30 YEARS ANNIVERSARY

Institute for Psychological Health

Mental health for all !

MANAS

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Invitation to **Collaborate**

Manas - IPH'S Mental Health Newsletter

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Editor's desk

प्रिय वाचक,
मानस ते Emanas हा प्रवास सुरू होऊन आता २ वर्ष झाली. E मानस सुरू करताना प्रतिमा नाईक यांची अनुभवी साथ, डॉ आनंद नाडकर्णी यांचा विश्वासाने एक आत्मविश्वास मिळाला आणि Emanas सुरू झालं. मधल्या काळात प्रतिमा नाईक या चेन्नईला गेल्या पण मृण्मयीच्या उत्साहवर्धक साथीने पुन्हा आश्वस्त होता आलं. दोन वर्षाच्या संपूर्ण पाठिंब्यानंतर आता संपादकीय लिहिण्याची मोठीच जबाबदारी डॉ. नाडकर्णी यांनी आमच्यावर सोपवली.

मानसिक आरोग्य या विषयाची मांडणी करताना, ती समोरच्याला रुचेल परंतु त्या विषयाचे गांभीर्य पण लोकांपर्यंत पोहचेल हा नेहमीच Emanas चा उद्देश होता. एखादा विषय नुसता सोपा करून नाही परंतु त्याच सोबत तो वाचणाऱ्याला पण आपलासा विषय वाटेल हा नेहमीचाच प्रयत्न. आत्ता पर्यंत विविध विषय Emanas च्या माध्यमातून पोचवायचा प्रयत्न केलाय कधी भावना तर कधी व्यक्तिमत्वातले विविध कंगोरे. लॉकडाउनच्या काळात, आपल्या मनाचे आरोग्य राखणे किती गरजेचे आहे याची जाणीव आपल्याला होत असताना, पुन्हा त्याकाळाशी निगडित अजून महत्वाचे विषय मांडायचा प्रयत्न केला. खरंतर विषय ठरवण्यापासून, ते लेखांचं संकलन करणे, proof reading करून घेणे, विविध विषयानिगडीत चित्र जमवणं, सरांकडून आलेले संपादकीय त्यात जोडणे ही आमच्यासाठी खूप appealing प्रक्रिया असते. सरांनी या वेळी संपादकीयची जबाबदारी सोपवल्यावर थोडंसं tension आलं पण, आपल्याच कामाचा उद्देश आणि Emanas ची संकल्पनाच नव्याने मांडायची म्हणल्यावर दिलासादेखील वाटला.

नवीन वर्षाच्याप्रित्यर्थ आपल्या लाडक्या Emanas च रूप थोडंसं पालटावं असा विचार होता. आत्तापर्यंतच्या विषयांच्या पुढे जाऊन, आता मानसिक आरोग्याशी निगडित काही विषयाची माहिती अजून लोकांपर्यंत पोहचावी असं राहून राहून वाटत होतं आणि तोच विचार पक्का झाला. डॉ. अभय बंग यांच्या, " माझा साक्षात्कारी हृदयरोग" या पुस्तकात, प्रख्यात मानसशात्रज्ञ Carl Rogers यांच्या एका निबंधा. तील खूप महत्वपूर्ण वाचनात आलेलं वाक्य , What is most personal is most general बऱ्याचदा माझ्याच वाटेला आलेले भोग म्हणून बघितलेल्या गोष्टींना खरंतर अनेकजण जगात सामोरे जात असतात. आयुष्यात मलाच हा अवघड काळ का आला, असा विचार करत असताना, त्याच प्रसंगांमधून अनेकजण एकाच वेळी जात असतात. परंतु personal वाटणाऱ्या गोष्टी आणि अडचणी general (सगळ्यांच्या अनुभवाला येणाऱ्या) असतात हे कळतं, तेव्हा मनावरचं ओझं हलकं होत. मानसिक आरोग्या. च्याबाबतीत हेच असतं नाही का !

म्हणूनच या अतिशय महत्वाच्या अडचणींना कस सांभाळायच याची माहिती मिळाल्यास किती छान वाटेल!!!! या वर्षाच्या पहिल्या अंकापासून, मानसिक आरोग्याचे काही महत्वचे विषय आमचे सहकारी तुमच्यासाठी मांडतील. काही विषय लहान मुलांबद्दल असतील तर काही विषय प्रौढगटाला जवळचे वाटतील. आपली आपल्या समस्यांबद्दल तसेच समाजातील इतर समस्या. बद्दल जाण वाढणं हे किती सुरेख आहे. त्या त्या विषयातील तज्ज्ञ आपल्यासमोर हे विषय Emanas च्या माध्यमातून मांडतील. त्याचसोबत, आय. पी. एच. मधील नवीन नवीन घडामोडी, नवीन कार्यशाळांची माहिती तर आहेच. आमचा हा नवा उपक्रम आपल्याला कसा वाटतो हे आमच्यापर्यंत जरूर पोहचावा.

धन्यवाद !


मृण्मयी अग्निहोत्री
Editor and
counseling psychologist


वैदेही भिडे
Editor and admin Coordinator

IPH THANE

150+
Volunteers associated with IPH,Thane

75566+
Cients treated by IPH, Thane in the past 10 years

15989+
Maitra Telephonic Helpline Calls successfully attended till date

65+
Clinical Staff working in IPH,Thane

50+
Non Clinical Staff working in IPH,Thane

7837+
Charity OPD

Aaklan Trainings:

10+
Number of trainings conducted for Mental Health Professionals by Aaklan during lockdown

234+
Attended by professionals

Community Workshops

23+
Number of community workshops conducted in lockdown

Avahan

83619+
Number of Subscribers to channel

22+
Number of Programs streamed by Avahan in the past 1 year

Launched on 23rd March 1990 with humble beginnings, IPH today is a colossal unique NGO with its premises in Thane and Pune. It operates a number of Support groups & Developmental groups along with services ranging from a full fledged Audio Visual Unit to a Telephonic helpline and its independent Learning Centre.

IPH beleives in an 'Umbrella approach' of piloting varied services & being holistic in mental health. It is a unique blend of individual and family intervention alongwith integration of curative and developmental models.

IPH functions at all three levels namely in-house work with individuals with problems & their care givers, Community outreach programs on awareness building and Industrial Training workshops.

In pursuit of its goal, IPH would like to consider itself as a laboratory of community mental health, a place where competent service, community participation and creative education go hand in hand. IPH has been conducting innovative programs and projects in the field of mental health over the last 30 years. Our Mission : Mental Health For All.

IPH PUNE

23 rd March 2018 was an eventful day in the history of IPH with the launch of its Pune Centre. Pune is now a growing educational hub with Cultural diversity & its own challenges. Its a blend of increasing population of young students, professionals and senior citizens along with psychiatrists in clinical practice. It was essential to have a team approach and participation of volunteers too. There was felt a need for a laboratory that will promote mental health and help in alleviating symptoms of mental disorders. IPH has developed a rich network in Pune city within two year of its functioning.

13256+
Clients treated by IPH, (Pune)

30+
Volunteers associated with IPH, (Pune)

10
Non Clinical Staff working in IPH, (Pune)

18
Clinical Staff working in IPH, (Pune)

IPH MindLab Nashik

33+
Number of clients till date

5+
Staff working

Our Unique Initiatives

ग्लोबल वेध

वेध (Vocational Education Direction and Harmony) हा व्यवसाय मार्गदर्शन परिषद म्हणून चालू झालेला IPH चा उपक्रम. वेध परिषदेच्या व्यासपीठावर विविध व्यावसायिक क्षेत्रातल्या अग्रगण्य व्यक्तींना आमंत्रित करून आपल्या जीवनाचे श्रेयस् आणि प्रेयस् गवसल्याने यांचे योग्य छिद्र, योग्य ठिकाणी योग्य वेळी पाडले गेल्याने अत्यंत सुंदर सर ओवले गेलेले आहेत.
हे व्यासपीठ व्यवसायाची निवड कशी करावी ह्या टप्यावर सुरु झाले आणि योग्य मार्गक्रमणामुळे आजच्या तारुण्याच्या उंबरठयावर कसे जगायचे हे सांगणारे व्यासपीठ बनले आहे. वेधच्या उत्क्रांतीचा पुढचा टप्पा आहे ९९ वा वेध – ग्लोबल वेध सर्व भौगोलिक मर्यादा ओलांडून वेध चक्क युट्युब आणि फेसबुकच्या माध्यमातून घराघरांत पोचला. डॉ. आनंद नाडकर्णी यांनी त्यांच्या सहकारी मुलाखतकारांसह सीमेपलिकडच्या वैशिष्ट्यपूर्ण माणसांशी संवाद साधला.

Mindlab

We are happy to introduce to you IPH Mindlab in the city of Nashik The city is growing significantly as a cultural, educational and industrial hub. Since it has a growing population of young students and professionals, it needs a laboratory that will promote mental health not only limiting it to alleviating symptoms of mental disorder.

With the motto of Enhancing Emotional Energy, this community mental health center provides:

1. Psychological Testing & Assess ment across all age groups
2. Support group facilities
3. Training programs for professionals & non-professionals

Due to covid pandemic, we are providing our services online.

Handling grief

"You would know the secret of death,"wrote Kahlil Gibran. "But how shall you find it unless you seek it in the heart of life?" Yes, how are we to know that people you never even imagine would ever be absent from our lives, suddenly take a final bow? It is as if a cruel hand cut out holes in all the pictures we had lovingly pasted in the album of life.

Life was chugging on its merry way, day after day, and there we were, taking it all for granted. Taking all the people in it, people whom we love, for granted. Who was to know that one day there will not be anyone in that space anymore.

It is like William Wordsworth's Lucy:

"She lived unknown, and few could know

When Lucy ceased to be;

But she is in her grave, and, oh,

The difference to me!"

Each of us believes the difference to us is deeper, more meaningful than it is for anyone else. Each of us mourns those we have lost, and we grieve in our lonesome splendour, believing our own sadness to be special, higher, deeper, stronger. But Samarth Ramdas wisely explained in two simple lines of Manache Shlok how universal this phenomenon of bidding goodbye is.

मरे एक त्याचा दुजा शोक वाहे।
अकस्मात तोही पुढे जात आहे।

Do we really have to go through the 'prescribed' stages of handling grief, typified by psychology? If we are to believe the textbooks, we first deny . . . just cannot accept that someone we love is gone. We are numbed, shocked. We begin to bargain, almost. 'Had I done this that or the other, this would not have happened' the eternal cycle of guilt. Or then redemption . . . 'I tried every-thing that could have been done, but death was unavoidable'. We are then slated to go through the circle of depression, anger, and then acceptance. So first we lose appetite and sleep. We weep, isolate ourselves from the world.

Stop enjoying anything and anyone. Then we are mad at the world. „Why me? Why could this not have happened to all those horrible people I know and why to me, of all people? We are even angry at the loved one we lost sometimes. How inconsiderate of them to just walk away like that. Could they not have waited for a few more months? A few years?

Some of us struggle hard to act normal. Pretend to be cheerful and unaffected. But then life deals us curve balls, and there, all of a sudden, at most unexpected times and places, the sadness surfaces like the eruption of a volcano. We are overcome with tears, cannot speak . . . but does this have to happen? Mary Elizabeth Frye got it right when she wrote:

"Do not stand at my grave and weep

I am not there. I do not sleep . . .

Do not stand at my grave and cry;

I am not there. I did not die."

There is really a pretty simple solution to handling grief, although it does look like a

huge hurdle. What we need to do, is hold close to one's heart the idea, the essence that was the person. Their physical body may not be around anymore. And for all you know, maybe that is all for the best. Because they would age, grow frail and suffer pain, illness, distress. Instead, what still envelops us in its comforting warmth is the immense love they felt for us and the love we felt for them. It is like your favourite blanket on a bitterly cold night, protecting you from the harsh world out there. All that you learnt from them, all the support and affection and strength you drew from their mere presence . . . where would that go? That is still there, with you. It is as if they live on in your heart, through you. And the more you distribute to others the kind of joy they gave you, the longer their spirit prevails.

In Indian philosophy we have the concept of an indestructible soul. Does that really have to be a physical conception? Plenty of quack theories and money-spinning bestsellers have been built on this notion, shamelessly commercialising the deep need people have to cling to hope. In reality, the soul is probably nothing but ideas that live on after a person is no more, simply because they held them so dear. Values they embedded in our minds, because those will be hard to undo.

Memories they implanted in our brains simply by spending wonderful hours with us, memories that can never fade. Stories that became immortal because they told them so often in their own inimitable style. Small kindnesses that they did, that touched a million lives. Which is why they live on in a million hearts.

It is as if a piece of their soul, or their essence, lives on the each of a million people they have helped over the years. Each of us has within our hearts, a small element of the person who is no more. And each of us strives to hand it on to others through further tiny kindnesses that are triggered by this essence. Think of it as a perfume . . . you rub it off on a zillion objects, and the original scent still lingers on without losing its true nature.

The best way to handle grief, then, is to cry with others who loved the person who is no more, and to share beautiful memories together. Rather than fake normalcy and happiness, it is better to share one's own beautiful moments with others who also enjoyed the sheer presence of the loved one, so that we part, each richer for the others'memories. It is a better idea to celebrate together who they were, rather than to sit in one's lonely corner, ruing what is gone forever.

After all, when you love someone, even a thousand meetings and years of togetherness can never be enough. However much one tries to "store up" happiness together, loneliness will have to be the lot of the one left behind. Only those who can recall the song that follows along with its mournful melody will appreciate the sheer loneliness the lyrics portray. Pakistani folk singer Reshma sang *'baagh ujar gaye khilnay say pehle, panchi bichar gaye milnay say pehlay . . . chaar dinon ka pyaar o rabba, badi lambi judaai, lambi judaai'* The same is true for sharing grief and loss. Lyrics alone are never enough. They need to be enriched by sharing the melody, the symphony.

So when we grieve, each of us will have our own sad tune ripping our heart apart. But we owe it to life to move on. Happiness requires hard work. "You would know the secret of death," wrote Kahlil Gibran. "But how shall you find it unless you seek it in the heart of life?"

If we work hard and learn to live happily again, that perhaps is the best reward for the loved one who has left us forever.

Dr Anuradha Sovani
Clinical Psychologist

Understanding Behavior Problems In Children

"He dislikes studying and has difficulty remaining seated."

"His teachers report that he is restless and fidgety."

"She is a fussy eater and only wants to eat junk food."

"She is argumentative and often talks back to us."

"He is stubborn and refuses to follow instructions."

"She only wants to watch TV all the time."

"She refuses to go to school."

These few lines are possibly the most common complaints distressed parents approach mental health professionals with. While it is very common to believe that behavioural issues in children can be chalked down to poor discipline or parenting, or a "bad attitude" on the part of the child, the reality is far from it. Behavioural problems in children can take a myriad number of forms and can have a number of complicated factors underlying them. We can view them as lying on a spectrum, where they can range from mild concerns (for example, fussy eaters) to more serious psychological disorders (like Conduct Disorder). Given the broad range of these concerns, it is but natural that understanding them is a slightly complicated process.

For the sake of simplicity, we can roughly divide these problems into different categories - neuro develop-mental problems, those characterised by disorderly and disruptive behaviours, problems related to academics, those related to disciplining and parenting, problems that are secondary to a stressful or a traumatic event and those related to the child's developmental phase.

Neurodevelopmental disorders are characterised by symptoms caused by impairments related to the growth and development of the brain. Examples of these would include Attention Deficit/Hyperactivity Disorder and Autism. It's important to note that these disorders have a biological basis to them, especially because very often, children who show maladaptive symptoms such as hyperactivity or inattention are often blamed for doing things on "purpose", or being a "problem child." Parents and professionals both need to understand the basis of these conditions so as to avoid wrongly blaming children for symptoms that are simply out of their control.

Maladaptive, aggressive and provocative behaviours are often in Oppositional Defiant Disorder (ODD). ODD is a behavioural disorder where children are excessively angry,

irritable and vindictive. It is only diagnosed when these symptoms cause significant impairments in the child's academic and social functioning. Conduct Disorder is a very severe psychological disorder characterised by violent, antisocial and aggressive behaviours. It is believed that a complex interplay of genetic, neurobiological, environmental and social cognitive factors underlie both these conditions.

Closely related to the more severe symptoms described above are relatively milder behavioural problems like temper tantrums, answering back, argumentativeness, excessive stubbornness and noncompliance with instructions. While there is definitely an element of personal responsibility in all these cases, poor discipline and parental modelling are also equally responsible for these behaviours. This is not an attempt to bash parents for being poor caretakers, but time and again, research has shown that children engage in a considerable amount of observational learning, that is, they learn what they see and hear in their environment. So, if answering back, rudeness and argumentativeness are characteristic of interpersonal interactions at home, then it is no surprise that the child uses the same maladaptive techniques when interacting with elders, siblings and peers. Similarly, poor and ineffective disciplining strategies tend to either give rise to or maintain such maladaptive behaviours.

Behavioural issues related to academics often take the form of a refusal to study, a dislike for writing or reading tasks, refusal to complete class work or homework or noncompliance with instructions related to academics. Given the kind of importance that is given to academics in our culture, academic concerns are equally stressful for both parents and their children. These problems can be due to a number of factors, for example, inattention, a learning disability, hyperactivity/impulsivity, etc. There is also a high chance that these problems might also be the result of sheer disinterest. After all, what child really likes to study? When we ask parents this question, most of them invariably admit that they too didn't like to study as children. So, while this does not mean that children should be allowed to ignore their academic responsibilities, parents and caregivers do need to be more open-minded in their understanding of academic concerns before blaming the child for sporting a bad attitude towards academics.

Stressful and/or traumatic life events such as a change of school/residence, a death in the family, the birth of a sibling, physical and/or sexual abuse, can often lead to the development of behavioural concerns. These need to be understood in the context of the triggering event and their treatment would also be structured in the context of the same.

Finally, sometimes, children show strange behaviours for brief periods of time that cannot be explained by any one specific cause. For example, separation anxiety seen at a particular age or a fear of specific animals that lasts for a short duration of time. As long as these concerns are brief and do not have a significant effect on the child's academic and social functioning, they can be attributed to a particular phase of development and usually subside on their own.

By no means is this an exhaustive and comprehensive list of behavioural problems in childhood, but now that we've discussed the most common kinds of problems, the logical question would be - what do we do about them? When these issues start causing a significant impact on the child's daily routine, and starts affecting his/her academics, social and familial relations and general functioning, it is time to seek help. Treatment modalities for all these con-

cerns need to be multi-integrative, holistic and need to be tailored to the individual concerns and needs of the child. Common treatments include pharmacotherapy, psychotherapies (which include - behavioural and cognitive therapies and alternative therapies like play therapy), speech therapy and occupational therapy. Parents are often apprehensive about medicating their children but for many of these conditions, extensive research has shown the combined benefits of pharmacotherapy and psychotherapy.

The success of these treatment modalities not only depends on the therapist's competency and skills but also on parental motivation. Many psychotherapies, like Behaviour Modification, for example, require parents to be active participants in the therapeutic process and the outcome and success of the programme is largely dependent on the parent's motivation to engage in the same. No matter what treatment modality is employed for a particular concern, it needs to be administered in a caring, supportive and encouraging environment, which is the joint responsibility of both parents and professionals.

Childhood is often seen as the "best period" of our lives. A time full of innocence and simplicity, where we are free from the dreary world of adult responsibilities revolving around work, bills, deadlines and money. However, no matter how simple we might think children to be, they are extremely complicated beings, and at times, their concerns can be even more mystifying and distressing than those experienced by adults. However, amidst all the analysing and the "treatment" of problems in children, we (both professionals and parents) need to see the child as a complete individual, as someone with his own unique set of traits and behaviours, instead of defining him in terms of the "problem."

Advaita Nirgudkar
Clinical Psychologist

' रुखडा बोले पानसे 'या कबीराच्या दोह्यावरून मला सुचलेली रचना

झाड म्हणाले पानांना रे .....कशास जाता सोडून मजला
किती खेळला अंगावरती .....पक्ष्यांसंगे पाउस वारा

पाने म्हणती झडतो बाप्पा ....कुजून जाऊ जमिनीत रे
तेथून गाठू मुळे तुझी अन .....शिरू तुझ्या अंगातच रे

फांदी फांदी फुटे पालवी .....होशील हिरवा हिरवा रे
खेळत खेळत सुर्यप्रकाशी .....करू छान सैपाक च रे

डॉ. अनिल अवचट

A questionnaire

Where are we?

What is this world?

What is this

society?

I'm saddened to be called a part of such species;

Who accepts your physical disabilities,

But starts whispering if you admit your emotional instabilities.

Where the people accept your broken leg,

But not your broken mind.

Where they empathize with you;

If you have been a victim of a bar brawl,

But when you have cut your thighs,

You have to brush it aside.

If you have fractured your hand,

You get a "Get well soon" card.

But if your hand shivers because of social fear,

You are told to grow a pair of balls.

Where it's okay if you tell everyone,

That you slipped and broke a rib.

But not so if at times your mind takes a fall,

And you have a break down.

When you are allowed to cry and wail,

If someone dear to you passes away.

But you have to smile and laugh,

Even when you die little bit everyday.

Where every physical harm is

understood,

But if it's your mind that needs repairing,

You are given names and put in isolation.

Where it's easier to lie and tell people you fell,

Than to tell them you cut your vein as an act of self-harm.

Where Cancer and AIDS are as common as headache,

But mental health is shushed and has to be kept a secret.

Where are we?

Who are we?

What is this world?

Is this the world you want me to live in?

Is this the world you believe to be heaven?

Forgive me for I fail to see it's beauty.

The moon and the mountains have always been kind to me.

But it's us humans that often leave behind humanity.

Neha

Why Am I Different? Understanding Personality Disorders

One would wonder how the words Personality and Disorder go together. Whenever we have referred to the word 'Personality' it has most often been to connote a person whose charm and charisma has had us look at them with respect and awe

But if we consider this to be the definition of personality, it would sound like personality is something that elude 'commoners' and is only possessed by 'successful' people. In reality, personality is the manner in which one thinks, feels and acts. These three aspects, plain and simple, and their long-lasting patterns . . . that is personality.

So, how could one's thoughts, feelings and behaviour be disordered or problematic?

There are basically three clusters in which personality disorders are classified, each with its own typical features.

Cluster A – Schizoid, Schizotypal, Paranoid

Cluster B – Histrionic, Narcissistic, Borderline, Antisocial

Cluster C – Avoidant, Dependent, Obsessive - Compulsive

Instead of lapsing into jargon about the symptomatology of each of these PD's, let's understand these different types by delving into their thoughts.

Schizoid –

"I'm not a people's person; I'd much rather be alone. Solitude is what I like."

"There are very few things in life that I truly enjoy doing."

"My boss praised me for my work the other day; he also yelled at me two days ago. Either way, it doesn't really matter to me."

"My family says that I need to express my feelings more often. I don't really know what they mean."

Schizotypal –

"I'd like to have friends but it's hard because people call me eccentric, aloof and peculiar . . . I wonder why."

"I like the way I dress up but I have never understood why everyone calls it odd."

"Sometimes I feel that what I read in the newspapers hold a special meaning for me."

"My mum tells me I often jump from one topic to another while talking."

Paranoid –

"I just cannot trust anyone; they always try to take advantage of me. So I'd rather not confide in anybody."

"People in my office seem to turn against me for no reason! I'm never going to forgive them . . . never ever!"

"My husband's been staying out for longer hours these days.

I'm sure he's having an affair."

"My neighbours smiled at me today and then started talking among themselves. I'm sure they were talking about me."

Histrionic –

"I'm a very attractive and charming person; so I need to be the centre of attention."

"Whenever I feel an emotion, I make sure that I express it and make myself heard . . . loud and clear! I'm sure that doesn't make me a drama queen like my friends say I am!"

"Superficial? Me? How could you say that?! Oh my God . . . this is absolutely the most horrid thing I have ever heard!"

"She is my best friend! So what if I have met her only a couple of times!"

Borderline –

"What are my goals in life? What sort of a person am I? Why do I feel like my moods are changing all the time? I just feel empty inside."

"I need people desperately. I will completely fall apart if anyone rejects me. I don't think I will have a reason to live if anything of that sort happens."

"I guess the only way to relieve this emotional pain is to go have a smoke and some booze and just lose myself in it."

"I feel like I love my parents, they have done so much for me. But then again I hate them so much for not understanding me!"

Narcissistic –

"I am the best and I want the best! I don't think anyone has the ability to acknowledge my talent."

"I am better than most people so I have very high ambitions for myself. How dare you call my ambitions unrealistic?"

"I get so frustrated in office . . . others just fail to meet my standards!"

"I hate weaknesses and weak people. I'm easy to get along once people learn to worship me."

Antisocial –

"People exist to be taken advantage of. Why should I feel sorry about it?"

"Got in trouble with the law many a time. I must say . . . it's quite a thrill to escape every single time!"

"What's the big deal about lying and manipulation? They're survival in this big bad world."

"Why should I feel sorry if she cried? She brought it upon herself. She deserved every bit of what I said to her. I'm so angry with her."

Avoidant –

"I would love being with people, but I think I'd rather avoid getting close to them because I'm afraid they won't like me. I can talk to them once I am sure that they do like me."

"I'd rather sit on the sideline sat the party. I hope no one notices me."

"I don't think I'm as good as others."

"I know I'm going to embarrass myself and say something silly during the interview."

Dependent –

"I need to lean on others for guidance and emotional support. I don't think I can take decisions all by myself."

"I feel so comfortable when someone nurtures me all the time. Otherwise, I feel so helpless."

"I think I should consult someone before starting on any task. What if someday I have no one to lean on to?"

"I don't agree with her . . . but I should keep my opinion to myself because I'm afraid that she won't like it."

Obsessive-Compulsive –

"I am a perfectionist. I need to be organised and push myself to achieve every single goal that I have even if it is at the cost of leisure activities."

"Having lists and schedules is the only way of avoiding mistakes."

"I don't think I can delegate tasks. I'm not sure whether others will be able to do them as accurately."

"I don't know why people call me miserly. I just don't think I have many needs."

If we reflect upon all the above self-talk, I think we would all agree that some of these thoughts may have crossed our minds too at some point or another. Then how are we different from a person with a personality disorder? What differentiates 'us' from 'them'?

A person with a PD would not be able to understand his/her own feelings, motivations, strengths and weaknesses. In other words, it is the inability to interpret ones self and one,s environment in a logical manner. The person is likely to think feel and act in ways which could be considered extreme. It is often the farthest point as compared to what other people would experience. Their behaviour tends to affect their relationships with people as their way of dealing with their emotions is potentially problematic. There is an inability to deal with or adapt to changing situations. The person may respond to any circumstance with rigid thoughts, feelings and behaviours whatever the need of the hour may be. Most PD's have some amount of repressed anger and resentment which may show itself even without being provoked.

Generally speaking, people with certain types of personality disorders are more likely to seek help than others. Still, bringing about any change, whether minor or major, is something all PDs struggle with. The PD cluster in which the person falls into also influences whether he/she is likely to cause more distress to one or to others.

Whether or not someone with a personality disorder should seek treatment depends on how much it is disrupting their lives. Generally speaking, individuals should seek treatment if: They are unhappy It is causin impairment in social or occupational areas of functioning They are receiving feedback from others that their behaviour is a problem

More often than not, a person with a PD is light years away from answering the question, "WHO AM I?". But it doesn't mean that dealing with PD has to be like an off-road journey, with no map or signposts to help you reach your destination. Open your eyes and look around. Help may be right round the corner.

Panna
Clinical psychologist

Understanding Excellence –Part I

I was facilitating an interactive session with school going students under the banner of 'Shikshak Prabhodhini' – a project where teachers are being trained to mentor exceptional students. We were discussing 'emotions'. A young girl of eighth standard, an aspiring singer, was discussing with me her emotions before a performance, in front of about 80 other students. We talked about the 'Result' and the 'Process'. The 'result' was the end of the performance when the audience would clap and appreciate. The 'Process' was the actual performance that would lead to this result.

We concluded that before starting the actual performance we need to make the 'result' 'out of focus' that is blurred and bring the actual performance in sharp focus ... by sharp focus we meant, we will now focus on every minute of the performance... minute by minute.

The girl visualized aloud the exact moment of starting the performance. She described it as if in a trance, I was helping her to shape her responses ... Here she was, as steady as a rock ... breathing rhythmically.. Image of her guru in front of her eyes ... and the only overriding thought, I am going to do my best...
"And who are you? ... what are you? ... at this moment? ..."
"I am music ..." pat came the reply
"A moment of excellence is born" I said.

It was a very strong experience emotionally for all of us present. A rare, delightful insight into an experience called 'excellence' ... It was exhilarating in an enlightened manner.
At times, the experiential truth is so strong that is difficult to catch it in words, however, if one has to consolidate the emotional insight into a blinding design of wisdom, one has to fall back on words again.

So what is excellence?

I do not think excellence has one single definition. In the future segments of this communication, I will explore different ways by which this theme can be understood. Here is the first one.

Let us take for example, a popular skill amongst students such as 'orator's skill'. Translated in school-reality, it means participating and winning elocution and debating competitions.

A student that is generally chosen by teachers for developing this skill is an exprand communicative one who also has a 'pleasant' and 'smart 'disposition'.

Suppose there is an elocution competition and five topics are given, out of which she has to select one. The mentor here will ask her to think and talk about each one of the topics ... what are the thoughts that come to her mind when she reads topics such as , 'Protecting My

Earth' or 'The Life and Times of Shivaji Maharaj' . She is encouraged to explore each topic; in her own way. She has to just go on talking about each topic. The mentor listens keenly.

"Can you now make a choice?" the mentor puts the question unconstructively. She needs to give her own explanation why she is deciding to opt for a particular topic. If she is confused, the mentor helps her to explore her confusion (please note, not to clear it).

When she makes a choice she has to give justification for it. Having heard that; the mentor poses certain relevant queries regarding her choice. What is the most important aspect of the topic that she has liked? What according to her is the part of the topic that she may find difficult? If she has 'liked' two topics what is one consideration that will help her to choose the one that she has chosen?

At the end, the mentor and student will decide a time interval where the student has to think of all the points raised and come back with a decision.

"But sir, I have already made up my mind" suppose the student says.

"Yes, I appreciate … I want you now to tell me one by one why and how you discarded the other topics. I am interested in knowing how you did it…"
"How I did it? I just did it" student.
"Let us explore, how you could have done it… I am taking a paper and writing all topics. I want you to write all the thoughts that came to your mind … that could help …"
The mentor helps the student to identify consciously the thinking process that went behind her decision.

The topic is now selected.

The mentor now motivates the student to gather information on the topic. The mentor shares the spirit of enquiry, exploration and excitement.
Having adequate 'database' the mentor helps the student to evolve the structure of presentation. The structure is not imposed. Any deviation from standard procedure of delivering a speech, is respected and discussed. The mundane use of quotations, use of lofty words, adult and literary phrases is questioned. The originality of expression is encouraged.

A draft is now ready.

The mentor and the student now discuss the style of presentation. The mentor does not impose his or any other's style on the student. They make a list of 'impressive orators' that they have observed in media as well as in public life. The student makes note of the qualities that she would like to imbibe from each one of them.

The written draft is taken as a guideline rather than a script.

While rehearsing the speech, placement of all phrases and points is discussed. The contents are rearranged, realigned and the impact is noted.

Then the student is given different scenarios and told to present the speech

- Student is the first speaker
- Last speaker
- All the points covered by the previous speaker
- Distracted audience
- Tired judges
- Interruption because of electricity / technical faults.

Each performance is discussed.

Then the 'emotions' during preparation and rehearsal are discussed. Boredom, anxiety, satisfaction…Each emotion is named and each emotion is acknowledged. The emotions that will help the performance are identified. How can the student continue to generate these helpful emotions? … different strategies are planned by which this can be done.

The issue of 'ownership' of performance is now discussed. This 'ownership' can be burdening or enjoyable, the way you look at it.

On the day of the performance, the mentor and the student spend a short 'exclusive time' together.

After the performance the mentor and the student discuss pros and cons of her own performance. Rather than saying "your delivery was too fast", it is put as "These were the sentences where your speed was fast" Rather than saying "you need to work on your eye-to-eye contact" it is put as, "you need to cover periodically all corners of the audience by your eyes".

After the performance is discussed, both mentor and student sincerely sit through some other contestants' speeches and discuss those. Slowly they evolve a detailed format of performance appraisal which is kept as a record by the student.

After the result of the competition, the mentor explores resultant emotions with the student. They decide on their next goal.

As the time progresses, the student starts becoming more responsible and empowered and the mentor maintains a meaningful presence throughout this journey.

The student now grows confident and starts exploring the experience further. The mentor now focuses on 'involvement', 'commitment', 'process satisfaction' and 'result satisfaction' which are psychologically more sophisticated terms. The discussion revolves around, what is the 'self- talk' at such times and how different types of self-talk can be either helpful or harmful; how the student can exercise her choice to choose the most helpful self-talk.

As the string of performances continues and each is utilized as a 'learning' experience, there will come an experience the mentor is watching for... a memorable moment when the student and the speech being delivered becomes so synchronized that it becomes ONE. The student is at her best at that moment.

This moment is again shared and explored by both. It is a magical moment. A touch of brilliance. Now, the mentor and the student keep on working further to make this moment appear often as well as how they can make it 'better'. Here better, means more meaningful, more memorable, more intense...

And slowly, the moments of excellence start trickling... then flowing... Naturally ... In a rhythm. The student has discovered her own way of expression.

The mentor watches with his ever-watchful eyes her track-record of glories with moist eyes, with all the memories gathering one by one in his mind... "There was a day when I helped her to make her choice" he says in his mind and smiles.

Dr Anand Nadkarni
Managing Director / Trustee

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