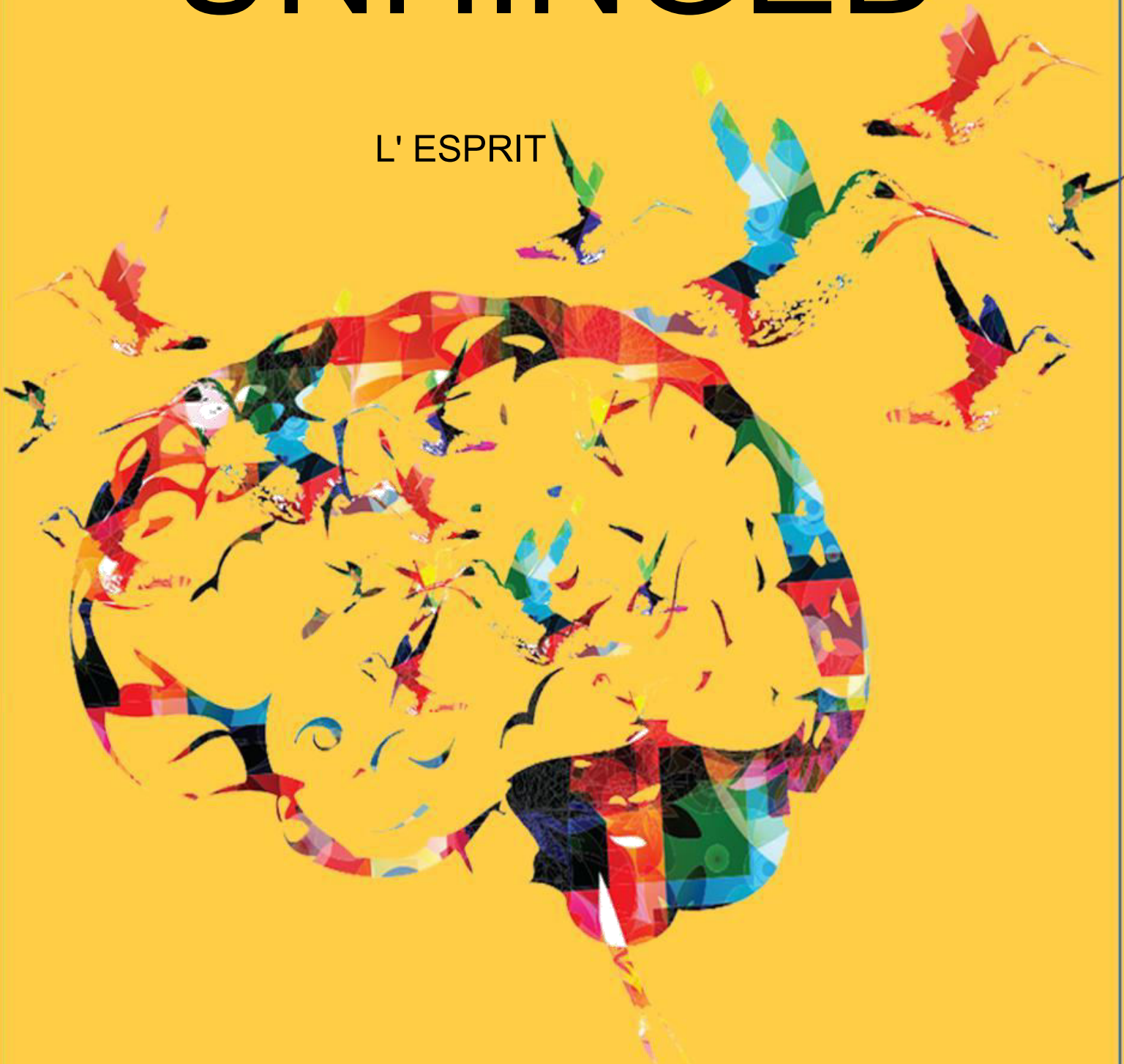


UNHINGED

L' ESPRIT



KAMALA NEHRU COLLEGE
UNIVERSITY OF DELHI

2016-17

DEPARTMENT FACULTY



MS. YOGEEETA BHATIA



DR. NEELAM KALIA



DR. RUPALI BHARDWAJ



DR. NEERU SINGH



DR. SOMA KUMARI



DR. MANDEEP KAUR



DR. SHIVANI DATTA



MS. DIVYA PADALIA



DR. ITISHA NAGAR



MS. VARSHA SINGH



MS. RASHBHA DOCHANIA



MR. GAURAV VERMA

FACULTY EDITORIAL PANEL

FACULTY ADVISOR: DR. NEERU SINGH & FACULTY CO-ADVISOR: DR. SHIVANI DATTA

ACKNOWLEDGEMENT

We would like to extend our heartfelt gratitude towards each and every one of our faculty members for their continual support, guidance and patience, especially **Dr. Neeru Singh** and **Dr. Shivani Datta**, without whose help and encouragement, Unhinged would not have been possible.

We would also like to specially thank *Nupur Upadhyaya* for creating the Cover of Unhinged 2016-17. A big thank you to all the volunteers and contributors, for their help in creating the magazine. We hope you enjoy this edition as much as we enjoyed putting it together.

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ANNUAL REPORT (2016-2017)

L'Esprit, the Department Of Psychology, Kamala Nehru College, has come to play a pivotal role in creating awareness, enhancing knowledge and intellectually shaping students by organizing various workshops and seminars.

Here is a montage of the different activities that kept the Department busy through the academic session 2016-17

Past life Regression Therapy (3rd March 2016)

Mr. Navneeth Vallabh discussed various case studies, conducted a demonstration of the therapy and spoke about its usage in treating phobias, anxiety, depression and other such disorders.



Neuro-Linguistic Programming Workshop (4th March 2016)

The workshop, conducted by *Mr. Ashish Sehgal* exposed students to how language affects perception, beliefs and cognitions and highlighted the procedure and various techniques of the therapy used in treatment.

Transactional Analysis Workshop (7th and 14th March, 2016)

The department also organized a talk in the month of March by Professor J.P. Singh of IIM Ahmedabad on Transaction Analysis, a popular approach to understanding human behaviour. The talk was a prelude to a workshop on the topic by Dr. Preeti Khandelwal, Professor at Faculty of Management Sciences, Delhi University. Students learnt about analysis of behaviour using Ego states and various other activities to get an experience of the techniques of the method. Students also did practical using the same method of analysis.



Talk on Substance Abuse (1st August, 2016)

Ms. Anusha Arora, an alumna of KNC herself engaged the final year students on the topic of substance use and abuse

Talk on Parenting Children with Special Needs (23rd August, 2016)

Mrs. Manisha Misra, mother of a son with Asperger's Syndrome and daughter with Dyslexia and shared her experiences of being a mother of children with special needs.



Educational Excursion (23rd-27th September, 2016)



The department organized an educational trip for the students of 3rd year to *McLeodganj, Dharamshala*. Accompanied by three faculty members, the students thoroughly enjoyed the 3-day trip that included a day visit to *Kunphen*, an NGO, trekking and local sightseeing.

Lecture on Dissociative Identity Disorder (4th November, 2016)

Dr. Ameeta Parsuram, Clinical Psychologist and Associate Professor, Department of Psychology, Jesus and Mary College, involved final year students in an intellectually stirring discussion, followed by a Q&A session on Dissociative Identity Disorder.



Understanding the LGBTQIA Community through Skype (12th January, 2017)

A unique one-hour long 'Skype lecture' by *Aleksandr Chandra* from New York, USA helped students in tracing how the notion of homosexuality is dynamic in nature- from being seen as a disease to present day when although no longer seen as a disease, continues to be illegal and immoral in many countries including India. Mr. Chandra who identifies himself as queer and mixed-race (half Indian) spoke about psychologists and their views of homosexuality.

Scholastic Interactions with the Alumnae

Throughout the semester, the department also organized a number of short interactions between final year students and alumnae of the department, currently studying at reputed Indian and International universities. The alumni were able to share their experiences and address a number of career related questions and doubts of students.

ACADEMIC ACHIEVERS (2016-17)



TARU PARNIKA SRINETE

3rd YEAR (2013-2016)

85.50%



BHAVYA SALUJA

2nd YEAR (2014-2016)

87.33%



R. RAJESHWARI

1st YEAR (2015-2016)

CGPA : 9.23

PSYCHOLOGY ASSOCIATION (2016-17)



(L-R): SANYA DHAWAN (GENERAL SECRETARY), BHAVINI SOORMA (VICE PRESIDENT), RAGINI TANDAN (PRESIDENT), PRATISHTHA SINGH (TREASURER)

EDITORIAL

“Normal is an illusion; What is normal for a spider... is chaos for the fly”

Morticia Addams

As much as scientists, mathematicians and psychological researchers may try to box the term ‘normal’ into carefully worded, technically crisp definitions, the term ‘normal’ is expansive and extremely fluid and subjective in its scope. We as a society get to decide what qualifies as normal and what as abnormal to suit our fancies, but this taxonomical approach has resulted in the euphemization of the concept of abnormality.

A mutated gene gets tagged as an abnormal cell, and a mute kid gets typecast as an abnormal child. The line between normal and abnormal is so fine that it often gets blurred in our patronizing attempts to be politically correct, always.

We all try to fit ourselves into the ‘normal’ bracket; we are so happy to be the same standard factory model version of ourselves that we often withhold ourselves from exploring our potentials and capacities beyond the normal mark, for

fear of being branded 'abnormal' or 'weird'- the sugar-coated version of abnormal. The term Abnormal has come to hold such a negative connotation that in our urge to be ‘normal’, we often forget that the 'outliers' (who are also statistically abnormal in a way) often outshine the rest of us, simply because they refuse to be boxed into the categories we have manufactured in an attempt to appease our normally misplaced sense of ego.

Abnormality doesn't need to be the subject of gossip. It needs to be understood and accepted in its different contextual forms.

Unhinged has become part of our Department's legacy; having taken baby steps as a Newsletter to a full-fledged Academic Magazine that it is today, Unhinged is the labour of love of students of all three academic batches.

In its 5th Edition, we have tried to portray the different facets of Psychology, with an emphasis on de-mystifying abnormality.

- Sreyoshi Bhattacharya
Editor-in Chief
Unhinged (2016-17)

EDITORIAL TEAM



SREYOSHI
BHATTACHARYA
(III YEAR)
EDITOR



VAIDEHI
(II YEAR)
CO-EDITOR



TUSHYA
(II YEAR)
ILLUSTRATOR



APOORVA SINGH
(II YEAR)
CORRES-
-PONDENT



ARJITA SHARDA
(I YEAR)
VOLUNTEER

THE EASY RIDE

-Sanjana Jain (2nd Year)



"The drugs bring along few friends with them, which start residing in your head. And once they start talking, you know you are not yourself anymore. **Who am I anyway?**

Voice one: Am I forgetting something? Am I doing the right thing?

Voice two: You are disrespecting your parents by lying to them and spending their hard-earned money on drugs.

Voice one: They can never know what I have done.

Voice three: This is perfect.

Voice two: They'll stop trusting you. They'll disown you.

Voice one: I should just run away before they find out.

Voice two: You are in another country, no one cares and no one will look for you.

Voice three: This is perfect.

Voice one: But I can't hurt them. I love them.

Voice two: But I am not hurting them by lying to them.

Voice three: This is perfect.

Voice one: I am not studying. I might fail.

Voice three: I deserve this.

Voice two: You are wasting your dad's money.

Voice three: Oh my heart is racing. Is this it?

Voice one: But I did study. I didn't fail.

Voice two: But this is dad's money.

Voice one: I feel like my heart is a machine gun in a war zone.

Voice three: It's paining now.

Voice one: I think it's time.

To escape these galloping voices, I started reducing the whole lot of Mandy crystals to their fine form, again, all at once. I snorted the fine powder for 8 consecutive times in a matter of 15 minutes, already breaking the threshold. Dispersed around 5 tablespoons worth in two glasses of water and the remaining teamed up with Mary Jane for the final smoke show.

I fell on the floor with my heart simultaneously losing its rhythm. And at that very moment, I knew I would be soon playing in the arms of death.



I was in love with the escaped reality realm the drugs sent me to.

I was a coward, I was escaping, I wasn't facing life. I was running. Running away.

After my OD, I woke up to pipes running through my nose on a hospital bed. And the first thing I said to the doctors was, "**check me in to rehab.**"



“Kissing death makes an individual re-evaluate their life.”

“In rehab, I talked to a lot of people. Most of them were elder to me, with much more experience. They helped me a lot with coping with my problem and they are the reason I got out before I was meant to. As I am sharing all this, I feel overwhelmed because I miss some of those people. I miss them so much. I remember we would have a meeting every evening. And it was there that I realised that everyone had struggles in life, it was there that I learnt that I shouldn’t compare anything with or to anyone. No matter how big or small the problem seems for you, for them it can be way greater. Apart from all this, the best thing that I got from rehab was that I wasn’t judgmental anymore. I learnt that these people had suffered a lot more than the ‘normal’ people outside do. The surroundings that they were in contributed to the damage done. The surroundings and their loneliness.”

“My fault was simple: Choosing substance over humans. That’s one thing that stuck by me. I learnt to choose humans because that will be the most natural experience you can ever have!”



So, reality or alternate reality? One step closer to your spiritual self or just an excuse to convince yourself that it is fine to synthetically damage your nerves for a few hours to experience forced euphoria?

Susanna Kaysen said that when people ask, "How did you get in there?" What they really want to know is if they are likely to end up in there as well. Now, I can't answer the real question but all I can tell them is, **"it's easy."**

THE DAY I REALIZED WHAT PSYCHOLOGY REALLY IS ABOUT

Tiajungla S Longkumer (B.A.Prog Psychology)

I had a quick chat with my friends back home about what they thought of psychology as a subject. The response was quite interesting as a majority of their answers were, “Psychology studies about how to read minds.” No wonder people don’t feel comfortable near a psychologist because the next question I asked them was, “how would you react to a person if she or he tells you, ‘I am a psychologist?’”, the majority of the answers were, “I would be uncomfortable with them”, “I would keep in mind that they can judge you based on your mannerism, thus, I would end up behaving politely and hiding all emotions.” Some even said, “I would act hesitant and would even fake my actions and be mindful of what I do and how I act.”

Such was the response I got from friends and family. Their responses were quite interesting, it made me question myself, “Do they really know what psychology really deals with?” Their thoughts and their reactions towards the subject and the profession seemed quite apprehensive. I myself had quite an imagination of what a psychology student would be learning. I too thought that psychology was all about learning how to read minds just like all of my friends did. I realised that it was nowhere near the understanding of what psychology really is. I always desired to study psychology as a paper so that I could learn “how to read people’s minds.” That dream came crashing down the moment I entered into the world of psychology. Disappointed and dejected, I decided to drop the paper and opt for a different one. Being a B.A. Programme student, I thought I would use all the advantage of the course and get my paper changed to Sociology instead.

Maybe destiny had it that I should study psychology because the next day, the day which I had decided would be my last class in psychology, something got my attention, ma’am taught us about the first laboratory in Leipzig, Germany in 1863. We discussed the structuralist, functionalist and Gestalt school of thought, which made me curious about the subject. The study of the human mind by a physiologist applying scientific principles intrigued me. My curiosity got the best of me and I decided, “why not give it a try?”

Here I am today. Second semester. Doing English and Psychology as my two discipline papers. I would be lying if I said I’m not enjoying because I am so happy I decided to attend that class, which I had decided would be my last. My last became my first ever class of interest.

IS YOUR BODY CONTROLLED BY SOMEONE ELSE

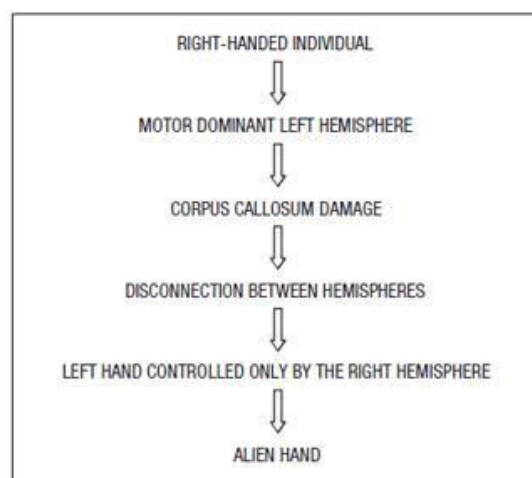
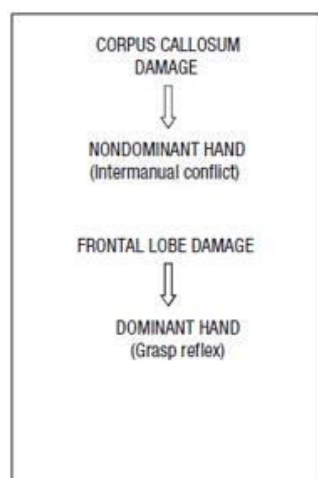
R. Rajeshwari (2nd Year)

What would it be like if your hand moved on its own without you realizing it or when you want to stand still but your legs keep moving or your hand involuntarily steals stuff?

This is what Karen Byrne, a 55 year old woman of New Jersey was experiencing, whose case was revealed to the world in 2011 through the BBC 'Broken Brains'. The documentary talked about Karen and many others in the world who suffer from a rare psychological syndrome called Alien Limb Syndrome or also known as Alien Hand Syndrome.

It is a condition wherein the patient's limb or limbs act on their own without the patient having any control over it. Most commonly it affects the functioning of the left limb or limbs i.e. left hand or left leg or in some cases both. The afflicted individual may sometimes reach for objects and manipulate them without wanting to do so, even to the extent of using the controllable hand to curb the alien hand. In general, though, as intent and action can be assumed to be deeply interrelated, the occurrence of alien hand syndrome can be understood

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and action.

The first known case described was in a report published in 1908 by a German neuropsychiatrist Kurt Goldstein. In his paper,

Goldstein described a right-handed woman whose left side was affected due to a partial stroke. However, her left arm became a master of its own and moved involuntarily.

The signs and symptoms include loss of sense of agency; feeling depersonalized and thinking that a part of the body is not one's own. Also due to these symptoms the patient feels confused, anxious, afraid and even many a times want to end their lives. Many a times the

patient might personify their affected limb and consider it to be an entirely different person and indulge in a conversation with them like a patient. Eva named her affected hand as 'baby Joseph' and when the hand would indulge in involuntary behaviour of touching the body etc., she would instruct it as "baby Joseph don't be naughty, mamma will punish you."

It's caused mainly due to damage to the brain, especially to the *corpus callosum*, *frontal lobe*, *parietal lobe and occipital lobe* hence the subtypes of this syndrome are also based on the

area of the brain affected. Apart from this, other causes of this syndrome can be an injury to the hemisphere, disconnection of the two hemispheres or even severe brain injury.

There is no cure for the alien hand syndrome. However, the symptoms can be controlled and monitored by indulging the alien hand in a task, for example, by giving it an object to hold in its grasp. Specific learned tasks can restore voluntary control of the hand to a significant degree.

Neuroplasticity in the hemispheres and subcortical brain systems involved in voluntary movement production can serve to re-establish the connection within and among hemispheres of the brain. Along with this neurological approach, the patient is simultaneously trained to perform a specific task to make its movement productive.

Another method is the ‘muffling’ the action of the alien hand and restraining the sensory feedback coming back to the hand from environmental contact by placing it in a restrictive ‘cloak’ like a specialized soft foam hand orthotics or, alternatively, a regular oven mitt.

classical conditioning, condition the hand to a stimuli, or else it won’t.

Also sometimes the patients are trained to control their ‘alien’ hand using the theoretical concept of classical conditioning, by establishing an association between certain objects which alone enable the movement of the alien hand, thereby controlling the involuntary movements of the said hand. Apart from this there are medicines as well which can treat the syndrome to some extent and also regular general counselling is done to keep the patient’s anxious freehand calm.

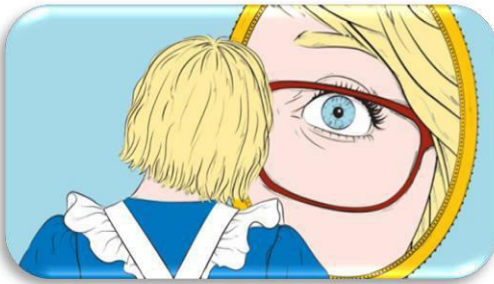
This syndrome, though rare, has been a part of pop culture for instance in episodes of famous medical dramas like House M.D. , Grey’s Anatomy and even in Grace And Frankie (in which Frankie suffers from this syndrome). Also it has been shown in the movie Dr. Strangelove (1964) and has been covered in a documentary by both Discovery Channel and BBC network.



UNUSUAL PSYCHOLOGICAL DISORDERS

1) **Alice In Wonderland Syndrome (Todd Syndrome):**

Micropsia, nicknamed Alice In Wonderland Syndrome, is a visual neurological disease where a patient sees an object much, much smaller than it really is in real life, as if they were looking at the world “*through the wrong end of a telescope*” according



to the Medical Journal of Psychiatry. The object perceived seems far away or in some cases extremely close at the same time, for example, a car may seem the size of a cat. The illness is not caused by any deficiency of the eye, but rather how the brain interprets the information received

from the eyes. Migraines are said to be an important cause and feature of this disorder, which can also affect a person’s other senses such as hearing and touch. This disorder is known to affect children aged between five and 10 and has also been linked to schizophrenia, psychoactive drugs and brain tumours.

2) **Pica:**

Pica is a disorder in which people have a compulsion to eat things that have no nutritional value, or non-food substances such as wood or paint, that continues for more than one month. The disorder is characterized into subtypes- Coprophagy, consumption of faeces Geophagy, consumption of soil, clay or dirt

Hyalophagia, consumption of glass
Trichophagia, consumption of hair or wool
Urophagia, consumption of urine.
Pica can be particularly dangerous because



it can cause lead poisoning, gastrointestinal blockages or stomach lining tears when a person ingests harmful substances or sharp metal objects. It has been linked to iron or mineral deficiencies or chemical imbalance, but experts haven’t conclusively determined its cause or a cure. It is often seen in pregnant women, small children and those with learning difficulties like autism.

3) **Foreign-Accent Syndrome:**

Sarah Colwill, a British woman was hospitalized for an intense migraine, and after surgery, awoke with a Chinese accent, which changed her whole life having to deal with other people’s bewildered reactions and come to terms with her new voice. Foreign Accent Syndrome, as it is called, is a very rare disorder



characterized by the sudden and unexpected appearance of a seemingly “foreign” accent, which often occurs after some kind of brain injury like a stroke or head injury, migraines or developmental problems. Its symptoms result from distorted articulatory planning and coordination processes and although popular news articles commonly attempt to identify the closest regional accent, speakers

suffering from foreign accent syndrome acquire neither a specific foreign accent nor any additional fluency in a foreign language. Sufferers start speaking their native language in a foreign tongue. The condition can last a few hours or become permanent, apparently has no clear cause or cure.

4) **Wendigo Psychosis:**

This disorder is marked by an irresistible craving for human flesh, which is a little weird if one is human. Wendigo is a culture-specific disorders that almost exclusively strikes populations of *Northern Algonquin* people, largely in the Great Lakes region. In these cultures, the Wendigo is a supernatural creature with a taste for human flesh. The symptoms usually begin in winter as an exaggerated form of cabin fever and involve—ironically—an initial loss of appetite, nausea, and vomiting. Eventually the victim comes to believe that he has become a Wendigo, will crave human flesh, and will sometimes attempt suicide to keep from “infecting” others. The first written description of the phenomenon was penned in 1722.

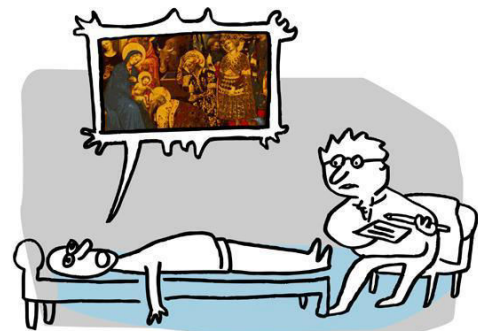
5) **Stendhal Syndrome:**

It is normal to feel a bit overwhelmed in the presence of emotionally powerful surroundings, such as in a modern art gallery. A racing pulse, fainting, and hallucinations is, however, uncommon; and these are the signs of Stendhal syndrome. This condition is triggered by different stimuli in different people and tends to strike in various yet specific places:

Jerusalem syndrome affects very religious people who visit the Holy Land.

Jerusalem police and medical professionals have special procedures for coping with tourists who suddenly go off the rails and start proclaiming themselves to be the Messiah or trespassing on various holy sites and preaching to crowds.

Florence syndrome, the Stendhal subset that afflicted French author *Marie-Henri*



Beyle, i.e., *Stendhal*, himself. The close proximity to staggering artistic genius overwhelmed him, and he wrote later about how his visit to the Uffizi gallery in Florence, Italy left him with a fluttering heart and vertigo. Hundreds of people have responded in a similar manner, often while visiting Michelangelo's David. **Paris syndrome**, oddest of the lot, as it exclusively affects Japanese people who visit Paris as tourists, possibly triggered by the gigantic letdown of the real-world Paris, as opposed to that of their idealized expectations. The tourists have some kind of emotional breakdown or even acute psychosis, so much so that the Japanese embassy actually maintains a hotline for sufferers.

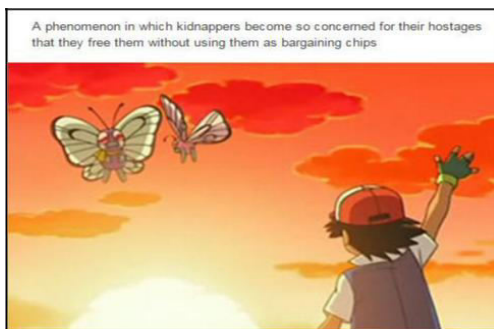
6) **Apotemnophilia & Body Integrity Identity Disorder:**

Apotemnophilia is a neurological, psychosexual disorder (*paraphilia*) in which a person has the overwhelming desire to

amputate healthy limbs or other parts of their body and feels sexually aroused by the image or fantasy of being an amputee. This disorder is commonly known as *amputee identity disorder* in which a person is sexually aroused by the idea, or the desire, of being an amputee. Such people are otherwise rational and sane, but they have a strong desire to amputate a healthy limb or limbs. Conversely, **Acrotomophilia** is the erotic interest in people who *are* amputees.



The future of weight loss: selective amputation



7) **Lima Syndrome:**

Opposite of the **Stockholm syndrome**; in the Lima syndrome, the hostage takers become more sympathetic to the plights and needs of the hostages.

8) **Münchausen Syndrome (Hospital Addiction Syndrome/Hospital Hopper Syndrome):**

Munchausen syndrome is a psychiatric factitious disorder wherein those affected feign disease, illness, or psychological trauma to draw attention, sympathy, or reassurance to themselves. Munchausen syndrome fits within the subclass of factitious disorder with predominantly physical signs and symptoms, but patients also have a history of recurrent hospitalization, travelling, and dramatic,

extremely improbable tales of their past experiences. The condition derives its name from Baron Munchausen. There is

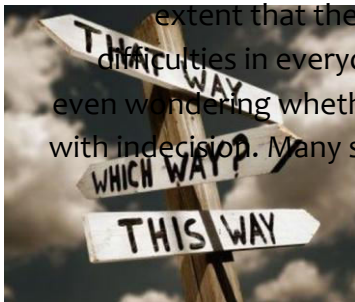
discussion to reclassify them as somatoform disorders in the DSM-5 as it is unclear whether or not people are conscious of drawing attention to themselves. In the current iteration, the term "somatoform disorder" (as used in the DSM-IV-TR and other literature) is no longer in use; that particular section of the DSM-5 has been renamed "somatic symptom and related disorders". Officially, Munchausen syndrome has been renamed "factitious disorder", with specificity either as "imposed on self" or "imposed on another" (formerly "by proxy"). Munchausen syndrome is related

to Munchausen syndrome by proxy which refers to the abuse of another person, typically a child, in order to seek attention or sympathy for the abuser.



9) **Aboulomania:**

Aboulomania involves the occasional onset of crippling indecision. Sufferers are 'normal' in practically every other way, physically and mentally—they simply run into very serious problems whenever they're faced with certain choices, to the extent that they struggle to regain normal function; some face incredible difficulties in everyday life, finding it nearly impossible to do simple things—even wondering whether or not they should go out for a walk can paralyze them with indecision. Many sufferers report that their incapacity to do what they want happens despite the fact that they're aware of being



physically fine—and so they seem to be imprisoned by the inability to fulfil their ownwill.

10) **Trichotillomania (TTM):**

This disorder results in a strong urge to constantly pull one's hair out (from the scalp, facial, eyelashes, etc.)



WEIGHTLESS THINGS, WAITING TO BE FOUND

Bhavya Gupta (B.A.Prog Psychology)

In those streets of grease and mess

My soul takes a hesitant stroll

Watching those steps at every turn; with
stress

Hoping to make it out alive; without a fall

Those eyes full of feelings

Sinking, down they go

Slipping toward the bottom

Into the water, they flow

The tidal wave pulls them further in They
don't feel like facing anything They are
falling deeper into a black hole Their mind
is violated; they've lost control

They pretend to ignore the aroma of
disgust

Curbing their senses to pause; if they must

And when the walk for survival is won

Their purpose of life is all set and done

They fear to stand out in society

Adjusting to the rules which have lost
humaneness

It's these rules which made them dive

Turning them insensitive like swords and
knives

Living in a body that fights to survive

'Depression' is a silent voice

But for an end, the mind strives

It's violated, for it has no choice

And 'they' blame them for their deeds A

blame that could reduce them to ashes

Make them feel similar to weeds

'Unwanted' is the label that best matches

No fine, no punishment can abate this
attitude

Not until every conscience is stricken

It's only souls that can pay the gratitude

For only they have the strength to undo the
loss

And I stand here not to judge them

But simply to pay heed to what the cure is

For labelling nobody, but to deal

Is what the ethics assure....

WORD OF THE YEAR BYGONE: POST-TRUTH

Ananya Bhatia (3rd Year)

How would you describe the bygone year? It was a year dominated by highly charged political and social discourse. A single phrase sums up 2016- "*post-truth or post-fact*". It hopes to discover an expression that "captures the ethos, mood or preoccupations" of the particular year. The word "post-truth" created quite a buzz in 2016 and was named Word of the Year by the Oxford Dictionary. The dictionary definition is – "Relating to or denoting circumstances in which objective facts are less influential in shaping public opinion than appeals to emotion and personal belief." This word was used by the great author George Orwell for referring to propaganda politics.

In this post-truth environment, we are all propagandists; the problem is that some are dishonest enough to deny that. While the usage of the word is largely political, it has an analysis worthy psychological aspect to it too. It is intriguing that large groups of human



beings would believe something which is not supported by facts. Does this mean that we are predominantly emotional and not very logical? Can we, as human beings, accept counter-intuitive ideas or concepts as truth? Essentially, humans do not naturally seek the truth. In fact, plenty of research shows that we tend to avoid it. People instinctively accept information to which they are exposed and must work actively to resist believing

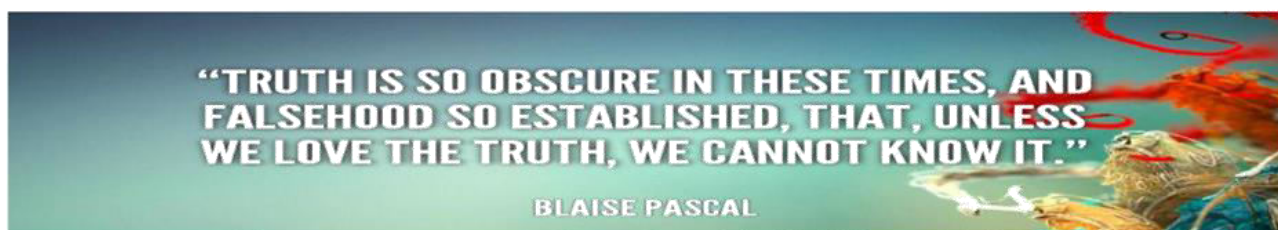
falsehoods; they tend to think familiar information is true and cherry pick data to support existing views. At the root of all these biases seem to be what Noble prize winning Psychologist, Daniel Kahneman calls 'Cognitive ease'- humans have a tendency to steer clear of facts that would force their brain to work harder. But then again, in this age of information overload, statisticians and mathematicians or the so-called data scientists have formulated a number of ways to extract conclusions and make deductions from data. This, however, highlights only one aspect of the phenomenon in question.

This phenomenon is indicative of how decisions taken by human beings are mostly based on intuition and/or emotion. While logical reasoning is an important stage in the decision-making process, it can be argued that the human brain definitely has tendencies to generate a reasoning to support the argument. But then again, the human race has discovered and established Quantum Mechanics. This branch of physics refutes Newtonian laws in principle and is very counter-intuitive. However, we have not only developed the theory but also

applied it to make state of the art television screens. So then, how do we explain that a race which has accomplished such feats on crude logic become a victim of post-truth? We find our answer a step further in studying the development of the most counterintuitive branch of science known to us yet. While the theory was being developed, the most radical results were not accepted very easily. Geniuses like Einstein were not comfortable with it during their entire lifetime and Sir Feynman, one of the contributors to the theory was compelled to say that no one really understands it. Additionally a famous mathematician Gödel has proved that all problems may not be solved by human logic, and worse we may not even know what those problems are. Hence, if the greatest minds have recognised the boundaries of human logic and accepted it to be fallible, it is no surprise the people fall for emotionally charged speeches and ignore facts in doing so. Also, we must not forget that no matter how charged a speech might be, it will fall flat on its face if it does not connect with people; and to be able to influence and connect with the masses, it has to have a kernel of truth in it.



The post-truth phenomenon is not something absurd. It throws light on the fact, that no matter how intelligent and logical we might be, our decisions are, to a large extent, emotional. Recent research has shown that our “affective” states are more powerful and persuasive than hard facts in getting people to change their minds and behaviour. Thus, it becomes important to indulge in intentional fact checking of things we feel from time to time. This may not come naturally and easily because we tend to mould facts around a story we want to believe. Therefore, the only way to do so would be to engage in discussions with people of the opposite view. In order to defeat post truth and move towards a state of collective well-being, we will have to come out of our echo chambers and listen to what we may call post truth. It is very likely that our story according to the other side would also be labelled post truth. So, in 2017 let us pledge to listen to the counter view and defeat our demon of the previous year – ‘Post-Truth’!



CLINICAL LYCANTHROPY

Tushya (2nd year)

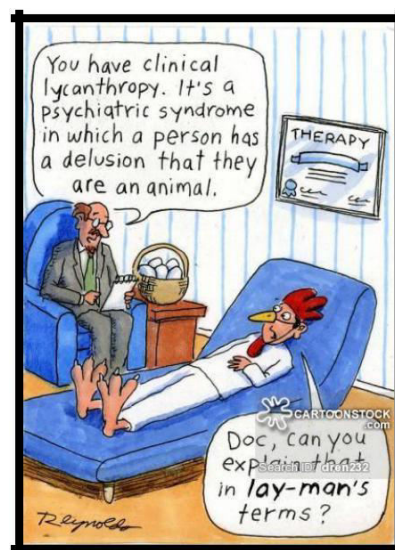


As a famous story of 17th century France goes, Jean Grenier, a boy who had barely touched his teenage, confessed freely to having committed a series of gruesome murders, of cattle as well as children, of which he had eaten some. He also stated that 'Monsieur de la Forest' gave him a potion and fur to transform him, and that he was part of a werewolf coven. In a remarkable move for that time, the court concluded that Grenier was mentally ill (but possessed by a demon), resulting in lycanthropy (literally:

wolf-man; the transformation of a human into wolf).

This incident of the 'werewolf of France' can be identified today as no sorcery, but a case of Clinical Lycanthropy. Also known as *lycomania*, it involves delusions of the affected person that she/he can and has transformed into a non-human animal. Individual may also perceive various alterations of the body (somatic hallucinations) including altered mouth, hand, teeth, long hair covering the whole body (Morel, 1852), increased facial hair, feeling of feet growing into claws (Moselhy, 1999), odd sensation that the whole body has changed (Blom et al, 2010), a broadening and swelling of the chest (as somato-sensorily perceived) (Rao et al, 1999) and many other perceived changes.

While delusions of transforming into wolf appear common, animals of a wide variety have been come across including bees, birds, frog, goose, horse, snake and wild boar. Related terms denote variants of this condition: kynanthropy (used to denote a person's transformation into a dog), boanthropy (used to denote the bovine variant), ailuranthropy or galeanthropy (the feline variant), and zoanthropy (the general class of transformations into an animal form).



While it is a recognised clinical condition, the actual cases tend to be rare. Most modern cases are likely to be part of broader disorders such as schizophrenia, clinical depression and bipolar disorder. According to Moselhy and Nasr (1999) and Verdoux et al. (1989), the duration of the symptoms varied from a single hour to decades. In the article 'A Case of Lycanthropy' published in volume 134 (Oct 1977) of The American Journal of Psychiatry, Rostenstock and Vincent report the instance of a 49-year-old married woman who suffered

from the extreme anxiety that she was no longer in control of herself and her fate. She ruminated and dreamed about wolves and had, “through her 20-year marriage, experienced compulsive urges towards lesbianism, adultery and bestiality”. Several episodes took place where she publicly acted on her ruminations, behaving like a wolf- growling, scratching and gnawing at the bed. She stated that the devil entered her body and she became a beast. She also gave detailed descriptions of looking at herself in the mirror, and seeing the head of a wolf on her body. Simultaneously, she experienced auditory hallucinations.

In her case, psychological data gathered from various tests including Holtzman Ink Blot tests and Minnesota Multiphase Personality Inventory showed an acute psychotic schizophrenia with distorted body image, gross sexual preoccupation, evidence of obsessive thinking, marked feelings of inferiority and excessive need for attention and affection.

Rosenstock & Vincent (1977) outlined common factors that this case showed to be influencing or influenced by clinical lycanthropy which include: extreme stress under which delusions of werewolf transformation took place, preoccupation with religious beliefs, including feeling victimised by the evil eye, acute anxiety and primitive expression of aggressive and sexual urges in the form of bestiality.

With the help of a similar, more recent case stated in the volume 26 (2014) of *The Journal of Neuropsychiatry and Clinical Neurosciences*, R. Shresthan, explained clinical lycanthropy as delusional misidentification of self. A 20-year-old man, with a family history of bipolar disorder, was admitted after showing erratic behaviour at home. Initially showing guarded behaviour, his actions grew increasingly psychotic- these included him howling loudly, breaking into abrupt runs or crawling on the floor on all four limbs. Labile affects were present- he smiled or scowled intensely to himself. Eventually, he revealed that he believed he was a werewolf and also stated that he periodically transformed into a wolf (Shrestha, 2014).



Once again, the admitted patient brought the “devil” into the picture, believing he was a special person after he had seen the devil in visions. He also heard voices and preoccupied himself with watching movies and reading book related to werewolves.

Various explanations can be given for the occurrence of this syndrome. Previous eras believed lycanthropy to be an actual phenomenon, evident by strong beliefs in God who themselves morphed into variety of beasts. Witchcraft, demonology, and strong influence of Church along with culturo-religious beliefs lead to recording of nearly 30,000 cases of lycanthropy between 1520 and 1630 (Farson & Hall, 1975). However, traditional metaphysical explanations can account for only a minority of the cases.

While metaphysical explanations were prevalent, there were also some early medical explanations. A variety of causes for lycanthropy were also stated including ‘melancholic humor’. 17th century England considered lycanthropes to be victims of delusion due to ‘excessive melancholy’ because wolves were then

extinct in their country and the werewolf theme was supplanted by other popular myths (Baring-1865). Diverse medical ‘cures’ for lycanthropy existed in Greek, including dietary measures, complex drugs, hot baths, purging and withdrawing blood from patient till the point of fainting (Metzger, 2006; Poulakou-Rebelakou et al., 2009).

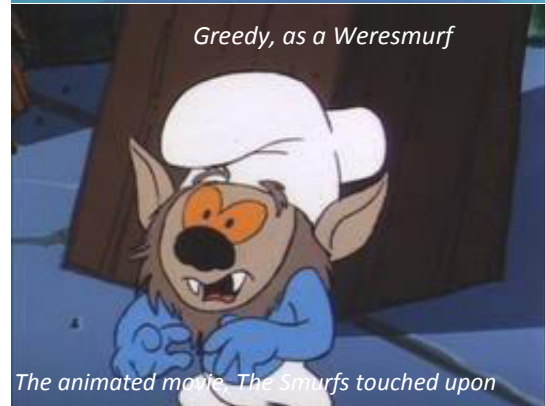
In more recent times, clinical lycanthropy has been explained as a culture-bound syndrome as it is largely influenced by the cultural environment of the region that patient is in. The animals that the patients believe to be transforming into are largely those that are associated with or thought of as representations of evil in that culture (BouKhalil, Dahdah, Richa, Kahn, 2012).

In relation to the treatment, systematic studies

giving methods or their efficiencies are Blom’s review of

literature on clinical lycanthropy, the types of treatment of clinical lycanthropy (described in nearly 33 of the 56 cases that he reviewed) mostly involved pharmacological intervention in accordance with the established clinical diagnoses and contemporary treatment guidelines. In five cases pharmacotherapy was augmented with electroconvulsive treatment (ECT). The outcome, reported in nearly 70% of these cases included full remission (35.9%), incomplete remission (46.2%), no remission (5.1%), and death (12.8%); death was due to marasmus, pulmonary tuberculosis, suicide (twice) and execution (Blom, 2014).

Clinical Lycanthropy might be one of the oldest syndromes in the history of psychiatry, described for over 2,000 years, but despite its severity, little attention has been given to its treatment. Due to the era it became prominent in, for a long time it was treated with more orthodoxy rather than legitimate means of treatment. Until recent times, it was even believed by some to be an extinct syndrome but present-day studies prove it to be surviving into modern times. Today, it is closer than ever before to receiving the due psychological attention that it had waited for over centuries.



unavailable. According to

WHAT DEPRESSION FEELS LIKE

Purnima Bhatia (3rd Year)

I'm sure you would relate to me,
You will understand how I feel,
Because you might have felt it
for few moments like I feel
most of the time.

I was diagnosed with clinical depression a year back. Although the labeling never led to any improvement but it made me understand that I have a medical problem and I need help. Being from a smaller city, where everyone knew each other, where life moved at its own pace and where things were easier to understand, moving to Delhi away from my family proved stressful for me.



Photo Credits: **Purnima Bhatia**

The constant pressure to fit in, to dress, to talk, to sit in a particular manner and being ridiculed for being a little different, only made things worse.

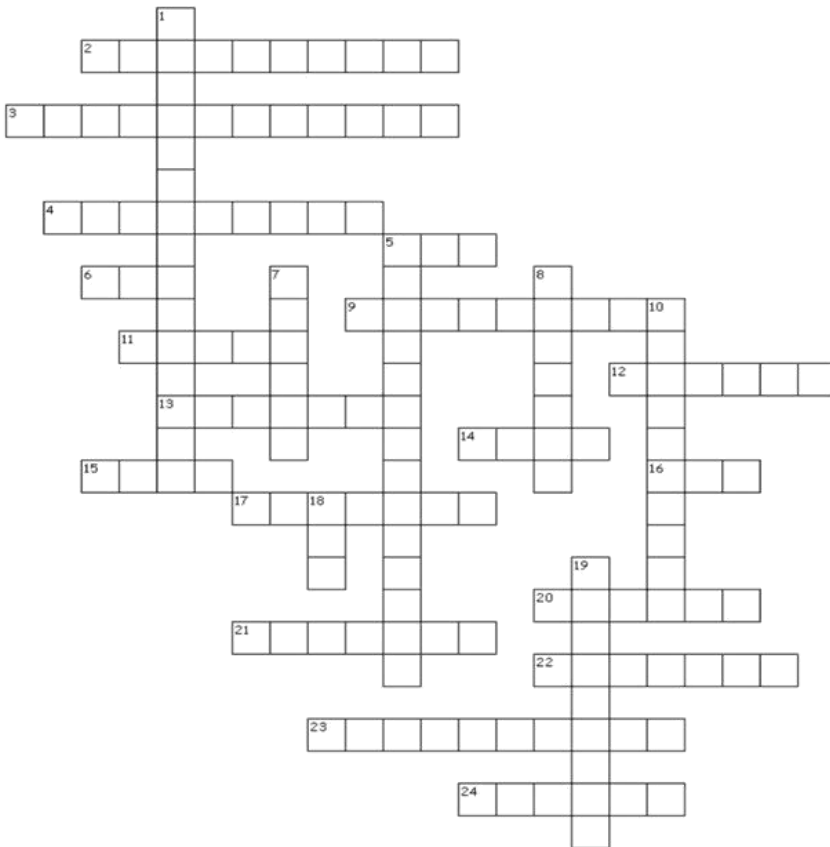
There would be days in row when I wouldn't feel like getting up, the day would stretch far too long and I wouldn't understand what exactly was I going through. I would stay awake till 4 AM crying with feeling of helplessness. From being the topper of my school I became one of the lowest scorers of my class. Nothing would seem to motivate me to keep going because I had already given up. Fortunately, two failed suicide attempts made me feel like seeking for help. My treatment is ongoing. People close to me understand that it's something which I wasn't in control of. Depression is something which can break you into innumerable pieces, loosen your ability to look at positivity and get up to fight back with zeal. I hope you understand.

“What is depression like?” he whispered.

“It's like drowning.

Except you can see everyone around you breathing.”

PSYCH-WORD



DOWN

1. "OMG! I think I have that disease that I read about"
5. The existentialist counterpart of dream analysis
7. I used reinforcements in my experiment
8. I don't let people help others when bystanders are present
10. I am the king of labels for people
18. A seasonal mood disorder
19. Thinking, planning, reasoning and all things cool

ACROSS

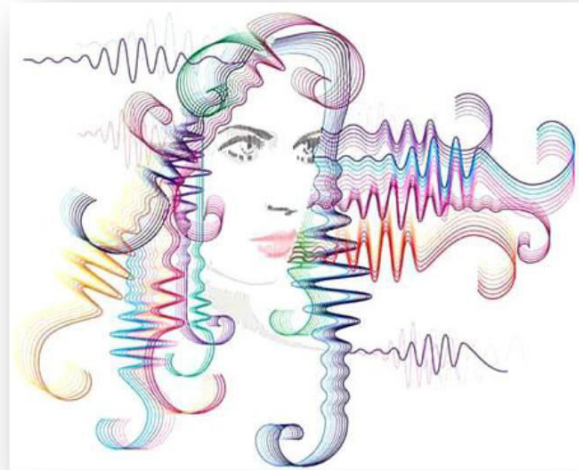
2. I never let anything touch the abscissa
3. I'm produced by ovaries in small quantity
4. A hypothetical explanation for schizophrenia
5. You know what is better than a helix?
6. I'm used in India like DSM is in USA
9. When you lose touch with reality
11. I provided a way to check your intelligence
12. I'm the cause for the conveniently selective reality you accept
13. I did a famous experiment on conformity
14. I don't believe in coincidence, I believe in synchronicity.
15. Some soldiers suffer from me after wars
16. I will, I will, I will repeat myself, three, three, three times.
17. "The whole is greater than the sum of its parts"
20. I have unconditional positive regard for you
21. I'm too extreme for your average
22. PTSD, phobia, panic attacks: (I simply can't keep calm!)
23. I am as normally distributed as it can get
24. Collecting information from large number of people, quickly

Answers on the Last Page

SYNESTHESIA

Apoorva Singh (2nd Year)

Synesthesia is a neurological phenomenon in which stimulation of one sense leads to automatic and involuntary experiences in a second sense. This means that a person with synesthesia might feel or see sounds, taste words, see abstract concepts like time etc. Synesthetes, people with synesthesia, might taste blueberries when they see sunsets, they might see the number 4 as coloured blue, and they might feel the sound of a violin at the back of their necks.

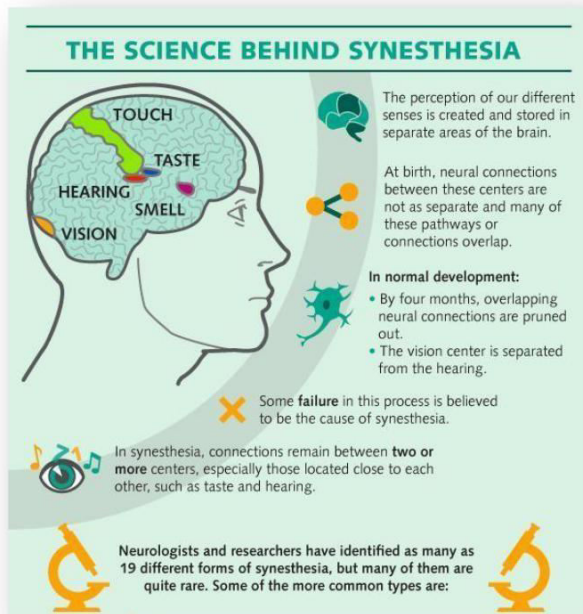


Overall, there are two forms of synesthesia: projective synesthesia and associative synesthesia. In projective synesthesia, the synesthete may actually see colours, feel a touch, taste things while listening to a violin piece. In associative synesthesia, the synesthete will hear a piano piece and just *think* that it strongly sounds pink.

Synesthesia can take on numerous forms and essentially any sense can get linked with any other sense. There are at least 80 different forms of synesthesia. One interesting form that sort of goes beyond the senses is called Ordinal Linguistic Personification (OLP). In this, things in an ordered sequence such as numbers, days, months and letters get associated with personalities for the synesthete. The number 8 might be a bossy teenage girl with short hair who is self-centred, Thursday might be a kind old man with a walking cane who enjoys spending time with his grandchildren and March maybe an ambitious young lady who is at the top of the corporate ladder but is thinking about changing careers and pursuing her true passion: painting. Such 'stories' are not a deliberate attempt on the part of the synesthete to make these ordinal lists more interesting, they automatically show up as and when they encounter these lists.

Studies have confirmed that the phenomenon is biological, automatic and unlearned, distinct from both hallucinations and metaphor. It is now known that the condition runs in families and is more common in women than in men. Despite a more complex understanding of the human brain and the sophisticated technology available for tracking brain function, synesthesia is not as well understood. However, several theories have emerged.

One explanation is that particular areas in the brain dedicated to specific functions, and increased cross-talk between these areas due to overabundance of neural connections in the brain gives rise to synesthesia.



Another explanation is the reduction in the amount of inhibition along normal feedback pathways. Unlike in normal sensory feedback, synesthetes tend to have lowered inhibition along the feedback pathways and therefore the feedback signals might influence another 'sense' by stimulating or activating the cortical areas of these senses.

A very different theoretical explanation to synesthesia is based on 'ideaesthesia'. According to this, synesthesia occurs because people extract meaning from the stimulus. Therefore, the neural mechanisms of synesthesia rely on the semantic mechanisms and thus we need to understand how and why people extract meaning from a stimulus.

Synesthesia could also be genetically determined because it has been found to run in families.

Synesthesia is not considered a disorder and isn't listed in the DSM-IV or ICD as it doesn't really interfere with daily functioning. However, sometimes synesthetes find their condition to be uncomfortable because they confuse the colour of printed words, some sounds taste bad and they might experience sensory overload. Despite this, synesthetes think of their condition as a gift and can't imagine giving it up. Particular forms of this condition might help the synesthete in memorizing information, have perfect pitch recognition etc. There is also evidence that it enhances creativity. In fact, there are quite a few artists who have synesthesia like Marilyn Monroe, Vincent van Gogh, Lorde, Kanye West, Charli XCX and Pharrell Williams. So the next time you taste chocolate while listening to Coldplay, consider yourself a part of the club.



TRANSIENCE

Shreya Bakshi (3rd Year)

(In loving memory of my aunt; June 24, 2016)

She blithely watched his tiny fingers curl around hers as he opened his eyes into hers. It was like the world had stopped and only she was alive, feeling every moment as though a lifetime. His eyes glistened with innocence while hers reflected a love so pure and divine.

Months down, the involvement grew deeper. He would be jolted from within if she ever left him, even for a while. Screaming, shouting and frantically searching for his mother to comfort, love and console him, the child would wait until his mother emerged in his peripheral vision.

The time passed, making the child less frantic in the absence of his mother and ultimately leaving him secured as a grown up. The child had finally learnt 'Object Permanence'. Now he had developed an understanding that though his mother was out of his sight, she continued to exist. But was it for real?

A sense of accomplishment overwhelms parents when they see their children develop an understanding of what we call 'object permanence'. Death, however, is for real. One after another we keep losing our loved ones and like that infant who craves the sight of his mother, we too get perturbed. We crave and hope that separation is temporary but death remains indifferent to our pleas.

Sometimes I wonder if we are all like those infants who still haven't developed object permanence. Our constant thoughts of losing a loved one make us feel shattered, lost, deceived and even stranded. We feel forsaken for that loved one is nowhere to be seen. What if the loved one still exists? What if our apprehensions will get consoled in the near future by their presence? Can't we develop this belief that though bereavement has been caused, that person continues to exist? What if object permanence was eternal and beyond our knowledge?

For all I know is that an infant metamorphoses with this fallacy that loved ones continue to exist even if they are out of their sight. The infant in us is still alive and is constantly apprehensive about losing the loved ones. The only difference is that our screams don't make a sound, our tears don't trickle down our eyes and our sobs aren't superficial. Most importantly, the loved ones don't return to comfort us.

Perhaps we are yet to learn object permanence. If not, we are yet to regard infants as already developed individuals who experience retarded growth throughout the lifespan in order to meet the predestined goal.

CAN YOU FEEL IT?

Vaidehi (2nd Year)

I couldn't feel it
The cold wind that was hurting her face,
but not mine
And the bright light from the back of the
car that stung her eyes
It made her pupils dilate and her head
ached
But I felt nothing.
She bumped into someone and he said,
"Sorry"
She smiled and judged him
Cute, she thought, not a bad dressing
sense Maybe there was a future there
I walked past the "cute" one
There was music
Loud and the bass was set high
She felt the vibrations urging her
Already full bladder to thump rhythmically
She rushed to find her release
In the mirror
I can see her

If I raise my hand up to her hair
She raises hers too
If I scrunch my nose
Her nose crinkles
I slap her
And *I can feel it*
It all begins to make sense
The blinding lights and the deafening
music
All that she could feel
That girl in the mirror
With the messy hair and a lost expression
She wasn't mirroring me
I wasn't copying her
I was her I *am* her
But I feel nothing
Not until it's my own stinging palm across
my face
And the pain is surreal
Not like a miracle
But as if I'm asking, "Can you feel it?"



Illustration: Mansi (1st Year)

MENTAL HEALTH IN REEL LIFE

Niharika Srivastava (2nd Year)

Turns out everything we learn about mental illnesses from the little box in our living room isn't totally accurate. There are certain myths that many movies continue to perpetuate, often used as convenient plot points to further a story, and which do not address the illness in a way consistent with reality. Movie makers are also guilty of picking and choosing symptoms.

Filmmakers owe a certain responsibility to society because the influence of movie stereotypes on attitudes can have a lasting effect and yet, depictions of mental illnesses continue to be based on stereotypes and misinformation.

Myth: People with mental illnesses are dangerous.

A YouGov study found that almost half of people polled believe that individuals with mental illness will act violently. *The Dark Knight* can be seen as a low in depicting mental illness, with violence and humour based entirely on a misunderstanding of schizophrenia. Batman describes Joker as a schizophrenic clown, and when the film's second hero becomes "Two-Face" and embraces evil, the familiar stereotype of schizophrenia is activated. Cinema misrepresents the psycho killer as immortal and sadistic, and in almost all psychosis films, that character kills. *Me, Myself and Irene* "represents a new low at laughing at people with severe mental illness."

[The Joker is a] psychopathic, mass murdering, schizophrenic clown with zero empathy.... Last week I probably slept an average of two hours a night. I couldn't stop thinking. My body was exhausted, and my mind was still going.

— Heath Ledger —

Myth: People with mental illnesses are cool and endearing.

No one has more fun than a murdering lunatic in Hollywood- *Moriarty*, *Joker*, *Hannibal Lecter*, the list goes on, and to top it off, they are portrayed as the most intelligent, charming and interesting people in the room.

Moviemakers seem to love the idea of a sort of criminal mastermind. While it makes for brilliant cinema and the audiences love it, it becomes highly problematic when this endearing behaviour is depicted as a side effect of a disorder.



Dexter, in the show 'Dexter', is a sociopath who carries out his own twisted form of justice by brutally murdering criminals, and is hailed as a very cool vigilante by all the fans. Walter White is sociopathic, but the constant romanticisation of this disorder by depicting these characters as suave and on top of things, has made him a people's favourite.

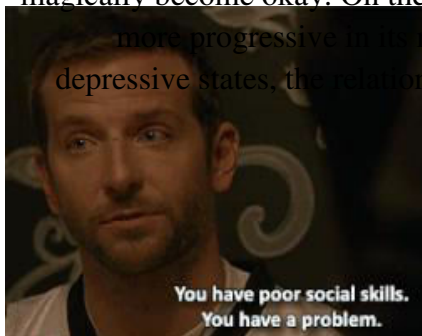
The term psychotic and sociopath are thrown around lightly. People with psychosis aren't masterminds, and can rarely ever be, due to the fact that their whole illness revolves around their detachment from reality. It's hard to rise to the top of your field when you're a sociopath because of very real problems that come with being unable to relate to other human beings, and certainly doesn't require you to go on a murdering spree.

Generally speaking, those suffering from antisocial personality disorder couldn't come up with a devious scheme to save their lives. Most of them aren't violent. In the real world, people with severe personality disorders are as predictable as the weather, and knowing the cause doesn't help us predict where lightning will strike next. Psychological profiling and kinesiology (*Criminal Minds*, *Lie, to Me*, *The Mentalist*, and so on) don't lead to any arrests in real life, simply because it is a cold reading which cannot be relied upon. *Sherlock Holmes*, and *Dr House* cannot be a reality in our current world (sorry!)



Myth: There is one magic solution- love

You cannot love someone's problems away. Yes, that may solve certain emotional issues but bipolar disorder is not one of them (I'm talking to you, *Silver Linings Playbook*). Just because you found a partner willing to take care of you and provide emotional support, you will not magically become okay. On the other hand, a Bollywood movie '*Tamasha*', turned out to be more progressive in its mature depiction of bipolar disorder- depicting the manic and depressive states, the relationship issues, and used the girlfriend as emotional support, not as a cure.



Moviemakers tend to believe that there is one specific piece of a puzzle that needs to be discovered, and goodbye long term treatment and medication.

In *Spider Man 2*, we see Doc Ock being talked out of his murderous insanity and he is instantly ready to forget his wife's death, sacrifice his life, and save the lives of all the people he wanted to kill mere seconds ago. Rarely do we see people seeking professional help. A big hand to '*Dear Zindagi*' for the attempt to normalise therapy. '*Karthik Calling Karthik*' actually shows the protagonist seeking treatment from a psychiatrist, with the support of his partner. It shows the couple leading a life together while coping with mental illness. While it was by no means an all-inclusive film about the highs and lows of a patient with schizophrenia, it is a step in the right direction.



Myth: People with severe mental illnesses can lead completely normal lives

Mental disorders affect all spheres of one's life. Movies pick and choose the symptoms they wish to show, leaving out integral issues that come with a life with disorders, and so these depictions fail to give a real picture of what really goes on, perpetuating misinformation. Having a mental illness can be debilitating to one's life, personal and professional relationships etc.

According to WHO, depression is the most common mental disorder. The disorder affects more than 350 million people of all ages around the world. With this ever increasing number, accurate representation becomes even more important.

'Monk' is a good example of how OCD was depicted in the late 90s. While it did justice to the illness- they show the dysfunction that accompanies it, the support needed- it barely touched upon the reality. Since then, there has been progress, with movies like 'The Aviator', where we can see the disorder

has been really understood. While schizophrenia is shown as a horribly violent disorder, there are some exceptions: 'A Beautiful Mind' and '15 Park Avenue' seem to be more realistic



portrayals of schizophrenia.



Moviemakers need to start taking the responsibility of depicting mental illnesses for what they really are, and not just as some quirks or subplots to keep the story moving. We must stop romanticizing mental health issues, and bring them into conversations, and media is powerful enough to do the same. It is essential to make the audience aware of the reality behind these disorders, how it affects the individual and the people around them and what can be done. We need to remove the

stigma surrounding mental health, and normalize seeking help.

SOMEDAY SOON

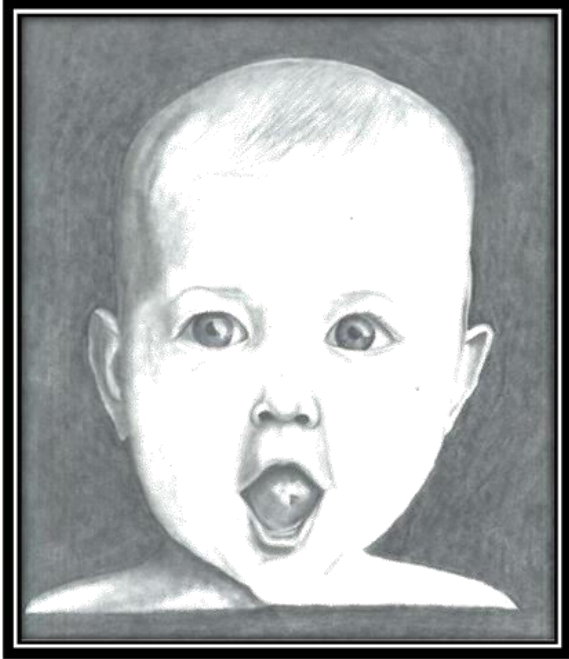
Somya Agarwal (2nd Year)

As I entered the bright room
It felt like the door opened itself to a new
dimension,
Like a world inside a world,
Like a way amidst the puzzle,
Like the dove was finding its blue-green
Earth which is hidden somewhere behind
the clouds of grey,
Like some tender voices surrounded me.
As I proceeded further, the voices became
clear
Like all of them were wanting something,
Like an urge to make the world a better
place ceased my heart, The room

Like a world inside a world,
There were stick figures dizzy enough to
be precisely noticed
Some looking at the lush green
surroundings outside the window,
Some making a place for themselves,
Some found it difficult to hear the others,
Some observed the awkward silence that
prevailed intervals,
Some wanting to be heard,

Some wanting to be seen,
Some just found a place to sleep,
Some wanting to speak,
Some just sat and fought.
As I walked by I realized
The confused yet seemingly united voices,
Maybe they want to be correct all through
took over the actual need of the hour,
Maybe the stars of the same constellations
were in different skies,
Maybe the white light of the room was
bright enough for the dove to forget its
way.
But as I walked by I realized
The powerful light was the entire “thinking
mind” kept together,
Maybe the concern for a better life still
prevails
Right direction is what they need, a
guiding instinct,
The dove would get to its blue-green Earth
cutting through the clouds of grey, Maybe
the night sky would be beautiful once
again,

ART ESCAPE



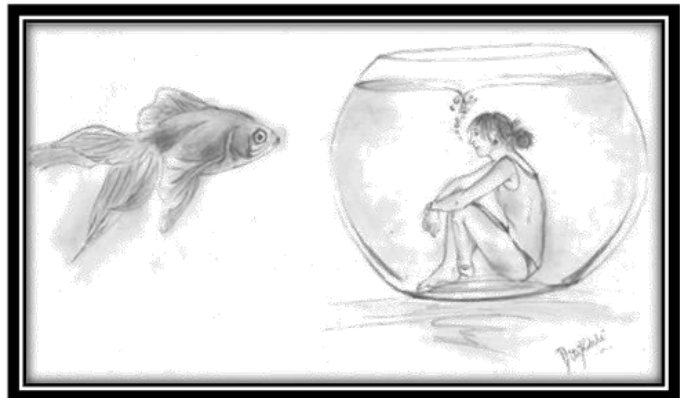
Innocence: Pranjali Agarwal (3rd Yr)



Flashbacks of Childhood: Sameeksha Razdan (2nd Yr)



Bipolar Disorder



Empathy: Diti Kohli (3rd Yr)

Being Bipolar: Priyam Bhattacharya (3rd Yr)



unconditioned stimulus



conditioned stimulus

: Ankita Lalwani (2nd Yr)

The Fertile Mind: Niharika Srivastava (2nd Yr)



DEBATING: THE RHETORICAL APPROACH TO PSYCHOLOGY

Nishtha Gupta (3rd Year)

"I may be wrong and you may be right and, by an effort, we may get nearer the truth." -Karl Popper

The debate is a formal contest of argumentation between two teams or individuals. More broadly, and more importantly, the debate is an essential tool for developing and maintaining democracy and open societies. More than a mere verbal or performance skill, debate embodies the ideals of reasoned argument, tolerance for divergent points of view and rigorous self-examination. The debate is, above all, a way for those who hold opposing views to discuss controversial issues without descending to insult, emotional appeals or personal bias. A key trademark of the debate is that it rarely ends in agreement, but rather allows for a robust analysis of the question at hand. Perhaps this is what French philosopher *Joseph Joubert* meant when he said: *"It is better to debate a question without settling it than to settle a question without debating it."* The art of debate involves mastering skills of obvious intrinsic value: the confidence to speak in public, and make sense; the construction of a logical argument; the ability to read an audience's reactions; and, perhaps most importantly, the willingness to hear others' arguments and to respond to them.

In my three years of debating in the college circuit, I have come to realise that success in debating is not only hinged on the physical aspects of listening and speaking or the cognitive aspects of thinking of arguments and rebuttals but also on the psychological dimensions of the activity. Winning an argument is a display of mental finesse. One of the earliest and potentially strongest psychological setbacks for a Debater arrives when the motion and sides are assigned. Once Debaters assume that they are in a position of weakness, it becomes much harder to win the debate. A similar psychological setback occurs when some Debaters learn that they will be facing opponents whom they consider to be stronger and harder to beat. This is why it becomes important to develop positive self-efficacy beliefs and healthy self-concept.

Non-verbal evaluative feedback in terms of nods of approval, applause at the right times and even laughter in response to the humour allows a debater to gain confidence and feel a greater sense of efficacy.

Another interesting psychological phenomenon at play at the very conception of a debate is the *Halo Effect*. This means that the judges will be aware of good records of debate teams and institutions, and may be inclined to give the match to these teams.

Likewise, some judges may sometimes feel that a team with a weak track record is not likely to win in any case and could be reluctant to rule in its favour. The next most important thing is to believe in your arguments. For debaters to be the most effective in an advocating a

position, they should try to embrace it, if only for the duration of the debate. The more belief Debaters have in their own position, the more conviction they are likely to portray to the judges as the conviction is an indicator of intent as stated by *Joseph Jastrow* in his book *The Psychology of Conviction*.

After this comes the task of presenting your arguments, attacking your opponent's arguments and persuading the house that you deserve to win. The team that will win in the end is usually the one which has been able to push the opponents back on the latter's arguments while ensuring that its own substantive arguments stand. Many psychological theories play a role in this. Since no two audiences are the same, persuasive speakers should be aware of audience characteristics to customise their arguments. According to the *Ultimate Terms theory* as used by rhetorician *Richard Weaver*, the presentation of an argument can also be made more persuasive by using certain God terms (progress, value etc), Devil terms (fascist, terrorist etc) or Charismatic terms (freedom).

The human brain is hard-wired for emotions, logic, reason, numbers, and patterns. A good argument would be one that banks on these to establish its veracity. The most mechanically descriptive persuasion theories are dual-process theories such as *Richard E. Petty and John T. Cacioppo's Elaboration Likelihood Model ("ELM")*. ELM states that there are two "routes" to persuasion: a central route which consists of thoughtful consideration of the arguments (ideas, content) of the message where the audience is essentially an active participant in the process of persuasion; and a peripheral route where persuasion occurs based on other cues besides the strength of the arguments such as the character of the speaker or the emotion of the audience. Different dual process theories generally agree on one point: *"(a)ttitude changes that result mostly from processing issue-relevant arguments (central route) will show greater temporal persistence, greater prediction of behaviour, and greater resistance to counter-persuasion than attitude changes that result mostly from peripheral cues"* (Petty & Cacioppo, 1986, 21). Thus it is very important to have a solid logical backing for your arguments.

Also important is to not fall prey to *false consensus bias* (the tendency to over exaggerate the normalcy of one's own beliefs) and actually listen to what your opponent is saying. Stepping into the mental set of those you argue with

allows you to figure out what's influencing them. Nothing is more effective than using the opponent's own belief system to bring down their claims. For example, if someone makes an argument against religion quoting a religious book, it will not have the desired effect.

However, the cogency and clarity of an argument is only visible when it is thought of from a calm mind. It allows the speaker to think best and react effectively. The calm and confident

demeanour of a speaker has psychological ramifications on not just the speaker but also on the other key actors in the debate, namely the judges and the opponents. Research has shown that all beliefs can be shaken and one of the most powerful things that you can do to shake someone's belief is to sound confident. It signals that the speakers are unfazed by their opponents and are quite confident of triumph. This, in turn, will put even more pressure on the opponents and create more tension for them. When speakers appear more calm and confident within a debate, the judges will get the impression (if only subliminally) that they are the team which is more prepared for and more comfortable with the debate. This could even make them more receptive to this team's arguments and points.

Many theories believe that persuasion also lies in the attractiveness of the speaker thus it is very important to make a lasting impression. Debaters should do everything to maintain positive body language at all times. This will include displays of confidence such as smiling as well as maintaining eye contact and an erect posture. Signs of defeat such as slouching in the seat and burying the face in the hands or signs of distraction such as looking away from the debate send out a bad signal.

In order to win a debate, it is also necessary to win the crowd. It is important for the debaters to assess the crowd and note some of its predominant features, such as age, educational background, gender, etc. This will allow the Debaters to put in references into their speeches that the audience can relate to. The audience then feels included within the debate. To win a crowd over, it may be necessary to entertain them.

Thus, the speeches should allow for more stories of interest or humour to keep the crowd engaged. Crowds can be fickle and a speaker has to be careful not to lose the crowd.

Lastly, an effective debater is one who can assess the situation by reading the verbal and non-verbal cues emanating from the judges as well as their opponents. During a debate, all speakers should try to gauge the reactions of the judges to the various speeches being delivered. In this manner, they could discern how a judge feels about a particular point and adjust accordingly.

Debaters should always keep track of how the opponents are reacting to their own speeches as well. In this manner, they can detect which particular arguments or rebuttals are causing discomfort for the other team and put more emphasis on the same areas for the later speeches.

Unlike any other hobby or sport, debating – if done well – will shape your personality, your intellect and your beliefs. And if we ever want to live in a world where decisions are made on the basis of logic and persuasion, not force, intimidation or half truths, then we need to take things like debating seriously. The skills one learns through a good debate are crucial for modern life. Political events continue to remind us of the importance of persuasive arguments and good oratory that appeal not only to our rational side but our emotional side too. If we are to hold our politicians to account then it is as well to be able to follow the arguments of those in power and expose their inconsistencies. Time to say goodbye to that cloud of unknowing: joining the debate is more of a necessity than ever before.

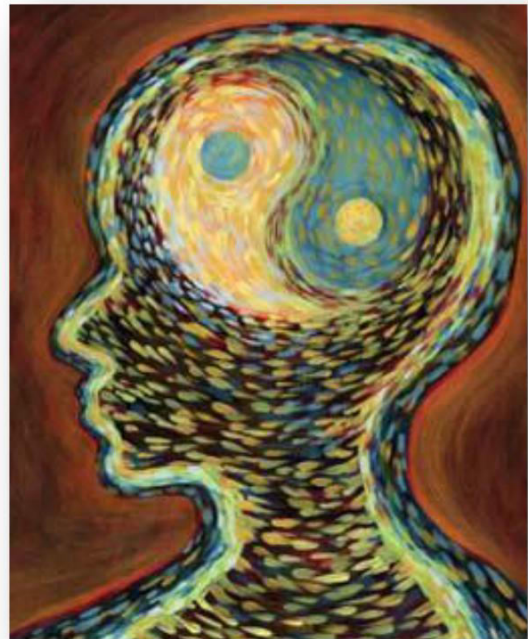
YIN AND YANG

Ishita Singh (3rd Year)

*In order to love
Who you are, you cannot
Hate the experiences that
Shaped you.*

My school's management changed the curriculum midsession and I was having real trouble keeping up with school. I was having a lot of issues with my studies and was clueless how to go about with academics. My mother was seriously ill at that time and my father was posted out of station so I could not share my situation with my parents. In addition to my academic woes, I was bullied and punished unnecessarily by teachers. This harassment took a toll on me, and I began repressing my feelings and that made it difficult for me to get out of the emotional mess I had gotten into.

My mother took me to a counsellor when she eventually realized that I had stopped talking, showing any emotions, sharing anything and in the process, my self esteem had taken a hit. I hated myself so much that I hated even the sound of my name. My sessions commenced with few general topics but I did not open up for 4 days. So it was hard for my Counsellor to make me speak because I had developed major trust issues too. Gradually, I realized that I can heal only if I trust her because otherwise my problem won't get resolved. Here is a small excerpt from my conversations.



Counsellor- Who do you like between mom and dad?

Me- Dad

Counsellor- Why?

Me- Mom used to beat me and did not trust me.

{Then she asked me how is school going and about friends }

Counsellor- Which grade are you in? Me- 5th standard .

Counsellor- How are your studies going ?

Me- Not very well and I am on the verge of failing the class and I am not settled in the new system of education introduced a year back

Counsellor- Marks?

Me- Not good (broke down in tears)


Counsellor- Trust me, things will get better

I told her that nobody needed me and I was not important. She asked me what my favourite colour was and I replied, "blue". She asked me why; I told her that it brought joy and happiness to me. She also used to give me plans and I asked me to follow them. Initially it was difficult but as I started executing the plans, my academics improved. My self confidence got a boost and I felt better. She also made me realise that people did love me and that, I was important to everybody. My grades began improving rapidly. Through this process, even I realized that I was important and that I can do many things. I wrote a creative writing piece and won the second prize and that gave my self-confidence a much needed lift. I would like to share the Mirror Therapy that my counsellor used. It is sort of a reflection; when I entered the room there used to be a mirror and I was asked to look into it. Initially, I did not but hesitantly after a few minutes, I did, and there was a blank face...nothing. Then after the sessions used to end, I was made to stand in front of the mirror again and my happy and cheerful reflection smiled back. With each passing session, my entire personality transformed and I was a completely new person.

Stigma that is still attached to mental illness continue to prevent people from choosing life-saving treatment options. Sometimes we need some external help to defeat the demons inside us which we ourselves have created. Until broken, we never know what we are made of. It gives us the ability to build ourselves all over again, stronger than ever. A true champion falls down, tastes the dust and rises again.

There is light at the end of the tunnel, one should have the courage to enter the darkness.

*Keep choosing HAPPINESS Daily
and
Happiness will
Keep choosing you back.*



Happiness is a choice.

Choose happiness.

LA LUNA SANGRE (THE BLOOD MOON) AND THE HEADLESS RAVEN

Shreya Bakshi (3rd Year)

What truly intrigues me about the human mind is its tendency to propel from contradictions. How dearly it fantasises about standing naked in front of the clothed inhibitions yet aspiring to be clothed itself. According to me, it is this human intention of letting free and yet holding back that gives rise to some of the breathtaking works of art. My inspiration of art is derived from the abstract, the nebula of thought process. Forming it into an idea loses its abstraction and finally giving it a verbal expression takes away its life to a great extent. Still, it is the intensity of these contradictions that motivate me to express myself in my art.

Calligraphy is not plainly about decorative writing. It is about understanding the structural semantics of each alphabet or script and analysing them before replicating. For the beholder, words seem to fill in spaces. Hence, he forgets about what is written

but focuses on the whole instead, similar to the Gestalt principle of human perception that ‘whole

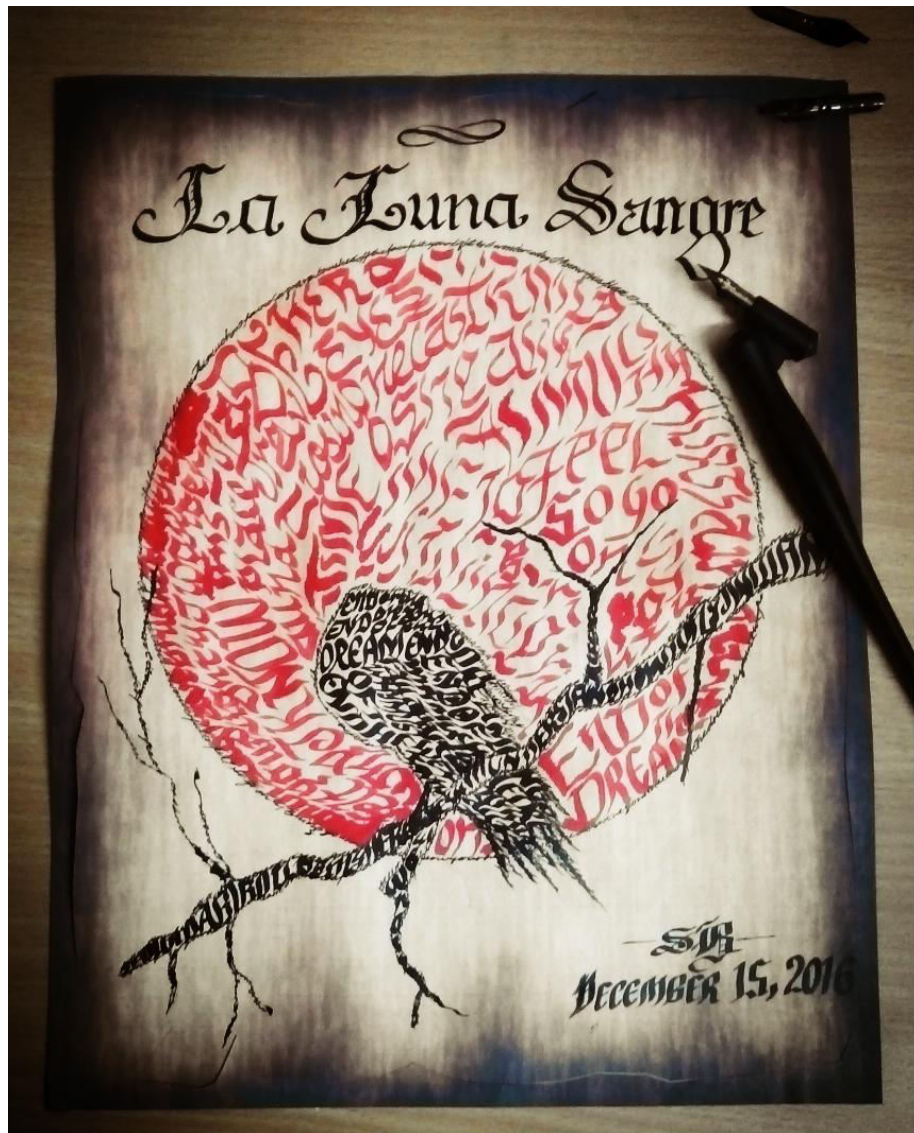


Illustration: Shreya Bakshi (3rd Year)

is other than the sum of its parts’.

Nevertheless, this act of using ‘empty words’¹ gives me a safe haven to express and that’s how I overcome my mental contradictions. Hence, these calligraphy artworks are therapeutic. This comes as a response to all those inquisitive questions regarding these artworks. The fact that these ‘empty words’ in artworks are plain lyrics of some Evanescence song may not justify an argument for many. But one proposition holds true that they do bridge the gap between my idea of illusion and reality. It has been a couple of years now that ‘Evanescence’ (my favourite rock band) continues to be an inspiration. Most of their songs reflect and synchronise my mental contradictions and that’s why I use their lyrics in my artworks.

‘*La Luna Sangre*’ or ‘*The Blood Moon*’ is among one of the many forms of expression that I cherish. The artworks that I make in general are either inspired by an event or an object. This artwork stands apart as I credit its inspiration to my dream. As Freud states, ‘Dreams are the royal roads to the unconscious’ I take help from these imaginary guides to acknowledge some of my contradictions and bring them to my awareness. Psychoanalysis and dream interpretation techniques have shaped my personality in a major way and continue to do so. Usually, dream interpretations take a lot of time and due to their extensive descriptive nature, they devour pages when it comes to their written expression. Keeping these limitations in mind I shall attempt to explain and interpret just a scene of my dream. Since dream interpretation is rarely objective, my interpretation will reflect a lot on my personal experiences and subjectivity. From all that I can recall from the manifest content of my dream, it is evident that raven is a predominant symbol. I shall henceforth refer to my dream as ‘The Headless Raven’ and interpret just a brief scene from it while explaining the general theme that led to *La Luna Sangre*.

Ravens² have always been mysterious to me. In fact, I adore them. What is ominous for the world bewitches me. The myth associated with ravens being supernatural birds that often bring harrowing messages about someone’s death is one of the many myths I’d like to debunk. For me, Ravens symbolise depth, wisdom and magnetism. Perhaps they are the only ones who are capable of flying and are yet so grave.

The climax of my dream led me to encounter a headless raven being rubbed on my face as I vociferously try to free myself from the grasp of that person who I reckon to be my paternal aunt. All I heard was her screaming into my ears, “YOU MUSTN’T BE SCARED. YOUR ANCESTORS BLESS YOU”. I can almost feel that moment in my dream when the feathers of that raven somehow choked me and what surprised me to the core was that it was still alive despite being headless. My dream ended as that limp, lifeless, headless raven glided and slipped from my right hand falling on the staircase with a thud and a few drops of melancholic blood around it. I stared at it; admiring the beauty of its black body and scarlet

¹ The expression has been taken from colloquial usage of words being meaningless and empty, which in any case is illusionary.

² The common notion associated with Freudian Psychoanalysis leads an individual into thinking that every interpretation shall boil down to one’s sexual instincts. However, it is important to acknowledge that Freudian idea of sexual instincts merges with the platonic idea of Eros or unification of certain energies that are beyond the basic understanding of sex. Also, it is pertinent to note that dream interpretations take place with respect to the dreamer and the context of his dream. Therefore objectifying dreams or dream symbols as purely sexual in intent reveal just one aspect of the nebulous human unconscious mind.

blood. I woke up as I zoomed into that bird staring deep into blackness.

Clearly, the raven symbolised a mysterious side of my psyche. Since ravens are specifically considered ominous (as per occult traditions) and generally represent freedom (because they can fly) I relate it to the conflicting sides of my mind where one aspect represents the orthodox (and also a representative of death instinct) and the other is contemporary, wild and free (also, life instinct). The momentum of the raven being rubbed on my face, gives me a sense of imposition. I think it reflects a lot on my perception of being pulled down by the norms of the patriarchy that use women as a symbol to latently yet firmly establish their power. My attempts to free myself from that imposition also reflect my urge to ‘step out of the shadow of my ancestors and hence the patriarchy’. Since the raven was headless (head being symbolic of logic and body of the instinct) it reflects how I interpret the patriarchal norms as instinctual and something without any logic. Perhaps what appears to bless me in a way is detrimental in another. The sense of being choked and urgency that I experienced was again a reflection of waking life anxiety that got released under the unconscious pressure. What I observed in my dream that though headless, the raven was alive. I associate it with the idea how norms of the patriarchy no matter how abrupt they may seem, continue to exist and even dwell for that matter. In the end, my focus got concentrated on how that ‘lifeless raven slipped from my right hand and fell on the ground’. The night before this dream, I remember studying about hemispheric specialisation and how the left hemisphere of the brain controls the right side of the body. The left brain generally represents logic. I relate this to my dream as the ‘limp body of the headless raven (Weak patriarchal norms) glide from my right hand (controlled by the left brain which is symbolic of logic)’. Perhaps my dream intended to suggest the relevance of my logic as supreme and hence insuperable as compared to the reasonless patriarchy.

I could very much relate to this interpretation as many events happened before this dream occurred and I am certain that my unexpressed rebellion had surfaced in this form. A deeper analysis of the same helped me delve deeper into my unconscious which I choose not to disclose. The following morning post my elaborate analysis, I sat down to reflect it all in my artwork. The quaint recollection of the headless raven and the blood around it inspired *La Luna Sangre*. The words that decorate this artwork are from another spectacular Evanescence song: ‘End of the Dream’ where the transient aspect of life gets reflected as ‘a bird closing her eyes’. The song leaves one questioning why is it important for us to fall down in order to learn to fly with or without wings as we all proceed to meet our final destination.

As far as interpreting *La Luna Sangre, I*, by all means, keep it open for interpretation. After all,

“To reveal art and conceal the artist is art’s aim” – Oscar Wilde.

LEFT HANGING? HERE'S WHY-

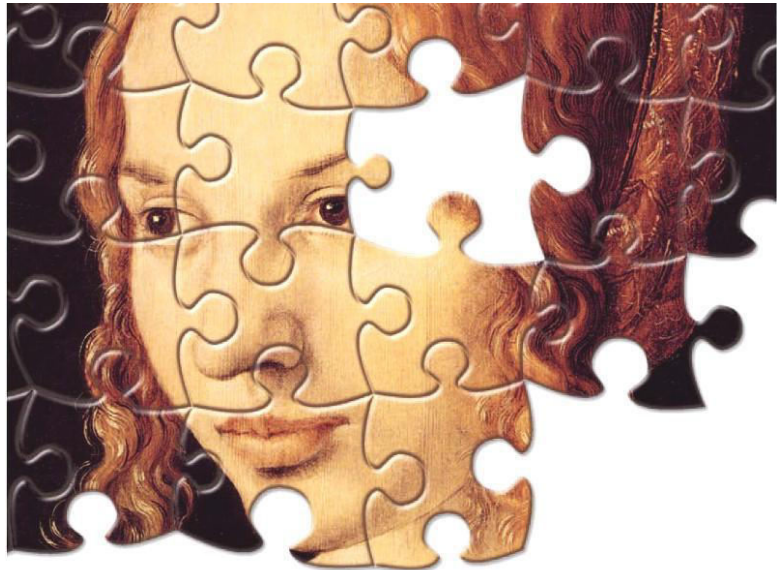
Vaidehi (2nd Year)

There is something particularly annoying about a song that gets into your head and just does not leave. When the TV series you have been watching ends on a cliff-hanger and you are left waiting until the next year. When the book you are reading leaves you dangling and desperate for more information. We have all been there at least once, if not more.

This innate curiosity to know and to seek closure has a psychological explanation to it. A school known for its quote, “the whole is greater than the sum of its parts”, it was the Gestalt school of psychology that led to the acknowledgement of this need for closure among humans. This is called the Zeigarnik Effect, it was first noticed by Kurt Lewin and later elaborated and studied upon by

Bluma Zeigarnik in 1927. She studied viz. a viz. an experimental design that tasks that are left incomplete due to interruptions are recalled more, as opposed to tasks that were not interrupted.

The most prevalent explanation behind this effect is that of the need for closure. Gestalt psychologists believe that the human mind tends to complete actually incomplete images in order to comprehend



them wholly. Take for example the WWF logo. Technically it is just blobs of black on a white background but mostly all of us see it as a panda. This is also known as the law of closure under perception. Due to this incessant need to complete things, we tend to hold on to and thus recall more that which is incomplete and remaining. This is what Bluma Zeigarnik proved.

When did the torture begin? It was in the 1920s and 1930s that serialised versions of stories were published in weekly and monthly magazines and thus began the story of cognitive tension. Magazines and now almost every TV series employ the Zeigarnik effect, some do it ensure their TRPs and others just want to leave us hanging.

This psychological phenomenon is used more frequently than one would realise. Advertisements rarely use a song from the beginning, even though we may not know the song and realise that it is not being played from the beginning but the absence of a conclusive end causes that music to remain in our heads thereby increasing the recall of that advertisement and by extension the brand or product. Same applies for all the TV series that leave us

dangling towards the end of an episode or (if they are nice enough) the season finale. Since the picture, so to speak of, has not been completed we suffer from cognitive tension to desperately complete the puzzle and make it whole. And due to this cognitive tension, we tend to remember these incomplete pieces of information more than that which is whole.



When one calls it cognitive tension it doesn't completely reflect its entire cruelty, but when we call it frustration the word itself oozes fervour. Cognitive Tension, in this case, is nothing but sophisticatedly disguised frustration, as it thwarts the mind's need for closure.

Remember that episode of

F.R.I.E.N.D.S when Rachel went on about "Cuh-losure"? She nailed it in the head- most break-ups end without a conclusive end leaving the individuals frustrated and much like a cliff-hanger end, remembering it more than most other (perhaps) happier things.

Though this effect may seem largely evil and a close ally of marketing and sales, we as students can turn this around to swing our way.

What is perhaps the biggest hurdle we as students face? Procrastination. The Zeigarnik effect tells us that we cannot *not* complete a task that we have started as it keeps nagging our head to seek closure, so try these on for size:



Just start on that assignment as soon as possible, because you can rely on your need for closure to nag you until you complete it.

Not motivated enough to study for finals? Just read for a while and then let your mind wander because it will return back to what you were reading.

Not able to remember something big, don't try to get it all in one go, read a part of it then let Zeigarnik kick in and make you desperate to know and thus successfully remember it better as well.

Though these are research based tips, as students of Psychology we must acknowledge the peculiar ways in which individual differences work, so keep that in mind as well.

WHAT AFTER KNC? ALUMNAE SPEAK

PRANJALI CHAUHAN (MBA-HR, MDI Gurgaon)

I had never given much thought to Psychology as a career in 11th and 12th; but, in the world of Maths and Physics, Psychology made sense to me and I that's when I decided to take up Psychology (H) in graduation.

Other than the subfields, concepts and models that were hurled at us at college, the toughest thing for me to grasp was the attitude- one needs a different approach to study psychology. In addition to the immense college workload, I decided to enrol myself for *CAT coaching* in my 4th Semester. I was more comfortable with quantitative than qualitative research. That phase was an emotional and cognitive rollercoaster for me- I had my share of self doubt, confusion and uncertainty but I did

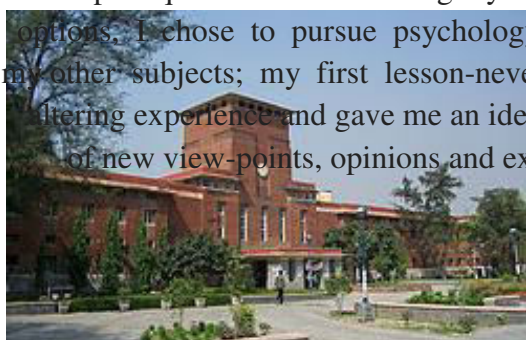
what felt right at that moment and prayed for it to work out. My efforts did pay off, eventually, when I landed admission in **MDI, Gurgaon** in **MBA-HR**. Today, a year into MDI, I feel taking a chance was a good decision. Being scared is okay, but the fear should not limit you. My professors and their teaching approach taught me to be less judgmental, more accepting of contrasting ideas, beliefs and perspectives, and that tremendously helps me in excelling at HR.



SUKANYA CHAKRABORTY (M.A. Psychology, Delhi University)

I started studying psychology simply because I didn't want to take math in school and though

I spent quite some time during my senior years in school confused between my academic options, I chose to pursue psychology, despite getting lowest marks in it, compared to all my other subjects; my first lesson-never let marks decide your future. KNC was a life-altering experience and gave me an identity I'm very proud of. I am grateful for the plethora of new view-points, opinions and experiences I received as well as inculcated from my teachers. I am currently



pursuing my masters in psychology from **DU, North Campus**. This is a completely different experience, where you have to establish the ground beneath your foot all by yourself. My orientation is towards clinical and child psychology, and I hope to *pursue my PhD*. soon.

TANYA DUTTA (MSc. in Organizational & Social Psychology, LSE, London)

After my graduation I went on to pursue my **Masters in Organisational and Social Psychology** from **The London School of Economics and Political Science (LSE), UK**. It was an extremely eventful year, having had the opportunity to live in a city like London. The learning experience has been so wonderful that a part of me still resides there.

Something that did give me a slight edge academically is the strong background in the technicalities of psychology that we were taught at in KNC. I will forever be grateful and indebted to the work and love put in by our teachers at KNC-Psychology dept.

Paucity of time during the semesters did not deter the department to teach us complete concepts and value add to our all-around development.



Back from London, I am now working as a **Research Associate at Positive Moves Consulting**, an Indian MNE search firm. In my current role I get to *explore and identify talent in diverse sectors* like Private Equity firms, Telecommunication companies and IT companies. I still go back often to my social psychology books during assessments and reminisce upon college memories while chalking out the correct fit between my client and my candidate.

MRINALINI MAHAJAN (M.A. in Clinical Psychology, TISS, Mumbai)

KNC holds an extremely special place in my heart because I entered the department as a non-psychology student and came out with a love for the field and the conviction to pursue it as a career. I am currently in my second (and last) year of masters in **Clinical Psychology from Tata Institute of Social Sciences, Mumbai**. My course is structured in a very application oriented manner. It comprises of 15 weeks of fieldwork which we have to attend twice a week.



For Clinical, we have placements in *psychiatry OPDs in hospitals* for the first 3 semesters. The last semester fieldwork is based in *counselling centres*. For now, I am placed with an observation home and working with children in need of care and protection. It is an intense and rigorous course but I got to do individual therapy work with clients so I

am definitely not complaining. The course also has compulsory research dissertation component. For those interested in practice oriented work, TISS is wonderful. As of now, I am preparing for MPhil entrances.

I was in the same position as you guys two years ago; the fears and uncertainties are common. Trust the faculty and your learning in college and you are good to go.

SHUBRATA SHASTRY (MSc. in Psychology-HRDM at Christ University, Bangalore)

It's been quite a journey from KNC to Christ University. Last year around this time, I couldn't have imagined studying in a place thousands of miles away from home. I, however, was sure that I wanted a career in **Human Resource Management**. Thence began the process of applying to various colleges, writing exams, and appearing for interviews. I had my apprehensions when I got through Christ. "Will I be able to adjust in a new city?", "How am I going to stay away from my family?" did cross my mind. Nevertheless, I decided to give

it a shot. True to its image of “almost draconian” rules- its uniform, punctuality, attendance and its strict anti-plagiarism policies, our usual excuses never worked at Christ University. So the first few days were difficult. But I gradually got used to it. I’m glad that I took the decision to move to a new city.



RABANI SONI (MSc. in Mental Health Sciences, UCL, London)

After class 12th, I was very clear on pursuing my bachelors in psychology and I took admission in KNC which has been by far been the most amazing experience; I was exposed to an enriching environment, met amazingly talented classmates and the ever helpful professors. Those three years taught me all from physiology of psychology to abnormal psychology and it was in my last year that I decided to go in for further studies in clinical



psychology.

Like my other classmates, I sat for a few entrances in Delhi, Mumbai and Bangalore but I was applying abroad side by side as well, because I personally wanted to experience studying abroad. I had always dreamt of going to London for higher education and my dream came true when I

got admission into **MSc in Mental Health Sciences at University College London**. The experience is unmatched- I represented journals and articles in front of reputed scholars, and got a chance to do my own dissertation (which by far has been the toughest thing to do). I am currently working at **Autism Centre for Excellence** as a *Case Manager*.

ANUSHA ARORA (MSc. in Clinical Psychology, Pittsburg University, USA)

I am currently pursuing my **Masters in Clinical Psychology at Pittsburg University, USA**. Before you get all starry eyed, a few things nobody tells you about studying Clinical Psychology in the USA. We like to believe that culture, ethnicity, parenting don’t make a difference when it comes to therapy, but it does. The world does operate on stereotypes, people are categorised and we are largely a product of our parents’ upbringing. Theory is egalitarian; the world of difference these biases create in therapy hits us only when faced with an entirely new culture.



But, the freedom of exploring a new culture and finding your footing in a foreign land has its perks. The practical knowledge you gain, the level of insight into backgrounds of people who have lead

completely different lives; both on a micro and macro level gives a true emotional understanding into empathy. The researches we read about in textbooks actually apply- you finally find the population where the findings “fit”. Research methodology finally makes sense and you get world-class infrastructure to support your hypotheses.

DISEASED DECEASED

-Sanjana Jain (2nd Year)



Free birds mock me,
Spreading their wings.
Free from the world, what really
stings-

I am the bird
And I am the cage
Alzheimer's, first stage.

My soul, unlimited
And I, limited?
Known, unknown wishers
Stranger lovers if you may
This handsome young man
With my little boy's name
Oh child, my child
Wipe your tears and don't you cry
I do remember your lovely face,
But darling, who am I?





The mind decays, they tell me
But is it a soul parasite?
Do not ask me for remembrance,
Or loving, gentle smiles.

Perhaps I am the parasite,
I am the disease-
My mind may be decaying,
But my soul has deceased.

ANSWERS TO PSYCH-WORD

1. Hypochondriasis 2. Asymptotic 3. Testosterone 4. Serotonin 5. DNA
6. Freud 7. Watson 8. Loafing 9. Psychosis 10. Stereotype 11. Bimet 12. Denial
13. Solomon 14. Jung 15. PTSD 16. OCD 17. Gestalt 18. SAD 19. Cognitive 20. Rogers
21. Outlier, 22. Anxiety 23. Mesokurtic 24. Survey