







MONTHLY NEWSLETTER OF THE DISTRICT ACTION GROUP ON MENTAL HEALTH INITIATIVES D3030

NOVEMBER 2023/ISSUE 33



POPULAR PSYCHOLOGY

MYTHS AND FACTS OF POPULAR PSYCHOLOGY



EDITORIAL

"POP PSYCHE"

Popular Psychology (Pop Psychology or Pop Psyche) is an **umbrella term** that covers a range of concepts and theories that are supposedly based on the science of psychology.

There are some popular psychology concepts that have been so popularised that people use them freely as part of their daily language without knowing the real origin. For example, words like introvert- extrovert, self-esteem, Freudian Slip, flight or fight response, Oedipus complex, Maslow's hierarchy of needs to name a few that are commonly used by people. At the same time, many words depicting psychological disorders have become common words, used freely by people to describe their daily hassles, such as you might say, 'I am depressed because my internet failed,' or 'I am feeling anxious because my friend is not talking to me', and the likes! This overuse and misuse of psychological words was called **psychobabble** by R. D. Rosen in 1975.

On the other hand, people have also coined some words / phrases which might not be classified in academic psychology, but represent some psychological phenomena of the modern times and these words get popularised as people understand the state of mind. E.g., technophobia (excessive fear of gadgets or technology), FOMO (fear of missing out), Empty Nester (a parent whose children have moved out).

In this issue of Mind Matters, we present to you a small range of such popular words and phrases. Enjoy them!



-Dr. Aabha Pimprikar Co-Editor Psychology is a fascinating field that explores the intricacies of the human mind and behaviour. However, there are many statements given in the name of "Psychology Facts", which are either assumptions or myths. Let us refute some of the popular myths today –

Myth: Hypnosis can make you do anything against your will.

Fact: Hypnosis cannot force individuals to act against their moral or ethical beliefs.

Myth: People with mental disorders are violent and dangerous.

Fact: It is not the case with all mental disorders and not all patients are violent. In fact, they are more likely to be victims of violence than perpetrators.

Myth: Men are from Mars, and women are from Venus.

Fact: While gender differences exist, this oversimplification ignores the complexity of human behaviour and can perpetuate harmful stereotypes.

Myth: Depression is not a real illness.

Fact: Generally, people think of depression as mere sadness. In fact, depression is a complex mental health disorder. It has social, psychological, and biological origins, and it can be treated in a variety of ways.

Myth: Talking about depression makes it worse.

Facts: Being alone and silent about what you are going through is much more destructive. Talking to supportive, non-judgemental people or a qualified therapist will help you understand your situation better and create a better coping mechanism.

Myth: Therapists have all the answers and can read your mind.

Fact: Therapists help to facilitate the client's exploration of their own thoughts, feelings, and solutions. Therapists are no mind readers; their understanding of you depends on clear and honest communication.

Myth: "You can 'cure' someone of being LGBTQ+"

Fact: It's important to recognize that sexual orientation and gender identity are not disorders and cannot be changed or "cured" by therapy or medication.





Dr. Sushma Dwivedi, Educator,Holistic & multimodality healer, Tarot reader and Numerologist, Delhi

DAGMHI 3030: MANONESH 3.0: POETRY COMPETITION: RESULTS

The most awaited results of Manonmesh Mind Your Mind Poetry competition were declared on 28th of October 2023, over an online program. Prizes were awarded to the top three winners, six consolation prizes and a special Jury award was given to an 11 year old student of 5th standard!

DAGMHI 3030 has been organising various competitions to promote mental health awareness. **Manonmesh 3.0 Poetry writing competition** received 50+ poems (out of which 10 entries were by Rotarians).

Rtn. Agastya Munim (Director, DAGMHI 3030) and Aniket Songire (Student Coordinator, ACBCS - Ashoka Centre for Business and Computer Studies, Nashik) offered great support for this competition.

Judges Rita Aggarwal (Director - RAGMHI, Editor - Mind Matters), Chandrama Deshmukh (Dubai based poetess) and Geetanjali Jha (Co-Editor of Mind Matters) had a tough time deciding the winner entries.

District Governor 3030 Asha Venugopal was the Chief Guest while PDG Shabir Shakir was the Guest of Honour. Dr. Harsha Patil, Vice Principal of ACBCS sponsored the first and second prize. Rotary Club of Aligarh Rudra RID 3110 and DAGMHI 3030 sponsored the consolation prizes.

Team Mind Matters has decided to publish all these poems one by one in the coming issues of the Newsletter.

Manonmesh 3.0 Winners-

First Prize

Darshan Harak – Manasik Aarogya Sampada (Mental Health Treasure)

Second Prize

Alisa Wasim Shaikh – Whispers of Resilience

Third Prize

Diya Satish Kumawat - Mann ke Bhaav (Mind's expressions)

Jury Award

Revati Sopan Shelar – Mann (Mind)

Consolation Prizes

- 1. Anuya Samruddha Deshpande Awaj (Voice)
- 2. Mohit Kiran Sawande Mental Wellness
- 3. Sakshi Prashant Singhavi Ink and Insight
- 4. Samiksha Dinesh Jaunjal Manasik Aarogya (Mental Health)
- 5. Shreya Sanjay Kshemkalyani Mind's Battle
- 6. Mayuri Ganesh Mahajan Whispers of the Troubled Mind



-Dr. Aabha Pimprikar President DAGMHI 3030 Co-Editor Mind Matters











POETRY ON MENTAL HEALTH Online Competition by DAGMHI 3030



Prize Distribution Ceremony Ashoka Centre for Business and Computer Studies Nashik, Maharashtra, India

Translated into English by Chandrama Deshmukh (Poetess, Writer) **MENTAL HEALTH TREASURE**

> The mind, a fragile thread it seems Needs attention, nurturing, and dreams. Mental health, a vital realm For a joyous life, the utmost helm.

Stress, worry, and despair, Affects mental health, without care. To combat these, a hopeful stance, Positive thoughts, a worthy chance

Yoga, meditation, and exercise's grace, They enhance mental health's embrace. To safeguard mental health, they run deep

The mind and body, in a delicate dance, Physical health, in its sweet trance. Awareness of mental well-being's song, To oneself and loved ones, we all belong.

Mental health, not a crime to hide It's an ailment with healing by its side. Speaking of it, an essential start, To remove the stigma, a noble heart.

Together, let's unite as one, To mend the damage that's been done. Protect your mental health, ease the strife May we all lead a beautiful, happy life.

POST TRAUMATIC RELATIONSHIP SYNDROME

Post traumatic relationship syndrome, (a version of PTSD), is a form of traumatic stress caused by abusive or unhealthy relationships. If a relationship involves any type of physical, sexual or emotional abuse then it can be a source of deep and long lasting trauma. Even if a person decides to leave from that abusive relationship, the effects can remain with that person thereby preventing the person from engaging in any other romantic relationship.

Some of the common recognizable symptoms are having flashbacks, nightmares, intrusive thoughts about abuse, anxiety or panic attacks, changes in mood that disrupt daily routine.

Post Traumatic Relationship Syndrome is considered by experts to be a specific version of PTSD, and it has been studied for about twenty years. Though Post Traumatic Relationship Syndrome is not an official diagnosis in the DSM-5, researchers have discussed the potential of the syndrome as its own condition which is separate from PTSD. There is still a lot to learn about the effects of PTRS specifically. What is known is that PTRS differs from PTSD, in that avoidance symptoms are largely driven by trauma related shame.

The concept of PTRS emerged when researchers studied individuals after the end of traumatic relationships and found the symptoms similar to those observed in PTSD.

In order to cope up with PTRS, one needs to understand that relationship trauma does not develop suddenly, so coping may take time. Strategies like having an environment which is emotionally and physically safe can help, identifying and establishing boundaries, having proper communication about what a partner needs and discussing issues face to face, building support systems, practicing self-care through balanced meals, regular sleep and movement related activities. Therapy can be a safe environment for individuals to learn coping skills to manage various emotional states. Working with a therapist creates an opportunity for people to process their thoughts and feelings and identify healthy boundaries.



-Arundhati Shrikhande **Counseling Psychologist**

LOST IN VOID: THROUGH TWAIN'S PEN

Huckleberry Finn Syndrome is a defence mechanism connected with enduring rejection by parents, leading to low self-esteem, and depression. In the "Adventures of Huckleberry Finn " by Mark Twain, the protagonist Huckleberry conveys his emotions thus, "I felt so lonesome I most wished I was dead. The stars were shining, and the leaves rustled in the woods ever so mournful; and I heard an owl, away off, whowhooping about somebody that was dead, and a whippoorwill and a dog crying about somebody that was going to die." These lines encapsulate the profound sense of loneliness and desolation that can define the experience of individuals suffocating with Huckleberry Finn syndrome.

The IQ level of those grappling with this condition will be above average. Their problem-solving ability will be competent. Thus, they are great at learning and adapting to new environments. However, they may struggle to establish a sense of stability in their lives, leading to avoidance of responsibility. Hence they may have trouble maintaining relationships and careers.

Although this syndrome was not classified under the established ICD or DSM, it gives an intense picture of the sufferer. Being kind and understanding to people who show signs of this condition is the necessary first aid. However, when facing psychological distress or challenges, seeking professional assistance from qualified mental health experts, is paramount for accurate diagnosis and patient centric treatment.



PC freepik.com

-Sripriya Shaji Ph.D **Counselling Psychologist & Nutritionist** Srisha Counselling, Kozhikode



SELFITIS

The term 'selfitis' emerged in 2014 in an article published in The Adobo Chronicles, but it has not yet been accepted officially as a disorder. But it has gained immense popularity globally and can be defined as -"the obsessive-compulsive desire to take photos of one's self and post them on social media as a way to make up for the lack of selfesteem and to fill a gap in intimacy."

The obsession with taking selfies and posting them on social media is because people want to show the world how they want to be perceived, thus selfitis is often linked to narcissistic personality traits.

Selfitis is not just about clicking and uploading selfies on social media, it is about the mindset that makes a person do that. People always post happy pictures of themselves on social media. It is because they want to prove to the world that they are happy, even when they are not. This is known as the "All is well Syndrome" in pop-psychology, and is a potential inducer of selfitis.

Selfitis can also be triggered by "FOMO" (fear of missing out)- a social anxiety which arises when people feel they are missing out on the fun their friends are having. This drives people to prove to the world that they are happy even if they do not get to hang out with those people and have fun. This can also trigger selfitis as a self-esteem boosting

This generation frequently captures experiences through photos and selfies, blurring the line between documenting and obsessively sharing. This preoccupation with likes and compliments overshadows the ability to enjoy the moment, be it a quiet coffee and a good book or significant life events like graduations, weddings, or new additions to the family.

Selfitis can affect all these beautiful moments of your life, without you even realizing it.



-Sara Pimprikar Member, DAGMHI 3030 India **Mental Health Ally**

EMPTY NEST SYNDROME

'Empty nest syndrome' are feelings of extreme grief and distress which parents experience when their children 'fly away' from the parent's nest, looking for new opportunities in life. To quote a mother, she explained her intense grief 'as when her daughter got married, she lost her treasure'. This is however not a clinical condition but is mostly present in primary caregivers i.e., mothers.

The symptoms of this condition often go unrecognised but there are vivid in minds of the parents and it includes:

- Loneliness following the departure of a child.
- Emotional distress.
- A loss of purpose.
- Fear of a lack of control.
- Worry and anxiety.
- Depression.
- Grief.
- Regret

Full time parents are more susceptible to this syndrome. However, research shows that some fathers communicated that they were unrehearsed for the affected changes that come with the child leaving home. Others have stated feelings of regret over lost opportunities to be more involved in children's lives before they leave homes.

Parents often face new issues, such as having to find hobbies or activities to occupy their free time and reconnecting with their partners. The most challenging part is when no empathy is shown by society and instead they are lectured upon on toxic positivity.

Tips to deal with the syndrome:

- Connecting with old social connections
- Setting new goals for future
- Taking up a new hobby or career
- Reconnecting with partner
- Practicing self-care
- Focusing on positive things on life
- Keeping in touch with children
- Connecting with a mental health professional, if required.



PC: www.danddfamilylaw.com

-Shalmaly Chatterjee **Psychologist**

REVENGE BEDTIME PROCRASTINATION

"I WILL CLAIM BACK WHAT IS MINE. BE IT THE MUCH SOUGHT-AFTER FREEDOM OR TIME"

Revenge bedtime procrastination is a term which became popular in recent years, reflecting a concerning trend in our fast-paced, digitally connected world.

Our 86 billion neurons fire away in unpredictable patterns during the night when there are no other distractions. This is the time when people get easily trapped in the process of *revenge bedtime procrastination*.

How does it begin? It is a very lucrative proposition to start with just by watching reels or scrolling posts with no rhyme or reason. Shopping mindlessly or binge-watching OTT platforms also marks the territory.

The most common reason is the mundane, stressful, tiring lifestyle one leads with no time to themselves. The moment you hit the bed represents the "ME time" which you have been craving the whole day with no distractions in sight. Sacrificing a good night's sleep for "me time", seems like a good deal.

Gradually this takes the form of a vicious cycle leading to addictions, as the digital algorithms, which track our clicks and views, serve us with similar content endlessly.

Momentarily, the rebellious behaviour seems too enticing. But when the magic begins to fade away, we are left with the consequences. The issues like sleep deprivation, lower productivity and long-term health risks like stomach ulcers, hormonal imbalance, brain fog, blood pressure fluctuations, to name a few, slowly find their way in our lives.

By the time we realise it, breaking free from the physical and digital shackles just seems too demanding. It becomes easier to stay in the mold rather than to break from it.

In hindsight, we must cut our losses and fix things. The patterns of sleep need to be checked and **DIGITAL DETOX** should be followed like a mantra. If we do not try and plug the habit in time, we might move around like a mindless zombie.

The reason a lot of mums stay up late is because during the hours between 10pm and 2am nothing is asked from them. The world is quiet. The calm feels great with no expectations. This is called Revenge Bedtime Procrastination.

-Shivangi Garg **Certified Trainer - Issues in adolescents** HR Recruiter, Nagpur







EROTOMANIA

In an era of digital connections and social media narratives, the complexities of human relationships take on new dimensions. One intriguing facet of psychological exploration in this age is erotomania, a rare delusional disorder, revolves around an individual's persistent belief in being romantically pursued by someone, often of higher social status, despite overwhelming evidence to the contrary. People experiencing erotomania often believe that the person they desire secretly loves them. This distorted view can result in persistent musing, creating elaborate meanings from innocent actions, and a strong sense of unshakeable dedication. Erotomania doesn't just affect the person experiencing it, it impacts other relationships as well.

On similar lines, these days, the word 'delulu' is trending on social media. 'Delulu' memes on Instagram seem to be the current flavor of humor. It is a playful term for someone being overly optimistic or having unrealistic ideas. It's like a fun way of saying, "Hey, maybe you're getting a bit carried away with those daydreams!". 'They liked my story. That means they are totally into me' is one of the classic examples of such memes. It mostly starts with a strong attraction, then idealizing the person and daydreaming about them. As the fixation grows, one might obsessively think about them, checking their social media often. Finally, unrealistic beliefs about a mutual connection or secret love may take hold.

A Bollywood film, Dil Toh Pagal Hai, heroine Karisma's character, experiences a form of erotomania towards Shah Rukh Khan's character. Her unreciprocated love, yet her belief that they are destined to be together, contributes to the emotional complexity of the film.

The digital world and easy access to online platforms can make someone feel more connected to others, even if it is one-sided. The constant exposure to others' lives and the ability to interact online may fuel fantasies and misunderstandings, blurring the line between reality and imagination. It's essential to enjoy the humor but to remember that real love has its ups and downs, and it's okay not to live up to reel standards and just keep it real. It's essential to be mindful of how digital interactions can impact our perceptions and relationships.



-Aditee Bhargave Psychologist, Nashik

EXPLORING CYBER POP-PSYCHOLOGY TERMS

Pop-Psychology has seeped into the cyberworld as well! Here are some of them. Digital Detox- It means rationing the use of gadgets. Being constantly hooked to the Internet is a leading cause of stress and anxiety, and digital detox can help regain balance, peace of mind, and inculcate judicious digital engagement.

Phantom Vibration Syndrome - Have you ever 'imagined' your phone buzzing in your pocket? If so, you have experienced the 'phantom vibration syndrome'. This shows our hypervigilance and hypersensitivity to our gadgets. We are tuned to our devices, to the point of hallucinations!

Texity - Is a constant digital availability expectation, which makes us anxious while expecting a textual response from someone. It includes the stress of being misunderstood or ignored by someone who doesn't instantly reply to our texts.

Digital Dualism - It talks about the extent to which we maintain our original personality or amalgamate it with a digital persona which may be very different from who we really are.

Technostress - The distress which comes from constant online connectivity, information overload, privacy and safety issues.

Technophobia - A fear and aversion towards technology due to a lack of digital literacy. If you have seen someone panic at the mention of online payment, filling up a google form, accessing the email account etc, you have witnessed technophobia.

Digital Natives and Digital Immigrants - These terms are the digital equivalent of 'generation gap'. The digital natives are those who have been born and brought up with technology. They are more at ease with using technology. The digital immigrants are those who grew up without technology and have had to adapt to it in their mature years and are finding it hard to get comfortable with it.

> -Dr. Geetanjali Jha Co-editor Mind Matters. Head of Digital Parenting and Cyberpsychology Research at iMature Ed Tech,

COSMETIC PSYCHIATRY BY THE WELLBEING PRACTITIONER

Happiness remains a central need for mankind and our ancestors have culturally resorted to use of various mood-altering agents such as alcohol or opiates to aid this pursuit. It would be primitive to assume that these practices were restricted to the mentally ill, rather reasonable to preclude that such indulgence is a behavioural manifestation of psychological need for subjective happiness or reduced emotional distress.

Not all who walk into a mental health clinic meet the diagnostic criteria of a psychiatric illness. In fact, the majority of cases suffer from legitimate subclinical syndromes or existential crises. While a professional aims at curing mental illness, this concept may not apply to those seeking subjective perfection to their lives in the form of enhanced work performance, improved stress tolerance, or minimizing the discomforts of routine life. The notion of moving from one normalised psychological state to another normal, albeit more desired and socially rewarded state (assertive/ confident demeanour, quicker cognition), brings to light the concept of 'cosmetic psychiatry.' Psychiatrist Peter Kramer coined the term two decades ago, and compared the use of psychotropic medications with cosmetic surgical processes like rhinoplasty or dermatological peeling. The idea is to promote balanced use of psychiatric medications for fulfilment in life and not encourage unsupervised use.

A common example is **propranolol** – an anti-hypertensive with short acting anxiety diminishing effect which helps people face emotionally charged situations without being diagnosed with any disorder. Bupropion is an antidepressant which gives short lived energy boosts or diminishes sleep before exams. St John's wort is a botanical medicine, commonly available in tea bags, and used off-label for enhancing wellness in the mundane. In recent years, there has been an increased awareness of difficult personality traits which interfere with one's smooth occupational, or interpersonal living. An upcoming trend is seen in the use of **low dose mood stabilisers or antipsychotics** with the aim of minimising mood instability, impulsivity, or aggression without formal diagnoses. The use of nootropics or cognition enhancers is also gradually receiving social acceptance amongst the

Thus, application of psychopharmacology has evolved towards a seemingly utopian world where the scope of psychiatry divulges from only treating the mentally ill to encompassing a practice of wellbeing for every individual.



-Dr. Bhakti Murkey Asstt. Prof. Psychiatry, Pacific Medical College & Hospital, Udaipur



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