

COGNISANCE

DEPARTMENT OF PSYCHOLOGY NEWSLETTER | SNDT
UNIVERSITY, CHURCHGATE



EDITORIAL

By Madhureema Neglur & Vrinda Ruparelia

Greetings from Team Cognisance!

The idea of coming up with a departmental newsletter that took birth last year, is now in its second phase. We are both excited and proud to bring to our readers the second edition of 'Cognisance'. Last year, we covered an array of different topics ranging from uncommon therapies to self-help techniques. This year, we continue some of the old traditions and along with it, undertake some new topics.

The current edition kick starts by showcasing an impressive record of all the Psychology Department activities undertaken at SNDT WU in the words of our HoD, Dr. Anuradha Sovani. We have had the honor to then include a beautiful story received from Dr. Bharat Vatwani, Ramon Magsaysay Awardee of 2018. Next, the newsletter has attempted to capture the on-field scene of the status of Psychology in India by presenting works on the latest Mental Health Care Act, 2017 and 'Breaking the closet- Working with LGBTQIA+ individuals', the latter being an important faculty contribution. One may find some pertinently relatable reads on Attachment Styles as well as on Social Media and Mental Health. We have touched upon the heavily disputed subject of whether Psychology is a Science or not. Building on this, we have also ventured into exploring how psychology has found its footing in the newly blooming area of Neuromarketing. Gaming is largely discussed for its scientifically proven negative effects on mental health. However, every coin has two sides and so we have dwelt into some evidence that records the positive effects of gaming.

In the hopes of carrying forward the legacy of the previous issue of Cognisance, a section on Uncommon Therapies has been included followed by a very interesting and graphic presentation of Psychopathology in Cartoon Characters. Finally, the newsletter in its aspirations of being informatively useful to the student community has covered several Niche Careers in Psychology and Self Help Techniques for enhancing mental health. Last but not the least, Cognisance is laden with heart-touching poetry encapsulating the nuances of mental health in its words. All in all, we have strived to display a bunch of major Psychology-oriented themes in Cognisance 2.0.

On behalf of the Team, we would like to thank the department and our professors to have given us this opportunity to unleash the creative writers within us. We would also like to thank our Editorial team and our content writers who helped us build this issue page by page. We hope you enjoy reading this edition and that the articles manage to throw some light on current advances in the field of psychology. The Team will be back with another issue scaling many such interesting endeavors and thought provoking content. Till then, Happy Reading!

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FROM THE HOD's DESK

By Dr. Anuradha Sovani

It is Cognisance time again, and my fingers are itching to put down some of the exciting events that happened over 2018-19. I have realized now that excitement within any campus department is a product of a bright and enthusiastic bunch of students who can't wait to do more and taste the exciting world of psychology out there in the community, and another bright and enthusiastic bunch of friends out there in that psychology community who are impatient to induct this new generation into their burgeoning world!

So the trick is to weave a web that will open lines of communication between established and flourishing practitioners, researchers, and academicians out there, and these bright young minds who are wards of the Department for two years. Fire up the former with the realization of the huge potential hidden in the dingy classrooms of a University.....gold mines in themselves. And enthuse the latter to explore a world beyond books and classroom sessions.

This year began with a large project of Responsible Netism as they spread the word of cyber safety through municipal school classrooms. Students of the Department of Psychology, both seniors and juniors, went along and assisted them in this mission, a much needed and timely intervention.

The Department of Psychology, SNDD Churchgate also has a collaborative Global Grant project in Addiction prevention which had a similar agenda in its sights, and the students benefited from that line of thought as well, participating in module development and round tables directed towards creating resources which would sustain over the years. A large program at KEM Hospital focusing on de-addiction and addiction counseling too was an added benefit. These are activities that are now woven into the Annual calendar of events of the Department for the years to come, and many new batches of students would benefit from the effort.

Around the same time, SNDD Department of Psychology collaborated with Mumbai High Court to run a Pre Litigation Counseling center on its premises, supported by the Maharashtra State Legal Services Authority. A time will come soon when our students too will be woven into this project.

On the heels of these activities came the exciting McLean Hospital and N.S. Vahia Foundation sponsored lecture series on Mental Health at Nehru Science Center, an intellectual treat for SNDD Department of Psychology students who attended the same.

The MA I students of Psychology at SNDD WU Churchgate began an innovative discussion group which meets every month and discusses a variety of issues ranging from Movies and Mental Health, the Mental Health Act, Forensic Psychology to numerous other current topics, each led by a different student in turn. And of course, Cognisance continues, with its bright new team of Editors.

Campus to Career saw its fifth edition, even larger and more varied and successful than before, with close to twenty organizations presenting their profiles to our students, to get them to see the wonderful career opportunities that lie in their ambit. Many have already found their new places of employment, and will begin work as soon as examinations are done.

Several well known psychologists from other parts of India as well as overseas came and met the students and shared ideas with them. Among them were Seena Jacob of the Bookwaalah Foundation, Dr. Leon Pereira from Hawaii, EMDR practitioner Dr. Carol Forgash from the United States and Dr. Johan Maertens and Kathleen Rysseghem from Belgium. Teach for India too interacted with our students and will continue the association.

Our Alumni association is going strong, and the current MA students are keeping their intellectual scalpels sharp by carving out interesting and innovative Dissertation projects, well written and analytical, thought provoking assignments and presentations of varied and innovative topics in neuroscience. They participated in the annual BPA conference and many more. Some even went out to a prestigious college of the University of Mumbai to serve as resource persons for Stress Management programs for their Undergraduates.....talk about peer counseling!

The year also represented missed opportunities for sheer lack of time, due to a packed academic time table.....there was no time to squeeze in the street plays and poster exhibits we usually do for every Mental Health Week, and no time to enjoy the mental health Film festival we were invited for since examination dates were too close.

But anticipation is sweet, and yields juicier fruit. So let us leave some of the fun for the next academic year, as we wait to welcome more bright and eager students into our already exciting postgraduate world.

AN ODE TO A ROADSIDE SCHIZOPHRENIC

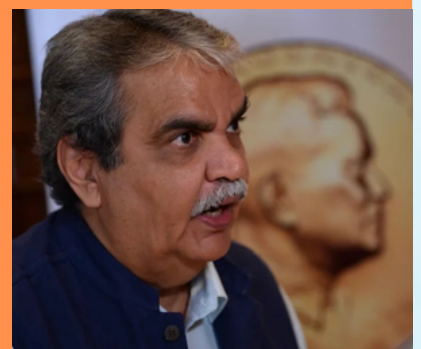
They were not really, in the truest sense of the word, master and pet. Far from it.

He led his schizophrenic existence on the pavements of non-existence. Hair tousled, unkempt, unwashed since days, his clothes had that peculiar body odor stink which comes out of months of decadence. You could not really call his life a life. To not a single soul it mattered, whether he was alive or dead. He existed because, well, he existed. He had never thought in terms of his own existentialism. Never truly considered the reasons for it.

The pup was a stray. Or so it would seem, given the fact that no one ever really claimed him, and he was left to his own space in the middle of the God forsaken road. Like the quintessential stray, he was only that good, as to be occasionally fondled and played with. His seemed the destiny of a stray. The pup had not exactly taken a liking to the schizophrenic man, but it seemed more a case of non-existentialism meeting non-existentialism. The man never offered the dog a biscuit or any of the offerings which passersby would occasionally leave behind next to him. In fact, the man never really called out proactively for the dog and vice versa the man never shooed it away. Neither the dog nor the man knew each other's name. A precariously juxtaposed non-existence. The only one idiosyncrasy they shared was that when the man went for his

Dr Bharat Vatwani Ramon Magsaysay Awardee 2018

Founding member of Shraddha Rehabilitation Foundation (1988) which caters to the tragedy of the mentally ill destitute wandering aimlessly on the streets of India. Shraddha is a fully charitable, secular, social and apolitical NGO wherein all the services are provided free of charge. They aim to rescue, provide free shelter, food and psychiatric treatment to the destitutes and try to reunite them with their lost families. Shraddha is engaged in a massive mental health awareness drive amongst rural villagers, police personnel, railway officials and the general public by networking with other NGOs and Government Mental Hospitals of India. From the inception of their Karjat project in 2006, Shraddha has picked up, treated and reunited 6287 mentally ill roadside destitutes with their families across the length and breadth of India till date.



morning ablutions into a nearby on-the-edge of the roads tree-canopied area, the dog would follow. They would both cross the road, separated by some distance, a distance large enough for the common man to assume that they were two separate identities, and not the master and the pet. And as mentioned earlier, they were never truly master and pet. Far from it.

The sun was used to shining. It shone bright and strong that day. It was the King within its own Kingdom, nothing existed to reduce its might and glory. Till the eye could see and far beyond, all light was the benefaction of this condescending sun. The moon had always been more timid in its demeanor. It would come out only when the sun was through its sojourn, knowing fully well that the light that it apparently emitted was not truly its own. The common man may not be abreast of the scientific truths, but the moon was not so dimwitted as to not understand that the sun's reflected light was the moon's calling card. And when the moon preened around, the common man often conceptualized poetry on this calling card of his. Had the sun not been around, no one would have ever acknowledged the moon. A dependent existence, if ever there was one.

The kid had just been learning how to drive his father's car. A fortnight in, and he was good enough to hit the road (or at least so he thought). On the sly, when his parents were asleep, he would slink the keys from atop the dressing table, and leave early in the morning, when the traffic had not yet picked up. He would get a chance then to press the throttle and like the feel of the breeze in his pony-length hair. His father possessed an Audi, which purred like a kitten, when pushed to the run.

No one expected anything to happen. Neither the man, nor the dog, not the sun, nor the moon, and definitely not the kid, behind the wheel of his Dad's Audi. It was supposed to be just another day. Bright light had been sparkling through the grains of the day, as if there was no tomorrow. The sun was never one not to thump its chest and go all guns blazing. The man took off and started walking across the road for his daily ablutions. The dog followed. It was funny how the dog managed to give up whatever he was doing and follow the man

when he crossed the road. The master never called out for the pet. At a safe distance, the dog started off, and not as a pet would, wagging his tail. But still followed, uncannily, as on every day. Existence teetering on the brink of non-existence. The boy had just kicked up a little speed and his was the only car on that brightly lit road. It was the moon that caught everyone off-guard, not the least its own self. Not even realizing the enormity of its action, it came in the way of the sun. It had never happened like this, or so it seemed to the moon. The sun was supposed to shine on and on in the world, and the last thing the moon wished for was to come in its path of earthward directed light. But like a monstrous mistake, it did. The total solar eclipse set in. The once-in-a-millennium event was unfathomable by anyone around. The day darkened within seconds to become grey, changing ever so fast to black, that everyone was taken aback and froze in slow, almost non-existential motion. Only the frenzied flutter and crowing of the diurnally disturbed birds rose to a crescendo. The kid (driving his father's beauty of an Audi) had only just given the accelerator the much needed push, and the car had only just literally jumped like a panther in majestic chase of the deer, that the darkness set in. The kid had never heard of a solar eclipse, leave alone seen one. His life was games on his mobile, frenzied kissing of his girlfriend in the corners of the garden, and everything else other than academic science. The kid panicked, braked, pushed the throttle, braked, and finally pushed the throttle in the ultimate of knee-jerk reactions, not even knowing he was on a road in the middle of a just-woken up (though after the darkness of the eclipse, it looked like it had slept off) city. The Audi swerved, screeching, an animal part-loose, partly being reined in.

The man had actually almost reached the distant edge of the road, when he barely swerved and sensed the Audi through the corners of his decrepit schizophrenic, albeit alert eyes. The boy had not managed to put the headlights of his Audi on, the thought never having entered his numbed brain. But the man saw the car hurtling through that empty street, the distance fast reducing. And he thought of the dog. Why did he spontaneously, almost autochthonously, think of the dog, he was not sure, but he did end up thinking of the dog. Perhaps it was an alignment of the

forces of loneliness, but the dog became the end point of his non-existential existence. It seemed pretty sure that the car would miss him, but he was not sure of the dog. With speed and reflexes that he did not know he possessed, he turned around and took two quick steps towards where he presumed in the solar-eclipse induced blindness the dog would be.

The dog, being providentially and naturally gifted with animal hearing instincts, had heard the Audi, even before the man had. And being a stray, was well versed with passing vehicles, of all shapes and sizes. He knew how to dodge them and never really panicked. He was thinking of the man. How and why he ended up thinking of the man, he could not surmise. The man had never really petted him or anything of that sort, never ever in the smallest of gestures acknowledged the presence of the dog. But, instinctively, almost intuitively, the dog was thinking of the man. Perhaps it was an alignment of the forces of loneliness, but the man became the end point of his non-existential existence. He was a Labrador, and though just a pup, a big one at that. He knew that one good solid push from him would get the man out of the sphere of that brute Audi. He lunged through the air towards the man with a desperate all-out ferocity and alacrity which belied even his agile might.

The master (not really the master), the pet (not truly the pet) and the beauty of an Audi ended up meeting each other head on. The Audi bore down both the master and the pet like wooden matchsticks being

plundered in the floods. No living creature could have withheld the force with which the Audi hurtled on its destructive blood-curling path. Blood flew, as flesh separated from bone, as life parted from life, as non-existence parted from non-existence. The master and the pet became one. Never earlier had words been exchanged, nothing was spoken even now. Nothing had ever needed to be said. It was just so, in their relationship. Everything preordained, existence had always teetered on the brink of non-existence, in perhaps a Carl Jung kind of ethereal subliminal synchronization.

The moon shrunk back from the path of the sun, almost ashamed of its act of coming in the way. The sun bore back on his fiefdom, not allowing the small mishap to reduce his grandeur. The Audi turned turtle, its beauty destroyed by the red of the blood of its prey. The boy trembling from head to foot, right up to his last measly toenail, survived the holocaust.

Only the master and the pet remained in each other's arms, swathed in their pool of shared blood, pure, simple and true.

And atop the constrictively suffocating, overbearing, stabbing silence that ensued, came from the neighborhood roadside shop the strands of an old Jagjit Singh song wafting through the air 'Koi ye kaise bataye ki woh Tanhaa kyun hai...'. Loosely translated it meant 'How does one express as to why one is so Lonely...'

SLIPPERY SANDS ON WHICH THE MHCA STANDS

By Manali Pathare & Vrinda Ruparelia

August 6th, 2001: A dark day visited humanity at Moideen Badusha Mental Home, Erwadi, Tamil Nadu where 28 patients died in a fire due to draconian shackles holding them down as flames consumed their seemingly insignificant souls - one of the many mental asylums that used superstition - caning, awaiting dreams of a divine commandment - rather than science in the healing of patients.

One might wonder - Were the inhabitants of such homes really 'patients', given the criminal torture that they underwent due to their mental health status? When will the institutions - scientific or religious - that harbor the mentally ill, provide them with a secure, dignified and empowering environment?

The MHCA 2017 is a big leap from The Indian Lunacy Act (1921) and the Mental Health Act (1987) that permitted such gross violations of human agency at Erwadi and other places; in its attempt to absorb the progressive views as accepted by the global society. In its preamble, the act declares its aim of promoting, protecting and fulfilling the rights of people suffering from mental health disorders when receiving mental health care services. The heart and soul of this legislation is its focus on the “Rights of persons with mental illness”. These rights range from accessible, affordable treatment; community living and protection against cruel and inhuman treatment.

One of the major changes is decriminalization of suicide by Section 115 of MHCA, 2017. It is presumed that people who attempt suicide are experiencing significant amount of stress and are not criminals, “unless proven otherwise”. Moreover, it holds the government responsible for providing treatment and rehabilitation as well as taking measures to reduce recurrence. However, what qualifies as “severe stress”? What if, post assessment, no “severe stress” is diagnosed? Since Section 309 of the IPC, infamous for criminalizing suicide is very much intact, will the person be penalized then? This vagueness is problematic.

The act describes the “duties of the appropriate government” to implement, plan and design mental health activities related to awareness, prevention and destigmatisation. But, in a recent study about awareness about the law in those who attempt suicide, it was found that none of the participants knew about or had heard about MHCA.

The MHCA recognizes the agency of the person, through Advance Directives (AD) which gives persons with mental illness (MI) the right to choose how they would like to be treated. However, it creates problems for caregivers and clinicians, as it may unnecessarily lengthen the treatment duration. For example, Mr. A, a patient with a severe psychotic disorder, has an AD stating that he should not be given any antipsychotic medications during an episode of psychosis. Doesn't this risk his life along with that of others'? It is

also interesting to see how medical officers or mental health professionals (MHPs) in a public versus private health facilities regard ADs while deciding treatment. Will they refuse the AD? Who pays for the treatment? More importantly, how well informed is the person's AD? However, the MHCA doesn't provide answers to these questions.

The Act brings in a Nominated Representative (NR) System, wherein a person with mental illness may appoint another person to make decisions regarding his/her treatment in case they aren't in the capacity to do so for themselves anymore. However, the patient, while unable to consent, cannot remove an existing NR who isn't working in their best interest. Even if they are able to consent, the patient may not have the courage or financial freedom to remove the NR, fearing family conflicts. The act fails to capture these nuances.

The act also expresses paternalistic views. A minor with mental illness cannot get access to a psychiatric facility until the parent makes an application to the medical officer, following which two MHPs will decide if the minor has a serious mental disorder or not and report the diagnosis to the board in 72 hours. In case of minor females, the act assumes that the father is unsuitable to serve as the only caregiver to his child, furthering paternalistic views. The act allows the board to enter a private residence and hold a suspected patient for 24 hours if the police “have a reason to believe” that this individual is not capable of taking care of self. Thus, the act considers a mental health crisis problem of law and order, thereby contradicting its purpose.

The MHCA mandates the creation of Central and State Mental Health Authorities that are in place, not without loopholes, though. One, these Authorities comprise of professionals from a variety of backgrounds but excludes counselors which can be indicative of the Act choosing an overall clinical perspective rather than a holistic approach including less severe, but equally important areas (e.g. stress associated with marital discord) that play a role in mental health.

Overall the act has many favorable aspects but the question is whether it is a little “too progressive”, given the tribulations and realities India faces? While everything seems remarkable on paper, execution in the real world seems an overly ambitious venture owing to the limited workforce and financial resources.

The WHO report on the Mental Health Atlas reveals that there are just 3 psychiatrists, and even lesser number of psychologists for every million people in India, which is 18 times fewer than the commonwealth norm of 5.6

psychiatrists/100,000 people. For the financial year 2017–2018, only 0.06% of our GDP was spent on mental health care, which is significantly less

The disheartening but only feasible answer is: No! The MHCA seems to have made provisions on slippery sands, focusing little on the implementation aspect. But, every success story starts with a shaky idea that is sharpened every day to take the shape that it eventually does. Let's lo and behold to see how this one unfolds!

ATTACHMENT STYLES IN ADOLESCENTS

By Anushka Damani, Rhea Jagtiani & Ruchita Pagare

Scura, Ambvi and Ava, three childhood best friends, once got into a heated argument. While the matter of conflict was the same, each one had a different approach to it which involved diverse flow of thoughts. Scura, the calm one, decided to resolve the strife by engaging in a problem-solving approach, by considering each one's point of view and expressing her feelings to her friends. Ambvi, the aggressive one, resorted to derogating the other two, by passing insensitive and abusive remarks and being critical and controlling of the situation. Ava, the avoidant one, planned on escaping the situation and crying over the fight rather than confronting with true feelings and emotions.

The girls above displayed three different attachment styles; Secure, Ambivalent and Avoidant Attachment styles respectively. Formation of attachment styles is considered to be a developmental process that does not stop after childhood, and in fact, continues later in life as well. Various life domains can be influenced by an individual's style of attachment, like interpersonal relationships, physical and mental health, behaviours and conduct, etc. John Bowlby, in the 1950s, carried an

extensive research on the concept of attachment which he described as a "lasting psychological connectedness between human beings."

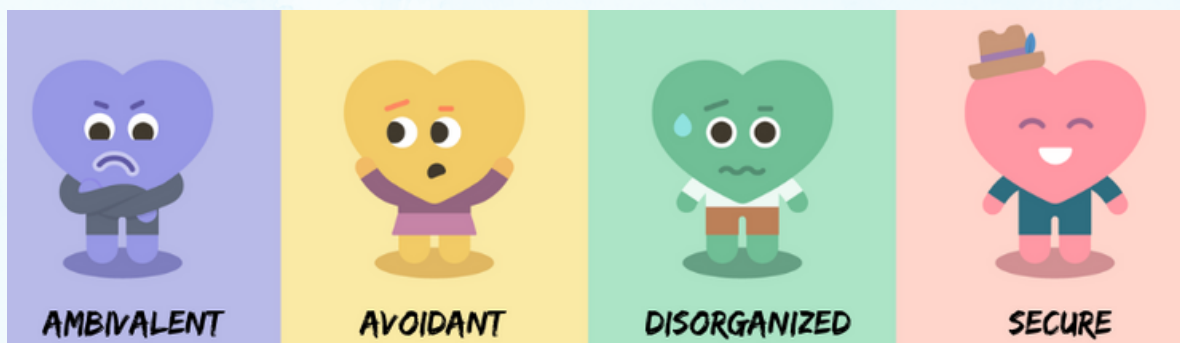
Following Bowlby's research, psychologist Mary Ainsworth, in 1970s, proposed three major styles of attachment: secure attachment, ambivalent-insecure attachment, and avoidant-insecure attachment. Researchers Main and Solomon, further added a fourth attachment style, i.e., disorganized-insecure attachment.

1. **Secure Attachment** - During childhood years, secure attachment style can be seen to be forming when children get upset on not seeing their caregivers around, nonetheless, are confident of their return. In the adolescence stage, this attachment style garners the ability for the adolescents to express their feelings and to ask for help from their caregivers because they can confide in them for guidance and support. Research indicates that such adolescents have better emotional intelligence. Further, a study revealed that secure attachment styles are associated with formation of trusting and long-lasting relations, having high self-esteem, being comfortable in sharing one's feelings and seeking out social support.

2. **Ambivalent Attachment** – Ambivalent Attachment style can be formed when, in the absence of the caregiver, the baby gets extremely upset, and in return, displays aggressive behaviour towards them. Such adolescents experience anger towards their parents for not being available or for being a source of fear or abuse. Such individuals tend to be highly suspicious and reluctant in forming close relationships. Results of a classic study by Cassidy & Berlin link ambivalent attachment style to low maternal availability. Further, such individuals are often described as clingy and over-dependent.

3. **Avoidant Attachment** – When babies choose to ignore or avoid the caregivers and their absence, an avoidant attachment style is said to be formed. During teenage years, when a child's needs are constantly neglected and are often punished by the attachment figures for voicing their needs, they resort to avoiding and ignoring the attachment figures. In such situations, individuals learn that their needs will remain unmet and thus begin to suppress the same. Further, research has highlighted that when faced with struggles, such individuals choose not to express their feelings and also resist taking help no matter how critical the situation is. Such individuals have troubles with intimacy, invest little emotions in relationships and are unwilling and unable to share their thoughts and feelings.

4. **Disorganized Attachment** - In this attachment style, there isn't any clear attachment pattern. A baby shows both, avoidance and aggression towards the caregiver. Research states that when parents themselves portray inconsistent behaviour or are a source of both, fear and comfort, then disorganized attachment style is formed. Teenagers with this attachment style are unpredictable, disoriented and confused. They often feel helpless and want help but are afraid of approaching people who are willing to provide help.



PC: Mental Mint

In general, factors that influence the development of an insecure attachment style involve multiple elements. One circumstance may involve separation from the attachment figure due to death, marriage, sickness, etc., which can prove to be life changing for an adolescent. Another aspect might involve individuals being exposed to emotional abuse, wherein, for example, they might be referred as 'troublesome', 'nothing but pain', etc. by the caregivers, thus adversely affecting their attitudes. This is also true when individuals are inflicted with physical or sexual abuse by the caregivers themselves or when attachment persons, instead of actively protecting individuals, do nothing

about the adolescent being abused. Similarly, when a teenager is experiencing trauma, instead of lending support and reassurance (by saying that "I am there for you"), when caregivers neglect or blame the individuals, insecure attachment styles can be formed. The personality of the attachment figure also plays an important role. If caregiver's attachment style with their respective caregiver was insecure (e.g., ambivalent attachment style), the vicious cycle might continue to exist.

An individual's attachment style develops in the childhood, progresses in adolescence and continues

to influence his/her personality throughout their life. Both, secure and insecure styles play a major role in how a person forms and maintains relationships. However, a person can modify their attachment style

using positive coping mechanisms and social support. Thus, if insecure attachment styles are dealt with at the right time, interpersonal and intrapersonal functioning can be improved manifold.

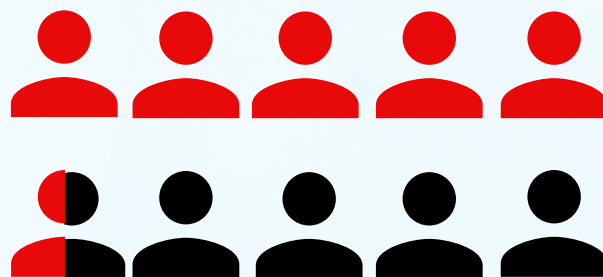
SOCIAL MEDIA AND MENTAL HEALTH

By Garima Bisoi , Manasi Katkade, Ruchita Pagare & Urvi Shah

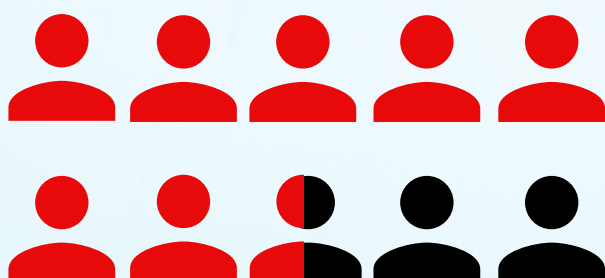
Social media has been on a rise since the era of globalization, where the aim was to bring the world closer. After its development in the 1990s, social media has been put to a lot of use, especially in the recent past. Use of social media has been found to affect the mental health of its users. There are pages on social networking websites dedicated to spreading awareness about mental health and hygiene, run by professionals as well as non-professionals. Considering the emotional and social support one can get on these websites, it provides relief to those suffering from mental distress. On the flip side, however, social media brings with itself a lot of trolls, online abuse, threats and trauma. Consequently, looking at the positive as well as negative effects of using these websites is necessary.

For the purpose of this article, we conducted a simple poll consisting of five questions concerning social media and its relation with mental health. The poll was conducted amongst individuals in the age range of 15 to 25. While generalizing the results of this poll, one needs to keep in mind the limitations pertaining to sample size, age and geographical area in which it was conducted. The first three questions asked in the poll were concerned with the considerably positive scope of social media whereas the last two questions look at the negative potential of the same social media platforms.

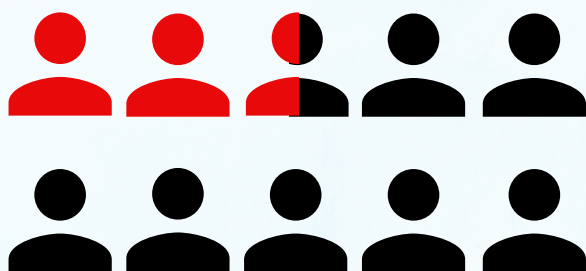
According to poll results, 78% of the respondents stated that they were aware of the pages on social media dedicated to supporting people with mental health issues. In lieu of this, we can point out to the still trending #HereForYou movement started by Instagram in 2017 which focused on breaking stigma and stereotype that exists with respect to mental health issues in general. Another annual campaign on Twitter called #BellLetsTalk held by Canada managed to raise over \$6.9m for mental health issues, with over 138 million tweets shared in 2018. The success and reach of these campaigns are telling of the new reality where mental health awareness and support is gaining vital importance.



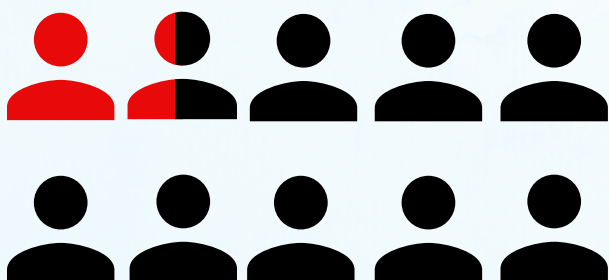
55% of the poll respondents stated that they frequented social media handles that talk about mental health issues. In fact, Matt Haig, a mental health promoter on Twitter, has a following of more than 275 thousand people. He receives hundreds of tweets from people seeking support every day. There are several other mental health promoters spread across social media platforms with a similar following. This is so because it is not as much about the promoters themselves as it is about the crowd seeking them. Young people report several barriers to receiving mental health support, such as stigma around mental health and finances.



Given these barriers, it is easy to turn towards online social networking platforms to engage in knowledge seeking and peer support.

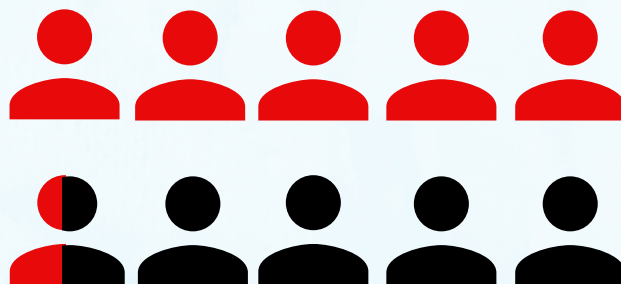


In one study, an attempt was made to observe if using social media regularly could help the cancer patients and their families to reduce the stress, depression and emotional and mental distress that they experience. Using the Beck Depression Inventory, it was found that among the patients who used social media, 33% suffered from depression whereas, amongst patients who did not, 66% suffered from depression. Although the poll results stated that 78% of respondents do not use social media platforms to share their mental health issues, several studies like that of Naslund and his team have reported that people use social media platforms like YouTube to reduce the feelings of loneliness, to find hope and support. Thus, we know that social media can provide for the support one needs for mental health issues but it also has the capacity to become the medium that facilitates these issues in the first place.



12% of our respondents reported being trolled (cyber bullied) on social media. Internet trolling is a

deliberate act of leaving an insulting message on the internet for the purpose of getting attention or provoking someone for an argument. A troll's comment can often be very damaging to one's self-esteem, confidence and mental health. The National Society for the Prevention of Cruelty to Children, UK, reports that in just a span of five years, from 2011-16, online bullying has risen by 88%. This paints a very scary picture and we must look for interventions to reduce this number.



Another phenomenon that breeds through social media is that of FOMO (fear of missing out). 59% of our respondents reported experiencing FOMO as a result of spending time on social media. Studies find that the more time one spends on social media, the more likely they are to feel depressed and lonely. Students experiencing FOMO are also more prone to suffer insomnia and fatigue. One way to counteract the effect of FOMO is by training individuals to focus less on potential losses of missing out and more on what they are gaining from the present.

In this time and age, the scope of social media stretches to infinity and it has both, positive and negative dimensions. It is our responsibility as a community to materialise its outreach for good and curb its negative effects. A good place to start is by understanding how social media integrates itself with one's well-being, physical and mental. As it is rightly said, *"The first step to solving a problem is recognising there is one"*.

BREAKING THE CLOSET: WORKING WITH LGBTQIA+ INDIVIDUALS

By Jagruti Wandrekar

"I am what I am. So take me as I am" - Chief Justice Deepak Misra

"History owes an apology to members of the LGBT community and their families,"

- Justice Indu Malhotra.

6th September, 2018, was a historic day in India, when a special bench of the Supreme Court of India upheld the rights of LGBTQIA+ individuals by partially reading down Section 377 of the Indian constitution. The most recent Mental Health Act that speaks out against discrimination of LGBT individuals, statements by the Indian Psychiatric Society declaring that homosexuality is not a mental illness, and advocacy work by many activists and also mental health professionals, contributed to this landmark judgment. The role of mental health professionals in offering support for LGBTQIA+ individuals and their families, as well as in contributing to destigmatisation in the society, continues to remain crucial.

How exactly can we as psychologists help?

The first step is educate oneself about the community and the unique challenges they face. We need to understand that sex and gender are different, and that gender is not binary (restricted to male versus female) as conventional knowledge has taught us to believe. Gender expression allows one to express themselves in ways that can be non conforming to the traditionally assigned gender roles. It is different from gender identity which refers to how one likes to be addressed as a person, which further makes the array of gender identities diverse. We also need to educate ourselves on how sexual orientation and gender identity differ, and how there can be myriad sexual orientation identities, as well as romantic orientations. While educating ourselves, we will need to keep challenging our own biases, ingrained through years of being conditioned into 'heteronormativity' (the belief that only man-woman sexual relationships are 'normal.')

This also needs to be supplemented with self-work and exploration of our own sexuality, and working on sexuality in general.

The LGBTQIA+ community faces multiple challenges, that stem from stigmatising attitudes (homophobia, biphobia/ bi-erasure, ace-erasure, transphobia) in society, and actual and anticipated experiences of discrimination and violence. Being a minority in a country also exposes you to 'minority stress'. As psychologists, we need to understand these challenges and how they contribute to mental health issues for LGBTQIA+ individuals. If a therapist is cis-gendered (comfortable with one's gender assigned at birth) and heterosexual, then being mindful of one's own 'privilege' becomes additionally important when working with a queer client.

For a queer client trying to navigate through a society that is primarily prejudiced against them, a non-judgmental therapist informed in LGBTQIA+ issues can offer the first ray of acceptance and support. The recommended approach is what is called LGBTQIA+/gay/ queer affirmative therapy. This was developed as a challenge to conversion therapies that seek to change one's sexual orientation (a dangerous and ineffectual practice).

Queer affirmative therapists-

- Affirm LGBTQIA+ identities and relationships
- Are well-informed with respect to LGBTQIA+ terms, issues and resources, and psycho-educate individuals and families about the same
- Assist clients in identity exploration and the process of 'coming out,' and in learning ways to cope with stigma and discrimination
- Are able to understand the context of distress that queer individuals may face, while also addressing clinical symptoms
- Are attuned to 'intersectionality'- understanding how the different identities of an individual based on

gender, sexual orientation, class, religion, caste, etc, intersect in contributing to their lived experiences

- Understand that each queer individual is different with their own experiences, thoughts, feelings and beliefs (just as each cis-het individual is also different), and explore and respect their individual desires and preferences.

Simple changes that a therapist can make include not assuming a person's gender identity and sexual orientation, and rather, using inclusive terminology with all clients to explore the same. For instance, it might be a useful practice to ask all clients whether they are or wish to be in a relationship and have a 'partner,' rather than asking a woman, for instance, whether she has a boyfriend. These are more neutral terms that acknowledge that many different kinds of relationships can exist and are equally valid. It is also important to ask clients about 'preferred pronouns.' Pronouns- he/him, she/ her, they/ them, are important ways in which transgender and gender non-conforming/ nonbinary/ genderfluid individuals assert their identity, and asking about these and using these in your communication demonstrates respect and affirmation. Maintaining confidentiality and not 'outing' clients (sharing that an individual is queer to someone else, including their families, without the client's explicit consent), is mandatory.

Very often in a society like India where sex education, even for heterosexual individuals, is minimal, clients may not have heard of terms like lesbian, gay, bisexual, intersex, asexual, pansexual, transgender, non-binary, etc. Growing up, recognising that one may not be the same as one's peers and finding no role models around them or in media that mirror one's experiences, can be a very confusing, scary and alienating experience. Affirmative therapists can provide vital information and assist in the process by which clients can explore their own identity, reduce internalised homophobia/ transphobia if any, and come to accept and even take pride in who they are. This is done through psycho-education, and also by increasing clients' access to LGBTQIA+ resources such as queer media, support groups, NGOS that provide safe spaces for queer individuals to mingle with others, avenues for legal help, etc.

The therapist can also help clients' parents and families of origin to come to terms with their children/ family members' identity. This is often a gradual process, and the therapist needs to understand that family members often have years of societal conditioning that states that homosexuality is wrong to work through, and they may hold legitimate fears and concerns about how they and their queer family members can cope in society. Acknowledging and validating these feelings, offering support, while providing correct information, can go a long way in creating more accepting families.

I would emphasize here that while there are therapists who specialise in working with queer clients, ALL mental health professionals need to build their competencies and sensitivity to working with queer individuals, because it is highly likely that we will be working with queer clients in our practice. It is an ethical requirement that we provide the safe space that they need to be true to themselves and work on their concerns.

As mental health professionals, our voices are important, and we need to use these to attempt to create a more queer-friendly society, by educating our families, peers, co-workers, institutions, and people at large, about gender and sexuality, in whatever capacity we can.

Personally, working with queer individuals in individual practice and while running a therapy group called SAAHAS, has been a rewarding and enriching experience. Being queer myself, this holds great meaning in my life. Learning about queer issues and meeting queer people has enabled me to challenge our limited conventional beliefs about relationships and what is 'acceptable', built my empathy for other marginalised individuals and groups, and has made me more aware and attuned to the beautiful diversity of individuals that make up our world. I hope that all of you as future mental health professionals find this journey equally enlightening.

PSYCHOLOGY - AN AMALGAMATION OF SCIENCES

By Madhureema Neglur & Riddhi Jadje

An important debate that the field of psychology has encountered over the years is regarding psychology being a science or not. The debate continues till date, with some scholars from pure sciences declaring that psychology is not a science, followed by articles in psychology journals declaring that psychology is a science.

Alex B. Berezwow says that psychology cannot be called a science because it often does not meet the five basic requirements of Science: well defined terminology, quantifiability, controlled experimental conditions, reproducibility and, predictability and testability. He further gives the example of research on 'Happiness' in psychology. Happiness cannot be clearly defined according to him. The meaning of that word is subjective amongst different cultures and individuals. Also it is difficult to measure happiness. So psychology doesn't meet the criteria of clear terminology and quantifiability and an experiment would not make useful predictions if the terms are not well-defined or quantifiable.

Jan Smedslund, another researcher has observed that researches in the field of psychology are criticized because they lack irreversibility of processes, they also ignore the role of chance factors and the pseudo-empirical nature of the hypotheses. These criticisms imply that psychology doesn't possess the objective, accumulative, empirical and theoretical aspects of a science.

Psychologists on the other hand, have put forth the argument that one should not be offended if they are not called "scientists." A lot of research on humans and their behaviour has taken place even though the researchers were not termed as 'scientists' and that doesn't make their contributions insignificant.

After all, it has been said that, "No musician, artist, or poet is expected to be called a "scientist" even though their discipline is indispensable for human intellect and pleasure."

Psychology was initially known as a discipline that studied the mind. Wilhelm Wundt, considered the founder of psychology, created the field of experimental psychology in 1879. He even established a laboratory where he would conduct psychological research.

If we compare the progress of psychology with that of pure sciences it is observed that each new discovery in science is dependent on some of the discoveries made earlier in the same field. Physics for example, is an unbroken chain of discoveries, where each discovery has had links to previous discoveries.

This cannot be said about psychology. Wilhelm Wundt founded the school of Structuralism, which is based on the notion of introspection. It involved self-reports of a person's thoughts, feelings, emotions, etc. While Structuralism was on a rise, another school of thought in psychology came into being called Behaviourism. Its specific purpose was to break the link to Structuralism. Similarly other schools of psychology came up who had a different approach and which introduced different techniques. Most of these schools don't have anything in common like the pure sciences.

Hence, psychology often finds itself scaling gray areas when trying to fit into the class of sciences as it involves empirical research methods but fails to live up to the criteria for classification as a pure science per se.

The ongoing debate about the place of psychology in the scientific field brings us to the discussion of psychology as a social science. A social science is

concerned with the interactions between an individual and the society or the social environment. As an umbrella field, social sciences harbor many areas that have direct links with the society like history, sociology, anthropology and so on. Social sciences also include fields that are not directly associated with the social environment but are studied via the interactions between a person and his society like psychology, political sciences, public health etc.

Despite following the scientific method, psychology is considered to be a social science. The movement of calling psychology a social science started in the 20th century. This school of thought poses some arguments in this regard. Science demands the phenomenon under it to be observable and material in nature.

Berezov correctly pointed out that concepts like happiness are not quantifiable or measurable. However, they are observable through verbal and non-verbal expression. This quality brings psychology under the realm of social sciences. Because social sciences deal with 'interactions', psychology as a field tries to study these interactions and make generalizations about human behavior.

Psychology, unlike natural sciences, deals not only with conducting research and making generalizations, it also deals with real life situations.

In many countries, applied psychology is a booming field wherein practitioners work as psychologists in the field of mental health. They work closely with individuals in areas like clinical psychology, career counseling, industrial psychology, child psychology and so on. These areas showcase different facets of human issues along with studying different research problems. They deal with individuals and not material phenomena. Psychology, even though it falls under the shade of science, it gives a human touch to the field. Hence, it is rightly a part of social sciences. Even though there are several opposing schools of thought, this debate is important to fuel new thoughts and arguments that will lead to the growth of the field.

The area of focus under psychology practice is both social in nature and scientific. When it comes to psychology, social and scientific are two sides of a same coin as one needs science to study the social and the existence of society is important for the development of science.

NEUROMARKETING

By Anushka Damani & Maitri Doshi

Neuromarketing is a fusion of two fields- neuroscience and marketing. The term "neuromarketing" was introduced to the world in October 2002 by professor Ale Smits from the Erasmus University of Rotterdam. Neuromarketing is the branch of neuroscience research which has the same objectives as traditional marketing, yet it differs in that the former aims to understand the consumer through unconscious processes. It explains and predicts behaviours like consumer's preferences, motivations, expectations of groups, explanation for successes or failures of advertising messages, etc. The tools used in neuromarketing research go beyond conventionality of quantitative and qualitative research to record either metabolic or electric activity in the

brain. These brain scanners typically look at people's brains in order to create alluring ads, websites and packaging that press the customer's buy buttons.

Some of such tools include-

- 1) **Electroencephalography (EEG):** EEG is a widely used, nonintrusive tool that involves placing electrodes on the scalp to examine how the brain responds to advertising, packaging and store environments.
- 2) **Eye Tracking:** Eye tracking tries to study the appeal of a brand, store, commercial or product packaging by measuring where a subject is staring, for how long he is looking, the path of the subject's view and changes in pupil dilation while the subject looks at a stimulus.

- 3) **Biometrics:** Biometrics is used to explicitly measure involuntary activity of body like dilation of pupils or increased heart rate that indicate involvement, excitement and action tendencies. Galvanic Skin Response (GSR) measures subtle changes in skin transpiration to express how intense these experiences can be. Further, posture (eg.: leaning forward indicates interest) helps keep track of how someone's attitude changes from moment to moment.
- 4) **Implicit Association Test:** Human mind comprises of a strong network of associations. Brands are nothing more than associative networks that connect a brand to qualities as diverse as friendship, cosiness, etc. An implicit association test (IAT) is used for measuring the strength of mental associations based on a core principle from the cognitive sciences: when two concepts are strongly associated, brain processes them faster.

Role Of Emotions In Neuromarketing

“We are not thinking machines that feel, we are feeling machines that think” - Antonio Damasio. In an analysis of 1,400 case studies, it was found that campaigns with purely emotional content performed about twice as well in terms of profitability (31 per cent versus 16 per cent) in comparison to ads with only rational content, and they also did slightly better (31 per cent versus 26 per cent) than those that had mixed emotional and rational content.

Emotions form the base of several neuromarketing techniques. For instance, people experience fear (strong emotion) as a type of premonition about a bad decision before they cognitively evaluate the decision which may explain why insurance sellers play on emotional cues such as ‘peace of mind’ (positive emotion) and ‘what if’ (negative emotion) scenarios. As put forward in Peter Renvoise’s book on Neuromarketing, by unveiling and addressing the true source of consumers’ pain (eg: high prices) we can boost the sales. Finally, according to the principle of emotional contagion, emotions related to the stimulus transfer to the product or brand and so one should consider isolating products that bring about negative emotions and use positive-emotions triggering products to boost other products’ sales by placing them nearby.

Criticisms & Ethical Dilemmas surrounding Neuromarketing

Neuromarketing has helped in understanding the underlying cause that makes the consumer buy something even when not needed. However, since neuromarketing is a newly emerging field, it lacks credibility and generates mistrust in the information available. Currently, under the wave of "neuromania" many sciences use the power of the prefix ‘neuro’ to overstate and legitimise their results by attributing certain consumer behaviours as always being based on neurological processes. However, sometimes, the results hardly add to or change the results obtained by traditional research methods. Further, a stimulus is processed differently depending on the situation under which individuals are exposed to marketing stimuli and so some authors question the generalizability of neuromarketing research.

The main ethical issue regarding neuromarketing is said to be the violation of consumers’ privacy and free will. Critics believe that neuromarketing techniques arm companies with the ability to read consumers’ minds thereby allowing them to easily trigger mechanisms that induce consumer purchasing behaviour by creating almost irresistible ads and products. Thus, over-consumption and shopping addiction might be some potential problems associated with neuromarketing. It’s principles might also be wrongfully used for driving political campaigns or other personal propagandas.

Adopting a code of ethics is a perfectly viable solution to the above mentioned ethical dilemmas. These codes could involve disclosure of procedures and results of the study and gaining consent of the participants. This can help avoid accusations of irresponsible behavior. So to conclude, if a way is found to synthesize improved safeguards for consumers’ rights while organizations are allowed to make knowledgeable investment of resources based on neuromarketing research, then we can anticipate the future of this field as being bright, booming and certainly here to stay.

POSITIVE EFFECTS OF GAMING

By Nabila Damra, Maitri Doshi and Urvi N Shah

“Video Games foster the mindset that allows creativity to grow”

-Nolan Bushnell



PC- The Conversation

Gaming has become an integral part of the life of many young people and the reach of the gaming community is widening day by day! Researchers have been keen on examining how gaming has affected psychologically and physically in a negative and positive ways on children and adults. A gamer would continually be faced with listening to a very negative outlook on the effects of gaming. However, some researches and studies have been conducted to understand the positive impacts of gaming on mental and physical health.

At the outset, it is important to emphasize that this article in no way bears to negate the obvious negative outcomes produced by excessive and dangerous gaming (e.g. the flurry of Blue Whale) which have already been widely studied and reported by mainstream researchers. However, we are only trying to build an alternative case for this largely lopsided argument.

After television, both children and adults spend a lot of time playing games- in fact, a survey conducted by the firm at Game Spot concluded that gamers spend over 13 hours playing video games weekly. Generally, we want an activity to provide a state of well being to people and surprisingly, according to Berni Good

(a cyber-psychologist) video games have been shown to contribute to an individual's well being & happiness. Thus, looking at gaming from a different perspective is difficult but not impossible.

An intriguing question that arises is, *‘Can gaming ever leave a positive impact on children and adults?’*

Various researchers have found data in favour of gaming having a positive effect on individuals and their mental health. For example, multi-player games have been found to carry the potential of encouraging gamers to work cooperatively in order to achieve the shared goal of "winning".

Multiplayer games give us a platform to play together and learn teamwork. The feeling of being accepted plays a role in experiencing positive emotions. When a gamer is asked, “Why do you love playing video games?”, the most frequent answers to expect are – it is a stress buster, it improves my concentration, it gives me pleasure, I feel connected to my peers and so on. Research, too, suggests that positive mental well-being is associated with game play as it is a means of relaxation and stress reduction. Violent video games may act as a release of pent-up aggression and frustration in children.

Jim Hawdon's study found that first person shooter games decrease the likelihood of being involved in hate material online as compared to the use of social networking sites.

According to him, video games may serve as an outlet for aggression. Games can provide a positive aggression outlet the same way as football, boxing or any other violent sport. A study published in the journal *Social Psychiatry and Psychiatric Epidemiology* in 2016 suggested that video game use was not associated with an increased risk of mental health problems. On the contrary, the data that was collected had suggested that video games possess protective factors like characteristics and reward for positive outcomes and relational ability with the teachers, self identity and social efficacy, especially in relation to the peer relationship problems for the children who are the most involved in playing video games.

Gamers have always been enthusiastic about sharing their gaming experiences. Narrating a particular strategy, a stunt or an unusual instance that occurred while playing the game, fosters social interaction and social life. Research conducted by Sabine Trepte, Leonard Reinecke, and Keno Juechems to understand the social side of gaming also found that gaming has a positive impact on social interaction and social life in youngsters. This can be seen as the number one reason for the enormous number of gaming channels that have sprung up recently.

In accordance with research, children who play video games learn to listen to ideas of others, formulate plans with them and distribute tasks based on skills. This fosters friendships amongst gamers. Furthermore, the social side of gaming can be particularly beneficial to the physically disabled who suffer with limited mobility and often lack social interactions. This suggests that video games encourage the PERMA model (Seligman) i.e., it elicits positive emotions, increases engagement, enhance relationships with others and result in a deeper meaning in life and a sense of accomplishment.

Video games are linked to better intellectual functioning, academic achievements and also require children to be active (Dance Revolution, Nintendo Wii Boxing). The game graphics are a crucial part for the gamers and game developers as people love games for their colours, animation, interactivity and challenges. Though some video games are found to have a negative impact on the physical and psychological factors in humans, researches in this field have shown that there are equally important and beneficial positive impacts contrary to the already existing myth.

To conclude, video games come in different forms and foster different skills in a person. Thus, playing video games at a moderate level is positively beneficial in developing relationships in the social environment, develop positive emotions and nurturing mental health. To make gaming a field known for more of its positive aspects, the responsibility lies on the shoulders of the game developer, gamer, distributor, peers and most importantly the family. One needs to understand that each coin has two sides. We should not let the negative side overpower and instead take a balanced view wherein there is also a focus on making the positive aspects more visible and helpful.

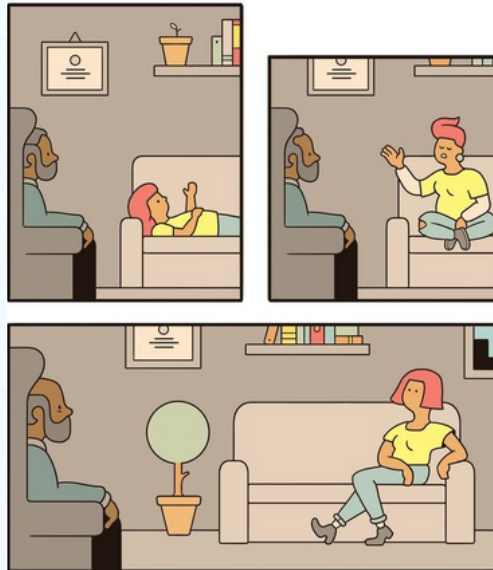
UNCOMMON THERAPIES : DYNAMIC INTERPERSONAL THERAPY

By Manali Pathare & Prajakta Vaishampayan

When we asked people, “What do you know about Psychodynamic therapy?” Many people answered and most of them said, “it’s about Freud..Very expensive and time consuming...We just sit and talk about the past...the psychologist just sits and listens to us talk about the past...Unscientific” Such answers tell us that most of us are still unaware that the psychodynamic school of thought has moved way beyond the age of Freud. In the present, the therapy has evolved and its perspectives have changed to incorporate scientific research which provides evidences for its effectiveness in the treatment of depression and other disorders. Thus, we shall discuss a relatively unique and applicable form of psychodynamic therapeutic intervention - Dynamic Interpersonal Therapy (DIT).

What is Dynamic Interpersonal Therapy?

Dynamic Interpersonal Therapy (DIT) is a brief model of psychodynamic psychotherapy developed by Lemma, Fonagy and Target in 2010. DIT is designed to lead to improvements in a relatively short period of time. It formulates depression as a response to interpersonal difficulties which pose threats to attachment system and thus to the self. It helps clients focus on the link between their low moods and the way they interact with others. The idea here is that if an individual realises the kind of developed patterns of relating he or she exhibits and its effect on the way they behave with others in the present, then they may learn to deal with relationships in a more positive and useful way which leads to an improvement in emotional health. Essentially, DIT is used for treating clients suffering from depression, but has also been successful in treating symptoms of anxiety as well as in issues involving various interpersonal conflicts.



PC - The Wall Street Journal

approach. The therapist working with this model adopts a fairly active stance as opposed to the one assumed to be in other psychodynamic therapies. Here, the therapist combines the interpretation of the unconscious content with supportive comments and directive interventions. For example if an individual believes that, “If someone gets too close it’s

best to push them away so they can’t hurt you”, the therapist will suggest other choices that the client could make instead of their habitual pattern.

Although, the therapist might refer and emphasise the past, the main focus here is the present (here-and-now focus). The therapist, to maintain the focus on the present, uses transference interpretations to deconstruct the narrative used by the clients and link it to the current therapeutic relationship. For example, a client who describes an experience of an insecure romantic

relationship with an unfaithful partner. She believes every new relationship to be stressful and that she cannot trust anyone. The therapist here may say that, “You said that you will never be able to trust someone again but you are trusting me. Can you tell me an instance throughout our contact where you have felt insecure?”

DIT is divided into three distinct phases of work (initial,

middle, end), each with its defined purpose and strategies:

The Initial Phase:

The initial stage focuses on engagement and at heart of this phase is the formulation of an Interpersonal focus (the Interpersonal Affective Focus or IPAF) that deals with how the client perceives himself in relation to others and its effect on his/her interpersonal relationships. A typical IPAF could be, for example when a depressed client describes her childhood experiences with a neglectful mother. She describes that despite feeling a sense of unfairness, she never voiced it out and thus became withdrawn and quiet. In the present, she states that her husband doesn't take an interest in her needs and wants. Because of this she feels intense anger and frustration which she doesn't express, further perpetuating the pattern. Hence, here the focus of work would be her unconscious conflict of the "unimportant and unworthy self".

The Middle Phase:

The second stage has the aim of working with the mutually set goals by the client and the therapist and thus maintain the focus on the interpersonal focal area in relation to presenting problem. The therapist helps the client to try out new and more adaptive ways of resolving their interpersonal difficulties. The therapist makes an effort to make the client have a better understanding of the self, the others and as well as be able to recognise and take responsibility for behaviours. In the above example, in the middle phase the therapist will make an effort to work on the pattern of a lack of emotional expression and encourage the client to shift and understand resistance to change. Here, the therapist might say something like, "You feel stuck and this is clearly causing you distress. The more you avoid talking with your husband, the more anger and frustration you seem to feel. If you could replay an exchange with your husband, what do you think you might do differently?"

The End Phase:

The final phase of DIT involves enabling the client to explore conflicts related to end of the therapy sessions as well as reviewing what has been achieved and the plans for the future. An important component of the end phase is the "end of therapy" letter which includes the summary of the IPAF, of the progress made and the areas that many need further work.

Thus, the 'goodbye letter' is offered to the client, is an effective tool of ending the therapy as it reviews the mutually agreed formulations as well as the progress made in the process. The letter also reviews and addresses the unsuccessful attempts of making changes.

Several studies have provided evidence for the effectiveness and acceptance of DIT in the treatment of depression and other mood disorders. For example, in a study conducted in a facility in the UK it was found that, there were significant reductions in depression and anxiety associated with DIT, overall about 75% patients showed improvement on the scales of depression and anxiety. Similarly, another study concluded that DIT is effective in outcomes, as a form of treatment for depression and as an alternative to interpersonal and cognitive behavioural therapy. Thus, DIT is one of the acceptable approaches used to provide an active, circumscribed and supportive stance to people suffering from depression and other mood disorders.

Thus, DIT addresses the drawbacks of psychodynamic therapies in an efficient way. Its focus is on the present in contrast with the overemphasised exploration of the past in psychodynamic therapies. It is time limited and has an extensively structured 3 phase format which differs from the traditional unending psychodynamic therapies. Here, the therapist has a dynamic role, changing from active to passive as per the client's need.

In conclusion, DIT is a relatively new model of therapy, and in a country like India, wherein social relationships are considered to be one of the most important aspect of a person's life, it would be a great tool with its extensive focus on the interpersonal relationships of the clients. Its brief nature makes it more efficient as well as cost effective for a faster moving India. More importantly, DIT moves away from the traditional psychoanalytic conceptualisations of therapy and offers a fresh perspective to the treatments for people suffering from depression.

PSYCHOPATHOLOGY IN CARTOONS

By Nabila Damra & Riddhi Jadve

In this section, we would like to draw the reader's attention to two cartoons- Squidward from SpongeBob SquarePants and Sadness character from Inside Out. Both these characters are said to have depression which is portrayed through the following illustrations.



SQUIDWARD FROM SPONGEBOB SQUAREPANTS

SpongeBob SquarePants: Squidward is a part of this beloved TV show of all 90's kids. He is always seen to be low on the zest of life. The character is shown to experience low amounts of pleasure when doing things he loves. He is often portrayed as passing negative statements about himself and his life situations.



SADNESS FROM INSIDE OUT

Inside Out: This film is about a young girl named Riley whose life is shown to be controlled by 5 personified emotions viz. Joy, Sadness, Fear, Anger and Disgust. Sadness is one of the emotions which is initially not liked by the other emotions. Sadness is shown to be turning Riley's happy memories into sad ones and, for instance, causes Riley to cry on the first day at her new school. Riley is shown to be forming sad core memories because of the influence of Sadness.

PC Squidward Images

1. Smogon Forums

2. YouTube

3. Youtube

4. Odyssey

PC Sadness

Pinterest

NICHE CAREERS IN PSYCHOLOGY

By Manasi Katkade & Kunashni Parikh

There are many non-mainstream areas (apart from clinical, counseling and I/O psychology) which are very interesting and at the same time, as scientific as any other subfield of psychology. Here, we'll have a look into 4 such subfields which are bound to make people curious.

Fashion Psychology:

Fashion Psychology is the integration and utilization of psychological concepts in the fashion industry to assist fashion businesses to understand and influence a consumer's current and future sense of style. This field is described as the study of the impact of clothing choices on the way we perceive and judge each other. It also draws from consumer psychology to understand underlying cognitive processes that explain a consumer's choice as well as how a consumer responds to certain types of marketing and other social influences. Conformity, influence and the desire to stand out are few concepts of social psychology that are played around by fashion psychologists to design tools to aid the industry.

American psychologist, Henry James, was the first one to talk about the applications of psychology to the fashion industry. Today, there are universities like the Fashion Institute of Technology in New York and the University of the Arts London offering masters degree programs such as MSc Applied Psychology in Fashion. Fashion psychologists can also be involved in mental health projects to help teenagers with body image issues manifested by bullying or eating disorders and help older people with their self-esteem through mediums of fashion therapy.

One pioneer in the Indian market is Harsheen Arora who created her own photo-psychology and bespoke fashion projects to increase client's self-awareness and sense of self. With the right training and passion, one can find a niche career opportunity within the fashion industry with respect to how we perceive oneself and each others' fashion style.

Military Psychology:

Harsh and hostile surroundings such as military bases and war zones can have severe negative effects on the mental well-being of military personnel. Their families,

too, suffer from anxiety, instability, attachment issues, depression and grief, especially, if they lose a family member whilst on duty. Military psychology focuses on military personnel and their families. Military psychologists are involved in psychological evaluations, assessments, and treatment of various disorders along with providing counseling. Since World War 1, military psychologists have been using selection tests like Army Alpha and Army Beta for recruitment purposes. Treatment of various psychological disorders (especially Post Traumatic Stress Disorder), building resilience, researching compatibility of personality traits with tasks and positions are some of the areas a military psychologist looks after. They also help personnel to adjust to the civilian life after retirement. They may work in military hospitals, clinics, in government agencies, and at times, may also go overseas with the troops to provide facilities in the camps near war zones. Military psychology uses methods from clinical, counseling, ergonomics, experimental, industrial as well as organizational psychology. To be a military psychologist in India, one needs to have a degree in the subfields mentioned above and an on-field experience of a few years. On the basis of a postgraduate degree in psychology, a Junior Research Fellowship is also provided by Defence Research and Development Organisation (DRDO), Ministry of Defence, Government of India.

Ergonomics:

Ergonomics, broadly known as engineering psychology (human engineering) and human factors psychology, focuses on humans and their relationships with their environments and products used in everyday life. This branch aims at making products more efficient and user-friendly and workplace environments more comfortable. Not ensuring that proper thought and care is put into the design of a

An engineering psychologist observes the way in which people handle products and machines and then understand underlying problems such as their complex user features and the safety concerns. These psychologists also create focus groups, test panels and consumer surveys to understand the expectations of potential buyers/users from the products. Ergonomics also largely concerns itself with demographics and user abilities because these psychologists are often asked to research on how exactly to make products appealing to certain populations based on the looks and functions of the product.

Traffic Psychology:

Driving is a learnt behaviour that automatizes with training and is affected by various underlying psychological processes such as attention, perception, motivation, cognition, experience, stress, fatigue and emotional processes such as anger and frustration. Distraction and multitasking amongst other factors are areas studied by traffic psychologists. A study by a group of Indian researchers at the Institute of Human Behaviour and Allied Sciences in Delhi found that the tendency to violate traffic rules under stress was higher in younger road-users who also displayed lower scores on frustration

[illegible]

A lot of research and social projects have been nurtured in the field of Traffic Psychology in India, paving the way for a novel career prospect for students of psychology.

These areas present a bright picture of the different areas in which psychology can be applied. Although these areas are relatively new and there is limited research conducted in these fields, one can hope that soon people will embrace all these niche areas with positivity and enthusiasm.

Who am I?

Oh, who am I? What do I do? What is real?

No, I don't know!

Am I the meek girl bullied at college?

Am I the brave girl fighting the perverts?

Am I a docile person?

*Or am I the violent one my friends
complain about?*

*What do I do when I can't recognise
myself?*

*What do I do when there's a time lapse in
my memory?*

*Longing for help, I visited a therapist.
Sessions after sessions, I patiently wished
he would clean the mess in me.*

*And then came the diagnosis,
"Dissociative Identity Disorder" it was.*

*Hearing those words, a tsunami of
emotions stirred up in me.*

*Shattered, I couldn't breathe, my dark
thoughts taking a toll on me.*

*Let it out said my therapist, assuring it'll be
fine.*

*Six months now and I still get overwhelmed
at times.*

*But I've made peace with self, for my
therapist promised it'll be fine.*

*Bound by the promise I made to myself,
I love me more with each passing twilight.*

*For the dawn will break when I meet
myself.*

Because all I know, I'll be alright someday!

-Manasi Katkade

I wonder

I wonder what it would be like to be back.

I wonder when I would be back.

*Early in the morning
with the sun shinning in my face?*

*On a Monday afternoon-
a wake from the monotony of slumber?*

*In twilight
on the weary, lonely way home?*

*On a Thursday evening
over candle lit dinner and a book?*

*Late into the night perhaps,
in a dream, a vision, a feeling, or a song.*

*I wonder what it would be like to be back
again.*

I would shout from the rooftops!

"I'm back! I'm back!"

To the crowd.

-Dhruvi J Mehta

***When I realised it was all about leaving
for living!***

*He rules me, says its love
He keeps me in a dark room, says I am a
curse.
He is my pain and he would never leave
He is a fascinating lie and an ugly truth!
Every step I wish to take,
Makes him loose me from his gaze
So, he tightens his grip and I go to sleep.
I stifle my cries, I sob through the night
I wish he would go, and I wish he died!
Now I realise under this dim light,
I am in this room just to willingly hurt
myself more.
Few more nights of pain, I tell myself to be
brave
I won't take his secret, to my grave!
I toss and turn on my bed
And when I open my eyes
It hit me right in time
Dreams are just a messenger that says,
It is all about being alive!*

-Urvi Shah

Alone & lonely.

*Like the vulture sitting on the stark tree top,
Like the sliver of light creasing the clouded
landscape,
Like the wisp of smoke trailing miles away,
Alone & lonely.
No place to go,
No space left,
The snow trickling leaving the terrain bare,
Alone & lonely.
Like the skyscraper stranded against the
bleak horizon,
Like a broken down vehicle in a traffic jam,
Like a mangled corpse in a bombed out
wreck,
Alone & lonely.
No words to mouth,
No songs to sing,
The painting waiting for the painter's
dream,
Alone & lonely.
Like the tears streaming down wrinkled
cheeks,
Like a man in mourning in the human sea,
Like the body buried under the weight of
grief,
Alone & lonely.
Alone & lonely.*

***Dr Bharat Vatwani
Ramon Magsaysay Awardee 2018***

SOMETHING TO TAKE BACK HOME

By TEAM COGNISANCE

VISUALIZATION

Visualization is the process of creating mental simulations for obtaining mental practice of what you want to be in future. It entails two aspects— outcome-based visualization which involves picturing a sensory representation of the end goal and Process-based visualization which focuses on envisaging the steps to be taken to reach that end goal. Research has revealed that mental practice is almost as effective as true physical practice, and that doing both is more effective than either alone because thoughts produce the same brain activity as actions.

How can you help yourself with Visualization?

1. Begin by focusing on that area in life you have chosen for visualization. There must be a desire to create what you are planning to visualize.
2. Moving into deep relaxation, vividly imagine that you are currently in that situation. Try using all your senses and create a precise, detailed mental image of what you want.
3. Think of all the possible things that are limiting you from achieving the desired things.
4. Garner confidence that you will achieve what you have planned.
5. Keep affirming repeatedly that you have achieved what you wanted.

Keep in mind that using first person reference and present tense make visualization more effective. As the maxim of cognitive therapy states, once the ‘feeling’ aspect is reached, the threshold leading to taking an action is crossed. Thus, listening to music is one of the strategies that help increase emotional intensity which in turn aids visualization. Further, if you want to imagine a situation you do not possess much knowledge about, expose yourself to more data that will increase your awareness of that situation, like reading/ watching related content. Along with visualization, using vision boards, pictures, changing wardrobe are few of the things found to help.

BALLOON BOOST

*~ Get a piece of paper and **draw a few thought balloons on the page.***

*~In each balloon, write something about yourself that **you don't like.***

Self-critical inner voice refers to thoughts and feelings about the self that are most frequently negative and detrimental in nature. Eg.: “I can't do anything right”. Such thoughts and ideas are naturally recurrent on a daily basis which more often than not prick and burst the balloon of one's confidence. The opposite of self-criticism is self-compassion which refers to being empathetic towards oneself. In order for self-compassion to increase and grow, it's important to gain awareness about the self-critical beliefs that prevent the former in the first place.

The balloon boost technique helps break the automatic pattern of critical self- assessment and makes individuals aware of the nature of their inner critic. The next step then is to transform the nature of the inner critical voice into a more self- compassionate and self supporting one! After using this technique, the above example would sound like “I can't do anything right, so what? I at least tried”.

The current exercise doesn't categorize compassion as ‘always good’ and criticism as ‘always bad’, but rather, it makes individuals aware of how they feel when self-criticism is used for generating motivation. However, it is more powerful when an individual experiences this himself/herself than when a therapist attempts to convey this idea, hence, is better as a self-help technique.

*~The **last step** to the earlier mentioned exercise is to rewrite your sentence in a self- compassionate manner.*

DPMR

Deep Progressive Muscle Relaxation (DPMR) is a relaxation technique that is based on the premise that physical relaxation of muscles leads to mental relaxation (calmness). DPMR is based upon simple movements of tensing one muscle group at a time followed by a relaxation phase wherein one releases and loosens the tensed muscles. It has been used by doctors for relieving symptoms of a number of conditions such as migraine, high BP, insomnia and even pain associated with cancer and It is also known to reduce anxiety, fatigue and chronic pain.

Many practitioners recommend that the process of tensing and relaxing of muscles one at a time in a specific order generally starting from the lower body (feet) moving upwards toward the abdomen and then finally ending with face. The technique can be practised either lying down or seated, with comfortable clothing and in a quiet distraction free place. The process takes 10-15 minutes and works like the following-

1. While inhaling, contract one muscle group (for example the feet) for 5 to 10 seconds, when exhaling, suddenly relax the tensed muscle group.
2. Then taking a pause of 10-20 seconds, move on to the next group of muscle.
3. When releasing the tension, focus on the changes felt in the tensed muscle group when relaxed. While relaxing, use of imagery is also recommended for example to imagine the stressful feelings flowing out of the body.
4. Gradually, work your way serially contracting and relaxing the muscles.

MoodGYM

MoodGYM is an interactive self-help online training and therapy programme which uses Cognitive Behavioural Technique (CBT) to help its users prevent and cope with depression. It presents structured exercises to try and teach concepts from CBT. It consists of five modules: an interactive game, assessments on anxiety and depression, relaxation audio and a workbook and feedback assessment. For instance, MoodGYM asks the user to provide a textual description of an emotional reaction that they might have experienced in the recent past and then to identify the cognitive distortion that might have caused it. It uses flash diagrams and online exercises to demonstrate the relationship between thoughts and emotions. The primary delivery mechanism for teaching in MoodGYM is the usage of cartoon-like fictional characters to humanize abstract concepts developed by the community of CBT practitioners. Although the basic strategies may be helpful to adults of all ages, most of the examples are geared toward younger users between the age of 15 to 25. One intriguing characteristic of MoodGYM is that the access is provided free and unregulated, through a standard web-browser. With greater accessibility comes greater responsibility that is, if poorly designed, it can carry the potential to be highly damaging.