believe it is a therapy.



However professionals who have studied the method concede that it has the scientific basis of CBT, that is, 'Cognitive Behavioral Therapy.' All the same, we are more concerned with the outcome of internalizing the method.

YOU: What happens at the weekly meeting?

Saathi: The shubharthis' meetings begin at 6.00 pm every 2nd and 4th Thursday and continue until 7.00 pm. Each meeting has a similar structure : The meeting begins with self-introductions if any new members are present.

After this, members volunteer examples that describe how they have used this self-help method to cope better. Sharing is done in four steps laid down by the Recovery method, which I will explain in detail in some time. Every member gets a chance to share his/her experience. After this sharing, if time permits, some of the coping tools or recovery literature is read and discussed.

YOU: I've heard many of you use the term, Recovery method. Please do tell me more detail about it.

Saathi: I surely have used the term many times. Let me tell you about it now.

Dr. Abraham Low, a neuropsychiatrist, introduced this method in 1937 in the US. He found limitations in the traditional methods used to treat mentally ill persons. He found that patients found more relief when they were taught simple strategies to deal with day-to-day problems. When he started introducing his method in hospital groups and mental institutions, he faced a lot of resistance from his colleagues.

Despite this, he was committed to provide the benefit of this method to as many patients as possible. Now, coming to the actual method. Shubharthis meet in a group and they share their experiences in a **four-step format**.

1. Briefly describe the event coped with.
2. Narrate the physical and mental symptoms experienced due to this event.
3. Which tools of Dr. Low did you use to cope with this event?
4. Compare the experience before and after using the Recovery method.

In the first step, the person who is sharing has to recall a single event, which upset him. Care is taken to see that the event chosen is one specific event, not a general issue like marriage, employment etc. It should be one single thread of an event. For example, the person may have had an argument with his sibling that morning. He simply describes that specific argument without getting into his

sibling's general attitude, past experiences etc.

In the next step, the person shares with the group, the symptoms, both physical and mental, while the event occurred. For instance, he may have felt blood rushing to his head, palpitation, throat drying up, hands trembling etc.

YOU: I can read the recovery literature at home. Is it necessary to attend the meeting for deriving benefit from recovery method?

Saathi: Reading recovery literature and examples at home is definitely helpful and will strengthen your understanding of recovery techniques. However, attending recovery meetings offers additional benefits. You get the chance to share your distressing events and coping methods in front of others, and their body language and feedback provide valuable learning.

Participants often suggest tools or perspectives that may not have occurred to you, giving you deeper insight. At the same time, listening to others' experiences exposes you to a wide range of situations and coping strategies.

This combination—reading at home and attending meetings—enhances learning far more effectively. Ultimately, the choice is yours: to rely only on reading or to attend meetings along with reading. I hope this answers your question satisfactorily.

Right, now I have to make an effort to recall recovery tools at the right time. Will I need to make similar efforts in the future too?

YOU : You are right. Initially, when you are not used to recovery techniques, you have to make a conscious effort to recall the appropriate recovery tools at the right time. This is perfectly normal. However, when you continue to make such efforts consistently, these tools gradually become a natural part of your thinking process. Over time, you may recall and apply them automatically, without any additional effort.

Saathi : This has been the experience of many senior members of our group. This phase is very important in the recovery process.

YOU: And what is next?

Saathi: Now comes the third and a very important step: being able to recall any of Dr.Low's tools at the crucial time. This is known as spotting appropriate tool to cope with the event. For example, he may have recalled the tool "My internal peace is my supreme goal."

And this may have made him take a better perspective of the situation and be able to maintain peace instead of ending up in an argument. In the last step, he tries to understand what would have been the situation had he not used the method. Perhaps, in this particular example, the person would have let the argument escalate to such an extent that he could have lost control. But because he used the tool in time, the situation got resolved without any harm.

After sharing the event in these four steps the person endorses himself for his effort to use the method and deal with his symptoms.

I hope I have been able to explain this method to your satisfaction. However full understanding would come only after one actually attends the support group meetings.

After this whole cycle is completed others from the group also endorse him. Further they 'comment,' as it is called in 'Recovery' language, i.e. they express as to what other tools also he has unknowingly used in dealing with this event. Thereafter its someone else's turn in the group to share.

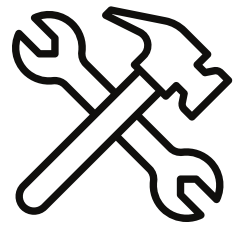
Recovery self-help support group advantages:

- Helps release pent-up feelings.
- No fear of criticism or judgement.
- Breaks stigmatized isolation.
- Encourages socialization.

- Generates a sense of belonging. →
- Opportunity to learn from each other. →
- Promotes mutual inspiration. → Supportive
- attitude of members. → Builds sense of hope
- and security. → Helps members develop
- insight. → Triggers self-initiatives. → Nurtures
- self-confidence.

YOU: Can you give me a few more examples of Recovery tools?

Saathi: Oh yes!! Definitely. Some of my favorites are:



Maintaining inner peace is my supreme goal.

My internal peace is more important than my anger.

Helplessness is not hopelessness.

Nervous symptoms are distressing but not dangerous.

I can't control external but only my internal environment.

Setback is part of life. I am an average person.

Feelings are not facts.

People do things that irritate us, not to irritate us.

We can't control feelings and impulses; we can control muscles and thoughts.

We can't control outer environment but we can control our reaction to it.

Illness is fate-appointed, not self-appointed.

We can break old habit patterns.

Endorse for the effort, not just for the outcome.

Have the courage to make a mistake.

There is no right or wrong way to view trivialities of everyday life.

Feelings will rise and fall if we don't attach danger to them.

Changing our thoughts from insecure thoughts, to secure thoughts.

It is hard to feel comfortable in an uncomfortable situation.

Try-fail, try- fail, try-succeed.

Don't look regretfully into the past or fearfully into the future.

I should lower my expectations.

Recovery method is simple but not easy.

Fear feeds the symptoms and the symptoms feed the fear.

Every act of self-control leads to self-respect.

Strive for peace, order and balance.

Fearful anticipation is worse than the realization.

Be willing to bear discomfort and comfort will come.

Self-imposed expectations lead to self-induced disappointment and frustration.

Commanding your muscles to move transforms the vicious cycle of helplessness into the vitalizing cycle of self-confidence.

Don't measure good mental health by how you feel. It is how you function, not how you feel.

Feelings can be expressed with culture and control.

Practice being self-led, not symptom-led.

Thoughts can be rejected, suppressed or dropped.

Controlling your speech muscles.

Take the total view.

Lower your standards and performance will rise.

Re-training the brain. Do it in part-acts.

Excuse rather than accuse.

It happened by chance, not by choice.

Self-appointed expectations lead to disappointments.

Be group-minded.

- YOU: Is sharing of an experience in the group meetings compulsory? I may not feel like sharing some time?
- Saathi: Of course, there is no compulsion to share. You may also simply attend these meetings which is also a good learning experience. On the other hand you stand to gain much more by actual sharing in the four-step format.
- YOU: What I understand is that a shubharthi shares his experience, which is normally a success story of coping with a disturbing situation, using the Recovery method. What does he do, if he had undergone a disturbing event, but he had not used the Recovery method?
- Saathi: The answer is very simple. If he had not used the method to cope with the event but still wants to share, he simply narrates the first two steps. Then he tries to identify there itself which tools he could have used to cope while the event was going on. He skips the fourth step. Similarly, during commenting, group members identify other tools he could have used and encourage him to use the method next time he encounters a disturbing event.
After all, hasn't Dr.Low suggested 'Try-fail, try-fail, try-succeed' and also 'Neither look regretfully into the past nor fearfully into the future?' Is it not better to 'Excuse rather than accuse oneself' also?
- YOU: At the weekly meetings for your shubharthis do you have any activities other than practice of the Recovery method?
- Saathi: During the meeting, once the members finish sharing their experiences and if we still have time to spare, we read aloud some portions from Dr.Low's books. This is followed by discussions on it. At times we also discuss what is meant by specific tools, say, 'Endorse for the effort, not just for the outcome' or 'Fearful anticipation is worse than realization.' This improves our understanding and our ability to use the tools.
- YOU: Why does the Recovery method insist on sharing experience in the four-step format only?
- Saathi: The simple method provides a clear, structured, and brief format. Before this method was introduced, meetings held in a non-structured fashion were not fruitful. In such a flexible form discussion was often dominated by a few members.

Focus was on their problems and suffering. Another major risk is going off the track. The four-step method ensures that participants briefly narrate the disturbing event and then proceed to share success stories. Thus, the four-step structure has positive impact.

YOU: How do you overcome the barrier of language as the Recovery tools and procedures are all in English?

Saathi: Members are encouraged to learn or become a little more familiar with other languages. Shubharthis take turns to translate the shared examples into Marathi, Hindi or English. Usually nobody experiences great difficulty due to language barrier. Moreover, guidelines and Recovery tools have already been translated into Marathi, the state language of Maharashtra state.

If the number of members increases it is possible to consider dividing the groups according to language known.

YOU: What type of problems does Recovery help manage?

Saathi: The Recovery method offers techniques to help manage a wide variety of problems such as anger, stress, anxiety, depression, exaggerated fears, compulsions, obsessions, phobias, etc.

Members learn how to observe and cope with nervous symptoms such as palpitation, dizziness, shortness of breath, sweating, fatigue, headache, numbness, chest pressure, and lack of sleep.

YOU: How will Recovery help me solve my problems?

Saath i: Members learn specific strategies for coping with the stress and strain of everyday life. There are no hopeless cases. Recovery does not deal directly with past problems or analyze the causes of problems. Simple day-to-day experiences, as they arise, are dealt with. This has a beautiful utility. You see, it is these small trivial issues, when not dealt with at the very moment ,build up over time. They

start forming layer over ayer and end up as a huge problem which we describe as anger, fear etc. The Recovery method encourages you to deal with these issues then and there.

YOU: What do I do if I have a major problem?



- Saathi: Because this is a self-help group of lay persons, members with a major problem and wanting additional help are encouraged to seek advice from appropriate professionals.
- YOU: Is there any time when one stops coming to the Recovery group meetings? If yes, what are the reasons?
- Saathi: This does happen sometimes. Generally to avoid embarrassment, we do not ask a member the reason. His freedom of choice is respected as we have emphasized time and again, we want to create a free and secure environment. Many times the member himself confesses he regrets that he missed the last meeting!
- YOU: How long will I need to attend these weekly meetings?
- Saathi: That depends on the person, the nature and severity of his condition. The goal is for members to attend until they learn the Method well enough to function independently and efficiently. Let us remember that it takes more than a few weeks to master new skills and change old habits.
After you have achieved mastery over the method, you may still choose to attend the meetings for purposes like socialization, support, endorsement, friendship and to motivate new comers.
- YOU: When can I expect improvement in my condition?
- Saathi: As you start using the Recovery stress management tools on a daily basis, you begin to experience improvement. But, the extent and quality of improvement will vary from person to person. Only understanding the method is not enough, its application in daily life is what is more important.
- YOU: Are there any books on Recovery? And where can I find them?
- Saathi: The main textbook “Mental Health Through Will Training”, written by Dr.Low, Recovery’s founder, in our library and other books are also available with Recovery International.
- YOU: Does the shubharthi stop using medication when he starts feeling better using the Recovery method?

Saathi: No. It is solely the doctor's prerogative whether to increase, reduce or stop medication after assessing the progress being made by his patient.

YOU: If I take part in the Recovery group meetings, can I stop seeing my health-care provider?

Saathi: No, you better continue to see your professional. Group members, who are lay persons, do not diagnose illnesses or symptoms. When you're not sure if a symptom is caused from tension, strain or a physical ailment, it is necessary you see your doctor for diagnosis.

YOU: Is there any risk of taking part in the shubharthis's support group meetings?

Saathi: Support group facilitators are trained and other members too are familiar with the technique. Generally every member, including new ones, are received warmly in the group. As I said earlier, there is no compulsion to share experiences. For some time one may be a listener. Recovery method is of practical value. So till one starts putting it to use, one will not find much change. Some shubharthis, in very rare instances, may feel disturbed seeing some others with quite prominent symptoms, thus reminding them of their own unpleasant past. So, at the most a new shubharthi may stop attending the group meetings.

YOU: Are the group facilitators health-care professionals?

Saathi: No, they are not. All group facilitators are lay volunteers who may have experienced some emotional problems. But they would have practised the self-help Recovery method and also read Recovery books.

YOU: In what ways are facilitators of Recovery support groups qualified or trained for that job?

Saathi: The facilitator greatly influences the group. The person who facilitates must have read and understood the Recovery philosophy. He also must preferably have two years of experience attending the group. He/she should have attended volunteers training program. Of course, if you are starting a new group in a city, initially, till one person gets trained or if he is dedicated and has read Recovery books, he can obtain training as soon as possible, to be able to do the job better.

YOU: Doesn't use of the word 'recovery' create unrealistic expectations about the method when it is widely believed that schizophrenia is life-long?

Saathi: I am so happy you asked such an important question. This shows how well you are trying to understand things. Friend, schizophrenia may no doubt last life long in some cases, but that doesn't mean the person needs to suffer life long. Just as we learn to live as comfortably as we can with other ailments like diabetes or hypertension, there's nothing much different in case of mental illness. As long as you take necessary treatment and precautions and also strengthen your physical/mental self, there's nothing stopping you from feeling and being 'recovered.'

The word 'recovery' indicates progress on the path of improvement. A gradual positive change. Hence this word is applicable for a person at any level of his well being.

In fact persons who have attended Recovery groups have not only recovered but they also serve as facilitators or motivators. Some members of our groups can be said to be role models.

YOU: Is there no risk in using the word 'recovery' as it is likely to give rise to false hope and consequent disappointment?

Saathi: The philosophy we follow says, "There are no hopeless cases!" It is only when we believe and strive, do our dreams turn into reality. We don't promise miracles when you start attending group meetings and follow the Recovery method. Another point to remember is, once you've internalised the method, even if there is a relapse, you will never return to square one. You will remain a few points higher. The power of the method lies in steady progress. And this is the experience of hundreds of shubharthis who have been using this method. We thus don't believe the word 'recovery' is in any way misleading. In fact, it points to the true path, every person with a mental illness must undertake.

YOU: Do shubharthis not feel, some time or the other, absence of professionals at the weekly meetings?

Saathi: None has experienced it so far. In the non-judgemental and empathetic atmosphere of our group meetings, the need for a professional is unlikely to be felt. It is possible that the shubharthi is already in touch with his doctor or counselor. Further it is not that professionals never visit our SHSG. They lecture or guide, once in a while, at our invitation.

YOU: As sharing consists of personal details, are they treated with confidentiality?

Saathi: Confidentiality is definitely maintained. Members may choose to share their experiences, their own successful efforts using the Recovery method. Recovery support group meetings provide a safe place for members to express their feelings, what upsets or frightens them. Yet there is no compulsion to share, because you may attend the meetings and not share anything until you feel safe and ready. This helps many who find it difficult to open out quickly. Supportive atmosphere here is created because there is no judgement passed. Plus, what is discussed remains within the group.

YOU: What if my shared experience is leaked out by members to outsiders as that could increase my suffering?

Saathi: Being a newcomer your question is natural. We have noticed that when persons newly join the group and are yet to get familiar with members, their fear of confidentiality is high. As one becomes acquainted, comfortable and trusting of group members, gradually the fear subsides. The very basis of such a group is mutual trust. Everyone shares his personal problems and experiences, and thus all have equal stake. Further, as members gradually get over fear of stigma also, confidentiality will not be an issue.

YOU: I hear that you use special Recovery phrases and words in these meetings. Why is this so?

Saathi: Recovery vocabulary allows members to objectively report and discuss their feelings, fears, experiences and symptoms. The simple but specific expressions of the tools comprise the Recovery language. These pre-determined phrases are easy to learn and to use in daily life. At all the Recovery meetings, members use the same format and terms. This makes it easier for a member to attend Recovery group meetings anywhere in the world. Uniformity of Recovery language eliminates chances of ambiguity.

YOU: How do I learn to share experience in a structured way?

Saathi: The facilitator will help you as you give your first example about something that upset you. You will also learn by listening to others as they share their experience. It is quite normal initially to be nervous about participating in the group. As you realize that there is no criticism or judging, you will feel comfortable to share without hesitation.

YOU: When do I start to comment on another member's example?

Saathi: When you've learned a couple of simple Recovery tools from either listening to others at the meetings or reading Recovery books, you will feel confident to do this. As part of a disciplined group you will wait for your turn to comment, as you do for sharing your experience.

YOU: Why do you think the Recovery method works for shubharthis?

Saathi: In my opinion, the Recovery method works not only for persons with mental disorders, but also for anyone else who needs some help in facing day-to-day situations. But to answer your specific question why, when trivial issues are dealt with ineffective ways, they build over time causing intense anger, frustration, fear, insecurity and so on. These in time go on to develop into symptoms. What Recovery method does is to nip these symptoms in the bud, so to say, so that there's no scope for an unhealthy manifestation.

In brief, Recovery method works effectively because it has all the essential components:

- Shubharthi learns to identify distressing symptoms.
- Learns to act by selecting appropriate tool.
- Learns to endorse/appreciate whatever little success he has achieved or effort he has made.
- Non-judgemental atmosphere provides the right encouragement which is needed.

I would like to clarify one thing here though. This method is purely psychological and so it does not address the biological cause of mental illnesses. Recovery helps deal with its symptoms. Thus, a shubharthi cannot substitute psychiatric care with this method. In fact to derive maximum benefit, both have to be undertaken simultaneously.

YOU: Does the Recovery method work equally well for all the participants? If not, why so?

Saathi: Like it applies to all other facets of life, benefits and effects of this method too may vary from shubharthi to shubharthi. There could be many factors which affect the outcome: for example, the Individual level of motivation, persistence in effort, intensity and duration of illness, personality, faith in the method,

Shubhankars' encouragement etc.

YOU: Why is the Recovery meeting limited to once a week only? As the benefit depends on one's skill in using the method, why not more often?

Saathi: Everyone has time constraints. To attend support group meetings more than once a week for an hour and half could be difficult and it may actually lead to some dropouts.

On the other hand, with sufficient trained manpower, two groups may decide to meet on two different days, say, on Thursdays and Saturdays. Those who want to participate more than once a week will be able to do so. Perhaps, for those for whom Saturdays are not suitable can attend on Thursdays rather than not participate at all. Today manpower is our primary constraint.

YOU: Do the benefits of the Recovery method have lasting effects or not? If not, why not?

Saathi: Yes, this is true up to a degree. As long as the shubharthi attends the Recovery group, practises the method meticulously and experiences its lasting effects. Quite obviously, if the person stops practising the method, whatever be the reasons, he will be unable to experience its benefits. We have heard shubharthis telling us that once they have internalised and use the Recovery method habitually, it has significantly changed their lives for the better. I hope this answers your question.

YOU: Do I have to come alone to the meetings?

Saathi: No, you are welcome to bring supportive adult family members or friends with you. In fact, many of our shubharthis attend the Recovery meetings while their shubhankars attend the parallel support group meetings meant for them. Shubhankars do not attend these Recovery meetings.

YOU: Is it true that you don't permit even shubhankars as observers at the shubharthis' support group meetings? If yes, why so?

Saathi: Yes, it is true. Presence of any non-participant observer breaks the secure and confidential atmosphere of the meetings. The moment shubharthis know, they are being watched and heard by some outsider, they become conscious and it alters what and how they share. So we request them not to be present.

YOU: Is there any code of conduct or restrictions on members of your support groups? If yes, what are the restrictions and why so?

Saathi: Well, we would prefer them being described as self imposed discipline rather than restrictions. Dr.Low believed that the shubharthi's 'will' should prevail if he wants to improve his life.

Important aspects of self-imposed discipline:

- I share my experiences in a structured way so that I know my strengths and successes.
- I will not interrupt with comments or questions when some other member shares his experience.
- When another member shares, I will attentively listen to him and give him the same courtesy, understanding and acceptance I myself need.
- Opinion expressed by a member is strictly his personal view and therefore I simply accept what I need or agree with and leave the rest.
- Everyone gets an opportunity to say what he wants and so I will patiently wait for my turn to talk.
- I realize there is no compulsion to share and also that, at times, just listening to others also can be useful.
- I shall not give any advice or tell others what they should do. Each member simply shares what has been useful to him.
- I shall respect the right to privacy of every member. Therefore, I shall not disclose what others narrate outside our group. I too expect that my sharing is treated as confidential.
- I shall seriously consider following any suggestions made by our group facilitator as he/ she has genuine welfare of the members about heart.

I suppose now it is clear to you what everyone in the group is committed to is in the interest of the entire group.

YOU: Why discussion of diagnosis, medication and doctors is not permitted in Recovery weekly meetings of shubharthis ?

Saathi: As we say, we are not a professional guidance center but offer a method which is simple, non technical, tested and tried. Since the support group is run by and for shubharthis, all lay persons, we leave those topics for discussion by professionals. Recovery helps a shubharthi to cope with his symptoms through self-help. Yet he seeks professional help as and when required.

YOU: Why is the Recovery method, developed more than 65 years ago, valid today also? Have there not been any changes effected to better serve the purpose?

Saathi: The method is old, no doubt; but it deals with the human mind. And the basic principles of working of the mind are the same even after years. They are also applicable universally. This method was developed by Dr.Abraham Low after years of studying and experimenting with numerous patients. Hundreds of Recovery support groups are in existence all over the world and popularity continues to grow.

YOU: What kind of backing do your shubharthis' support groups have from the professionals?

Saathi: Over the years we have received backing by support and encouragement from the professionals. More and more professionals in the US and elsewhere have acknowledged the efficacious results obtained from use of the Recovery method and other self help groups by their patients. The recovery international has received many awards for their contribution.

YOU: Is your shubharthis's support group affiliated to the original Recovery Inc., of the USA? What are their criteria for affiliation or approval for running the weekly group meeting?

Saathi: Yes, we are very proud to say that we are officially affiliated to the original Recovery International, USA. We are listed on their website as their only group in India. They watched the progress and popularity of our support group before recognition. For further Information about their criteria, etc. one may visit their web-site

<https://recoveryinternational.org>

YOU: Would you be able to train some of our persons, including shubharthis, as facilitators to run Recovery support groups in our place and, if yes, how?

Saathi: We are proud to say that a few shubharthis', who have been regularly attending the group, have now started efficiently facilitating our group meetings. Besides their hands-on experience, we also encourage them to read Recovery literature available in our library. This helps them greatly to develop insight and participate in the meetings. Therefore, there is no reason why your shubharthis can't be encouraged to facilitate the meetings. Recovery International, USA, would also be only too glad and willing to help in this matter.

YOU: What is the (1) number of shubharthis enrolled with your shubharthis support group and (2) the average number of shubharthis attending the weekly meetings?

Saathi: The number of shubharthis who would have enrolled with us since inception is more than 200. However, the average number attending weekly meetings ranges from 15 to 25.

YOU: Do you have any system of follow-up or contact if any member doesn't turn up for the meetings for a long time?

Saathi: We don't think it is advisable to find out reasons for absence or loss of interest to avoid any embarrassment. Philosophy of the method lays importance on one's free will in attending support group meetings. Member's initiatives will be in the true spirit of self-help. Shubharthis informally remain in contact with one another apart from the meeting days. Thus this works as a follow-up when their friends have not turned up for a few consecutive meetings.

- You: Is any religion part of Recovery meetings?
- Saathi: Religion is strictly not discussed. Nor is it a part of this self-help method. However, the method does not conflict with anyone's religious beliefs. Members may seek religious guidance from other appropriate sources.
- YOU: Do the shubharthis weekly meetings have any role for persons who are neither shubharthis, shubhankars nor professionals but just volunteers?
- Saathi: Of course, they do have a role. There are volunteers of EFMH who are neither shubharthis nor shubhankars. There are three possibilities. One, they may be trained and experienced group facilitators and two, they may be wanting to learn and apply the Recovery method for their own problems of psychological origin. Thirdly, they may help popularising recovery method and also in various activities of EFMH .
- YOU: Have I to pay any money to be a group member? Is it compulsory, especially when shubharthis mostly don't have income of their own?
- Saathi: Members pay as per their means because it is voluntary. If you aren't able to pay anything sometimes, that's okay. But that should not prevent you from attending the meetings. As you may know, the support group meetings are free of cost. If shubharthis want to become members of EFMH and also receive our quarterly newsletter they will pay annual subscription of Rs.200/- this is from 1ST April to 31st March.
- YOU: Apart from the practice of the Recovery method, don't you have some other daily activities, which can keep shubharthis usefully and gainfully occupied?
- Saathi: Recovery method gives shubharthis coping strategies and through their repeated use, brings about a longer lasting change in them. They feel encouraged to participate in social activities just like other members of the society do. Families also find ways and means to keep their shubharthis engaged.
- YOU: This is all very good development. I shall certainly visit you and also be a member of the support group. Have I not bothered you with too many questions! My father told me how you had clarified on a lot of his doubts very patiently.

I can't thank you enough for your encouragement to our entire family. Hope to meet you in your office this coming Saturday evening.

Saathi: In a way, you need to thank or endorse yourself, rather than me, for the initiative you have taken. I can assure you, being group-minded can indeed be a turning point for your entire family, as it has happened to so many others. Yes, certainly drop in to our office for the Saturday meeting so that you can have first-hand knowledge of the self-help support. Bye, till then.

Examples of Recovery Method

A

Step 1. What was the situation that made you feel unwell?

We had recently rented a small apartment for our office. We had an agreement with the landlord regarding rent and other terms. Once to clarify a particular issue, I telephoned him. The landlord told me something that I realized was outside of our contract. He further told me in an angry tone, "How do you expect everything according to your own terms?"

Step 2. What physical and mental symptoms did you notice in yourself?

That time I started getting angry. My ears started feeling hot and I started feeling breathless. My voice trembled and I shifted to an argumentative tone.

Step 3. Which recovery tools did you remember that reduced your discomfort?

I spotted that I was having both fearful and angry temper. I realized that there was nothing right or wrong and that temper is bad. I spotted that I could excuse the landlord rather than accuse him. I know that I cannot control the outer environment, only my inner environment. I decided that my internal peace is my supreme goal and moved my muscles by taking one or two deep breaths. I dropped the judgement.

Softly, but in certain words, I brought to his notice the original terms of the contract.

Step 4. How did you respond when you did not know the recovery tools, and what difference did it make after knowing them?

Before Recovery practice, I would have got annoyed and thought he was wrong. I might have shouted or said something in an angry tone which he would have capitalized upon. I would have spent two or three days in distress, confusion and anger. Because of the Recovery method I became quiet instantly and could take the total view. I could control my speech muscles and express myself in a cultured manner. These efforts certainly helped me to maintain my internal peace as well as the internal peace of our organization.

I endorsed myself for all the efforts I took.

-Anil

B.

- Step 1.** I had gone to a shop yesterday to buy milk, bread, etc. While paying, I kept my mobile phone on the shop counter and came home. After some time, I realized that I had left my mobile phone there.
- Step 2.** As soon as I realized this, I suddenly stood up, felt fearful, and started sweating profusely. My heart began to pound. My mouth became dry and I could not understand what to do or whom to tell. I felt extremely helpless. The phone was expensive. I started feeling very angry with myself for being so careless with such an expensive thing. Thoughts like what everyone at home would say, whom to tell, whom to ask for help—all this confused me.
- Step 3.** My peace of mind is more important than my anger. Do not blame yourself; forgive yourself. Excuse rather than accuse. Fear creates symptoms, and symptoms further create fear.
- Step 4.** Earlier, when I did not know these tools, I would become very irritable. I would get angry at myself and also at family members and would take it out on them. I would become argumentative. But now, because of the recovery tools, I did not get angry, did not argue with family members, and when I went back to the shop to inquire, the shopkeeper immediately recognized me and returned my mobile phone.

C.

Step 1. Last Thursday afternoon, I started hearing a lot of voices

Step 2. I was reading a book, but I could not concentrate because voices kept coming continuously. I sat in one place for one to one-and-a-half hours, which made my body feel stiff. The voices were not stopping, and I felt fearful that along with my mental illness, I might now develop a physical illness too and would need to take more medicines. I started sweating heavily due to fear. I felt irritated at having to get up from that place.

Step 3. What I feel or think is not the same as reality. Feelings are not facts. Even if symptoms are troublesome, they are not dangerous. Take the total view: one should think in an all-round, balanced manner. Command your muscles.

Step 4. If I did not know these tools, I would have continued sitting there for a long time. My attention would repeatedly go toward the voices, and I would behave differently according to the instructions given by those voices. But because I remembered the recovery tools, I got up from there, went into the gallery, and realized that these thoughts were not leading anywhere dangerous. Then I started countering the voices. I realised that every act of self control leads to self respect. I became calm and quiet and thanked recovery method for helping me.

D.

- Step 1.** For the last three years, I had been taking medicines regularly and had not experienced a single episode. Because of this, I felt that I no longer needed the medicines and stopped taking them. It has been five months since then. Last Sunday, suddenly 5–6 guests came to our house, and because of this situation I began to feel unwell.
- Step 2.** I felt a lot of anger towards the guests, and I became tense, thinking that now I would have to talk to so many people. As soon as I realized that they would be staying over, my anger and tension increased further. I thought that one of them would have to be given a place to sleep in my room, that as long as they stayed I would have to take care of them, and that my parents would also give me many responsibilities. Because of all these thoughts, I became irritable. I started getting headaches and felt like I should immediately leave the house and go outside.
- Step 3.** We do not have control over external situations, but we can control our own mind. My internal peace of mind is more important than my anger. Command your muscles. Control your speech muscles and express in a cultured manner.
- Step 4.** If I had not known these tools, I would definitely have behaved the way I used to, earlier. As soon as the guests arrived, without speaking to them, I would have angrily gone to my room and shut myself in. At night, I would not have allowed anyone to come into my room to sleep. Not only would I have avoided talking to anyone, but I would have constantly expressed irritation. I would have held my parents responsible and spoken harshly in front of the guests. Now, because of the recovery tools, I was able to control myself in a positive way and did not allow the home atmosphere to deteriorate because of me. I realized that behaving in such a way indicates going towards relapse and slipping backward. I also realized that stopping medicines and altering their dosage on one's own is dangerous and that these could be its consequences. It became clear to me that what we learn in self-help group meetings actually helps bring positive change within us by developing a constructive outlook. I was able to adjust properly with the guests, and I did not behave in a manner that would force my parents to feel ashamed. I endorse myself for remembering and using the tool- strive for peace, order and balance.

E.

- Step 1.** I was on my mobile phone until late at night, yet I woke up early in the morning. After waking up, I finished my routine and exercised, and then after having tea I lay down for a while. When I woke up, it was around 12:30 p.m., and my mother was talking to her friend. Their conversation increased my discomfort.
- Step 2.** Because my sleep had been incomplete, I started wondering whether my symptoms were increasing because I had slept at the wrong time. I began questioning whether a relapse was happening again. Due to their conversation, I felt angry at both of them. I felt that even today they do not understand what mental illness is and do not have the willingness to understand it. I felt sad about this. I also began thinking that if I sleep even a little extra, does it immediately mean that the mental illness is returning? I felt this thinking itself was extremely inappropriate. There could be many other reasons for sleeping more, but if I behave slightly differently, people immediately assume that symptoms are increasing—this felt very wrong to me. I felt upset and, even though I wanted to speak to them, I did not say anything and went outside to my room.
- Step 3.** My internal peace of mind is more important than my anger. Other people's behavior troubles us, but no one deliberately behaves in a way meant to trouble us.
- Step 4.** If I had not known these tools, while my mother was on the phone I would definitely have said something to her, and the atmosphere would have deteriorated. Without eating, I would have gone out of the house. My parents would have been left sitting, worried and watching anxiously. Because of using the recovery method, I did not allow that to happen. After lunch, I told my mother and later her friend on the phone that if I sleep a little extra or behave slightly differently it is not necessary to immediately assume that the illness is returning. I also explained that such statements are very distressing for the person with mental illness and can affect their mental state. I felt in full control of the situation and felt very peaceful.

Personal Stories

A - Shubhankars

1. Self Help Support Group Guide

Individuals living with mental illness, along with their family members and Shubharthis, need understanding, support, and a safe space to share their feelings without judgement. Self-help support groups provide such a space by offering connection, reassurance, and shared understanding. Ekalavya believes that self-help support groups should be established in every district and grow into a wider movement. When such groups exist in a city, they become a valuable source of support for individuals and families in that community. To share the experience of Ekalavya's self-help groups and make the process of forming new groups easier, Prof. Dr. Anil Vartak and others have written the Self-Help Support Group Guide. The guide outlines how to start and run a group, possible challenges, meeting arrangements, the role of the coordinator, group guidelines, and useful discussion topics for family members. It is based on the long-standing experience of self-help support groups.

2. The benefits of the self-help group are seen in various ways

Our group organised an online book launch of Vartak Sir's book "**Tried and Tested Methods for Regaining Mental Health**". Many people purchased the book, and several shared that reading. It inspired and motivated them to bring positive changes in their lives. Vasanti believes that for regaining self-awareness, every person living with mental illness should read **Tried and Tested Methods for Regaining Mental Health**. On the occasion of her birthday, she expressed this belief in a thoughtful way by purchasing 61 copies of the book. She personally distributed them to doctors and requested that the books be given free of cost to interested shubharthis. It was a truly meaningful and compassionate way to celebrate a birthday.

3. Self help group Lecture insights

i. In a lecture held on May 1, Ganesh Chella offered thoughtful and practical guidance on the important factors Shubharthis should consider while choosing a job. He spoke about maintaining emotional balance at the workplace, managing symptoms if they arise during work hours, and continuing to move forward with confidence and self-motivation despite challenges.

ii. On June 4, Charles Kelly from Recovery International's Ireland Self-Help Group interacted online with members of the group. He shared detailed information about how the self-help group functions, its principles, and its day-to-day working. The interaction clearly reflected the group's structured, systematic, and supportive approach.

4. From an Expert's Point of View

Self-help groups – a means of self-help

The idea of self-help groups is rooted in fostering self-reliance and inner strength. In many ways, we are our own closest companions, and self-help becomes a powerful tool in understanding, managing, and overcoming the challenges associated with mental illness.

Today, many people live with different mental health conditions and regularly interact with healthcare services through OPD check-ups. During these interactions, one concern becomes evident: although many individuals take their medication regularly and have their symptoms well under control, they often lack adequate opportunities in employment and business. This directly affects their confidence, sense of purpose, and overall efficiency.

In such situations, self-help groups can play a vital role in maintaining morale and restoring confidence. The self-help groups functioning under the Ekalavya Foundation provide meaningful support to people living with mental health conditions, and their role is extremely important.

Even today, due to limited awareness about mental health, individuals with mental illness are often viewed with suspicion and stigma. They may be excluded from social gatherings, festivals, and employment opportunities. Many elderly parents of Shubharthis live with constant anxiety about their children's future, a concern that is often intensified by a lack of understanding and support from relatives and friends. Along with managing symptoms, individuals living with mental illness also face social and family challenges.

They may be ridiculed, underestimated, or treated unfairly in workplaces. Unfortunately, these difficulties can persist even for those who have recovered and are managing their condition well with regular medication. Some individuals, particularly those living with disorders such as paranoid schizophrenia with prominent negative symptoms, may struggle to engage in work or business despite having their illness under control.

The Ekalavya Self-Help Group makes dedicated efforts to nurture, awaken, and strengthen the willpower of such individuals.

Within self-help groups, Shubharthis share their personal experiences of mental illness, the treatments they have followed, the support they have received, and their efforts toward becoming self-reliant. This sharing offers practical and emotional support, helping others cope with their situations in a concrete and reassuring manner.

Self-help groups should not remain limited only to Shubharthis. They should also include Shubhankars—volunteers who wish to contribute to the field of mental health—so that the scope and strength of these groups expand.

When Shubharthis begin to feel that they are not alone, and that their families and society stand beside them with understanding and support, that is the true success of a self-help group.

— **Dr. Sanad Pawar (Psychiatrist)**

5. My Journey Toward Mental Health Through Self-Help

By a fortunate chance, I came to be associated with the Eklavya team. Anil Vartak guided and supported me in reviewing my second book, for which I am deeply grateful. The Eklavya team has contributed significantly to my personal growth and maturity over time. I would like to share one simple yet meaningful message with my colleagues: stay connected, keep communicating, and continue to support one another. When your experiences become a source of positive inspiration for society, they serve a truly meaningful purpose. I extend my warm wishes to everyone for good health and a fulfilling life.

— **Ganesh Rajan**

6. The Eklavya Foundation for Mental Health, Pune, runs a self-help group for individuals living with mental illness and their family members. Within this group, participants openly share their experiences of mental illness, the challenges they face, and the different ways they have worked to overcome these difficulties. Members also exchange the skills they have developed through sustained effort and the wisdom gained from their own lived experiences.

Some members express their journeys through poetry. Reading these poems provides encouragement, strength, and renewed motivation to others in the group. With the intention of extending this sense of hope and inspiration beyond the group, Eklavya has compiled and published selected poems in the form of a book for well-wishers and family members.

7. The Usefulness of Self-Help Groups through the Eyes of a Caregiver

While seeking treatment for mental illness, I came in contact with many doctors in this field. Through my nephew in Mumbai, I learned about Vartak Sir and reached out to him. He explained the concept of the Ekalavya self-help group to me over the phone.

After understanding it, we joined the online group the very next day.

In the beginning, I had several doubts. I wondered what would actually happen in an online self-help group and whether our personal information would remain confidential. I felt more comfortable participating from home rather than attending in person. I was also concerned about whether there would be any fees involved, as we had already faced heavy financial burdens due to medical consultations, medicines, and travel. I felt relieved when Vartak Sir clearly informed me that there was no charge for participating. At that time, I was unsure about the kind of support we would receive. As the illness progressed, we were often faced with difficult questions related to the patient's fantasies and behaviour, and we did not know how to respond. The symptoms had intensified repeatedly, leaving us deeply worried and constantly searching for solutions.

After joining the self-help group, it became clear that confidentiality is strictly maintained within the Ekalavya group. Both Shubharthis and Shubhankars openly discussed their challenges and experiences, and practical solutions to difficult situations were shared in a supportive manner.

After attending the online self-help group three to four times, the volunteers personally contacted me and spoke with me in depth. This made me feel genuinely supported. Through these conversations, I learned several practical techniques to handle challenging situations. Guidance on how to interact with a person living with mental illness and how to maintain a supportive family environment at home proved especially helpful.

Reading Vartak Sir's self-experienced literature through the self-help group further deepened my understanding and awareness of mental illness in society. I realized that this is not a struggle faced by only one family—many families go through similar experiences. This realization brought me immense relief and reassurance. I became confident that this illness can be managed and that there is no need to panic. The selfless willingness of Vartak Sir and the members of the Ekalavya group to support others is the strongest reason for this belief, and I feel it is important to highlight this.

B- Shubharthi

1. The story tells about myself – the journey of my mind

My doctor informed me about the Ekalavya Self-Help Group and encouraged me to attend and experience it. At first, I was filled with doubts and hesitation—wondering whether I would be able to go and participate meaningfully. When I learned that the meetings were held every week, I gathered the courage to attend.

During my first visit, everyone was seated in a circle, openly sharing their experiences. The manner in which the sharing took place pleasantly surprised me. The atmosphere felt welcoming and respectful, and I was deeply drawn to this unique way of sharing.

It felt as though I had found a key—one that helped me better understand my mood swings and symptoms and showed me ways to cope with them. I began attending the meetings regularly, and over time, I also found the confidence to share my own experiences.

The recovery tools practiced in the group have continued to be extremely helpful in my daily life. Activities such as Gratitude Week add further meaning and positivity to the process. I feel that even a lifetime would not be enough to fully express my gratitude for the support and understanding I have received.

- 2.** What I once believed to be a curse has now revealed itself as a blessing in disguise—an experience that has helped me grow, reflect, and become stronger from within. Through this journey, I have learned to face, understand, and manage the challenges of my own mind, and this realization fills me with deep satisfaction and confidence.

The Eklavya Self-Help Group has played an important role in this transformation, and I will always remain connected with it. Along with continuing my own journey of recovery, I feel a strong sense of responsibility to support and encourage others who may be facing similar struggles.

I express my heartfelt gratitude to the Eklavya group for its constant guidance, support, and compassion. For this, I offer my sincere thanks.

— Sayali , Nashik

3. The Usefulness of Self-Help Groups from the Perspective of a Shubharthi

Hello, my name is Santosh. I have been living with paranoid schizophrenia for the past twenty years and also experience mood swings. Last month, I had the opportunity to attend a meeting of the Eklavya Self-Help Group.

I found the experience to be genuinely helpful and encouraging. Listening to the experiences shared by other shubharthis gave me strength and reassurance. I also gained valuable information about the disorder and ways to work toward improvement. Throughout the meeting, Sir interacted with everyone patiently, and there was continuous discussion on how to move beyond the thoughts that trouble our minds.

This meeting gave me a sense of hope and direction, and I am eagerly looking forward to attending the next one.

— **Santosh (Shubharthi)**

**You may visit the following web-sites
for more useful information:**

<https://www.eklavyamh.org/>

www.healthymind.org

www.sanonymous.org

www.sane.org

www.nami.org

www.schizophrenia.com

www.world-schizophrenia.org

<https://www.ashadeepindia.org/>

<https://www.sangath.in/>

<https://recoveryinternational.org/>

Glossary

(Explanations are more relevant to mental health context.)

Anxiety : A vague uncomfortable feeling experienced but whose cause is unknown.

Autistic children : Children diagnosed with disorder of living in their own imaginary world having lost touch with reality.

Awareness programme : A programme aimed at spreading awareness/information, removal of misconceptions and myths about mental disorders and their management.

Biochemical imbalance : A loss of balance in the chemical substances found in the brain cells, causing treatable mental disorders.

Biological cause : Cause for a mental health is of physical/physiological(not psychological) nature.

Body language : Non-verbal expression of feelings through one's body postures, movements, facial expressions, gestures, etc.

Caregiver : Any one who undertakes caring and supporting of a person with mental disorder.

Chest pressure : Feeling of heaviness in chest area.

Client : Term interchangeable with patient, counselee, consumer, etc.

Commenting : Making suggestions of other tools applicable to the experience shared by a support group member.

Compulsion : An uncontrollable urge to perform some action or behaviour.

Confidentiality : Keeping matters secret, protected from unconcerned individuals.

Coping technique : Any effort aimed at dealing effectively with the demanding situation arising from mental disturbance.

Counsellor : Someone who is qualified or has expertise in dealing with human nature.

Delusion : Another symptom of mental disorder wherein a strongly held belief cannot be convinced to be changed.

Depression : Low feeling and mood associated with worrying, a form of mental disorder, requiring medication and/or counseling.

Diabetes : A physical disorder marked by excessive urination, persistent thirst and excess release of sugar in blood or urine.

Dizziness : Head feeling light or spinning.

Eklavya : A character from the Indian epic, Mahabharat, who is considered a role model of self-help. This name was adopted by EFMH for it's support groups for shubhankars and shubharthis.

Empathy : Being able to imaginatively experience what another person is going through, without feeling pity.

Endorsement : Encouraging, complimenting.

Enlightened professional : A qualified practitioner with an open mind to experiment and with a holistic view of therapeutic intervention.

Escapist : A person who runs away or avoids facing a difficult situation or from troublesome thoughts.

Facilitator : A trained person in a support group who ensures the right environment prevails, making everyone feel a part of the peer group.

Hallucinations : When a person with mental disorder sees/hears/senses things which others don't. It is one of the main symptoms in the clinical diagnosis of schizophrenia.

Health care provider : Any person, professional or otherwise, who provides therapeutic services.

Holistic approach : An all encompassing, all-round, open-minded approach.

Hypertension : A physical disorder in which blood-pressure remains abnormally high.

Isolation : Withdrawing or excluding one self from the family or society, preferring to remain alone.

Lethargy : Feeling of laziness, caused psychologically or owing to medication.

Manifestation : Making an appearance.

Marathi : Local language spoken in the state of Maharashtra, India.

Hindi : National language, understood by majority of the Indians.

Nervous symptom : Feeling associated with being nervous like shakiness, uneasiness, heart beating fast, etc.

NGO : A non-government organization, run on charitable lines with specific focus on social issues, e.g. mental health, ground water conservation, etc.

Non-judgemental environment : A place where persons accept each other for what they are without passing any judgement. A supportive atmosphere.

Numbness : Loss of any kind of sensation.

Obsession : Unavoidable thought or idea which torments a person as he cannot get rid of it despite trying.

Palpitation : Heart beating extremely fast, more on account of psychological cause.

Phobia : Irrational fear about certain things which a person is unable to overcome. The fear is mostly associated with nervous symptoms.

Prerogative : A privilege or right reserved exclusively based on one's rank, stature, etc.

Professional : A person engaged in one of the learned professions of psychology, psychiatry, social work, etc.

Psychiatrist : A specialist doctor who treats persons with mental disorders.

Psychologist : A professional with a degree in psychology and who provides counselling and other mental health related services.

Recovery language : Specific words and terms suggested by Dr. Low, founder of the Recovery method and Recovery International, USA.

Recovery literature : Information, books, write-ups, web-site available from Recovery International, USA, founded by Dr.Low who pioneered group psychotherapy for persons with mental disorders and nervous symptoms.

Recovery method (Dr. Abraham Low) : Dr. Abraham Low's Recovery Method is a self-help health program using cognitive-behavioral training and peer-led groups to manage distress through a four-step method that builds self-control, confidence, and coping skills.

Recovery tools : Recovery tools are practical techniques that help individuals identify distressing thoughts, regulate emotions, replace negative reactions, and regain self-control in everyday situations.

Relapse : Recurrence of illness.

Saathi : A volunteer from the EFMH family. Word of Indian origin, meaning companion, a friend-in need.

Safe place : A place where one feels secure to share personal problems.

Self-esteem : Sense of self-worth, rating oneself and feeling better.

Shortness of breath : Inability to breathe easily and comfortably.

SHSG : Self-Help Support Group, a group of the persons, for the persons and by the persons with identified common challenge, which comes together for mutual support.

Shubhankar : A Sanskrit term used in EFMH circles to refer to caregiver - literal meaning : A person who is dedicated to others' welfare.

Shubharthi : A Sanskrit term used in EFMH circle to refer to a person with mental disorder - literal meaning : seeking of well-being.

Socialization : Urge to interact with other persons.

Spotting : A technique of recalling at the time of a disturbing event the tools devised by Dr.Low at the appropriate time.

Stigma : A sense of disgrace, shame, dishonour with diagnosis of mental disorder.

Stress : A feeling that one is unable to meet the demands made by the situation.

Structured format : A systematic and fixed method used by shubharthi to share a disturbing event. This is uniformly followed anywhere in the Recovery group meeting.

Subscription : A payment made for products or services for a given period of time; in the support group context it represents payment made to defray cost of organizing group activities.

Therapy : An intervention used by a professional to help promote recovery in a patient.

Tools : Meaningful phrases or sentences devised by Dr.Low.

Trauma : A highly disturbing/distressing event that at times requires professional help for relief.

Trivial issue : Minor matters of no consequence.

Trusteeship : Managements of funds or property entrusted to specially appointed members as per the wishes documented.

Web-site : An address on the internet where one can find information on many topics, individuals or institutions.

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