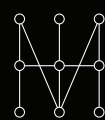




Dalit Alchemy

A Transformative process that enables
healing for the self & fellow beings,
by turning pain into power

Dr. Vaishali Sonavane



mariwala
health
initiative

Dalit Alchemy

**Naming the Pain and Discovering
User-Centric Mechanisms to Heal the
Generational Trauma of Being a Dalit**

Dr Vaishali Sonavane

The writing of this report was a collaborative effort between
Mariwala Health Initiative (MHI) and Dalit Human Rights Defenders.

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This research report, “Naming the Pain and Discovering User-Centric Mechanisms to Heal the Generational Trauma of Being a Dalit,” represents the culmination of collective efforts, courage, and collaboration.

I extend my deepest gratitude to the Dalit Alchemy collaborators who participated in this study. Their resilience, openness, and commitment to exploring self-directed healing mechanisms have been central to this work. The narratives, reflections, and lived experiences shared by them are the heart of this research.

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I would also like to acknowledge the contributions of scholars, mentors, and advisors whose insights into trauma studies, liberation psychology, and Dalit studies enriched our understanding and guided our analytical framework. Their work provided a critical foundation for this study.

My sincere thanks go to the families, community members, and local organisations who facilitated engagement, reflection, and knowledge sharing. Their cooperation allowed me to approach this research with authenticity, empathy, and cultural sensitivity.

Finally, this report stands as a testament to collaborative learning, empowerment, and the pursuit of social and psychological justice for Dalit communities. I dedicate this work to all who strive for equity, healing, and liberation.

Dr Vaishali Sonavane



A Note to the Reader

This report documents a year-long engagement with Dalit human rights defenders to explore how experiences of caste-based violence and structural exclusion shape mental health, and what forms of care become possible when dignity, agency, and material support are centred.

It is not a conventional mental health research report. Rather than measuring outcomes or proposing models for replication, the report brings together lived experience, qualitative inquiry, and reflective analysis to better understand how mental health is lived and negotiated within conditions of chronic injustice.

Audience and Purpose

This report is primarily intended for researchers, scholar–practitioners, and organisations working at the intersections of mental health, caste, gender, and social justice. It may also be of interest to funders and institutions seeking ethical, non-extractive approaches to mental health support.

The purpose of the report is to centre the voices of Dalit human rights defenders as knowledge-holders, to document how structural violence is experienced over time, and to reflect on an approach to care that prioritises trust, autonomy, and material dignity. It is not designed as a toolkit, implementation guide, or impact evaluation.

How the Report Is Structured

Each chapter serves a distinct function and is meant to be read in relation to the others.

1. The methodology chapter outlines the ethical and participatory orientation of the work, explaining how knowledge was generated and the limits of the study's scope.
2. The findings chapters foreground participants' narratives and thematic reflections. Extended quotations are included intentionally to retain voice and context.
3. Chapter 4, which reflects on participants' engagement with a mental health allowance, should be read as a reflective analysis. The insights described are drawn from participants' own interpretations and are not recommendations or prescriptions.
4. The concluding section situates the report within broader conversations on caste, care, and mental health.

A Note on Form

This report intentionally combines analysis and narrative.

This reflects methodological and political commitments that do not separate knowledge from lived experience. Some sections may feel emotionally demanding or unresolved; this is integral to what the report seeks to hold.

Reading with Care

The report engages with experiences of violence, humiliation, scarcity, and exhaustion. Readers are encouraged to approach it with care — for themselves and for those whose lives and labour shape these pages.

Rather than offering answers to be adopted or scaled, the report invites readers to reflect on different questions: what it means to take pain seriously, how care might look when grounded in trust, and what mental health work requires when it is accountable to justice.



Executive Summary

This research report, “Naming the Pain and Discovering User-Centric Mechanisms to Heal the Generational Trauma of Being a Dalit,” undertaken by Dr Vaishali Sonavane and Dalit Alchemy collaborators under the Mariwala Health Initiative (MHI), documents how caste-based marginalisation and systemic exclusion shape mental health among Dalit communities, and reflects on user-led, culturally grounded approaches to care. The project combines qualitative participatory research to understand and address the psychological impact of caste-based oppression.

Background and Rationale

Dalits have historically experienced systemic marginalisation, untouchability, caste-based violence, and exclusion, producing intergenerational trauma that manifests in mental, emotional, and social distress. Mainstream mental health frameworks frequently overlook caste as a structural determinant of distress. This study positions itself at the intersection of critical psychology, liberation psychology, and trauma research, seeking not only to document pain but also foster agency, resilience, and empowerment among Dalit individuals.

Methodology

Five Dalit Human Rights Defenders were interviewed empathetically to name the pain of living as a Dalit. Participants were provided a monthly, unconditional mental health allowance of INR 4,000 over one year, enabling them to explore self-directed and culturally resonant practices of care. These were documented through narrative interviews, reflective journals, and ongoing conversations capturing both participants’ choices and their reflections on the impact.

The study adopts a user-centric, participatory approach, valuing lived experience over imposed interventions. Analysis has been informed by thematic reflection and Dalit-centric trauma frameworks, drawing on scholarship in generational trauma, somatic work, and liberatory methodologies.

Key Findings

1. Participants articulated the layered and intergenerational nature of Dalit trauma, connecting personal experiences of humiliation, exclusion, and caste-based violence with historical and social oppression. Naming these experiences was itself a transformative step, allowing validation and acknowledgement of their suffering.
2. Participants engaged in diverse methods, including:
 - Inner-child healing, responding to experiences of deprivation and early exclusion; ritualised and reflective practices of care, such as retreats, contemplative exercises, and symbolic acts of care.
 - Community-centred actions, including collective reflection, storytelling, music, and shared spaces of support.
3. Participants described shifts in self-awareness, emotional regulation, and a strengthened sense of agency and connection. The allowance-enabled autonomy reinforced agency, allowing participants to choose methods aligned with their personal cultural and political contexts.

1. The study articulates a conceptual pathway for Dalit-centric healing that emphasises:
 - Recognition and naming of caste-based trauma.
 - Reclaiming agency through self-directed practices.
 - Integrating personal, social, cultural, and embodied forms of care.

Significance and Contribution

This research demonstrates that Dalit-centric, user-led healing mechanisms can meaningfully address generational trauma. By centring lived experience and cultural specificity, the study challenges conventional therapeutic paradigms and contributes a model for participatory, liberatory mental health. It underscores that healing is not solely clinical but also social, political, and cultural.

Conclusion

The Dalit Alchemy initiative reflects MHI's commitment to participatory, justice-oriented mental health work. The study invites policymakers, practitioners, and institutions to reimagine trauma-informed care in ways that are accountable to caste, power, and lived realities, rather than detached clinical norms.

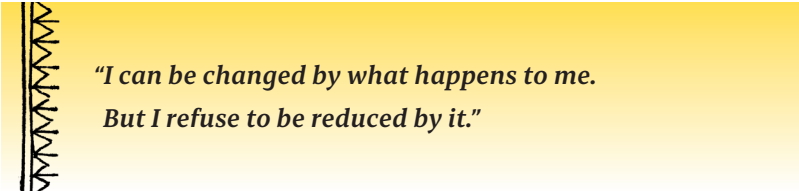


Introduction

This report outlines MHI's Dalit mental health intervention, which explores how caste-based marginalisation shapes mental health and reflects on participatory, community-led approaches to care for Dalits in India.

Through the Dalit Alchemy initiative, MHI has worked with Dalit human rights defenders from its partner organisations to create a platform for Dalits to articulate and share their experiences of marginalisation and trauma. The initiative aimed to “name the pain” of being Dalit, recognising caste-based violence and exclusion as ongoing structural realities that shape emotional and psychological wellbeing, and to open space for forms of healing grounded in agency, dignity and community. Caste-based oppression in India has long produced chronic insecurity, humiliation, and violence, resulting in forms of distress that are often misrecognised or seen from an individualised lens within mainstream mental health frameworks. By centring lived experience and collective reflection, this report challenges mental health approaches that separate distress from its social and political conditions, and instead locates healing within structural realities.

As Maya Angelou profoundly states,



***"I can be changed by what happens to me.
But I refuse to be reduced by it."***

This research embodies that spirit, emphasising agency, self-determination, and collective care within Dalit communities, while remaining attentive to the structural systems that shape both pain and possibilities for healing.





Method and Methodology



Research Design and Ethical Considerations

This study adopts a qualitative, participatory research design, emphasising lived experiences, reflective inquiry and relational engagement. One-on-one online interactions were conducted with the five research participants. From May to September 2024, the researcher conducted three to four rounds of engagement per participant, with each session lasting between 45 minutes and 1.5 hours.

Some sessions were recorded via Zoom or mobile calls, while others remained unrecorded to accommodate participant comfort and emotional safety, allowing spontaneous expression.

The research prioritised ethical considerations throughout the process:

- Participants provided informed consent before interviews or recordings.
- Draft reports were shared with participants for validation, allowing them to suggest edits or anonymisation as needed.
- Participants were reassured of their right to withdraw consent for data use at any time.
- Recognising the generational trauma affecting Dalits, a core principle was to approach these experiences sensitively, maintaining participant well-being while enabling the open exploration of deeply personal narratives.

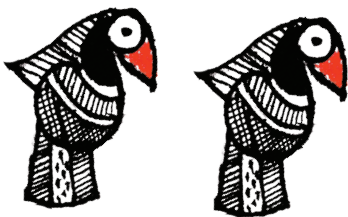
Sampling Method

Purposive sampling was employed to select participants. This method, widely used in qualitative research, involves deliberately selecting individuals based on their knowledge, experience, and relevance to the research question.

Key criteria included

- Expertise and experience in Dalit advocacy and community work;
- Willingness to engage in reflective and participatory research.
- Ability to articulate experiences and reflect critically on personal and community-level trauma (Palinkas et al., 2015).

Purposive sampling enabled the research to focus on information-rich cases, providing a deeper understanding of Dalit mental health and healing mechanisms.





Participants, Researcher, and Context

The participants are Dalit human rights defenders committed to social justice and community well-being throughout their careers. While their work has primarily focused on rights-based advocacy, this research created space to reflect on the mental and emotional dimensions of such work, in collaboration with MHI's mental health expertise.

With participants' informed consent, the following individuals and organisations are acknowledged as contributors to this study:

- Manjula Pradeep - Wayve Foundation
- Bimala Vishvapremi - Parvatiya Mahila Vikas Trust (PMVT)
- Jhansi Geddam - Dalit Sthree Sakthi (DSS)
- Rajesh Kumar - People's Voice
- Sahil Valmiki - Dalit Desk

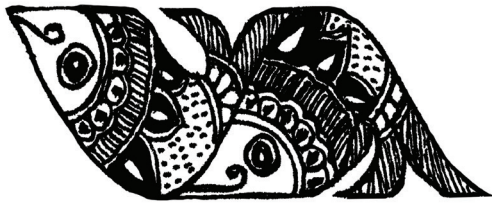
The research was conducted as a collaborative engagement with participants and the researcher contributing equally to meaning-making and reflection. The researcher, a Dalit mental health practitioner and Dalit human rights defender (DHRD), shared her own experiences, where appropriate, to co-create trust and facilitate collective healing. Attention was paid to navigating power, caste and institutional positioning, ensuring participants retained agency over how their stories were shared and interpreted

The methodology draws from Ambedkarite feminist inquiry, particularly the process of "naming the pain," originally articulated in feminist movements to make structural violence visible. In this study, naming the pain of being Dalit is understood as a political and social act, situating individual distress within histories of caste-based oppression and generational trauma requiring focused attention and intervention.

Mental Health Support During Research

To support participant well-being, MHI provided a monthly, unconditional mental health allowance of ₹4,000 for one year. Participants were encouraged to exercise full autonomy over how this allowance was used, choosing practices that were personally meaningful and culturally resonant.

The allowance was not contingent on disclosure, participation or outcomes, and was not framed as an incentive. Participants documented their reflections and practices voluntarily, through writing and conversation. The allowance functioned as an enabling condition for autonomy, reflection and agency, rather than as a prescribed intervention.





Data Collection Methods

Semi-structured (free-flow) Interviews

Engagements were flexible and participant-led, allowing narratives to unfold naturally. The researcher used open prompts and reflective questions to support participants in articulating experiences, emotions and insights freely (George, 2022).

Narrative Interviews

The narrative methods focused on participants' life stories, personal journeys, and reflections on caste, trauma and healing. This approach enabled the documentation of both individual and collective dimensions of distress and care. (George, 2022).



Research Contributions and Broader Context

The research facilitated deep, reflective engagement on Dalit mental health within conditions of structural oppression and generational trauma. Participants and the researcher co-created ideas for interventions, including proposals addressing community needs, leadership development, and skill-building for advocacy.

The methodology integrates storytelling, collective validation, and material support, recognising that healing is both individual and collective. Rather than producing prescriptive interventions, the approach foregrounds relational processes and lived experience to inform broader conversations on ethical, justice-oriented mental health work. It also aims to inform sustainable practices and policy recommendations.

Certain caste-related terms (e.g., “upper caste,” “lower caste”) are used in this report strictly for analytical clarity and context-setting. These terms are placed in quotation marks to signal non-alignment and are used to describe how caste hierarchy operates as a system, not to endorse or legitimise it.



Scope and Limits of the Study

This study is not designed as a clinical trial, impact evaluation, or model for large-scale replication. With a small number of participants and a focus on depth, the research privileges lived experience, reflection, and relational knowledge over generalisability or measurable outcomes. The findings should be read as context-specific insights that contribute to broader conversations on caste, mental health, and ethical approaches to care, rather than as definitive or universally applicable conclusions.

Participants were selected with care, based on their sustained engagement in Dalit rights work and an existing relationship of trust and comfort with the researcher, which enabled openness around vulnerability, trauma, and healing. At the same time, the study acknowledges the absence of queer and trans Dalit participants. Given the distinct and compounded stressors faced by queer and trans Dalits at the intersections of caste, gender, sexuality, and violence, this remains an important gap. Future work must intentionally engage these lived realities to deepen and expand Dalit-centred mental health practice.





Contextualising the Literature Review

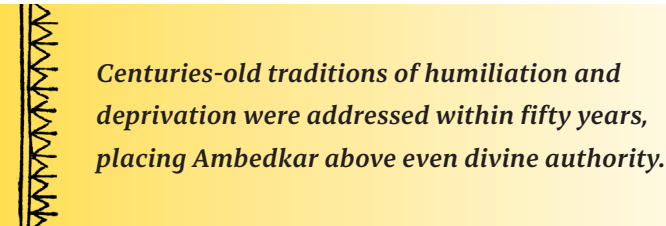
This chapter situates the study within Dalit intellectual traditions and interdisciplinary scholarship on caste, trauma, and mental health. Rather than offering an exhaustive review, it foregrounds key conceptual debates and gaps that inform the Dalit Alchemy approach.



Dalit Alchemy

The Dalit identity embodies dignity, equality, equity, and collective power, asserting resistance against generational exclusion rooted in religious hierarchies and socially enforced notions of “purity” and “punishment.” By definition, an alchemist transforms base metals into gold — symbolising transformation, creativity, and profound change. Similarly, Dalit Alchemy represents the ability to convert centuries of systemic pain into collective agency and political assertion.

Dr B.R. Ambedkar’s life and work exemplify this transformation. Having survived caste discrimination at its most extreme, Ambedkar led interventions that broke longstanding chains of oppression. As Kambale (2008) observes, “*Lakho pidhyanchya hal apeshta avaghya 50 varshat sodavanara devachahi bap ahe Ambedkar*” — meaning that centuries-old traditions of humiliation and deprivation were addressed within fifty years, placing Ambedkar above even divine authority.



Centuries-old traditions of humiliation and deprivation were addressed within fifty years, placing Ambedkar above even divine authority.

Ambedkar catalysed social change, cultural revival, and the assertion of individual potential among Dalits and non-Dalits alike. His writings, activism, and structural reforms, including constitutional safeguards for scheduled castes, reflect a commitment to protecting dignity, ensuring social respect, and challenging the naturalisation of disadvantage (Radhakrishnan, 1990; Rodrigues, 2002). His conversion to Buddhism exemplifies the strategic use of spiritual frameworks for social and psychological transformation.

Why Dalit-Centred Mental Health

The term *Dalit*, popularised by Jyotirao Phule, represents the historically “broken” status of untouchables, those outside the four-fold Varna system. Ambedkar referred to them as the “Depressed Classes,” recognising the profound emotional suffering and hopelessness inflicted upon people historically subjected to systemic oppression.

As Pallical (2021) notes, Dalits continue to experience marginalisation, exclusion, and human rights violations, shaping life chances from birth. These conditions contribute to chronic stress and intergenerational trauma, underscoring the need for Dalit-centred mental health interventions.

The lived realities of caste violence remain stark. A fact-finding report from Dalit Sthree Sakthi (DSS, 2025), for instance, documents the murder of Banti, a Dalit man, by his in-laws in Telangana due to his inter-caste marriage. Despite constitutional safeguards, such violence continues to inflict psychological terror and chronic stress and insecurity, highlighting the persistent failures of state protection mechanisms.

Addressing Generational Trauma

Caste has historically been naturalised through social norms, religion, and violence (Sharma, 2017). Dalit communities have endured brutal punishments ranging from physical mutilation to public humiliation, reinforcing caste hierarchies. Survival under these conditions often necessitated extreme caution, obedience, and internalisation of oppression, producing a culture of fear, hypervigilance, and psychological distress.

As Bebitai Kamble recounts in '*Jin Amach*', Mahar communities in Maharashtra endured extreme deprivation, forced labour, and ritualised subordination while simultaneously being compelled to demonstrate loyalty toward non-Dalit castes under threat of violence (Kamble, 2008). Tylor's (1871) understanding of culture as learned and transmitted across generations offers a lens to examine how such conditions shape behaviour and internalised oppression.

For Dalit communities, cultural transmission has often involved the internalisation of devaluation and social inferiority, contributing to psychological stress across generations. Emerging scholarship points to epigenetic (how our environment influences our genes) and neurobiological pathways through which trauma may affect subsequent generations.



Mapping Dalit Mental Health Scholarly Contribution

Empirical research consistently identifies caste-based exclusion as a major determinant of mental health disparities among Dalits. Studies report higher rates of depression, anxiety, and self-harm compared to “upper caste” groups (French, 2020; Singh & Gopal, 2025). Marginalisation, discrimination, stigma, and limited access to mental health support exacerbate these outcomes (Caste Exclusion & Health Discrimination in South Asia, 2022).

Dalit students in educational institutions report stress, concentration difficulties, and internalised shame linked to experiences of social exclusion and humiliation, often leading to depressive symptoms and suicidal ideation (Adhikari et al., 2025). Mental distress is often interpreted through supernatural, moral or cultural frameworks, reinforcing stigma and further limiting access to care (French, 2020).

Dalit Mental Health — Theory, Evidence, and Healing Pathways

Caste-based exclusion shapes life chances, social status, and subjective well-being (Jodhka, 2014; Guru, 2009).

Key scholarly contributions highlight the intersection of structural, affective, and cultural dimensions of oppression.

Surinder Jodhka (2014) identifies caste as a structural determinant producing chronic insecurity through control of resources, violence, and social exclusion.

Gopal Guru (2009) highlights the embodied consequences of repeated humiliation, linking shame and diminished agency to mental health outcomes. Yashpal Jogdand (2019) calls for a decolonised psychology that integrates histories of oppression and cultural idioms of distress. Kancha Ilaiah Shepherd (2018) foregrounds Dalit political subjectivity and the need for socio-cultural transformation. Thenmozhi Soundararajan (2022) emphasises intergenerational trauma and collective healing through narrative and community-based practices. Public health scholarship further documents disparities in mental health outcomes and barriers to care (Ramaiah, 1992).

Gaps in Existing Mental Health Practice

Despite extensive documentation of caste-based harm, significant gaps persist in how mental health practice engages with caste, its intersections, and the lived locations of marginalisation. Dominant therapeutic models often individualise distress, rather than accounting for caste as a structural and embodied system of oppression that shapes everyday life. Intersections of caste with gender, class, labour and spatial segregation remain inadequately addressed, rendering many Dalit experiences invisible within clinical

frameworks. Moreover, healing-oriented, culturally grounded and community-based approaches are scarce. Health systems frequently reproduce exclusion and stigma, which may re-traumatise survivors. Participatory approaches that co-produce mental health strategies with Dalit communities remain rare (Jogdand, 2019; Soundararajan, 2022).

Dalit Alchemy — Bridging Scholarship and Healing Practice

Dalit Alchemy responds to these gaps by proposing an integrative approach that combines five key elements: structural literacy in mental health practice; narrative testimony as healing; community co-production; psychoeducation linked to advocacy; and institutional reform through caste-sensitive training.

Sensitive inquiry and trauma-informed approaches are central, emphasising participant safety, ethical engagement, and reflexive positionality (Jogdand, 2019; Soundararajan, 2022).

Contextualising “Naming the Pain”

The term Dalit — meaning “broken” or “scattered” — describes a historically oppressed group formerly considered “untouchable”. Despite legal protections, persistent social prejudice, violence, and exclusion create complex forms of intergenerational trauma (Pallical, 2021; Phule, 1873/2002).

Such trauma involves psychological, social, and biological transmission of stress, often resulting in internalised casteism, anxiety, PTSD, and difficulties in establishing healthy relationships (Yehuda & Lehrner, 2018; Zayas & Solari, 1994).

Epigenetic research suggests that trauma can affect subsequent generations, embedding stress responses and vulnerability to mental health disorders (Han, Li, & Xie, 2021; Needham, Mehta, & Kresovich, 2023).

Liberating Psychology and the Buddhist Mindset — Healing Framework

Buddhist philosophy offers frameworks for understanding and alleviating suffering, including recognising pain as impermanent and cultivating compassion through practices such as meditation, mindfulness, and adherence to the Eightfold Path (Rahula, 1974; van der Kolk, 2014). Paulo Freire's (1970) 'Pedagogy of the Oppressed' informs liberating psychology, framing mental health interventions in the context of systemic oppression and social injustice.

Dalit healing practices increasingly emphasise community-based approaches, including storytelling circles, peer networks, digital interventions, and culturally responsive services (Soundararajan, 2022; George, 2022). Policy initiatives, advocacy, financial partnerships, capacity-building, and youth leadership development are essential for sustainable impact (Velmula, 2023; Jogdand, 2019). By integrating lived experience, liberatory psychology, and Buddhist principles, Dalit Alchemy articulates pathways toward agency, narrative repair, and collective healing. (Yehuda & Lehrner, 2018; Pallical, 2021).





Naming the Pain of Being Dalit

This chapter argues that naming pain is an ethical precondition for care. Before healing can be imagined or offered, the violence, humiliation, and generational trauma of being Dalit must be named clearly, collectively, and without dilution. Drawing on the lived experiences of the five Dalit Human Rights Defenders engaged with over a year, this chapter documents how pain is produced, carried, and resisted across bodies, generations, and movements—and how naming it becomes the first step toward ethical and meaningful healing.

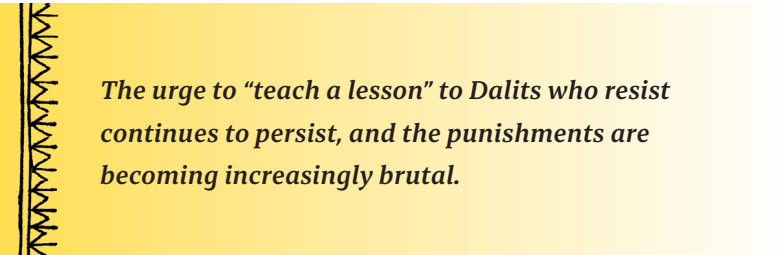


Introduction

The pain this research delves into is the pain that Dalit Women Speak Out (Irudayam, Mangubhai, & Lee, 2006) has documented, where the voices of women break open silences imposed for centuries. This is the pain that Dalit Women Talk (Rege, 2006) insists we must listen to, and the pain that Dalit Women Speak Differently (Guru, 1995) reminds us is not just another story of marginalisation, but one that ruptures the grammar of caste and gender power itself.

This is the pain Bhanwari Devi suffered in 1992 — a Dalit woman gang-raped for daring to stop a child marriage in Rajasthan — and who, decades later, has still not received justice. Her case embodies how caste, gender, class, and power converge to produce layered violence, and how Dalit women carry multiple, compounding burdens of injustice.

This is the pain the Navsarjan Trust exposed in its report documenting 108 distinct practices of untouchability in Gujarat (Navsarjan Trust, 2009). Despite constitutional guarantees and decades of struggle, untouchability has not disappeared; it has mutated, taking on newer and often harsher forms. The urge to “teach a lesson” to Dalits who resist continues to persist, and the punishments are becoming increasingly brutal.



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This is the pain that stretches back centuries — from molten lead poured into ears for daring to listen to Vedic knowledge to the everyday humiliations of being forced to consume human excreta and urine or

be paraded naked in public. It is the pain of segregated housing on the margins of villages, of systemic exclusion in schools, workplaces, and institutions — all in the name of “purity.”

This is the pain that killed Rohith Vemula in 2016, and many more before and after him, whose aspirations were crushed by caste’s watertight compartments. It is the pain carried in bodies, memories, and intergenerational transmission — the trauma of our ancestral dehumanisation pulsing through everyday life. Caste has not faded with time; it has evolved alongside technology, embedding itself into new structures of exclusion and violence.



Situating Lived Experience Within Caste History

Our pain is not private. It is in the public, articulated, and repeatedly asserted as unjust. Dalit struggles have secured laws abolishing caste-based labour and prohibiting untouchability. Yet discrimination, humiliation, and violence persist, threatening physical, emotional, and economic survival. The law may punish these acts, but the pain remains.

We suffer the pain of Bhanwari Devi, of Rohith, of every adult and child facing caste atrocities. Each act of humiliation reverberates in us all. Dalit Human Rights Defenders (DHRDs) and Dalit Women Human Rights Defenders (DWHRDs) stand on the frontlines, demanding accountability and justice, while also protecting communities.

This chapter captures their lives, their courage, and their vision — not only as resistance, but as care.

This research seeks to understand this pain through the lens of generational trauma — mapping its impact on the mind and body.

The process became an act of venting, pausing, feeling, and asking what hurts and what might ease it. In this work, self-care emerges not as selfishness but as ethical responsibility toward the community.

This chapter is a call for compassionate, justice-oriented healing. Naming the pain is crucial, but so too is easing it. Dalit human rights defenders are doing this work courageously. And yet, they too need space to rest, to heal, to live beyond constant vigilance and survival.

The fight will continue. But alongside fighting, there must also be easing. For only then can life open beyond protection and survival, into the possibility of joy, dignity, and flourishing.

Voices of Dalit Human Rights Defenders

Dalit human rights defenders' lived experiences reveal the multi-layered and intergenerational pain of being Dalit. Across childhood, youth, adulthood, and leadership, their stories reflect systemic oppression, chronic emotional labour, suppressed anger, scarcity, and invisibilisation.

This chapter uses the voices of DHRD's P-1 to P-5 to name this pain, understand its psychological and social mechanisms, and suggest pathways toward healing.

Scarcity, Fear, and Existential Vulnerability

Dalit lives are marked by daily precariousness — scarcity is not only economic but existential. P-3 reflects,

“Every day I live with the fear of losing someone — a husband, a child, a parent — because our lives feel more disposable in this caste society. We are always at risk of losing work, losing shelter, and losing dignity. Scarcity is not just about money; it is about the constant reminder that our existence can be snatched away.”

Similarly, P-1 recalls,

“Every morning, my mother begins with work. She never thought of anything else; one after another, she finishes all the household and labour work. She kept on working until she fell asleep. I have never seen her enjoying time apart from work. When I asked her to take breaks and rest in between, she said she can do it now; however, throughout her life, she has never done so, so she is unable to do so! Her mind and body know if she doesn’t work, she and her kids will starve to death.”

P-1 recalls,

“I had learned not to dream too big, not to ask too much. The fear of losing what little I have is greater than the hope of gaining more. This fear sits inside me like an inheritance from my ancestors, who also knew that anything they built could be destroyed overnight. Besides, as a human rights activist, I help many Dalits rehabilitate after such atrocities.”

P-4 narrates anxiously,

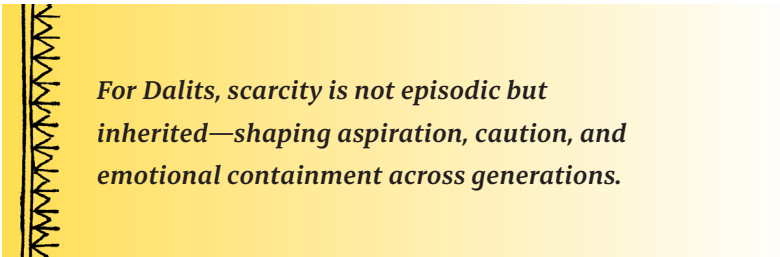
“Accident ke bad, jab hum usse hospital me legaye gaye, in emergency care, mujhe lagta tha ki humare liye proper care nahi hoga, log hamesha upper caste ko hi priority dete hain.” (After the accident, when we took him to the hospital, in the emergency care, I felt that we would not receive proper care, as people always give priority only to the upper caste.)

P-4 recalls,

“Even when I was holding responsibilities at work, higher caste colleagues were always welcomed, listened to, and given credit. Our contributions are undervalued.”

P-4 recalls,

“Jis atyachaar ke maamle ko main suljha rahi thi, uske gussaye apradhiyon ne mere ghar ka darwaza tod diya. Bhale hi main apne samudaay ke liye sahara bani rahti hoon, lekin bheetar se main poori tarah bikhar chuki hoon; har pal mere man mein khatre ki bhavana bani rahti hai. Agar unhone darwaza tod diya hai, to ve mera ghar gira sakte hain, humein wahi maar sakte hain, aur kuch bhi kar sakte hain!” (The angry perpetrators of the atrocity case I was solving broke down the door of my house. Even though I act as a support to my community, I am completely shattered internally; every moment, I feel the threat inside my mind. If they have broken the door, they can demolish my house, kill us on the spot, and do anything!)



For Dalits, scarcity is not episodic but inherited—shaping aspiration, caution, and emotional containment across generations.

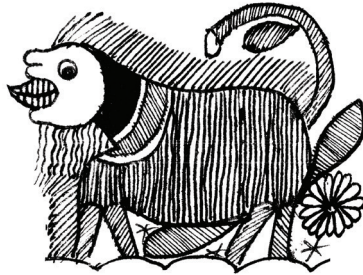
These narratives reflect chronic scarcity and hypervigilance, which psychology describes as sustained stress arising from persistent insecurity (Mullainathan & Shafir, 2013). For Dalits, scarcity is not episodic but inherited — shaping aspiration, caution, and emotional containment across generations. Epigenetic and trauma studies suggest that such stress can influence how fear and vigilance are carried forward biologically and socially (Yehuda & Lehrner, 2018).

Here, naming scarcity as psychological conditioning allows distress to be understood not as individual weakness, but as a rational response to structural violence.

Suppression of Anger and Internalised Helplessness

From childhood onward, Dalits learn that anger and resistance are dangerous. P-3 reflects on youth experiences of ridicule,

“They ridiculed me for my black skin. I wanted to fight back, to shout, to defend myself — but I could not. The pain of being mocked was one thing, but the hopelessness of not being able to resist, of not even being allowed to show my hurt, has stayed with me like a wound that never heals.”



Similarly, P-5 expresses his grave anger for not being able to protect his own dignity as a Dalit child and now, the inability to protect his children's dignity over securing them a life after becoming a father,

“Bachpan mein jo gussa maine andar nigal liya tha, woh kabhi mujhe chhod kar nahi gaya. Woh mere andar badhta raha. Ab, ek pita hone ke naate, kabhi-kabhi mujhe lagta hai ki woh gussa phir ubhar aata hai, jab mere bachchon ko apmaanit kiya jayenga ye bat, man me ata hai, jab unke saath wahi bartav honga jo mere saath hua tha. Mujhe pata hai ki jab hum long gussa dikhate hain — humein aur bhi kathor saja milti hai. Yeh mujhe ek aadmi ke roop mein, ek pita ke roop mein be-sahara mehsoos karata hai. Main unki garima ko bachana chahta hoon, lekin main yeh bhi chahta hoon ki woh surakshit rahe. Aur uska matlab hai chup rehna. Mujhe dukh hota hai unhe wahi chuppi sikhana jo mujhe chot pahunchati rahati hai.

Jabki main manavadhikar, Dalit manavadhikar and Dalit women manavadhikar ke liye hi kam karta hu.” (The anger I swallowed in childhood never left me. It kept growing inside me. Now, as a father, sometimes I feel that anger rise again when I think my children will be insulted, when they will be treated the same way

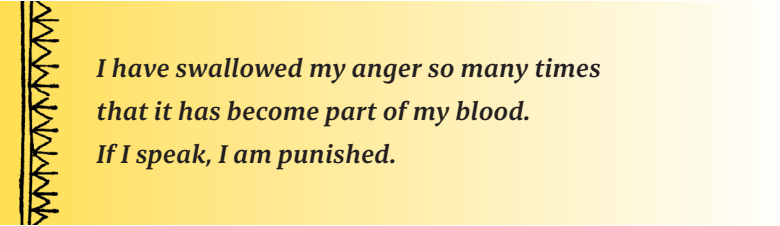
I was. I know that when we openly show anger, we are punished even more harshly. This makes me feel helpless as a man, as a father. I want to protect their dignity, but I also want them to be safe. And that means staying silent. It pains me to teach them the same silence that kept wounding me. Yet I work for human rights, Dalit human rights, and Dalit women's human rights.)

P-3 echoes,

"I have swallowed my anger so many times that it has become part of my blood. If I speak, I am punished. If I cry, I am mocked. If I protest, I am silenced. So, I keep my anger inside, and it eats away at me, shaping how I see the world — dangerous, untrustworthy, hostile."

P-3 adds,

"We are told to smile when we want to scream, to bow our heads when we want to rise, to stay silent when we want to tell the truth. This forced suppression has made our lives smaller, our bodies weaker, our spirits quieter. It has made us doubt ourselves and believe we deserve less."



***I have swallowed my anger so many times
that it has become part of my blood.
If I speak, I am punished.***

The reflections of P-3 and P-5 illustrate the dual burden of humiliation and forced silence. Psychological research frames this as learned helplessness, where repeated punishment for resistance conditions withdrawal and hopelessness (Seligman, 1975). Social mirroring compounds this effect, as continuous reflection of inferiority becomes internalised (Zayas & Solari, 1994).

P-2, a Dalit Woman Human Rights Defender, describes suppression in her professional and social sphere,

“I was invited to speak in a foreign country. Delegates had come from India and nearby nations. I was the only Dalit woman in the room. The conversations, openly ridiculing Dalits, cut through me like a blade. They thought I was not Dalit because they could not believe someone like me could reach such a platform. I defended my people, I defended the secular India I believe in, and I defended humanity. Outwardly, I remained calm.

Inside, I was trembling. When I returned for dinner, after some time had passed in between, I found that nothing (food) had been kept for me. That was my punishment – for daring to speak, for daring to resist.”

As she shared this story, her eyes filled. She paused, cleared her voice, and explained that her Buddhist practice helped her stay calm and serene in the face of this humiliation.

Yet her reflection was piercing,

“If this can happen to a powerful woman like me, what then about the rural, poor Dalit women who cannot even raise their voices?”

In her words, she carries the silence of countless women as a source of strength.

This highlights the intersectional nature of oppression, where gender, caste, and leadership amplify vulnerability. The punishment is symbolic and material, denying sustenance, recognition, and dignity simultaneously. Naming suppressed anger is essential because unacknowledged anger turns inward, manifesting as anxiety, depression, and self-blame.



The Weight of Secondary Existence

Dalits are continuously reminded that they occupy secondary positions, as P-1 describes,



“Har jagah, school, office, village, hame secondary samjha jata hai. Kisi ne kabhi humari baat nahi suni, kabhi humare kaam ko nahi maana. Ye chhoti chhoti cheezein hi hame kamzor banati hain.” (Everywhere — in schools, offices, and villages — we are treated as secondary. No one listens to us, no one recognises our work. These small daily acts weaken us.)

Even as adults, exclusion and invisibility persist. P-3 notes,

“Even in my work and in my relationships, I carry that wound. I do not speak up when I am underpaid, when I am disrespected, when I am left out. People think I am quiet by nature, but the truth is — I was trained into silence by humiliation. My quietness is not peace; it is fear.”

These experiences reflect everyday, normalised violence, not isolated incidents (Guru, 1995; Navsarjan Trust, 2009). Secondary existence produces alienation, erasure, and ontological insecurity — a persistent doubt about one’s place in the world.

Childhood Humiliation and Identity Formation

The formation of Dalit identity is deeply shaped by childhood experiences, as P-3 recalls,

“I was told to sit separately in the classroom because I was a manual scavenger’s child. ‘Don’t ask questions; stay within your limits,’ they said, as if my mind had no right to curiosity, no right to dignity.”

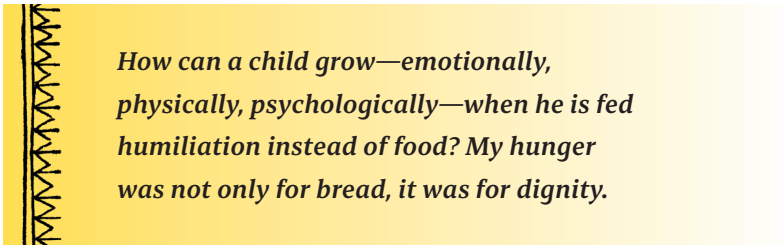
He adds,

“I was ashamed to open my tiffin in school. I never took tiffin to school. Sometimes there was nothing much cooked at home; what can I take? If they see it, what will they say? If it were pork, the other children would have laughed and ridiculed me. I preferred to stay hungry the whole day rather than face that humiliation.”

P-3 cleared,

“My family’s work was visible — we were cutting meat and selling it, we cleaned toilets — and that visibility became my prison. I carried hunger, shame, and fear with me to school every day. It was not just my stomach that was empty; it was my sense of belonging, my confidence, my hope.”

He adds,



How can a child grow—emotionally, physically, psychologically—when he is fed humiliation instead of food? My hunger was not only for bread, it was for dignity.

These testimonies illustrate psychological starvation, where dignity and belonging are denied due to material deprivation. Trauma-informed psychology shows that early exposure to systemic humiliation shapes emotional, social, and cognitive development (van der Kolk, 2014; Maté, 2010).

Intergenerational Trauma and Parent-Child Dynamics

P-5's fatherhood shows how trauma is transmitted across generations:

"I want to protect my children, but I also want them to learn how to survive. That survival means silence. It hurts me to teach them the same silence that hurt me."

This reflects hypervigilance, fear, and learned survival strategies being passed down, as identified in studies on intergenerational trauma in marginalised communities (Yehuda & Lehrner, 2018). Dalit parents often balance protection with the enforcement of silence, reproducing cycles of internalised oppression while seeking safety for the next generation.

Gendered Burden and Dalit Women Human Rights Defenders



Dalit women carry double and triple burdens: caste, gender, and activism. P-4 articulates,

"As a woman, I navigate family, community, and leadership roles. I must remain calm, uphold humanity, defend secular values — and yet I am punished for speaking the truth. My pain is personal, but it is also the pain of every rural, poor Dalit woman who cannot raise her voice."

P-4 adds,

"We carry the pain of the entire community, their safety, education, and well-being. It's exhausting. We must manage our own energy to help others."

These testimonies highlight emotional labour, moral responsibility, and gendered vulnerability, consistent with research on Dalit women leaders' ethical and psychological burden (Rege, 2006; Deshpande, 2019).

Healing, Embodiment, and Collective Agency

Despite systemic oppression, participants describe embodied, community, and mindfulness practices to reclaim dignity.

P-4 shares with ease,

“Maine MHI ke MH allowance se apne liye head massage aur foot massage kiya... It felt like I could reclaim some part of my body and mind.” (With the MH allowance from MHI, I got a head massage and a foot massage... it felt like I could reclaim some part of my body and mind).



P-4 further highlights the real easing mechanism as,

“Shopping ya luxury activities se mental health improve nahi hoti... real relief tabhi milta hai jab hum apne body-mind connection pe kaam karte hai.” (Shopping or luxury activities do not improve mental health... real relief comes only when we work on our body-mind connection).

P-2 highlights the importance of collective, community-based interventions,

“We create committees and structured support so that the work is shared, and the community can guide us ethically.”

P-2 adds on self-work, self-care importance, and the necessity to foster careful mental health work in the Dalit women's leadership development,

"Considering the vulnerabilities attached to the communities, we have to be utterly careful and sensitive towards their needs and ways in which we initiate the mental health work. We have to work a lot on our own selves so that we appeal to the leaders. That is why they resonate with you, and they simply shower love on you, because they receive unconditional acceptance and love from you in the process."

These practices reflect trauma-informed, liberatory, and Buddhist-informed approaches, integrating self-care, peer support, and embodied dignity. They transform suppressed anger into collective voice and inherited fear into solidarity.



The pain of being Dalit is not a singular event or isolated trauma, but a continuum of historical, social, and psychological violence.



Naming the Pain of Being Dalit

The pain of being Dalit is not a singular event or isolated trauma, but a continuum of historical, social, and psychological violence. It operates simultaneously at structural, interpersonal, embodied, and intergenerational levels. Naming these layers is not an act of categorisations, but an ethical and analytical necessity: what remains unnamed is often misrecognised as individual weakness rather than structural injury. Drawing from liberating psychology, generational trauma, and social mirroring, this research names the core dimensions through which Dalit pain is lived and transmitted.

1. Scarcity and Existential Fear

Dalit lives shaped by chronic insecurity, where survival is never assured. This produces what psychology describes as toxic stress — the ongoing anticipation of threat without relief — leading to hypervigilance, exhaustion, and a sense of disposability (Shonkoff et al., 2012).

Over time, scarcity becomes psychological conditioning: hope is constrained because loss is anticipated. Research on epigenetics suggests that chronic fear and stress can be biologically transmitted across generations, meaning Dalit children inherit not only economic precarity but also embodied fear. (Yehuda et al., 2016; Nestler, 2016).

2. Suppression and Internalised Helplessness

For Dalits, anger is routinely punished, and protest is criminalised, producing what Paulo Freire termed a “culture of silence.” Enforced suppression turns anger inward, often manifesting as anxiety, depression, or self-blame. (David & Okazaki, 2006)

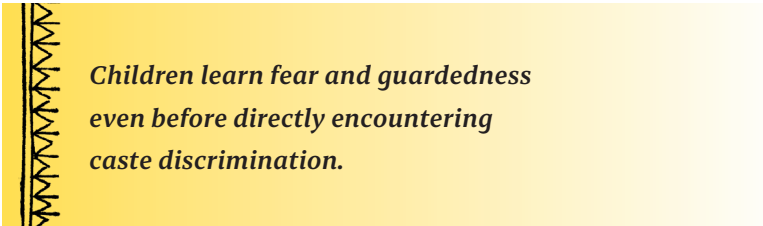
This silence eventually becomes a survival strategy, mirroring learned helplessness (Seligman, 1975). Social injury is internalised, shaping identity through chronic self-doubt rather than overt resistance.

3. Embodied Humiliation

Caste is inscribed on the Dalit body through labour, occupation, skin colour, and social segregation, echoing Frantz Fanon's (1967) concept of the "racialised body" that carries the mark of social devaluation. Humiliation becomes embodied through posture, gaze, avoidance, and psychosomatic suffering, as the body registers repeated degradation as pain and fatigue (Kleinman, 1988).

4. Social mirroring

Through social mirroring, repeated messages of inferiority are internalised, making dignity not only a political demand but also a therapeutic necessity. (Prilleltensky, 2008).



Children learn fear and guardedness even before directly encountering caste discrimination.

5. Secondary Existence

Dalits occupy a "psychological margin" — hyper-visible in degrading labour yet invisible in spaces of power. This duality produces permanent secondariness wherein invisibility breeds erasure and hyper-visibility invites surveillance, resulting in ontological insecurity — the constant doubt about one's place in the world (Laing, 1960). It echoes Fanon's notion of "two-ness," where the self is fractured by constant evaluation through the oppressor's gaze (Fanon, 1967).

6. Intergenerational Trauma

Dalit pain is lived both in the present and inherited from ancestors who endured centuries of caste oppression. Fear, hypervigilance, and silence are transmitted across generations as survival strategies — both culturally and biologically. Children learn fear and guardedness even before directly encountering caste discrimination. This creates a double wound: the pain of daily exclusion and the ancestral wound carried through memory, story, and body.

7. Gendered Burden

Dalit women experience the sharpest edge of caste oppression through the intersection of caste, class, and gender. (Crenshaw, 1989). Psychologically, this creates a distinct burden:

1. Hyper-responsibility, where women are expected to absorb violence while sustaining families and communities.
2. Moral policing, where women's bodies become sites of caste control;
3. And psychological overextension, where resilience is demanded even amid personal collapse.

Liberating psychology frames Dalit women's pain not as individual pathology but as systemic overloading of responsibility, enforced through both patriarchy and caste hierarchy (Martín-Baró, 1994; Mohanty, 2003).

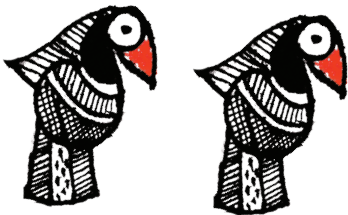


Naming the Pain — Towards Healing

Naming these layers of pain matters because what is unnamed cannot be held with care. For Dalits, naming is not merely descriptive; it is an ethical act that interrupts centuries of enforced silence. It shifts suffering from the realm of individual weakness to that of collective injury.

This chapter shows that naming the pain of being Dalit is both a reckoning and a beginning. It makes visible the structural conditions that produce distress, and it creates the possibility of responding with dignity rather than denial. Only when pain is named, without minimisation or moral judgement, can care move from control to accompaniment, from endurance to healing.

In the chapters that follow, this act of naming becomes the ground on which healing practices are explored, not as quick fixes or ‘heroic’ resilience, but as careful, user-led responses to lives shaped by chronic injustice.







**Discovering
User-centric
Mechanisms to Heal
the Pain of Being a Dalit**

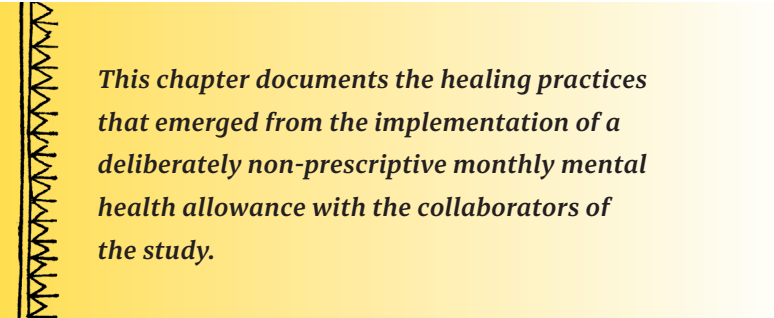


Introduction

Dalit Alchemy is a journey of naming wounds and transforming them into pathways of collective healing. It begins with the understanding that while caste has left deep scars across generations, it has also carried forward threads of resistance, courage, care and love. Healing, in this vision, is inseparable from justice — not an individual escape, but a shared act of reclaiming dignity, voice, and future. Rather than positioning Dalits only as sites of pain, Dalit Alchemy foregrounds agency, experimentation, and the right to define what healing looks like.

This chapter moves from reflection, acknowledgement and naming to practice – from naming the pain to documenting how healing is actively imagined, tested, and embodied by Dalit individuals themselves.

Between June 2024 and May 2025, Dalit Alchemy implemented a deliberately non-prescriptive monthly mental health allowance with five Dalit Human Rights Defenders (DHRDs) of ₹4,000. Rather than directing participants toward predefined therapeutic models, the allowance was designed to enable autonomy, experimentation, and self-determined healing. Participants chose practices that resonated with their lived experiences of caste-based marginalisation, historical deprivation, and intergenerational trauma.



This chapter documents the healing practices that emerged from the implementation of a deliberately non-prescriptive monthly mental health allowance with the collaborators of the study.

This chapter documents the healing practices that emerged from this process, the impacts observed, and the mechanisms through which change occurred. Drawing on participant narratives and cross-case synthesis, it situates these practices within contemporary psychology, trauma theory, liberating psychology, and decolonial mental health frameworks. The goal is not to present a universal solution but to offer evidence-informed, user-centered pathways that demonstrate how modest material support can catalyse culturally rooted, meaningful, and politically affirming forms of healing.

1. Participant-Level Healing Practices

1.1 Solitude and Time for Self

Practice: Participant 3 (P3) and Participant 4 (P4) deliberately reserved monthly time to step away from work and domestic demands to rest, reflect, and engage in slow, non-goal-directed activities. This included solo, aimless travel without the burden of worrying about costs, destinations, or unfinished chores.

Impact: Reported reduced irritability, greater emotional stability, and an improved ability to handle work-related pressures.

Context: For Dalits, such practices represent a radical departure from histories of labour and servitude. They were compelled to serve others, denied the freedom to serve themselves or their families. These inherited patterns of unrelenting labour make solitude both difficult to access and, therefore, profoundly liberating.

Research affirms that solitude enhances regulation, executive functioning, and cognitive reflection (Nguyen, Ryan, & Deci, 2018). For Dalit women, whose bodies and time have been historically claimed

through intersecting caste and gender-based exploitation, reclaiming solitude is not only restorative but also politically affirming — a direct refusal of enforced availability and endless service (Hooks, 1999).

Inspired Prescription: 45–60 minutes, 1–3 times weekly of mindful walking, silent sitting, and gentle creative tasks. End with grounding breathwork and reflective journaling.

1.2 Retreats and Reconnection (P-4)

Practice: Participation in a retreat at Kayakalp, deliberately stepping away from daily responsibilities, spending time in nature, and engaging in reflective group work. Extending care through treating oneself and loved ones to nourishing food, fine clothing, and skin care; practices that affirm dignity and self-worth.

Impact: Renewed energy, deeper compassion in leadership, and concrete plans to implement collective rest practices for the team.

Context: For Dalits, such acts of rest and self-care carry profound significance. Historically, their bodies have been denied aesthetics, comfort, or pampering — instead, they have been subjected to relentless hard labor, humiliation, and degradation. Travel was rarely a choice but a burden — long distances walked out of necessity, never out of leisure, with no resources for rest or reprieve. Against this backdrop, rest, nourishment, and beauty practices are not indulgences but radical acts of reclamation — restoring what caste oppression sought to strip away.

Retreats allow recalibration of stress physiology and social reconnection (van der Kolk, 2014). For Dalit leaders, retreats also suspend hierarchical social scripts, creating space for dignity affirmation (Teltumbde, 2018).

Inspired Prescription: 2–5 days in a year, including trauma-informed group sharing, somatic exercises, and creative expression.

Follow-up: Peer check-ins to integrate insights into daily routines.

1.3 Journaling as Witnessing – River of Life (P-2)

Practice: Through the River of Life exercise, P-2 shared a self-revealing narrative that invited Dalit women leaders to confront their life difficulties with courage and to reframe them as sources of strength, inspiration, and aspiration. This was sustained by weekly journaling, using prompts that encouraged reflection on both personal pain and moments of joy.

Impact: The practice cultivated narrative clarity, reduced feelings of shame, heightened awareness of positive experiences, and enabled early recognition of stressors.

Context: Expressive writing externalises internal distress and facilitates narrative integration, allowing fragmented experiences to form a coherent story (Pennebaker & Smyth, 2016). Within marginalised contexts, journaling also operates as a form of private testimony — a counter to cultural silencing and erasure (Smith, 1999). For Dalit women, this practice transforms personal reflection into an act of resistance and reclamation, making the “ordinary” act of writing a profoundly political one.

Inspired Prescription: 1–3 entries of life events-stressors/week that take up 10–25 minutes. Include prompts for pain, joy, and gratitude. Reflect monthly to identify triggers and protective factors.

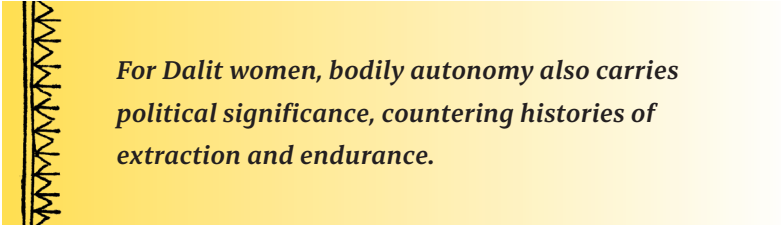
1.4 Body-Care and Rest (P-4 and P3)

Practice: Prioritisation of sleep, gentle bodywork, and explicit permission to decline labour-intensive or emotionally draining tasks.

Impact: Improved sleep, reduced body pain, decreased irritability, and enhanced stamina.

Context: Trauma is stored in the body; somatic interventions restore physiological balance (Levine, 1997; van der Kolk, 2014). For Dalit women, bodily autonomy also carries political significance, countering histories of extraction and endurance. (Omvedt, 1994).

Inspired Prescription: Weekly 20–30 minutes of somatic practice. Establish a weekly rest ritual. Track sleep and self-rated physical well-being.



For Dalit women, bodily autonomy also carries political significance, countering histories of extraction and endurance.

1.5 Psychoeducation and Reframing (P-2)

Practice: Participated in mental health and self-awareness training.

Impact: Reduced self-blame, increased self-compassion, improved conflict management, and effective help-seeking.

Context: Psychoeducation situates distress within structural contexts rather than individual pathology, empowering participants to reclaim agency (Menon, 2021).

Inspired Prescription: Modules on stress physiology, caste as a determinant of mental health, and coping tools. Peer-led facilitation with optional professional support.

1.6 Soft Toys and Inner Child Healing (P-1)

Practice: The participant used the allowance to purchase soft toys she had been denied in childhood, reclaiming comfort, permanence, and choice through self-directed care.

Impact: Provided comfort, joy, and a sense of permanence. Healing the “inner child” through tangible, self-chosen objects.

Context: While seemingly simple, self-directed object-based comfort aligns with trauma literatures on re-parenting and sensory regulation (Bradshaw, 1990; Schofield, 2019). In contexts of childhood deprivation, such practices restore continuity, safety and choice – core elements of psychological repair (Porges, 2011). Sensory engagement (touch, texture) aids physiological regulation.

Inspired Prescription: Identify a childhood-denied object or activity. Purchase or create it, engage with it intentionally, and reflect on emotional responses.

Optional group sharing for mutual witnessing.

1.7 Offering Food in Remembrance (P-1)

Practice: On her mother’s death anniversary, the participant used the allowance to organise a community food offering, converting personal grief into shared nourishment and remembrance.

Impact: Transformed private grief into communal dignity, strengthened social identity, and provided purpose.

Context: For a Dalit woman who suffered acute poverty, being able to offer food to others in memory of her mother is accessing power. Ritualised giving integrates grief with meaning-making (Neimeyer, 2000) and supports emotional regulation through altruism (Post, 2005). For Dalit women, feeding others is a reclaiming of historically denied agency and abundance (Guru, 2016).

Inspired Prescription: Annual or monthly ritual linked to memory or grief. Document the experience via journaling or reflection. Optional group participation to reinforce community healing.



2. Cross-Case Synthesis: Mechanisms of Healing

Across the seven practices, four underlying mechanisms of healing consistently emerged, cutting across individual differences and specific activities:

- a. **Reclaiming autonomy:** Restoration of control over time, resources, and bodily boundaries – countering caste-conditioned hyper-availability.
- b. **Narrative integration:** Practices that enabled participants to reinterpret distress as socially produced rather than personally deficient.
- c. **Embodied restoration:** Interventions that directly regulated stress physiology through rest, touch, and sensory safety.
- d. **Collective embedding:** Individual healing practices translated into shared rituals, leadership shifts, and community-level norms
- e. **Agency through resources:** The allowance enabled experimentation and personalisation of healing.

These align with trauma-informed principles (Herman, 1997; van der Kolk, 2014; Maté, 2010) and decolonial ethics (Smith, 1999), showing that culturally rooted, participant-led methods are both psychologically effective and socially empowering. Together, these mechanisms demonstrate that healing occurred not through symptom management alone, but through the restoration of agency, dignity, and relational safety.

3. Pathway for Dalit Healing

This pathway reflects the intervention logic observed across participants, moving from recognition of harm to sustained, collective forms of care.

- a. **Acknowledge:** Recognise caste-based suffering.
- b. **Allocate:** Provide material and temporal resources for the agency.
- c. **Practice:** Engage in personal, restorative practices (solitude, journaling, rest, inner child work).
- d. **Embed:** Create collective rituals and team norms (retreats, psychoeducation, MH allowance, or therapeutic avenues for the Dalit fellow beings).
- e. **Sustain:** Institutionalise care and dignity practices in personal and professional spaces.

*For a Dalit woman who suffered acute poverty,
being able to offer food to others in memory of
her mother is accessing power.*





Conclusion



Conclusion

This chapter demonstrates that healing for Dalits is not produced through clinical intervention alone, but through agency-enabled conditions — material support, choice, cultural legitimacy, and collective meaning-making. The mental health allowance functioned as a catalytic resource, enabling participants to design, test, and sustain practices grounded in their lived realities. These practices are not only therapeutic but also politically and socially transformative, offering a globally relevant model for marginalised communities.

Crucially, the effectiveness of this intervention lay not in the size of the stipend but in its unconditional trust-based design, which restored autonomy long denied under caste oppression. The resulting practices, ranging from rest and journaling to ritual and inner child care, reveal a replicable model of Dalit-led, culturally grounded mental health innovation.

Dalit Alchemy thus reframes healing as a political, relational, and embodied process, one that transforms survival into agency and care into collective power.

Dalit Alchemy has been a journey of courage — of daring to name wounds that have been buried beneath centuries of silence, shame, and systemic violence. To speak of pain in a society that thrives on denying it is an act of resistance. To transform that pain into pathways of healing is an act of imagination, and to root that imagination in community is an act of love. Together, these acts form the ethical and practical foundation of this work.

Through this initiative, we have listened to voices that are often excluded from dominant mental health discourse. We have honored the everyday truths of survival, not as anecdotes, but as evidence. The stories that emerged revealed not only the weight of caste violence but also the invisible labour of endurance, dignity, and care that sustains Dalit lives. This listening was itself an intervention; it disrupted erasure and affirmed Dalit knowledge as central, not supplementary.

What emerged clearly is that mental health, for Dalit communities, cannot be separated from histories of humiliation, exclusion, and resistance. It is not simply an individual pursuit of well-being, nor a clinical outcome alone, but a collective act of reclamation — of self, of community, of future.

In naming generational trauma, we encountered deep wounds carried across time — wounds that echo in bodies, memories, and silences of our families. Yet we also uncovered the threads of strength that have been passed on, the courage to resist, the faith to rise, and the capacity to imagine otherwise. This coexistence of injury and strength is the core alchemy this work seeks to make visible. Dalit communities inherit not only scars but also seeds of resistance, relationality, and visions of freedom.

The practices we explored — liberating psychology, social mirroring, Buddhist frameworks, trauma-informed and community-led care — are not presented as abstracted theories. They are operationalised through concrete mechanisms: unconditional mental health allowances, narrative practices, rest and embodiment, ritual, and collective reflection. There are not merely tools, but invitations to look inward without fear, to recognise each other's dignity, to rest as an act of refusal, and to claim joy as a political practice.

Through Dalit Alchemy, it is demonstrated that healing and justice are inseparable. Healing stabilises resistance; justice gives healing its direction. Together, they form the ground upon which sustainable new futures can grow.

This work has reminded us that healing is not a destination but a journey of return — returning to the body, to the community, and to the right to feel whole. It is about stitching back together what caste has torn apart — body from spirit, self from community, silence from voice. Each act of care documented, each story told, and each collective practice functions as both personal repair and social intervention.

Dalit Alchemy concludes with gratitude. Gratitude for the ancestors who carried wisdom through centuries of fire. Gratitude for communities who continue to resist not only with struggle but also with song, laughter, and hope. And gratitude for the generations yet to come, who deserve to inherit not only the memory of pain but also the possibility of joy.

This is not an ending, but a beginning — a seed planted in the soil of courage. The alchemy has shown us that when pain is held in community, it can transform into strength. When silences are broken, they become songs. And when healing is reclaimed as a collective birthright supported by institutions willing to listen, resource and learn, freedom becomes not a distant dream, but a practice of today.

Invocation of Healing and Freedom

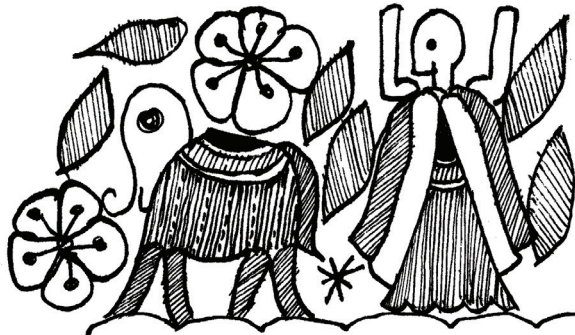
We are more than the wounds we carry.
We are the strength that endured.
We are the voices that rise from silence.
We are the hands that weave tomorrow.

Our pain is real,
but so is our power.
Our scars are deep,
but so is our love.

We inherit not only the chains,
but also the fire to break them.
We inherit not only the silence,
but also the song to heal it.

In our togetherness,
we become whole again.
In our remembering,
we become free again.

This is our alchemy:
Turning centuries of sorrow
into the seed of a new dawn.



References

Note on Sources: This report draws on academic scholarship, movement writing, and practice-based knowledge. All sources are cited to honour intellectual lineages rather than to claim exhaustiveness.

- Adhikari, S., Kumar, R., & Meena, P. (2025). Caste, exclusion, and mental health outcomes among Dalit students in higher education. *Journal of Social Inclusion Studies*, 11(1), 45–62.
- Ambedkar, B. R. (1935). *The annihilation of caste*. Bombay: Government Press. Retrieved from <http://www.ambedkar.org>
- Ambedkar, B. R. (1936/2014). *Annihilation of caste* (Expanded ed., S. Anand, Ed.). Navayana.
- Bradshaw, J. (1990). *Homecoming: Reclaiming and championing your inner child*. Health Communications.
- Brave Heart, M. Y. H. (2003). The historical trauma response among Natives and its relationship with substance abuse: A Lakota illustration. *Journal of Psychoactive Drugs*, 35(1), 7–13. <https://doi.org/10.1080/02791072.2003.10399988>
- Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities: A multilevel framework for exploring impacts on individuals, families, and communities. *Journal of Interpersonal Violence*, 23(3), 316–338. Retrieved from <https://doi.org/10.1177/0886260507312290>
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241–1299. Retrieved from <https://doi.org/10.2307/1229039>
- Caste Exclusion & Health Discrimination in South Asia. (2022). International Dalit Solidarity Network Report. Copenhagen: IDSN.
- Dalit Sthree Sakthi. (2025). *Fact-finding report on caste violence: The case of Banti in Telangana*. Hyderabad: DSS Publications.

- David, E. J. R., & Okazaki, S. (2006). The Colonial Mentality Scale (CMS) for Filipino Americans: Scale construction and psychological implications. *Journal of Counseling Psychology*, 53(2), 241–252. Retrieved from <https://doi.org/10.1037/0022-0167.53.2.241>
- Deshpande, A. (2019). *Caste and inequality in India: A socio-economic perspective*. Oxford University Press.
- Fanon, F. (1967). *Black skin, white masks*. Grove Press.
- Freire, P. (1970). *Pedagogy of the oppressed*. Continuum.
- French, R. (2020). Caste, stigma, and mental health in India: A review of research evidence. *International Journal of Social Psychiatry*, 66(6), 543–556. Retrieved from <https://doi.org/10.1177/0020764020922335>
- George, S. (2022). *Narratives of resistance: Caste, trauma, and mental health in India*. Routledge.
- Guru, G. (1995). Dalit women talk differently. *Economic and Political Weekly*, 30(41/42), 2548–2550.
- Guru, G. (2009). *Humiliation: Claims and contexts*. Oxford University Press.
- Guru, G. (2016). *Experience, caste, and the everyday social*. Oxford University Press.
- Han, H., Li, J., & Xie, Z. (2021). Chronic stress and epigenetic modifications: Implications for mental health. *Frontiers in Psychiatry*, 12, 679. Retrieved from <https://doi.org/10.3389/fpsy.2021.679>
- Herman, J. L. (1997). *Trauma and recovery: The aftermath of violence — from domestic abuse to political terror*. Basic Books.
- Hooks, B. (1990). *Yearning: Race, gender, and cultural politics*. South End Press.
- Hooks, B. (1999). *All about love: New visions*. William Morrow.

Irudayam, A., Mangubhai, J. P., & Lee, J. G. (2006). Dalit women speak out: Caste, class and gender violence in India. Zubaan.

Jodhka, S. S. (2014). Caste in contemporary India. Routledge.

Jogdand, Y. A. (2019). The psychology of caste-based exclusion: Toward a critical Dalit psychology. *Psychological Studies*, 64(2), 1–15. Retrieved from <https://doi.org/10.1007/s12646-019-00507-3>

Kambale, B. (2008). Jin Amacha: Autobiographical reflections of Bebitai Kamble. Sugawa Prakashan.

Kleinman, A. (1988). The illness narratives: Suffering, healing, and the human condition. Basic Books.

Kirmayer, L. J., Gone, J. P., & Moses, J. (2014). Rethinking historical trauma. *Transcultural Psychiatry*, 51(3), 299–319. Retrieved from <https://doi.org/10.1177/1363461514536358>

Laing, R. D. (1960). The divided self: An existential study in sanity and madness. Tavistock Publications.

Levine, P. A. (1997). Waking the tiger: Healing trauma. North Atlantic Books.

Maté, G. (2010). In the realm of hungry ghosts: Close encounters with addiction. Knopf Canada.

Martín-Baró, I. (1994). Writings for a liberation psychology. Harvard University Press.

Menon, A. (2021). Caste and mental health in India: Rethinking trauma and resilience. *Indian Journal of Social Work*, 82(2), 145–166.

Mohanty, C. T. (2003). Feminism without borders: Decolonizing theory, practicing solidarity. Duke University Press. Retrieved from <https://doi.org/10.1215/9780822384649>

Mullainathan, S., & Shafir, E. (2013). Scarcity: Why having too little means so much. Times Books.

- Navsarjan Trust. (2009). Understanding untouchability: A comprehensive study of practices and conditions in 1,589 villages. Ahmedabad: Navsarjan Trust.
- Needham, B., Mehta, N., & Kresovich, J. (2023). Social determinants of epigenetic aging in marginalised populations. *Journal of Human Genetics*, 68(1), 23–38. Retrieved from <https://doi.org/10.1038/s10038-022-01072-2>
- Neimeyer, R. A. (2000). Meaning reconstruction and the experience of loss. American Psychological Association.
- Nestler, E. J. (2016). Transgenerational epigenetic contributions to stress responses: Fact or fiction? *PLoS Biology*, 14(3), e1002426. Retrieved from <https://doi.org/10.1371/journal.pbio.1002426>
- Nguyen, T. T., Ryan, R. M., & Deci, E. L. (2018). Solitude as an approach to affective self-regulation. *Personality and Social Psychology Bulletin*, 44(1), 92–106.
- Omvedt, G. (1994). Dalits and the democratic revolution: Dr. Ambedkar and the Dalit movement in colonial India. Sage Publications.
- Pallical, A. (2021). Dalit rights and mental health: Intersectional exclusions in India. *Economic and Political Weekly*, 56(12), 22–26.
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5), 533–544. Retrieved from <https://doi.org/10.1007/s10488-013-0528-y>
- Pennebaker, J. W., & Smyth, J. M. (2016). Opening up by writing it down: How expressive writing improves health and eases emotional pain. Guilford Press.
- Phule, J. (1873/2002). Slavery (Gulamgiri) (P. Jadhav, Trans.). Stree Samya.
- Porges, S. W. (2011). The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation. W. W. Norton & Company.

- Post, S. G. (2005). Altruism, happiness, and health: It's good to be good. *International Journal of Behavioral Medicine*, 12(2), 66–77.
- Prilleltensky, I. (2008). The role of power in wellness, oppression, and liberation: The promise of psychopolitical validity. *Journal of Community Psychology*, 36(2), 116–136. Retrieved from <https://doi.org/10.1002/jcop.20225>
- Radhakrishnan, P. (1990). Ambedkar, Buddhism, and the challenge of democratic transformation. *Economic and Political Weekly*, 25(40), 2267–2271.
- Rahula, W. (1974). *What the Buddha taught*. Grove Press.
- Rege, S. (2006). *Writing caste, writing gender: Narrating Dalit women's testimonios*. Zubaan.
- Ramaiah, A. (1992). Health status of Dalits in India. *Social Action*, 42(3), 245–270.
- Rodrigues, V. (2002). *The essential writings of B. R. Ambedkar*. Oxford University Press.
- Schofield, J. (2019). *Re-parenting the self: Inner child work for healing childhood wounds*. New York: Healing Press.
- Seligman, M. E. P. (1975). *Helplessness: On depression, development, and death*. W. H. Freeman.
- Sharma, A. (2017). Religion, violence, and the naturalization of caste oppression in India. *Journal of Asian Studies*, 76(3), 645–669. Retrieved from <https://doi.org/10.1017/S002191181700034X>
- Shepherd, K. I. (2018). *Why I am not a Hindu: A Sudra critique of Hindutva philosophy, culture, and political economy* (2nd ed.). Samya.
- Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L., ... Wood, D. L. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), e232–e246. Retrieved from <https://doi.org/10.1542/peds.2011-2663>
- Singh, P., & Gopal, R. (2025). Mental health disparities among Dalits in India: A systematic review. *Asian Journal of Psychiatry*, 74, 103164.

- Smith, L. T. (1999). *Decolonizing methodologies: Research and Indigenous peoples*. Zed Books.
- Soundararajan, T. (2022). *The trauma of caste: A Dalit feminist meditation on survivorship, healing, and abolition*. North Atlantic Books.
- Teltumbde, A. (2018). *Republic of caste: Thinking equality in the time of neoliberal Hindutva*. Navayana.
- Tylor, E. B. (1871). *Primitive culture: Researches into the development of mythology, philosophy, religion, art, and custom* (Vols. 1–2). John Murray.
- van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.
- Velmula, R. (2023). *Liberating psychology: Understanding caste-based trauma*. Dalit Studies Press.
- Yehuda, R., & Bierer, L. M. (2009). The relevance of epigenetics to PTSD: Implications for the DSM-V. *Journal of Traumatic Stress*, 22(5), 427–434. Retrieved from <https://doi.org/10.1002/jts.20448>
- Yehuda, R., Daskalakis, N. P., Lehrner, A., et al. (2016). Influences of maternal and paternal PTSD on epigenetic regulation in offspring. *Biological Psychiatry*, 79(5), 346–354. Retrieved from <https://doi.org/10.1016/j.biopsych.2015.08.009>
- Yehuda, R., & Lehrner, A. (2018). Intergenerational transmission of trauma effects: Putative role of epigenetic mechanisms. *World Psychiatry*, 17(3), 243–257. Retrieved from <https://doi.org/10.1002/wps.20568>
- Zayas, L. H., & Solari, F. A. (1994). Intergenerational trauma: The role of social mirroring. *Journal of Family Psychology*, 8(2), 158–172. Retrieved from <https://doi.org/10.1037/0893-3200.8.2.158>

Annexure A

Naming the pain data table DHRD 's-P-1 to P-5

Participant / Code	Quotation (original text)	Analytical Theme(s)	Interpretation (Generational Trauma, Epigenetics, Psychological Mirroring, Maslow, etc.)	Mental Health Context & Implication
P-1	"Non-Dalit women's mindset and psychology are very different with respect to all the Dalit women's unique status in the 'pure society'."	Social stigma; internalised purity-pollution ideology	"Mirroring – Dalit women are constantly positioned as "other." Generational trauma of exclusion is passed down. Maslow –belonging unmet."	"Chronic feelings of inferiority and social alienation."
P-1	"In government schools, where children are from all sorts of castes, they study together; sweeping and cleaning are done only by Dalit children."	Discrimination in education; caste-division in childhood	Epigenetics – humiliation embedded early. Trauma begins in childhood » low self-esteem. Maslow – safety and dignity denied.	Internalised inferiority, early trauma impacting lifelong learning.

Participant / Code	Quotation (original text)	Analytical Theme(s)	Interpretation (Generational Trauma, Epigenetics, Psychological Mirroring, Maslow, etc.)	Mental Health Context & Implication
P-1	“At Nagarjuna University Guntur, non-Dalit women ‘gherao’ and disputed Dalit women saying that, because of reservations, everyone is coming to the Universities now, and we all are pushed into the same classroom! Mala case, Inquiry was suspended. The rest of the world doesn’t look at it as what is for a Dalit person. They consider such complaints as nonsense; they don’t look at it as a grave issue, and the outlook does not change. That is why our students’ teachers' perspective needs to be changed, in every sector, Dalits have to stand boldly and courageously without inferiority.”	Caste discrimination in higher education: delegitimisation of Dalit grievances	Generational trauma – exclusion from higher learning; Mirroring – Dalit teachers and students told they are “less deserving.”	Anxiety, inferiority, silencing of complaints, normalization of discrimination.

Participant / Code	Quotation (original text)	Analytical Theme(s)	Interpretation (Generational Trauma, Epigenetics, Psychological Mirroring, Maslow, etc.)	Mental Health Context & Implication
P-1	“Whenever Dalit women are discriminated against, our reaction is very limited, or it is in a very indirect way. Dalit scholars are discriminated against in the university; case files against caste discrimination call for compromise. Hidden aspects involved are that they don’t have any backing, they are financially poor, though their scholarship is beyond expectations.”	Silencing; structural neglect	Epigenetic silence – learned suppression across generations. Maslow – esteem needs unmet.	Helplessness, loss of faith in justice, invisibility.
P-1	“I have political parties on my side, eventually, they ask me to take away the case, The Rape cases, murder cases, how can they imagine escaping the law? The reality in power? And Day-to-day reality differs a lot.”	Betrayal by institutions and politics	Trauma of betrayal » generational mistrust of structures.	Disillusionment, helplessness, retraumatisation.

Participant / Code	Quotation (original text)	Analytical Theme(s)	Interpretation (Generational Trauma, Epigenetics, Psychological Mirroring, Maslow, etc.)	Mental Health Context & Implication
P-1	“Caste Victims are traumatised and threatened, DSS intervenes to support, strengthen policy-gov. community, and society at large, for the change.”	Collective trauma; intervention	Solidarity breaks isolation; Maslow – partial safety regained.	Reduced isolation, but trauma persists.
P-1	“Standing for your own self is crucial; it has deep connections to the sense of inferiority, sometimes it is threatening, power creation against powerlessness.”	Assertion vs. inferiority	Mirroring – assertion seen as defiance; Epigenetics of fear.	Inner conflict, courage under fear.
P-1	“That is why there have to be policy-level changes? Enabling the standing tall, high, and overcoming inferiority at the same time, identify which Policy will help for the Empowerment from the different movements and Political parties.”	Need for systemic change	Need for systemic change	Hope is tied to reform, but fragile.

Participant / Code	Quotation (original text)	Analytical Theme(s)	Interpretation (Generational Trauma, Epigenetics, Psychological Mirroring, Maslow, etc.)	Mental Health Context & Implication
P-1	“Policy level changes come from all sectors- the judiciary, legislature. To influence what sort of Awareness is required, which social movements were on high awareness, being spread, sensitised, sensitive, sensitivity in people is not there, people are ignorant, don’t want all this, they want money, staying on self-selfish-personalistic, this is the same for Dalits and non-Dalits.”	Policy neglect & social insensitivity	Structural invisibility perpetuates trauma.	Fatigue, hopelessness.
P-1	“So, this is among all the populations, Common-populations- problem faced by Adiwas and Dalits- sufferers- awareness of the issues-”	Commonality of marginalisation	Shared intergenerational suffering across the oppressed.	Collective solidarity is possible.

Participant / Code	Quotation (original text)	Analytical Theme(s)	Interpretation (Generational Trauma, Epigenetics, Psychological Mirroring, Maslow, etc.)	Mental Health Context & Implication
P-1	“What could be done for the mental health of Dalits to ease the fear they need to have backing, they should be supported by essential resources, automatically, through a certain system. The Dalit community should be enabled to be free from an inferiority complex.”	Call for mental health support	Recognition of systemic trauma.	Need for institutionalised psychosocial care.
P-2	“There has to be a different solution for different categories among Dalits/the Sub castes need specific interventions to ease their mental health.”	Intersectional needs within Dalit communities	Trauma differentiated by sub-caste.	Need for tailored interventions.

Participant / Code	Quotation (original text)	Analytical Theme(s)	Interpretation (Generational Trauma, Epigenetics, Psychological Mirroring, Maslow, etc.)	Mental Health Context & Implication
P-4	<i>"Hamare gaon mein hum logon ko alag bithaaya jaata hai, panchayat mein bhi hamari baat ki keemat nahi hoti."</i> (In our village, we are made to sit separately, even in the panchayat; our words carry no weight.)	Every day, caste humiliation; silencing	Generational trauma – caste-coded exclusion. Maslow – belonging denied.	Constant invalidation leads to collective trauma and social withdrawal.
P-3	<i>"Bachpan se hi teacher bolte the, tum log toh sirf safai karne ke liye bane ho."</i> (Since childhood, teachers told us, you people are made only for cleaning.)	Educational humiliation; caste conditioning	Epigenetic transmission of inferiority. Psychological mirroring – told "what they are."	Internalised oppression, blocked aspirations, and depression risk.
P-4	<i>"Main jab case darj karne gayi toh police ne kaha – tum log toh roz pit-te ho, isme naya kya hai?"</i> (When I went to file a case, the police said – You people get beaten daily, what is new in this?)	Institutional betrayal	Structural minimisation of trauma; intergenerational silence.	Helplessness, retraumatisation.

Participant / Code	Quotation (original text)	Analytical Theme(s)	Interpretation (Generational Trauma, Epigenetics, Psychological Mirroring, Maslow, etc.)	Mental Health Context & Implication
P-1	"Because of the reservation, they say we are taking away their jobs, but in reality, we face discrimination even in getting work."	Perception of "undeserved benefits"	Mirroring – Dalits blamed for upliftment.	Anxiety, workplace exclusion, and imposter feelings.
P-5	<i>"Mahilayen jab awaaz uthati hain toh do guna atyachar hota hai – pehle Dalit hone ka, fir aurat hone ka."</i> (When women raise their voices, they face double oppression – first for being Dalit, and then for being a woman)	Double burden of caste and gender	Intersectional trauma; layered vulnerability.	High stress, gendered violence, silencing.
P-2	"Dalit women are forced to feel less inside the house, at the same time outside the house."	Intra-family caste discrimination	Generational trauma reinforced through marriage/family.	Insecurity, low self-worth.

Participant / Code	Quotation (original text)	Analytical Theme(s)	Interpretation (Generational Trauma, Epigenetics, Psychological Mirroring, Maslow, etc.)	Mental Health Context & Implication
P-1	Our lawyers share with us, 'I am a lawyer myself, but even inside the court, people still call me "untouchable."'	Professional exclusion; stigma	Caste identity overpowers professional achievement.	Anxiety, dissonance, burnout.
P-1	"Our students are challenged; just because of reservations, you could secure this admission."	Delegitimisation in the educational institutions	Mirroring – caste seen as incompetence.	Self-doubt, chronic stress.
P-3	<i>"Hame pata hai hamare upar atyachar hoga, ham taiyaar rehte hai. Ye hi hame Virasat me milta hai."</i> (We know we will face atrocities, and we stay prepared. This is what we inherit as our legacy)	Intergenerational trauma acknowledgement	Explicit recognition of epigenetic trauma.	Transmission of fear, preparedness mindset.
P-3	<i>"Hame ghar mein khana alag bartan mein diya jaata tha, abhi bhi kuch jagah aisa hota hai."</i> (At home, we were given food in separate utensils; even now, in some places, this still happens)	Every day, caste apartheid	Embodied trauma; epigenetic memory.	Feelings of 'being impure', shame.

Participant / Code	Quotation (original text)	Analytical Theme(s)	Interpretation (Generational Trauma, Epigenetics, Psychological Mirroring, Maslow, etc.)	Mental Health Context & Implication
P-4	<i>“Jadatar samay ham sarkari yojna ka fayda nahi le pate haii, kyunki hamare documents hi accept nahi karte.”</i> (Most of the time, we are unable to benefit from government schemes because our documents are not accepted)	Structural exclusion	Bureaucratic gatekeeping as systemic trauma.	Anxiety, hopelessness, disillusionment with the state.
P-4	<i>“Main school gayi toh mujhe bench pe nahi baithne diya gaya.”</i> (When I went to school, I was not allowed to sit on the bench)	Educational humiliation	Early mirroring of inferiority.	Inferiority complex, lifelong scars.
P-4	<i>“Hamare gaon mein jab ham awaaz uthate hain toh kehte hain tum logon zyada shor mat machao, warna nikal denge.”</i> (In our village, when we raise our voices, they tell us, don't make so much noise, or else we'll throw you out)	Silencing resistance	Trauma of fear and threat.	Learned helplessness, suppression of voice.

Participant / Code	Quotation (original text)	Analytical Theme(s)	Interpretation (Generational Trauma, Epigenetics, Psychological Mirroring, Maslow, etc.)	Mental Health Context & Implication
P-5	<i>"Mere pita ko gaon mein maar padi thi kyunki unhone zamindar ke khilaf awaaz uthayi thi."</i> (My father was beaten in the village because he raised his voice against the landlord)	Historical family trauma	Direct generational trauma, embedded in memory.	PTSD symptoms, inherited trauma.
P-5	<i>"Hum log sheher aate hain par yahan bhi log caste poochh lete hain."</i> (We come to the city, but even here, people ask about our caste)	Mobility without liberation	Structural caste follows across geographies.	No escape » hopelessness.
P-5	<i>"Dalit ladkiyan do guna dukh seh rahi hain – ghar mein bhi, bahar bhi."</i> (Dalit girls are suffering twice the pain – at home and outside as well)	Intersectional suffering	Double marginalisation – caste + gender.	Heightened vulnerability to depression, violence.
P-5	<i>"Mujhe lagta hai, ham humesha peeche hi reh jaayenge."</i> (I feel like we will always be left behind)	Learned helplessness	Generational inferiority belief.	Fatalism, low aspiration, depression risk.

Annexure B

Exploring Healing data table DHRD's P-1 to P-5

Sr. No.	Participant	The MH allowance Method of use	MH allowance Impact	Other
1	P-4	जून 2024: 1) इस माह मैंने कुछ समय अपने लिए निकाला। 2) ₹4000 की सहायता से मैंने एक अच्छे ब्यूटी पार्लर से हेयर कट और स्किन केयर कराया, 3) इसी माह से मैंने जिम भी जॉइन किया। 1) This month, I took some time for myself. 2) With the help of ₹4000, I got a haircut and skincare treatment at a good beauty parlour. 3) This month, I also joined a gym.	1) मानसिक थकान से राहत। 2) जिससे मानसिक सुकून मिला। 1) Relief from mental fatigue. 2) Which brought a sense of mental peace.	इसके साथ ही डाक्टर वैशाली के साथ बातचीत करके उनके शालीनता भरे अंदाज से मुझे एक अच्छी थेरेपी मिली। Along with this, talking with Dr Vaishali, in her graceful manner, felt like a good therapy for me.
—	P-4	जुलाई 2024: 1) इस माह में मैंने इस राशि का उपयोग एक स्पा थेरेपी भी करवाई. 2) हेड मसाज 3) साथ साथ में जिम एक्सरसाइज भी कर रही हूँ। 1) This month, I used the allowance for spa therapy. 2) Head massage. 3) Along with that, I am also doing gym exercises.	1) मानसिक थकावट दूर करने के लिए 2) मेरे तन और मन दोनों को राहत मिली. मैंने एक घंटा अपने आप को सारी परेशानियों से मुक्त पाया। मुझे लगा, हमें अपना ध्यान कि सी तरह से रखना चाहिए। 1) To relieve mental exhaustion. 2) Both my body and mind felt relaxed. For one hour, I felt completely free from all troubles. I realised that we must take care of ourselves in some way.	

Sr. No.	Participant	The MH allowance Method of use	MH allowance Impact	Other
—	P-4	अगस्त 2024: 1) इस माह मैंने एक नया ड्रेस खरीदा. 2) इसके साथ ही मैंने एक मानसिक स्वास्थ्य कार्यशाला में भाग लिया. 1) This month, I bought a new dress. 2) Along with that, I participated in a mental health workshop.	1) जो कि मेरे आत्म-सम्मान को बढ़ाता है। 2) जहाँ मैंने अपने भीतर के डर और चिंता को समझना सीखा। 1) This boosted my self-esteem. 2) Here, I learned to understand my inner fears and anxieties	हर माह की तरह डाक्टर वैशाली के साथ एक थेरेपी सत्र भी चलता रहा। As in every month, the therapy sessions with Dr Vaishali also continued.
—	P-4	सितंबर 2024: 1) मैंने कुछ अच्छे स्किन केयर प्रोडक्ट्स खरीदे. 2) साथ ही, जैसा कि मैं प्रकृति के करीब रहती हूँ लेकिन कभी अपनी नजदीकी दोस्तों के पास जाने का मौका नहीं मिलता था। मैं इस माह अपनी 4 दोस्तों के साथ एक दिन बिताया और उनको बाहर खाना भी खिलाया। 1) I bought some good skincare products. 2) Additionally, since I live close to nature but never got the chance to visit my close friends, this month I spent a day with my four friends and also treated them to a meal outside.	1) और नियमित नाइट केयर रूटीन अपनाया। 2) यह अनुभव मेरे लिए मानसिक रूप से ताजगी देने वाला अनुभव था। 1) I also adopted a regular night care routine. 2) This experience was mentally refreshing for me.	मैं एक “दलित महिला ह्यूमन राइट्स डिफेंडर” के नाते पिछले 4 माह से “मारीवाला हेल्थ इनिशियेटिव” की तरफ से डा. वैशाली से एक सकारात्मक परामर्श ले रही हूँ। सबसे पहले तो मैं “मारीवाला हेल्थ इनिशियेटिव” का धन्यवाद करूंगी। हमारे मानसिक स्वास्थ्य के बारे में सोचा और डा. वैशाली जी ने मुझे थेरेपी देते हुए मेरे कई जख्मों को छुआ और मुझे शांत भी किया। वर्षों से जख्मों को एक बार मैं नहीं हर किया जा सकता। मुझे समझ आया कि इन घाओं को बार बार मरहम लगाने की जरूरत है। थेरेपी से अच्छा और कोई साधन नहीं है।

Sr. No.	Participant	The MH allowance Method of use	MH allowance Impact	Other
—	P-4	—	—	बात करने के लिए एक अच्छे थेरेपिस्ट का होना बहुत जरूरी है। मुझे ये जानकर खुशी हुई कि थेरपी के साथ साथ मेरी सेल्फ केयरिंग का भी ध्यान रखा। मैं हर सेशन के बाद अपने आप को बहुत हल्का फील करती हूँ। जब मुझे जून से लेकर अभी तक 4000/ प्रति माह मिले तो मैंने सबसे पहले अपने साथ साथ अपनी टीम के बारे में भी सोचा। अपनी टीम के लिए हमने एक बजट रखा और उनको भी मानसिक तनाव को दूर करने के लिए अपनी सेल्फ केयर करने के लिए प्रेरित भी किया। जब हम सामाजिक मुद्दों पर काम कर रहे होते हैं तो हम दूसरों का ध्यान रखते -2 अपना ध्यान रखना भूल जाते हैं। “मारीवाला हेल्थ इनिशियेटिव” की ये एक बहुत अच्छी शुरुआत है जिसमें हमारे बारे में सोच गया.

Sr. No.	Participant	The MH allowance Method of use	MH allowance Impact	Other
—	P-4	—	—	हमारी संस्था आगे आने वाले समय में टीम की मैनटल हेल्थ और सेल्फ केयर के बारे में भी प्रावधान करेगा। As a Dalit Woman Human Rights Defender, for the past four months, I have been receiving positive counselling from Dr. Vaishali through the Mariwala Health Initiative. First of all, I want to thank the Mariwala Health Initiative for thinking about our mental health. Dr Vaishali, while giving me therapy, touched many of my wounds and also calmed me. Wounds that have been there for years cannot be healed at once.

Sr. No.	Participant	The MH allowance Method of use	MH allowance Impact	Other
—	P-4	—	—	I realised that these wounds need balm applied again and again. There is no tool better than therapy. Having a good therapist to talk to is very important. I felt happy knowing that, along with therapy, attention was also given to my self-care. After every session, I feel very light. When I started receiving ₹4000 per month from June until now, the first thing I did was to think not only about myself but also about my team. We kept a budget for them and also encouraged them to take care of themselves to relieve their mental stress.

Sr. No.	Participant	The MH allowance Method of use	MH allowance Impact	Other
—	P-4	—	—	When we work on social issues, while taking care of others, we often forget to take care of ourselves. This is a very good beginning by the Mariwala Health Initiative, where thought has been given to our well-being. In the coming time, our organisation will also make provisions for the team's mental health and self-care.
—	P-4	अक्टूबर 2024: 1) इस महीने मैंने अपने आप के साथ समय बिताने के लिए एक लॉग ड्राइव की और एक सुन्दर सी बुक भी पढ़ी। कोफ़ी के साथ अपने आप के साथ समय बीतता बहुत अच्छा रहा। 1) This month, I went on a long drive to spend time with myself and also read a beautiful book. Spending time with myself over coffee felt really good.	इस अनुभव ने मुझे अपने भावों को अपने आप से व्यक्त करने की आज़ादी दी और मैंने बहुत हल्का महसूस किया। This experience gave me the freedom to express my emotions to myself, and I felt very light.	—

Sr. No.	Participant	The MH allowance Method of use	MH allowance Impact	Other
—	P-4	नवंबर 2024: 1) कहते हैं ना सबसे बड़ी काउंसलर तो माँ ही होती है उसकी गोदी में सर रख दो तो कई तरह के मानसिक तनाव दूर हो जाते हैं। मैंने भी कुछ ऐसा ही किया। मेरी माँ का घर मेरे घर से 4 घंटे दूर है। मैंने टैक्सी बुलाई और अकेले ही माँ से मिलने गई। माँ के लिए दो सुन्दर से सूट भी खरीद कर लेकर गई। 1) As they say, the greatest counsellor is a mother — when you lay your head in her lap, many kinds of mental stress simply dissolve. I did something similar. My mother's home is four hours away from mine. I booked a taxi and went alone to meet her. I also bought two beautiful suits for her.	1) उनको भी बहुत अच्छा लगा और मेरे लिए एक अच्छी ट्रीट भी हो गई। 1) She felt very happy, and for me, it turned into a beautiful treat as well.	—
—	P-4	दिसंबर 2024: 1) ठंड के मौसम को देखते हुए मैंने गर्म कपड़े और कुछ ज़रूरी चीज़ें खरीदीं। 2) मेरा राज्य वैसे ही ठंड प्रदेश है मैं वर्ष के पहाड़ों के साथ ही रहती हूँ। मैं नानवेज ज्यादा पसंद करती हूँ। इसलिए खर्च के हिसाब सदियों में खाने का बजट बढ़ जाता है। 1) Considering the cold weather, I bought warm clothes and some essential items.	1) कपड़े भी हमारी पर्सनालटी और आत्मवश्वास को मजबूत बनाते हैं 1) Clothes also strengthen our personality and confidence.	—

Sr. No.	Participant	The MH allowance Method of use	MH allowance Impact	Other
—	P-4	2) My state is a cold region, and I live amidst the snowy mountains. I prefer non-vegetarian food, so during winters, the food budget naturally increases.	—	—
—	P-4	जनवरी 2025: 1) नए साल की शुरुआत के साथ मैंने खुद को निखारने के लिए कुछ ऑनलाइन स्किन केयर उत्पाद मँगवाए। With the beginning of the New Year, I ordered some online skincare products to enhance myself.	1) मैं समझती हूँ कि जब हम लोगों के बीच जाते हैं तो हम अपनी अच्छी स्किन केयर करके जाएं. I believe that when we go among people, we should go with good skincare.	—
—	P-4	फ़रवरी 2025: 1) इस महीने मेरा जन्मदिन होता है। तो अपने दोस्तों के लिए पहली बार पार्टी दी। 2) इसी ही माह मुझे पहली बार मुंबई जाने का मौका भी मिला। मेने MHI के प्रोग्राम में भी हिस्सा लिया और मुझे और संस्थाओं के साथ भी मिलने का मौका मिला। मेरे पास एक अमॉन्ट था तो इसी दौरान मैंने अपनी भाभी और बहनओं के लिये गिफ्ट के तौर पर साड़ियाँ खरीदी। 1) This month is my birthday, so for the first time, I hosted a party for my friends. 2) In the same month, I also got the opportunity to visit Mumbai for the first time.	1) मुझे अपनों के साथ मिलने का एक अनोखा अनुभव रहा और सुकून भी मला। 1) It was a unique experience to meet my loved ones, and it also brought me peace.	—

Sr. No.	Participant	The MH allowance Method of use	MH allowance Impact	Other
—	P-4	I participated in an MHI program and also had the chance to meet with other organisations. Since I had an amount saved, I bought sarees as gifts for my sisters-in-law and sisters.	—	—
—	P-4	मार्च 2025: 1) मैंने अपने पसंदीदा कुछ रिश्तेदारों से मिलकर अपने काम के बारे में लंबी बातों की मुझे गाड़ी में पेट्रोल डालने की चिंता नहीं थी। लंबी वॉक पर जाकर और उनके साथ बैठ कर खाना खाना उनको समझना और अपने बारे में बताता ये अद्भुत अनुभव था। उन लोगों ने मुझे अपने परिवारों के मानसिक तनावों को शेयर किया मैंने भी कुछ सुझाव दिया उनको। 1) I met some of my favourite relatives and had long conversations with them about my work. I did not have to worry about putting petrol in the car. Going for long walks, sitting together for meals, understanding them, and sharing about myself was a wonderful experience. They also shared with me the mental stresses of their families, and I was able to give them some suggestions.	1) यह समय मेरे लिए आत्म-उपचार की तरह था। 1) This time felt like a form of self-healing for me.	—

Sr. No.	Participant	The MH allowance Method of use	MH allowance Impact	Other
—	P-4	अप्रैल 2025: 1) मैंने जिम के साथ साथ ब्यूटी पार्लर मे जाकर स्किन केयर और पेडीक्योर के साथ साथ हेड मसाज भी करवाया। 1) Along with going to the gym, I also went to a beauty parlour where I got skincare, a pedicure, and a head massage.	—	—
—	P-4	मई 2025: 1) मैंने एक रिट्रीट करवाया कार्याकल्प में जाकर 1) I went on a retreat to Kayakalp and spent some quiet time with myself.	1) कुछ समय बताकर अपने साथ समय बताना। 1) Allowed some time to Spend with myself.”	वैशाली जी, जैसा क आपसे बात हुई है कि मैं एक ऑर्गेनईजेशन की हेड होने के नाते अपनी टीम के बारे में भी यही सोच रही हूँ कि वो सभी बहुत हेकटिक काम करती हैं उनके लिए हमने थेरपी सेशन भी करवाए हैं लेकिन इसी तरह से वर्ष में एक बार उनको सेल्फ केयर के लिए अमाउन्ट दिया जाए ताकि वो भी अपना ध्यान रख पाए। मुझे एक अच्छा अनुभव आपसे ही मिला है। जब हम मानसिक रूप से खुश होंगे तभी हम आगे बढ़ सकते हैं और दूसरों को भी खुश रख सकते हैं। एक अच्छा अनुभव देने के लिए शुक्रिया!

Sr. No.	Participant	The MH allowance Method of use	MH allowance Impact	Other
—	P-4	—	—	Vaishali ji, as we discussed, being the head of an organization, I have been thinking about my team as well, since they all work in a very hectic environment. We have also arranged therapy sessions for them, but in the same way, once a year, they should be given an amount dedicated to self-care so that they can also take care of themselves. I personally had a very good experience with you. Only when we are mentally happy can we move forward and also keep others happy. Thank you for giving me such a good experience!

Sr. No.	Participant	The MH allowance Method of use	MH allowance Impact	Other
2.	P-3	June, July, August, September: With this support, I've invested in books that I've long wanted to read, which allowed me to take a break from work and immerse myself in different narratives. Additionally, I have attended Cultural Movies. The most impactful aspect of this assistance has been using it for travel. How I used my MHA (Saved over 2 months) I saved my Mental Health Assistance for two months and used it to take a short solo trip to an unexplored place. It wasn't far or fancy—but it gave me the space I needed to disconnect from work and daily routines, and to reconnect with myself. During the trip, I stayed in a simple homestay, explored the local culture, walked through unfamiliar streets, tasted regional food, and spent time journaling. Being in a new environment with no fixed schedule allowed me to slow down and breathe differently.	This has helped me find solace, relaxation, and inspiration, making it an essential part of my self-care routine. Cultural Movies. that have broadened my perspective and provided a much-needed escape into various stories and emotions. It has played a crucial role in maintaining my mental well-being and enabling me to approach my work with renewed energy. These short trips allowed me to take a break from my work environment, explore new places, and reconnect with myself. This time spent travelling alone has been therapeutic, helping me regain my sense of balance and clarity. This break helped me manage stress, gain fresh perspectives, and recharge emotionally.	—

Sr. No.	Participant	The MH allowance Method of use	MH allowance Impact	Other
—	P-3	—	It reminded me of the importance of taking time for myself, away from daily pressures, which has made me more focused, calm, and creative when I returned to my work.	—
—	P-3	November: As part of the Dalit Alchemy project, I utilised my monthly mental health allowance of ₹4000 to prioritise self-care. I spent half of it on a gym membership, recognising the benefits of physical exercise, and the other half went toward purchasing books that expanded my perspective and provided moments of reflection and calm. The decision to dedicate half of the allowance to a gym membership was rooted in an understanding of the interplay between physical and mental health. Exercise has long been known to have a positive effect on mental well-being. Physical activity, especially strength training and cardio, reduces cortisol levels—the body's primary stress hormone and releases endorphins, which elevate mood and create a sense of euphoria. I believe, for someone like me, deeply involved in emotionally charged work, this physiological shift was not just beneficial but essential	My gym routine became more than a series of exercises; it became a ritual of care. Initially, I approached it hesitantly, unsure of how much it could truly help. But with each passing session, I felt its transformative power. The act of lifting weights or running on a treadmill wasn't just about burning calories—it was about burning away the residue of stress and tension accumulated throughout the day. Regular gym sessions also improved my sleep patterns, which had been erratic due to work-related pressures.	Note- Entire year these methods have been used repetitively. And the impact has been the same. Except the different use and impact in December 2024.

Sr. No.	Participant	The MH allowance Method of use	MH allowance Impact	Other
—	P-3	—	Quality sleep is crucial for mental clarity, emotional stability, and overall cognitive function, and the gym played a pivotal role in helping me achieve this. The physical exertion during workouts left me feeling more relaxed, enabling deeper, more restorative sleep cycles. The other half of the allowance was spent on books, a decision that resonated with my love for learning and storytelling. Reading has always been a therapeutic practice for me—a way to escape the noise of the world and dive into realms of thought, history, and creativity	—
—	P-3	December 2024: As part of the Dalit Alchemy project, I used my ₹4000 mental health allowance to treat myself to a New Year's dinner—a simple yet meaningful gesture of self-care. Stepping away from work to enjoy food and a warm, festive atmosphere allowed me to reflect on the past year and recharge emotionally for the year ahead.	This simple gesture wasn't just about the dinner itself but about the opportunity to pause and reconnect with myself. This dinner served as a reminder to celebrate small milestones and prioritise mental well-being.	—

Sr. No.	Participant	The MH allowance Method of use	MH allowance Impact	Other
—	P-3	—	The evening helped me practice mindfulness, focus on the present, and let go of lingering stress. The experience left me feeling recharged and better prepared to take on the responsibilities and challenges of the coming year. It was a moment of self-kindness that reaffirmed the importance of making space for joy and reflection amidst life's demands.	—
—	P-3	January: As part of the Dalit Alchemy project, I used my ₹4000 mental health allowance to treat myself to a New Year's dinner—a simple yet meaningful gesture of self-care. Stepping away from work to enjoy food and a warm, festive atmosphere allowed me to reflect on the past year and recharge emotionally for the year ahead. This simple gesture wasn't just about the dinner itself but about the opportunity to pause and reconnect with myself. This dinner served as a reminder to celebrate small milestones and prioritise mental well-being.	—	—

Sr. No.	Participant	The MH allowance Method of use	MH allowance Impact	Other
—	P-3	The experience left me feeling recharged and better prepared to take on the responsibilities and challenges of the coming year. It was a moment of self-kindness that reaffirmed the importance of making space for joy and reflection amidst life's demands.	—	—
—	P-3	Work and reflection desk (Saved over 5 months) Over the past five months, I chose to save my monthly Mental Health Assistance instead of spending it right away. I created a small work and reflection desk at home—something I had been wanting for a long time. I used the money to buy a comfortable chair, a solid desk, a small shelf for books, a lamp, and a soft rug. I also added personal touches: a framed photo of Babasaheb Ambedkar, a calming plant, and a speaker to play music or podcasts while I work or unwind.	This space has become a quiet corner where I can think, write, and pause. In the middle of emotionally intense work, having a dedicated space like this has helped me feel more grounded and clear-headed. It's become a place I return to—not just for tasks, but to slow down and reconnect with myself.	—
—	P-3	April: As part of the Dalit Alchemy project, I utilised my monthly mental health allowance of ₹4000. I spent ₹2000 on my regular gym membership. The remaining ₹2000 I used to take my family to watch the movie Phule.	Regular gym membership continues to support my physical and emotional well-being. Watching the Phule movie together was a powerful experience—it opened up important conversations about our history, dignity, and struggles.	—

Sr. No.	Participant	The MH allowance, Method of use, and MH allowance Impact		Other
3	P-1	MHI has been giving Rs 4000/- to me as Mental Health Assistance. This may be a small amount in terms of rupees, but it is symbolically a very big hug from MHI. It is a token of your abundant love. Since it is an amount symbolic of your love, I wanted to spend it on an iconic thing, which is also something that is symbolic in my life.	—	Note: P-1 used a 12-month allowance on these two activities. And has benefited the 2 impacts.
—	P-1	As a seventh and last child, I always loved toys, but given my family background and the village atmosphere of those days, my parents could never purchase toys; however, my father used to make toys out of coconut leaves or palm tree fruits. One day, when I visited the house of neighbours to fetch milk, I saw a small toy in their house, and as a child, I picked it up and came home. My parents admonished me and forced me to go back and return the toy to them with apologies, which I did, crying. I remembered that incident , and when I received your amount of Rs. 4000/-, I first purchased small and big stuffed toys . Whenever I receive a small amount as a token of appreciation or as a gift, the first thing that crosses my mind is to buy soft toys. Maybe it was a childhood dream	—	—

Sr. No.	Participant	The MH allowance, Method of use, and MH allowance Impact		Other
—	P-1	which will stay like that no matter how many toys I buy. Also, I love helping poor, hence I fed the inmates of an old age home and gave them towels on the death anniversary of my mother. These are the two things that I did with the mental health assistance received.	—	—
4	P - 2	I received support from June 2024 until October 2024 (5 months). I did not immediately utilise this support amount. But took time to decide how I can use this support creatively and constructively. I spent INR 20,000 to learn new skills around mental health. The following are the details: A 15-day Art therapy online course run by the Socially Souled group Trauma Healing Advanced Course (3 months online course) run by Merkabah School of Consciousness. This program focuses on personal evolution and expansion of consciousness through exploration of subtle anatomy, psychology, energetic fields, and meditation. personal development, enhance self-awareness, and encourage emotional resilience. I have used this training to heal myself. I can understand a bit more about my	Art therapy is a mental health discipline that integrates creative expression and psychotherapy. Art therapy can be particularly effective for people who have experienced trauma, stress, or emotional difficulties. It helps people externalize their feelings, providing them with an opportunity to understand and work through their inner conflicts. It's also known to promote personal development, enhance self-awareness, and encourage emotional resilience.	On 29th July 025, we received the details of the MH allowance use for 5 Months by P-2 (Note-P-2 stopped taking allowance after 5 months, with the mention of being able to afford it on own.)

Sr. No.	Participant	The MH allowance, Method of use, and MH allowance Impact		Other
—	P - 2	I have used this training to heal myself. I can understand a bit more about inner self, focusing on how I can take care of myself when I am under stress and going through anxiety and pain. This course has helped me to understand the rootedness of my pain. I do know that healing takes time, and I am trying to give time to understand my emotions, looking at my past, my painful experiences, and how they create conflict, which is very much within me. The mandala art workshop helped me relax and become creative in my art, using colours that I had not touched for the last four decades. All three trainings have also helped me to use it for the participants with whom I conduct workshops. I will keep working on myself with these therapies as they are great tools to take care of my mental health. Basic Mandala Art Workshop (3 hours online). Deepak Kulkarni conducted this workshop. Mandala art offers numerous benefits for mental and emotional well-being. Creating or colouring mandalas can reduce stress and anxiety, promote mindfulness, enhance focus and concentration, and even boost creativity. The intricate designs and repetitive patterns have a calming effect, helping to quiet the mind and induce a meditative state.	—	—

4	P-5	The MH allowance, Method of use, and MH allowance Impact	Translation	other
—	Email 18th May 024	मेरे साथियों के साथ काम करते हुए उनके मानसिक स्वास्थ्य देखभाल परिक्षण ने मानसिक स्वास्थ्य को लेकर कई गम्भीर सामाजिक सवाल पैदा किए क्यों कि मानसिक स्वास्थ्य पर कार्य करते हुए एक गहरे समझ को विकसित करना और अपने टीम के समझ का मूल्यांकन भी मेरे लिए महत्वपूर्ण कार्य था क्योंकि मैं स्वयं अपने पीड़ा के साथ दूसरे के पीड़ा से भी प्रभावित होते हैं और वह अपने साथी परिवार को बुरे मानसिक स्वास्थ्य की तरफ ले जाने लगता है। जिसमें मानसिक स्वास्थ्य देखभाल को मिलने वाले मानसिक चिकित्सकीय सहयोग एक भाग के भी अलग से आर्थिक सहयोग करके महत्वपूर्ण कार्य को पूरा किया. जो एक परिवार की जगह दो परिवारों की खुशियां और बच्चों का उजड़ता हुआ परिवार को बदलाव कर सहयोग कर सका जो MHI का महत्वपूर्ण सहयोग रहा।	While working with my peers and assessing their mental health, I encountered several serious social questions regarding mental well-being. Working in this area required developing a deep understanding and evaluating my team's awareness because I myself am affected by others' pain alongside my own, and this can sometimes lead to the spread of poor mental health among colleagues and family. Within this context, I encountered a very unique case of mental distress in one of my female colleagues' husbands. I contributed my MH allowance to him to avail mental health support and care. This effort not only contributed to the well-being of one family but also positively impacted two families,	—

4	P-5	The MH allowance, Method of use, and MH allowance Impact	Translation	other
—	—	—	restoring stability for the children and reshaping a previously disrupted household. This case exemplifies the vital role of MHI (Mariwala Health Initiative) support.	—
—	—	दलित अल्केमी के वैशाली जी के माध्यम एक वैज्ञानिक मनोविक्षेपण के द्वारा मेरे साथ हुए जो मानसिक और भावनात्मक रूप से हुए दमन पीड़ा, कुरता को जातीय भेदभाव की पीड़ा को समझने का एक बहुत ही गम्भीर प्रयास किया जो कि मैं किसी को भी बता पाना मेरे लिए बहुत असंभव था जो पीड़ा और दर्द सहते हुए मेरे गहरे मन में बैठ गया था। मेरे गाने और गुनगुनाने की उन्मुक्त भाव हमेशा के लिए खत्म हो गई थी। मेरी आवाज़ की जोश और उत्साह खत्म हो गई थी जो बिल्कुल दबे हुए आवाज में निकलती थी वो बहुत ही सहजता से बदला जिसके लिए दलित अल्केमी के वैशाली जी दिल से आभारी हूँ। उनके इस तरह एक्सरसाइज को मानसिक रूप दबे हुए दलित आवाज को जो किसी न किसी रूप में लम्बे समय से व्यिक्त के मानसिक दर्द को छुपाया हुआ है। उसकी आवाज में पीड़ा और दर्द छुपा है वो जातीय भेदभाव परिवार के भेदभाव और परिवार की कमियों की मानसिक पीड़ा में जी रहा है उसके बदलने के लिए अपने साथियों के साथ आफ्रीस और बाहर फील्ड में नजदीक के साथियों के साथ मानसिक स्वास्थ्य देखभाल और बदलाव के रूप में इस अनुभव का इस्तेमाल किया जो बहुत ही अलग और विशेष बदलाव देखने को मिला। दलित	Through Vaishali ji and Dalit Alchemy, a scientific psychoanalytical approach was undertaken to deeply understand the mental and emotional oppression, suffering, cruelty, and caste-based discrimination I had endured. This was an extremely serious effort to bring to light the pain that had long remained impossible for me to share with anyone. The suffering had settled deep within me, silencing my natural joy in singing and humming. The enthusiasm and energy in my voice had disappeared, leaving	—

4	P-5	The MH allowance, Method of use, and MH allowance Impact	Translation	other
—	—	अल्केमी से मिलने वाले मानसिक स्वास्थ्य देखभाल के मिलने वाले सहयोग राशि को इनके बीच में उपयोग किया जिसमें मुझे और सामने वाले साथी को मानसिक रूप से स्वस्थ रहने में मदद करने का एक बहुत ही महत्वपूर्ण तरीका समझ में आया। जिसमें दलित अल्केमी के कार्य क्रम और वैशाली जी को बहुत बहुत आभार है मेरे दबे हुए पीड़ा की मानसिक बदलाव मेरे क्रोध में बदल गया था जो कि मेरे खून से होते हुए मेरे बच्चों में देखने को मिला। जो मुझे महसूस हुआ कि अगर दलित आदिवासी वंचितों महिलाओं किशोरियों को मानसिक रूप से जातीय उत्पीड़न परिवार के उत्पीड़न भावनात्मक रूप से शोषण उत्पीड़न उसके मानसिक स्वास्थ्य को इस तरह से बदल देता कि वह और उसकी आने वाली पीढ़ी पे भी गंभीर रूप से प्रभाव डालता है जिसके कारण वह मानसिक पीड़ित व्यक्ति के अन्दर दया, करुणा, प्यार, अपने पन का भाव खत्म हो जाता है और नफ़रत, कठोरता, हीनभावना, अपराध, हत्या, आत्म हत्या और बहुत निर्दयता के भाव को जन्म देता है। और इसका दोष पीड़ितों को कड़ पीढ़ियों तक देखने को मिलता है बहुत पीढ़ियों के वंश खत्म हो जाता है या फिर उनके पीढ़ीया। हमेशा के लिए दब जाती है और उनकी दबी आवाज डरा हुआ दबा हुआ व्यवहार देखने को मिलता है जो हमेशा के लिए दब जाती है। जो की मानसिक स्वास्थ्य की एक बहुत ही महत्वपूर्ण विषय है। मैं जो भी लिख रहा हूँ उस मानसिक पीड़ा का एक बहुत ही छोटा भाग लिख पाया बहुत सी भावनात्मक बात लिख पाना बहुत मुश्किल है। लेकिन मैंने महसूस किया कि इसका सबसे बड़ा रूप दलित आदिवासी वंचितों	only a suppressed tone. This transformation happened very naturally, and for this, I am deeply grateful to Vaishali ji and Dalit Alchemy. These exercises helped release the suppressed Dalit voice, which had hidden, over a long time, the mental pain caused by caste discrimination, family neglect, and other familial shortcomings. I used this experience, along with peers both in the office and in the field, as part of mental health care and transformative practice. This created a very unique and remarkable change. The mental health support funds from Dalit Alchemy were used in these activities, which became a significant way to help both me and my peers maintain mental well-being. I am profoundly	—

4	P-5	The MH allowance, Method of use, and MH allowance Impact	Translation	other
—	—	महिलाओं अतिदलित समुदाय में बड़े स्तर पर देखने को मिलेगा। बहुत छोटा लेख दें पा रहा हूँ क्योंकि पूरा लिखने में कई किताब बन जाता.	grateful to Dalit Alchemy and Vaishali ji for this support. The suppressed pain within me transformed into a kind of anger, which I even saw reflected in my children. I realised that if the mental health of Dalits, Adivasis, marginalised women, adolescent girls, and other oppressed communities is not addressed—especially the emotional exploitation and caste-based oppression they carry its consequences forward. The mental suffering of one generation can strip away compassion, love, self worth, and empathy, replacing them with hatred, harshness, inferiority, violence, and even tendencies toward self-harm or cruelty. This suffering can continue across multiple generations, often	—

4	P-5	The MH allowance, Method of use, and MH allowance Impact	Translation	other
—	—	—	silencing voices permanently. The suppressed pain manifests in fearful and restrained behavior, which has lasting effects. This is one of the most critical aspects of mental health. What I have written here represents only a small portion of the mental suffering I have experienced; capturing the full emotional depth would fill many books. However, I have observed that these patterns of suffering are even more pronounced in Dalit, Adivasi, marginalised women, and ultra-Dalit communities on a large scale. I am only able to write a very short piece because writing the full account would fill many books.	—

4	P-5	The MH allowance, Method of use, and MH allowance Impact	Translation	other
—	Email 18 th 2 nd	मानसिक स्वास्थ्य की स्थिति में अपने मानसिक मूल्यांकन के लिए टीम के साथियों का भी मानसिक स्वास्थ्य मूल्यांकन करने की सोच आइ जिसके उपरांत मैंने महिला साथी श्री Bhanu का बात चीत किया जिसमें उसके व्यवहार से तो कहीं पीड़ा नहीं दिख रहा था लेकिन एक दिन की बात के बाद दूसरे दिन में घास के फूल को मकड़ी के जाले में फंसा हुआ देखा तो फिर से श्री Bhanu(name changed) से उसके मानसिक स्वास्थ्य को लेकर बात करना की सोच आइ जिसके बाद पता चला कि वह अपने मां के रसते में जिसमें प्रेम करतीं हैं उससे शादी नहीं करने दे रहे हैं परिवार वाले और वह अपने सारे निजी जीवन उससे बांट चुकी है लेकिन परिवार के दबाव के कारण पीछे हट रही है नहीं तो परिवार ज़हर खा कर जान दें देंगे धर्म संकट के कारण श्री देवी को अपना निर्णय बदलना पड़ा लेकिन लड़का पीछा नहीं छोड़ा दूसरे जगह शादी तय हुई और फिर किसी तरह उस लड़के को उसका नम्बर पता चल गया शादी के सारे रस्म पूरे होने के बाद फिर से वह पूर्व प्रेमी लड़की लड़का दोनों को जान से मारने इज्जत उड़ाने की धमकी देने लगा कुछ दिन से चेहरा उड़ा देख कर सवाल किया तो फूट कर रोने लगी और बोली अगर आपसे बात नहीं की होती तो शायद एक दो दिन में मैं ज़हर खा कर चुपचाप मर जातीं मैं मानसिक रूप से बहुत परेशान थीं। लेकिन आपके मानसिक सहयोग और समर्थन ने मेरे अंदर ताकत दे दिया है और बहुत तरीके से उसका काउंसलिंग किया उसके डर को दूर करने के लिए उसे सब चीजों से सामना कराया और फिर नये जगह शादी को सेंट कराके उसके मानसिक स्वास्थ्य देखभाल और बदलाव के लिए मिलने वाले मानसिक स्वास्थ्य चिकित्सकीय सहायता राशि को	While assessing mental-health needs, I decided to screen the mental health of my team members as well. After that, I spoke with a female colleague, Ms. Bhanu. From her behaviour at first, there didn't appear to be any obvious pain, but the next day, after I noticed something small and troubling (like a grass flower caught in a spider's web), I decided to talk with Ms. Bhanu again about her mental health. During that conversation, I learned that her family was refusing to allow her to marry the person she loved. She had already shared her whole private life with him, but due to family pressure, she had been forced to withdraw her decision.	—

4	P-5	The MH allowance, Method of use, and MH allowance Impact	Translation	other
—	—	उपयोग कर के नये जीवन और उत्साह में बदलाव किया जो एक महत्वपूर्ण उदाहरण पूर्ण क्रम है	She feared severe consequences from her family — even to the point of being driven to take poison — and felt she had no choice because of the family's religious and social pressure. The man she loved didn't give up; he ended up being settled elsewhere, but somehow later found her number. After his wedding rituals were completed, he began threatening to ruin their reputations and even to kill them. When I asked about her recent appearance and saw her break down, she burst into tears and said that if she hadn't talked to me, she might have quietly taken poison in a day or two. She was mentally very distressed. With my psychological support and encouragement, she regained some strength. I counselled her	—

4	P-5	The MH allowance, Method of use, and MH allowance Impact	Translation	other
—	—	—	in many ways, helped her face her fears, and supported arranging a new marriage venue. We also used the mental-health assistance funds to provide clinical care and support for her recovery. This change into a new life and renewed hope is an important, exemplary step.	—
—	Email, 18 th May 3 rd	एक 14 वर्षीय लड़का जिसके पिता नहीं हैं मां बहुत मुश्किल से पालन पोषण कर रही है उसके कुल तीन बेटे और एक बेटी है सबसे छोटा बेटा Somu को बेटी komal बहुत प्यार देती है Komal(name changed) का उम्र 16 साल है सब कुछ ठीक चल रहा था काजल की शादी हो गई लेकिन इसी बीच उसका रसते का मामा उसे भगा ले गया somu को काफी मानसिक आघात लगा उसका पूरा परिवार सदमे में आ गया वह सभी आत्म हत्या को लेकर सोचने लगे किसी तरह समय के साथ सामान्य किया गया लेकिन Somu(name changed) पूरी तरह से ठीक नहीं हो पाया लेकिन उसका एकान्त पन और घर से उपेक्षा ने उसे और गहरा मानसिक रोगी बना दिया कइ बार काउंसिल ट्रीटमेंट देने के बाद भी फिर से अपने पुरानी अवस्था में चला जाता था बीच में उसे फिर काउंसलिंग कर रहा था कि कुछ उसके सगे लोग और खराब स्थिति में ला दिए जिसमे कंट्रोल कर पाना मुश्किल हो गया उसके बाद उसे मानसिक स्वास्थ्य के डाक्टर के देख रेख है इलाज कराना पड़ा जो दो	A 14-year-old boy, Somu, lost his father, and his mother has been struggling hard to raise the family. She has three sons and one daughter. The youngest son is Shanu, and he is deeply loved by his sister Komal, who is 16 years old. Everything was going fine until Komal's marriage took place, but then their maternal uncle (a relative) eloped with her. This incident caused severe psychological trauma to Somu,	—

4	P-5	The MH allowance, Method of use, and MH allowance Impact	Translation	other
—	—	माह तक चला और आज वह अपने साथ के अन्य साथियों की तरह मिलना जुलना खेलना पढ़ना और सामान्य स्थिति ज़ी रहा है आपके दिये गये एम एच आई के चिकित्सकीय के साथ और सहयोग राशि लगातार मानसिक स्वास्थ्य को बदलाव करने में मदद मिला जो मेरे चिकित्सकीय सहायता और मानसिक स्वास्थ्य के लिए एक महत्वपूर्ण प्रेरणा और शक्ति मिली सहयोग के एक भाग का महत्वपूर्ण कार्य किया।	and the entire family went into shock. They even began having suicidal thoughts. With time, they were somewhat stabilised, but Somu could not fully recover. His loneliness and neglect at home made him slip further into mental illness. Even after several rounds of counselling treatment, he often relapsed into his earlier state. During another counselling phase, some close relatives worsened the situation, making it difficult to control. Eventually, Somu had to be treated under the care of a psychiatrist for two months. Today, he is able to meet friends, play, study, and live in a normal state like his peers. With the help of my Mental Health allowance provided by MHI, medical support and assistance funds, his mental	—

4	P-5	The MH allowance, Method of use, and MH allowance Impact	Translation	other
—	—	—	health gradually improved. This provided not only significant support for Somu's recovery but also served as an important source of inspiration and strength for my own work in mental health care. It shows how critical such assistance is as part of collaborative efforts.	—
—	Email, Fri, Nov 8, 2024	दलित अल्केमी से मिलने वाले सहयोग राशि को कुछ इस तरह से उपयोग किया। दलित अल्केमी से मिलने वाले मानसिक स्वास्थ्य देखभाल के सहयोग के भाग को लेकर सबसे पहले अपने बीच साथियों के साथ मानसिक स्वास्थ्य को लेकर एक पहल किया एक तुलनात्मक अध्ययन और खुद की समीक्षा के लिए उनसे उनके साथ हुए मानसिक उत्पीड़न भेदभाव और परिवार के लोगों द्वारा अनदेखी और दुर्व्यवहार गरीबी के कारण गांव के जातीय उत्पीड़न लैंगिक अत्याचार और रिस्तेदारों से परिवार के सदस्यों से हुए छेड़छाड़ शोषण और बलात्कार के प्रयास के कारण होने वाले मानसिक स्वास्थ्य पर पड़ने दुर्व्यवहार के प्रभाव को अध्ययन किया अपने साथ हुए पीड़ा को बाहर निकालने का प्रयास किया जिसमे मेरे मन में भावनात्मक कुंठा को पीड़ा को बाहर निकाला , जिसमें सभी के साथ आफ़ीस से बाहर प्राकृतिक वातावरण में खान पान आने जाने में खर्च किया गया। जो मेरे साथ साथियों का भी मानसिक स्वास्थ्य को	The support funds received from Dalit Alchemy were utilised in the following ways: With a portion of the mental health care support from Dalit Alchemy, I first initiated a mental health awareness and assessment exercise with my peers. We conducted a comparative study and self review, discussing the mental harassment, caste-based discrimination, neglect and abuse by family members, poverty, village-level caste oppression,	—

4	P-5	The MH allowance, Method of use, and MH allowance Impact	Translation	other
—	—	स्वस्थ करने का प्रयास किया। मानसिक स्वास्थ्य विशेषज्ञ से अपनी मूल्यांकन और काउंसिल ट्रीटमेंट लिया एकांकी मूल्यांकन वैचारिक बदलाव के लिए एक्सप्रोजर विजिट कर सामाजिक बदलाव बदलते दुनिया में आगे बढ़ने की सीख ने मानसिक स्वास्थ्य को एक मजबूत ताकत, क्यों की स्थान बदल जाने से विचार बदल जाते हैं। साथियों के साथ गांव में कल्चरल एवं संगीत प्रोग्राम में भागीदारी किया। और गांव में कहानीया रात्रि विश्राम एवं समुह भोज का कार्यक्रम किया। जो की मानसिक स्वास्थ्य ठीक करने का सबसे मजबूत और महत्वपूर्ण बदलाव किया। अपने से आगे और अपने से पीछे कई लोगों का और क्षेत्रों में कई सामाजिक आर्थिक राजनीतिक रूप को तुलनात्मक मूल्यांकन किया। जो कि एक सकारात्मक सोच उर्जा को आगे बढ़ाया इसके लिए दोनों लोगों के बीच आने जाने और खान पान को जोड़कर वैचारिक लेन देन को बढ़ाया जिसमे दलित अल्केमी से मिलने वाले सहयोग राशि को इनके बीच खर्च किए। जो की मेरे मानसिक स्वास्थ्य को स्वस्थ करने में मदद मिला। मेरे अन्दर के नकारात्मक सोच क्रोध हीनभावना को खत्म कर एक आशा वादी दीर्घ जीवन प्रत्याशा की साथ उर्जावान सोच का विकास हुआ। दलित अल्केमी के साथ सबसे गरीब दलित आदिवासी वंचितों महिलाओं किशोरियों विकलांगों ट्रांसजेंडर की पीड़ा को समझने के लिए दिल से आभार है।	gender-based violence, and exploitation or attempted sexual abuse by relatives. This effort aimed to bring out and confront the pain we had experienced, helping release emotional distress and frustration. Expenses were incurred for natural environment outings, meals, and travel outside the office, which contributed to improving the mental health of both myself and my peers. I received evaluation and counselling treatment from a mental health specialist. I also undertook exposure visits for individual assessment and cognitive change, which taught me to adapt and move forward in a transforming society. This strengthened my mental health, demonstrating how changes	—

4	P-5	The MH allowance, Method of use, and MH allowance Impact	Translation	other
—	—	—	in environment can influence perspective and resilience. With my peers, I participated in cultural and musical programs in villages, organized storytelling nights, communal meals, and overnight stays. These activities significantly contributed to mental well being and created a positive shift. I conducted comparative evaluations of multiple individuals and communities across social, economic, and political dimensions. This promoted positive thinking and energy. Travel and meal expenses facilitated interaction and knowledge exchange among participants, and the Dalit Alchemy support funds were utilised for these activities, which	—

4	P-5	The MH allowance, Method of use, and MH allowance Impact	Translation	other
—	—	—	directly contributed to improving my mental health. As a result, my negative thoughts, anger, and feelings of inferiority were replaced with hope, optimism, and an energised, forward-looking perspective. I am deeply grateful to Dalit Alchemy for helping me understand the struggles of the most marginalised—poor Dalit, Adivasi, tribal, women, adolescent girls, persons with disabilities, and transgender individuals.	—
—	Email, Fri, Nov 8, 2025	दिनांक 4-11-24 को दलित अल्केमी की मिटिंग को जुड़ने के पहले मन में कड़ तरह के सवाल थे और न व्यक्त कर पाने वाले दबाव महसूस हो रहा था लेकिन आप से बात करते हुए मन के दबाव का पता ही नहीं चला, व्याहारिक बात के माध्यम से सामाजिक और दलित अल्केमी के वैचारिक रूप और समझ को की महसूस करा दिया और उससे संदर्भित जानकारी भी दिया जो मेरे मानसिक स्वास्थ्य के लिए एक महत्वपूर्ण टेबलेट (दवा) के रूप में काम किया। हमने अपने अन्दर सवाल और समस्या को बहुत सरलता पूर्वक व्यक्त किया। ये मिटिंग से महसूस हुआ	On 4th November 2024, before joining the Dalit Alchemy meeting, I had many questions and felt pressures that I could not express. However, while speaking with you, I did not even notice the weight of that pressure. Through practical	—

4	P-5	The MH allowance, Method of use, and MH allowance Impact	Translation	other
—	—	कि सबसे पहले उसके बात के शब्दों में इतना सहज और अपना पन होना चाहिए कि सामने वाले साथी के मन की पीड़ा और दर्द को कैसे बाहर निकाला जा सकता है। साथ में सामाजिक अनुभव में हम कितने भी समझदार क्यों न हो लेकिन जो मानसिक दर्द पीड़ा उस समुदाय की समझ उसी समुदाय का व्यक्ति समझ सकता है वो दूसरे समुदाय का व्यक्ति नहीं, दूसरे समुदाय का व्यक्ति सौतेली मां की तरह होती है लेकिन उसी समुदाय का व्यक्ति उसे सगी मां की तरह होती है चाहे वह कैसी भी क्यों न हो, इसलिए दलित अल्केमी के कार्य में सबसे ज्यादा सरल और सामुदायिक समझ को विशेष रूप से ध्यान रखना चाहिए।	conversation, you helped me experience the social and ideological understanding of Dalit Alchemy, providing contextual information that acted like an important “tablet” (medicine) for my mental health. We were able to express our questions and problems very simply. From this meeting, I realised that first and foremost, one's words must carry ease and a sense of self, so that the pain and suffering of the other person can be drawn out. In social experience, no matter how wise we may be, the mental pain and suffering of a community can only truly be understood by someone from that community. Someone from outside the community can only be like a stepmother, whereas someone from within	—

4	P-5	The MH allowance, Method of use, and MH allowance Impact	Translation	other
—	—	—	the community can act like a real mother, regardless of their personal flaws. Therefore, in the work of Dalit Alchemy, the most important focus should be on simplicity and deep community understanding.	—
—	Email 28 th Oct.	दलित अल्केमी वैशाली जी के माध्यम एक वैज्ञानिक मनोविश्लेषण के द्वारा मेरे साथ हुए जो मानसिक और भावनात्मक रूप से हुए दमन पीड़ा , कुरता को जातीय भेदभाव की पीड़ा को समझने का एक बहुत ही गम्भीर प्रयास किया जो कि मैं किसी को भी बता पाना मेरे लिए बहुत असंभव था जो पीड़ा और दर्द सहते हुए मेरे गहरे मन में बैठ गया था। मेरे गाने और गुनगुनाने की उन्मुक्त भाव हमेशा के लिए खत्म हो गई थी। मेरी आवाज़ की जोश और उत्साह खत्म हो गई थी जो बिल्कुल दबे हुए आवाज में निकलती थी वो बहुत ही सहजता से बदला जिसके लिए दलित अल्केमी के वैशाली जी दिल से आभारी हूँ। उनके इस तरह एक्सरसाइज को मानसिक रूप दबे हुए दलित आवाज को जो किसी न किसी रूप में लम्बे समय से व्यक्ति के मानसिक दर्द को छुपाया हुआ है। उसकी आवाज में पीड़ा और दर्द छुपा है वो जातीय भेदभाव परिवार के भेदभाव और परिवार की कमियों की मानसिक पीड़ा में जी रहा है उसके बदलने के लिए अपने साथियों के साथ आफ़ीस और बाहर फ़ील्ड में नजदीक के साथियों के साथ मानसिक स्वास्थ्य देखभाल और बदलाव के रूप में इस अनुभव का इस्तेमाल किया जो	Through Vaishali ji and Dalit Alchemy, a scientific psychoanalytical approach was undertaken to deeply understand the mental and emotional oppression, suffering, cruelty, and caste based discrimination activities, which became a significant way to help both me and my peers maintain mental well-being. I am profoundly grateful to Dalit Alchemy and that I had endured. This was an extremely serious effort to confront pain that had long remained impossible for me	—

4	P-5	The MH allowance, Method of use, and MH allowance Impact	Translation	other
—	—	बहुत ही अलग और विशेष बदलाव देखने को मिला। दलित अल्केमी से मिलने वाले मानसिक स्वास्थ्य देखभाल के मिलने वाले सहयोग राशि को इनके बीच में उपयोग किया जिसमें मुझे और सामने वाले साथी को मानसिक रूप से स्वस्थ रहने में मदद करने का एक बहुत ही महत्वपूर्ण तरीका समझ में आया। जिसमें दलित अल्केमी के कार्य क्रम और वैशाली जी को बहुत बहुत आभार है मेरे दबे हुए पीड़ा की मानसिक बदलाव मेरे क्रोध में बदल गया था जो कि मेरे खून से होते हुए मेरे बच्चों में देखने को मिला। जो मुझे महसूस हुआ कि अगर दलित आदिवासी वंचितों महिलाओं किशोरियों को मानसिक रूप से जातीय उत्पीड़न परिवार के उत्पीड़न भावनात्मक रूप से शोषण उत्पीड़न उसके मानसिक स्वास्थ्य को इस तरह से बदल देता कि वह और उसकी आने वाली पीढ़ी पे भी गंभीर रूप से प्रभाव डालता है जिसके कारण वह मानसिक पीड़ित व्यक्ति के अन्दर अत्यधिक क्रोध आना, दया , करुणा, प्यार , अपने पन का भाव खत्म हो जाता है और नफ़रत, कठोरता, हीनभावना, अपराध, हत्या, आत्म हत्या और बहुत निर्दयता के भाव को जन्म देता है।	to share with anyone. The suffering had settled deep within me, silencing my natural joy in singing and humming. The enthusiasm and energy in my voice had disappeared, leaving only a suppressed tone. This transformation happened very naturally, and for this, I am deeply grateful to Vaishali ji and Dalit Alchemy. These exercises helped release the suppressed Dalit voice, which had hidden, over a long time, the mental pain caused by caste discrimination, family neglect, and other familial shortcomings. I used this experience, along with peers both in the office and in the field, as part of mental health care and transformative practice. This created a very unique and remarkable change. The mental	—

4	P-5	The MH allowance, Method of use, and MH allowance Impact	Translation	other
—	—	और इसका दोष पीढ़ीतो को कड़ पीढ़ीयों तक देखने को मिलता है बहुत पीढ़ीयों के वंश खत्म हो जाता है या फिर उनके पीढ़ीया। हमेशा के लिए दब जाती है और उनकी दबी आवाज डरा हुआ दबा हुआ व्यवहार देखने को मिलता है जो हमेशा के लिए दब जाती है। जो की मानसिक स्वास्थ्य की एक बहुत ही महत्वपूर्ण विषय है। मैं जो भी लिख रहा हूँ उस मानसिक पीड़ा का एक बहुत ही छोटा भाग लिख पाना बहुत सी भावनात्मक बात लिख पाना बहुत मुश्किल है।	health support funds from Dalit Alchemy were used in these Vaishali ji for this support. The suppressed pain within me had transformed into anger, which I even saw reflected in my children. I realised that if the mental health of Dalits, Adivasis, marginalised women, and adolescent girls is not addressed—especially the emotional exploitation and caste-based oppression—it affects not only the individual but also future generations. Mental suffering can generate excessive anger, destroy compassion, love, and self worth, and give rise to hatred, harshness, inferiority, criminal behaviour, violence, and even self-harm. These consequences often persist across multiple generations,	—

4	P-5	The MH allowance, Method of use, and MH allowance Impact	Translation	other
—	—	—	sometimes erasing entire family lines. Suppressed voices manifest as fearful, restrained behaviour, silenced permanently. This is one of the most critical aspects of mental health. What I have written here represents only a small portion of the mental suffering I have experienced; capturing the full emotional depth would be extremely difficult.	—
—	21 st Jan email	प्रिय वैशाली जी, आपको अवगत कराना चाहता हूँ कि दलित अल्केमी से मिलने वाले 5वां सहयोग राशि को कुछ इस तरह से उपयोग किया दलित अल्केमी से मिलने वाले मानसिक स्वास्थ्य के देख भाल के सहयोग के भाग को ट्रेनिंग के माध्यम से स्वयं को समझाने में एवं संवेदनशील बनाने में एक सोच जो बहुत ही गम्भीर और व्यक्तिगत रूप से प्रभावित करती है महसूस किया जिसको लेकर गांव में पुराने बुजुर्ग के द्वारा सुना भी और अपने खुद के मा पिता से महसूस किया बेटों (पुरुषों) के लिए एक कहावत सुनी थी जो गांव की देशी भाषा में कुछ इस तरह से है—	Dear Vaishali ji, I would like to inform you how the fifth support fund received from Dalit Alchemy was utilised. A portion of the mental health care support was used for training and self-reflection, which helped me develop sensitivity and awareness in a deeply personal and impactful way. Through this,	—

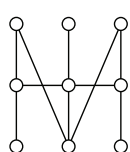
4	P-5	The MH allowance, Method of use, and MH allowance Impact	Translation	other
—	—	“जेठ पूत पूतई अहई माझिल पूत लबेदवई अहई और लहुरा पूत करेजवई अहई।” अर्थात इसका मतलब यह कहा जाता है कि बड़े बेटे के जन्म होने पर अत्यधिक खुशियां मनाई जाती हैं बहुत अच्छा लगता है खुशी का शोहर नाच गाना और बहुत तरह के खुशी का माहौल रहता है। खुशी का माहौल तो सभी बच्चों के पैदा होने पर होता है लेकिन बड़े बेटे के होने पर कुछ ज्यादा माहौल होता है लेकिन समय के साथ लोगों के मन में परिवर्तन किस तरह से होता है बड़े बेटे के बाद जब दूसरे बेटे का जन्म होता है जिसको गांव की भाषा में माझिल पूत बोला जाता है मझिले बेटे के पैदा होने पर बड़े बेटे का मान सम्मान प्यार दुलार घट जाता है और जिम्मेदारी का बोझ उसके सर पर रख दिया जाता है और जब तीसरे बेटे का जन्म होता है तो मझिला बेटा जैसे (पत्थर, मिट्टी) लबेदा जैसे मूल्य हीन पत्थर उठा कर इधर-उधर फेंक दिया जाता है बड़ा बेटा उन लोगों के नजरों काफी समझदार हो जाता है और मझिला बेटा समझदार न होते हुए भी इधर उधर फेंक दिया जाता है उसके किसी भी खुशी और हालातों प रस्थितियों को देखना या समझना उसके शारीरिक या मानसिक स्थिति कैसी है इससे कुछ भी मतलब नहीं रह जाता है। छोटे बेटे के जन्म होने पर खुशियां अपार हों जाती हैं उसको माता-पिता के प्यार के साथ साथ बहनों और दोनों भाइयों का प्यार मिलता है उसके इच्छानुसार सब कुछ दिया जाता है उसके खुशियों और विलासिता और भावनाओं का पूरा ध्यान रखा जाता है छोटा बेटा कुछ भी करे कोई रोक टोक नहीं लगेगा उसके द्वारा किए गए किसी गलत	I also reflected on experiences shared by the elders in my village and those of my own parents. There is a saying in the local village language about sons that goes roughly like this— <i>"Jeth put putai ahai, Majhil put labedvai ahai, Lahura put karejvai ahai."</i> It means that the birth of the eldest son is celebrated with great joy, singing, dancing, and festivities. While all children are celebrated, the eldest son receives special attention and honor. Over time, however, attitudes toward the subsequent sons change. When the second son (called Majhil put) is born, the love, attention, and respect for the eldest son decrease, and the responsibilities shift onto his shoulders. When the third son is	—

4	P-5	The MH allowance, Method of use, and MH allowance Impact	Translation	other
—	—	कार्य को गलत नहीं कहा जायेगा सही के लिए बात ही और विशेष रूप से अलग है लेकिन सच में और हर चीज के लिए मां-बाप बहन के लिए कलेजा बना रहता है और सच में लास्ट तक मझिला बेटा कुड़ा बन कर रह जाता है यह कहावत हम दादी और गांव के बड़े बुजुर्ग से सुनी थी लेकिन सच में ऐसा होता है जो मैं खुद महसूस किया और देख रहा हूं इस तरह से की पीड़ा किसी को बताना अपने हंसी उड़ानों के बराबर है लेकिन मैंने इसे दूर करने की एक महत्वपूर्ण कोशिश की उनके छोटे छोटे बिन्दुओं और खुशियों के लिए उनके ख्याल और जरूरत को पूरा करने के लिए MHI और अपने खुद के पैसे के खर्च किये तो यह महसूस हुआ कि उन्हें हम अपने महत्व को भी महसूस करना जरूरी होता है जिसमें वो महसूस किए लेकिन एक बहुत लम्बा वक्त के बीत जाने के बाद लेकिन वो पीड़ा समय को भुला पाना काफी कठिन होता है। ये हम अपने तरह कड़ लोगो से मुलाकात कर बातचीत किया जिसमें अलग अलग उम्र के लोग भी हैं इस पीड़ा को बहुत गम्भीर तरीके से प्रभावित हुए और जो उनके मानसिक अवस्था को प्रभावित किया और वो उससे जीवन भर नहीं निकल पाये लेकिन इस पर समय रहते कुछ अलग और विशेष सोच के साथ मेहनत किया जाये तो ये मानसिक बदलाव किया जा सकता है जो मैं खुद महसूस कर रहा हूं।	born, the middle son (Majhil) is treated as if he is worthless—like stones or dirt discarded without regard for his happiness, well-being, or circumstances. Meanwhile, the eldest son is regarded as wise and mature, while the middle son is overlooked, regardless of his abilities. The youngest son, however, receives immense joy and attention from parents, siblings, and the extended family. His wishes are fulfilled, his happiness and comfort prioritised, and his mistakes often overlooked. The care and love for the youngest are immense, while the middle son often remains unseen and undervalued until adulthood. I heard this saying from my grandmother and the village	—

4	P-5	The MH allowance, Method of use, and MH allowance Impact	Translation	other
—	—	—	elders, but I have personally witnessed and felt its truth. Sharing this pain is almost as difficult as sharing one's laughter. To address this, I made a conscious effort to focus on the small joys, needs, and care of the middle child using both MHI support and my own resources. This helped him feel his importance and value, though it took a long time, as the pain of neglect is not easily forgotten.	—
—	—	—	I also met and spoke with many people of different ages to understand this pain, which affects mental health profoundly and can have lifelong impacts. However, with timely intervention, special thought, and effort, positive mental health changes can occur, as I have personally experienced.	—

4	P-5	The MH allowance, Method of use, and MH allowance Impact	Translation	other
—	22 nd Jan email	प्रिय वैशाली जी, आपको अवगत कराना चाहता हूँ कि दलित अल्केमी से मिलने वाले 7वां सहयोग राशि को कुछ इस तरह से उपयोग किया। दलित अल्केमी से मिलने वाले मानसिक स्वास्थ्य देखभाल के सहयोग के भाग को ट्रेनिंग के माध्यम से स्वयं को समझाने में और संवेदनशील बनाने में एक नई समझ को विकसित किया काम का प्रेशर और दबाव को लोगों के झुंझलाहट खिसियाहट क्रोध और गुस्से को सामाजिक कार्यकर्ता को भी जातीय भेदभाव का अपमान जो लड़ा नहीं जा सकता सिर्फ महसूस किया जा सकता है और कार्य एवं सामाजिक हार महसूस होने पर लगातार भाग दौड़ के कारण मानसिक स्थिति और सोच काफी डिस्टर्ब हो जाता था और अपने मासूम बच्चों से खिसियाहट गुस्से में बात निकल जाती है और उनसे प्यार से बात चीत प्रेम पूर्ण समर्पण और समय नहीं दे पाया जिसमे मेरे उपर होने वाले मानसिक दिक्कत का असर मेरे बच्चों पर ट्रांसफर हो रहा था जिसको समझ कर दूर नहीं कर पा रहा था जिसको उपरांत मैंने खुद को बदलने के लिए मानसिक स्थिति और स्वास्थ्य को प्रभावित होने से बचाने और बच्चों पर पड़े बुरे प्रभाव को कम करने के लिए खुद समय देकर अपने बच्चों परिवार के बीच में MHI के द्वारा मिलने वाले सहयोग राशि और खुद के पैसे जोड़कर अपने बच्चों और परिवार के बीच खर्च किया और समय दिया जो मेरे और परिवार के लिए किसी भी दवा से ज्यादा बेहतर इलाज साबित हुआ जो मेरे परिवार के और खुद के लिए महत्वपूर्ण बदलाव किया उनके बीच खर्च कर के आपसी प्रेम और सद्भाव विश्वास पूर्ण समर्पण को बढ़ावा दे कर अपने और बच्चों परिवार के मानसिक स्वास्थ्य को स्वस्थ करने में महत्वपूर्ण कार्य किया।	Dear Vaishali, I would like to inform you how the seventh support fund received from Dalit Alchemy was utilised. A portion of the mental health care support from Dalit Alchemy was used for training that helped me develop self-understanding and sensitivity. I realised that the pressures and frustrations of work, the impatience, irritation, anger, and resentment of people, as well as the insult of caste based discrimination that social workers cannot fight but only feel, could disturb one's mental state and thought process. Continuous busyness and work pressure were affecting my interactions with my innocent children, causing moments of irritation and anger, preventing me from giving them love, care,	—

4	P-5	The MH allowance, Method of use, and MH allowance Impact	Translation	other
—	—	दलित अल्केमी के सहयोग और वैशाली जी दिल से आभार है।	attention, and dedicated time. This unaddressed mental stress was transferring its negative effects to my children. To address this, I consciously invested time and used both the MHI support funds and my own resources to spend quality time with my children and family. This proved to be a more effective treatment than any medication, bringing significant positive changes for myself and my family. By fostering mutual love, harmony, trust, and dedicated attention, I was able to improve the mental well-being of both myself and my children. I am deeply grateful to Dalit Alchemy and Vaishali ji for their support	—



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