

## HEALTH PSYCHOLOGY



### EDITORIAL

**"NO 'BODY' IS PERFECT- IT'S ALL IN THE MIND"**

Health is a complex phenomenon. How does a physically fit person develop multiple diseases over time? How does a person born with a congenital disease make a success of his life? How does a person react when he is diagnosed with a chronic illness or a terminal illness? How does he cope and manage?

**Promoting good health, coping and maintaining an illness and recovering from a disease is what health psychologists are grappling with.** It's a new branch of psychology and the demand will grow as overall health deteriorates and life-style diseases (also called non-communicable diseases, NCD) go up. **Ancient Indian medicine, Ayurveda, takes a holistic view of the human being with mind-body unity, with a belief that the mind rules over the body.** The mind controls the brain which in turn controls the nervous system as well as the immune systems. When the mind falls sick the body crumbles. Health psychology understands this well by dealing with the psychological variables of the person, the attitudes, the beliefs, the emotions as well as the behaviour. **How an individual perceives himself, his illness, his treatment, decides his quality of life.** Health is not the absence of disease- it cannot be. Everyone will have some ailment-minor or major. **No 'body' is perfect. How you balance your mind and body to face the challenges of life is the crux.**

**Padma Vibhushan Dr. B.M. Hegde**, Cardiologist and former Vice Chancellor of Manipal Academy of Higher Education, states the working definition of health as **'the capacity to have the enthusiasm for work and the enthusiasm for compassion towards others'**. What a wonderful definition! Stay healthy and happy!

*Rita*  
-Rita Aggarwal,  
Editor

### EDITORIAL TEAM



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### "ROTARY CLUB OF NAGPUR ISHANYA PRESIDENT RTN. NARESH BALDWA"

President of Rotary Club of Nagpur Ishanya, **Rtn. Naresh Baldwa** is a dedicated family man. He stays with his two elder brothers, two elder sisters and 88-year-old mother. He and his wife Darshana are blessed with 2 children, Arpit and Aayushi. His family is his strength and motivation for continuous service to the society.



He is a builder and developer by profession. He also deals in natural stones like granite, marble & tiles. **He always starts his day with morning exercise. That gets him in the correct mindset for a busy day from 10 am till 8.30 pm.**

He is very particular about following a healthy lifestyle and has stayed away from all addictions including alcohol and tobacco. He has been abstinent from nonvegetarian food too. **He strongly believes in eating right for a healthy body and mind; and totally avoids junk food.** His hobbies include reading and listening to self-development books and audios. He endorses the saying, **'Be a giver and not a seeker'.**

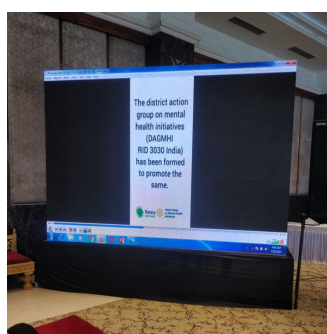
In his experience, there are many people suffering from mental health problems in our country. He agrees that there is a lot of work being done in the arena of mental health. He feels it is equally important to rehabilitate people after treatment; so that they can live a normal life. Mostly it is a challenge to provide shelter to these people. He would like to take this further and provide a long-lasting solution to this problem. **He believes that DAGMI 3030 can play an important role in rehabilitation and support mental health patients.**

-Dr. Shantala Bhole  
RC Nagpur Vision,  
Director DAGMI 3030.

### DAGMI 3030 AT PETS - SETS Amaravati RID 3030

Rotary District 3030 has always been supporting DAGMI 3030 in promoting mental health. Taking one step ahead DGE Rtn. Asha Venugopal, during her concluding speech at 'DISHA' (training seminar for President and Secretary Elects); urged Rotarians to **join the action and form Mental Health Committees in all the clubs of RID 3030.** Before that DGN Rajinder Khurana informed the attendees about work done by DAGMI 3030 for the last two years. Video containing information of the initiative was played during the training. Many participants including DAGMI members DGE herself and Rtn. Anjali Mehta (District Secretary Elect) along with AGE Rtn. Anand Dashpute visited DAGMI 3030's booth and enjoyed reading the newsletter Mind Matters. The seminar was organised by RC Amaravati Midtown on 18th and 19th March, 2023. More than 200 Rotarians including the college of governors, upcoming assistant governors and district officers were present for the program.

-Rtn. Dr. Smita Hantodkar  
Director DAGMI 3030, President Elect RC Amaravati  
-Rtn. Sugandha Deshmukh  
Member DAGMI 3030, Secretary Elect RC Amaravati



## ***"HEALTH PSYCHOLOGY"***

**Cracking the code of a healthy lifestyle is very difficult.** At times it becomes a vicious cycle for us individuals as we cannot completely put the blame on the gene pool for any of the physical illnesses we might get. At times an intercourse of psychological, physiological, cultural and most importantly the environmental factors affect it too. A play of vulnerabilities and resilience make us grow up into the adults we are today, and the force of nature at times can disrupt this growth, leading to physical illnesses and diseases.

It is difficult for us humans to accept an illness, be it mental or physical. Our mind does not wish to agree to the fact that growth can be hindered in any way. But acceptance here is the key. The sooner we accept what our bodies need, the happier they will be.

**Healthy psychology entails the secret of keeping the mind and body aligned and on the same tangent.** It wishes to provide the comfort any GP or nutritionist would provide for our body, but the aim would just be our mental peace. It gives a sense of acceptance, that our body will go through changes, and we should let it take its course.

**Health psychology is a cumulation of psychology, biology, social and cultural forces, and individual behaviour and how they influence one's physical health and illnesses.** Health behaviours and actions play an important role in the prognosis of our health outcomes.

Conner and Norman (1996) define them as, 'any activity undertaken for the purpose of preventing or detecting disease or for improving health and well-being'.

Health behaviour can be categorized into health-directed behaviour which entails behaviours and actions we embrace whilst keeping in mind a specific health outcome. For e.g.; when COVID-19 struck, people avoided human touch, wore masks, and maintained hygiene and cleanliness. The other category entails health-related behaviour, which targets health implications. They are well-thought-through, strategized plans of action that individuals undertake in order to avoid any health disease later in life. For e.g.; Regular GP visits or going through screening tests and getting health check-ups done regularly.

India is home to the world's second-largest population. While the government regulates most of the laws of the nation and keeps a good check, **the young adult population from the age of 10-28 years old, indulges in risky health behaviours that can harm their health outcome.** Stress is one such predominating factor that forces these young adults to indulge in behaviours like smoking, substance use, unsafe sexual activities, and adding to the cumulative risk of poor health and nutrition overall. These health-risks eventually influence and reinforce negative emotions for one, thereby disturbing the equilibrium of psychological well-being.

It is difficult to accept when we go through mental health trouble. It can be tedious to ask for help. For some people it would be like going out on a limb to ask for mental health care because your body is going through an illness. But it's never too late to ask for that help or provide that mind-body satisfaction.

**-Himika Bhasin,  
Health/Counselling Psychologist,  
New Delhi.**

## ***"ILLNESS PERCEPTIONS - THE CRUX OF HEALTH PSYCHOLOGY"***

*"I don't want to use that nasal feeding tube. I better opt committing a suicide than seeing myself like this"- A male patient of 31 years.*

*"Can I continue this nasal feeding tube for the rest of my life as it is helping me to stay healthy and active in my daily routine" –A male patient of 67 years.*

*"I am getting exhausted emotionally by avoiding my near and dear with the fear that this is contagious"- A female of 43 years with two children.*

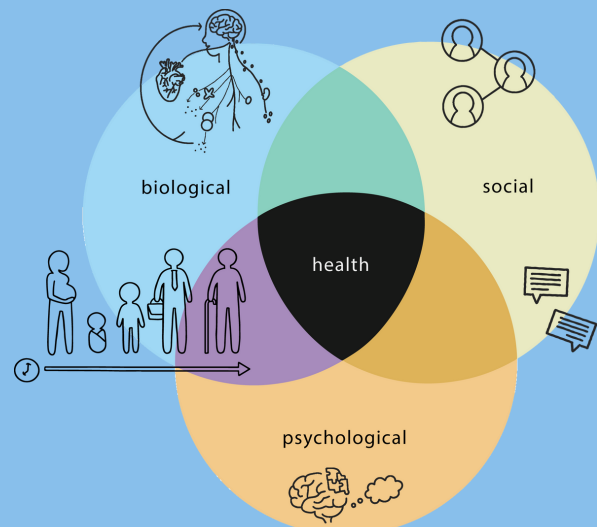
*"This disease is a punishment for me for torturing my wife as she used to curse me that I should know the pain of suffering. This treatment will not help me"-A male of 48 years.*

The list goes on like this with unexpected **core thoughts, beliefs and feelings of persons suffering with any chronic disease. Illness perceptions are cognitive and emotional representations of the illness.** They are not visible to anyone but they are the one which affects the treatment adherence and treatment efficiency, irrespective of the accurate medical diagnosis of the disease and the best possible medical facilities.

The onset of chronic illness at any given age causes a multitude of changes in patients' lives. Caretakers will take utmost care to make them understand that they will be back to normalcy but their age, gender, education, experiences, socio economic status, interaction with different patients during the treatment etc will influence their illness perceptions. **It influences treatment decisions, adherence and coping behaviours.**

The underlying reasons for patient's psychological issues at the gross level and patient's defence mechanisms (denial, projection, disposition, acting out, reaction formation) and various cognitive distortions like overgeneralization, catastrophic thinking, personalization, at the subtler level can only be understood by understanding the patient's illness perceptions.

Subscales in illness perceptions include identity, causes, consequences & emotional representations, timeline (acute /chronic), timeline cyclical, illness coherence, treatment control and personal control.



**In a research conducted by me (Dr.CH.N.K.Bhavani (2020) “The influence of Resilience and illness perceptions on quality of life among cancer patients” on a sample 110 head and neck cancer patients** who were taking radiation treatment, it was found that patients who scored high in the subscales like identity, consequences, timeline acute/chronic, timeline cyclical were found to have high incidence of treatment side effects and low quality of life.

On the contrary, patients who scored high in the other subscales like treatment control, personal control, illness coherence have less incidence of treatment side-effects and high quality of life.

**Underestimating or overestimating the threat of the disease affects the quality of the life of the person. According to Dr. Bruce Lipton perceptions can exert their influence even at the cellular level which might be the reasons for placebo and nocebo effects. Understanding and correcting patients' faulty illness perception is crucial for expected treatment outcomes.**

**-Dr. Ch.N.K.Bhavani**  
**Assistant Professor, Dept. of Psychology,**  
**Adikavi Nannaya University**  
**Rajamahendravaram.**

## "BEEP..BEEP..BEEP..- THE AGONIZING ICU..."

We are all averse to those sounds which throng our ears in Intensive Care Units that are continuously monitoring the heart, respiration and blood pressure of our kith and kin. But, do we ever realize the emotional turmoil of such patients?

I was not surprised to read an interview by a famous Tamil lyricist. He states, **"I do not fear actual death; but fear the possibility of landing up in the ICU, with masks, ventilators and machines and the terrible sounds"**. Having worked in ICU's, I could relate to his worries. Ironically, the advancement in the field of medicine that is increasing one's quality of life, has also been recorded to be traumatic too. **A meta-analysis by Parker et al., 2015 found self-reported post-traumatic stress disorder symptoms in 24% of ICU patients, between 1- and 6-months post ICU.**

Critical Care Units and Intensive Care Units are two specialized wings of hospitals, which offer life-sustaining functions. The role of a health psychologist is highly complex. They offer round-the-clock service to patients with severe medical ailments and accidents. People of all ages, unfortunately land into ICU/CCU. However, some experience post-trauma due to several reasons. Each individual experiences different agony. Apart from the medical conditions, the plight of their spouse, children, and parents, mounting bills, incomprehensible medical terms of ICU staff and the uncertainty of rehabilitation added to the misery of ICU days.

Mr Ranjith, 48 years old, said, "I was panic stricken. Thank God I got a second chance to live". He attended counselling sessions because the final respiratory struggles of the person in his next bed still haunted him even after 12 years.

Dr Rohini, records it as 'the worst nightmare in her life'. Having worked herself in Casualty and Emergency units in hospitals, for more than 3 decades, a road accident put her in one of the same beds, where she treated her patients. She says, "irrespective of working in the same place for years, I confronted my death and understood my patients better. Drifting in and out of sanity and dealing with delirium continued even after reaching home". She sought the support of psychotherapy to combat the traumatic memories of the ICU stay.

**Post Intensive Care Syndrome (PICS), as it is called, is always complex and a challenge for a health psychologist.** Cognitive impairment, emotional instability, and fear of such episodes in future tend to deteriorate the everyday life of the patient, which also indirectly impacts the recovery process. And then aftermath effects are felt on the family too. **PICS refers to deficits in three elements of function which are physical, cognitive, and mental health.** This 'burden of survivorship' transforms into a major psychological illness if not addressed properly in the early stages.

**The therapeutic approaches include trauma-focused CBT, emotional regulation, behavioural activation, functional analysis, and follow-up counselling.** Psycho-education and holistic approach should also include family members who are otherwise helpless in the recovery of patients. And the therapy must be extended to the medical fraternity working in ICU/CCU, who are subjected to stress as part of their everyday work profile.

-Dr Sripriya Shaji Ph.D  
Counselling psychologist & Nutritionist  
Srisha Counselling, Kozhikode.

## "STRATEGIES for MANAGEMENT of CHRONIC ILLNESS"

We are amidst stressful times nowadays. Most of us are suffering from chronic illnesses. **"Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both"**. Chronic diseases such as **Heart Disease, Cancer, Diabetes, Hypertension, Epilepsy, Asthma etc** are the leading causes of death and disability. **Chronic illness can make you very lonely.**

Discussing your health issues can often lead to others judging you. Sometimes you may feel 'why am I the only one suffering so much'. These feelings are very normal. We need to just accept them. We also need to cure the negative feelings associated with chronic illness.

### Strategies for management of chronic illness and terminal illness

- **Education about illness**

The patient needs to be given a complete overview about his/her illness so that necessary precautions can be taken. This awareness can create knowledge about the disease, clear the myths, reduce anxiety, increase patient's feeling of purpose and meaning in life, reduce pain and depression, improve coping, increase adherence to treatment and increase confidence in the ability to manage pain and other side effects.

- **Take responsibility for your illness**

Taking responsibility for your own care is really important. If you have hypertension, take your medicines on time, keep a machine at home and get it checked when you feel things are not alright. The doctor is not responsible for everything, you too have a role to play in it and take initiative to cure your health issues.

- **Make healthy investment in yourself**

Most of our illnesses nowadays are due to stress and lifestyle issues. If you know that smoking cigarettes can lead to developing health issues or eating unhealthy food can lead to problems, you have to take initiative to reduce the unhealthy habits and eventually stop them.

- **Make it a family affair**

Ask your family to participate in developing healthy habits so that all of you together can live a healthy life.

- **Managing medications**

Often people skip medicines or do not follow proper doses. Just give it a thought- as to what you would want- one medicine per day or 10 medicines for 10 different conditions!

- **Beware of depression**

There is a high possibility of developing depressive symptoms while dealing with chronic illnesses, the symptoms include feeling sad or empty, diminished pleasure in activities, significant weight loss, insomnia, feeling of worthlessness etc. If you notice these signs, please consult your doctor immediately so that he/she refers you to the concerned doctor.

### Quality of life for chronic illnesses

People with chronic illness have to make certain changes in their lives such as-

- Changing perspective of dealing with the illness with positive thoughts rather than negative thoughts. Replace words like can't to can. (I can live without smoking or alcohol)
- Make lifestyle changes.
- Set boundaries for unhealthy habits.
- Seeking the right support is very important.
- Allow fun and happiness in your life.

-Shalmaly Chatterjee,  
Psychologist, Special Educator,  
Kolkata.



## "TREATMENT ADHERENCE"

**Adherence refers to an act 'where behaviour matches the agreed recommendations of the doctor'.** Concordance would imply an agreement between the patient and the prescriber. It is a stage where an individual and the doctor have a common ground in the treatment process. Lastly, compliance is where the behaviour matches the prescriber's recommendation. **In the 3 terminologies explained above, adherence is the preferred behaviour as the individual agrees to the recommendations made by their doctor.**

India's population has been shifting its paradigm towards a rapid epidemiological transition which entails that more individuals are becoming prone to non-communicable diseases along with the influence of socio-economic development. Diseases like hypertension, diabetes, and cardiovascular issues have been on a high rise. **A considerable fraction of the rising index of these chronic illnesses can be attributed to the fact that treatment adherence in patients suffering from these diseases is low in rural and low economic areas.**

Treatment plans for these chronic illnesses can be divided between **behavioural treatments and medications**. **Behavioural treatments/ plans** include regular monitoring of blood glucose, regular blood tests, limiting the amount of fluid intake and peak flow assessment (measurement of how quickly you can blow air out of your lungs). **Medication** as the name suggests includes taking tablets and injections as per the dose and at the exact time, with or before meals as prescribed; inhaler (on demand), short acting insulin.

Every patient undertakes the ABC (Ascertaining Barriers for Compliance) taxonomy of adherence treatment. In the initial phases, the patient would **adopt** a healthy outlook to their treatment plan, but when implementation is needed usually there is a delay in medication, dosages, and complete omission at times. Eventually, this kind of dosage history would mean that the patient stops taking the treatment. But we cannot blame the patients completely for this, as the phenomena of **unintentional adherence** dawns upon them. Chronic illness in old age comes from the reduced power of working or retrospective memory. Recalling becomes difficult and the timing of the medication or number of tablets or which medicines need to be taken are forgotten. At times there is a high pressure of cognitive load on individuals due to which also skipped dosage happens. Reminders and messages are something that can help us with these problems.

At times patients do fall into the web of **intentional non-adherence too**. A number of logical reasons come to a patient's mind, as to why they decide not to take the dosage of medicines prescribed to them. This decision comes from a careful cost-benefit analysis that a patient concludes. Socio-cultural factors, health education, and experience go behind the decision or intention to try to explain this health behaviour. Patients who possess high self-control tend to be better with adherence. In terms of **treatment efficacy** those who will believe that the medication will help them, will be more adherent. A big contributory factor to this analysis is also how the **patient perceives their illness**. **Low emotions or low personal control could result in non-adherence.**

Keeping up with chronic illness is not easy, and at times we just do not wish to be reminded of it. Medication and behavioural action plans are a constant reminder of our illness due to which patients don't adhere to appropriate treatment. But it is always recommended that one let's the doctor or the specialist; the person who the patient is trusting their life with, help and guide them to make these right decisions.

**-Himika Bhasin**  
Health/Counselling Psychologist  
New Delhi

## "VEDIC WAY TO HEALTH"

The word 'mental health' as we see has been popularised in the West and now starting to take its course in India. The only area that it generally speaks around is of mind and thoughts.

Mental health is on the verge of becoming an epidemic, with WHO stating 1 in 4 suffering from some kind of mental health issues. Being a professional, I can see the statistics coming true- on the surface it might not appear so but on the other side of the table it definitely is.

**I have been advocating for a holistic and Vedic approach for almost 5 years now, the approach which is rooted in Ayurveda, Yoga, Spirituality and Indian wellness systems.**

Why?

**In our ancient system of wellness, we have never seen health in singularity whether physical or mental. So even when it comes to mental health we need a holistic approach, a Vedic approach which just does not deal with just the mind!**

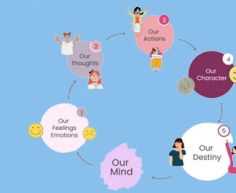
Vedic Counselling, unlike normal counselling, where the focus is just on the mind and thought, provides both practical guidance and a deeper perception to help us live with greater integrity, continuity and consistency. That is a better physical, mental and spiritual well being.

**From simple matters of right diet for the body to right diet for mind, from right exercise for the body to right expression for the mind, good mental health is created when all these factors are taken into account. Because being healthy just does not mean being disease free.**

A healthy person in Ayurveda, means that the 'doshas' must be in equilibrium, the digestive fire (Jatharagni) must be in a balanced state and the tissues (dhatus) and wastes (malas) must work in a normal state. The sensory and motor organs and mind, 'atma' must be also in a pleasant state. Such a person is called a healthy person or 'Swastha'.

The Yogasutra of Patanjali presents optimum health as a state of mind that is alert and in peace at the same time. This state is termed as 'chitta vritti nirodha', the very definition of Yoga. **So from one perspective health may be defined to achieve and remain in a state of Yoga where the mind is able to achieve its full potential and at the same time be relaxed.**

Vedic counselling addresses all aspects of human life, with transformational guidance leading us to physical, psychological, social and spiritual well-being.



Simplistic representation of how our mind plays a role in shaping our reality. Adopted from Swami Vivekananda, Dale Carnegie and Steven Covey's works.

**-Shweta Patel,**  
Vedic Counsellor, Baroda.

## F-ACTUAL

**Giuseppe (Joseph) Dominic Matarazzo** (first president of the APA's Division of Health Psychology in 1978) laid the foundation of health psychology.

Health (physical or psychological), according to WHO is not mere absence of disease; it is a state of complete well-being. In previous issues of Mind Matters, we have seen how poor mental health increases risk of developing various health issues. This happens due to decreased immunity, poor health behaviours, not following medical advice.

**WHO facts (India):**

**NCD (Non-Communicable Diseases)**

In 2008, NCDs accounted for 5.2 million deaths (1 in 4 Indians has a risk of dying from an NCD). This number will increase to 55 million by 2030, if preventive measures are not taken. The major NCDs are cardiovascular diseases, cancers, chronic respiratory diseases and diabetes.

**Mental illnesses**

The burden of mental health problems in India is 2443 DALY (disability-adjusted life years) per 100000 population.

The age-adjusted suicide rate per 100000 population is 21.1.

The economic loss due to mental health conditions, between 2012-2030, is estimated at USD 1.03 trillion.

Approximately 80% of diseases (and premature deaths) are preventable. These health problems can be helped with prevention and proper management. Health psychologists help us identify various factors that undermine or enhance health and help us with various interventions.

**-Dr. Aabha Pimprikar**  
Co-Editor, President DAGMHI 3030

## PSY-BER MATTERS

**'CYBERCHONDRIASIS:** the ill effect of searching the Internet for disease symptoms'.

**Cyberchondriasis is the digital cousin of hypochondriasis.**

According to a research conducted by the American Psychological Association, merely 5 minutes of searching symptoms on the Internet raised the illness anxiety of the participants to a significant level. It is pretty clear that searching for symptoms on the Internet significantly increases health concerns.

Solution? It is better to **consult an expert about the symptoms** you are experiencing as Internet results are extremely generic and do not cater to the individual patients and their biopsychosocial makeup.

**-Dr. Geetanjali Jha,**  
Head of Digital Parenting and Cyberpsychology research,  
iMature EdTech.