



# EKALAVYA

## NEWSLETTER

### SCHIZOPHRENIA AWARENESS ASSOCIATION (SAA), PUNE

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## Editorial

### *Holistic Approach*

They make beautiful greeting cards with touching messages. Their drawings and paintings could adorn any living-room, bedroom or an office. Wall-hangings, whether of aluminium foil or cross-stitch, are sure to impress as collector's items. Playing musical instruments, singing or dancing has such natural grace and sense of timing, it is indeed a feast for one's ears or eyes. Writing articles, poetry or reciting 'shayari' evokes abundance of creative expression of thoughts and feelings. When it comes to compering an event or a mock cricket commentary, one is likely to mistake it for work of a professional. There is detailed planning and organizing of outings or picnics. Agility, cheer and fellowship are obvious outcome of group physical exercises. *Bhel*, *chutnis*, cakes and so many such delicacies made by them are irresistible.

Yes, we are talking about shubharthis, persons in mental health recovery! Obviously they have been encouraged and nurtured by their family members, talented and dedicated volunteers, besides caring professionals. There is an all round satisfaction amongst these contributors. It is good the shubharthis become aware they are as creative as anyone else. Good their self-esteem is high because they realise they can add cheer into others' life and also be worthy of appreciation. The

shubharthis, like any other humans, could be a little high or euphoric after an event that brings them thunderous applause and recognition.

This, however, is the most critical and delicate moment to watch for. Any lengthy void after that 'high' could lead to an acute sense of despair unless, with a sense of anticipation and practical wisdom, a pro-active plan is in place. Routine activities blended with playful creative pursuits should facilitate a transition to normalcy but with continued, genuine appreciative gestures. This calls for an empathetic action plan by all these caring individuals to appropriately engage these shubharthis. Such a holistic approach alone can obviate the risk of unexpressed despair.

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*Self-appointed expectations lead to disappointments.*

## Nightmares To Dreams

Dr. Jagannath Wani and his family had their first experience with schizophrenia in the autumn of 1972 while residing in Calgary, when his wife started hearing voices and bizarre things started happening.

At that time, the Wani household did not know what schizophrenia was as they struggled to cope with the situation for two long years and they were doubtful if their physician would even believe them if they told him what was going on!

Finally in the summer of 1974, they traveled all the way from Calgary to New York to meet a Marathi-speaking psychiatrist, Dr. Saraf, who diagnosed the condition as schizophrenia.

Follow up treatment continued in Calgary but the situation was rather traumatic for another six long years during which period he was even told by a psychiatrist that "divorce would be the best solution!"

In 1980, he had to admit her, much against her wish, to a hospital as both her physical and mental health had deteriorated considerably. The psychiatrist they met there brought about complete change in their lives and things have been under control since then.

Dr. Wani feels that the factors that contributed to their success were: He was open about the situation and did not hide the problem. He had understanding friends. He did not attach or feel any stigma about the condition. With this in mind, he courageously took up the challenge to help others in a similar plight and his meeting with Mr. William Jeffries, the founder of Friends of Schizophrenics, Ontario, in March 1980 proved to be the springboard for his mission.

Following this meeting Dr. Wani took a leading role in formally registering a regional self-help group called the Alberta Friends of Schizophrenics in July 1980 (later changed to Schizophrenia Society of Alberta- SSA) in August 1990.

In 1980, it was a critical situation in Calgary, the fastest growing city in Canada at that time, with inadequate number of psychiatrists to handle the large number of psychiatric cases. A local daily, The Calgary Herald, highlighted this through several reports, interviews with afflicted families and two prominent

psychiatrists and an editorial to impress the gravity of the situation upon the provincial government of Alberta. While only 60 persons attended the first public meeting of SSA, today SSA is proud to have about 600 members in the Province of Alberta. With the social stigma attached to the illness of schizophrenia, awareness of the condition was a major issue. Medical Practitioners are very familiar with general health issues but most of them lack proper exposure to basic issues of mental disorders. Appropriate treatment was not easily available and this aggravated the delicate condition further. To create this awareness in the general public as well as in the medical profession, SSA embarked on its first fund raising activity in Calgary and raised enough funds to create an endowment from which scholarships could be awarded annually for undergraduate students of medicine.

This was followed by a major fund raising programme resulting in more than 2.5 million dollars to create a Chair of Schizophrenia in the University of Calgary to ensure that sustained research is undertaken to find the causes and treatment of schizophrenia.

Schizophrenia afflicts people who are mostly in their youth, either in high school or in college. Due to lack of awareness, the afflicted person usually becomes a focal point of ridicule of the fellow students. To overcome this, SSA opened another front to address this issue in high schools and colleges through awareness meetings, books and videos. This certainly helped in creating compassion, understanding and cooperation from the peer group, thus making it easier for the afflicted person to cope with the rigours of life.

While associated with all these activities in Calgary, Dr. Wani was deeply distressed about the same problem in his own motherland, India. From 1990, he started looking for people to begin similar activities in India. After meeting Dr. Neha Pande, Head of Psychiatry in BJ Medical College, Pune, in 1996, he put together, with her help, a team of seven founder members consisting of four caregivers, a psychologist, a psychiatrist and a chartered accountant to form Schizophrenia Awareness Association (SAA). It was formally registered in April 1997.

Dr. Wani and other founder members realised that while there were many training programmes available for parents and caregivers in the handling of

*Practise being self-led, not symptom-led.*

## Day-care And Vocational Training Centers

**Summary** - Daycare and vocational training is useful for recovering and manageable patients. It helps to improve social and cognitive skills. It helps in interaction and bonding. It creates awareness of illness while reducing stigma. Various activities keep the patient gainfully engaged which later impact their overall functioning.

Day-care and vocational training centres play a major role in community based psycho-social rehabilitation. Work has significant role to play in human behavior. It provides a basic structure for social behavior. In almost every culture, work or job activities are significant in determining the status and influence of an individual. Thus, it can be said that the opportunities for socialisation, productivity, consumption, quality of life, etc. are heavily dependent on the nature of the work done.

Mental illness leads to disabilities and handicaps in various forms, mainly in the area of social functioning of the affected individual. Due to the chronic nature of the illness, socialisation, work and work habits are severely impaired. Even if a patient has come out of the illness, he/she may not be able to resume his / her work, mainly due to the loss of skills, side-effects of the medication, lack of concentration and confidence, etc. There are many patients who are asymptomatic and have made good recovery, but still remain idle at home adding to further frustration and feeling of worthlessness about self and causing tension and concern to the afflicted families. On the other had, such patients can be fruitfully kept engaged in day-care centres.

### Beneficiaries

Recovering and manageable patients whose social skills are impaired due to the longstanding illness.

### Objectives

- 1) To help a patient reintegrate into the community and resume the ability to continue functioning in the society,
- 2) To provide vocational training,
- 3) To help the mentally ill to improve their social skills, confidence, and work habits,
- 4) To bring the mentally ill to the mainstream of society through proper job placement and job maintenance and thereby strengthen the level of family support,
- 5) To take care of the emotional problems of both

mentally challenged children and those with hearing impairments, there was an urgent need for a similar type of training for caregivers of schizophrenia and associated conditions.

SAA, Pune conducted a short course of eight sessions for caregivers in 2003. It was very well received and many participants found it very useful in providing them with solutions and in reducing their frustrations. SAA also undertook the formation of Self Help Groups (SGH) for the betterment of patients and their families.

In these groups, experiences are shared among caregiver families, helping and motivating them in their resolve in improving the lives of the afflicted members. The afflicted members themselves are taught how to use various Recovery "tools" to overcome difficult and stressful conditions they face routinely due to their illness.

Dr. Jagannath Wani's dream was to create awareness of this disorder throughout India. Formation of Pune's SAA was just the first step. The Canada-based Maharashtra Seva Samiti Organization (MSSO) decided to share his dream and enlisted the support of Canadian International Development Agency and the Wild Rose Foundation who provided matching funds for this mission.

In co-operation with K.S. Wani Memorial Trust, Dhule, SAA has been successful in making inroads all over Maharashtra in creating awareness about schizophrenia. A leap forward in this direction was the release of the film "Devrai" (Sacred Grove) where the big screen has been successfully used to help in creating awareness about schizophrenia and importance of family support.

A serious start has been made and nightmares have been turned into dreams. And now SAA is on its way to turn Dr. Wani's dreams into reality.

- Dr. Vedhakumar Valliappan



### Websites worth exploring

[www.recovery-inc.com](http://www.recovery-inc.com)  
[www.nami.org](http://www.nami.org)  
[www.world-schizophrenia.org](http://www.world-schizophrenia.org)  
[www.sane.org](http://www.sane.org)  
[www.sanonymouse.org](http://www.sanonymouse.org)  
[www.healthymind.org](http://www.healthymind.org)

**Be group-minded.**

the patient as well as his / her family, through professional intervention.

Day-care centres provide a sense of satisfaction for many patients that they too are capable of doing something, and that they are part of the society. Day-care centres help the patient to be busy throughout the day and also provide a platform to mingle with the people facing the same problem and gain professional intervention to solve their own problems.

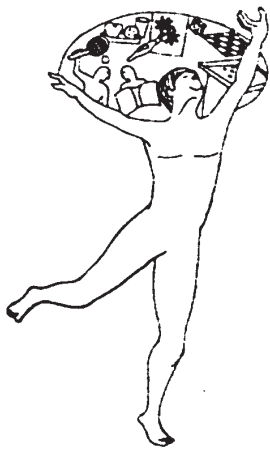
### Functions

The patients may come to the centre at a prescribed time and spend the entire day there. The time schedule may be followed strictly in order to bring about a definite structure in the routine of the patient. Once in the centre, the clients get involved with various therapeutic interventions such as group therapy, art therapy, music and dance therapies, yoga therapy, etc. Adequate time to rest at regular intervals is also provided. The professional staff may assess the client's work habits and ability to work and accordingly guide them to a suitable trade for vocational training. Depending on the facilities, the number and the type of the activities can differ. Day-care centres are also required for handling basic medical and psychiatric emergencies.

Lastly, the beauty about these kinds of settings is that the patients stay at home with their families, and at the same time, they are helped to restructure their life style.

**- Rony George**  
M.S.W.

Secretary - Chaitanya Mental  
Health Care Centre.  
Source : 'Divided Mind'



## Our Innocent Friend

Not for his own fault  
Not for his parents' fault  
Neither because of any addiction  
Nor because of wrong action.  
Schizophrenia just happens,  
It's illness, can happen to anybody  
Including even you and me.

He is like us, he is from us  
Only bit more confused  
Only bit more worried  
Grudge against near and dear  
Complaints against caregivers  
For us, on outer circle  
He is normal, naturally natural.

Sometimes sad, sometimes happy  
Now smiling, now angry  
He behaves like an innocent baby  
He is ill, not guilty  
What he needs is affection and not pity.  
The same question again and again  
Again and again the same questions  
Let us give him some affection  
And show him concerned attention.

Thank God, who made us able  
To help him and make him capable.  
The day will come  
When he gets back his awareness  
Ability to live properly  
With confidence and happiness.

It's tiring, it's consuming  
He is trying  
His family is trying hard  
Let us lend them a helping hand.  
Unable to control  
His emotions sometimes  
He becomes violent at times  
Do not get carried away  
Do not react in a similar way

Let us tie a band of friendship  
To our innocent friend today  
And celebrate this day  
As the real 'Valentine Day'.

**- A. Joshi**



***Fearful anticipation is worse than the realization.***

## Exercise & Schizophrenia

**Summary** - Schizophrenia is a serious disease with multi factorial etiology. Drug therapy and counselling is not enough and treatment requires team efforts from many persons. Exercise therapy certainly helps in management.

Schizophrenia is a very serious disease with multifactorial etiology. The exact cause of schizophrenia is not known; therefore management of this disease is difficult. Successful management of this mental disorder is achieved through a team effort that requires the support of the following people:

- PSYCHIATRIST to manage counselling, drug therapy etc.
- FAMILY PHYSICIAN to tackle the patient's physical health problems on a daily basis and also advise the family regularly.
- FAMILY MEMBERS to deal with the patient at home.
- SOCIAL WORKER to co-ordinate all aspects
- MEMBERS OF THE PATIENT'S SOCIAL ENVIRONMENT to accept and support the patient during social interaction.

### Treatment

Drug therapy and counselling are the two main aspects of treatment of schizophrenia. Drug therapy should be complemented by exercise for holistic healing. When doctors discuss the need for exercise with persons afflicted with schizophrenia, the most common question they face is: "Should I exercise at all? If yes, what type of exercise should I do?"

The type of exercise should be selected according to the inclination of the patient. It should ideally be some physical activity, which the patient will enjoy and which suits him. Is an exercise programme prescribed for a normal person different from that given to the patient? The answer will vary according to the condition of the patient at the given time.

### The problems faced by persons afflicted with schizophrenia are:

- Prolonged treatment
- Side effects of drugs / over-sensitiveness to drugs in some cases

- Costly and lengthy treatment (dropping out of treatment is common)
- Stress for family members
- Low motivation level, (Therefore, personal training or group therapy recommended.)
- Most patients are obese and inactive, lazy because of the disease and drug therapy and are disinterested in life.

### Exercise therapy depends on:

*Age* (Younger patients can be prescribed more vigorous exercise), *Severity* (Patients suffering from severe schizophrenia should be prescribed restricted exercise according to their fitness levels), *Medication* (Patients under high dosage of medicine should have a limited exercise regime, strenuous exercise like cycling and brisk walking should be avoided.) *Risk factors* (like obesity, hypertension, diabetes, asthma will also play role in determining the need for specific exercise.)

### The types of exercise are:

1. Walking: Slow walking for inactive persons is recommended. The duration and speed for walking should be increased gradually. This holds good for all types of exercises.
2. Yoga & Surya Namaskar: This is strongly recommended as it increases flexibility, improves relaxation and gives mental balance. However, yoga does not reduce weight, nor does it strengthen muscles.
3. Swimming: This is recommended for patients with mild form of schizophrenia and patients having considerable fitness level. However, swimming should be strictly under proper supervision.
4. Aerobic dance: This is a good therapy for young and healthy individuals. Benefits of group therapy can be experienced in this form of exercise. It is very good aerobic activity, very good cardio-respiratory endurance exercise and results in burning of calories at a good rate.
5. Games: - Games improve concentration. Team games help reduce antisocial behaviour of patients. The benefits of group therapy are visible here. It also improves communication skills. Patients can opt for any game like golf, tennis, badminton, table tennis or chess. The

**A decision terminates panic.**

choice of the game naturally depends on the patient's financial resources and facilities available

6. Laughter Club + Exercise: - This is strongly recommended because it is completely free of charge. It is a very good group activity, is relaxing and works very well for introverts. Along with laughter, these clubs also conduct routine exercises in a group.
7. Weight training: The intensity of the exercise will be decided according to the basic fitness of the patient and the severity of the disorder. The programme must include proper warm up, stretching and cooling down. Fitness testing by the family doctor or by the doctor attached to gym is a must.

**The exercises provide the following benefits:**

- increases muscle tone, strength, power, definition and endurance of muscles according to the type of exercise
- decreases muscle fat and body fat
- increases bone density and prevents osteoporosis
- improves body posture and body language

**The exercises provide the following psychological benefits:**

- increased confidence level
- better relaxation
- reduction in psychosomatic disorders like auditory hallucinations, increased level of self-esteem, improved sleep pattern and reduced delusions
- Slow down in ageing process, keeping one young at heart, mind and body

Exercise should be under the guidance of trained fitness leaders. Fitness equipment used by patients need not be very expensive as exercise goals can be achieved by using minimum apparatus like a pair of adjustable dumb-bells or a single barbell and benches. A combination of various types of exercises (aerobic-walking or dance, resistance training-gym work out, flexibility and relaxation, yoga) will yield best results. No single form of exercise is complete in itself.

The proportion of patients referred for exercise is very small. However, those who have attempted

exercise have benefited immensely. The main problems are cost and lack of family support. Therefore dropouts are very common all over the world.

Exercise is a life long process. Benefits cease if one stops exercising. It takes very long to regain the lost benefits.

**- Dr. Suresh Gokhale**

Source : 'Divided Mind'



## Sunset

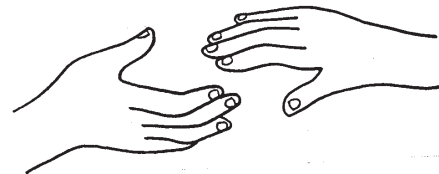
Yonder by the horizon  
Blues and crimsons  
Wage a battle  
Against the dark  
The wet sand  
Shelters shells  
Counting the waves  
While life drifts away.

**- Nitin Kulkarni**

## Oh, Stars...

Twinkling stars,  
High in the sky..  
Give me a place in the milky way  
Far from the cruel world,  
Take me far away.  
Let me forget these pains of mine,  
Let my tensions be shattered.  
In your beautiful, glittering blue world,  
Let me joyously enter.

**- Manisha Deshpande**



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

## Others Too Have Limitations

While recovering from mental illness a person struggles to achieve mental peace and balance. One genuinely wishes to control anger, fear, anxiety or emotional instability. Aware that the emotional resources in one's possession are few, one has to reconstruct this unsettled life. The battle is not easy. The relief that we so dearly want is possible only with profound faith and prolonged persistence.

In one's delicate situation, one expects that others, especially relatives and friends, should extend full support. One craves so much for others to understand the emotional outbursts or sudden surges of anger, fear and anxiety. Yes, one's response to something may be uncalled for, and people may not like it. Sometimes out of confusion one forgets or makes mistakes. For instance, out of emotional instability, one may fail to turn up at pre-planned programs.

True, we do want and need understanding from others. But along with this expectation, one needs to try and understand the circumstances of the people around us. Some may not even be aware that you have an illness, and naturally they would not grant any concession to you. They would expect you to work and behave like any other person. If you honestly and politely communicate information about your illness to them their behavior might change. Even if they are aware, they are not likely to have a clear idea of the turbulence in your thoughts and emotions, your ups and downs. For many it takes ages to develop insight into one's own problems, so how likely do you think others would have such insight? Thus there is no point in expecting others to continuously adjust with you. On the whole they may adjust, but you can not expect others to instantly grasp unexpected emotional outbursts or fluctuations. Bear in mind that people would behave as they usually do. It is not that they do not want to help, support or adjust, but they have their limits. If one takes note of this, one would not respond with anger.

Moreover, though you may be mentally unwell, it is wrong to believe that others around you are totally healthy, balanced and at peace. They may not be ill or on

medication but even their mental processes are working full time. Moderate mental disturbances and mood swings, perhaps not as pronounced as yours, are part of their life too. They also experience and deal with anger, fears and jealousy. If one bears it in mind that they would genuinely like to be sensitive and to adjust with you but they have their limits, one can rid oneself of the futile idea that they do not help or co-operate with you.

If we try and understand other people we can halt the cycle of suffering perpetuated by our anger towards those who do not co-operate fully. When we sense ourselves realizing that others do have their limits, in fact sometimes they themselves need support, we can note that we have reached another milestone towards our own mental health.

- Anil Vartak



## Where There Is Will ....

Reshma used to behave "rebelliously" from a very young age and displayed what we referred to as "teenage behavioral problems". While we expected her to be a typical girl, she used to behave like a boy and all her activities were 'tomboyish'.

In 1996, Reshma, her younger sibling with Mother came to Pune to continue their studies. There was a short break in their studies here in 1998 when they returned to Malaysia but we all decided to make Pune our home in 1999.

While we now believe that Reshma may have been affected by schizophrenia from a very young age, her first full-blown "attack" occurred in May 2002 while in college. Luckily for her and us all, the lecturers of the psychology department called us up and Reshma's Mother brought her back home.

*Failure to spot sentimentalism & emotionalism is sabotage.*

Reshma started seeing a psychiatrist, recommended by her lecturers, after this, using her personal savings to pay for the expenses. She did not want the family to know about her condition as she felt we would not understand her. Unfortunately, the psychiatrist took this as her ethical obligation to her patient and did not inform the family!

While there were many instances of strange behaviour after this, the family came into the picture only in November 2002 when Reshma had a full blown “panic attack!”

She started pointing out at non-existent beings irritating her and another group who wanted to kill her! Her “guardian angel” was also not around to “protect” her. It was only at this stage that she told us about her psychiatrist and wanted us to meet her. At this meeting, the family was informed that Reshma was suffering from a condition known as schizophrenia!

We did not know about it at that time but Reshma's second attack had occurred most probably due to her stopping the medication. Once she started on her medication again things started falling in place until she got the third attack.

This time we changed the psychiatrist and admitted her into a private hospital for a change in atmosphere. Reshma refused to take medication but our new psychiatrist managed to talk her into it.

Reshma's was a classic case of relapse due to non-compliance.

While everything started revolving around Reshma from then, let me share how we, as a family, responded to this sudden and traumatic change of events.

Reshma's younger sister, being only 12 years of age, felt totally neglected and forgotten by the rest of the family. She became withdrawn and her studies were affected badly. Her school environment made things even worse!

We were stretched between medical advice and “spiritual guidance”. I especially could not accept that “a Christian Spirit” had possessed Reshma and that we should not be giving her medications! However, I kept my will from faltering by reading up on the condition at biochemical and hormonal levels. The Mother contributed by holding the family together and through

her prayers.

Every small change in Reshma's behaviour kept us on our space toes as we feared a relapse.

In the meantime, we were introduced to SAA and this proved to be the turning point in Reshma's positive recovery. What follows is best said in Reshma's own words.

*“Before I joined SAA, I was a total wreck. I could not control my “positive” and “negative” symptoms. In fact, they controlled me. My hallucinations and delusions were many and very disturbing. I was very withdrawn from any activity. I became anti-social, refused to go out with my family anywhere except to buy cigarettes. My friends started thinking that I didn't need them even though I did.*

*I used to live my life listening to those 'voices' and following everything they wanted me to do. I feared going out as I thought that 'the bad guys' were going to kill me. I carried a dagger with me wherever I went. I also suspected everyone I knew and strangers for wanting to kill me. I thought that 'the bad guys' had possessed my parents and were getting them to poison my food. So I refused to eat food cooked at home.*

*I also got 'messages' from the radio and TV that were very disturbing and I used to sit the whole day thinking about these messages and trying to interpret them.*

*After I joined SAA, I learned about the various 'tools' of Dr. Abraham Low and these have helped me a great deal in coping with my everyday life.*

*In fact, these 'tools' can be used by anyone for coping with any problem that they have. I have managed to cope with my hallucinations and delusions and problems with my family and friends.*

*Today, I'm much better though I still have some hallucinations and delusions but which I am able to control through the use of 'tools'. I do not carry a dagger with me anymore. I still suspect at times that some people want to kill me but keep telling myself that these are not real. I have managed to socialize and spend time with my family and friends and my relations have improved.”*

There has been a steady and definite improvement in Reshma's condition in a short span of about 8-9 months. While a lot more can be said about her

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

progress, the following are the highlights:

- Reshma looks forward to all her SAA activities, both the weekly meetings as well as the exercises at the Gymkhana Club (this seems to have had a tremendous positive effect overall)!
- She is happy to take part in other activities of SAA like dancing, singing and compering.
- She paints, plays indoor & outdoor games and reads a lot especially self-help books.
- She has managed to study Hindi up to Std IV level in 3 months - not having studied the Devnagiri script earlier and followed up with an elementary course in Sanskrit.
- She reads the Gita and has started chanting mantras regularly.
- Though TYBA examinations had been put off for 2 years, now and she has graduated and wants to do MA with psychology.
- Her medications are being reduced gradually.
- She visits other people afflicted by this condition and shares her experiences and tries to help them come out of their 'shells'.
- Through the Blue Cross, she helps stray and abandoned dogs.

Overall, her 'positive' symptoms are under good control with medication, counseling, SAA activities and the support of family & friends. Her 'negative' symptoms have practically disappeared.

As parents, we are very proud that Reshma has accepted her condition and handled it pro-actively. Her younger sibling, who has stood by us all says "I will look after both of you, when you are older, as well as Didi".

What more could we ask for?

Thanks to one and all who have stood by us in time of trials and tribulations!

- Dr. Vedhakumar Valliappan



## Pondering Over Spottings

***We cannot control outer environment  
But we can control our reaction to it.***

There is a lot of wisdom packed into this spotting of Dr. Abraham Low. I realize that this is one of the oft-needed powerful tools for coping with one's day-to-day life.

Modern thinkers just reiterate what sages of the past have explained. Everything that happens in this universe has a cause. In fact, every occurrence is a consequence of a previous cause and, in turn, is a cause of the phenomenon that follows. Thus, there is a relentless and eternal chain of cause and effect. This is obvious in Dr. Low's simple spotting, "Fear feeds the symptoms and the symptoms feed the fear." Or, "Commanding your muscles to move transforms the vicious cycle of helplessness into the vitalizing cycle of self-confidence."

One other important fact is, I don't have any control over happenings outside of me. They will occur in outer environment irrespective of my likes or dislikes. What control, for example, do I have if my bus breaks down on the way and delays me, or if my favourite brand of detergent is stock-out with the shops in my neighbourhood, or if the LPG dealer's phone is continuously engaged and inaccessible? Why should I allow anything to disturb my internal peace by what goes on in the outer environment? Let me "strive for peace, order and balance" by controlled and cultured reaction." to unfavourable outside stimuli. Why worry at all over things beyond my control? At best, let me find solution within my control for problems arising from outer environment.

Well, I am cautioned, Recovery method is simple but not easy. I know initially I may tend to habitually react in the old ways. But I am more vigilant and determined. I am convinced I have to break old habit patterns. May be, I need to be more patient with myself because, after all, it is a "try-fail, try-fail, try-succeed" path. And, during the journey on that path, let me, "endorse for my effort, not just for the outcome" to cope with outer environment. Such self-nurturing leads to recovering my mental health and happiness.

- Gurudatt Kundapurkar



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

## Pathway To Recovery Live Examples

Here are real life examples shared in the Ekalavya SHSG. This structured format of sharing comprises an important part of the Recovery method devised by Dr. Abraham Low. The reward for the regular practitioners of this method, in over 700 groups around the world, is high functionality in their life with peace of mind.

( A )

### Step 1 :

*Briefly describe the event coped.*

Last Sunday was my sister's wedding when I had to receive many guests and interact with them. It was so very difficult to talk with so many for so long.

### Step 2 :

*Describe the disturbing physical and mental symptoms.*

I was frightened and realized I was becoming stiff. In that huge crowd I felt very lonely and irritable. I could no longer talk to even known persons.

### Step 3 :

*What spotting did you use to cope?*

I thought that helplessness was not hopelessness. My feelings of loneliness may not necessarily be facts. I commanded my muscles, stayed in one place and spoke to a few guests.

### Step 4 :

*How would you react without knowing Recovery method?*

Had I not known the method I would have run away from the place in sheer panic. Out of fright I may have even asked why so many persons need to come at all for the function. But Recovery training made the difference. And I endorsed myself for my effort.

- Sachin

( B )

### Step 1 :

When I was sitting with my parents that night after dinner, I suddenly started laughing continuously. I simply could not control my laughter and so I got angry with myself.

### Step 2 :

I realized I had some funny tickling sensation

with irritation. I was embarrassed and felt helpless because it would not stop.

### Step 3 :

When nothing could be done about my laughter I said that it may be distressing but not dangerous. I decided to bear with the discomfort and hoped comfort would come.

### Step 4 :

Without knowing Recovery method I would not have been able to forgive myself and become highly irritable. The evening with my parents would have been spoiled. But Recovery changed all that and brought peace to me. I am endorsing myself now because I forgot to do the same then.

- Rajesh

## Wiser Shubhankars

During discussion on various topics at the SHSG meetings at times we have been treated with pearls of wisdom from the worldly-wise and enlightened shubhankars. We said why not share those thoughts and ideas with Ekalavya readers located all over.

Once the subject chosen for discussion was 'What to & what not to expect from the shubharthis.' Various experiences and suggestions were put forth. The one that stood out is summarized here for us to reflect upon and practise in our daily life.

*What matters is not what one has. What matters a great deal more is what you do with what you already have. Yes, my son has a medical degree but after he experienced mental illness, it has not been of much use in his personal life. It took sometime for us to realize that despite this setback he still has some residual skills. He was good at explaining things to his friends during his school and college days. My wife and I decided to encourage him to take up private tuitions of science subjects at home for higher secondary students. He is happily engaged with what he loved and now could do rather than brood over lost opportunity of being a medical practitioner.*

Think again if you believed your shubharthi lost some of his skills.

- Gurudatt Kundapurkar

*It is hard to feel comfortable in an uncomfortable situation.*

## Activities In Brief

Besides the on-going self-help support group meetings for shubhankars and shubharthis following are highlights of the other activities:

- At the IMA Hall, Nashik, Dr. Shirisha Sathe addressed the Prayatna support group members. Dr. Dhake, the local psychiatrist and Mr. Sunil Wagh, a trainer & social worker, also talked to the members. (4.4.04)
- A 20-sessions training for 13 shubhankars was started by Dr. Shirisha Sathe. This was the second batch to undergo such a training organized by SAA. (19.4.04)
- Mr. Anil Vartak engaged members of the Prayatna support group at Nashik, asking about their experience and making some suggestions. Briefing about the Recovery method, used for shubharthis, was also appreciated by the members. (3.5.04)
- Thirty members availed of the discussion initiated by SAA volunteers, Ms. Nishreen and Mrs. S.Godse, at the Shubhankars Swamadad Gat of Nagpur, on various topics of mental health care. At the request of some shubhankars, SAA reps visited their homes and talked about their specific problems and how group participation could help.(15.5.04)
- Sports/physical activity, based on a German model, was started for shubharthis at the Deccan Gymkhana ground at the initiative of SAA volunteer, Mr. Vidyadhar Bapat. It has the backing of the Club and medical fraternity. (15.5.04)
- Vichitra Nirmithi & SAA organized the first screening of Devrai, the Marathi movie, for SAA members, the actors and the technicians. Mr. Sukthankar welcomed the viewers while Mrs. Bhave felicitated the entire movie team. (15.5.04)
- Screening of Devrai followed by talk-show was also organized at the NFAI, which was presided by the chief guest, Dr. Harish Shetty and moderated by Dr. Anand Nadkarni.
- The director-duo, Mrs. Bhave & Mr. Sukthankar, was felicitated by Mr. Oak by giving them memento and bouquet. The chief guest handed over bouquets to the artistes.(14.6.04)
- A public awareness meeting at Nagpur was jointly organized by SAA, IPS & IMA Nagpur branches & the Sakhi Manch of Lokmat Group of Newspapers. While Dr. Govind Bung was the chief guest, Dr. Sudhir Bhave was the key-note speaker. Others who addressed the audience of 300 were, Dr. Kirpekar, Dr. Abbasi, Dr. Deshpande, Mr. Oak, Dr. Vijaya Bapat, Mr. Gurudatt and Ms. Nishreen. 'Schizophrenia, Ek Naya Ehsas' a book in Hindi, was also released on the occasion. (26.6.04)
- Thirty five shubhankars, 3 psychiatrists, 1 psychologist, 1 media person gathered at the IMA hall, Nagpur, the next day, to mark the starting of Shubhankars Swamadad Gat.
- Mr. Gurudatt & Ms. Nishreen facilitated the group proceedings, having chosen a topic suggested by the shubhankars themselves, 'Encouraging medical compliance by shubharthis.' (21.6.04)
- A followup support group meeting was organized at Nagpur by SAA volunteers, Mrs. Bapat and Ms. Nishreen. Local volunteers who took leading part were Mr. Harle and Ms. Chandurkar. Home visits

***Nervous symptoms are distressing but not dangerous.***

also were made for encouraging group participation.(11.7.04)

- Picnic of SAA family consisting of about 33 individuals was organized at the Pune University Campus. Fun, recreation and sharing of food, besides playing in the rain, promoted fellowship and interaction. (31.7.04)
- Dr. Wani and Mrs. Bapat of SAA had a very productive discussion with members of the Prayatna support group of Nashik. Details were discussed and decided about ways of collaborating for mutual benefit and progress. Those who participated included Dr. Sule, Dr. Dhake, Mr. Petkar, Mr. Dalal, Mrs. Vidya Bapat and Ms. Kothmire. (1.8.04)
- A week long training of shubhankars of Nashik concluded with distribution of certificates to the 32 participants. The sessions were conducted primarily by Dr. Shirisha Sathe. Lectures of Dr. Sule, Dr. Dhake and Mrs. Bhide were also helpful in making the sessions very interesting and useful.(14.8.04)
- Talk-show, 'Devraichya Savlit' on the movie Devrai & Dr. Anand Nadkarni's book of the

same title, was moderated by Dr. Anil Awachat. This function held at the Udyan Prasad Karyalay was presided over by Dr. Shriram Lagu. Others who contributed to the wealth of knowledge on the occasion were Mrs. Bhave, Mr. Sukthankar, Dr. Mohan Agashe and Mr. Oak. (27.8.04)

- Rakhi bandhan function was held at SAA office with participation of 25 persons. Girl students from SP College tied rakhis on brother shubharthis. Coconut burfi was also distributed on the occasion enjoyed by all. (28.8.04)

- Neelima Bapat



### Appeal to Readers

Please send us your feedback and suggestions for improvements in 'Ekalavya' Newsletter.

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