The International Journal of Indian Psychology
ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)
Volume 11, Issue 4, October- December, 2023
DIP: 18.01.189.20231104, DOI: 10.25215/1104.189
https://www.ijip.in

The International Journal of INDIAN PSYCHOLOGY

Research Paper

A Critical Examination of Psychotherapeutic Interventions to Reimagine Suicide Prevention with Narrative Practices in India

Tama Dey[1]*, Diptarup Chowdhury[2]

ABSTRACT

The present paper tries to critically examine the mainstream psychotherapeutic interventions having a cognitive orientation in suicide prevention in India. We start with a discussion on how suicide is a complex sociocultural issue, drawing from empirical research in India. We ground ourselves with a social constructionist perspective that informs the power of discourses and knowledge to construct relative realities. Taking this lens, we analyze the various ways in which the dominant psychotherapies construct the complex social issue of suicide as 'individual psychopathology.' We will discuss how it avoids the socio-cultural contexts, promotes deficit-based discourses, and ignores the aspects of power and injustice associated with suicide. In the end, we propose possibilities of narrative practices as an alternate post-structuralist approach that can address the socio-cultural aspects of suicide more efficiently in the re-imagination of suicide prevention in India.

Keywords: *Suicide, Mainstream Psychotherapy, Social Constructionism, Narrative Therapy*

Suicide: a complex phenomenon in India

The crude national data on death by suicide may represent a rather superficial picture of suicide in India. The most populated country in the World occupies vast land and accommodates people from diverse cultures, languages, and religions. Thus, there are significant differences in suicide rates and trends within the country between age groups, regions, castes, tribes, genders, occupations, and other subgroups or communities. Suicide in various groups and populations sits on distinct, layered, and complicated backdrops.

The empirical studies, including quantitative and qualitative research, indicate that suicide in India is a complex issue. In states like Tamil Nadu, the suicide rate is 8-9 times greater than the nation's average (Aaron et al., 2004; ADSI, 2021; Manoranjitham et al., 2007; Prasad et al., 2006). In a verbal autopsy study, Aaron et al. (2004) indicate stress factors behind adolescent suicide in Tamil Nadu, such as family conflicts, domestic violence, academic failures, unfulfilled romantic ideals, and mental illness. A qualitative study from the region has brought forward similar findings and reported some causes like marital discords, problems related to dowry, problems with in-laws in a joint family, unemployment, and poverty, to name a few (Manoranjitham et al., 2007). The complexity of the phenomenon

[1]PhD Scholar, Dept of Clinical Psychology, LGB Regional Institute of Mental Health
[2]Associate Professor, Dept of Clinical Psychology, LGB Regional Institute of Mental Health
*Corresponding Author

Received: October 25, 2023; Revision Received: December 08, 2023; Accepted: December 11, 2023

© 2023, Dey, T. & Chowdhury, D.; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (www.creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

can be recognized if we look at suicide in certain vulnerable groups like women, farmers, and persons from gender minority groups. A range of social contextual factors is held accountable for a high rate of suicide in women in India, starting from gendered practices of early marriage, dowry, and pressure to bear children to gender-based violence that includes domestic abuse and so on (Gururaj et al.,2004; Vijayakumar, 2015; Vijayakumar et al., 2021). Vijayakumar (2015) has also stated that factors like childhood adversities, including physical, emotional, and sexual abuse, significantly increase the risk of suicide in women. The paper has drawn attention to the general preference for male children and the dowry system in India, indicating the importance of the cultural fabric of a country contributing to suicide. We have found parallel findings in studies focusing on farmers' suicide. Studies have brought up a range of agrarian-economic-social-cultural issues behind farmers' suicide, such as indebtedness, economic downfall, conflict in the family, crop failure, and daughter's/ sister's marriage-related issues (Bhise & Behere, 2016; Dandekar et al., 2005)

In addition, most often, if not always, there are interactions between layers of backdrops that can potentially increase vulnerability. For instance, Vijayakumar et al. (2021) state that people belonging to the gender minority community of a Lower Middle-Income Country (LMIC) will be at an increased risk than those of a high-income country. While people from sexual minority groups face socio-economic barriers in most countries, their ability to challenge or overcome the barriers will be more difficult in the lower-middle income countries where they might experience discrimination that is 'ongoing, endemic and systemic' and more complex to address because of the unique socio-cultural, legal, political situation of the country.

With this, we argue that suicide as a phenomenon has its distinct socio-cultural-political-environmental backdrops, and we need to attend to the macro and micro social elements equally, moving beyond an asocial biomedical approach. While a microsocial approach may embrace issues like immediate familial or interpersonal factors, the macrosocial approach takes account of even broader systems. This broader perspective addresses the ideological and political context, having the potential to bring social reform (Das, 2011). It is important to engage with the broader backdrop, including socio-demographic, economic, cultural, and health-related factors.

A critical review of therapeutic interventions through a social constructionist lens

A social constructionist perspective exhibits how concepts and categories like suicide, depression, anxiety, and self are not objective self-evident entities in a human body awaiting their discovery. Instead, they are constructed through language, discourses, and other social practices in a specific local context (Gergen, 2011). Language is understood as 'doing things,' bringing realities into being rather than representing the objective reality (Clarke & Braun, 2021). As Gubrium and Holstein (2013) state, the world does not simply exist independently outside of people, but people actively construct the world. Constructionist approaches question and contest the 'taken-for-granted quality' of certain ideas, many of which are mainstream academic, professional, scientific, and academic discourses. It seeks to replace fixed, universalistic, and socio-historically invariant conceptions with more fluid, particularistic, and socio-historically embedded conceptions (Weinberg, 2008). The constructionist epistemology merges with a relative ontology that conceptualizes reality as a product of human action and interaction. It does not subscribe to the notion of a singular, foundational reality independent of human interactions (Clarke & Braun, 2021; Guba & Lincoln, 1994).

White (2012) draws attention to how this approach has been put to work in several fields, including education, communication, counseling, and child welfare, but has rarely been taken up in suicidology. The need for expanding the theoretical and methodological approaches in suicidology has also been emphasized by other researchers (White & Kral, 2014). In this paper, we have grounded ourselves with the ideas of the social constructionist approach that believes all knowledge is political; language and discourses are central to how we know the world (Gergen, 2011; White & Kral, 2014). Anchoring with these ideas, we have examined the therapeutic interventions for suicide prevention and recognized three crucial issues, viz., the approaches avoid the socio-cultural context of suicide, produce deficit-based discourses in psychotherapy contexts, and disregard aspects of power and justice of the phenomenon.

Avoidance of context: The psychotherapeutic approaches taken up in suicide prevention having a cognitive orientation include cognitive behavior therapy for suicide prevention (CBT-SP) (Stanley et al., 2009), brief cognitive behavior therapy (Brief CBT) (Alavi et al., 2013; Rudd et al., 2015), mindfulness-based cognitive behavior therapy (MBCT) (Raj et al., 2019), dialectic behavior therapy (DBT) (Rathus & Miller, 2002), and brief intervention and contact (BIC) (Fleischmann et al., 2008; Vijayakumar et al., 2021). BIC is developed primarily for persons with suicidality, while the rest of the approaches are adapted to be used in the context of suicide prevention. BIC & MBCT has been tested in India (Raj et al., 2019; Vijayakumar et al., 2021).

An overview of these therapeutic approaches suggests that the psychotherapy spaces are dominated by numerous ‘patient-specific factors.’ For instance, the various cognitive therapies emphasize the deficit in a person’s abilities to cope, regulate emotion, negative thoughts and beliefs, tolerate distress, and solve problems (Alavi et al., 2013; Raj et al., 2019; Rathus & Miller, 2002; Stanley et al., 2009). Similarly, DBT’s primary focus is on a deficit in affect regulation (Rathus & Miller, 2002). BIC conceptualizes suicide as a destructive coping strategy (Raj et al., 2019; Vijayakumar et al., 2021).

Conceivably, these approaches give less emphasis on the social contexts. Although DBT acknowledges the micro-social factor, like the role of invalidating the family environment, how far the macro-social issues are addressed remains questionable. These approaches take a stance of fixing individual deficits and incompetencies. The therapeutic approaches ruminate on intrapsychic factors while the complex fabric of sociocultural factors disappears.

To understand ‘why’ this avoidance, we should look at the discipline that informs the profession. Although other professionals engage in psychotherapy, professionals with a Master of Philosophy (MPhil) degree in clinical psychology are formally recognized as mental health professionals to engage in psychotherapy in India (The Mental Health Care Act, 2017). As a discipline, clinical psychology tends to avoid engaging with context, which Boyel (2011) calls the ‘pure avoidance strategy.’ These ‘pure avoidance strategies’ are inclined to obscure the fact that there is a contextualized life behind these symptoms and deficits. These specific therapies potentially construct a knowledge that consideration of context is unimportant in understanding suicide and suicidality. This general avoidance poses a risk and is the first step towards the construction of suicide as an individual pathology.

Production of deficit-based discourses in psychotherapy space: As we can see how the therapeutic interventions disregard the contextual factors, it is also interesting how the validity of the external environment is questioned and dismissed by many of them. Many of the therapies are informed by premises like ‘it is not the situation but the interpretation that determines our feelings’ or ‘role of negative moods and thoughts in lensing what people see and experience.’ The persons seeking psychotherapy are further informed about the role of negative moods and thoughts in ‘lensing’ how people see and interpret their experiences (Raj et al., 2019).

Psychoeducation is a vital element in various therapeutic interventions, including those used in suicide prevention, which can render ways in which specific discourses are powerfully put forward by professionals. Typically, the intervention programs begin by informing certain ‘facts’ about the nature of suicidal behavior. Through this process of psychoeducation, CBT-SP explains the role of depression and the nature of suicidal behavior to the person or family members (Rudd et al., 2015; Stanley et al., 2009) Similarly, BIC emphasizes the need to provide information about the roles of psychological and social distresses behind suicide, risk and protective factors for suicidal behaviors, basic community-specific epidemiology of suicide, and repetition of suicidal behavior.

A similar positioning can also be seen in the various theoretical models of suicide. The highly acknowledged interpersonal theory of suicide by Joiner says suicide can be explained by three risk factors, viz. Perceived burdensomeness, thwarted belongingness, and acquired capability for suicide. While perceived burdensomeness is a ‘feeling’ of oneself being a burden to others, thwarted belongingness is a ‘feeling’ of being alone. Together, they can foster a suicidal desire (Joiner, 2005). Joiner stresses that experiences are ‘perceptions but not realities.’ These stances turn ‘hard realities’ into mere ‘perceptions,’ transferring an entity from the social context to a human mind (Hjelmeland & Knizek, 2019). Such positionings point towards a transformation or, rather, a narrowing down of diversified meanings and discourses. These stances replace varied lived experiences with singular explanations like the presence of depression.

The ways meanings of suicide have been narrowed down can be analyzed if we look at the history. Historically, suicide has been glorified, romanticized, bemoaned, and even condemned in India, depending on the time and context. Ancient Indian texts contain stories of valor where suicide was a way to avoid shame and disgrace and was glorified. There is a tradition of Rajput women taking their own lives to avoid humiliation at the hands of invading Muslim armies. On the contrary, the Bhagavad Gita condemns suicide as a selfish act, stating ‘that such a death cannot have ‘shraddha,’ the all-important last rite. Also, the Upanishads denounce suicide (Radhakrishnan & Andrade, 2012). So, beyond a doubt, suicide has been considered from various perspectives: theological, philosophical, moral, ethical, and sociological (Button & Marsh, 2019). However, with the rise of the mental health field over the years, the various meanings and discourses of the phenomenon, from religious, cultural, historical, and social, have been narrowed down into essential medicalized ones. This observation raises the question of how and why some discourses in suicidology became dominant and others became marginalized.

A discourse is a system of statements, practices, and institutional structures that share common values having both linguistic and non-linguistic aspects. Not all discourses are equally powerful. The privileged discourses dominate language, thought, and action and

become the dominant discourses. Discourses are also influenced by those in power; usually, the groups with more authority dominate language through knowledge production, such as educators, researchers, and practitioners (Hare-Mustin, 2013). We argue that the narrowed psycho-centric understanding and psychoeducational approaches lack a 'curiosity' to know the contextualized diverse meanings and focus on disseminating psycho-centric knowledge, posing a danger of constructing suicide as a pathology.

Disregard for the aspects of power and injustice: The disproportionate burden of suicide in marginalized and vulnerable groups like women, gender minority groups, refugees, and farmers draws attention to the social inequalities and injustice aspects of suicide (Das, 2011; Vijayakumar, 2021; Vijayakumar, 2015; White & Kral, 2014). Suicide deaths in India also depict its relation to systemic oppression, institutionalized discrimination, caste violence, the culture of shaming and institutional harassment, racism, casteism, and injustice (Sasikumar, 2023; Sarveswar & Thomas, 2022 Shantha, 2019; Singh, 2016; The Wire Staff, 2023). However, the aspects of injustice and politics are rarely captured in the therapeutic intervention approaches. We assert that the approaches conceptualize suicide as an apolitical phenomenon as White and Kral (2014) write, "These approaches provide an excessively individualistic and technical account of suicide, which serves to both de-contextualize the act and strip away its inherently relational, ethical, historical, and political nature" (p:123). We discern an urgency to attend to the issues of injustice, practices of exclusion and oppression, politics, stigma, relations of power, and hate related to suicidality.

Power of knowledge and language in constructing suicide as pathology

Knowledge is powerful, whereby certain groups of people, like researchers and practitioners, are authorized to tell 'the truth' about suicide. Cognitive-based psychotherapy's decontextualized approach to formulating suicide has crucial implications. They can create taken-for-granted knowledge that 'suicide is asocial, apolitical, and intrapsychic.' Apprehending reality is multiple and socially constructed; we propose that the theoretical-methodological therapeutic approaches in suicidology have the potential to shift a disordered socio-cultural-economic-political system inside the human body and foster an identity of being 'disordered and diseased.' Foucault calls out this power of language and discourse as the 'modern power.' This modern power is carried through discourses and fosters notions of normality and abnormality. The notion of modern power sheds light on how the dominance of mental health discourses invites people to treat their bodies as problematic objects (Combs & Freedman, 2012; Foucault, 1973; 1988). Epston (1993) calls this the 'internalizing discourses,' and Gergen (1997) mentions the 'discourse of the deficit' (Freedman & Combs, 1996).

We hope this critical evaluation can help to reimagine psychotherapy interventions by broadening the understanding of the phenomenon and adopting macro-social-political paradigms to prevent suicide.

Narrative practices: New direction to reimagine psychotherapeutic interventions

Narrative practice is informed by several post-structuralist philosophers such as Michael Foucault, Jacques Derrida, and Gilles Deleuze (Walther & Carey, 2009; Winslade, 2009). This approach grounds itself with the Foucauldian idea that modern power is carried through dominant discourses. In addition, it states that every site of power is also a site of protest, and resistance lies at the heart of the approach. Driven by the philosophy, narrative therapy believes that 'People are never just passive receivers of what life throws at them, but they

also resist by taking up actions' (Combs & Freedman, 2012; Walther & Carey, 2009; Carey et al., 2009).

Instead of viewing people themselves as pathological, the approach looks at the relationships that people have with the problems. The approach tries to separate the person from the problem and tries to locate the problem outside the person in sociocultural contexts. This externalization of the problem can open spaces to protest against the problem and can bring a shift in the power dynamics. By this stance, narrative practice addresses the injustice suffered by persons experiencing mental health issues (Combs & Freedman, 2012; White, 2007). There are claims that narrative ideas are powerful in suicide interventions (MacLeod, 2019; White & Morris, 2019). Studies have explored various narrative ideas, especially the collective narrative practices that are tried out in working with persons experiencing suicidality (Stout, 2010; Hunter, 2020). In the Indian context, the Narrative approach has been proven useful in various fields, including developmental disability, young people in residential care, and occupational therapy (Baldiwala & Kanakia, 2022; Shetty et al., 2017. Shetty et al., 2015; Sen, 2015). However, the application of these ideas is significantly less in the context of suicide prevention in India. Hence, we argue that there is a need to imagine psychotherapeutic intervention inviting the post-modern approaches to suicide prevention in India.

SUMMARY

We conclude that suicide in India has a complex socio-cultural-political backdrop. However, mainstream cognitive-based psychotherapeutic interventions in suicidology often formulate suicide in a rather simpler manner. Taking a social constructionist perspective, we have analyzed how these approaches can construct suicide as an individual pathology by avoiding the socio-cultural context of suicide, producing deficit-based discourses, and disregarding aspects of power and justice of the phenomenon. We end with discussing the possibility that narrative practices can broaden the horizon of future research and practices in suicidology.

REFERENCES

Aaron R, Joseph A, Abraham S, Muliyil J, George K, Prasad J, Minz S, Abraham VJ, Bose A. Suicides in young people in rural southern India. The Lancet. 2004 Apr 3;363(9415):1117-8.

ADSI. (2021). Accidental Deaths & Suicides in India, ADSI report. National Crime Records Bureau, Ministry of Home Affairs, Govt. of India. https://ncrb.gov.in/en/accidental-deaths-suicides-india-adsi.

Alavi, A., Sharifi, B., Ghanizadeh, A., & Dehbozorgi, G. (2013). Effectiveness of cognitive-behavioral therapy in decreasing suicidal ideation and hopelessness of the adolescents with previous suicidal attempts. *Iranian journal of pediatrics*, *23*(4), 467.

Baldiwala, J., & Kanakia, T. (2022). Using narrative therapy with children experiencing developmental disabilities and their families in India: A qualitative study. *Journal of Child Health Care*, *26*(2), 307-318.

Bhise, M. C., & Behere, P. B. (2016). Risk factors for farmers' suicides in central rural India: Matched case-control psychological autopsy study. *Indian journal of psychological medicine*, *38*(6), 560-566.

Boyle, M. (2011). Making the world go away, and how psychology and psychiatry benefit. In *De-medicalizing misery: Psychiatry, psychology and the human condition* (pp. 27-43). London: Palgrave Macmillan UK.

Button, M. E., & Marsh, I. (Eds.). (2019). *Suicide and social justice: New perspectives on the politics of suicide and suicide prevention*. Routledge.

Carey, M., Walther, S., & Russell, S. (2009). The absent but implicit: A map to support therapeutic enquiry. *Family Process*, *48*(3), 319-331.

Clarke, V., & Braun, V. (2021). Thematic analysis: a practical guide. *Thematic Analysis*, 1-100.

Combs, G., & Freedman, J. (2012). Narrative, poststructuralism, and social justice: Current practices in narrative therapy. *The Counseling Psychologist*, *40*(7), 1033-1060.

Dandekar, A., Narawade, S., Rathod, R., Ingle, R., Kulkarni, V., & Setappa, Y. D. (2005). Causes of farmer suicides in Maharashtra: An enquiry. *Final report submitted to the Mumbai High Court. Tata Institute of Social Sciences. Mumbai, India*.

Das, A. (2011). Farmers' suicide in India: Implications for public mental health. *International journal of social psychiatry*, *57*(1), 21-29.

Epston, D. (1993). Internalizing discourses versus externalizing discourses.

Fleischmann, A., Bertolote, J. M., Wasserman, D., De Leo, D., Bolhari, J., Botega, N. J., ... & Thanh, H. T. T. (2008). Effectiveness of brief intervention and contact for suicide attempters: a randomized controlled trial in five countries. *Bulletin of the World Health Organization*, *86*(9), 703-709.

Foucault, M. (1973). The birth of the clinic: An archaeology of medical perception, trans. *AM Sheridan Smith, New York: Pantheon*.

Foucault, M. (1988). *Madness and civilization: A history of insanity in the age of reason*. Vintage.

Freedman, J., & Combs, G. (1996). Opening space for new stories. *Freedman J, Combs G. Narrative therapy: the social construction of preferred realities. New York: Norton*, 42-76.

Gergen, K. J. (1997). The place of the psyche in a constructed world. *Theory & Psychology*, *7*(6), 723-746.

Gergen, K. J. (2011). The self as social construction. *Psychological Studies*, *56*, 108-116.

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. *Handbook of qualitative research*, *2*(163-194), 105.

Gururaj, G., Isaac, M. K., Subbakrishna, D. K., & Ranjani, R. (2004). Risk factors for completed suicides: a case-control study from Bangalore, India. *Injury control and safety promotion*, *11*(3), 183-191.

Hare-Mustin, R. T. (2013). Discourse in the mirrored room: A postmodern analysis of therapy. In *Toward a new psychology of gender* (pp. 553-574). Routledge.

Hjelmeland, H., & Knizek, B. L. (2019). The emperor's new clothes? A critical look at the interpersonal theory of suicide. *Death studies*.

Holstein, J. A., & Gubrium, J. F. (Eds.). (2013). *Handbook of constructionist research*. Guilford Publications.

Hunter, C. (2020). *Living with Suicide: Collective Narrative Practice with People Experiencing Ongoing Suicidality* (Doctoral dissertation, University of East London)

Joiner, T. (2005). *Why people die by suicide*. Harvard University Press.

MacLeod, M. (2019). Using the narrative approach with adolescents at risk for suicide. *Canadian Journal of Counselling and Psychotherapy*, *53*(1).

Manoranjitham, S., Charles, H., Saravanan, B., Jayakaran, R., Abraham, S., & Jacob, K. S. (2007). Perceptions about suicide: a qualitative study from southern India. *National Medical Journal of India*, *20*(4), 176.

Prasad, J., Abraham, V. J., Minz, S., Abraham, S., Joseph, A., Muliyil, J. P., ... & Jacob, K. S. (2006). Rates and factors associated with suicide in Kaniyambadi block, Tamil

Nadu, South India, 2000–2002. *International Journal of Social Psychiatry*, *52*(1), 65-71.

Radhakrishnan, R., & Andrade, C. (2012). Suicide: an Indian perspective. *Indian journal of psychiatry*, *54*(4), 304-319.

Raj, S., Sachdeva, S. A., Jha, R., Sharad, S., Singh, T., Arya, Y. K., & Verma, S. K. (2019). Effectiveness of mindfulness based cognitive behavior therapy on life satisfaction, and life orientation of adolescents with depression and suicidal ideation. *Asian journal of psychiatry*, *39*, 58-62.

Rathus, J. H., & Miller, A. L. (2002). Dialectical behavior therapy adapted for suicidal adolescents. *Suicide and life-threatening behavior*, *32*(2), 146-157.

Rudd, M. D., Bryan, C. J., Wertenberger, E. G., Peterson, A. L., Young-McCaughan, S., Mintz, J., ... & Bruce, T. O. (2015). Brief cognitive-behavioral therapy effects on post-treatment suicide attempts in a military sample: results of a randomized clinical trial with 2-year follow-up. *American journal of psychiatry*, *172*(5), 441-449.

Sarveswar, S., & Thomas, J. (2022, June 2). 'Academic Distress' and Student Suicides in India: A Crisis That Needs to be Acknowledged. *The Wire*. https://thewire.in/rights/academic-distress-and-student-suicides-in-india

Sasikumar, Meenakshy. “Kerala Student Suicide: Sradha’s Death due to “Culture of Shaming”, Say Peers.” *TheQuint*, 7 June 2023, www.thequint.com/gender/kerala-kottayam-student-suicide-sradha-satheesh-students-protest-culture-shaming. Accessed 30 Sept. 2023.

Sen, M. (2019). Working with young people in residential care in India: Uncovering stories of resistance. *International Journal of Narrative Therapy & Community Work*, (1), 40-51.

Shantha, S. (2019, January 17). Rohith Vemula's Suicide Triggered a New Political Wave. *The Wire*. https://thewire.in/caste/rohith-vemula-suicide-triggered-a-new-political-wave.

Shetty, R., Baldiwala, J., & Vasunia, T. (2017). The I’m-perfect fathers group: A gathering of fathers of children with disabilities. *Indian Journal of Occupational Therapy*, *49*(1), 29-33.

Shetty, R., Joshi, A., & Baldiwala, J. (2015). Conversation about Mr Bad Handwriting: using narrative ideas within the context of occupational therapy practice. *Indian Journal of Occupational Therapy*, *47*, 73-77.

Singh, S. (2016, March 15). The Bitter Truth of Suicides in Higher Education in India. *The Citizen*.https://www.thecitizen.in/index.php/en/newsdetail/index/8/7139/the-bitter-truth-of-suicides-in-higher-education-in-india

Stanley, B., Brown, G., Brent, D. A., Wells, K., Poling, K., Curry, J., ... & Hughes, J. (2009). Cognitive-behavioral therapy for suicide prevention (CBT-SP): treatment model, feasibility, and acceptability. *Journal of the American Academy of Child & Adolescent Psychiatry*, *48*(10), 1005-1013.

Stout, L. (2010). Talking about the'suicidal thoughts': Towards an alternative framework. *International Journal of Narrative Therapy & Community Work*, *2010*(3), 3-15.

The Mental Health Care Act *2017* Ind

The Wire Staff (2023, March 16). 33 Students at IITs Died by Suicide in Last Five Years: Union Government. *The Wire*. https://thewire.in/education/33-students-at-iits-died-by-suicide-in-last-five-years-union-government

Vijayakumar, L. (2015). Suicide in women. *Indian journal of psychiatry*, *57*(Suppl 2), S233.

Vijayakumar, L., & Phillips, M. (2016). Suicide prevention in low-and middle-income countries. *The international handbook of suicide prevention*, 505-523.

Vijayakumar, L., Ray, S., Fernandes, T. N., & Pathare, S. (2021). A descriptive mapping review of suicide in vulnerable populations in low and middle countries. *Asia-Pacific Psychiatry*, *13*(3), e12472.
Vijayakumar, L., Umamaheswari, C., Ali, Z. S. S., Devaraj, P., & Kesavan, K. (2011). Intervention for suicide attempters: a randomized controlled study. *Indian journal of psychiatry*, *53*(3), 244.
Walther, S., & Carey, M. (2009). Narrative therapy, difference and possibility: Inviting new becomings. *Context*, *105*, 3-8.
Weinberg, D. (2008). The philosophical foundations of constructionist research. *Handbook of constructionist research*, 13-39.
White, J. (2012). Youth suicide as a "wild" problem: Implications for prevention practice. *Suicidology online*, *3*(1), 42-50.
White, J., & Kral, M. J. (2014). Re-thinking youth suicide: Language, culture, and power. *Journal for Social Action in Counseling & Psychology*, *6*(1), 122-142.
White, J., & Morris, J. (2019). Re-thinking ethics and politics in suicide prevention: Bringing narrative ideas into dialogue with critical suicide studies. *International journal of environmental research and public health*, *16*(18), 3236.
White, M. K. (2000). *Reflections on narrative practice: Essays and interviews*. Dulwich Centre Publications.
White, M., & White, M. K. (2007). *Maps of narrative practice*. WW Norton & Company.
Winslade, J. (2009). Tracing lines of flight: Implications of the work of Gilles Deleuze for narrative practice. *Family Process*, *48*(3), 332-346.

Acknowledgment
The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest
The author(s) declared no conflict of interest.

How to cite this article: Dey, T. & Chowdhury, D. (2023). A Critical Examination of Psychotherapeutic Interventions to Reimagine Suicide Prevention with Narrative Practices in India. *International Journal of Indian Psychology*, *11(4),* 2037-2045. DIP:18.01.189. 20231104, DOI:10.25215/1104.189